Self-Directed, Therapist-Directed, and Assessment-Based Interventions for Premarital Couples*

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Abstract: In this study, we present the findings of an investigation of the effectiveness of 3 models of premarital education. The study compares the outcomes between a workbook-only self-directed program, a therapist-directed (unstructured) program, and an assessment-based (RELATE) relationship enhancement program. Results revealed significant differences in effectiveness between the 3 approaches at the 6-month follow-up. The assessment-based program had more influence than the therapist-directed and self-directed programs on problem areas and was better than the therapist-directed program at improving communication and relationship satisfaction. Participants indicated that the most helpful aspects of these programs were the opportunity to discuss previously undiscussed issues, improvements in communication, and the perspectives provided by the facilitator.

Key Words: communication, marriage enrichment, premarital assessment, relationship satisfaction.

Marital and premarital education programs for couples come in many modalities although most share the goal to strengthen relationships (Hawkins, Carroll, Doherty, & Willoughby, 2004; Larson, 2004). Indeed, researchers estimate that almost 30% of couples seek some type of relationship enrichment close to the time they marry (Stanley, 2001; Sullivan & Bradbury, 1997), and evaluation studies indicate that many of these programs significantly improve relationship functioning (Carroll & Doherty, 2003; Jakubowski, Milne, Brunner, & Miller, 2004). These findings suggest that premarital education could improve many relationships, especially if methods that are likely to reach many couples are utilized (Hawkins et al., 2004).

In this study, we present a comparative evaluation of three different approaches to premarital education. In the primary experimental condition, we combine what Halford (2004) has called the two evidence-based general approaches to relationship education: skills training and relationship

inventories. These inventories are instruments that are used to assess couples and provide them with feedback. The combination of careful assessment and skills training presents a promising approach to premarital education as it provides a way to tailor interventions to meet the unique needs of each couple. Assessment is a neglected aspect of premarital education that sometimes allows inappropriate couples (e.g., couples who are violent or couples where one person is experiencing serious psychological challenges such as depression) to participate in an educational activity when they may be better served in a more intensive therapeutic approach (DeMaria, 2005). In addition, if there is assessment at the beginning of a program, it is easier to evaluate whether there has been change at the end of the program (Carroll & Doherty, 2003).

Background and Significance

Recent reviews of couple education programs indicate that the approaches that have empirical

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evidence for their effectiveness are those that focus on skills training for couples (Halford, 2004; Jakubowski et al., 2004; Larson, 2004). Although there are unique attributes to each program, many of the skills that are taught are consistent across programs such as communication skills, conflict management, and the expression of positive affect. Another consistent aspect of most programs is that they are usually applied to couples as if all the couples are the same (Halford). Recently, authors have emphasized the importance of challenging this "one size fits all" approach and have noted the importance of tailoring interventions to the specific qualities, challenges, and strengths of each couple (Carroll & Doherty, 2003; Halford; L'Abate & Giacomo, 2003; Larson, Newell, Topham, & Nichols, 2002).

The primary way to tailor programs to meet the needs of specific couples is to assess the couples either with reliable and valid measures or through less formal approaches such as asking questions during interviews or educational sessions. Formal assessment instruments have many advantages over informal evaluations including saving time, ensuring uniform coverage of important areas, and the results obtained are more likely to be reliable and valid (L'Abate & Giacomo, 2003). In addition, standardized instruments do not preclude facilitators from asking more detailed questions. In contrast, these instruments can give facilitators a better sense of where more detail is needed (Busby, Holman, & Taniguchi, 2001).

When deciding which measures to use to assess premarital couples, practitioners have many choices; however, there are only three widely used *comprehensive* assessment inventories that have received substantial attention in the research literature (Halford, 2004). These three inventories are Facilitating Open Couple Communication Understanding and Study (FOCCUS) (Markey & Micheletto, 1997), PREmarital Preparation and Relationship Enhancement (PREPARE) (Olsen, Fournier, & Druckman, 1996), and RELATionship Evaluation (RELATE) (Busby et al., 2001). All three premarital inventories assess couples on many of the dimensions shown to be predictive of later marital satisfaction and stability, but RELATE and its previous version PREP-M have the most thorough coverage of all the domains that are predictive of marital outcomes (Larson et al., 1995). All three inventories provide a report that summarizes the assessment findings that can be used by facilitators, and RELATE is designed to provide

this feedback directly to couples if a facilitator is not involved (Busby et al., 2001). PREPARE is based on the circumplex model, and FOCCUS was designed to assess the aspects of marriage consistent with a Christian belief system. RELATE is based on a developmental contextual model that will be described in more detail later.

There are several advantages of using premarital assessment inventories with couples. The results from assessments from all three inventories that were collected premaritally from couples predict relationship outcomes in the early years of marriage (Halford, 2004; Larson et al., 1995). These findings indicate that the variables evaluated are relevant for couples and practitioners. These inventories also provide couples and facilitators with assessment information that could help place couples in programs more appropriate for their needs, for example, programs that focus on specific issues such as intimacy, conflict, or family of origin challenges. Finally, most educational programs are relatively brief (Jakubowski et al., 2004), and the time saved by assessing couples on many dimensions prior to the beginning of programs is valuable.

The use of premarital inventories is not without controversy (Halford, 2004). Some authors have indicated that providing feedback to couples about their differences may be counterproductive if couples do not have the skills necessary to manage conflict (Silliman, Stanley, Coffin, Markman, & Jordan, 2002). Another criticism of these inventories has been that the results may be inaccurate because inventories rely exclusively on self-reports that might not be sensitive enough to detect important deficits in couples that are detectable with observational methods (Halford; Sanders, Halford, & Behrens, 1999).

One solution to the criticisms about premarital inventories is to combine them with skills-based premarital interventions. This would alleviate the concerns expressed by Silliman et al. (2002) and Halford (2004). If needed, the couple could also be taught the skills that are needed to work with their problems. In addition, the facilitator could observe couples as they interact, so the more subtle communication problems usually detectable only by observational methods could be evaluated and addressed by the facilitator.

To date, there is sparse information on whether taking these inventories and receiving the reports influence relationship outcomes. The scant data that

are available show that only the RELATE instrument has shown an ability to influence relationship outcomes in the short term (Halford, 2004; Larson, Vatter, Galbraith, Holman, & Stahmann, in press). For this reason, the RELATE instrument was selected as the inventory of choice in this study. Tens of thousands of couples have used this instrument for help with their relationships (Busby et al., 2001). The instrument has a solid theoretical and empirical background that was based on existing research linking premarital factors to marital outcomes (Holman & Associates, 2001; Larson & Holman, 1994; Larson et al., 1995, 2002).

The theory underlying the RELATE instrument is called ''the developmental contextual model of premarital factors that lead to marital satisfaction'' (Busby, Gardner, & Taniguchi, 2005, p. 255; Holman & Associates, 2001). The theory includes the terms ''developmental'' and ''contextual'' because it emphasizes the principles of time, change, and continuity within the contexts that surround couples. The assumption is that all the elements in and around the marital system will change with time, and these elements must be measured and evaluated systematically and repeatedly. By definition, this theory implies that standard ''one size fits all'' interventions will not be as helpful as models that are matched to the specific contextual characteristics of each couple. The theory and the instrument cover the four broad contexts that influence couples including the individual, the family of origin, the social, and the couple contexts. Each context influences the other contexts across time. This means that the contexts are not static as the couple relationship can influence or change the individual system and the individual and family systems continue to change and influence the couple system. The treatment approach evaluated in this study, called the assessment-based condition, includes six sessions that are closely tied to these contexts but are specifically adapted to the particular qualities of each couple. As a result, although each couple receives some attention to known relationship skills that enhance strengths, the particular focus of each session revolves around the unique relationship strengths and weaknesses reported in the RELATE instrument and brought up by the couple in sessions.

The other two approaches or conditions that are tested in this study might be called commonly available treatments in that they are approaches that are available for most couples today in most communities. One condition is called the workbook-only condition, where the only intervention is a relationship education workbook for couples to read. Some authors have mentioned self-guided relationship education as one of the most common, accessible, and promising approaches to improving relationships (Hawkins et al., 2004). In addition, at least one study has shown that self-guided interventions can improve relationships in the short term (Halford, Moore, Wilson, Farrugia, & Dyer, 2004). The second condition is called a therapist-directed condition. All three conditions will be described in more detail in the Methods section. To adequately test the relative efficacy of these three approaches, we conducted a study that was designed to meet most of the recommendations of Carroll and Doherty (2003), including the importance of random assignment, the inclusion of standard measures, and designs that compare different premarital education approaches.

Research Hypotheses

The different treatment conditions will result in unique outcomes for couples in each condition as follows:

1. The assessment-based condition will have significantly better scores than the other two conditions on relationship outcome measures at both the posttest and the 6-month follow-up assessments.
2. Assuming that the involvement of a facilitator will increase positive outcomes, the therapist-based condition will have significantly better scores than the workbook-only condition on relationship outcome measures at posttest and 6-month follow-up assessments.

Methods

Design and Procedures

This study was an experimental design where couples were randomly assigned to one of three conditions: Condition 1, the workbook-only condition, was the condition where couples were given a premarital workbook that all couples receive in the State of Texas when they apply for their marriage license. This is a 20-page booklet published by the attorney general's office and developed by an advisory committee made up of family therapists and other family specialists. Topics covered in the

booklet include sections on "Why get Married, Personalities, Conflict and Communication, Children, Money, Lifestyle, Families, and Marriage and the Law." In addition, each section contains short paragraphs of information along with questions and blank lines where couples are supposed to record and discuss their answers.

The booklet was given to couples, and they were asked to complete the exercises in the booklet over a 6- to 8-week period (approximately 6 hr in total). A research assistant contacted couples between 6 and 8 weeks later to see if they had completed the exercises and to send them the posttest measures. This follow-up practice is consistent with other "minimal intervention" programs (Halford, Sanders, & Behrens, 2001; Hawkins et al., 2004).

The second approach tested in this study was the therapist-directed condition (Stahmann & Hiebert, 1997). It is likely that the therapists with professional training in marital therapy, counseling, social work, psychology, and other fields provide some of the education to couples as these professionals are prominently listed in yellow page ads under the and assigned a therapist to meet with them for six 1-hr sessions to discuss their relationship. The therapists were all family therapists in a graduate program with at least 2 years of clinical training. The therapists used the booklet in their work as they deemed appropriate. They were supervised regularly by an American Association for Marriage and Family Therapy approved marriage and family therapy supervisor. There were seven therapists in Condition 2.

Condition 3 was the assessment-based condition where couples were given the RELATE inventory and the report that accompanies it (a comprehensive assessment of the couples' backgrounds, strengths, weaknesses, and relational dynamics) and were assigned to a facilitator who also received a copy of the report. The facilitators were instructed to use the report during a six-session program designed around the four contexts of RELATE. The facilitators received several hours of training in the RELATE program and were provided with a manual to help guide their work. The first session of the RELATE program was focused on the individual context and included possible topics such as personality and emotions. A second session was based on the family of origin and social contexts and included topics such as family legacies and strengths, social mores, and values. A third session was based on parents' marriages and positive couple interaction. A fourth

session was focused on negative couple interaction or conflict. A fifth session was focused on repair attempts during conflict, identifying perpetual and solvable problems, and learning how to address problems more effectively. The final session was focused on empathy, enhancing the marital friendship, and regulating growth and stability over time. Although all the facilitators in this condition were family therapists in training with at least 2 years of experience, their supervision heavily emphasized an educational rather than a therapeutic approach. The facilitators were trained so that they were able to focus on the specific strengths and weaknesses of the couple as indicated in the RELATE assessment, thereby tailoring each session to the specific qualities and patterns mentioned by the couple. The facilitators were supervised regularly by a supervisor who was a faculty member in the family science area. There were seven facilitators in Condition 3.

Relationship Functioning Outcome

Each couple in the study completed the RELATE instrument as the pretest measure. However, only couples in Condition 3 were given the RELATE report that summarizes their results and presents possible strategies for discussing the areas assessed. At the conclusion of their program, approximately 6 – 8 weeks after the pretest, couples were given a longitudinal version of the RELATE (RELATE-L with demographic and family of origin items removed and many scales shortened) for the posttest instrument. The RELATE-L does not include a report or any type of feedback for the couple. At 6 months following the end of the treatment, couples were given the RELATE-L again.

The RELATE is a 271-item questionnaire designed to evaluate the relationship between romantically linked partners, be they dating, engaged, cohabiting, or married. The questions examine several different contexts as described earlier. Previous research has documented the RELATE's reliability and validity, and we refer the reader specifically to the discussion of the RELATE by Busby et al. (2001) for detailed information regarding the instrument's psychometric properties.

Sample

Seventy-nine couples (158 individuals) were recruited for this study from local and university-based newspaper advertisements. Additional recruitment

efforts included soliciting nonmarried couples in "committed" relationships through announcements made in large undergraduate courses. Couples were provided with a $20 incentive at the completion of the 6-month follow-up assessment. Seven couples were not allowed to participate because they did not pass the initial screening that evaluated whether there was ongoing violence in their relationship. These seven couples were appropriately referred to therapy through local referral sources. Twenty-two couples were randomly assigned to Condition 1, the workbook-only condition. Twenty of these couples reported that they discussed the booklet for the agreed-upon 6 hr and completed the posttest assessment. Eighteen couples completed the 6-month follow-up assessment.

Twenty-three couples were randomly assigned to Condition 2, the therapist-directed condition. Sixteen of these couples completed the six sessions with their therapist and the posttest evaluation. Fourteen completed the 6-month follow-up.

Twenty-seven couples were randomly assigned to Condition 3, the assessment-based condition. Twenty-one of these couples completed the six sessions and the posttest evaluation. Seventeen completed the 6-month follow-up.

Evaluation of dropouts. To evaluate whether the couples who completed the study were different from those who dropped out, a series of t tests were computed comparing couples' scores in these two groups. There were no significant differences between the dropouts and the rest of the sample at the pretest on any of the demographic or outcome measures used in this study. In addition, χ^2 contingency tests were computed to explore whether the treatment group and the percentage of dropouts were statistically related. The results indicated that these two variables were independent, demonstrating that attrition rates were not significantly different than would be expected by chance between treatment groups. Finally, we also calculated a posteriori power analysis to evaluate whether we would be able to detect mean differences between these groups at $p < .05$ using the smallest sample size at the 6-month follow-up for the therapist-directed condition. The analyses yielded a power of .89, well above the minimum recommended level of .80 (George & Mallery, 2006).

The sample characteristics were as follows: The mean age of the participants was 23.05 ($SD = 7.33$) years. Eighty-three percent of the sample were Caucasian, 9% were Latino/a, 7% were mixed/biracial, and 1% were Asian. Seventy-six percent of the participants were currently enrolled in college, and 17% had already completed a degree. The remaining 7% of the sample had attended some college in the past. In terms of religion, 61% were Protestant, 19% were Catholic, 13% reported no religious affiliation, and 7% reported "other." All couples had been exclusively dating each other for at least 6 months, and none of the couples married before the completion of the study.

Measures

The dependent measures in this study were relationship satisfaction, problem areas, and communication. All measures were existing subscales from the RELATE instrument with established test-retest and internal consistency reliability. The satisfaction measure evaluated how satisfied the individual was with six specific areas of the relationship such as intimacy, communication, how conflict was handled, and the overall relationship. Individuals answered how satisfied they were on a 5-point Likert-type scale that ranged from "*very dissatisfied*" to "*very satisfied.*" The Cronbach's alpha reliability coefficient for the satisfaction scale with this sample was .85.

The problem areas scale evaluated how often 11 different issues were problems for the couple including areas such as finances, communication, sexuality, and parents/in-laws. The response scale was a 5-point Likert-type scale ranging from "*never*" to "*very often.*" Unlike the other two dependent measures, a lower score on this scale reflected a more positive response. The Cronbach's alpha reliability coefficient for the problem areas scale with this sample was .72.

The communication scale was a 6-item scale that evaluated the positive communication skills of the participants such as their ability to express empathy and understanding and their ability to listen to their partners. Sample questions included "I am able to listen to my partner in an understanding way" and "I am able to say what I need to say in a clear manner." The response scale was a 5-point Likert-type scale ranging from "*never*" to "*very often.*" The Cronbach's alpha reliability coefficient with this sample for the communication scale was .73.

A few open-ended questions were asked to solicit feedback from couples about what aspects of their program they found most useful. This information

was solicited to help us understand how to further match intervention programs to couple needs in the future. We will briefly summarize a few findings from these questions in the Discussion section.

Analytic Strategy

We conducted a three-way repeated measures multivariate analysis of variance (MANOVA) with condition, time, and gender as the independent variables to evaluate our research hypotheses. Time was a within-subjects factor. The three dependent variables were satisfaction, problems, and communication. The repeated measures MANOVA was selected as the analysis of choice because it is particularly appropriate for experimental designs where correlated dependent variables are repeatedly assessed over time. In addition, the MANOVA is particularly robust to designs with sample sizes that are not identical, as was the case in this study (George & Mallery, 2006).

Results

Means and standard deviations of the three dependent measures across the three measurement times are presented in Table 1. Several patterns in the scale means in Table 1 are worth noting prior to evaluating mean differences by group and time for statistical significance.

The means of all three measures in Table 1 indicated that the overall sample was very satisfied, had very positive communication, and were experiencing few problems in their relationship. The implication of these findings was that any intervention with these couples would have a limited positive influence on scores, as the ceiling effect was an issue within the sample. For example, as the average mean for the whole sample was 4.2 on a 5-point scale for the satisfaction measure, we did not expect that any intervention would increase satisfaction scores dramatically. The frequencies of the satisfaction measure showed that already 8% of the sample scored a perfect 5 with only 7% scoring at or below a 3. Another important pattern in Table 1 was that the random assignment effectively equalized the groups. None of the means at pretest were significantly different between the groups.

The final pattern in Table 1 that was noteworthy was the change of the means over time. The

Table 1. *Means and Standard Deviations (in parentheses) of Dependent Measures at Pretest, Posttest, and Follow-Up*

Measure	Self-Directed			Therapist Directed			Assessment Based		
	Pre ($n = 44$)	Post ($n = 40$)	6 months ($n = 36$)	Pre ($n = 46$)	Post ($n = 32$)	6 months ($n = 28$)	Pre ($n = 54$)	Post ($n = 42$)	6 months ($n = 34$)
Satisfaction	4.17 (.53)	4.08 (.61)	4.15 (.58)	4.20 (.58)	4.23 (.62)	3.84 (.87)	4.17 (.74)	4.31 (.42)	4.42 (.47)
Problem areas	2.31 (.66)	2.31 (.64)	2.22 (.67)	2.05 (.56)	2.24 (.59)	2.29 (.56)	2.27 (.73)	1.98 (.46)	1.83 (.49)
Communication	4.27 (.51)	4.02 (.76)	4.06 (.68)	4.13 (.57)	4.15 (.67)	3.66 (.53)	4.18 (.63)	4.18 (.59)	4.30 (.54)

workbook-only condition had scores that stayed relatively stable across the time periods, the therapist-directed group had scores that stayed the same between pre- and posttest and then dropped at the follow-up period. However, the assessment-based group had scores that showed improvement across the three measurement periods.

To explore whether the three interventions were differentially effective, we conducted a repeated measures MANOVA. Initially, it was our intention to analyze these data with a three-way repeated measures MANOVA with Condition (control, therapist directed, and assessment based) × Time (pretest, posttest, and follow-up) × Gender as the three independent variables. However, in preliminary analyses, we noticed that gender was not significantly related to the dependent measures, and there were no significant interactions with gender and the other two independent variables; therefore, to capture more degrees of freedom with a smaller sample, we eliminated the gender variable and conducted a two-way repeated measures MANOVA with condition and time as the independent variables. Time was a within-subjects factor, and the three dependent variables were satisfaction, problems, and communication.

The Time × Condition interaction was the evaluation of importance in this study, and this was tested using the multivariate criterion of Wilks' lambda (Λ). This interaction was significant, Λ = .70, $F(12, 176)$ = 2.89, p = .001. The multivariate test for time was also significant, Λ = .85, $F(6, 88)$ = 2.63, p = .022. The multivariate test for condition was nonsignificant, Λ = .92, $F(6, 182)$ = 1.31, p = .256. These results indicate that the effect of condition was dependent on time. The repeated measures multivariate test is a rigorous test that controls for the correlations between the same measures administered over time and the correlations between dependent measures. The significant findings indicated that there was a significant effect of treatment and time for the sample, even when controlling for the relationship between the repeated measures and the correlations between the dependent measures.

Because the multivariate test of the interaction between time and condition was significant, it was appropriate to consider the univariate results. If the univariate tests for each dependent measure were significant, it was appropriate to test the differences between individual means using step-down post hoc tests using the Bonferroni method. The univariate

F test associated with the Time × Condition interaction was significant for the dependent variable "satisfaction," $F(4, 92)$ = 4.70, p = .001; for the dependent variable "problems," $F(4, 92)$ = 5.22, p = .001; and for the dependent variable "communication," $F(4, 92)$ = 5.42, p = .001. The effect sizes for this interaction term on all three dependent measures were calculated using the partial η^2 statistic. The partial η^2 statistic for the relationship satisfaction scale was .12, for the problem areas scale was .10, and for the communication scale was .17. George and Mallery (2006) suggested that a partial η^2 between the value of .10 and .20 indicates a moderate effect size.

An accessible way to illustrate the significant differences between the treatment conditions across time is presented in Figure 1. It is clear from Figure 1 that the main differences occurred at the 6-month follow-up. In addition, the overall trends indicated that the assessment-based group showed general improvement, whereas the control condition showed little changes and the therapist-directed group showed degradation at follow-up. Post hoc test used to evaluate whether the mean differences illustrated in Figure 1 were significant employed the Bonferroni method that was adjusted to control for Type I errors with multiple comparisons, using a significance level of .05. These tests indicated that at pretest there were no significant differences between conditions on any of the dependent measures. At posttest, the three conditions were also not significantly different on any of the three dependent measures. However, at the 6-month follow-up, the assessment-based condition was significantly better than the therapist-directed group on relationship satisfaction and communication. In addition, at the 6-month follow-up, the assessment-based condition was significantly better on the problem areas scale than both of the other conditions. The workbook-only condition was also significantly better than the therapist-directed condition on positive communication at the 6-month follow-up.

The key finding was that the research hypotheses were supported for the 6-month follow-up but not for the posttest measurement period. Couple means were higher than we expected at pretest, suggesting possible problems of a ceiling effect that may be the reason posttest scores were not significant. At the 6-month follow-up, the treatment effects were in the moderate range for relationship satisfaction, problem areas, and communication. The
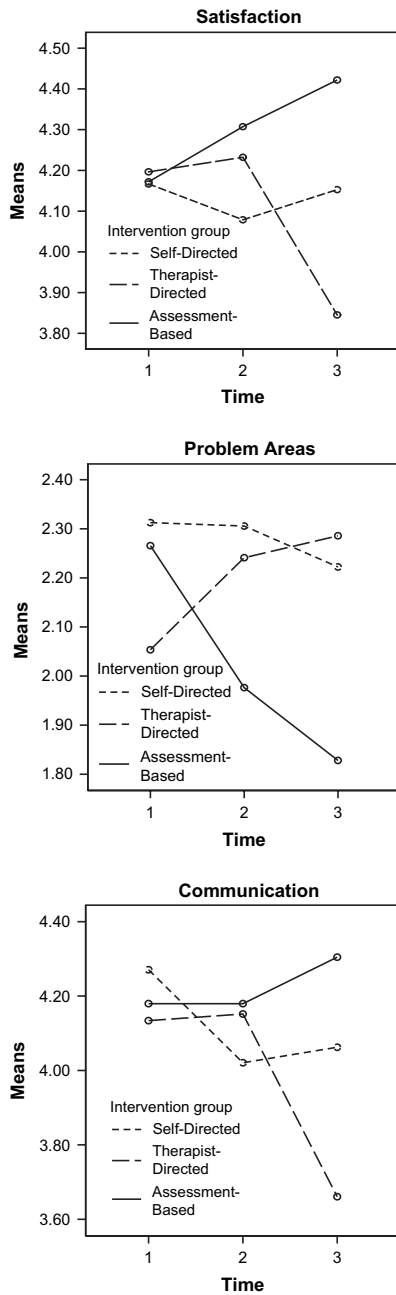
Figure 1. Means Indicating the Interaction Between Time and Condition for the Relationship Satisfaction, Problem Areas, and Communication Scales.

assessment-based treatment condition resulted in significantly better scores, as hypothesized, than the therapist-directed condition on satisfaction, communication, and the problem areas scales. The assessment-based participants also had significantly better scores than the workbook-only condition on the problem areas scale at the 6-month follow-up. Finally, contrary to our hypotheses, the workbook-only condition resulted in significantly higher scores

than the therapist-directed condition at the 6-month follow-up.

Discussion and Implications

The results from this study demonstrate that an assessment-based couple enrichment program that is specifically tailored to the couple's evaluated strengths and needs holds promise for helping premarital couples. The value of the assessment-based education program was particularly evident at the 6-month follow-up where the other two groups, but especially the therapist-directed group, showed significant negative declines on all measures.

Prior to further discussion of these results, it is important to mention several limitations to this study. The sample consisted primarily of couples who were well educated, Caucasian, and highly satisfied with their relationship. Whether these results might be replicated or different for a more representative sample of couples is unknown.

An additional weakness of this study was the loss of approximately 30% of the sample by the 6-month follow-up period. The higher than expected loss was at least partially because of the high percentage of couples who were students at the university level. A number of couples graduated or changed addresses after the completion of the study and could not be located, and the study crossed two summers when students were difficult to track. Although there were no significant differences between those who dropped out of the study and those who did not, and the attrition rates between the treatment groups were not statistically different, the smaller number of couples at the 6-month follow-up makes these results less reliable than we would prefer.

Another limitation or alternative explanation for the findings in this study could be that because the assessment-based treatment condition and the RELATE instrument were based on the same theory, the better outcomes for this condition may be a result of the congruence between the treatment condition and the measurement instrument. There are two reasons that this is not likely to be the only explanation for the more positive findings with the assessment-based group. First, the outcome measures used to test the efficacy of treatment are general measures of satisfaction, communication, and problem areas rather than a specific type of communication or satisfaction unique to the intervention

and the theory. These measures on the RELATE instrument have demonstrated concurrent validity with other general relationship measures such as the RDAS (Busby, Crane, Larson, & Christensen, 1995; Busby et al. 2001). This suggests that even if a different measure of satisfaction were used, the results would be similar; however, this assumption should be tested in future research. Second, both of the other treatment conditions used a workbook that contains materials on communication, problems, and relationship satisfaction, which should have influenced the outcomes. Therefore, because the conditions included some attention to the areas that were measured, it is likely that the different outcomes were not just a result of congruence with what was measured in the assessment-based group.

Even with the limitations of this study, it is noteworthy that the assessment-based intervention helped couples maintain and even improve their satisfaction, communication, and low levels of problems from pretest to 6 months after the completion of the program. It is also noteworthy that the self-directed group showed the ability to maintain high levels of satisfaction. There are three overarching themes from the results that may help explain these findings and assist professionals who directly serve couples. These three themes are the value of assessment-based treatment, the role of facilitators, and the value of self-directed activities.

The Value of Assessment-Based Treatment

The theory underlying the assessment-based treatment is that couples will have differential challenges and strengths in each of the four measured contexts. An example from the results that illustrates the value of assessment-based treatment is in the area of problems reported by couples. The assessment-based program was particularly helpful at reducing the amount of problems that couples reported in their relationship. This condition did not contain a particular focus on any of the problem areas measured, but there were several aspects of the program that may have been responsible for helping couples experience fewer problems in their relationships. The RELATE instrument includes 11 different problem areas couples were asked to evaluate. These problem areas were then presented in a graph, so the couple and the facilitator had a clear view of which areas were problematic for each partner. Sometimes, each partner in a couple reported very different problems,

and this information was only available to the assessment-based group. This graph saved time when the facilitator or couple needed to decide which areas should be a focus of attention during communication exercises or other aspects of the program. In contrast, couples in the other conditions sometimes needed to reevaluate their relationship before deciding what to communicate about or where conflict was most likely to occur. In addition, in the assessment-based condition, the facilitator moved the focus from what the problem areas were to distinguishing between perpetual problems and solvable problems (Gottman, 1999). The goals in this segment of the program were to help couples notice perpetual problems, to teach them to use repair attempts or other techniques to disengage from negative conflict, and to help them tap into the dreams or aspirations that underlie perpetual problems. This ability of the assessment-based program to help the couples quickly understand their problem areas and then move beyond the problems to the underlying processes may be why couples in this condition experienced fewer problems at the 6-month follow-up.

The open-ended questions asking the participants what was the most and least helpful may be suggestive of other reasons for the differential effects of the assessment-based condition. Almost all the couples found every aspect of the program helpful. In fact, the percentage of couples in the assessment-based condition who were not able to identify anything about the program as being "*least helpful*" was 62% as compared to 45% of the control condition and 31% of the therapist-directed condition. We speculate that it may be the close attention to the specific strengths and challenges of the couple from the assessment through the intervention stages that is more appealing and helpful to couples. In a similar vein, some couples in the workbook-only condition commented that there were several aspects of the booklet that were not applicable to their relationship. Also, 19% of the couples in the assessment-based group mentioned the RELATE report as the most helpful aspect of the program. Finally, a few couples in the assessment condition mentioned the value of learning about relationship strengths, emphasized in the RELATE report.

A final value of the assessment process was the ability to screen out inappropriate couples. As mentioned in the Methods section, seven couples were screened out of this study because of relationship

violence. It is crucial that those experiencing violence or other serious problems be provided with the best help they can receive as soon as possible. Educational efforts may even exacerbate violence as they encourage more disclosure and discussion of conflict, and they may give the false hope that the program will "cure" the violence (Busby & Inman, 1996). Without assessment before intervention, many couples will enter educational programs that at best will not help them and at worst might increase serious problems. Although therapists can also screen out inappropriate couples, when couples answer verbal questions while both partners are in the room at the same time it may be less likely that they disclose violence (Busby & Inman). Also in many educational programs, couples are treated in groups and taking the time to individually interview individuals might be prohibitive.

The Role of Facilitators

One of the most intriguing results from this study was the differential outcomes for the assessment-based condition and the therapist-directed condition. Before the study, we assumed that there would be more distinctions between the workbook-only condition and the assessment-based condition and that the therapist-directed condition would result in better outcomes than the workbook-only condition. Clearly, the therapist-directed condition had the poorest outcomes. Perhaps the unique role of the facilitators and therapists had an influence on outcomes.

Many of the open-ended responses from all the conditions mentioned the facilitator role or the lack thereof. These responses indicated that the therapist-directed group was more likely to mention that the therapist was the most helpful aspect of the program. In contrast, the assessment-based group was more inclined to indicate some aspect of communication as being the most important aspect of the program. In the workbook-only group, 10% of the couples mentioned not having a facilitator was the least helpful aspect of the program. Not a single couple expressed a negative comment about the therapists or facilitators who assisted them. Therefore, it does not appear that dissatisfaction with the therapists was the reason for the differential outcomes.

Couples seem to appreciate the facilitators and the therapists and the perspectives they bring to educational programs. The data do not clearly indicate why the therapist-directed group would be more likely to emphasize the value of this role as compared to the assessment-based condition. We do know that the assessment-based condition provided greater structure to the sessions. We speculate that the specific interventions designed around the assessments helped the facilitator recede more into the background and let the couple and their specific concerns move more to the foreground. When assessments are not used to structure sessions, each meeting often started with questions, and discussions, or interventions by the therapist, whereas with assessment information, the facilitators were able to begin immediately to address findings from the assessment reports. It is likely that a relatively unstructured premarital education program is more prone to unique directives, insights, and activities reliant on the skills of the therapist. This may create a greater reliance on the therapist and therefore explain the more rapid declines of couples in this condition after the program was completed. It may also be that because therapists are typically trained in modalities that focus on dysfunction and distress, they were more prone to emphasize "problem saturated views" (O'Hanlon & Weiner-Davis, 1989) when they were not provided with a structured program. This assumption should be empirically tested in the future with specific measures that evaluate the amount of attention given to problems versus strengths in these two conditions.

The desire for a facilitator that was expressed by some couples in the control condition indicates the need to be flexible with this aspect of educational programs. A type of premarital program that might be promising is one that allows couples to start a self-directed program and then if they want a facilitator, they could select different options such as a facilitator who uses the phone, the Internet, or meets with them in person. This type of program may help a broader range of couples than the group or individual formats that are common (Hawkins et al., 2004).

The Value of Self-Directed Activities

There are important implications for the finding that the "workbook-only" condition, the self-directed group, maintained their high levels of pretest scores at least to the posttest condition and to some degree at the 6-month follow-up. This provides a degree of

validation for other findings that have shown that simply reading a book can be useful for couples (Halford et al., 2001). One implication from this study is the value of having someone follow up and make sure couples have worked through a booklet or workbook. Although we did not have a condition where couples were only given the workbook and not asked to spend a particular amount of time on the chapters, it is likely that the contacts made by the research assistant at the end of the 6 weeks and the financial incentive tied to their completing the program had at least some effect in improving the amount of time spent on the workbook. Minimal contact with a facilitator to check on progress and follow-through could be sufficient for many couples to help them with their relationships (Halford et al., 2004). Many couples across all the conditions mentioned that the most helpful aspect of their program was the opportunity to discuss with each other issues they had not discussed before. This was not a difficult task for these couples—with or without a facilitator. Clearly, many couples in the workbook-only condition found discussions about their relationship to be valuable without a facilitator.

The ability to reach many more couples at lower costs certainly emphasizes the value of self-directed programs. In this study, the positive outcomes of this condition suggest the promise of further refinement of self-directed initiatives for couples.

Conclusions

There is evidence in this study for the value of even low-intensity activities that encourage couples to simply slow down, talk about major areas of relationship functioning, and take the time to hear partners' perspectives on the relationship. The busy schedules that couples have today, coupled with their tendency to ignore bids for connection by partners (Gottman & DeClaire, 2001), lead us to the conclusion that the inevitable decline in satisfaction may be partially ameliorated by providing couples with the opportunity to check in and evaluate their relationship.

This study demonstrates the value of assessment. It is particularly useful for the purposes of planning intervention, screening out inappropriate couples, assigning couples to the most applicable intervention, and assigning facilitators. For many years, L'Abate has emphasized the importance of modularized

approaches to couple treatment that are based on careful assessment (L'Abate & Giacomo, 2003). This intriguing approach to education creates small intervention packets that are delivered to couples in areas where there is an assessed need. This allows the facilitator and couple to fully maximize their time together and to entirely omit modules that are not relevant. Some couples may meet many more sessions than other couples depending on what the assessment results suggest and how couples respond to the modules.

The qualitative question about what was not helpful in their educational program also made it clear that a number of couples found it unhelpful to work through materials that were not directly applicable to their relationship. This may also be one of the reasons that the common practice of using group couple formats for relationship education is sometimes unappealing to couples. A group format makes it even more difficult for couples to receive unique attention and intervention that fits their needs.

There is much yet to be done to improve premarital education efforts. This study helps move the knowledge base forward by providing evidence that assessment-based interventions can be valuable for couples and can reduce problems, improve communication, and increase satisfaction even when couples are highly satisfied at the beginning of the intervention.

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