The Impact of A Marriage Checkup With Transgender Couples

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Abstract

This study aims to fill the gaps in relationship wellness intervention research by providing a relationship wellness program, the Marriage Check (MC), to transgender couples. Transgender couples (defined, for this study, as couples where one or both partners self-identify as transgender) may benefit from an MC as a brief prevention program to support relationship health. The research question for this study was: What is the impact of a Marriage Checkup on transgender couples' relationship satisfaction? Researchers created a small pilot study using single-subject design methods – specifically a non-concurrent, multiple-baseline, and a multiple-probe design. Three couples participated in this investigation in which one or both partners identified themselves as transgender. The MC and relationship satisfaction were the independent and dependent variables, respectively. Findings from the visual analysis and non-overlapping of pairs (NAP .87) showed that the MC positively influenced relationship satisfaction for all three couples. The outcomes of the study suggest that the MC may increase relationship satisfaction for some transgender couples. Further research is worth pursuing in this field.

Keywords: Transgender, relationship, motivational interviewing, marital health

Résumé

Cette étude vise à combler les lacunes de la recherche interventionnelle en matière de bien-être relationnel en proposant aux couples transgenres un programme de bien-être relationnel, le *Marriage Check (MC)* ou « bilan de mariage ». Ce programme pourrait être bénéfique aux couples transgenres (définis, aux fins de cette étude, comme des couples où l'un ou les deux partenaires s'identifient comme transgenres) en tant que bref programme de prévention pour maintenir une relation saine. La question de recherche de cette étude était la suivante : Quelle est la portée d'un bilan de mariage (*MC*) sur la satisfaction des couples transgenres en matière relationnelle ? Les chercheurs ont créé une petite étude pilote en utilisant des méthodes d'études de cas unique, en particulier un design non simultané et aux lignes de base multiples et un design multi-enquêtes. Trois couples, au sein desquels un ou les deux partenaires s'identifiaient comme transgenres, ont participé à cette étude. Le programme *MC* et la satisfaction

relationnelles constituaient respectivement les variables indépendantes et dépendantes. Les conclusions de l'analyse visuelle et du non-chevauchement des paires (*NAP* .87) ont démontré que le *MC* a influencé positivement la satisfaction relationnelle des trois couples. Selon les résultats de l'étude, le *MC* pourrait accroître la satisfaction de certains couples transgenres. Des recherches plus approfondies méritent d'être menées dans ce domaine.

Mots-clés : Transgenre, relation, entretien motivationnel, santé conjugale

Introduction

The continued absence of transgender couples in the relationship intervention literature weighs as a painful oversight in advocacy work. Advocates for transgender individuals aim to make a variety of programs and support options available to combat the effects of social prejudice. Relationship wellness interventions in particular, given the focus on prevention, may prove uniquely useful for transgender couples (defined, for this study, as couples where one or both partners identify themselves as transgender) given the current state of prejudice and discrimination against them. Transgender individuals continue to face social disparities in health, housing, work and family matters, which impact their physical and emotional wellbeing (Grant et al., 2011) as well as their partner's wellbeing (Gamarel et al., 2014). Relationship wellness can potentially foster wellbeing including physical health (Pihet et al., 2007, Robles et al., 2014), immune system functioning (Jaremka et al., 2013a), and mental health (Jarmeka et al., 2013b). In addition, relationship wellness programs for transgender couples may assist partners in coping with the added burden of minority stress and its impact on the physical, emotional, and relational health (Gamarel et al., 2014, Lenning and Buist, 2013). This small pilot study aims to address the invisibility of gender-diverse couples in intervention research and examine the potential effectiveness of a relationship wellness program, the Marriage Checkup (MC), specifically with transgender couples.

Marriage Checkup: An Early Intervention to Promote Couple Health

In selecting a checkup, after examining two literature reviews on existing relationship checkup interventions (Fawcett et al., 2016, Markman and Rhoades, 2012), these researchers chose the MC for this study due to the treatment philosophy. The MC is based on motivational interviewing (MI), which focuses on a couple's perspective of their relationship (Cordova et al., 2001, Miller and Rollnick, 2013). This emphasis on the couple's understanding of their relationship is critical when working with marginalized couples who may experience their perspective being invalidated in healthcare systems (Johnson and Mimiaga, 2017).

As with relationship checkups in general, the MC aims to help couples maintain health and prevent decline with a short prevention program (Cordova et al., 2001). An MC includes two sessions with a therapist. In three studies in the United States with 32 couples (Cordova et al., 2001), 74 couples (Cordova et al., 2005), and 215 couples (Cordova et al., 2014) participating respectively, researchers found the MC was helpful

in (1) reaching distressed couples (Morrill et al., 2011), (2) promoting help-seeking (Gee et al., 2002, Morrill et al., 2011), and (3) impacting relationship satisfaction (Cordova et al., 2001, Cordova et al., 2005, Cordova et al., 2014).

A full description of the MC protocol can be found in Cordova's text, *The Marriage Checkup* (Cordova, 2014). In the first session partners complete an oral history of their relationship and share their strengths and concerns with the therapist. During the second session the therapist and partners review information collected from the couple's surveys and what the couple shared in the first session. The findings are put in a context of research on relationships. The therapist then supports the couple in making their plan for continued wellbeing. Partners receive a printed copy of their feedback report and additional handouts related to their next steps. The mechanism of change is the intimate conversations that occur in the two in-person sessions (Hawrilenko et al., 2016).

The MC showed effectiveness across some demographics for cisgender couples. Coop Gordon et al. (2019) found the MC improved relationship satisfaction across race/ethnicity differences and income differences. The MC was helpful for cisgender heterosexual military couples (Cigrang, 2016), and cisgender lesbian and gay couples (Minten and Dykeman, 2019, Minten and Dykeman, 2020). The MC was successfully offered in clinic, home (Coop Gordon et al., 2019), and private practice (Trillingsgaard et al., 2016) settings. No research exists using the MC with transgender couples.

Relationship Satisfaction

Relationship satisfaction was selected as the dependent variable for this pilot study based on existing research with transgender couples and relationship satisfaction. In one study, Gamarel et al. (2014) found that for 191 transgender women partnered with cisgender men, financial hardship and lower relationship satisfaction were correlated for both partners. For transgender women, both their score and their partner's score of increased relationship stigma correlated with decreased relationship satisfaction. For the cisgender men, only their partner's higher relationship stigma correlated with lower relationship satisfaction (Gamarel et al., 2014).

A study conducted by Kins et al. (2008) compared the relationship satisfaction in transgender couples to cisgender couples. In this study, the transgender men partnered with cisgender women were compared to the cisgender men paired with cisgender women. Findings indicated there were no significant differences in relationship satisfaction scores between the two groups of couples. Thus relationship satisfaction may have some initial cross-group support for these two groups.

These studies are not enough to be conclusive for using relationship satisfaction as an outcome variable in intervention studies for transgender couples. The full range of partner combinations has not been examined regarding relationship satisfaction. And for individuals who experience their gender as fluid, changes over time may impact

relationship satisfaction in unique ways. Also, for couples where one partner is beginning a process of gender transition, additional factors may impact relationship satisfaction (Jackson, 2013, Lenning and Buist, 2013, Meier et al., 2013). Future research will contribute more to the work of how to measure the change for interventions for gender-diverse couples effectively. Given the initial research, relationship satisfaction provides a reasonable starting point for this pilot study.

Research Question

This study aims to help fill the gaps in research on wellness interventions for transgender couples (couples where one or both partners self-identify as transgender) with an initial pilot study of the MC. The study tries to answer the question, “What is the impact of a Marriage Checkup on the relationship satisfaction of transgender couples?”

Method

Design

The study used a non-concurrent, multiple probe (Gast et al., 2014), and a multiple baseline design (Barlow et al., 2009) to investigate the MC with three transgender couples. The relationship satisfaction was measured using the Couple Satisfaction Index Four-Item (CSI (4)). Consistent with single-subject design, the sample size was set at three couples.

Participants

Researchers opened the study to a wide range of gender-diverse couples. The advertisements invited couples who had at least one partner who self-identified as transgender or genderqueer to apply. Recruitment included online advertisement, outreach to local transgender and genderqueer affirmative organizations, and word-of-mouth in the local community of a medium-sized city in the western United States. The criteria for participation in this study included: (a) relationships where one or both partners self-identified as transgender or genderqueer, (b) partners considered themselves to be in committed relationships, (c) partners were living together at the time of the study, (d) participants were not seeking (or currently undergoing) couples therapy, and (e) each partner was over 18 years of age. Additionally, (f) the couples had to have an average score on the current study’s dependent variable, the CSI (4), between 13.70 and 18.30. The range was set to recruit couples who were not so distressed that they needed couples therapy rather than a wellness intervention and not so high that the ceiling effect on the measure could compromise results of the study. Couples who did not meet all these criteria were excluded from the study.

Three transgender couples enrolled in and completed the program. No genderqueer couples enrolled in the study (however, future studies will aim to improve

outreach to the genderqueer couples). Researchers have omitted identity details to protect the confidentiality of the couples, so their descriptions here are brief. All pronouns and gender-identity descriptions reflect the individuals' desired language.

Participant Couple One (C1)

One partner in the first couple self-identified as “transgender,” was White, 48 years old, and worked in medical billing. His partner was identified as “female,” was White, 56 years old, and worked in an investment firm. They noted they had been together for five years since they started dating. Their screening CSI (4) score was 18.00. They took the MC on weeks four and five.

Participant Couple Two (C2)

One partner in this couple was identified as “female first, then as a transwoman.” She was White and 36 years old. She had worked in several professional fields and was unemployed at the time. Her partner was identified as “transgender.” He was White, 38 years old, and a college student. They told they had been married for seven years. Their screening CSI (4) score was 16.00; they completed the MC on weeks six and seven.

Participant Couple Three (C3)

In this third couple, one partner was identified as “transgender.” She was White, 40 years old, and worked as an executive of a tech company. Her partner was identified as “female-assigned at birth (FAAB) transitioning to male,” White, 35 years old, and working as a lobbyist. They had been together for 13 years. Their screening CSI (4) score was 14.50, and they took the MC on weeks eight and nine.

Methodology

Single-subject design methods fit well for this pilot program as the small population provided an opportunity to work closely with each couple. The design also gave researchers a chance to evaluate the MC earlier in the research process, before enrolling a larger group, to be able to adjust for any unforeseen problems and to improve the MC for this population of couples (Biglan et al., 2000). Notably, single-subject design has not been widespread in couple therapy research. However, more studies in psychotherapy are using these methods (Georgoulakis et al., 2017). While large single studies show more generalizable findings, they offer little in terms of an in-depth understanding of the intervention and how it pertains to each participant (Biglan et al., 2000).

Even with a small sample, this design provides control for assessing common threats to internal validity including testing, maturation, history, and statistical regression (Barlow et al., 2009, Christ, 2007, Gast et al., 2014). Generalizability can be established with the repetition of small studies or a larger sample size once the

intervention is adapted for transgender participants (Biglan et al., 2000). Overall, the design provides a means to analyze data in a controlled and valid manner with a small pilot study.

Measures

Couples Satisfaction Inventory Four-Item (CSI (4))

The CSI (4) is a brief measure of the couple's relationship satisfaction. The CSI (4) was chosen for this study because it was 1) short enough to be tolerable for the multiple tests, 2) strong enough in effectiveness to be useful with a small sample size (Christ, 200; Funk and Rogge, 2007), and 3) used language for couples ranging from seriously dating to living together to married (Funk and Rogge, 2007), which allowed for unmarried couples to be included in analysis. The CSI (4) has a score range of zero to 21, with a distress cut-off of 13.5 or less. The mean for the CSI (4) was 16 and the standard deviation was 4.6 (Funk and Rogge, 2007).

One concern with the CSI (4) was its ceiling effect, which is not unusual for a relationship satisfaction measure (Funk and Rogge, 2007, Graham et al., 2017). Ceiling effects can compromise the study results because when a couple has a higher level of relationship satisfaction to start with, the measure does not capture improvements. For this study, the couples had to score below 18.30 to allow for the results to capture any potential gains.

Procedure

Institutional human subject approval was obtained before the beginning of the study by Oregon State University, Study #7076. The researchers informed potential participants about the study activities and potential concerns, including that the results were part of a study through a university and that the results would likely be published. The participants were also informed that the study would run for ten weeks, and for two consecutive weeks of the study, assigned randomly, they would attend in-person sessions with a therapist. The researchers included a financial honorarium of \$60 per couple for completing the study. The protocol was split into two phases, Phase A and Phase B. Phase A was a baseline period with no treatment, with each couples' baseline of a different length: three, five, or seven weeks. The researchers randomly assigned the baseline length using Random.org. In Phase A, each couple established a pre-treatment baseline of their relationship satisfaction by taking the CSI (4) online using Qualtrics software (Qualtrics, 2017). The CSI (4) survey followed the recommended schedule for a multiple probe design study: all the couples took the CSI (4) on the first week and each couple then also took the CSI (4) the three weeks before Phase B. For visual analysis, the researchers averaged the CSI (4) scores from each partner.

During Phase B, as part of the MC protocol, each partner completed two online relationship surveys before the first session: Areas of Strength and Areas of Concern

(Cordova, 2014). Then they did the two in-person sessions. Partners completed the CSI (4) three weeks in a row in this phase – after each of the two sessions and one week later – to capture the changes during and after the MC.

Intervention

The MC protocol was the basis for the program (Cordova, 2014). The standard MC was adapted to reduce potential bias. The first change was that the program advertisement mentioned transgender and genderqueer couples specifically and identified the program as a “Relationship Wellness Checkup” (rather than a “Marriage Checkup”) to include unmarried couples and to emphasize wellness. Researchers made changes in the written materials for the intervention. These changes included shifting the language from “marriage” to “relationship” throughout the study and rephrasing one question on a survey from “our relationship is suffering the effects or aftereffects of an affair” to “our relationship is suffering from a breach in our sexual or intimacy agreement, such as an affair” to account for a broader range of monogamy and non-monogamy agreements. Finally, the therapist incorporated an understanding of transgender couples in three ways. First, the therapist included the current research with transgender couples in the discussions and in the written feedback report (Gamarel et al., 2014, Lenning and Buist, 2013, Pulice-Farrow et al., 2017, Pulice-Farrow et al., 2019). Second, the therapist validated experiences of cisgenderism and transphobia and affirmed the couples’ responses to these forms of prejudice. And she attended to potential microaggressions (Nadal et al., 2012) as well as offered micro-affirmations (Pulice-Farrow et al., 2019). Finally, handouts on relational wellbeing for transgender and genderqueer couples were included in the take-home packet.

Therapist

The researcher conducting the sessions is a doctoral-level clinical therapist and the first author of the current study. She specializes in relationship therapy with sexual and gender minority (SGM) partners. She is a trainer for transgender and genderqueer advocacy. She is a state-licensed marriage and family therapist and a national board-certified sex therapist. She is a Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA-STEP) trainer and a member of the Motivational Interviewing Network of Trainers (MINT). She has three post-master certificates related to therapy – SGM couples and families, sex therapy, and couple and family therapy. She had been an advocate and volunteer working with and learning from the transgender and genderqueer community around her since 2006.

Treatment Fidelity

To increase confidentiality and safety for these marginalized couples, researchers decided not to tape sessions for fidelity review. The therapist for this study was rated during two previous investigations using the MC—rating 39 out of 40 for 98% fidelity in the first study (Minten and Dykeman, 2019) and 100% fidelity, and 40 out of 40 in the second one (Minten and Dykeman, 2020).

Data Analysis

The visual analysis included baseline stability, the trend at baseline, and the trend during and after the MC (Gast and Spriggs, 2014). Parameters for acceptable baseline data stability were set at the start of the study to meet one of two conditions: (a) 80% of data points fell within 20% of the median of all data points, and/or (b) the baseline trend was different (decelerating for this study) than expected for the treatment phase (zero-accelerating/flat or accelerating for this study) (Gast and Spriggs, 2014). The visual analysis (Figure 1) examined the CSI (4) scores across Phases A and B of the study, as well as trends for each phase (Dugard et al., 2012).

Researchers used non-overlap of all pairs (NAP) as the statistical measure for determining the effect size (Parker and Vannest, 2009, Spriggs et al., 2018). NAP effect sizes follow the range: small 0.5–0.65, medium 0.66–0.92, and large 0.93–1.0 (Parker and Vannest, 2009). NAP was calculated with an online calculator and with Microsoft Excel.

Results

Visual Analysis within the Baseline Phase

The visual analysis examined the relationship satisfaction scores across the two phases: baseline and intervention. The analysis was performed and reported as described in Carr (2005) and Dixon et al. (2007). For participant C1, the median was 17.00, and the stability window was 15.30 to 18.70. The scores were 15.50, 18.00, and 17.00, and baseline data was stable as all scores fell within 80% of the stability window. The baseline trend was accelerating.

Baseline data for C2's relationship satisfaction was also stable: The median was 13.00. The stability envelope was 11.70 to 14.30, and scores were 12.00, 13.50, and 13.00. The baseline trend was decelerating.

C3's baseline relationship satisfaction was stable as well. The median was 16.50 and the stability window was 14.85 to 18.15. The scores were 16.50, 15.00, and 16.50, all within the stability window. The baseline trend was decelerating.

Visual Analysis across Baseline and Intervention Phases

C1's relationship satisfaction rating the week before checkup was 17.00. After their first MC session, their score went up to 17.50, indicating increased relationship satisfaction after the first session. Their score after the second MC session stayed at that level, 17.50. One week after the MC, their relationship satisfaction remained stable and higher than the baseline with a score of 17.50. The trend during and after the MC was flat compared to that in the baseline phase, which was accelerating. NAP demonstrated a moderate effect size of 0.67 for this couple.

For C2, their relationship satisfaction rating the week before their checkup was 13.00. Their score after their first MC session was 15.50, showing an increase in relationship satisfaction. Their score after their second MC session was 16.00, showing again continued higher score than at the baseline. One week later, their relationship satisfaction was at 15.50, remaining higher than the baseline. The change in the trend reflected this finding, shifting from decelerating before the MC to flat during and after the MC. NAP showed a large effect size of 1.00.

C3's relationship satisfaction rating a week before the MC was 16.50. Their score after their first MC session was 17.50, demonstrating increased relationship satisfaction after the assessment. Their rating after their second MC session was 18.50, showing continued increased relationship satisfaction after the MC. One week later, relationship satisfaction remained higher than the baseline scores with a score of 17.50. The change in the trend reflected this finding, shifting from decelerating before the MC to flat during and after the MC. NAP showed a large effect size of 0.91.

Overall, each of the three couples showed an increase in relationship satisfaction from baseline to during and after the checkup sessions. Effect sizes for each couple separately were moderate to large. For the group of three couples together, NAP was 0.87, showing a moderate effect size for the whole group.

Discussion

This small pilot study aimed to examine the MC with three transgender couples using single-subject design methodology. Researchers sought to answer the question: "What is the impact of a Marriage Checkup on relationship satisfaction of transgender couples?" The analysis using NAP shows the MC had a moderate effect size overall for these three transgender couples. Examining each couple individually, NAP and visual analysis supported the finding that relationship satisfaction was higher during and after the checkup sessions.

A moderate effect size is significant in the context of the MC as a prevention program—couples are not all moving from distressed to non-distressed (which would show a more significant effect size if they move to non-distressed). Many couples who take the MC are moving from healthy to healthier and avoiding decline. In this sample, all participating couples scored in the non-distressed range of the CSI (4) at the start of the study, so they too were moving from healthy to healthier. The moderate effect size must be considered significant in this context.

Single-subject designs have strengths and limitations. The design provided a means to assess some threats to internal validity. Taking baseline data before the MC and the relatively short time (10 weeks total) for the study allowed researchers to assess threats related to maturation. Each couple was randomly assigned a different baseline length. With the non-concurrent design, couples went through the intervention at different times, which allowed for an assessment of threats related to history. A multiple-probe assessment with a short survey decreased the threat of testing. The researchers

attended to procedural validity via previous fidelity checks on the therapist in earlier studies.

With this small sample size, assessing external validity is not possible. The generalizability in single-subject design is established with replication studies. Additional investigations with transgender couples are essential to support the integrity of the results in this study. Future studies will need to include a full range of combinations of partners' genders and changing genders in order to understand how interventions can support transgender and genderqueer couples most effectively. This study took a broad definition of transgender and genderqueer couples as a pilot study, and more nuanced definitions will yield more nuanced results. In addition to limitations related to gender identity, all individuals in this study were White; exploring this intervention with a diverse range of individuals across race and other variables will be critical for external validity.

Clinicians providing the checkup to transgender couples need to be informed and affirmative about transgender and genderqueer relational health and working with transgender and genderqueer clients (Blumer et al., 2013, Chan and Erby, 2018, Gamarel et al., 2014, Lenning and Buist, 2013, Pulice-Farrow et al., 2017, Pulice-Farrow et al., 2019). For example, though research indicates relationships can be negatively impacted by social prejudice (Gamarel et al., 2014, Grant et al., 2011), not all partners struggle in the face of this added hardship. Some individuals thrive as a result of facing this form of adversity (Riggle et al., 2011). Though the MC methodology creates a process where the couple leads in the discussions, care to ensure the intervention is not merely another encounter that reinforces stereotypes or compounds prejudice is needed by providers.

If future research supports the generalizability of these findings, the implications for practice include the potential to help support transgender relationships as a worthwhile effort in itself. In addition, as larger public health efforts target relationships as a way to support overall wellbeing (Sollenberger and Fleming, 2014) including couples with partners across the gender continuum in these programs supports goals related to accessibility and fairness in social programs. In addition, offering effective support for transgender relationships may help buffer partners against the impact of discrimination (Gamarel et al., 2012).

This study made some preliminary changes to the MC program to support transgender and genderqueer couples. Adapting the program could improve the outcome for couples. Additional research should seek feedback from transgender couples to improve the program. For example, a checkup could include direct discussion of coping with discrimination, garnering social support, handling relationship disclosures, and other related topics for sexual and gender minority couples (Whitton and Buzzella, 2012).

Addressing factors that may further increase social prejudice - such as disadvantage by socioeconomic status, race, age, disability, citizenship, and sexual orientation demographics - may provide additional benefits to relationship health (Lavner

& Bradbury 2017, Trail and Karney, 2017). As an example, relationship programs that directly target external concerns related to poverty - providing resources for financial assistance, child care, and employment - have more impact on poorer couples' relational health than bolstering interpersonal skills (Lavner & Bradbury, 2017). Thus future checkups may aim to include resources to actively counter external factors for transgender couples facing additional hardships. Given the brief and personalized nature of the MC, direct support or referrals could readily be given to couples based on their unique needs.

This study examined an intervention to support relational wellbeing for gender-diverse couples. Specifically, researchers offered the MC to transgender couples. The results of this small pilot study suggest that the MC could be an effective intervention for supporting the wellbeing of transgender couples with all the potential benefits of this program accessible to them (relational health, physical and mental health), as they have been to cisgender couples. Continued research is recommended to support gender-diverse couples gaining access to these valuable programs.

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Figure 1.

Transgender couples' relationship satisfaction across baseline and intervention phases.