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**Implementing the Primary Care for Couples Package:
report of a pilot study**

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Table of contents

Executive summary	
<u>Section One Background</u>	5
<u>Introduction</u>	5
<u>Background and aims of the pilot</u>	5
<u>Research method</u>	6
<u>Section Two Results</u>	8
<u>How was the primary care for couples concept received by the Health Authority?</u>	8
<u>What did participants think about the revised training course and supporting materials?</u>	8
<u>Did the training influence participants' practice?</u>	12
<u>Resources for working with clients</u>	12
<u>Section Three Conclusions and implications</u>	17
<u>Conclusions and implications of the findings for the development and rolling out of the PCC Package</u>	17
<u>Developing the PCC package</u>	17
<u>Creating an environment for applying the training</u>	17
<u>The political and financial context of delivering PCC</u>	17
<u>Conclusions</u>	18
<u>References</u>	18
<u>Appendix One The revised Brief Encounters course</u>	19
<u>Appendix Two Examples of questionnaires used in the evaluation</u>	20
<u>Appendix Three The Relationship Scale</u>	26

Executive Summary

Background

One plus One piloted the 'Primary Care for Couples' package (PCC) in a Health Authority in the West Midlands. The aim of the pilot was to:

- Ascertain participants' views on the suitability and usefulness of the revised training course and resource materials.
- Examine the appropriateness of the method and resources designed to introduce Primary Care for Couples to NHS managers.
- Explore, from the professional's perspective, whether the PCC approach had any impact on their practice.

The training comprised a revised version of the Brief Encounters course. Participants were also introduced to the Relationship Scale, a screen to identify potential difficulties; specially commissioned cartoons to trigger discussion around family issues; an information pack - the toolkit - summarising research evidence on different aspects of couple and family life.

A total of three courses were run. Two four-day courses were attended by health visitors and midwives and a one-day workshop was attended by a range of professionals including school nurses, midwives and community psychiatric nurses.

The pilot was evaluated using three different questionnaires completed prior to the course, immediately after the training, and three months following the course. Participants also attended focus groups immediately following and three months after the training. Members of the practice development team met with managers both before and during the pilot.

Findings

Managers' impressions

Managers were positive about the value and relevance of the PCC package to their staff. However, prior to the delivery of the course, they were unsure about whether they would have purchased the course had they not been offered the free pilot. The reasons for their uncertainty were mainly financial and related to constraints on the training budget and the existence of an annual block contract for training with a local provider. Factors likely to influence purchase of any training included: the degree to which health professionals are enthusiastic and therefore persuasive about attending the course; the likelihood of the course increasing the professional effectiveness of attendees; initiatives, such as Sure Start, to be implemented as a result of national policy developments.

Although the managers were unsure about purchase prior to course delivery, they did pay for a further course for health visitors. This demonstrates a positive change in their views on the appropriateness and value of the training.

Overall response to the course

Most participants were very positive about the course. In the majority of cases, the course met participants' expectations, influenced practice, enhanced understanding and developed their skills and confidence. Over 90% said they would recommend the training to colleagues.

Participants were enthusiastic about the delivery of the course by the trainers and the quality of the handouts, audiovisual resources, and course materials.

Training with different types of professionals was seen as a helpful means of understanding one another's roles better. The course varied in its relevance to different professionals. It was seen as most useful to health visitors because they are in a position to establish a relationship with the family. However, the two community psychiatric nurses (CPNs) who took part in the focus groups felt that the course was least applicable to CPNs because the level was too basic.

Most helpful aspects of the courses

The sessions rated as most helpful immediately following the four-day course included those on: the stages through which relationships pass, attachment theory and sexual problems. Workshop attendees particularly valued the sessions on the cartoons and the role-play used to reinforce the skills training.

Three months later the four-day course participants described the most useful aspects of the course as the information on relationship stages and transactional analysis and the training in listening skills.

The training in practice

Following the training, the majority of respondents said they were more confident about tackling relationship difficulties and more likely to ask about problems and to offer help. Participants reported improvements in their listening skills, in their ability to pick up and respond to problems and in managing their time. Respondents were also more likely to agree that dealing with relationship problems is a good use of their time and appropriate to their practice.

Factors that might prevent trainees putting the training into practice included: lack of time; large workload; lack of privacy or inappropriate environment in which to talk to a client; the absence of suitable agencies for referral; and the absence of a protocol and managerial guidance on tackling relationship issues, particularly when using the Relationship Scale.

Cartoons

The cartoons were seen as relevant and useful discussion triggers, but few respondents had used them in practice. The reasons for not using the cartoons included: uncertainty about how to introduce them; fear of seeming to trivialise a client's problem and concerns about their cultural relevance to members of minority ethnic groups. Respondents, particularly health visitors, who had used the cartoons had found them a helpful means of enabling clients to articulate and understand their feelings.

Relationship Scale

Most respondents had not used the Relationship Scale (RS) because they were awaiting the release of a protocol on its use from the health authority. The issue of the protocol aside, some respondents had anxieties about using the scale as a screening instrument at the 6-8 week check. They felt it might be too much to use alongside the postnatal depression screen and the other health checks undertaken at that time. A proportion of respondents could envisage using the RS informally, either where they thought there might be problems or even using the questions in conversation rather than as a scale.

Toolkit

The toolkit was described as a useful reference document to be dipped into when looking for information in response to a specific client situation or need. However, few participants had looked at the toolkit in the three months following the course.

Conclusions

The PCC package has much to offer health professionals and the majority of those who took part in the pilot felt it influenced their skills and improved their knowledge. The practice development team have since established two separate half-day workshops in which to introduce the Relationship Scale and the cartoon resources respectively. It is expected that this will go some way to tackling some of the barriers to using these otherwise well-received resources.

Findings suggest that encouraging other Health Authorities or Trusts to purchase the PCC package will require enthusing local health visitors about the training so that they exert pressure on their management to purchase the course; an awareness of ongoing policy initiatives and how the skills offered by the package might support their implementation; developing partnerships with local training providers and securing face-to-face meetings with those responsible for purchasing training.

Section One Background

Introduction

In 2001, One Plus One conducted a pilot study with a Health Authority in the West Midlands to examine the acceptability and value of a package of training and resources (Primary Care for Couples) to assist primary care health professionals to respond supportively to clients with relationship difficulties. This report summarises the findings of the pilot.

Background and aims of the pilot

The Brief Encounters training course

In 1994, One Plus One developed a four-day training course – Brief Encounters – that is accredited by the RCN Institute of Advanced Nursing. The aim of the course is to provide the health professional with knowledge and skills that enable her to act as a supportive and empathic listener to couples in distress.

Based on the ideas of person-centred therapy and making use of small-group discussion and practical skills training, the course emphasizes the importance of listening to clients, providing them with practical information and encouraging the couple to find their own ways of resolving their difficulties or adapting to them.

Previous courses

Some 1500 health professionals, most of them health visitors, have taken the course. An investigation of the views of participants in 14 courses, based on responses to questionnaires completed immediately after the training and six months later, revealed great enthusiasm for it (Corney 1998).

The revised course

Different versions of the course have been piloted with GPs, community mothers, Home Start workers and other family workers. It was decided to revise the core BE course to take account of some of the findings from these pilots and to integrate new research developments. A list of revisions is included in Appendix One.

The revised course included training in the use of a short screen for relationship difficulties – the Relationship Scale (RS) (see Appendix Three). The 8-item scale formed the basis of a successful randomised controlled trial conducted by the organisation with a Health Trust in outer London (Simons et al., 2001). Following the trial, it was decided to explore the possibility of encouraging Trusts to adopt the screen for routine use by BE-trained professionals.

The package also included a number of resource materials. These included a ‘toolkit’ comprising summaries of research findings and key messages for practice on subjects relevant to the course, such as the impact of separation and divorce on children. Seventeen cartoons based on research findings were also offered in the package. The cartoons are designed to trigger discussions with parents and cover topics such as adjusting to a stepfamily and life after a new baby.

Why have a pilot?

The aim of the pilot study was to:

- Examine the appropriateness of the method and resources designed to introduce Primary Care for Couples to NHS managers.
- Ascertain participants’ views on the revised course and resource materials.
- Explore, from the professional’s perspective, whether the PCC approach had any impact on their practice.

What did the pilot involve?

Introducing 'Primary care for couples' to managers

A consultant was appointed to identify a suitable Health Authority in which to pilot the package. A team from One Plus One visited managers to introduce the course via a specially produced video about Brief Encounters and to answer questions.

Training courses

Two four-day courses were run in the Health Authority attended by health visitors and a small number of midwives. A broader range of professionals including school nurses, community psychiatric nurses and a practice nurse, attended a one-day workshop.

Table One Number and profession of course attendees

	Professional role						Total number of participants
	Health visitor	Midwife	Practice nurse	School health nurse	Community psychiatric nurse	Family project worker	
4-day course	26	4	-	-	-	-	30
1-day workshop	4	3	1	5	3	1	17
Total number of professionals	30	7	1	5	3	1	47

Research method

Questionnaires

Course participants completed a questionnaire one week prior to the training; immediately after the training; and three months following the course. Copies of the questionnaires are included in Appendix Two.

The pre-training questionnaire was designed to assess participants' knowledge about and attitudes towards relationship difficulties and how they handled these issues in their practice. During the course, participants completed standardized evaluations to monitor feedback for each session. Immediately following the training participants completed the post-training questionnaire. This investigated participants' thoughts about the course and how it had affected their confidence, skills and attitudes towards dealing with relationship difficulties. A similar questionnaire was sent three months later.

Focus groups

Two focus groups to explore trainees' views on the PCC package were held shortly after the four-day training courses. Three further focus groups were carried out three months following the end of training for participants of the four-day courses and those who attended the one-day workshop. These groups were designed to help respondents reflect on the course and how it had affected their practice.

Meetings with NHS managers

At the start of the project, One Plus One's Practice Development (PD) team met with six managers from the Health Authority to introduce the package. A second meeting, some months later, was arranged to ascertain what managers thought about the process for introducing the package. However, at the second meeting a number of new managers had been appointed and it was necessary to re-introduce the PCC training.

Interview with Practice Development Team

Following the pilot, the PD team were interviewed by one of the organisations' research staff to ascertain their views.

Considerations in interpreting the findings

Sample size

The project involved a total of 47 professionals. Response rates for questionnaires for the four-day courses were comparatively good. However, as Table Two shows, only 10 questionnaires were returned by workshop participants immediately prior to the course and only 4 replies were received at the three-month follow-up. The small number of participants and even smaller number of respondents means we must be cautious in interpreting the findings.

Table Two Number of respondents at each stage of the pilot

	Four-day course (total = 29 attendees)	Workshop (total = 17 attendees)
Number of completed pre-training questionnaires	29	10
Number of questionnaires completed immediately after the training	17	10
Number of questionnaires completed three months after the training	22	4

Focus group participation

All course participants were invited to attend the focus groups. Between 5 and 12 participants participated in each group. As with the questionnaires, it is necessary to treat the findings from the groups with caution as the views of the participants may influence their willingness to take part in the group. .

Mix of professionals

The majority (64%) of participants in the pilot were health visitors. The findings are likely to be most representative of their views and most applicable to their profession.

Sample area

The pilot was conducted in just one area – a Health Authority in the West Midlands. Because there is no comparison area it is possible that there are unknown differences between this area and others that restrict the relevance of the findings. For example, the area may attract a particular type of professional or the population may experience distinctive difficulties.

Section Two Findings

How was the Primary Care for Couples concept received by the Health Authority?

A number of new managers had been appointed following the introductory meeting, making it difficult to ascertain how successful the first meeting had been in persuading the Authority to take on the course. However, managers at the second meeting emphasised that they received so much paperwork that a face-to-face meeting was likely to be the most effective way of 'selling' a course to them.

Reasons given by managers for taking on the course included a desire to respond to enthusiasm among health visitors to acquire new skills, in particular counselling skills, and to develop their roles:

"... constantly there comes up 'I need counselling training, I need counselling skills', because they find themselves constantly in that situation about uncovering, peeling back layers... and starting to get a little bit worried about what they are going to uncover and how they can help" (Managers meeting)

Prior to delivery of the course, managers were unsure whether they would have bought the course if it had not been offered as a free pilot because they had a relatively small training budget that was subject to a number of demands. They suggested that they would be most likely to purchase a course where they were convinced that it would make the health-visiting workforce more effective and when the professionals were enthusiastic and hence persuasive about taking part.

".. if they're (the staff) happy with something and if they can make you see that there's an advantage to it then you'll quite likely take it on board" (Managers meeting)

Managers were positive about the course and its relevance to their staff, particularly health visitors. They could see the importance of equipping health visitors with the skills and confidence needed to respond to the range of issues they encounter in their work. As one manager said:

"There's often a time, isn't there, when our professionals are holding the baby ... because when they are referring to an appropriate agency or not knowing what is the appropriate source of help, the professional needs those enhanced skills to be able to cope in that period." (Managers meeting)

Managers were also pragmatic about the different demands on their training budget. They have a relatively small budget available for training 70 health visitors, and a significant portion of the budget is pre-allocated to an annual contract with the local university. Different demands are placed on the budget depending on the training needs required by government initiatives. For example, at the time of the meeting, the Health Authority was responding to Sure Start initiatives and behavioural management issues and health professionals were requesting training that would equip them to deal with these new demands.

Feedback from the managers indicated that midwives and health visitors had been shown the video as a means of introducing them to the course. As more health visitors and midwives applied to do the course than there were places it appears the video was an effective introductory tool.

Although the managers were initially unsure about purchasing the course prior to delivery, the Health Authority bought more B.E. training at a later date. This purchase suggests that they had become convinced that the training was valuable and appropriate. The health visitors' enthusiastic response may have also been a major factor.

What did participants think about the revised training course and supporting materials?

General responses to the course

Participants were positive about the training. Table Three summarises participants' response to a series of statements recorded immediately after the training. As the Table shows, very

high proportions agreed that the course met their expectations, changed their practice, enhanced their understanding, and developed their skills and confidence. Over 90% would recommend the course to others. Three months later, 95 per cent of the four-day course participants and 75 per cent of those on the workshop said they found the training helpful.

Table Three Summary of participants responses on the post-training questionnaire

	4 day course	1 day workshop
	Agree n =17 (%)	Agree n=10 (%)
Met my expectations	17 (100%)	10 (100%)
Changed my professional practice	14 (82%)	6 (60%)
Enhanced my understanding	17 (100%)	9 (90%)
Developed my skills	16 (94%)	9 (90%)
Increased my confidence	16 (94%)	9 (90%)
Would like further training	9 (56%) (n=16)	7 (70%)
Would recommend course/ workshop	16 (94%)	9 (90%)

Responses in the focus groups reinforced the positive responses obtained on the questionnaires. The course was described as “*excellent*”, “*useful*”, “*well-presented*”, “*focused*”, “*relevant*”, and “*organised*”. Three months after the training, focus group attendees talked about feeling more confident and comfortable dealing with relationship issues, the opportunity to reflect on their practice and on the relationship issues in their own lives, and the way the course enhanced their listening skills:

“I’ve really enjoyed it because it gives more focus to ask the right questions, as {colleague} says, in the past you know we might have gone on and listened and listened and got nowhere whereas now we can actually say we have to move on or you have to refer them... and identifying what the main thing is.” (P2, 3 months)

“It’s very rare that you come back and are raving about it”. (P1, 3 months)

Views on the delivery of the course

Participants were positive about the delivery of the course. They mentioned the way the groups gelled, the “*laughter and enjoyment*” (P1, 3 months) and the evident experience and teamwork of the trainers.

“I think we were very fortunate with the trainers” (P1, 3 months)

The audio-visual aids used in the training were rated highly and participants valued the detailed handouts as these allowed them to concentrate on the course without having to take notes.

Eighty per cent of participants on the four-day and one-day courses highly rated the role-play. Discussion in the focus groups pointed to how the role-play had helped them to integrate the training into their everyday work. One participant summed up how many of them felt:

“We didn’t enjoy doing it but we got a lot out of it” (P2, post-training).

One respondent suggested the role-play might be improved by setting scenes in a home visit environment where children, relatives and others are often present.

Respondents on all of the courses valued the way the training brought together different professionals. One participant on the four-day course commented that it was “*good not having just health visitors, having midwives on the course as well*” (P1 post-training) because it meant they were able to appreciate one another’s roles and points of view better.

What did members of the different professions think of the course?

Health visitors

The majority of trainees, particularly on the four-day course, were health visitors and both they and the other professionals felt that health visitors were likely to make the most of the training because of the relationships they establish with the family. Although health visitors felt that they would be able to use the training in their home visits to parents, there were some concerns, however, about being able to conduct personal discussions in clinic settings.

Midwives

The majority of the midwives reported that the course was very helpful and that it had increased their confidence. They were not always sure, however, about how often they would be able to apply the training in their practice. They felt that their roles, often comprising a quick 'in and out' for antenatal or postnatal checks, did not allow the time to build relationships and so facilitate discussion around couple difficulties.

School health nurses

The school health nurses found the course interesting and potentially useful, although they emphasised that their primary concern is for the children under their care, rather than parents. They felt that the Brief Encounters approach might be useful dealing with parents' relationship difficulties, especially if such problems are having an impact on the child. It was also suggested that some of the information, such as the relationship stages, might be useful in relationship education with older children. These respondents felt that the one-day, rather than four-day, course was sufficient for their needs.

Community psychiatric nurses

Only 3 CPNs attended the course and two of these gave feedback in the focus groups. It is therefore difficult to extrapolate to CPNs in general. These two CPNs noted that they already deal with relationship issues routinely as part of their role and did not feel that the information on picking up signals and identifying difficulties was particularly appropriate. One CPN would have preferred more information about 'treatment' for couples and felt that the course "*did not really meet our needs*".

What was helpful and unhelpful about the course?

Helpful aspects of the course

Immediately following the training, participants were asked which aspects of the course they had found most useful. Participants on the four-day course rates sessions on: the stages through which a relationship passes (n=5); attachment theory (n=5); and sexual problems (n=4). Participants on the one-day workshop found the sessions on the cartoons and role-play most helpful. Comments on the questionnaires explained why some of these sessions were highly rated. For example, one respondent praised the way the session on sexual difficulties was presented:

"Sexual problems! A difficult and highly sensitive personal area handled sensitively" (P1, post-training questionnaire)

Table Four Sessions or topics rated as most useful by participants

Sessions / topics rated as most useful	Number rating session highly immediately after training		Number rating session highly 3 months after the training	
	4-day course (n=17)	1-day workshop (n=10)	4-day course (n=22)	1-day workshop (n=4)
The whole course	5	-	6	-
Relationship stages	5	-	6	-
Attachment	5	-	-	-
Sexual problems and issues	4	-	-	-
Listening skills	2	3	4	1
Couples & conflict	2	-	-	-
Role play & practical sessions	2	2	-	-
Transactional analysis	1	-	4	-
Cartoons	1	3	-	2

Three months after the training, responses to the questionnaire indicated that participants particularly valued learning about the stages of a relationship (n=6), polishing their listening skills (n=4) and developing an understanding of transactional analysis (n=4) (see Table Four). Some attendees highlighted more specific aspects of the course rather than rating particular sessions. Respondents valued increasing their knowledge about: the effects of childhood experiences on adult behaviour; marital conflict and symptoms of family difficulties.

Participants of the one-day workshop also valued the listening and counselling skills elements of the training. They were more likely than the four-day participants to find the session on using cartoon material helpful.

What was least helpful?

Most respondents were unable to say which aspects of the course were least helpful. Of those who responded, all of the participants on the four-day course felt that all the sessions were helpful in some way (n=13). This was also the case for the majority of participants on the one-day workshop (n=6), although two of the community psychiatric nurses felt the listening skills were too basic for them.

Level and content of the course

The updated course contained a number of new sections, some of which contained summaries of relatively complex theory and research findings, such as the session on attachment. One of the aims of the pilot was to gauge how participants found the level and volume of information presented.

Participants' views on whether particular topics could have received more or less time on the course is one indication of whether the revised training was pitched at the correct level. Many of the participants on the four-day course felt the balance was right (n=6) and were conscious that courses could not meet everyone's needs because of the difference in participants' backgrounds, although some participants would have appreciated more time on particular topics.

" Sometimes you can go on courses and they make things so complex, but this was manageable and applicable to practice and that's the difference I think, because you can get so much theory that you get lost amongst it, and think 'how can I know that?'" (P1, 3 months)

Overall, trainees felt the course was very full but they also felt it was manageable. As one participant said:

"How many courses do you go on and think 'what a waste of an afternoon' or 'they could have done this in a day' ... whereas I couldn't fault it at all really" (P1, 3 months)

Did the training influence participants' practice?

Table Five compares participants' responses to a series of statements about their attitudes and experience of dealing with relationship difficulties prior to and three months following the training.

Table Five: Summary of responses on questionnaires completed prior and three months after training

	Pre-training		3 months after training	
	4-day course (n=29)	Workshop (n=10)	4-day course (n=22)	Workshop (n=4)
Confident or very confident in discussing relationship problems	9 (31%)	5 (50%)	17 (77%)	4 (100%)
Confident or very confident in communication skills	20 (69%)	8 (80%)	18 (62%)	4 (100%)
Feel it is appropriate or very appropriate to discuss relationship problems	25 (86%)	6 (60%)	21 (94%)	3 (75%)
Likely or very likely to ask about relationship problems	17 (59%)	5 (50%)	20 (91%)	2 (50%)
Likely or very likely to offer help	23 (79%)	8 (80%)	21 (95%)	4 (100%)
Found it easy/ very easy to incorporate BE approach into practice	-	-	10 (45%)	3 (75%)
Disagree that dealing with relationship problems takes up too much time	14 (48%)	4 (40%)	15 (68%)	3 (75%)
Agree that dealing with relationship problems is a good use of time	23 (79%)	6 (60%)	18 (82%)	4 (100%)

More confidence discussing relationship problems

One of the most important changes was the increase in confidence. The proportion of "course" participants who felt confident to discuss relationship problems rose from 31% to 77% and in workshop participants, the proportion rose from 50 to 100%.

Reasons given by focus respondents for feeling more confident included that: they no longer felt that they had to solve a client's relationship problems; they were able to keep a client focused on the main relationship issues rather than go off in many directions; they could control the interaction by arranging to see the client at a later date rather than having to respond immediately; they were aware of how much they could achieve in a short space of time. This increased confidence meant that health visitors felt they were more likely to discuss relationship difficulties with clients:

"being newly qualified .. I was not very confident about discussing relationships but it has certainly given me the confidence now to ask questions, like you say, you realise now you don't have to ... get the relationship all sorted and hunky dory" (P2, 3 months)

"It just gives you more confidence to cope and focus on what's happening, because before I did the course the couple that I saw where they were warring, I don't know how I would have dealt with that before..." (P1, 3 months)

More likely to ask clients about relationship difficulties or respond to signals

Following the four-day course, over 90 per cent of trainees agreed that it was appropriate for them to discuss relationship problems with clients and this was also true for 75% of those attending the one day workshop. Whereas before the training they may have taken a client's

response on face value, following the training participants felt that they were more likely to pick up on cues, probe further and give the client the opportunity to elaborate, as one participant explained:

"...whereas now I will ask more questions and try and find out a little bit more about the relationship and what they are actually saying about this relationship and what it is that she was wanting me to know." (P1, 3 months)

A number of participants felt they were more likely to respond to signals indicating that the mother wanted to talk about her relationship because they felt the course had given them permission to arrange to come back and see her and not have to deal with the problem straight away:

"it's saying that it's alright that I can't deal with it today and not feeling bad about it. I found that quite useful. You want to deal with it there and then, it's not that you don't want to deal with it, but you know that you haven't got time to deal with it ..." (W1, 3 months)

Improved listening skills

Alongside increased confidence, many of the trainees felt the course had helped to improve their listening skills. Participants felt more 'tuned in' to what they were hearing and more able to keep a client focused on what she wanted to say.

"You know, you find yourself trying to come up with all the answers, and not really listening to what the client has got to say about things, and I find that now I'm much more tuned into that. Listening to what they are saying, and answering the questions as they crop up, if I can, or sort of put them in the position whereby they can help to answer for themselves." (P1, 3 months)

A number of the participants were positive about the way the course developed their listening skills because they felt able to use them in different areas of their practice, such as in responding to mothers with postnatal depression.

"I gained more than anything from the listening skills and the reflecting because I've been able to bring that into such a lot of other things. So I think that's probably what I use more than anything at the moment" (P1, 3 months)

Improvements in managing their time

Following the training, more participants agreed that "dealing with relationship problems is a good use of time". Trainees appeared to welcome the Brief Encounters framework and the way it enabled them to take more control of their time with a client. Trainees seemed more able to set time limits and boundaries on the support they provided. . As one health visitor explained:

"I think one thing it highlighted for me was how valuable a few minutes with a client can be ... we feel that perhaps a couple of minutes is nothing, in actual fact you can do an awful lot in 3 minutes if you use it properly and it's structured" (P1, post-training)

Another focus group attendee felt more willing to refer clients to other professionals when she could not help.

What factors prevent participants putting the training into practice?

Following the training and three months later, trainees were asked to identify what factors might prevent them from putting the training into practice. . Some trainees felt that lack of time and pressures of work might prevent them from acting on the training. Some respondents were concerned about being unable to meet client's expectations about relationship support because there was a lack of services to which they could refer clients for more specialist help. There was also concern about a lack of managerial support for dealing with relationship issues, in particular because managers had yet to produce a protocol to support the use of the Relationship Scale. Other concerns related to the environment in which professionals saw a client. Practitioners were unlikely to address relationship difficulties when they felt the setting was inappropriate, for example where there was a lack of privacy.

Resources for working with clients

At three months, trainees were asked to record how frequently they had used the Relationship Scale, the cartoon pack and the information toolkit. Usage was rated on a scale

of 1 to 5, with 1 being not at all and 5 every session. The scales have been condensed to make them easier to interpret.

Table Six Trainee's use of the materials during the three months following the training

	Not at all		Now and then / frequently	
	Four-day course	Workshop	Four-day course	Workshop
How frequently have you used the cartoons?	14 (64%)	3 (75%)	8 (36%)	2 (25%)
How frequently have you used the relationship scale? (4 day course only)	14 (64%)	-	7 (32%)	-
How frequently have you used the toolkit?	11 (50%)	2 (50%)	10 (45%)	2 (25%)

Cartoons

Table Six shows that around a third of participants on the four-day course and a quarter of workshop attendees had used the cartoons in the three months since the training. A number of respondents felt the cartoons were useful tools for normalising common problems and helping mothers to see how their partner might be feeling.

"...I think it could be good to show that you're not the only one, because I think mums think that 'oh gosh, is this just me?' I think it would be good to say 'look obviously someone else has had this problem somewhere else because they've made a cartoon about it.'" (P2, 3 months)

There was some agreement that the cartoons helped clients to articulate their thoughts and feelings, especially where he or she seemed to be grappling with a multitude of difficulties and was placing heavy demands on the professionals' time. For example, one health visitor who had left the cartoon pack with a mother felt that the cartoons had acted *"as a launchpad for her to say where she was at"* (P1, 3 months). Another professional found that the cartoons *"sparked off a lot of discussion"* (W1, 3 months) with a woman who had tended to skirt around difficulties.

Reasons for not using the cartoons

Health visitors were the most likely to have used the cartoons. The two CPNs thought it unlikely that they would use the cartoons as they did not feel they needed supporting materials to do this. They could envisage using the cartoons only in a group setting when they needed something to kick-start a discussion.

One of the reasons attendees gave for not using the cartoons was that they were not familiar with using these types of materials in their work. As one respondent put it:

"I haven't sort of started using the cartoons with a client because I am not geared to it, it doesn't come naturally to me at the moment - so I know I have to got to make an effort and start to do things" (P1, 3 months)

Some participants were concerned about how to introduce the cartoons:

"I can see the use for it but I'm a bit like the others. I'm thinking like, well, 'when is it appropriate?' because you don't want to seem like you're being patronising, whipping out some cartoons" (P2, post-training)

Underlying many of the respondents' anxiety about how to introduce the cartoons was a concern that clients might see the materials as trivialising their problems and the professional as being insensitive to the client's needs.

Respondents felt that the clip on the training video about how not to use the material raised anxieties. It was suggested that it would be helpful to have more emphasis on how to use the cartoons successfully, and particularly on how to use them outside the clinic setting, for example on home visits.

A number of practical issues around using the cartoons arose. Most of the participants were reluctant to carry the cartoons with them routinely, either because they did not carry bags or because their bags were already overburdened. Most of the health visitors who attended the focus groups felt more comfortable using the cartoons where they had already established a relationship with the mother they were visiting and when they could plan to introduce the cartoons on a return visit. This also got round the problem of carrying the cartoons with them routinely.

Although participants liked the impact of the full colour cartoons and thought them useful for group work, it was suggested that a smaller version of the colour cartoons could be available for one-to-one use. Suggestions included producing them in the format of large playing cards with information printed on the back or designing them to fit into the child's health record book. It was also suggested that the laminated colour cartoons could be produced as separate sheets rather than a book to make it easier to take individual cartoons to a visit.

The pilot area has a large Asian population and some respondents felt that the cartoons were not well suited for use with these clients. Although respondents felt there were no problems with the ethnicity of the characters represented in the cartoons, there were concerns that the issues raised within them and the context of the cartoons were not culturally relevant. As one attendee said:

"I'm not sure to be honest with Asian families, not sure how they (the cartoons) would fit in" (W1, 3 months)

Relationship Scale

Only participants on the four-day course were introduced to the Relationships Scale (RS). Table Six summarises responses to the scale and indicates that approximately a third of respondents had used the RS in the three months following the course.

Availability of a protocol

Most focus group respondents had not administered the scale because they were waiting for managers to issue a protocol on its usage. Respondents suggested that they were more likely to use the scale once the protocol was in place because it would give them guidance on how to use it – as a routine screen at the 6-8 week postpartum check or on a more discretionary basis – and because the work they did with clients in relation to it would be coded and included in their time audit.

The trainers were similarly concerned about the lack of a protocol for the RS because it created anxiety among trainees about how it should be used.

"...it just causes unnecessary anxiety and discussion on a course, when in fact they have no guidance from their leaders as it were, how to use it, when to use it..... So it is very much the management's job to decide how the screen is going to be used. If it's going to be used as a screen, then it needs a protocol. And even that would be abused by the practitioners because of work pressures and so on." (Research/Practice Development interview)

When to use it

The group discussions revealed a number of issues underlying use of the scale. Although some trainees felt screening could be beneficial there were some concerns about using it at the 6-8 week check alongside the Edinburgh Postnatal Depression Scale. In particular, there were concerns about whether there was sufficient time to implement both screens, whether it was asking too much of the mothers, and how the two screens would reflect upon each other. However, others felt that the two scales worked well together providing that their use was well thought through:

"... I think it's just got to be planned, how it is going to be slotted in, that we're not just saying there's this form for this and this form for that, will you fill this one in please and now can you fill that one please, and then an incontinence assessment and all this. All these sort of things, so I think that each practitioner has got to think of a way to bring all these things in." (P1, 3 months)

Although practitioners were ambivalent about using the scale routinely, many of them welcomed the scale, which they felt could be used on a discretionary basis, with particular

clients at appropriate times. The scale was seen by some as a helpful way of getting an indication of the severity of any relationship problems. Others saw its value in helping couples open up about difficulties and a way of keeping the discussion about relationships focused.

Cultural relevance

The managers raised concerns about whether the scale could be used across different ethnic groups. In particular, managers felt that the questions were more suited to white couples. There were also concerns about language and literacy barriers and fears that some women may not be allowed sufficient freedom and privacy to complete the scale. For example, a husband may not allow his wife to be alone during a visit or allow her to answer questions about their relationship.

Toolkit

It is difficult to be clear about participants' views on the toolkit because some of them thought all the materials they had received on the course – including the handouts, Relationship Scale and cartoons – were part of the kit. Fifty per cent of participants both on the four-day course and on the one-day workshop had not referred to the toolkit during three months following the training. In view of the confusion about what the toolkit covered, the number of participants who had not used the kit may be greater.

Although attendees were largely positive about the kit, few had made much use of it. Most participants said they had not used it because they did not have the time. As one explained:

"I haven't looked at it. I could make excuses as to why I haven't looked at it, but it comes down to the bottom line, I really haven't had time to sit down and go through it." (P1, 3 months)

Most trainees thought the information in the toolkit provided an excellent reference resource and envisaged referring to the kit on an ad hoc basis when faced with a particular issue. Because they were most likely to use it for reference, participants suggested it would be appropriate to have a copy of the kit kept at the clinic rather than each of them carry one around.

"It's a nice resource pack to have in the clinic. I mean we come back and if we have had a situation, sometimes we discuss it as a group, don't we, and someone says 'that pack has got bits' and then you refer to it. That's how we work." (W1, 3 months)

Participants felt the content of the toolkit would benefit from including information on: bereavement and the effects on children; extended families, such as when a single mother lives with her parents; dealing with sexual problems; and handling a client or client's partner who does not wish to discuss relationship difficulties.

Overall, the trainees found the course materials, including the toolkit and handouts, clear, focused and concise. They were pleased to have the information available as they felt it freed them from having to take notes during the training and assisted the learning process.

Supervision and support

Because of the sensitive nature of relationship difficulties, course participants are encouraged to look at ways of supporting one another in their work by, for example, providing peer supervision. Eight-six per cent of participants on the four-day course felt that peer support would meet their debriefing needs in undertaking this type of work. Although 77 per cent of participants agreed that they were likely to arrange peer support following the training, none had done so when asked at three months. Some trainees talked about the ad hoc, informal debriefing they enjoyed with colleagues who had also done the training. However, this type of support was patchy and depended on the quality, willingness and availability of other colleagues. In general, focus group participants felt that supervision should be arranged by the Health Authority and be available to support all aspects of their work.

Section Three Conclusions and implications

Conclusions and implications of the findings for the development and rolling out of the PCC Package

The pilot raised a number of important issues that relate to how the Primary Care for Couples package might be offered to other Health Authorities. These are discussed below.

Developing the PCC package

Four day course or one day workshop?

The training suits the needs of a range of caring professionals. The four-day course seems most suited to health visitors. The one day workshop appears most appropriate for family professionals, such as school nurses, who do not have such consistent contact with parents but who would value developing knowledge about couple relationships and basic listening and counselling skills. Managers thought it unlikely that they would be interested in attending a workshop themselves.

Too much too soon?

The trainers felt that the four-day course attempted to cover too much material in the time available. Attendees found the course intensive but manageable, although their anxieties about using the Relationship Scale and the cartoon materials might suggest that there was insufficient time set aside in the course to develop participants' confidence in using these materials. The majority of the four-day participants found the level of material covered appropriate to their knowledge.

Content

The core elements of the course – the Brief Encounters model and the skills training reinforced by role-play – were consistently valued by participants and appear to have had the greatest influence on their practice.

Cartoon materials

Most of the trainees liked the idea of the cartoons but only a minority – around a third – had used them in the three months following the training. The practice development team have since taken the cartoons out of the course and are offering training on how to use them on a separate half-day workshop. Making the cartoons relevant to members of different minority ethnic communities is the subject of a separate project.

Relationship Scale

Trainees require a protocol and the support of managers if they are to use the RS routinely. To enable Health Authorities to take on the BE training without committing to introducing the screen and developing the necessary protocols, the PD team have taken the scale out of the course and created a separate half-day workshop offered to those who have taken a four-day course.

Creating an environment for applying the training

A proportion of trainees had begun to incorporate elements of the training into their practice. However, trainees mentioned a number of barriers that stopped them addressing relationship issues. Barriers included: lack of time; lack of recognition of the work from the management; lack of supervision/ debriefing; absence of a protocol. These are largely external barriers that cannot be addressed by the course but require the intervention of health professionals' managers.

The political and financial context of delivering PCC

The pilot provided limited insight into how the PCC package could be rolled out more effectively to other NHS Trusts.

Although health visitors are keen to acquire the skills taught on the course the PCC package must compete with a wide range of courses on offer to professionals each year. Raising health professionals' interest in and enthusiasm for the course is crucial as managers are

more likely to purchase the course when enthusiastic health visitors are able to persuade managers of its value.

Health Authority decisions about training are influenced, in part, by the initiatives they are required to implement as a result of the national policy agenda. The PCC package was offered at a useful time for the Authority because health visitors felt that initiatives such as behaviour management and Sure Start required new skills of them. While the PCC is relevant to the current political agenda this may not always be the case.

A significant proportion of the Health Authority's training is supplied via a block annual contract with the local university that enables health visitors to choose from a selection of courses. As a large portion of the training budget is allocated to this contract only a small portion remains to buy-in additional courses. For example, purchasing a Brief Encounters course would take 25 percent of the annual training budget, once the block budget had been allocated. Could One Plus One look at whether other trusts have made similar arrangements with local providers, and if so, whether there would be value in partnering up with local agencies to offer Brief Encounters?

Conclusions

Overall, the PCC package was well received and able to meet many of the needs and expectations of trainees. The creation of two separate half-day workshops for training in use of the Relationship Scale and the cartoons respectively should address some of the barriers to using the materials.

Encouraging other Health Authorities or Trusts to purchase the PCC package is not likely to be straightforward. It will require enthusing local health visitors so that they exert pressure on their management to purchase the course; an awareness of ongoing policy initiatives and how the skills offered by the PCC package might support their implementation; developing partnerships with local training providers and securing face-to-face meetings with those responsible for purchasing training.

References

Simons, J., Reynolds, J. and L. Morison (2001) Randomised controlled trial of training health visitors to identify and help couples with relationship problems following a birth. *British Journal of General Practice*, vol 51, no. 471

Corney, R. (1998) *Evaluation of the Brief Encounters Training Course*. One plus One Marriage & Partnership Research, London.

Appendix One The revised Brief Encounters course

Main changes to the course

- Introduced new training material including research evidence which has appeared since the original course was designed
- Re-ordered material to fit around new material
- New Aims and Objectives and Learning Outcomes
- Created new flipcharts and handouts to support the new training material
- Use of cartoons to illustrate ideas and issues and to provide discussion points
- Clarification of difficult content
- Inclusion of cartoons, Relationship Scale, Toolkit
- New Tutor Resource Pack

New information on or revised content of:

- family statistics,
- marital fit,
- adult attachment studies,
- the 3 Rs,
- conflict,
- skills work on pinch-crunch model,
- conflict and the link to attachment,
- domestic violence,
- sex input
- referral group work,
- family diversity including step and lone parent families,
- impact of family breakdown on children

Appendix Two Examples of questionnaires used in the evaluation

1. Pre-training questionnaire

Primary care for couples: Your views on relationships

Introduction

Many couples experience difficulties during the course of their relationship. Problems can emerge during periods of stress or change, for example during the postpartum period or at the onset of health problems. We are interested in finding out more about your views on responding to common relationship problems amongst patients.

Please tick the appropriate box or write in the space provided.

1. (a) What is your current role?

GP Midwife Health Visitor
 Community Nurse District Nurse Community Psychiatric Nurse
 Practice Nurse Other *Please specify*.....

(b) How long have you been practising in this role?

Less than 1 year 1-4 years 5-9 years 10 years or more

(c) Do you currently work...?

Full-time Part-time

2. In your opinion, how appropriate is it for you to discuss relationship problems with a patient during an appointment or visit?

Not at all appropriate 1 2 3 4 5 *Very appropriate*

3. How confident do you feel in discussing relationship problems with patients?

Not at all confident 1 2 3 4 5 *Very confident*

4. How confident are you in your communication skills?

Not at all confident 1 2 3 4 5 *Very confident*

5. Since qualifying, have you received further training in any of the following areas?

Please specify when and the type of any training you received (e.g. short course, diploma)

Training?	Year	Brief description
Listening skills	<input type="checkbox"/>
Basic counselling skills	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

6. At any given time, what percentage of your patients do you believe may be experiencing difficulties in their relationship?

0-25% 26-50% 51-75% 76-100% *Don't know*

7. How much do you think that health problems and relationship difficulties affect each other?

Not at all 1 2 3 4 5 *Very much*

8. Do you routinely ask clients about their relationships?

Yes No

9. (a) How likely are you to ask questions about a client's relationship when you suspect that there are difficulties?

Not at all likely 1 2 3 4 5 **Extremely likely**

(b) What factors prompt you to ask a client about relationship problems?

.....
.....

(c) What factors prevent or deter you from asking a client about relationship problems?

.....
.....

10. (a) How likely are you to offer help (e.g. listening, advice, providing information) to a client in response to their relationship difficulties?

Not at all likely 1 2 3 4 5 **Extremely likely**

(b) What factors determine whether you offer help to a client experiencing relationship problems?

.....
.....
.....

11. What is your usual response to common relationship difficulties among patients?
(i.e. Providing it is not an extremely serious situation such as domestic violence)

.....
.....

12. How aware are you of the relationship counselling services available in your area?

Not at all aware Not very aware Not sure Aware Very aware

13. (a) How many patients have you advised to seek outside help with relationship problems in the last 3 months?

None 1-4 5-9 10 or more

(b) If you have advised patients to seek help for relationship problems, which of the following services have you suggested that patients contact?

GP GP/Practice counsellor Other specialist couple counsellor
Relate CPN Other Please specify

14. Dealing with clients' relationship difficulties takes up too much of my time.

Strongly agree Agree Not sure Disagree Strongly disagree

15. Dealing with clients' relationship difficulties is a good use of my time.

Strongly agree Agree Not sure Disagree Strongly disagree

16. It would be appropriate for me to routinely use a screening tool for relationship problems with patients.

Strongly agree Agree Not sure Disagree Strongly disagree

17. Any other comments:

.....
.....

We would be grateful if you could complete the following additional details. These will allow us to match this questionnaire with ones that you complete later on without being able to identify who you are.

17. (a) Date of birth:/...../..... (b) Clinic postcode:

Thank you very much. Please hand your completed form to your course tutor at the start of the Brief Encounters course.

2. Post-training questionnaire

TRAINERS.....

Course Code.....

1. How many of the sessions (3 hours) have you missed?

2. In your opinion, how appropriate were the following elements of the course?

	<i>Too long</i>	<i>About right</i>			<i>Too short</i>
(a) Length of the sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) Break between the 2 day modules	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

3. How would you rate the following elements of the course?

	<i>Very poor</i>	OK			Excellent
(a) Audio-visual aids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) Handouts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(c) Recommended reading	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(d) Opportunities for role play	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

4. How could these elements of the course be improved?

- (a) Audio-visual aids
- (b) Handouts
- (c) Reading
- (d) Role play

5. How much do you agree with the following statements? In dealing with relationship problems, the course.....

	<i>Strongly disagree</i>	<i>Not sure</i>			Strongly agree
(a) ..met with my expectations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) ..changed my professional practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(c) ..enhanced my understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(d) ..helped to develop my skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(e) ..increased my confidence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

6. How much do you agree with the following statements about peer supervision or support following the training?

	<i>Strongly disagree</i>	<i>Not sure</i>			Strongly agree
(a) I am likely to arrange peer support with my colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) Peer supervision would meet my needs for support following the course	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. How much do you agree with the following statements?

	<i>Strongly disagree</i>	<i>Not sure</i>			Strongly agree
(a) I would like further training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) I would recommend this course	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

8. Which session of the course was especially helpful and why?
-
-
9. Which session of the course stood out as unsuccessful or unhelpful and why?
-
-
10. Which of the topics covered should have had *more* time and attention?
-
11. Which of the topics covered should have had *less* time and attention?
-
12. How suitable is 'Brief Encounters' as an intervention skill for use in primary health care? ...
-
13. What factors might prevent you from putting the training into practice?
-
14. How do you feel personal experiences and emotions were handled during the course?
-
15. Do you have any other comments on the course? (continue overleaf if necessary).....
-

Thank you for your time and co-operation.

Three month follow-up questionnaire

Primary care for couples: Your views on the Brief Encounters course

Introduction

The One Plus One research team are keen to hear your opinions of the Brief Encounters course now that three months have passed since the training. This will help us to evaluate whether the course is meeting its aims and how it can be improved.

Please tick the appropriate box or write in the space provided.

1. What is your current role?

GP Midwife Health Visitor
Community Nurse District Nurse Community Psychiatric Nurse
Practice Nurse Other Please specify.....

2. In your opinion, how appropriate is it for you to discuss relationship problems with a client during an appointment or visit?

Not at all appropriate 1 2 3 4 5 Very appropriate

3. How confident do you feel in discussing relationship problems with clients?

Not at all confident 1 2 3 4 5 Very confident

4. How confident are you in your communication skills?

Not at all confident 1 2 3 4 5 Very confident

5. How likely are you to ask questions about a client's relationship when you suspect that there are difficulties?

Not at all likely 1 2 3 4 5 Extremely likely

6. (a) How many clients have you advised to seek outside help with relationship problems in the last 3 months?

None 1-4 5-9 10 or more

(b) If you have advised clients to seek help for relationship problems, which of the following services have you suggested that clients contact?

GP GP/Practice counsellor Other specialist couple counsellor
Relate CPN Other Please specify

7. How likely are you to offer help (e.g. listening, advice, providing information) to a client in response to their relationship difficulties?

Not at all likely 1 2 3 4 5 Extremely likely

8. Dealing with clients' relationship difficulties takes up too much of my time.

Strongly agree Agree Not sure Disagree Strongly disagree

9. Dealing with clients' relationship difficulties is a good use of my time.

Strongly agree Agree Not sure Disagree Strongly disagree

10. How easy have you found it to incorporate the Brief Encounters approach into your work?

Extremely difficult 1 2 3 4 5 Extremely easy

11. (a) How often have you used the cartoons with clients?
Not at all 1 2 3 4 5 *At every session*

(b) How often have you used the relationship scale with clients?
Not at all 1 2 3 4 5 *At every session*

(c) How often have you referred to the toolkit?
Not at all 1 2 3 4 5 *Every day*

If you have referred to the toolkit, which sections have you used the most?

12. What factors have prompted you to put the training into practice?

13. What factors have prevented you from putting the training into practice?

14. How much do you agree with the following statements?

	<i>Strongly disagree</i>		<i>Not sure</i>		<i>Strongly agree</i>
(a) I found the course helpful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) I would recommend this course	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

15. In practice which aspects of the course have been especially helpful and why?

16. In practice which aspects of the course have been unsuccessful or unhelpful and why?

17. What do you think about the topics covered by the course? (e.g. are there any topics you think should have been covered but weren't or should some topics have been given more or less time?)

*Thank you very much for your time.
If you have any other comments please add them to the other side of the page.*

We would be grateful if you could complete the following additional details. These will allow us to match this questionnaire with ones that you completed earlier on without being able to identify who you are.

18. (a) Date of birth:/...../..... (b) Clinic postcode:

Please send your completed form to: One Plus One Marriage and Partnership Research, 1st Floor, 7-15 The Wells, Rosebery Avenue, London. EC1R 4SP

Appendix Three The Relationship Scale

The following statements describe various difficulties that some couples have in their relationship. In each case, show whether the difficulty applies to you and your partner (or previous partner if not currently in a relationship) 'almost never', 'once in a while', or 'frequently'. *Please tick one box only.*

- | | | |
|---|-----------------|----------------------------|
| 1. He seems to regard my words or actions as more rejecting than I mean them to be | Almost never | <input type="checkbox"/> 1 |
| | Once in a while | <input type="checkbox"/> 2 |
| | Frequently | <input type="checkbox"/> 3 |
| 2. I hold back from telling him what I really think and feel | Almost never | <input type="checkbox"/> 1 |
| | Once in a while | <input type="checkbox"/> 2 |
| | Frequently | <input type="checkbox"/> 3 |
| 3. <i>When we argue, one of us withdraws... that is, refuses to talk about it any more or leaves the room</i> | Almost never | <input type="checkbox"/> 1 |
| | Once in a while | <input type="checkbox"/> 2 |
| | Frequently | <input type="checkbox"/> 3 |
| 4. He criticises or belittles my opinions, feelings, or wishes | Almost never | <input type="checkbox"/> 1 |
| | Once in a while | <input type="checkbox"/> 2 |
| | Frequently | <input type="checkbox"/> 3 |
| 5. When we have a problem to solve, it is as if we are on opposite sides | Almost never | <input type="checkbox"/> 1 |
| | Once in a while | <input type="checkbox"/> 2 |
| | Frequently | <input type="checkbox"/> 3 |
| 6. I feel lonely in this relationship | Almost never | <input type="checkbox"/> 1 |
| | Once in a while | <input type="checkbox"/> 2 |
| | Frequently | <input type="checkbox"/> 3 |
| 7. I think seriously about what it would be like to be with someone else | Almost never | <input type="checkbox"/> 1 |
| | Once in a while | <input type="checkbox"/> 2 |
| | Frequently | <input type="checkbox"/> 3 |
| 8. Little arguments develop into ugly rows with accusations, criticisms, name-calling, or bringing up past grievances | Almost never | <input type="checkbox"/> 1 |
| | Once in a while | <input type="checkbox"/> 2 |
| | Frequently | <input type="checkbox"/> 3 |