

International Journal of Offender Therapy and Comparative Criminology

ISSN 1043-9862
5 Year Impact Factor: 1.8

JOURNAL HOMEPAGE SUBMIT PAPER

International Journal of Offender Therapy and Comparative Criminology (IJOT), peer-reviewed and published monthly, for more than five decades has provided therapists, counselors, researchers, forensic psychologists and psychiatrists, criminologists ... [View full journal description](#)

Browse journal

Current issue

OnlineFirst

All issues

Privacy

International Journal of Offender Therapy and Comparative Criminology

ISSN	ISSN: 1043-9862	Country	United States
Journal Website	—	Language	English
Publisher	SAGE PUBLICATIONS INC		
Subject Area	Criminology & Penology; Psychology, Applied		

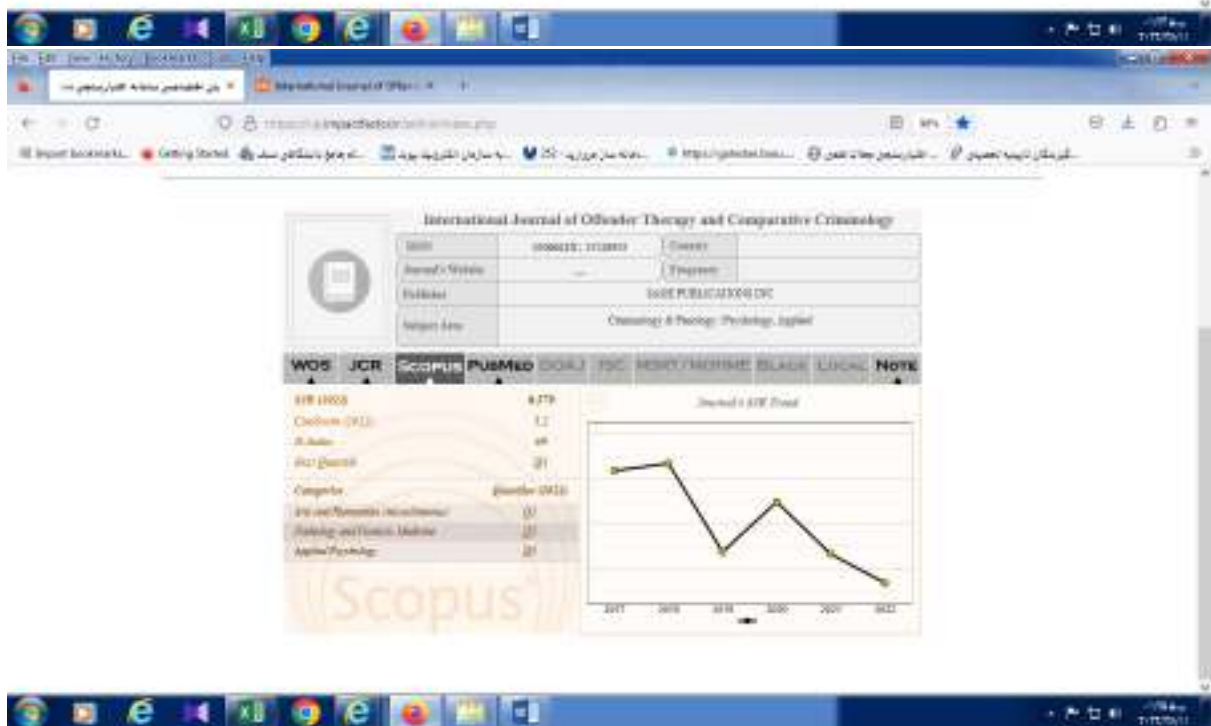
WOS JCR Scopus PubMed DOI JSTOR MESH/MeSH/BIOSIS BLACK LOCKS NOTE

WOS Coverage

WOS Core Collection
Social Sciences Citation Index

Additional WOS indexes
Current Contents/Social and Behavioral Sciences
Essential Science Indicator

Categories
Criminology & Penology; Psychology, Applied



International Journal of Offender Therapy and Comparative Criminology

ISSN	1541-0393	Country
Journal Website	---	Frequency
Publisher	SAGE PUBLICATIONS INC	
Subject Area	Criminology & Penology; Penology; Applied	

WOS JCR SCOPUS **PubMed** DOAJ ESC HINARI/MOBIUM BLAKOL LOCAL NOTE

Linking Service: Find in Unread records linked to MEDLINE



The image shows a screenshot of a web browser displaying the journal information for the International Journal of Offender Therapy and Comparative Criminology. The browser's address bar shows the URL 'http://jot.sagepub.com'. The page features a search bar at the top, followed by a table of journal details. Below the table is a row of database logos, with PubMed highlighted. A note indicates that the journal is linked to MEDLINE. The PubMed logo is prominently displayed at the bottom of the page. The Windows taskbar is visible at the very bottom of the image.

راهنما | تیکت (گزارش خطا)

شماره	سال	IF	Q1	Q2	Q3	Q4	MIF1	MIF2	MIF3	MIF4
0306-624X	2021	1.645								
0306-624X	2020	1.864								
0306-624X	2019	1.026								
0306-624X	2018	1.871								
0306-624X	2017	1.452								
0306-624X	2016	1.112								
0306-624X	2015	1.006								
0306-624X	2014	1.014								
0306-624X	2013									
0306-624X	2012	1.056								
0306-624X	2011	0.84								
0306-624X	2010	1.071								
0306-624X	2009	1.092								
0306-624X	2008	0.716								

فهرست مقالات

اطلاعات مقاله

نویسنده مقاله

بسی از تیت مقاله : اطلاعات نویسنده آنرا نیز جها تکمیل

کد: DOI مقاله:

وضعیت نشر:

عنوان مقاله:

زبان مقاله:

نوع مقاله:

آدرس اینترنتی مقاله:

مجموعه در این نامه ارتقا:

نوع تحقیق:

تاریخ اخذ پذیرش:

تاریخ اخذ DOI چاپ:

تاریخ چاپ:

روز/ماه/سال:

اطلاعات نشریه

شماره چاپ (P-ISSN):

عنوان:

دوره انتشار:

کشور:

اعتبار نشریه

نوع نشریه:

The Effectiveness of Solution-Focused Brief Couple Therapy on Marital Satisfaction Among Married Prisoners and Their Wives

International Journal of
Offender Therapy and
Comparative Criminology
1–15

© The Author(s) 2017

Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/0306624X17733662
journals.sagepub.com/home/ijo



Farzad Jalali¹, SeyedehFatemeh Hashemi¹,
SeyedAli Kimiaei², Alireza Hasani¹, and Manijeh Jalali¹

Abstract

This study aimed to determine the effectiveness of the Solution-Focused Brief Couple Therapy (SFBCT) on marital satisfaction among married prisoners and their wives. The study design was semiexperimental with a pretest, a posttest, and a control group. Fifty couples (100 people) were selected by convenience sampling. They were randomly assigned to the experimental group and the control group. The experimental group received the SFBCT, while the control group did not. The research measurement instrument comprised the ENRICHES Couple Scale (ECS). Multivariate analyses of covariance (MANCOVA) models were used to test the study hypothesis. The results showed that marital satisfaction increased among prisoners and their wives. So the principles and techniques of SFBCT did have an effect on marital satisfaction of this particular group.

Keywords

solution focused brief couple therapy, marital satisfaction, married prisoners, prisoners wives

Introduction

Life in prison is distinguished from the social environment because of its special features. The name “prison” itself suggests a difficult situation (Howells et al., 2007). Living in this unusual situation, with features like limited physical space with high

¹Research Unit, Negahe Mosbat Social Health Institute, Mashhad, Iran

²Ferdowsi University of Mashhad, Mashhad, Iran

Corresponding Author:

Farzad Jalali, Research Unit, Negahe Mosbat Social Health Institute, 9185885893 Mashhad, Iran.

Email: farjalali@gmail.com

walls, a long and special history maintained against their wish and will (Homel & Thomson, 2005), along with a loss of freedom, lengthy absences from community and family, in addition to psychological trauma, causes marital distress and disorganization of familial relationships (Easley, 2011). Also the institution, not the illness, is the most important factor in formatting a mental hospital patient. This is true for most institutions where the inmates are very strictly organized or controlled, such as prisons, army training camps, nursing homes, and mental hospitals and so on (Mac Suibhne, 2011). Also imprisonment exacerbates the physical and mental health problems and damage to life and thinking skills (Sainsbury Centre for Mental Health, 2008). However, separation because of imprisonment can affect the prisoner's partner. He or she may feel insecure and uncertain about the relationship (O' Keefe, 2000). Generally, incarceration is indirectly associated with divorce because of low marital love, economic strain, a violent relationship, and extramarital sex (Siennick, Stewart, & Staff, 2014). Siennick et al. (2014), in longitudinal study, showed that incarcerations occurring during marriage were associated with hazards of divorce. Also, Massoglia, Remster, and King (2011) indicated that individuals who spend substantial time away from spouses are at higher risk of divorce. Apel, Blokland, Nieuwebeerta, and van Schellen (2010) showed that the offenders who are married when they enter prison are at risk of divorce. Also, Fallesen and Anderson (2017), in their study, confirmed the relationship between incarcerations and divorce. According to these relationships, it seems conduction of useful intervention for spouses during the incarceration may be effective for promoting marital satisfaction and preventing divorce. We examined this hypothesis in this study. However, the quality of marital relationships among prisoners is an important factor to consider. Incarceration can be highly disruptive for cohabitations and marital unions (Apel, 2016). Also, a prisoner's marriage is at risk even after his or her release from prison (Apel et al., 2010; Massoglia et al., 2011). However, several studies have shown that marriage (King, Massoglia, & MacMillan, 2007; Theobald & Farrington, 2009) and improved marital relationships of prisoners can prevent recidivism (Andersen, Andersen, & Skov, 2015; May, Sharma, & Stewart, 2008). Therefore, imprisonment has a negative effect on marital life. Also, its effects remain after release and increase recidivism. For these reasons, it is essential to focus on marital life and trying to improve it. Some studies have shown the effectiveness of family participation and family therapy in reducing crime, addiction, and relapse (Swint, 2009).

Solution-Focused Brief Therapy (SFBT) is one of several types of couple therapies. It is a new form of therapy which is different from previous approaches. It is based on the client's abilities. It is not focused on the client's past and difficulties. Instead, it considers the right solutions from the past. It focuses on the client's understanding of his or her concern or situation and what the client might want to be different (Trepper, McCollum, & De Jong, 2014). SFBT can be the solution to various problems such as treatment of families with schizophrenic patients (Chung & Yang, 2004), mentally handicapped clients (Westra & Bannink, 2006), marital and premarital counselling for couples (Murray & Murray, 2004), homosexuality (Treyger, Ehlers, Zajicek, & Treyger, 2007), and sexual disorders (Trepper, Treyger, Yalowitx, & Ford, 2010).

In addition, several studies indicated the effectiveness of Solution-Focused Therapy (SFT) for family's problem, for families coping with suicide (de Castro & Guterman, 2008), for families who have a child with intellectual disabilities (Lloyd & Dallos, 2006), for families with aggressive children (Conoley et al., 2003).

Several studies have indicated the efficacy of SFBT in improving marital adjustment, for example, Stewart (2011) conducted a pilot study to test the feasibility and impact of a brief intervention using a solution-focused approach (SFBT) for couples. This study showed that Solution-Focused Brief Couple Therapy (SFBCT) is a useful treatment for individual well-being and relationship knowledge. In 2006, Russell conducted a study to determine the effectiveness of Equine-Facilitated Therapy (EFT) and SFT to treat couples. This research supports the idea that EFT and SFT are both effective modes for increasing rational adjustment in couples. Stewart, in a pilot study in 2011, tested the feasibility and the impact of a brief intervention using a solution-focused approach (SFBT) for couples. The results of his study indicated that there were no significant differences in terms of marital satisfaction, communication skills, and readiness to change. Hajian and Mohammadi (2013) surveyed the effect of SFBT on marital intimacy. Their study was a clinical trial. Also, other studies indicated the efficacy of Solution-Focused Couple Therapy in reducing marital conflict. Nelson and Kelley (2001) tested the effectiveness of the solution-focused program on a couples' group in 2001. They used a single-case design, Revised Dyadic Adjustment Scale, and the Kansas Marital Satisfaction Scale for their study. Chromy (2007) indicated that SFBT is an effective approach to help couples. Their research design was a case study. Jenaban, Refahei, and Ghaderi (2014) examined the effectiveness of short-term Solution-Focused Couple Therapy in increasing couples' problem-solving ability. A Family Problem-Solving Scale was used for measurement.

As it has been mentioned above, prisoners and their wives experience difficult conditions. Long distances, harsh prison conditions, and problems caused by the imprisonment of the husband decrease marital satisfaction for wives. SFT begins with optimistic assumptions. People can improve their lives by creating new solutions in different situations. SFT changes the focus from the deterioration to solutions that can fix it (Trepper, McCollum, & De Jong, 2014). It does not focus on the past. Instead, it focuses on the present and the future (Bannink, 2007).

For these reasons, the authors of this article decided to conduct their study based on a clinical trial to gauge the effectiveness of the SFBCT for married prisoners and their wives.

Materials and Methods

Research Design and Participants

The research design was semiexperimental with a pretest, a posttest, and a control group. Random sampling was not possible for us. For this reason, we used convenience sampling method.

Table 1. Demographic Information of Participants.

Characteristics	Experimental group	Control group	Total
Duration of marriage (years)	8.16 ± 3.41	6.97 ± 4.21	7.52 ± 3.91
Marriageable age (years)	24.16 ± 3.12	23.81 ± 4.2	23.91 ± 3.64
Education			
Illiterate	4 (8%)	5 (10%)	9 (9%)
Primary school	12 (24%)	14 (28%)	26 (26%)
Junior high school	18 (36%)	16 (32%)	34 (34%)
Senior high school	14 (28%)	12 (24%)	26 (26%)
University	2 (4%)	3 (6%)	5 (5%)
Age (<i>M</i> ± <i>SD</i>)	34.27 ± 3.14	33.67 ± 3.21	33.85 ± 3.01
Detention (only for husbands)			
First-time offender	8 (32%)	6 (24%)	14 (28%)
Repeat offender	17 (68%)	19 (76%)	36 (72%)
Duration of imprisonment (years) (only for husbands)	3.31 ± 1.68	2.98 ± 1.47	3.13 ± 1.39

The statistical population consisted of all couples who were referred to the Health Care and Counselling Center in response to the call for research and who voluntarily participated in this study in the fall and winter of 2016. These couples completed a two-stage screening process. The initial assessment was done with the help of an interview, and marital satisfaction was measured using the ENRICHES Couple Scale (ECS). The other inclusion criteria for the study were (a) married for at least 3 years, (b) aged between 25 and 50 years, (c) no psychotherapy, (d) no psychosis, (e) not in the process of a divorce, (f) no medical condition that could affect the marital relationship, such as thyroid dysfunction, diabetes mellitus, multiple sclerosis, and so on, (g) education higher than a high school diploma, (h) signed the consent form for treatment, and (i) commitment to attend all therapy sessions.

Between the beginning of fall and the end of winter 2016, an application was made for participation in this study. Overall, 120 couples announced their willingness to join it. First, these couples filled out a questionnaire to reveal their demographic information. Second, all of them were evaluated in terms of the inclusion criteria. Third, the interview, which focused on marital incompatibility, was conducted. Fourth, they were asked to fill out the ECS for the measurement of their marital satisfaction. Finally, 50 couples were found to be eligible to enter the study. They were randomly assigned to one of the two groups: experimental (25 couples) or control (25 couples).

The demographic information of participants has been presented in table 1.

Measures

ECS. Fowers and Olson developed the ECS in 1989. The first version of this scale consisted of 14 scales (125 items) and indicated an overall assessment of marital relations. Each scale contains 10 items, except three scales which contain five items: idealistic distortion, marital cohesion, and marital change (Blaine & Fowers Olson, 1989).

Asoodeh and colleagues (2010) provide a shorter version of this scale. This version comprised 35 items and four subscales. (See appendix). The subscales are “Marital Satisfaction,” “Communication,” “Conflict Resolution,” and “Idealistic Distortion.” The items are scored on a 5-point Likert-type scale. These subscales have separate total scores. In addition, Asoodeh reported the alpha coefficients of marital satisfaction, communication, conflict resolution, and idealistic distortion. These are equal to .86, .80, .84, and .83, respectively. Their test–retest reliabilities were 0.86, 0.81, 0.90, and 0.92, respectively (Asoodeh et al., 2011).

Procedure

This clinical trial was conducted at the Health Care and Counselling Center. The center was established with the aim to reduce marital conflict in families of prisoners. At this center, a team of experts, comprising psychologists, social workers, judicial officials, and clergymen provide support and counselling to help couples reconcile. As we mentioned, between the beginning of fall and the end of winter 2016, an application was made for participation in this study. Overall, 120 couples announced their willingness to join it. Finally, 50 couples were found to be eligible to enter the study. They were randomly assigned to one of the two groups: experimental (25 couples) or control (25 couples). The experimental group received six sessions of SFBCT for 90 min every week. The control group received no treatment. In the posttest, both groups filed out the ECS again. After the end of the study, the control group received six sessions of SFBCT. Since the husbands were in prison, they could not attend all the therapy sessions. Due to the restriction on leaving prison, only two double sessions could be arranged for each couple. These sessions were held in the Mashhad Central Prison visiting rooms. The rest of the sessions were held individually for each person. These individual sessions for the husbands were held at the Counselling Center of Mashhad Central Prison, and for the wives, at the Health Care and Counselling Center. A few double sessions were also held in the meeting hall of Mashhad Central Prison.

A certified solution-focused therapist conducted the sessions. This counselor was trained in SFBCT and displayed good proficiency during the training course to enter the study. This clinical trial was approved by the Ethics Committee of the Educational and Research Centre, District VI of State Prisons, Mashhad, Iran.

Intervention

Interventions in the SFBT approach are mostly centered on changing perspectives and languages into progressive narratives. Counselors engage clients in conversations that help them better understand the latter’s problems (Nelson & Thomas, 2012). The main interventions consist of a positive, collegial, solution-focused stance, looking for previous solutions and exceptions, questions versus directives or interpretations, present- and future-focused questions versus past-oriented questions, and gentle nudging to do more of what is working (Trepper, McCollum, et al., 2010). The procedure for SFBT in this study followed the Treatment Manual for Working With Individuals (Trepper, McCollum, et al., 2010). Table 2 presents a summary of the SFBCT sessions used.

Table 2. The Summary of Solution-Focused Brief Couple Therapy Sessions.

Session 1	Familiarity between therapist and couples, establishing the fine relationship and therapeutic alliance, describing the rules of therapy sessions. Express the general principles of SFBT. Defining the problem, asking the clients to spell out their problems in a word, and then, converting the word to a sentence, converting the problems to achievable goals, and debating the problems. They were asked to write their goals as an assignment.
Session 2	Checking the assignments before the therapy sessions, setting goals, checking the solutions to resolve problems, and formulating solutions to problems. They were asked to write other expectations from their spouse in specific, tangible and measurable.
Session 3	A summary of the previous session and checking problems, talking about the future, using exceptional techniques. These techniques help couples to recognize the positive exceptions in marital life. These expectations make the couple hopeful and reduce the range of problems in marital life. Also, miracle questions were used. These questions disrupt the dysfunctional behavior patterns that couples designed in the past, finding a positive story.
Session 4	A summary of the previous session and checking the assignment, describing the king key technique and using it, using scaling questions. These techniques help the couples to investigate more solutions and grading the severity of their problems.
Session 5	Checking previous assignments, continuing to use the king key technique, using role playing, using solution-focused questions, using contradictory betting. All these techniques help the couples to consider other solutions to resolve their problems.
Session 6	A summary of the previous sessions using scaling questions and determining whether the clients have reached treatment goals. The couples are asked to compare his or her performance from the beginning of treatment up to this session. Therapist encourages the couples because of the progress achieved in the treatment.

SFBT = Solution-Focused Brief Therapy.

Data Analysis

The data obtained from the ECS was analyzed by SPSS 21. At first, descriptive statistics were used to show information like demographic characteristics. For data inference, the MANCOVA was used to test the assumption and control the effect of the pretest.

Results

The mean and standard deviation of the pretest and posttest scores of the subscales of ECS, consisting of marital satisfaction, communication, conflict resolution, and idealistic distortion, were calculated for both the groups. These are presented in Table 3, which shows that the means of marital satisfaction, communication, and conflict resolution scores in the experimental group have increased in the posttest, while the mean of idealistic distortion has decreased.

Table 3. Subscales of Marital Satisfaction Scores in the Experimental Group and the Control Group.

Groups	Variables	Stages	N	M	SD
Experimental	Marital Satisfaction	Pretest	50	21.04	3.15
		Posttest	50	33.78	4.95
	Communication	Pretest	50	21.14	2.72
		Posttest	50	31.18	7.26
	Conflict Resolution	Pretest	50	20.44	2.87
		Posttest	50	30.16	5.90
	Idealistic Distortion	Pretest	50	19.80	2.74
		Posttest	50	14.28	2.25
Control	Marital Satisfaction	Pretest	50	22.06	3.33
		Posttest	50	23.38	5.88
	Communication	Pretest	50	21.84	2.78
		Posttest	50	21.24	4.17
	Conflict Resolution	Pretest	50	20.64	2.73
		Posttest	50	23.02	4.23
	Idealistic Distortion	Pretest	50	18.16	2.73
		Posttest	50	18.18	2.41

Table 4. The Results of Multivariate Test for Subscales of Marital Satisfaction.

Variables	Value	Hypothesis <i>df</i>	Error <i>df</i>	<i>F</i>	Significance	η_p^2
Marital Satisfaction	0.66	4	91	1.60	0.18	0.06
Communication	0.73	4	91	1.79	0.13	0.07
Conflict Resolution	0.02	4	91	0.54	0.70	0.02
Idealistic Distortion	0.75	4	91	68.23	0.001	0.75

Before presenting the results of the MANCOVA to compare the experimental and control groups in terms of marital satisfaction, communication, conflict resolution, and idealistic distortion, it should be noted that the results of the Kolmogorov–Smirnov tests were not significant ($p > .05$). The lack of significance of the Kolmogorov–Smirnov tests indicates that the data are normal. The results of Box’s tests were significant ($p = .018$). Therefore, the homogeneity of the variance–covariance matrix assumption was not supported. Since the homogeneity of the variance–covariance matrix assumption was not supported to investigate the significance of multivariate effects, Pillai’s trace tests were used for all subscales (see Table 4). These tests showed that the SFBCT has significant multivariable impacts on the linear combination of the posttest of subscales.

To compare the means of marital satisfaction, communication, conflict resolution, and idealistic distortion scores in the posttest in both groups, the tests of Between-Subjects’ Effects were used. This test for all variables showed a significant difference between the participants in the experimental and control groups in the posttest scores

Table 5. The Results of Test of Between-Subject Effect for Comparison Groups in Subscales of Marital Satisfaction.

Variables	Source	Sum of squares	df	M^2	F	p	η_p^2
Marital Satisfaction	Posttest	2568.73	1	2568.73	98.16	.001	0.51
Communication	Posttest	1766.39	1	1766.39	52.15	.001	0.35
Conflict Resolution	Posttest	1224.24	1	1224.24	49.12	.001	0.34
Idealistic Distortion	Posttest	583.79	1	583.79	786.32	.001	0.89

for marital satisfaction ($F = 98.16, p = .001$), communication ($F = 52.15, p = .001$), conflict resolution ($F = 49.12, p = .001$), and idealistic distortion ($F = 786.32, p = .001$). Therefore, the results demonstrated the effectiveness of the SFBCCT on the experimental group compared with the control group in terms of marital satisfaction, communication, conflict resolution, and idealistic distortion (see Table 3). The experimental group showed a significant difference compared with the control group (see Table 5).

Discussion

This study examined the effectiveness of SFBCCT on marital satisfaction among married prisoners and their wives. Data analysis showed that the SFBCCT increased marital satisfaction in the experimental group compared with the control group. The findings of our study demonstrated that the SFBCCT could be a useful treatment for married prisoners and their wives, as demonstrated by the high effect size in the posttest phase (Marital Satisfaction: 0.51; Communication: 0.35; Conflict Resolution: 0.34; Idealistic Distortion: 0.89).

The findings of Stewart (2011) did not show the significant differences in terms of marital satisfaction, communication skills, and readiness to change. However, this study indicated that improvements in the areas of individual well-being and relationship knowledge. Also, positive trends were observed in this pilot trial. The study of Russell (2006) supports the idea that EFT and SFT are both effective modes for increasing rational adjustment in couples. The results of Stewart (2011) indicated that there were no significant differences in terms of marital satisfaction, communication skills, and readiness to change. Probably because of that the data showed that the couples who participated in the study were overall satisfied with their relationship. However, the couples who participated in our study gained low scores on marital satisfaction in the pretest stage.

Hajian and Mohammadi (2013) surveyed the effect of SFBT on marital intimacy. The result of their clinical trial is consistent with our results. Nelson and Kelley (2001) in a single-case study suggested that the SFT may increase marital satisfaction for some couples. Chromy indicated (2007) that SFBT is an effective approach to help couples. Jenaban, Refahei, and Ghaderi (2014) showed that SFBT could be a useful treatment in increasing couples "problems-solving ability."

To explain the effectiveness of SFBT, several points have to be considered. First, as mentioned, evidence shows that imprisonment has harmful effects on life stream and family health (London & Myers, 2006; Wildeman & Western, 2010). In this clinical trial, SFBCT was used when the reserves and the potential of couples were in the process of change. This gave them a picture of hope. Solution-focused therapies strengthen the sense of self-sufficiency and self-determination of the spouses. This is done by helping the couples create solutions and structure them. In fact, strengthening the clients is an important principle of SFBT. Second, the problems of couples worsen due to the methods they use to solve them (Kriegerlewicz, 2006). SFBCT reminds couples about their problem-solving skills. With these skills, they can destroy the vicious cycle of problems. Third, the identification, extraction, and amplification of the exceptions are one of the most important change factors in SFBT. The first thing that comes to the mind of clients is the problem itself. For the therapist, the first thing is the exceptions (De Jong & Berg, 2012). The exception is extracted by speaking to the couples. They are asked to remember what they did in the past that gave them marital satisfaction at that time. They are asked to behave in the same way and perform those activities again. Fourth, the miracle questions were used. These questions help couples extract the necessary ingredients for being different. In addition, with these questions, they discover new topics and can explain the behavioral changes in themselves and others. Generally, the use of these questions helps clients look at their problems differently. This can be an important step in the process of change (de Castro & Guterman, 2008). Fifth, scaling questions were used to measure the rate of progress in couples. These questions helped clients objectify the complex aspects of their lives. These also encouraged the clients to look at changes as small steps and not great solutions (Strong, Pyle, & Sutherland, 2009).

In addition to the above, the doubles assignment, which was done through telephone calls and appointments, enhanced the couples' relationships and led them to find new solutions to their problems. The admiration technique increased the emotional connection between prisoners and their wives. In fact, emphasizing the positive points was an important factor in increasing marital satisfaction. One of the main emphases in this treatment was given to the small changes to achieve big ones. The husband or wife took the first small step to change and saw the results in the partner. This increased their desire for change. Accordingly, they created bigger changes in marital relations.

Generally, in this clinical trial, the basic tenets of SFBT were followed. These have a solution-creating focus on the future: increasing the frequency of useful behavior, emphasizing exceptions, finding alternative patterns of behavior, stating that small steps of change can lead to bigger changes, and improving conversational skills to build solutions (Trepper, McCollum, et al., 2010). According to the results, and by explaining them based on these principles, the participating couples found that they are not the "victims" of imprisonment and the harsh conditions of it. They could change their lives with the discovery of new solutions.

Conclusion

The results of this study showed that SFBCT increases marital satisfaction among married prisoners and their wives. The results showed that there were statistically significant improvements in the areas of marital satisfaction, communication, conflict resolution, and idealistic distortion. Therefore, SFBCT increased subscales of marital satisfaction among couples who fall in the experimental group when compare with the control group.

Conducting a randomized pilot efficacy trial for improvement and enhancing the marital relationship between prisoners and their wives is the uniqueness of this study. While, as we mentioned in the introduction, pervious research used SFBCT for distressed couples, couples who participated in this study not only distressed but also they are a special group. In this special group, husbands were imprisoned and could not be available always. Also, implementing a pilot trial and holding therapy sessions for prisoners and their wives during the imprisonment are important points of this study.

Also, previous researches focused on the relationship between imprisonments and divorce risk. But there is a little clinical trial to show the effectiveness of interventions on marital relationship among this special group. Imprisonment creates difficult conditions for prisoners and their partners. SFBCT provided the condition that they have to look at life differently. Therefore, this clinical trial demonstrated that the use of the techniques and principles of SFBCT can be a useful intervention for supporting married prisoners and their wives. We tried improving marital satisfaction in prisoners and their wives. We hope that we informed more clinical trials in improving prisoners and their wives conditions.

Appendix

Rank	Items	Completely disagree	disagree	Neither agree nor disagree	Agree	Completely agree
1	I am very happy about how we make decisions and resolve conflicts.					
2	It is very easy for me to express all my true feelings to my partner.					
3	In order to end an argument, I usually give up too quickly.					
4	My partner and I understand each other perfectly.					
5	I am not happy about our communication and feel my partner does not understand me.					
6	When we are having a problem, my partner often gives me the silent treatment.					

(continued)

Appendix (continued)

Rank	Items	Completely disagree	disagree	Neither agree nor disagree	Agree	Completely agree
7	My partner and I have very different ideas about the best way to solve our disagreements.					
8	My partner completely understands and sympathizes with my every mood.					
9	I am satisfied with how we share the responsibilities of household.					
10	My partner sometimes makes comments which put me down.					
11	When discussing problems, I usually feel my partner understands me.					
12	Every new thing I have learned about my partner has pleased me.					
13	I am not pleased with the personality characteristics and personal habits of my partner.					
14	I wish my partner was more willing to share his or her feelings with me.					
15	When we have a disagreement, we openly share our feelings and decide how to resolve our differences.					
16	I have never regretted my relationship with my partner, not even for a moment.					
17	My partner and I seem to enjoy the same type of parties and social activities.					
18	I am sometimes afraid to ask my partner for what I want.					
19	Sometimes we have serious disputes over unimportant issues.					
20	My partner has all of things that I want.					
21	We have difficulty deciding on how to handle our finances.					
22	Sometimes I have trouble believing everything my partner says to me.					

(continued)

Appendix (continued)

Rank	Items	Completely disagree	disagree	Neither agree nor disagree	Agree	Completely agree
23	I would do anything to avoid conflict with my partner.					
24	I am very pleased with how we express affection and relate sexually.					
25	My partner is always a good listener.					
26	I sometimes feel our arguments go on and never seem to get resolved.					
27	I am not satisfied with the way we each handle our responsibilities as partners.					
28	I am not satisfied about our communication and felt my partner does not understand me.					
29	When we have a velitation, i consider my self culprit,					
30	I am satisfied about our relationship with my parents, in-laws, and/or parents.					
31	I am very satisfied with how my partner and I talk with each other.					
32	When we have a problem, I am silent in order to avoid arousing feeling of my partner.					
33	I usually feel that my partner does not take our disagreements seriously.					
34	I do not always share negative feelings I have about my partner because I am afraid he or she will get angry.					
35	I feel very good about how we each practice our religious beliefs and values.					

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- Andersen, S. H., Andersen, L. H., & Skov, P. E. (2015). Effect of marriage and spousal criminality on recidivism. *Journal of Marriage and Family, 77*, 496-509. doi:10.1111/jomf.12176
- Apel, R. (2016). The effects of jail and prison confinement on cohabitation and marriage. *The ANNALS of the American Academy of Political and Social Science, 665*, 103-126. doi:10.1177/0002716216629360
- Apel, R., Blokland, A. A. J., Nieuwebeerta, P., & van Schellen, M. (2010). The impact of imprisonment on marriage and divorce: A risk set matching approach. *Journal of Quantitative Criminology, 26*, 269-300. doi:10.1007/s10940-009-9087-5
- Asoodeh, M. H., Khalili, S., Daneshpour, M., & Lavasani, M. G. (2010). Factors of successful marriage: Accounts from self described happy couples. *Procedia-Social and Behavioral Sciences, 5*, 2042-2046. doi: 10.1016/j.sbspro.2010.07.410
- Asoodeh, M. H., Daneshpour, M., Khalili, S., Lavasani, M. G., Shabani, M. A., & Dadras, I. (2011). Iranian successful family functioning: Communication. *Procedia-Social and Behavioral Sciences, 30*, 367-371. doi:10.1016/j.sbspro.2011.10.072
- Bannink, F. P. (2007). Solution-focused brief therapy. *Journal of Contemporary Psychotherapy, 37*, 87-94. doi:10.1007/s10879-006-9040-y
- Blaine, J., & Fowers Olson, D. H. (1989). ENRICH marital inventory: A discriminant validity and cross-validity assessment. *Journal of Marital and Family Therapy, 15*, 65-79. doi:10.1111/j.1752-0606.1989.tb00777.x
- Chromy, S. (2007). A solution-based approach to couple therapy: A case example. *Journal of Couple & Relationship Therapy, 6*, 71-84. doi:10.1300/J398v06n04_04
- Chung, S. A., & Yang, S. (2004). The effects of solution-focused group counseling program for the families with schizophrenic patients. *Journal of Korean Academy of Nursing, 34*, 1155-1163. doi:10.4040/jkan.2004.34.7.1155
- Conoley, C., Graham, J. M., Neu, T., Craig, M. C., O'PRY, A. M. Y., Cardin, S. A., . . . Parker, R. I. (2003). Solution-focused family therapy with three aggressive and oppositional-acting children: An N = 1 empirical study. *Family Process, 42*, 361-374. doi:10.1111/j.1545-5300.2003.00361.x
- de Castro, S., & Guterman, J. T. (2008). Solution-focused therapy for families coping with suicide. *Journal of Marital and Family Therapy, 34*, 93-106. doi:10.1111/j.1752-0606.2008.00055.x
- De Jong, P., & Berg, I. K. (2012). *Interviewing for solutions* (4th ed.). Pacific Grove, CA: Brooks/Cole.
- Easley, C. E. (2011). Together we can make a difference: The case for transnational action for improved health in prisons. *Public Health, 125*, 675-679. doi:10.1016/j.puhe.2011.09.012
- Fallesen, P., & Andersen, L. H. (2017). Explaining the consequences of imprisonment for union formation and dissolution in Denmark. *Journal of Policy Analysis and Management, 36*, 154-177. doi:10.1002/pam.21933
- Hajian, A., & Mohammadi, S. (2013). The effect of training solution-focused couples therapy on dimensions of marital intimacy. *Pakistan Journal of Medical Sciences, 29*(Suppl. 1), 35-25.
- Hommel, R., & Thomson, C. (2005). Causes and prevention of violence in prisons. In S. O'Toole & S. Eyland (Eds.), *Correction criminology* (pp. 101-108). Sydney, Australia: Hawkins Press.
- Howells, K., Day, A., Williamson, P., Bubner, S., Jauncey, S., Parker, A., & Heseltine, K. (2005). Brief anger management programs with offenders: Outcomes and predictors of change. *The Journal of Forensic Psychiatry & Psychology, 16*, 296-311. doi:10.1080/14789940500096099

- Jenaban, Z., Refahei, Z., & Ghaderi, Z. (2014). The effectiveness of short-term solution-focused couples therapy in increasing different dimensions of couples' problems solving ability. *Journal of Novel Applied Sciences*, 3, 209-214.
- King, R. D., Massoglia, M., & MacMillan, R. (2007). The context of marriage and crime: Gender, the propensity to marry, and offending in early adulthood. *Criminology*, 45, 33-65. doi:10.1111/j.1745-9125.2007.00071.x
- Kriegerlewicz, O. (2006). Problem-solving strategies and marital satisfaction. *Psychiatria Polska*, 40, 245-259.
- Lloyd, H., & Dallos, R. (2006). Solution-focused brief therapy with families who have a child with intellectual disabilities: A description of the content of initial sessions and the processes. *Clinical Child Psychology and Psychiatry*, 11, 367-386. doi:10.1177/1359104506064982
- London, A. S., & Myers, N. A. (2006). Race, incarceration, and health: A life-course approach. *Research on Aging*, 28, 409-422. doi:10.1177/0164027505285849
- Mac Suibhne, S. (2011). Erving Goffman's Asylums 50 years on. *The British Journal of Psychiatry*, 198, 1-2. doi:10.1192/bjp.bp.109.077172
- Massoglia, M., Remster, B., & King, R. D. (2011). Stigma or separation? Understanding the incarceration-divorce relationship. *Social Forces*, 90, 133-155. doi:10.2307/41682635
- May, C., Sharma, N., & Stewart, D. (2008). *Factors linked to reoffending: A one year follow-up of prisoners who took part in Resettlement Surveys 2001, 2003 and 2004* (Research Summary 5). London, England: Ministry of Justice.
- Murray, C. E., & Murray, T. L. (2004). Solution focused premarital counseling: Helping couples build a vision for their marriage. *Journal of Marital and Family Therapy*, 30, 349-358. doi:10.1111/j.1752-0606.2004.tb01245.x
- Nelson, T. S., & Kelley, L. (2001). Solution-focused couples group. *Journal of Systemic Therapies*, 20(4), 47-66. doi:10.1521/jsyt.20.4.47.23085
- Nelson, T. S., & Thomas, F. N. (Eds.). (2012). *Handbook of solution-focused brief therapy: Clinical applications*. Abingdon: Routledge.
- O' Keefe, L. (2000, October 31-November 1). *The partners of prisoners: Their reality, how they contribute to the criminal justice system and prisoner rehabilitation and how we can assist*. Paper presented at the Women in Corrections: Staff and Clients Conference convened by the Australian Institute of Criminology, Adelaide, Australia.
- Russell, L. A. (2006). *Equine facilitated couples therapy and solution focused couples therapy: A comparison study* (Doctoral dissertation). Northcentral University. Prescott, AZ.
- Sainsbury Centre for Mental Health. (2008). *In the dark: The mental health implications of imprisonments for public protection*. London, England: Author.
- Siennick, S. E., Stewart, E. A., & Staff, J. (2014). Explaining the association between incarceration and divorce. *Criminology*, 52, 371-398. doi:10.1111/1745-9125.12040
- Stewart, J. W. (2011). *A pilot study of solution-focused brief therapeutic intervention for couples* (All graduate theses and dissertations, Paper 1061). Logan, Utah State University Merrill-Cazier Library.
- Strong, T., Pyle, N. R., & Sutherland, O. (2009). Scaling questions: Asking and answering them in counseling I. *Counselling Psychology Quarterly*, 22, 171-185. doi:10.1080/09515070903157321
- Swint, A. P. (2009). *The effect of family therapy on prison-based substance abuse treatment and recidivism outcomes for incarcerated woman* (in partial fulfillment of the requirements for the degree of Doctor of Philosophy). Philadelphia: Drexel University.
- Theobald, D., & Farrington, D. P. (2009). Effects of getting married on offending: Results from a prospective longitudinal survey of males. *European Journal of Criminology*, 6, 496-516. doi:10.1177/1477370809341226

- Trepper, T. S., McCollum, E. E., & De Jong, P. (2014). Solution-focused therapy treatment manual for working with individuals. In J. S. Kim (Ed.), *Solution-focused brief therapy: A multicultural approach* (pp. 14-31). Thousand Oaks, CA: SAGE. doi:10.4135/9781483352930.n2
- Trepper, T. S., McCollum, E. E., De Jong, P., Korman, H., Gingerich, W., & Franklin, C. (2010). Solution focused therapy treatment manual for working with individuals. Research Committee of the Solution Focused Brief Therapy Association (pp. 1-16). Indianapolis: Solution Focused Brief Therapy Association.
- Trepper, T. S., Treyger, S., Yalowitx, J., & Ford, J. (2010). Solution-Focused brief therapy for the treatment of sexual disorders. *Journal of Family Psychotherapy*, 21, 34-53. doi:10.1080/08975350902970360
- Treyger, S., Ehlers, N., Zajicek, L., & Trepper, T. (2007). Helping spouses cope with partners coming out: A solution-focused approach. *The American Journal of Family Therapy*, 36, 30-47. doi:10.1080/01926180601057549
- Westra, J., & Bannink, F. P. (2006). Simple solution! A solution-focused approach in working with mentally handicapped clients. *Psycho Praxis*, 8, 213-218.
- Wildeman, C., & Western, B. (2010). Incarceration in fragile families. *The Future of Children*, 20, 157-177. doi:10.1353/foc.2010.0006



باسم تعالی

فرم خودارزیابی مقاله ژورنالی

(توسط منتظمی)

تاریخ:

همکار ارجمند

با توجه به اهمیت داوری صحیح مقاله ها، خواهشمند است به پرسش های زیر با دقت پاسخ دهید. همچنین، گزارش طرح های پژوهشی، پایان نامه کارشناسی ارشد و رساله دکتری خود را به ضمیمه مدارک تسلیم دارید. درخواست می شود لطفاً به همپوشانی آثار، توجه ویژه ای مبذول فرمایید.

شماره ردیف: عنوان مقاله *The Effectiveness of Solution-Focused Brief Couple Therapy on Marital*

Satisfaction Among Married Prisoners and Their Wives

- ۱- آیا مقاله ای با محتوای مشابه در جای دیگری چاپ شده است؟ خیر آری نمی دانم
- ۲- آیا این مقاله با مقاله های دیگر شما همپوشانی دارد؟ (به مانند: روش حل، نتایج و ...) خیر آری درصد همپوشانی: شماره ردیف مقاله: عنوان مقاله ای که همپوشانی دارد:

۳- درجه علمی مجله پژوهشی معتبر (JCR - Scopus - علمی پژوهشی داخلی) که مقاله در آن چاپ شده است: JCR

- عالی بسیار خوب خوب متوسط ضعیف

۴- محتوای مقاله از نظر ویژگی های زیر چگونه است؟

- ۱- اعتبار علمی: عالی خوب متوسط ضعیف

- ۲- نوآوری و ابتکار: عالی خوب متوسط ضعیف

۵- آیا مقاله مستخرج از پایان نامه ی کارشناسی ارشد و یا رساله ی دکترای جنابعالی می باشد؟

- خیر آری درصد همپوشانی:

در صورتی که پاسخ به سؤال بالا مثبت باشد، به پرسش های زیر پاسخ فرمایید:

الف- فرض های بکار رفته و محتویات اصلی تا چه حد بر موارد همانند در پایان نامه و یا رساله منطبق است؟

ب- آیا روش تحلیل و یا نتیجه گیری با موارد همانند در پایان نامه و یا رساله مشابهت دارد؟

۶- آیا این مقاله با مقالات کنفرانسی شما همپوشانی دارد؟ خیر آری میزان درصد همپوشانی:

شماره ردیف مقاله: عنوان مقاله ای که همپوشانی دارد:

۷- آیا این مقاله با طرح های پژوهشی یا طرح اینترنتی شما همپوشانی دارد؟ خیر آری درصد همپوشانی:

۸- آیا مقاله (برای استادی شما) با مقالات دانشجویی شما همپوشانی دارد؟ خیر آری درصد همپوشانی:

عنوان مقاله ای که همپوشانی دارد؟

سید علی کبیری
موضوعیت علی کرده آموزشی روانشناسی مشاوره و تربیتی