

# Researcher–practitioner collaboration in action

## Couple Relationship Education at Home: Evaluating the RELATE with Couple CARE Program

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**Can couples learn ways to strengthen their relationship from the comfort of their own home? In this paper we provide a preliminary report on a university-practitioner collaboration to evaluate RELATE with COUPLE CARE. Fifty-five recently married couples completed RELATE, a web-based assessment that identifies strengths and challenges in a couple's relationship, and had a telephone call with a relationship educator to discuss the findings of their assessment and develop specific relationship enhancement goals. Half of these couples were selected at random to also complete the Couple CARE program. Couple CARE is a six-unit skill-based relationship education program that couples can complete at home. Preliminary results show that the vast majority of couples complete RELATE with Couple CARE, and greatly value the ideas and skills gained.**

Why is it that the vast majority of adults say they want to live in a stable loving relationship with a partner, yet do little to learn the knowledge and skills necessary to realise that aspiration? Governments, social policy analysts, and helping professionals are recognising that promoting positive couple relationships is of profound social and public health significance, and that relationship education can assist in achieving this aim (Markman & Halford, 2005). Population surveys suggest most people attach great importance to being in a positive stable relationship with a partner, and state they would like access to effective relationship education (Johnson et al., 2002). However, the vast majority of couples never attend any form of relationship education (Markman & Halford, 2005). The current paper is a preliminary report of an ongoing collaboration between Griffith University, Brigham Young University (BYU), and Relationships Australia (Queensland) to make evidence-based relationship education affordable and available in couples' homes.

### Barriers to attending relationship education

Despite the potential high demand for relationship education, most couples do not attend any form of relationship education. The vast majority of research and implementation of relationship education has focused on providing premarriage education (Halford, Markman, Stanley, & Gliene, 2003). Despite the combined efforts of a wide diversity of providers of premarriage education, only a modest proportion (about 25–30%) of marrying couples attend (Halford, O'Donnell, Lizzio, & Wilson, 2006; Stanley et al., 2006). Moreover, even lower proportions of cohabiting couples attend any form of relationship education, and cohabiting couples are making up an increasing proportion of all couple households (Halford, Markman, & Stanley, in press).

The barriers to couples attending relationship education are many and varied. Many couples report that they see attending face-to-face education sessions as inconvenient, often requiring them to set aside a weekend or a series of six or eight evenings to complete a program (Simons, Harris, & Willis, 1994). Another commonly reported barrier to relationship education attendance is that couples see their relationship as private, and feel that speaking in one of the widely offered relationship education groups would be intrusive (Simons et al., 1994). Many adults prefer to access psychological education through flexible delivery programs that can be undertaken at times and places that suit participants (Christensen & Jacobson, 1994). Thus, some couples might prefer the convenience and privacy offered by flexible delivery relationship education accessible at home.

### Offering more education to those who need it most

In current practice, relationship education is typically offered universally to all couples, with the implicit assumption that all couples will benefit. However, in Australia 50% or more of couples who marry remain together for the rest of their lives, and the vast majority of these couples report being satisfied with their relationship at least most of the time (Halford, in press). Offering intensive programs to all couples is potentially expensive, and may make little difference to relationship outcomes for many couples, as they would have stable, mutually satisfying relationships without any education.

A wide range of variables predicts the trajectory of relationship satisfaction and stability (Holman, 2001). For example, poor communication and low partner mutual support predicts deteriorating relationship satisfaction, particularly when couples confront high rates of negative life stresses (Pasch & Bradbury, 1998). Some researchers have claimed high degrees of accuracy in predicting future relationship satisfaction or separation (e.g., Gottman, 1994), but careful analysis of the research evidence suggests we can predict with only modest levels of accuracy (Halford, in press; Heyman & Slep, 2001). Realistically, we are unlikely ever to be highly accurate in our prediction of the future of couple relationships because negative life events and stress predict deteriorating relationship satisfaction (Bradbury & Karney, 2004), and we usually cannot know what the future holds for couples.

Despite the limitations in the accuracy of our prediction of risk for relationship problems, we still can identify couples that are at relatively high risk of future relationship deterioration. Given that a substantial proportion of couples will sustain high relationship satisfaction without relationship education, it would seem useful to target couples at high risk of problems in order to maximise the potential benefits of relationship education. One way to achieve this is to offer stepped relationship education in which couples' level of risk for future relationship problems is assessed and then those with higher risk are offered an intensive relationship education.

## The RELATE with Couple CARE Program

Since 2004 Kim Halford and Keithia Wilson at Griffith University in Brisbane have been collaborating with Jeffery Larson, Dean Busby, and Thomas Holman of Brigham Young University in the United States of America to develop a stepped, flexible delivery relationship education program. In 2006, we extended that collaboration to include staff of Relationships Australia (Queensland) to evaluate the new RELATE with Couple CARE program.

RELATE with Couple CARE is a stepped flexible delivery program that integrates two existing programs, RELATE and Couple CARE. RELATE was developed at Brigham Young University and involves each partner in a couple completing a one-hour internet-based relationship assessment (Busby, Holman, & Taniguchi, 2001). RELATE assesses current personal and family-of-origin characteristics, and areas of current relationship functioning that predict relationship satisfaction and stability (Holman, 2001). From their RELATE assessment, couples are provided with a computer-generated profile of their relationship strengths and challenges. A one-hour telephone coaching session is used to discuss relationship strengths and challenges and to assist couples to formulate specific relationship enhancement goals.

Couple CARE is a DVD-based relationship knowledge and skills training program. The program employs adult learning principles in which partners assess strengths and weaknesses in their behaviour, and identify and implement relationship enhancement goals (Halford, Moore, et al., 2006). There are six units in Couple CARE. For each unit couples watch a section of DVD, complete exercises in a guidebook, and are provided with telephone-based coaching to help them achieve their self-selected relationship goals.

The integrated RELATE with Couple CARE program involves couples doing RELATE, receiving the report, having a telephone discussion with an educator to identify current relationship strengths and challenges, and developing relationship enhancement goals. The couple then undertakes the Couple CARE program to learn the extra knowledge and skills needed to realise their relationship goals.

Eventually, we plan that after the RELATE assessment, couples identified as at low risk for future problems (i.e. couples with many relationship strengths and few challenges) would receive one telephone coaching session focused on developing a few relationship enhancement goals. Couples assessed as high risk would complete the full RELATE with Couple CARE program. Using a stepped approach, the RELATE with Couple CARE relationship education program is intended to reduce couple costs, and maximise cost effectiveness and couple outcomes by only providing as much relationship education as couples need.

## The current research

In 2006, we began an evaluation of the RELATE with Couple CARE program. The Queensland Registrar of Marriages wrote to all couples married in particular weeks in Queensland inviting them to participate in a trial of couple relationship education. The first 60 couples to respond were offered the program free of charge and were randomly assigned to receive either RELATE alone or RELATE with Couple CARE. Eleven relationship educators, six from Relationships Australia (Queensland) and five from Griffith University were trained in the delivery of the RELATE with Couple CARE program, and began offering the program. The team at Brigham Young University managed the RELATE web site and provided the computer generated reports.

The diverse team of researchers and educators worked together to adapt to the flexible-delivery format of the program, which involved telephone-based consultations. Fortnightly supervision and group meetings proved to be a useful forum in which academic researchers and practitioners could learn from each other. The educators from

Relationships Australia commented on the benefits and challenges of using a structured evaluation of couples' progress, relative to the unstructured interview-based assessments they usually used. Educators found the summary page provided in the RELATE profile, which identifies specific couple relationship strengths and challenges, of great value in reflecting on the couple's learning needs. The educators also commented on the structured, time-limited coaching process used in Couple CARE as useful in promoting couple self-directed learning.

Through the current project the researchers in the team gained a better understanding of the realities for educators in delivering programs. Together our team of researchers and practitioners discussed why so few researcher-developed programs are widely adopted in the relationship education field in Australia. We identified common barriers to adoption being the lack of training and ongoing supervision to allow educators to become confident in delivering structured programs.

At the time of writing most couples have completed the RELATE with Couple CARE program. Preliminary results show high retention and consumer satisfaction with both RELATE alone, and RELATE with Couple CARE. After completing the program, couples were asked what changes had occurred in their relationship. Examples of the changes described were as follows, with most focusing upon improved communication.

**We are much more comfortable expressing our feelings and concerns with each other. We communicate much better and we are much more positive about our relationship.**

*50-year-old male, RELATE with Couple CARE*

**We learned how to deal with relationship problems more effectively. Our confidence, self-awareness, assertion, and communication have really improved.**

*23-year-old female, RELATE with Couple CARE*

**I have been more conscious of how I communicate with my partner, I think before I speak and take time to reflect.**

*39-year-old male, RELATE*

These preliminary findings provide support for the viability of a flexibly-delivered and stepped relationship education program. The RELATE with Couple CARE program evaluation has also underscored for us the value of academic and practitioner partnerships in developing relationship education. In 2008 we plan to conduct a large randomised controlled trial of RELATE with Couple CARE using 600 newly married couples recruited with the assistance of the Queensland Registrar of Marriages. From this larger study we hope to determine whether both RELATE and Couple CARE are effective in helping couples sustain relationship satisfaction over the early years of a committed relationship. We also want to test the proposition that couples at high risk of future relationship problems are particularly in need of the RELATE with Couple CARE program to sustain relationship satisfaction.

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The average length of contributions is 1,000–1,500 words, but may be as short as 300–500 words. If you would like to submit a longer article, or if you are unsure about the appropriateness of a piece, contact the Manager of the Australian Family Relationships Clearinghouse prior to submission.

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