# Expanding the Reach and Effectiveness of Marital Interventions

**Brian D. Doss**
Texas A&M University, USA

Despite the efficacy of empirically-based marital interventions, only approximately 31 percent of couples seek premarital education. Moreover, couples who attend pre-marital education under-represent some categories of couples known to be at highest risk for marital distress or divorce. Additionally, married couples often wait years after serious problems develop to seek marital therapy and only 37 percent of couples seek marital therapy at all before filing for divorce. Finally, if and when couples seek help for their marriage, the help they receive is generally not empirically based.
In this paper, I suggest three avenues to address these limitations.

1) The reach of current interventions can be expanded by adapting the way they are advertised, by expanding third-party payment, and by involving governments, employers, and others in the referral process.

2) Interventions that couples already seek (e.g., religious-based premarital education and existing marital therapy, relationship-oriented books, and self-administered assessments) should be examined to determine their effectiveness.

3) Additionally, the development of new empirically-based marital interventions that can be delivered to one or both partners individually or in a self-help format (such as television, DVDs, or over the Internet) could greatly expand the reach of marital education and treatment.

## Expanding the Reach and Effectiveness of Marital Interventions

Because of the impact of marital distress and divorce on physical (e.g., Ewart et al, 1991; Kiecolt-Glaser et al, 1993), psychological (e.g., Whisman & Bruce, 1999; Whisman, Uebelacker, & Bruce, 2006), and child functioning (e.g., Davies & Cummings, 1994), the potential effect of marital and family interventions delivered on a broad scale is enormous. Fortunately, meta-analyses typically show large effect sizes ($d > .80$) of marital therapy in reducing relationship distress at post-treatment (e.g., Shadish & Baldwin, 2005). Marital therapies have also been shown to reduce depression (e.g., Beach & Gupta, 2003), improve physical health outcomes (Osterman et al., 2003), and to be markedly more effective than individual treatments in reducing drug and alcohol abuse (e.g., Stanton & Shadish, 1997). Additionally, premarital education, designed to prevent the onset of future problems, has been shown to increase positive communication and relationship satisfaction ($d = .80$; Carroll & Doherty, 2003) as well as reduce the likelihood of physical violence and divorce four years after the intervention (Markman et al, 1993).

## Marital Interventions Fail to Reach Many At-Risk Couples

Unfortunately, despite the efficacy of these empirically-based programs, their population-level impact is limited for two reasons: **1.** many couples do not seek these interventions; **2.** those couples that do seek the interventions are generally at lower risk for developing subsequent problems (or for currently having more severe problems). I will explore these two points in more detail below.

Couples seek marital interventions at low rates. In the United States, only approximately 19 to 37 percent of couples in the United States seek marital counseling or therapy before getting divorced (Albrecht, Bahr, & Goodman, 1983; Johnson et al., 2002); in Australia, preliminary data suggest that only approximately 42 percent of couples do (Wolcott, 1986). Additionally, the rates of seeking marital therapy before divorce in the United States have not significantly increased since the 1940s (Doss et al, unpublished data), suggesting the increasing acceptability of individual psychotherapy has not translated to marital therapy. Further limiting its reach, marital therapy is also underutilized in ongoing marriages. Thirty percent of individuals in first marriages and 22 percent of individuals in second marriages report having thought about divorcing their current spouse and yet still had not sought marital therapy to improve their current marriage (Doss et al., unpublished data).

A second related problem is that, when couples finally do make the decision to seek marital therapy, it is "often a last resort, an attempt to fix up the relationship when the marriage had already deteriorated beyond repair or when one partner was severely distressed" (Wolcott, p. 164). Indeed, the limited research on this topic suggests that, after serious marital problems develop, couples wait an average of six years to seek marital therapy (Notarius & Buongiorno, 1992, as cited in Gottman & Gottman, 1999). Unfortunately, the more distressed couples become before beginning marital therapy, the less likely they are to be satisfied with their marriage after ending therapy (e.g., Atkins et al, 2006).

Fortunately, however, the evidence for couples' utilization of preventative interventions is more encouraging. In random surveys of couples in the United States, approximately 31 percent of couples in ongoing marriages sought premarital education (Stanley et al, 2006). Ad-

ditionally, the rates of premarital education in the United States have steadily increased from 10% in the 1940s to 52% in the 1990s (Doss et al, in press). By comparison, approximately 8% of couples in the United Kingdom (Callan et al, 2007) and 29% of couples in Australia (Halford et al, 2006) attended premarital education.

Couples that seek marital interventions are often at lower risk. While the increase in rates of seeking premarital education across decades is encouraging, there is a growing body of literature to suggest that the couples who tend to attend premarital education may be at lower risk for subsequent marital distress and divorce (e.g., Stanley et al., 2006). Specifically, couples who are in second marriages (Doss et al., in press), currently cohabiting (Halford et al., 2006), less religious (Halford et al., 2006; Stanley et al., 2006; Sullivan et al, 2004), and African-American (Stanley et al.) are generally less likely to participate in premarital interventions.

Less is known about what factors affect couples' decisions to participate in post-marriage couple education and enrichment opportunities. However, in a recent longitudinal study of 213 couples over the first five years of marriage, only higher religiosity and longer pre-marriage relationship duration predicted whether couples would attend relationship-focused retreats or workshops (Doss et al, 2009). In the same study, numerous other demographic and relational factors did not predict attendance. Other studies have examined attitudes towards relationship education and have found that those who were more religious or better educated, younger or never married, and those that had children held more favorable attitudes (Johnson et al., 2002).

Surprisingly, relatively little is also known about the types of couples that are more or less likely to seek marital therapy. In the same longitudinal study of the first five years of marriage described above (Doss et al., in press), older couples were marginally more likely to seek marital therapy for their ongoing marriage; variables of ethnicity, education, religiosity, children, and relationship length did not predict seeking marital therapy. However, because of the sample composition, statistical power to detect differences by education and ethnicity was limited. Indeed, although no empirical studies have been conducted to date, recruitment rates for research studies of marital therapy and clinical experience seem to suggest that individuals with less education or income and ethnic minorities are less likely to seek marital therapy.

## Improving the Current State of Marital Interventions

Given current limitations in the knowledge, content and delivery of marital interventions, I suggest three foci for future research and policy initiatives. First, given the proven efficacy of the existing empirically-supported marital interventions, efforts should be made to expand their reach to more, and higher-risk, couples. Second, researchers should prioritize investigations of the effectiveness of marital interventions that couples currently seek. Third, new empirically-based marital interventions should be developed that are more consistent with couples' help-seeking behaviors.

### Increase the Reach of Existing Empirically-Supported Interventions

Given the current limited reach of empirically-supported interventions for preventing and treating marital distress, one of the central foci of future efforts should be to expand the attractiveness and availability of these services. Below, I present three ways in which it may be possible to expand the current reach of these interventions.

Modify the way marital interventions are advertised. To attract more, and different types of, couples to marital therapy, it might be possible to modify the problems for which it is perceived as appropriate. Currently, when married individuals are asked what types of issues would make them likely to seek marital therapy, they report primarily severe relationship (e.g., physical/mental abuse, considering divorce, chronic conflict, infidelity) or individual (e.g., substance abuse, depression) problems (Bringle & Byers, 1997). These reports are mostly consistent with reasons reported by couples actually seeking marital therapy, which tend to emphasize relationship problems (especially communication, emotional distance, potential for divorce, and arguments) but not individual problems (Doss, Simpson, & Christensen, 2004). However, there are likely numerous other relationship, individual, and situational issues that couples struggle with that could be appropriately dealt with in marital therapy if couples thought to do so. For example, although money is the most frequent issues couples argue about (Stanley, Markman, & Whitton, 2002), married men and women reported they were unlikely to seek marital therapy for problems with financial matters (Bringle & Byers, 1997). Additionally, financial problems were reported as a main factor for seeking marital therapy by only 13 percent of couples presenting for free marital therapy (Doss et al., 2004). Thus, if marital therapy were marketed as appropriate and helpful to couples dealing with financial problems, it would perhaps increase the reach of marital therapy. As another example, sexual dissatisfaction in the relationship has been found to be a consistent predictor of husbands' increased involvement relative to their wives in seeking marital therapy (Doss, Atkins, & Christensen, 2003). However, sexual dissatisfaction was listed by only 16 percent of those men as a reason for seeking marital therapy (Doss et al., 2004), perhaps suggesting that men do not consider marital therapy an appropriate or effective solution for sexual problems. If marital therapy was advertised as targeting the sexual relationship, would more male-led couples seek marital therapy?

Additionally, it may be possible to modify the way premarital education is advertised to attract more couples. In a survey of engaged couples (Sullivan & Anderson, 2002), the qualities of the leader emerged as the top three most important characteristics of premarital education. In particular, 90% or more of engaged couples thought it would be important to have a leader that was "professional", "experienced", and "trustworthy". After leader characteristics, engaged couples rated the content of the education as important, with a focus on communication, finances, and problem solving deemed important by almost 90% of couples. Finally, perceptions of previous couples' success rates or usefulness ratings were rated as important or very important by most engaged couples. Thus, these characteristics should be highlighted when advertising premarital education.

Change government and employer policies. A second way to improve the reach of existing marital interventions is to modify government and employer policies to encourage or support couples' involvement in these interventions. As one recent example, the state of Texas (USA) recently instituted a new law to encourage couples to participate in empirically-based premarital education by raising the marriage license fee to US $60.00 for those who do not complete the education and waving the fee for those who do. Texas has appropriated 15 million US dollars to this effort and it is estimated to be cost effective if the impact on divorces statewide is just 0.03 percent (Scafidi, 2008). Some states have also discussed the possibility of changing policy to encourage or even require marital therapy before couples divorce; however, these

types of policy changes introduce the possibility of trapping individuals in physically or psychologically abusive relationships. As such, it may be more prudent to attempt to lower barriers to marital therapy (e.g., accessibility, cost, perceived appropriateness and efficacy) rather than increasing the barriers to divorce.

Another, largely untapped, possibility to increase the reach of existing marital interventions is to enlist the cooperation of large employers. Marital distress is associated with greater impairments in work functioning, even after controlling for concurrent mood, anxiety, and substance use disorders (Whisman & Uebelacker, 2006). Therefore, it may make financial sense for employers to include marriage education and marital therapy as part of their wellness or health care programs. For example, employers could provide weekend relationship education retreats for couples or create policies that would encourage spouses to accompany employees on business trips.

Expand third-party payment for marital interventions. The impact of marital distress and divorce on physical, psychological, and child functioning is profound. Higher marital conflict is significantly related to increased blood pressure and heart rate (e.g., Ewart et al., 1991), increased stress hormones, and decreased immune system functioning (e.g., Kiecolt-Glaser et al, 1993). Furthermore, in a population-based cross-sectional sample, marital distress was found to be strongly associated with 10 of the 11 psychiatric disorders examined, including substance use, anxiety, and depression. Marital distress increased the likelihood of psychiatric disorders; these associations ranged from a 1.8-fold increase for alcohol use disorders to a 5.7-fold increase for dysthymia (Whisman, 1999; Whisman & Uebelacker, 2006). Moreover, there is evidence that marital distress predicts the development of later individual disorders even after controlling for relevant demographic variables and previous history of individual disorders (Whisman & Bruce, 1999; Whisman et al., 2006).

Given these important effects across a number of critical domains, third-party payers would likely benefit financially from expanding coverage of effective prevention and treatment programs for marital distress. However, to date, third-party payers in the United States have been extremely reluctant to cover marital or family interventions.

## Prioritize Investigations of the Effectiveness of Marital Interventions Couples Currently Seek

With a few notable exceptions, the vast majority of research on the effectiveness of marital interventions (and for that matter, most psychological interventions) has focused on tightly-controlled efficacy studies conducted by research staff. As a result, little is known about the effectiveness of marital interventions that couples currently receive. Below, I review four types of marital interventions that should be examined in more detail and, where available, review early studies of their effectiveness.

Effectiveness of naturally-occurring premarital education. In recent years, approximately 30 percent of couples in Australia (Halford et al., 2006) and 50 percent of couples in the United States (Doss et al., in press) marrying for the first time received some form of premarital education. However, in the United States at least, this premarital education tends to be short in duration and delivered almost exclusively by religious leaders (Stanley et al., 2006). The evidence is mixed on the effectiveness of premarital curriculums typically delivered by religious leaders. Two studies have shown no significant effects of naturally-occurring premarital education on

subsequent marital satisfaction (Schumm, Silliman, & Bell, 2000; Sullivan & Bradbury, 1997). However, two large scale studies – one conducted with US military personnel (Schumm et al, 1998) and one with a random phone survey of individuals in four states (Stanley et al., 2006) – found small but significant effects of naturally-occurring premarital education on marital functioning. Specifically, Stanley et al. (2006) found premarital education improved marital satisfaction (d = 0.15), marital conflict (d = -0.17), and marital commitment (d = 0.21). Schumm found that differences in marital satisfaction depended on one's perceptions of the helpfulness of the premarital education; compared to those who did not receive premarital education, those who reported being "dissatisfied" (d = 0.11) or "satisfied" (d = 0.20) with their premarital education seemed to benefit less than those who reported being "very satisfied" (d =.48). Thus, the research on the effectiveness of naturally-occurring premarital education is mixed, with some studies showing significant effects while some do not. However, even in the studies that find significant effects of premarital education, the effect sizes are notably smaller than those found in controlled randomized trials of evidence-based curriculums. It is important to note that the differential effectiveness in naturally-occurring and research-based premarital education is likely not due to differences in psychological training of the leaders; indeed, carefully-conducted studies have shown than religious leaders can be trained to effectively deliver an empirically-based premarital education curriculum (Laurenceau et al, 2004). Instead, differential outcomes of research-based and naturally-occurring premarital education are likely due to the differences in content and duration of the curriculum (e.g., Stanley et al., 2006) and the types of couples receiving these resources.

Effectiveness of care-as-usual marital therapy. In the United States, of those couples that seek marital therapy before divorcing, approximately half go to a mental health professional and half go to a clergy member (Johnson et al., 2002). Unfortunately, to my knowledge, there are no empirical investigations of the effectiveness of care-as-usual marital therapy provided by religious leaders. Additionally, I am aware of only two studies that examine the effectiveness of care-as-usual marital therapy delivered by mental health professionals. In the first study (Hahlweg & Klann, 1997), marital therapy delivered in several community clinics in Germany significantly reduced marital distress; however, the pre-post effect sizes (d = 0.33 for men and 0.40 for women) were substantially smaller than those found with randomized trials of empirically-supported marital therapy (e.g., Shadish & Baldwin, 2005). In a second study (Doss et al, 2006), we found that marital therapy delivered in three Veteran Administration (VA) hospitals in the United States also had smaller pre-post effect sizes (d = 0.42 for women and d = 0.37 for men) than would be expected given previous marital therapy efficacy studies. While several investigations have been conduced examining the effectiveness of marital therapy provided in university-based clinics, it is unclear how well those findings would generalize to marital therapy available to the general population. Thus, while care-as-usual marital therapy delivered by mental health professionals appears to be effective, it may be only approximately half as effective as research-based marital therapy in reducing marital distress. Moreover, evidence supporting the effectiveness of care-as-usual marital therapy delivered by religious leaders is lacking.

Effectiveness of self-help relationship books. In the most comprehensive study of relationship help-seeking to date (Doss et al., 2009), we found that more couples turned to relationship-oriented self-help sources for relationship problems than sought in-person interventions (work-

shops, retreats, or therapy). Specifically, in just the first five years of marriage, 23% of couples reported reading a relationship-oriented book to improve their relationship. Importantly, of the couples that read a relationship-oriented book, only 30% had previously attended marital therapy. Additionally, of couples that attended marital therapy, only 37% had previously read a relationship-oriented book. Therefore, rather than using self-help materials solely as an adjunct to in-person interventions, couples who utilize self-help resources for their relationship tend to be a different group than those being currently reached by more traditional in-person interventions. Additionally, those utilizing self-help resources tended to be at higher risk for relationship problems than couples who did not. Indeed, globally distressed couples and couples who reported specific problems with negative communication were more likely to read a book during the following year. Most notably, the estimated odds of reading a relationship-oriented book in the subsequent year were 8.8 times higher for couples who reported an incident of physical aggression in the previous year than for couples that did not. In other words, an estimated 55% of couples that experienced physical aggression in the previous year read a relationship-oriented book while only 12% of couples that had not experienced physical aggression read a relationship-oriented book. In contrast, presence of physical violence was not predictive of seeking in-person marital therapy. It is possible that the stigma of marital violence leads couples to turn to private help-seeking options, such as relationship books, rather than more public discussions of violence with a therapist. Further, in couples with violence there may be one partner who is afraid to suggest marital therapy and therefore seeks out self-help options unilaterally.

In sum, relationship-oriented self-help books appear to be an important outlet for couples that reach a high-risk population generally not currently being served by more traditional marital therapy. There are several excellent books for new couples (e.g., Markman, Stanley, & Blumberg, 2001), for couples experiencing conflict and distress (e.g., Christensen & Jacobson, 2000), and infidelity (e.g., Snyder, Baucom, & Coop-Gordon, 2007) based on empirically-supported interventions. Unfortunately, to my knowledge, there have been no empirical studies examining the effect of reading a relationship-oriented book on relationships. However, evidence from the broader psychological literature is encouraging. Several empirically-based books targeting psychological difficulties (e.g., depression, binge eating, and panic disorder) have been found to have significant effects in randomized trials (e.g., Ackerson et al., 1998; Carter & Fairburn, 1998; Febraro, 2005). Of particular note, self-directed parent training has been found to improve parenting skills and reduce child behavior problems (Sanders et al, 2000).

Effectiveness of self-administered marital assessments and feedback. Finally, there is some intriguing evidence to suggest that large numbers of couples will complete self-administered assessments and quizzes to receive feedback about their marriage. We invited couples to complete a 30-minute assessment of their relationship functioning over the Web; couples were provided tailored, automated feedback at the end of the assessment but were not otherwise compensated for their participation (Doss & Christensen, 2006). The website was advertised via the popular press and by word of mouth over the Web; however, no systematic effort was made to advertise the website and no monies were spent on recruitment or advertising. Despite the minimal outlay of effort, more than 13,000 participants sought feedback on their relationship from our website in less than one year. Importantly, results indicated that our website reached diverse and high-risk couples that typically do not seek in-person couple interven-

tions. For example, of the 13,000 people who completed the assessment and received feedback, there were almost 2,000 minority participants, more than 3,000 non-married cohabiting participants (300 with children), over 1,500 participants with a high-school education or less, and over 1,500 participants who reported an annual household income of less than $40,000. Importantly, this Web-based assessment was also used by couples at varying levels of relationship satisfaction. Indeed, the mean participant reported relationship satisfaction levels almost one standard deviation below community norms, with approximately 30% of couples reporting levels similar to couples in marital therapy. Based on this study, a web-based assessment for couples would likely reach tens of thousands of at-risk couples who would not otherwise receive relationship assistance.

Unfortunately, I am aware of no evidence on the efficacy of self-administered marital assessment and feedback. However, several in-person, assessment-focused relationship interventions have been shown to be effective. Cordova and colleagues (Cordova, Warren, & Gee, 2001; Cordova et al, 2005), using an in-person feedback approach based on motivational interviewing, showed that brief assessment and feedback can decrease relationship distress, increase emotional acceptance and intimacy, and motivate couples to take additional steps towards improving their relationship. Additionally, Busby et al (2007) showed that that their in-person assessment and feedback program was superior to a therapist-directed program in improving relationship satisfaction and communication. However, neither of these programs is currently widely available to couples in the community.

### Develop New Empirically-Based Interventions Consistent with Couples' Help-Seeking Behaviors

As reviewed above, the reach of many existing empirically-based interventions is limited and those marital interventions that currently are available are either less effective than the empirically-based interventions or are of unknown effectiveness. Therefore, I believe that it would be advantageous for the field to develop new, empirically-based interventions that are a better fit for couples' relationship help-seeking behaviors. Below, I suggest three types of interventions that could be developed or expanded: marital interventions for individuals, self-directed interventions conducted over television or DVDs, and internet-based marital interventions.

Marital interventions for individuals. Empirically-based marital interventions for individuals are an exciting new area of research. For more information, I refer the reader to chapters in this volume by Dr Rhoades (for a discussion of *Within My Reach*, a relationship-education intervention targeting currently-single individuals) and Dr Markman (for a discussion of marital education delivered to currently-married individuals rather than couples).

Interventions delivered via television and DVDs. Given the popularity of relationship-oriented self-help books (e.g., Doss et al, 2009), it would seem that relationship-oriented interventions delivered via the television and DVDs would have widespread appeal. Unfortunately, to my knowledge, no marriage education or marital therapy programs have yet been delivered through TV. However, administration of the Triple-P Positive Parenting Program through regular television programming in New Zealand improved parenting confidence and lowered disruptive child behavior relative to a control group (Saunders, Montgomery, & Brechman-Toussaint, 2000, as cited in Saunders, Markie-Dadds, & Turner, 2003).

Significantly more research has been conducted on DVD-administered marital education.

Couple CARE is a self-directed marriage education intervention consisting of DVDs, written couple activities, and up to 6 brief phone calls with a leader to clarify content and encourage participation (e.g., Halford et al, 2004). In a randomized wait-list controlled trial, Couple CARE was well received; 94% of couples completed the intervention and those couples completed a mean of 96% of the suggested tasks. Additionally, consumer satisfaction for Couple CARE was extremely high. Couple CARE is also effective; relative to the control condition, couples receiving Couple CARE significantly improved their relationship satisfaction (d = .41) as well as several of the targeted intervention mechanisms (e.g., relationship instability and the importance of self-change to improve the relationship).

Internet-based marital interventions. In considering the future of couple interventions, one exciting possibility is to shift our focus away from couple interventions delivered by trained professionals and toward an emphasis on internet-based formats. Indeed, many adults prefer to access psychological education through self-directed programs, which can be completed according to the couples' schedule (Christensen & Jacobson, 1994). Perhaps the most attractive feature of Web-based marital interventions is that they are much more sustainable over long periods of time than interventions that require the continued delivery of services by professionals. In other words, after an initial infusion of monies to develop the interventions and website, these interventions would be available to couples for years via the internet. Although a substantial investment may be necessary to develop the intervention, the longer timeframe of availability (and lower associated costs) could make such undertakings financially feasible.

Three additional advantages arise from the lower costs and sustainability of these interventions. First, a lower cost would remove one important barrier to couples seeking relationship-oriented interventions; Sullivan et al. (2004) found perceived barriers (especially expense) to be a significant predictor of reluctance to seek premarital education for men but not women. Furthermore, a lower cost would be especially important for couples of lower socioeconomic status – an important demographic that currently is not generally reached by couple interventions. Indeed, recent research by the Pew Foundation in the United States shows that the Internet is used by the majority of White, Black, and Hispanic ethnic groups (62-78%) and the majority of individuals at all levels of income (55-93%). Second, the interactivity and sustainability of Internet-based interventions would allow them to be more tailored to specific problems or populations than other types of couple interventions. For example, it would be possible to conduct an online, comprehensive (although likely self-reported) assessment of marital functioning; based on this assessment, a tailed intervention could be selected and delivered that would target both common issues (e.g., communication) as well as more specific issues (e.g., relationship aggression, infidelity, financial difficulties). Finally, the accessibility of self-help interventions makes them an excellent gateway to more intensive couple interventions when necessary (Halford, 2004). For example, as noted above, 37 percent of couples who seek couple therapy report having previously read a book to improve their relationship (Doss et al., 2009).

Although research on internet-based marital is still in its infancy, recent research is encouraging. Indeed, Braithwaite and Fincham (2007) showed that an internet-based relationship education program was more effective in college students than an internet-based attention control in improving relationship trust and reducing relationship physical aggression, depression, and anxiety.

## Conclusion

Decades of extensive and intensive research has produced several empirically-supported marital education and marital therapy interventions. Unfortunately, the reach of these interventions is limited; instead, couples rely on primarily on untested or less efficacious interventions to improve or protect their marriage. To address this situation, I suggest that future research and policy should:

1. Increase the reach of existing empirically-supported marital interventions.

As discussed in more detail above, the impact of these interventions may be improved by modifying the way marital interventions are advertised, changing government and employer policies towards marital interventions, and expanding third-party payment for marital interventions.

2. Prioritize investigations of the effectiveness of interventions couples currently seek.

Although existing research suggests that care-as-usual premarital education and marital therapy is not as effective as empirically-based interventions, additional research is needed. Additionally, we know almost nothing about the effectiveness of relationship-oriented self-help books or self-administered marital assessments.

If these interventions are indeed shown to be efficacious, then future efforts could emphasize refinement or dissemination of these approaches.

3. Develop new interventions consistent with couples' help-seeking behaviors.

While the above efforts would do much to further the impact of marital interventions, I suspect we will find that important gaps in reach and effectiveness remain. Therefore, I suggest that additional empirically based-interventions be developed and tested. Specifically, I anticipate that three types of interventions would be especially impactful: interventions delivered to individuals, interventions delivered via television and DVDs, and tailored Internet-based interventions.

---

## References

Ackerson, J., Scogin, F., McKendree-Smith, N., & Lyman, R. (1998). Cognitive bibliotherapy for mild and moderate adolescent depressive symptomatology. *Journal of Consulting and Clinical Psychology*, 66, 685-690.

Albrecht, S., Bahr, H., & Goodman, K. (1983). *Divorce and remarriage: Problems, adaptations, and adjustments*. Westport, CT: Greenwood Press.

Atkins, D., Berns, S., George, W., Doss, B., Gattis, K., & Christensen, A. (2005). Prediction of response to treatment in a randomized clinical trial of marital therapy. *Journal of Consulting and Clinical Psychology*, 73, 893-903.

Beach, S. & Gupta, M. (2003) Depression. In D. K. Snyder and M. A. Whisman (Eds). *Treating difficult couples: Helping clients with coexisting mental and relationship disorders* (pp. 88-113). New York: Guilford Press.

Braithwaite, S., & Fincham, F. (2007). ePREP: Computer based prevention of relationship dysfunction, depression, and anxiety. *Journal of Social and Clinical Psychology*, 26, 609-622.

Bringle, R. & Byers, D. (1997). Intentions to seek marriage counseling. *Family Relations*, 46, 299-304.

Busby, D., Ivey, D., Harris, S., & Ates, C. (2007). Self-directed, therapist-directed, and assessment-based interventions for premarital couples. *Family Relations*, 56, 279-290.

Carroll, J. & Doherty, W. (2003). Evaluating the effectiveness of premarital prevention programs: A meta-analytic review of outcome research. *Family Relations*, 52, 105-118.

Callan, S., Benson, H., Coward, S., Davis, H., Gill, M., Grant, H., Percival, D., & Rowthorn, R. (2007). *Breakthrough Britain: Family breakdown*. London: Social Policy Justice Group.

Carter, J. & Fairburn, C. (1998). Cognitive-behavioral self-help for binge eating disorder: A controlled effectiveness study. *Journal of Consulting and Clinical Psychology*, 66, 616-623.

Christensen, A. & Jacobson, N. (1994). Who (or what) can do psychotherapy: The status and challenges of nonprofessional therapies. *Psychological Science*, 5, 8-14.

Christensen, A. & Jacobson, N. (2000). *Reconcilable differences*. New York: Guilford Press.

Cordova, J., Warren, L., & Gee, C. (2001). Motivational interviewing as an intervention for at-risk couples. *Journal of Marital and Family Therapy,* 27, 315-326.

Cordova, J., Scott, R., Dorian, M., Mirgain, S., Yaeger, D., & Groot, A. (2005). The marriage checkup: An indicated preventive intervention for treatment-avoidant couples at risk for marital deterioration. *Behavior Therapy*, 36, 301-309.

Davies, P., & Cummings, E. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*, 116, 387-411.

Doss, B., Atkins, D., & Christensen, A. (2003). Who's dragging their feet? Husbands and wives seeking marital therapy. *Journal of Marital and Family Therapy*, 29, 165-177.

Doss, B. & Christensen, A. (2006). Acceptance in romantic relationships: The Frequency and Acceptability of Partner Behavior Inventory. *Psychological Assessment*, 18, 289-302.

Doss, B., Rhoades, G., Stanley, S., Markman, H, & Johnson, C. (In Press) Differential use of premarital education in first and second marriages. *Journal of Family Psychology*.

Doss, B., Rhoades, G., Stanley, S., & Markman, H. (2009). Marital therapy, retreats, and books: The who, what, when and why of relationship help-seeking. *Journal of Marital and Family Therapy*, 35, 18-29.

Doss, B., Simpson, L., & Christensen, A. (2004). Why do couples seek marital therapy? *Professional Psychology: Research and Practice,* 35, 608-614.

Doss, B., Rahbar, K., Libet, J., Rait, D., & Birchler, G. (2006, November). Change in relationship and individual functioning during VA couple therapy. Paper presented at the Association of Behavioral and Cognitive Therapies, Chicago, IL.

Ewart, C., Taylor, C., Kraemer, H., Agras, W. (1991). High blood pressure and marital discord: Not being nasty matters more than being nice. *Health Psychology*, 10, 155–163.

Febraro, G. (2005). An investigation into the effectiveness of bibliotherapy and minimal contact interventions in the treatment of panic attacks. *Journal of Clinical Psychology*, 61, 763-779.

Gottman, J. & Gottman, J. (1999). The marriage survival kit. In R. Berger & M.T. Hannah (Eds.), Preventive approaches in couples therapy (pp. 304–330). Philadelphia, PA: Brunner/Mazel.

Hahlweg, K. & Klann, N. (1997). The effectiveness of marital counseling in Germany: A contribution to health services research. *Journal of Family Psychology*, 11, 410-421.

Halford, W. (2004). The future of couple relationship education: Suggestions on how it can make a difference. *Family Relations*, 53, 559-566.

Halford, W., Moore, E., Wilson, K., Farrugia, C., & Dyer, C. (2004). Benefits of flexible delivery relationship education: An evaluation of the Couple CARE program. Family Relations, 53, 469-476.

Halford, W., O'Donnell, C., Lizzio, A., & Wilson, K. (2006). Do couples at high risk of relationship problems attend premarriage education? *Journal of Family Psychology*, 20, 160-163.

Johnson, C., Stanley, S., Glenn, N., Amato, P., Nock, S., Author, H., et al. (2002). *Marriage in Oklahoma: 2001 baseline statewide survey on marriage and divorce* (S02096 OKDHS). Oklahoma City, OK: Oklahoma Department of Human Services.

Kiecolt-Glaser, J., Malarkey, W., Chee, M., Newton, T., Cacioppo, J., Mao H., et al. (1993). Negative behavior during marital conflict is associated with immunological down-regulation. *Psychosomatic Medicine*, 55, 395– 409.

Laurenceau, J., Stanley, S., Olmos-Gallo, A., Baucom, B., & Markman, H. (2004). Community-based prevention of marital dysfunction: Multilevel modeling of a randomized effectiveness study. Journal of Consulting and Clinical Psychology, 72, 933-943.

Markman, H., Renick, M. Floyd, F., Stanley, S., & Clements, M. (1993). Preventing marital distress through communication and conflict management training: A 4- and 5-year follow-up. *Journal of Consulting and Clinical Psychology*, 61, 70-77.

Markman, H., Stanley, S., & Blumberg, S. (1996). *Fighting for your marriage: Positive steps for preventing divorce and preserving a lasting love*. San Francisco, CA: Jossey-Bass Inc.

Osterman, G., Sher, T., Hales, G., Canar, W., Singla, R., & Tilton, T. (2003). Physical illness. In D. K. Snyder and M. A. Whisman (Eds). *Treating difficult couples: Helping clients with coexisting mental and relationship disorders* (pp. 350-369). New York: Guilford Press.

Sanders, M., Markie-Dadds, C., Tully, L., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology*, 68, 624-640.

Scafidi, B. (2008). *The taxpayer costs of divorce and unwed childbearing: First-ever estimates for the nation and all fifty states*. New York: Institute for American Values.

Schumm, W., Silliman, B., & Bell, D. (2000). Perceived premarital counseling outcomes among recently married army personnel. *Journal of Sex & Marital* Therapy, 26, 177-186.

Schumm, W., Resnick, G., Silliman, B., & Bell, D. (1998). Premarital counseling and marital satisfaction among civilian wives of military service members. *Journal of Sex & Marital Therapy*, 24, 21-28.

Shadish, W., & Baldwin, S. (2005). Effects of behavioral marital therapy: A meta-analysis of randomized controlled trials. Journal of *Consulting and Clinical Psychology*, 73, 6-14.

Snyder, D., Baucom, D., & Gordon, K. (2007). *Getting past the affair: A program to help you cope, heal, and move on*. New York: Guilford Press.

Stanley, S., Amato, P., Johnson, C., & Markman, H. (2006). Premarital education, marital quality, and marital stability: Findings from a large, random, household survey. *Journal of Family Psychology*, 20, 117-126.

Stanley, S., Markman, H., & Whitton, S. (2002). Communication, conflict, and commitment: Insights on the foundations of relationship success from a national survey. *Family Process*, 41, 659-675.

Stanton, M., & Shadish, W. (1997). Outcome, attrition, and family-couples treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies. *Psychological Bulletin*, 122, 170-191

Sullivan, K. & Anderson, C. (2002). Recruitment of engaged couples for premarital counseling: An empirical examination of the importance of program characteristics and topics to potential participants. *The Family Journal*, 10, 388-397 Sullivan, K. & Bradbury, T. (1997).

Are premarital prevention programs reaching couples at risk for marital dysfunction? *Journal of Consulting and Clinical Psychology*, 65, 24-30.

Sullivan, K., Pasch, L., Cornelius, T., & Cirigliano, E. (2004). Predicting participation in premarital prevention programs: The health belief model and social norms. *Family Process*, 43, 175-193.

Whisman, M. & Bruce, M. (1999). Marital distress and incidence of major depressive episode in a community sample. *Journal of Abnormal Psychology*, 108, 674-678.

Whisman, M. & Uebelacker, L. (2006). Distress and impairment associated with relationship discord in a national sample of married or cohabiting adults. *Journal of Family Psychology*, 20, 369-377.

Whisman, M., Uebelacker, L., & Bruce, M. (2006). Longitudinal association between marital discord and alcohol use disorders. *Journal of Family Psychology*, 20, 164-167.

Wolcott, I. (1986). Seeking help for marital problems before separation. *Australian Journal of Sex, Marriage, and Family*, 7, 154-16