

EVIDENCE RESPONSE

Relationship counselling: does relationship counselling improve the relationships of couples who are parents?

This report was produced by About Families as part of the development of an Evidence Request Bank.

The request concerns the type and extent of existing evidence in relation to relationship counselling with couples who are parents. This report outlines key points, gives comments on the range and type of existing evidence, and reports on findings. The appendix gives search details, keywords used and references. Weblinks for references are included where possible.

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About Families aims to ensure that the changing needs of parents, including families affected by disability, are met by providing relevant and accessible evidence to inform service development.

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1. GLOSSARY OF TERMS

Alliance: the relationship between the therapist and client, including a shared set of goals and trust in the therapy process, and the mutual collaboration between them.

Grey literature: refers to documents that are not found through publishers (such as academic journals) or databases used to search for publications. Examples include: company reports; reports published by not-for-profit organisations such as central and local government and charities/voluntary organisations and conference reports.

Integrative Behavioural (UK) /Behavioral (USA) Couple Therapy: a therapy approach which teaches couples to make arguments less hurtful by helping partners to accept their differences. The therapy is based on the idea that what is important is not whether a couple fights but how they fight and how they communicate during conflict. The integrative behavioral therapy approach examines how the couple function (how they interact together) and is more flexible and tailored to specific problems in the relationship than traditional behavior marital therapy. The integrative approach examines repeated problems and interactions which are causing relationship problems.

Marital distress: a situation where people feel fundamentally dissatisfied with their marriages. Disappointment in the relationship is constant, arguments are frequent and not resolved, communication is poor or ceases and the couple feel disconnected from one another. It should be noted that marital distress is more severe than what is referred to as 'relationship problems'. Furthermore marital distress applies only to married couples whereas relationship problems can apply to all couples who are having a range of difficulties (both cohabiting and married).

Qualitative: research that seeks to capture people's views, experiences and feelings on something rather than seeking to measure something and count

occurrences. This research typically uses face-to-face methods such as group discussions, interviews or observation and a small number of people are consulted or involved. The aim is to gather depth of information rather than to consult a large number of people.

Relationship distress: similar to marital distress above but used for any couple relationship and not just married couples.

Randomised Controlled Trial (RCT): a study where people are assigned randomly to either the intervention group or a control group (the group that receives no intervention). The results of the two groups are compared to see whether the intervention made a difference.

Traditional Behavioural (UK) /Behavioral (USA) Marital Therapy: An approach that seeks to improve relationships between a couple by increasing positive exchanges and decreasing the frequency of negative and punishing interactions. This model focuses on the influence that a couple's relationship environment has in creating and maintaining relationship behaviour. 'Behavior therapy' in general is based on the idea that when certain behaviours are rewarded, they are reinforced as well as seeking to increase the amount of positive behaviours (and positive communication) among couples and reduce the number of negative behaviours (and negative communication).

2. KEY POINTS

Extent of marital distress, relationship problems and divorce: In terms of married couples, approximately one-fifth experience 'marital distress' at any one time. Typically, a couple's satisfaction with their marriage decreases considerably over the first 10 years and almost half of divorces occur before the 10th wedding anniversary. In terms of couple relationships in general, over the course of the first fifteen years nearly half show similar levels of unhappiness and disappointment as couples in therapy.

Couples more likely to separate/divorce: Parents at highest risk of separating are those who are cohabiting rather than married, those who are experiencing a transition to parenthood or have recently become parents, couples who marry younger (before their mid 20's rather than in their 30's) and those with low incomes. These statuses and stages may suggest the groups of couples for whom couple counselling could be of most benefit.

Link between individual issues and marital problems: Problems in marriages often exist alongside other issues that individuals may be experiencing such as depression, anxiety and aggression. Furthermore, couple relationship problems can also trigger depression for individuals. Counsellors/therapists need to be aware of, and take into account, issues affecting individuals when seeking to help the couple.

Challenges of parenthood: Becoming (and being) a parent can place strain and challenge on the couple's relationship and it is normal for marital satisfaction to decline after the couple's first child is born. Many prospective and new parents may benefit from support to help them to maintain a strong relationship.

Impact on children: Parents who feel their relationship is strong tend to have children with fewer behavioural issues and improved cognitive abilities.

Managing parental conflict well is more important for children's outcomes than the impact of separation or divorce itself. Since major life events for parents can impact on children, support services need to consider how to support the whole family through any challenging circumstances.

Early intervention is important: Interventions such as: counselling, therapy and parenting programmes are most effective in strengthening couple relationships when they are provided as early as possible. Key stages for intervention are as soon as problems begin in the relationship, transition to parenthood and soon after a baby is born.

Combining interventions: Providing a combination of interventions appears to be most effective, for example, providing couple counselling/therapy together with a parenting programme. Combined support services can improve the parents' relationship the relationship with their child/children.

Barriers to accessing counselling: Couples can experience practical and emotional barriers to accessing couple counselling including: cost, long waiting lists, restricted appointment times, geographical distance, concerns over privacy, a dislike of discussing personal issues and not thinking counselling would help. Effectiveness is reduced where couples seek counselling as a last resort.

Perspectives on relationships: How people view their relationships may impact on how they deal with problems if they arise and their openness to receiving counselling/therapy. A 'developmental' relationship perspective (one where relationships are viewed as within the individual's power to change or control) is better suited to receiving therapy/counselling support than a non-developmental perspective.

Impact of therapy and counselling: Therapy cannot influence all aspects of couple's relationships. It is most effective in improving communication and problem-solving and generally less effective in improving sexual issues and

issues related to raising children. Certain types of therapy seem to be more effective than others, for example 'integrative behaviour couple therapy' and 'emotion-focused' therapy. There are few evaluations of couple counselling in the UK and most are found within the grey literature.

Short-term impact of therapy/counselling: While many types of couple therapy and counselling are effective in helping couples to overcome their relationship problems and communicate more effectively, these effects are not long-lasting and typically reduce over time. Continuous support, if possible, may have the strongest positive impact.

3. COMMENTS ON THE RESEARCH

'Therapy' is sometimes used as a catch-all term for many types of couple and relationship support, ranging from comprehensive and in-depth support to that which is one-off or applies a lighter touch.

Frequently, the literature is not explicit about whether the type of couple support referred to is therapy or counselling, or what the intervention involves. This is especially the case with UK grey literature. Where the literature is clear about this, this has been stated in this report otherwise the terms used by the authors themselves have been used.

The literature on therapy is typically from the USA and that on counselling from the UK. Overall there is limited evidence on the effectiveness of counselling from the UK.

Some of the literature on relationship support focuses on specific issues such as domestic violence, alcoholism or drug addiction. While such issues are important, this report has focused on evidence relating to general couple problems since specific issues are outwith the scope of this review.

This report focuses on parents in couple relationships (i.e. married or cohabiting) and does not explore issues relating to separated parents. However, research does not consistently refer to marriage or cohabitation and sometimes uses such terms interchangeably. It is sometimes not clear whether 'couples' are partners, cohabiting or married. In this report, we take 'couple' to mean a 'marital-type relationship'. Where the research specifically refers to cohabitation or marriage, this is reflected in the report.

Generally, research does not attempt to explore issues in relation to different family forms, such as adoptive or step-families, or same-sex partnerships. Where a particular family type is being referred to, this is made clear.

There is a perception, arising from experiences of delivering services, among some relationship counselling service providers that lower income couples may face cultural barriers in accessing support services, for example a perceived mismatch in social class between themselves and counsellors. Although this may be the case, the literature reviewed for this report did not specifically refer to this issue. However, practical barriers that may face low income couples is referred to and included.

Some of the research included focuses specifically on parents. However, in other literature it is not clear whether the adults are parents or not. Where the research specifically refers to parents, this is made clear. The literature selected is relevant to parents and/or couples in the types of relationships outlined above.

Gaps in literature

There is very little evidence specifically on the impact of counselling and that which does exist is primarily found within the grey literature. Consequently, much of this report focuses on evidence relating to the impact of therapy from the American academic literature rather than of counselling. Furthermore, couple therapy evidence typically focused on married parents rather than those who were cohabiting but unmarried.

4. REPORT ON FINDINGS

a) Barriers to couple therapy/counselling service delivery

Some couples experience practical barriers to accessing couple counselling. These include: costs of counselling (typically around £30 per session for private relationship counselling in the UK), long waiting lists (approximately six months for some services), limited appointment times and geographical distance (Chang and Barrett, 2009; Walker et al, 2010; Izzidien, 2008; Goodwin and Cramer, 1998). Having to pay for private couple counselling is particularly likely to be a barrier for couples living on low incomes (Walker et al, 2010), which is important since low income has been associated with a higher risk of separation (Chanfreau, 2011).

Attitudinal barriers can prevent some couples from accessing counselling. These include: being reluctant to discuss what they see as private relationship problems, not accepting the severity of the problems, believing that relationships do not need work or are fixed and cannot be changed, and having previous negative experience or perceptions of counselling (Chang and Barrett, 2009; Walker et al, 2010; Izzidien, 2008; Goodwin and Cramer, 1998). Some people also view the quality of counsellors as variable and have concerns about the counsellor's qualifications (Walker et al, 2010). One UK study found that some people's experiences of relationship counselling had been poor and they had felt that the counsellor had challenged them or taken sides. This had resulted in reluctance to use relationship counselling services again (Walker et al, 2010).

Some minority ethnic populations can face particular barriers to accessing relationship support services. For example, similarly to white British people, South Asian couples (in this case Hindu Gujaratis) go to relationship counselling as a last resort (Goodwin and Cramer, 1998). However, a couple's age, social class (caste) and occupation influence likelihood of attendance, with younger and middle aged couples, those of

lower class and those in manual occupations or out of work being more likely to seek professional relationship support than others within the same ethnic group (Goodwin and Cramer, 1998). For Hindu Gujaratis in Britain, a match between the couple's cultural background and that of the counsellor is especially important as well as being able to attend counselling services without members of their community knowing (Goodwin and Cramer, 1998). Another British study found that South Asian women in the UK who have children can be unsure whether to seek help with a difficult marriage, even in cases of domestic abuse, because the public face of marriage is very important within their culture (Izzidien, 2008). If a marriage should end, South Asian women with children are afraid of being dishonoured and rejected by their community (Women's National Commission, 2003; Gill, 2004).

Some people see counselling as a last resort. This means that problems are already extensive and possibly deeply rooted by the time counselling services are accessed. This reduces the impact that counselling can have on relationship issues (Walker et al, 2010).

b) Factors that can affect couple therapy/counselling outcomes

Couples who feel they get on well with their therapist are likely to have better outcomes. A good alliance with the therapist, especially in the case of men, is associated with better outcomes such as improvements in previous marital distress (Anker et al, 2010; Bourgeois et al, 1990; Knobloch-Fedders et al, 2007; Symonds & Horvath, 2004). Furthermore, couples with strong alliance with their therapist are more likely to remain in therapy for the appropriate length of time rather than drop out before the support has had a chance to make an impact (Knobloch-Fedders, Pinsof, & Mann, 2004; Raytek, McGrady, Epstein, & Hirsch, 1999). The impact of counselling is seriously affected where couples or individuals within a couple do not feel allied with their counsellor. This is particularly the case when individuals cite that the counsellor challenged them or was confrontational (Walker et al, 2010).

A couple's goals and expectations at the outset of therapy or counselling can affect the outcomes of their therapy. A study found that those couples who entered therapy seeking to improve their relationship were seven times less likely to have ended the relationship at six-month follow-up and those couples who sought to better understand and clarify their relationship (Owen et al, 2012).

For married couples, the number of children they have and whether they have been married before may affect therapy outcomes. Hampson, Prince, and Beavers (1999) found that married couples without children had better therapy outcomes than married parents. Furthermore, prior marital status also seemed to have an effect; remarried couples with no children (from either marriage) had the best outcomes, followed by first-married couples who did not have children, first-married couples with children and finally remarried couples with children had the poorest therapy outcomes.

Marital problems can co-exist with depression or anxiety for the individuals involved, and one can influence or exacerbate the other. In other words, marital distress may worsen an individual's existing issues (such as depression/anxiety) which means that therapists/counsellors should be aware of any issues that an individual may have when seeking to treat the problems of a couple. (Whisman, 2007; Whisman & Uebelacker, 2003; Whisman, Uebelacker, & Weinstock, 2004). The reverse is also the case; a very difficult marriage or relationship can lead to individuals experiencing some kind of psychological distress, such as depression.

Evidence indicates that couple therapy is more effective in treating depression than individual forms of intervention or treatments such as Cognitive Behaviour Therapy, psychotherapy and antidepressants (Bodermann et al., 2008); Leff et al., 2000). Couple therapy is now a NICE recommendation for treating depression (NICE, 2009).

How people view their relationship influences how they deal with relationship issues and whether therapy/counselling can help. A 'developmental' relationship perspective views relationships as, evolving over time and within the individual's power to change or control. Couples with a developmental perspective are more likely to have open communication styles and initiate discussion about the relationship, and be more open to receiving relationship support such as counselling. A 'non-developmental' perspective sees relationships as fixed, outwith the individual's control, and as something that does not need to be worked on. Those with non-developmental views were likely to avoid confrontation and fail to resolve issues. These two perspectives have implications for how best to provide counselling/therapy support for couples; couples with a developmental perspective are more likely to be open to engaging with, and to respond well to, external intervention. Furthermore, encouraging this perspective in couples receiving counselling or therapy can help them to have an open frame of mind to work on their relationship (Coleman, 2010).

Therapy with married parents is more successful at achieving improvements in some areas than others. Marital therapy with couples with children can be particularly successful in positively impacting on 'affective communication' (relating to moods, feelings, and attitudes) and problem-solving communication, but therapy has less impact on conflict among couples over child rearing or sexual aspects of their relationship (Klann et al, 2011).

The timing of support is crucial - early intervention is best. Intervening in relationship problems early means that support can be given before problems become deeply rooted. Some studies suggest that providing support at a late stage means that it is far less likely to be effective. Timely provision of support, however, is a challenge in the UK, where relationship counselling is seen as a last resort by many couples and as something which is only sought when all else has failed (Walker et al, 2010). The long waiting times of approximately six months for some voluntary sector relationship counselling

services further compounds the issue. If couples already tend to wait too long before seeking help, and in some cases do not seek professional help until there is a crisis, then waiting a further six months to receive support is likely to seriously limit the impact that counselling can have (Walker et al, 2010).

Using a combination of interventions can give the best results. Providing a combination of interventions, such as delivering couple counselling alongside a parenting programme, seems to have most effective outcomes for parents. Each support service can enhance the other as they ultimately tackle both sides of the same coin; a good couple relationship can help people to be warm and effective parents while feeling comfortable and happy about the relationship with their child/children means that their couple relationship is likely to be more secure.

Improving parenting may also improve marital satisfaction. Evidence has highlighted that improving parents' couple relationship has a positive impact on their parenting and benefits for their children. However, one US study indicates that the link between a stronger couple relationship and parenting may also work the other way round. Improvements in parenting skills (from following the Triple P Parenting Program) can also lead to reduced marital conflict and improved marital satisfaction (Sanders, 1999).

c) Types and timing of therapy/counselling and their impact

In terms of the timing of support, there are two approaches within couple therapy/counselling; preventative work which seeks to imbue couples with relationship, communication and problem-solving skills either prior to getting married or before having children, and therapy/counselling interventions that occur once relationship difficulties have already begun.

Interventions before marriage

Support provided before a couple get married which aims to prevent relationship problems occurring can help to keep a relationship healthy. This support typically involves group-based interventions during evenings or at weekends and focuses on providing effective communication strategies. These types of interventions exist both in the UK and the USA. In the UK they tend to be linked with religious faith, for example Roman Catholics in the UK must attend a marriage preparation course given by 'Marriage Care' before being married in a Catholic church. However, 'Relate' (which does not have religious affiliation) also offers marriage preparation counselling (Walker et al, 2010).

One of the best evidenced interventions in the USA is PREP (Prevention and Relationship Enhancement Program) which has shown positive effects on couples' relationship quality and increased marital stability, as demonstrated by a reduction in divorce at one-year follow-up (Markman, Stanley, & Blumberg, 2001; Schilling et al, 2003).

Programme Spotlight – PREP 'Prevention and Relationship Enhancement Program in the USA

Preparing couples for marriage by learning communication and problem-solving skills to try to reduce the likelihood of divorce: this programme seeks to help couples learn effective and positive communication skills. It is usually delivered to couples who are going to be married but it can also be shared with those who are already married and want to work on their relationship and communication. There are two key sets of relationship strategies: 1. strategies aimed at lowering risk factors for relationships ending and 2. strategies for increasing protective factors to help marriages succeed. PREP is not seen as therapy, it is viewed as relationship education and gives coaching to couples. It is delivered in several ways. Either by couples using PREP materials on their own such as videos, CDs or books, by attending group sessions (either over a weekend, two-hour sessions each week for six weeks or one-day workshops or by private coaching from a PREP counsellor,

religious or lay leader.

Transition to parenthood interventions

Group-based interventions may help to reduce a decline in relationship satisfaction after childbirth. Some group interventions for new parents, especially those delivered in the USA, have shown positive impacts on how satisfied parents feel with their couple relationship.

Intervention spotlight – 'the Becoming a Family Project' in the USA

Preparing couples in group interventions for having a baby

A recent randomised controlled trial on the 'Becoming a Family Project' in California in the USA suggested that some group-based couple therapy interventions may be helpful. The therapy/intervention comprised weekly group meetings for 2.5 hours over 24 weeks. Four married couples who were expecting a baby and one co-leader married couple met in groups. The group discussed topics such as: prospective parents' views of themselves and their relationships, division of household labour, communication and problem-solving styles, ideas about parenting and actual parenting practices, the influence of growing up experiences on their parenting/relationships and their work and social support outside the family. The study found that the married parents who receive the group intervention showed less decline in marital satisfaction than those who had no intervention (a reduction of 4% compared with 14%) (Shulz, Cowan & Cowan, 2006).

However, not all programmes show the same levels of success in helping parents-to-be. Another programme in the USA, 'Becoming Parents', was delivered with the PREP programme. The 'Building Strong Families Study', funded by the US Government in 8 sites in North America, set out to assess how effective the 'Becoming Parents' programme was (Wood et al, 2010). The programme included unmarried couples, who were going to have a child.

Couples were randomly assigned to a group that either received the intervention or to a group that did not. The results of the study were not very positive. Only one site in Oklahoma showed improved outcomes for couples receiving the intervention when measuring for higher levels of happiness, affection, support, faithfulness, stronger parenting skills and increased likelihood of remaining together, when compared to the control group. However, it was also argued that the Oklahoma site may have achieved better success as they offered incentives to couples to complete the program and provided post-workshop services for couples (Markman and Rhodes, 2012).

Offering support both before and after the transition to parenthood may be most effective. This is because the support service can take into account the changing circumstances of the couple and the different issues they will encounter leading up to and following the birth of their child (Pinquart and Teubert, 2010).

Some combined interventions recognise the importance of improving couple relationship satisfaction to help the couple be better parents.

An example of a combined intervention which achieved good results on improving relationship satisfaction and reducing depression is The Greenwich partnership project between Tavistock Centre for Couple Relationships (TCCR) and a local MIND (a mental health voluntary sector organisation) branch which combined different types of intervention.

Intervention spotlight – 'The Greenwich Partnership Project' in the UK

A parenting support intervention comprising postnatal support groups (delivered by a psychotherapist and TCCR counsellor), a parenting programme and free relationship counselling was found to decrease parents' depression and improve relationship satisfaction scores, especially for women in the study. Although the study did not measure changes in parenting skills or outcomes for children, it argued that reducing depression and improving relationship satisfaction would in turn help the participants be

more effective parents. The postnatal support groups also enabled postnatal depression to be diagnosed early in those receiving the intervention (Clulow and Donaghy, 2010).

Support is most effective where it can be given to both members of the couple rather than only to mothers (Brody and Forehand, 1985; Dadds et al., 1987; Parke, 1996; Pruett, 2000). This is the case for all types of support including couple counselling (both private and group-based) and parenting programmes. However, involving fathers remains a challenge for parenting service providers, men can feel a lack of engagement with services unless they are delivered with men's needs in mind (Walker et al, 2010).

Behaviour-based couple therapy claims that better communication between couples improves relationship satisfaction. Some studies have shown a decrease in negative behaviour (Halford, Sanders, & Behrens, 1993;) and an increase in positive behaviour in couples participating in therapy (Sevier, Eldridge, Jones, Doss, & Christensen, 2008) .

The type of therapy can make a difference to whether communication between couples improves. For example, one US study found that 'integrative behavioral couple therapy' (IBCT) was superior to 'traditional behavioural couple therapy' in improving communication between couples. This study found an improvement in the couple's communication soon after IBCT therapy had finished and after 2 years. The study also found that the couple's problem solving skills after therapy and how positive the wife was (both pre and post therapy) were also linked with relationship outcomes. However, as was indicated earlier, the effects of therapy may not be enduring as the study found little evidence of links between improved communication and better relationship outcomes at 5-year follow-up (Christensen et al, 2011).

Evidence supports claims that both emotion-focused therapy (EFT) and behaviour couple therapy (BCT) are effective. EFT has two main forms (1. the Johnson approach and 2. the Greenberg approach) with each of them

having strong supporting evidence. A large body of evidence (over 50 studies) on Behaviour Couple Therapy suggests this approach is also effective. In addition, integrative and cognitive-behavioural therapies may be effective, however, there is less evidence supporting these therapies than for EFT and BCT (Klann et al, 2011; Baucom et al,1998).

Couple counselling provided by some services in the UK improves couple's relationship satisfaction. Relate carried out an evaluation of 29,000 questionnaires completed by their relationship counselling clients and overall demonstrated some positive findings. Specifically, the percentage of couples rating their relationship as good or very good nearly doubled from 36% to 70% after receiving couple counselling, 73% said Relate had a positive impact on helping them to save their relationship and 80% said that Relate had a positive effect on helping them to maintain or strengthen their relationship. However, 6% of clients reported that Relate had a negative impact on their relationship. Furthermore, as indicated earlier in this report, couple counselling may be most effective in helping couples improve in particular areas of their relationship such as communication but less successful at improving sexual issues. For example, less than half (48%) of Relate's clients felt that the service had a positive impact on their sex life.

A primarily qualitative study (although supplemented by electronic surveys) conducted by Newcastle University in the UK in 2009 for the Department for Children, Schools and Families (DCSF) includes some findings on the relationship counselling services offered by Relate and by Marriage Care. Some couples who sought Relate's counselling when they experienced problems in their relationship said it had been partly helpful. It had helped them to air their views and communicate with their partner, however, it had not been so useful for actually solving relationship problems. Others who expressed positive views about Relate's counselling service felt that it had not achieved a lasting impact which had made them reticent about using the service again. However, some people did go to relationship counselling again

and generally felt that their experience was more positive the second time and that the counselling helped to improve their relationship (Walker et al, 2010).

d) Impact on children

The quality of a couples' relationship is linked with how they parent their children and their children's outcomes. Parents who feel their couple relationship is strong tend to have children with fewer behavioural issues and improved cognitive abilities whereas couples with lower quality relationships tend to be less involved with their children and use stricter discipline techniques (Jones, 2010).

Parents' life experiences can have an impact on children. Major events in either parent's life such as job loss, moving house, or separation/divorce impact on the child/children. For example, a parent losing their job or drastically changing their working hours is linked with problems in the parent-child relationship. Therefore support services need to consider how to support the whole family through any challenging circumstances (Chanfreau, 2011).

Managing parental conflict well is more important for children's outcomes than separation or divorce itself. While negative impacts on children from separation/divorce are well documented, this impact on children starts much earlier than from the point of separation and stems from conflict within the parental relationship rather than the fact that the parents are breaking up (Barrett et al, 2010).

5. CONCLUSION

Having reviewed the available evidence on couple therapy and counselling it would seem that some interventions can impact upon couple relationships, in particular in the areas of communication, problem-solving and overall relationship satisfaction. The most effective types of couple therapy are integrative behavior couple therapy and emotion-focused therapy, which are primarily used in the USA. It is of primary importance to deliver relationship counselling/therapy as early as possible to couples in order to have the best chance of positive impact. Combining interventions such as relationship support and a parenting programme also seems to work well in enhancing couple relationships.

Although, the UK relationships support organisation Relate conducted an evaluation of its service which showed a doubling in relationship satisfaction for couples participating in their services, there is overall limited evidence on couple counselling in the UK. Feedback from a Government-funded report on counselling services, including Relate, was more mixed and indicated that their relationship counselling is good at helping couples to air their views but not so strong on educating them in skills to solve their relationship problems.

Indeed, a word of caution is necessary. None of the studies have been able to show long-term effects of couple therapy/counselling, with the effects beginning to peter out sometime after 2 years and typically by five years after the support was given. This suggests that in order to be fully supported, couples may need follow-up sessions at a later stage and a continuous service may be the most effective of all.

6. APPENDIX

About Families Evidence Request System

This brief evidence report has been produced by About Families as part its Evidence Request Bank. About Families aims to help services supporting parents, including families affected by disability, to develop services that are based on reliable evidence.

How the research was carried out

Existing evidence was searched for in the following way:

Research standards: To ensure high quality, evidence drawn on is either peer-reviewed¹, publicly funded or produced by government bodies. Where relevant, grey literature² has been drawn on to inform the report and limitations in methodology and robustness of findings are highlighted. The draft report was peer-reviewed.

Key sources searched

- ASSIA (Applied Social Sciences Index and Abstracts)
- Barnardo's
- Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)
- Centre for Research on Families and Relationships
- Family and Parenting Institute
- Google Scholar
- Growing up in Scotland
- Institute for Social and Economic Research (ISER), University of Essex

¹ *peer review is a process used to ensure the quality of academic work through a process of academics with similar expertise reviewing each others' work.*

² *Grey literature refers to documents that are not found through publishers or databases, such as company reports, reports published by not-for-profit organisations, and conference reports. Such literature is generally not peer reviewed.*

- Joseph Rowntree Foundation
- National Academy for Parenting Research, King's College London
- National Centre for Social Research (NatCen)
- National Children's Bureau
- National Institute for Clinical Health and Excellence (NICE)
- One plus one
- Parenting UK
- PsychInfo
- Relate
- Scottish Centre for Social Research
- Scottish Government
- The Knowledge Network (NHS)
- The University of Edinburgh Research Archive (ERA)
- UK Government
- Web of Knowledge academic database

Keywords

Searches were conducted using combinations of: counselling/counseling, therapy/therapies, intervention(s), evaluation(s), couple(s), parent(s), relationship(s), marital, marriage(s), impact, improve/improvement, effective/effectiveness, outcome(s).

Place of publication

This report has drawn on grey and academic literature from the UK and USA. Specific relevant studies and literature reviews published in Germany and Mexico have also been included.

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