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Strengthening Couples' Relationships With Education: Social Policy and Public Health Perspectives

W. Kim Halford
Griffith University

Howard J. Markman and Scott Stanley
Denver University

There is some evidence that skill-based couples relationship education (CRE) enhances couples' maintenance of healthy, committed relationships. This article analyzes issues in the balancing of a limited but growing knowledge base on the effects of CRE with current social policy that is creating an impetus for widespread dissemination of CRE. It is suggested that enough is known to act now, and that by doing so, the field has a unique opportunity to substantially (and rapidly) add to the existing knowledge base. Specifically, there can be expansion of knowledge of the efficacy of CRE with diverse populations and service delivery contexts, as well as the influences on the reach of CRE to populations at high risk of future relationship difficulties. While the current article focuses on CRE, the issues discussed have relevance to warrant dissemination to many areas of family psychology intervention.

Keywords: marriage, couples relationship, education, social policy, public health

Couples relationship education (CRE) is the provision of structured education to couples about relationship knowledge, attitudes, and skills (Halford, Markman, Stanley, & Kline, 2003). The goals of CRE are to assist couples to sustain healthy, mutually satisfying relationships, and to reduce the prevalence of relationship distress and separation (Halford et al., 2003). In many developed countries—such as the United States, Japan, Australia, and Norway—government and community agencies are promoting dissemination of CRE in an attempt to reduce the negative personal, social, and economic effects associated with high rates of divorce and relationship distress (Huang, 2005; Ooms, 2005; van Acker, 2003).

As described below, the evidence for the effectiveness of CRE shows promising results but clearly indicates the need for more research. Currently there is an understandable tension between (a) researchers wanting to accumulate more evidence on the efficacy of CRE and (b) social policy imperatives pushing to act now to address concerns about couples' relationship problems. The current article analyzes this tension by examining the rationale for promoting healthy couples relationships, the evidence on the efficacy of CRE, and issues in the dissemination of CRE. We argue that researchers should be actively involved in the current dissemination of CRE for three key reasons: (a) enough is known to begin disseminating CRE; (b) dissemination of CRE is going to happen, and researchers need to be involved to promote evidence-based approaches to CRE and continuing research and evaluation; and (c) the process of dissemination and associated research has the potential to greatly expand the knowledge base about CRE.

The Development of Couples Relationship Education

CRE evolved to the present widespread use from brief premarital counseling offered by religious marriage celebrants (Hunt, Hof, & DeMaria, 1998). By the early years of the current century, the form of CRE embodied in premarital education grew to where approximately 30% of marrying couples in Western countries (e.g., the United States, Australia) attended some form of CRE (Halford, O'Donnell, Lizzio, & Wilson, 2006; Stanley, Amato, Johnson, & Markman, 2006). The provision of CRE has now extended well beyond couples planning marriage to include, for example (a) assistance to long-married couples seeking relationship

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W. Kim Halford, School of Psychology, Griffith University, Nathan, Australia; Howard J. Markman and Scott Stanley, Department of Psychology, Denver University.

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Correspondence concerning this article should be addressed to W. Kim Halford, School of Psychology, Griffith University, Mt. Gravatt Campus M24, Nathan 4111, QLD, Australia. E-mail: k.halford@griffith.edu.au

enrichment (Kaiser, Hahlweg, Fehm-Wolfsdorf, & Groth, 1998); (b) educational workshops provided in various state-supported settings (e.g., educational institutions, hospitals, prisons, foster care, and the military; Markman, Williams, Einhorn, & Stanley, 2007); and (c) preventive services for couples that are having a child together (e.g., Schulz, Cowan, & Cowan, 2006) or that are forming a stepfamily (e.g., Nicholson, Phillips, Whitton, Halford, & Sanders, 2007).

Concerns about how couples' relationship problems negatively affect children and adults have led the governments of several nations (e.g., Australia, the United Kingdom, and the United States) to substantially expand the availability of CRE (van Acker, 2003). For example, in 2006 the U.S. government awarded $150 million in grants to fund demonstration projects that include a major focus on the delivery of CRE (see www.acf.hhs.gov/healthymarriage for an overview of the Healthy Marriage Initiative). One main thrust of these efforts is to support demonstration projects designed to assess the feasibility of reaching diverse populations with CRE. Even though these efforts involve a large increase in the provision of CRE, the reach is limited to particular funded projects that target specific communities. For CRE to impact the widespread prevalence of couples relationship distress or divorce, the current efforts will need to expand the knowledge base on how efficaciously CRE can be disseminated in a sustainable manner to reach larger numbers of couples.

Government funding of the wide dissemination of CRE has not been without controversy. In particular, questions have been raised about whether governments should promote marriage (van Acker, 2003) and whether there is sufficient evidence of the efficacy of CRE to warrant its dissemination (e.g., Bradbury & Karney, 2004). The first concern is a social policy issue, which is beyond the scope of this article. However, we note that much of the initial concern expressed by some commentators about U.S. government policy that promotes the value of marriage (van Acker, 2003) has been addressed in two ways. First, the CRE initiatives have not pushed people toward marriage, but rather have helped those who choose marriage for themselves to gain skills in reaching their own goals in marriage (Ooms, 2005). Second, the focus has been on assisting people to develop "healthy" relationships, including helping those contemplating marriage to make active choices about such a commitment and even encouraging those in dangerous violent relationships to break up safely (Ooms, 2005). Current social policy in the United Kingdom and Australia places less explicit emphasis on promoting marriage per se than in the United States, but all three national policies share a focus on promoting healthy, committed couples relationships based on policy analysis that healthy relationships benefit individuals and the society (van Acker, 2003).

The second concern noted above is whether enough is known about the efficacy of CRE to justify its wide dissemination. A diverse mix of governments, community groups, religious organizations, and agencies promote and fund CRE (Seefeldt & Smock, 2004), but rigorous evaluation has lagged substantially behind this dissemination. Many CRE programs offered have not been evaluated within controlled trials (Halford et al., 2003). However, there is a substantial evidence base on the efficacy of some approaches to CRE (Fawcett, Hawkins, & Blanchard, 2006), including meta-analyses of premarital education studies (Carroll & Doherty, 2003) and large sample analysis of the effects of services as delivered in the community (Stanley, Amato, et al., 2006). Before evaluating this evidence, we briefly analyze the rationale for social policy that promotes healthy couples relationships.

Rationale for Promoting Healthy Couples Relationships

Across almost all countries, cultures, and religions, the vast majority of people in the world marry by age 50 (United Nations Economic and Social Affairs Population Division; UNESAPD, 2003). Even among those people who choose not to marry in Western countries, most enter "marriage-like" cohabiting relationships (Australian Bureau of Statistics, 2007; U.S. Census Bureau, 2007). However, while stable, happy marriage is almost universally desired, decades of social, legal, and economic changes have led to greatly increased instability of marriages (UNESAPD, 2003). Even though divorce rates in a number of developed countries, including the United States, have reached a plateau (UNESAPD, 2003), high rates of instability continue in most developed nations. Moreover, divorce rates are increasing in most developing countries (UNESAPD, 2003).

At least some of the developed world's high divorce rates reflect people being able to leave relationships that involve severe problems, such as violence or intense conflict (de Graf & Kalmijn, 2006). Many people ending relationships with severe problems benefit from leaving those relationships (Aseltine & Kessler, 1993; D. R. Johnson & Booth, 1998). However, most current divorces in Western countries are not due to people leaving relationships with severe problems but rather to one or both partners becoming insufficiently satisfied with the relationship (Amato & Rogers, 1997). Despite the benefits of leaving for some individuals, there are often considerable personal and social costs of separation to both adults and children. Almost all people who separate report substantial initial difficulties in adjustment (Sweeper & Halford, 2006). While most separated people report that their psychological adjustment improves over time, a proportion of separated individuals show chronic adjustment problems (Amato & Booth, 1996), and the challenges of financial hardship and effective coparenting after separation are substantial (Thomas & Sawhill, 2005). Moreover, there is clear and compelling evidence that divorce and marital distress is harmful to children (see Amato, 2000, for a review).

In contrast to those who leave a distressed relationship, high proportions of couples that report marital dissatisfaction at one time but persist with their relationship report that the relationship subsequently improves (Waite & Gallagher, 2000). Also, divorced people (especially men) say they wish they had worked harder at their marriage (C. A. Johnson et

al., 2002). We are not suggesting that people should be forced to stay in relationships they find unsatisfactory. However, CRE is intended to enable more partners to develop and sustain a healthy, committed relationship that they choose to maintain (Dion, 2005).

Evidence has been accumulating that a healthy, mutually satisfying relationship is a potent predictor of positive health and well-being for both adults and their children (Amato, 2000; Proulx, Helms, & Buehler, 2007). The partners in such relationships live longer (Ross, Mirowsky, & Goldsteen, 1990), report fewer health problems (Waite & Gallagher, 2000), and use health services substantially less (about 25% lower costs per head; Prigerson, Maciejewski, & Rosenheck, 2000) than do people in distressed relationships. Stable marriages are also associated with financial prosperity (Waite & Gallagher, 2000) and low likelihood of needing government support (Thomas & Sawhill, 2005). Furthermore, there is evidence that children raised by their own parents in the same home are advantaged in many dimensions, such as psychological adjustment and educational achievement (Amato, 2000). Yet the high divorce rates, combined with an increasing prevalence of cohabiting parent relationships that are substantially more likely to end in separation than in marriage, has led to a declining proportion of children being raised with both parents in the home (Raley & Bumpass, 2003).

The association between healthy couples relationships and positive outcomes for partners and children does not, in itself, show that healthy couples relationships cause these positive outcomes. For example, social disadvantage is associated with both high rates of couples separation and poor outcomes in children, and it is difficult to establish the causal relationships between these variables (Thomas & Sawhill, 2005). However, some specific characteristics of unhealthy relationships, such as poorly managed conflict between partners, strongly predict poor psychological adjustment in children (Emery, 1999). If ongoing evaluations demonstrate that CRE promotes healthy couples relationships, then the causal impact of healthy relationships on individual well-being could be directly evaluated.

The Efficacy of Couples Relationship Education

There are two broad approaches to CRE that are often used by practitioners and are sufficiently structured to be amenable to evaluation: (1) structured, inventory-based assessment and feedback, and (2) curriculum-based teaching of specific relationship skills and knowledge. Inventory-based assessments are often used to give couples detailed feedback about relationship strengths and weaknesses (Larson, Newell, Topham, & Nichols, 2002), based on the assumption that such feedback can guide couples to strengthen their relationships. Sometimes inventory assessment constitutes the entire process of CRE, and sometimes inventories are used as part of curriculum-based CRE (Larson et al., 2002). While inventories are widely used and have an empirical basis to their development, there are few published studies evaluating their effects on couples relationships (Halford, in press).

Three inventories have been widely used: PREmarital Preparation and Relationship Enhancement (PREPARE; Olson, Fournier, & Druckman, 1996), the Facilitating Open Couple Communication Understanding and Study (FOCCUS; Markey & Micheletto, 1997), and RELATionship Evaluation (RELATE; Busby, Holman, & Taniguchi, 2001). PREPARE, FOCCUS, and RELATE each provide scores on dimensions like realistic relationship expectations, effective communication, exposure to negative family-of-origin experiences, and personal stress management (Larson et al., 2002). To our knowledge, there have been no published studies evaluating the effects of FOCCUS. There was one quasi-experimental evaluation of PREPARE published (Knutson & Olson, 2003), but lack of random assignment of participants into conditions prevents a clear interpretation about the efficacy of PREPARE. Two randomized controlled trials showed CRE based on RELATE increased couples' immediate relationship satisfaction and commitment to the relationship (Busby, Ivey, Harris, & Ates, 2007; Larson, Vatter, Galbraith, Holman, & Stahmann, 2007). Only the Busby et al. (2007) study included a follow-up assessment, and they reported that effects from RELATE were maintained for 6 months.

The curriculum-based approach to CRE is often referred to as the skills-training approach because it focuses on training couples in key relationship skills (e.g., communication, conflict management). Most of these programs also promote relationship knowledge and attitudes (e.g., realistic, shared relationship expectations; Carroll & Doherty, 2003; Halford et al., 2003) and focus on promoting positive connections and commitment (Markman, Stanley, Jenkins, Petrella, & Wadsworth, in press). Typically, skills-training CRE involves 12–15 program hours that include modeling, rehearsal, and feedback of skills, as well as activities promoting beliefs and attitudes associated with healthy relationships (Halford, in press). Several skills-training CRE programs—including the Relationship Enhancement program (Guerney, 1987), the Prevention and Relationship Enhancement Program (PREP; Markman, Stanley, Blumberg, Jenkins, & Whaley, 2004), Couple Commitment and Relationship Enhancement (Couple CARE; Halford, Moore, Wilson, Dyer, & Farrugia, 2004), and the Minnesota Couples Communication Program (MCCP; now called Couple Communication; Miller, Nunnally, & Wackman, 1975)—have been evaluated.

The various skills-training programs have a number of content areas in common. For example, developing shared realistic expectations, positive communication, and effective conflict management are included in Relationship Enhancement, PREP, Couple CARE, and MCCP (Guerney, 1987; Halford et al., 2004; Markman, Renick, Floyd, Stanley, & Clements, 1993; Miller et al., 1975). There are also significant variations. For instance, in PREP there is a key focus on the prevention of destructive conflict, as this is argued to be central to the prevention of relationship problems (Markman et al., 1993). In Relationship Enhancement, the development of partner empathy receives strong emphasis (Guerney, 1987), whereas it has less emphasis in PREP and Couple CARE.

Meta-analyses consistently show that skills-training CRE is associated with large effect size increases in relationship skills ($d > 0.7$; Carroll & Doherty, 2003; Fawcett et al., 2006), particularly when behavioral coding of couples' conversations is used (e.g., Stanley et al., 2001). Skills-training CRE is also associated with small to moderate short-term effect size increases in relationship satisfaction ($d = 0.4$ to 0.5; Carroll & Doherty, 2003; Fawcett et al., 2006), with larger effects evident in couples that initially have lower levels of satisfaction (Fawcett et al., 2006).

The long-term effects of skills-based CRE have been assessed in numerous studies. Although the evidence is mixed, the benefits seem to be primarily for couples at high risk for future relationship difficulties (Halford, in press). Several quasi-experimental studies have shown universal benefit for couples from skills-based CRE ranging from 2 to 5 years after education (Bodenmann, Pihet, Shantinath, Cina, & Widmer, 2006; Hahlweg, Markman, Thurmaier, Engl, & Eckert, 1998; Markman et al., 1993). However, self-selection into receiving services cannot be ruled out as the cause of observed effects on relationship outcomes in such designs. Five randomized controlled trials have evaluated the effects of CRE on early-stage couples relationships. Three of these studies were universal and were offered to all couples in early-stage relationships (Bagarozzi, Bagarozzi, Anderson, & Pollane, 1984; Laurenceau, Stanley, Olmos-Gallo, Baucom, & Markman, 2004; Wampler & Sprenkle, 1980). Only one of the three universal programs found that there was a positive effect of CRE on future relationship satisfaction (6 months posttest; Wampler & Sprenkle, 1980). The other two studies found no effect on relationship satisfaction 12 months after education (Bagarozzi et al., 1984; Laurenceau et al., 2004), though there were significant improvements in couples' communication in the latter study. Given such changes in communication, studies with a longer follow-up might detect effects of CRE in preventing deteriorating relationship satisfaction relative to control condition couples, as has been found in some quasi-experimental studies (Hahlweg et al., 1998; Markman et al., 1993).

Bouma, Halford, and Young (2004) found CRE offered selectively to couples at high risk of future relationship problems enhanced relationship stability but not satisfaction 6 months after education. The fifth study examined risk as a moderator of the effect of CRE (Halford, Sanders, & Behrens, 2001) and found that high- but not low-risk couples had enhanced maintenance of relationship satisfaction 4 years after receiving skills-based CRE. In addition, there have been four published randomized controlled trials of CRE with couples making the transition to parenthood. All four studies found CRE enhanced maintenance of relationship satisfaction at 6 months (Midmer, Wilson, & Cummings, 1995), 12 months (Petch, Halford, & Creedy, 2007; Shapiro & Gottman, 2005) and 5 years (Schulz et al., 2006) after CRE, though one study found an effect for only women (Petch et al., 2007). Universal offering of CRE may be warranted during major life transitions, such as becoming parents, which is associated with rapid decline in relationship satisfaction for many couples (Twenge, Campbell, & Foster, 2003).

Thus, couples that show sustained enhancement of relationship satisfaction from skills-based CRE seem to be couples in early-stage relationships who are at high risk for developing future relationship problems and couples making the transition to parenthood (who are also at risk for future problems). There are some important caveats to these conclusions. First, only two of these randomized controlled trials have reported the long-term effects of CRE beyond 12 months (Halford et al., 2001; Schulz et al., 2006). Second, there has been no adequate test of whether CRE reduces rates of divorce within randomized controlled trials. Third, the participants in the trials of CRE predominantly were white and had high levels of formal education. The generalizability of findings to other populations is unknown, which is a major concern, as much of the social policy on CRE in the United States has focused upon providing CRE to socially disadvantaged couples, which often have low levels of education and/or are from minority groups (Ooms & Wilson, 2004).

There is an important methodological challenge when evaluating CRE. CRE typically serves couples that begin the study with high relationship quality, with the intention of preventing future relationship deterioration, and these couples initially have little room to improve relationship quality. Only long-term follow-up of couples, which is rare in existing studies (Halford, in press), can really test whether relationship problems are prevented. Our knowledge of the sustained effects of CRE on relationship satisfaction and stability is limited. It is established that curriculum-based CRE helps some couples to improve their communication and conflict management and helps some high-risk couples to sustain their relationship satisfaction over at least a few years. Importantly, there is a tradition in curriculum-based CRE of applying science to program development, evaluation, and ongoing refinement of curriculum (Halford et al., 2003).

Issues in the Dissemination of Couples Relationship Education

As noted earlier, concerns about the limitations of the evidence regarding sustained effects of CRE have led some prominent couples researchers to express unease about widespread dissemination of CRE (e.g., Bradbury & Karney, 2004). However, current social policy is leading to wider dissemination of CRE, at least in the United States (Ooms & Wilson, 2004), Australia (van Acker, 2003), and Norway (Thuen & Loerum, 2005). Why is social policy attempting to make CRE more widely available even though there is modest evidence for its efficacy? A large volume of research on social policy shows that implementation of policy is determined by a complex set of factors, of which the scientific evidence for the efficacy of interventions is but one factor. For example, the political salience of the stated policy objectives, the influence of interest groups, and the views of key opinion leaders all determine the what and when of social policy implementation (Bridgman & Davis,

2004). The value of healthy marriage has been an important part of the public policy agenda in the United States for more than 100 years, and there are highly influential interest groups advocating the strengthening of marriage (Nock, 2005). Within the U.S. government, the current interest in CRE was fostered, at least in part, by the passage of the Welfare Reform Act in 1996, in which a core aim was to promote children being raised by both their biological parents (Ooms & Wilson, 2004).

Social policy pressures often result in action being taken with imperfect information, which carries some risk that the current efforts in the United States to disseminate CRE on a large scale might not produce the desired benefits for couples. Yet, at the same time these efforts have funded numerous ongoing large-scale randomized controlled trials of CRE, as well as large-scale demonstration projects in which the opportunities and barriers to reaching diverse populations of couples are being evaluated (see Markman, Stanley, et al., in press). In essence, the current U.S. policies appear to be the start of a large-scale, iterative process of refining knowledge of the best practice in CRE. As the use of CRE has expanded, a range of issues that influence the effectiveness of such services has been identified, and this is driving research that addresses previously untested hypotheses about these issues. These issues are analyzed below under the three topics of reach, delivery and format, and tailoring.

Reaching Those With Less Access

Almost all evaluations of CRE reviewed earlier in the current article were conducted within university settings, with highly trained professionals delivering the programs to modest numbers of mostly middle class couples within efficacy trials. Generally, CRE is not widely available except in the context of premarital education, and those couples that are economically disadvantaged or from minority groups have limited access to any CRE services (Halford, in press). This is unfortunate, as couples that have low formal education or come from socially disadvantaged groups are at higher risk of future relationship problems (Cherlin, 2005; Thomas & Sawhill, 2005). Furthermore, there is evidence that CRE has similar benefits for both low- and high-income couples and for minority as well as majority couples (Stanley et al., 2006). Extending CRE to larger scale adoption is relatively new, but there are successful examples. For instance, Halford, Petch, Creedy, and Gamble (2008) reported that midwives working in maternity services that reach low-income couples were successfully trained to deliver Couple CARE for Parents, a skills-based program for couples having their first child.

Ultimately for CRE to have a population-level impact, knowledge of how to promote access to services is just as important as increasing knowledge about effectiveness. Much current work is testing the proposition that widespread delivery of CRE can be achieved by embedding CRE in services already accessed and trusted by couples. For example, current demonstration projects are assessing the effectiveness of working through agencies, such as adult education and employment services, and even jails to provide CRE (often in combination with other services) to disadvantaged groups (see Markman, Williams, et al., 2007). The institutional contact also enables educators who are embedded in relevant organizations and communities to contextualize the curriculum to fit the needs of the couples. For example, chaplains in the U.S. Army have been successfully trained to serve military couples before and after deployment (Stanley et al., 2005).

There have been some examples of sustained initiatives in which government, religious organizations, and community groups have collaborated to promote the value of CRE. Since 2002, the Norwegian government has developed a series of private–public partnerships to promote CRE (Thuen & Loerum, 2005). Prior to the initiative, evidence-based CRE was virtually nonexistent. However, in just the first year some 3,000 couples attended evidence-based programs, and the number is increasing every year. A second example is the Oklahoma Marriage Initiative (visit www.okmarriage.org), which began in the late 1990s with the goal of reducing the state's high divorce rate and nonmarital births. Under the leadership of the governor and the Department of Health and Human Services, the state sought to promote high levels of support for marriage from the general public and agencies that served couples with a public–private multisector collaboration. It is too early to evaluate the impact on relationship satisfaction or separations from this initiative, but an estimated 100,000 people have completed at least 12 hr of CRE over a 4-year period, showing such efforts can lead to widespread uptake.

Delivery, Format, and Materials

The cost effectiveness of CRE is influenced by the intensity and format of delivery. Intensity refers to the amount of contact time and direct skills training. Format refers to whether services are provided to couples one at a time or in groups of couples and the best ways to schedule sessions to increase access for the most couples. There is some evidence, at least regarding premarital CRE, that there might be an optimal intensity for cost-effective CRE. The effects on sustaining relationship satisfaction and stability increase when CRE is increased to involve at least 10–12 hr of contact, but there seems to be limited additional benefit from further CRE program hours (Stanley, Amato, et al., 2006). Some programs might be unnecessarily intensive. Schulz et al. (2006) report on a program in which highly trained mental health professionals deliver 24 group sessions for couples becoming parents. While the program helped couples sustain relationship satisfaction, the cost of widespread provision of 24 sessions of professional contact for new parents is likely to be prohibitive. In public health policy there is a classic debate between using limited funding to provide high intensity services to a small proportion of the population and providing low intensity services to more of the population (Rychetnik, Frommer, Hawe, & Shiell, 2002). Currently the U.S. government is funding numerous studies evaluating intensity and format of CRE, which should inform the cost–benefits of these different program options.

There is also much to learn about the most cost-effective providers of CRE. Some have argued that providers of CRE should be well-trained mental health professionals, but there is little evidence that this is necessary or desirable (Stanley et al., 2001). It is unlikely that there are sufficient numbers of people trained at such a high level to meet the growing demand for CRE. Furthermore, there is some evidence that people other than mental health professionals—such as clergy, lay leaders (Markman et al., 2007), and midwives (Halford et al., 2008)—can deliver CRE effectively with results similar to those achieved by university staff with mental health backgrounds. While providers often modify content to address the values and needs of particular audiences (e.g., clergy might include some focus on religious values), the core content is based on research on what influences couples' relationships (Stanley et al., 2001). The expanding efforts in the United States to provide CRE should yield increased knowledge about the cost effectiveness of CRE delivered by providers varying in level of training, personal and educational background, and status as employees versus community volunteers.

A number of evidence-based CRE programs—like the Relationship Enhancement program (Guerney, 1987) and PREP (Markman et al., 2004)—have resource materials (e.g., audiovisual demonstration of key relationship skills, leaders' manuals, participants' workbooks) available to assist in delivery and training. However, there is little evaluation to date on the effectiveness of these dissemination aids and no systematic knowledge of how participants' learning styles may intersect with materials. A key challenge in dissemination occurs when the aspects of intervention that developers believe are central to gaining effects are the most difficult aspects for providers to deliver. Once again, the breadth of projects now under way, in which a wide variety of differing kinds of materials are being used with various types of couples, has the potential to evaluate the effectiveness of CRE provider training and delivery aids. Closely related to questions about materials is the matter of the fidelity of program delivery. It is unknown what level of fidelity might be necessary to sustain program effectiveness. The key elements of training and supervision that are needed to develop sustained effective implementation are central to much discourse on prevention efforts (Society for Prevention Research, 2004), and hypotheses related to these concepts about dissemination are being tested in the current research efforts.

Expanding the range of formats in which CRE is offered could enhance its reach. Most existing CRE programs are offered in face-to-face sessions (Halford et al., 2003), but many adults prefer to access psychological education through self-directed programs that can be undertaken at times and places that suit participants (Taylor, Jobson, Winzelberg, & Abascal, 2002). This also applies to CRE; couples are more likely to read books on relationships than attend face-to-face education (Doss, Rhoades, Stanley, & Markman, in press). There are examples of self-directed CRE that have been evaluated. As noted previously, couples that complete the Web-based RELATE report increased relationship satisfaction (Busby et al., 2007; Larson et al., 2007). A second example is Couple CARE (Halford et al., 2004), which is a DVD-based, six-unit, self-directed learning program. A randomized controlled trial showed that couples engage with the program and are highly satisfied with the content, and the program produced immediate increases in couples' relationship satisfaction (Halford et al., 2004). While preliminary results are promising, there needs to be substantially more research evaluating the effects of self-directed CRE.

Tailoring Services and Delivery to Specific Couples

In current practice, skills-training CRE is typically applied universally to all couples, with the implicit assumption that a common set of skills will be of use to most if not all couples (Halford, in press). CRE might be most effective when tailored so that content addresses relationship risk factors that are relevant to the couples being served. For example, hazardous drinking in early-stage relationships predicts aggression, deteriorating relationship satisfaction, and instability (Leonard & Mudar, 2003). Conversely, couples' relationship problems predict increased risk of alcohol abuse (Whisman, Uebelacker, & Bruce, 2004). Seeking to reduce hazardous drinking as part of CRE is likely to be useful (Bouma et al., 2004; Fals-Stewart, Birchler, & O'Farrell, 1996) but only for couples having this risk factor.

The challenge is to develop systems of delivery of CRE that can be widely adopted and that provide content that is relevant to the needs of participants. Research is only just beginning to address how content might be effectively tailored to couples' needs. One interesting example combines the Web-based RELATE assessment with the skills-training Couple CARE program (Larson & Halford, in press). In the combined program couples complete RELATE, receive a computer-generated report about their relationship strengths and challenges, and are guided by an educator to use this report to formulate relationship enhancement goals. Couples then undertake the Couple CARE program to develop their relationship skills, with the content tailored to focus on the couple's stated relationship goals.

Offering CRE at different life stages might extend the reach of CRE, and such efforts are under way. For example, the transition to parenthood, relocation, changes in employment, and major illness are all associated with increased risk of relationship problems (Storey & Bradbury, 2004), and a classic belief in the field of prevention is that people are likely to be most receptive to preventive education at times of life change (Halford et al., 2003). The transition to parenthood seems particularly worthy of attention in a population-based approach to strengthening couples' relationships. There is a well-replicated finding that becoming parents is associated with declining mean couples relationship adjustment, particularly for women (see Twenge et al., 2003). Furthermore, a substantial and increasing proportion of couples having children are cohabiting (U.S. Census Bureau, 2007). Offering appropriately focused CRE to expectant parents enhances the reach of CRE to couples that rarely access CRE, including cohabiting and low-income couples (Halford et al., 2007). This is important as cohab-

iting and low-income couples are at high risk for relationship problems in ways that may be amenable to change through CRE (Stanley, Rhoades, & Markman, 2006). In the United States, the large, multisite, multi-intervention outcome study called Building Strong Families (BSF; Dion, Avellar, Zaveri, & Hershey, 2006) is targeting unmarried couples having children. Evaluation of BSF should provide further information on the potential widespread impact of CRE on the transition to parenthood.

Conclusions

While there are substantial limitations in our knowledge of the efficacy of CRE, current large-scale trials and demonstration projects have the potential to expand our knowledge base substantially if researchers are involved in these efforts. CRE content and modes of delivery can be updated to incorporate emerging findings from this work. Moreover, the current dissemination work is raising additional issues concerning the design and evaluation of CRE that need attention. The following guidelines are offered as suggestions to enhance the long-term impact of CRE on the rates of relationship distress and separation.

1. Conduct Research on the Potential for CRE to Be Taken to Scale

One step toward achieving this is to include cost-effectiveness analyses in evaluations of CRE. A second step is to assess the extent of integrity of program delivery required to maintain program effectiveness and the cost effectiveness of training people in CRE program delivery. Such research on the potential for CRE to be taken to scale could assist policy makers and professionals to select CRE programs that are suitable for widespread dissemination.

2. Develop and Evaluate Effective Systems for Dissemination of Evidence-Based CRE

Current large-scale projects can help identify the potential reach of services, barriers to participation, and the cost effectiveness of various methods of dissemination. Metaphorically, successful dissemination on a large scale is dependent on the availability of both tracks and trains; tracks represent the infrastructure that is needed to reach intended recipients, and trains represent specific services to be delivered. For example, research within demonstration projects could help establish the relative level of reach of CRE to particular populations when offered through Web-based delivery, professional counseling agencies, religious organizations, and welfare services. Enhanced knowledge about the usefulness of these options as tracks could guide selection of cost-effective mixes of delivery systems.

3. Refine the Content of CRE to Address the Needs of Different Couples Across Life Stages

Couples at different points in the life cycle seem to need different CRE content. For example, couples becoming parents seem to need knowledge and skills designed to assist effective parenting of an infant, as well as specific adaptations in the couples' relationship to new parenthood. More research is needed on how couples can be assisted to adapt to these life stages. Moreover, different couples have different relationship strengths and risks, and more research is needed to evaluate cost-effective ways to tailor content to the needs of particular couples. Current efforts to disseminate CRE widely are leading to such research being conducted.

In conclusion, enough is known about CRE to act now, and by doing so, the field has a unique opportunity to substantially (and rapidly) add to the existing knowledge base. Specifically, CRE has the potential to contribute to strengthening couples' relationships across populations. To realize that potential, researchers need to begin with the end of a population-based impact in mind. Programs need to be developed that can be taken to scale, provide cost-effective reach to the couples likely to benefit, and provide content appropriate to the needs of particular couples.

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