

How Can We Improve Preventive and Educational Interventions for Intimate Relationships?

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Improving intimate relationships with preventive and educational interventions has proven to be more difficult than originally conceived, and earlier models and approaches may be reaching their limits. Basic concerns remain about the long-term effectiveness of these interventions, whether they are reaching and benefiting couples most likely to need them, and how they might be exerting their effects. We identify six problems that we believe are hindering progress in the field, and for each we outline research findings that point to new ways forward. These problems include (a) the incomplete understanding of couple communication and unwarranted translation of communication findings into interventions; (b) the surprising stability of relationship satisfaction; (c) the powerful roles that personal histories, personalities, and stress play in determining relationship outcomes; (d) the difficulties involved in recruiting and retaining high-risk couples in intervention programs; (e) the lack of attention given to specific stages of relationship development in interventions; and (f) the tendency to deliver preventive and educational interventions in the same format as therapies for distressed couples. We conclude by noting that a large body of basic research about intimate relationships, and large-scale outcome research with diverse populations, hold great promise for advancing the field.

Keywords: couples; marriage; intimate relationships; prevention; relationship education

WHEN MANAGED WELL, under the right circumstances, intimate relationships are uniquely capable of promoting the health and well-being of adults and the children they may be raising. Recognizing that these benefits are elusive for so many couples (e.g., Whisman, Beach, & Snyder, 2008), scholars have worked for more than three decades to specify the causes of relationship distress and dissolution and to devise interventions that will prevent and remediate these adverse outcomes. Have we made real progress toward these goals with our theories, our basic empirical studies, and our interventions? Can we say without qualification that these efforts are coming together to improve couples' lives? The papers in this special section provide a valuable vantage point for addressing these questions, revealing impressive advances alongside major gaps in the science needed to substantiate claims that we are making a difference.

Even a cursory reading of these papers shows that greater scientific progress has been made in treating distressed couples than in sustaining or promoting relationship functioning among relatively satisfied couples. This disparity arises from inherent differences in the two tasks (e.g., effective preventive interventions probably require deeper understanding of how relationships naturally develop and change; see Bradbury, 2002; Bradbury, Johnson, Lawrence, & Rogge, 1998) and from the strength of available studies (e.g., there are fewer tightly controlled experimental studies of preventive interventions). In this article, therefore, we focus primarily on evaluating progress in the preventive domain and turn to consider the couple therapy literature when the contrast proves informative.

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Taking Stock: Do Couples Benefit From Relationship Education?

Meta-analytic summaries of relationship education programs show moderate effects on relationship quality and communication skills immediately postassessment and at short-term follow-ups, which typically occurred 3 to 6 months following the intervention (Hawkins, Blanchard, Baldwin, & Fawcett, 2008). These effects are obtained in experimental and quasiexperimental studies, though the latter produce smaller effects. The positive effects for communication skills appear to be limited to observational measures, however, and are not found for self-reports of communication (Blanchard, Hawkins, Baldwin, & Fawcett, 2009).

Despite the promise of these findings, this large database does little to address the most important question in the field: Do the interventions produce lasting changes in the outcomes that matter for couples? A large random survey among adults in four middle American states found that participation in premarital education was associated with decreased odds of divorce, lower levels of self-reported conflict, higher levels of marital satisfaction, and higher commitment to spouses (Stanley, Amato, Johnson, & Markman, 2006). However, randomized controlled studies with long-term outcomes remain rare (cf. Halford, Sanders, & Behrens, 2001), thereby undermining claims that preventive and educational interventions for couples yield the desired effects (for reviews see Bradbury, Karney, Iafate, & Donato, 2010; Halford, Markman, & Stanley, 2008). The few studies that do exist provide a mixed pattern of positive and null findings: although one randomized controlled study found that expectant parents who participated in a skills-based relationship intervention during the final trimester of pregnancy exhibited more stable marital satisfaction over time than control group parents (Schulz, Cowan, & Cowan, 2006), another recent experimental study among expectant parents showed no main effects on relationship satisfaction at the child's third birthday (Feinberg, Jones, Kan, & Goslin, 2010). Other findings not typically represented in meta-analyses show that controlling for intervention status has negligible effects in predicting relationship outcomes over 5 years (Rogge, Bradbury, Halweg, Engl, & Thurmaier, 2006) or 8 years (Doss, Rhoades, Stanley, & Markman, 2009). The need for additional experimental studies with longer-term follow-ups is now acute (see Halford & Wilson, 2009).

Equally troubling is meta-analytic evidence that interventions likely to be more rigorous or systematic are no more effective than other programs (see Hawkins, Stanley, Blanchard, & Albright, (2010-this issue)). Programs emphasizing communication

skills are not more effective in increasing relationship satisfaction than other types of programs; institutionalized (i.e., manualized, evaluated) programs do not produce stronger effects than noninstitutionalized programs; and programs conducted in university/laboratory settings are no more effective than those conducted in religious settings. Thus the added value of a systematic, scientific approach to relationship education is not yet apparent. Longer-term follow-up studies may reveal superior performance of more rigorously conceived and tested programs in the future, but until then there is a clear need for intervention models that draw from basic research on the mechanisms that transform happy, well-functioning couples into distressed, disengaged, and destabilized couples.

Finally, we do not know whether interventions prevent distress and dissolution among the couples most likely to encounter those outcomes. Educational programs improve communication skills in the short term for couples with moderate levels of distress prior to treatment (Blanchard et al., 2009), and Halford and colleagues (2001) showed that high-risk couples undergoing a self-directed skills-based intervention displayed less negative nonverbal behavior at 1-year follow-up and decreased less in relationship satisfaction at 4-year follow-up than low-risk couples. However, other studies fail to produce the desired changes for couples in difficult circumstances. A new program targeted specifically to two-parent families with low incomes, for example, found limited benefits for couples in which one or both partners were depressed or were exposed to physical aggression in their relationships, or for children whose families were living in poverty (Wadsworth & Markman, (2011-this issue)). Findings from the large Building Strong Families (BSF) Project, an initiative by the U.S. Administration for Children and Families to strengthen the relationships of low-income couples, found no differences at 15-month follow-up between couples randomly assigned to a BSF program or a no-treatment control group with regard to their relationship happiness and status and a host of other variables (supportiveness and affection, fidelity, constructive conflict behaviors, avoidance of destructive conflict behavior, intimate partner violence, co-parenting, father involvement, romantic involvement; Wood, McConnell, Moore, Clarkwest, & Hsueh, 2010), although some positive effects were found for couples in which both partners were African American. Inclusion of economically disadvantaged samples in these studies constitutes a major step forward. However, as in the basic longitudinal literature on committed partnerships (Karney & Bradbury, 1995), couples with diverse ethnic and economic backgrounds and sexual

orientations are not well understood or represented in relationship education programs (see [Hawkins et al., 2008](#)). The scope of efforts to promote couple and family relationships is constrained as a result, limiting intervention-related benefits for couples likely to need them the most.

As powerful as intimate relationships are in promoting the health and well-being of their members, harnessing this power has proven to be difficult and complex. The knowledge that has been attained has certainly been hard-earned, and yet even a generous reading of the literature indicates that our understanding of how relationships change is incomplete and that our ability to teach couples how to preserve and protect their intimate bonds is not adequate to the task. Earlier notions—for example, that through basic research we might be able to discern the intrapersonal and interpersonal processes that naturally govern changes in relationship functioning, and that through controlled outcome studies we might be able to teach couples those optimal strategies for communication and conflict-resolution and, in turn, enhance their relationships (for reviews see [Bradbury & Fincham, 1990](#); [Halford & Markman, 1997](#))—have not proven to be as simple or as instructive as we might have hoped.

Investing Wisely: Six Important Problems We Are Just Beginning to Understand

The current challenge to improving educational interventions for couples, as we see it, is to find insights and direction within the imperfect and incomplete findings we have at hand. Below we outline six issues that we believe are hindering progress in the field and that, once addressed, might alleviate the stagnation that we now face. Here we draw heavily from basic observational and longitudinal research, as we believe these studies markedly alter—and, in some cases, radically alter—the knowledge base that was available in the late 1970s when many of the existing interventions were being developed.

TARGETED INTERPERSONAL PROCESSES ARE NOT FUNCTIONING AS EXPECTED: NEGATIVE AND POSITIVE PROBLEM-SOLVING BEHAVIOR DO NOT ALWAYS AFFECT RELATIONSHIP SATISFACTION—AND IF THEY DO, IT MAY NOT BE IN THE EXPECTED DIRECTION

Decreasing negative problem-solving behavior and increasing positive problem-solving behavior forms the core agenda in leading couple education programs, with the underlying assumption that improving couples' communication in this manner will improve relationship satisfaction and, ultimately, prevent relationship dissolution. The evidence is now

pretty clear that this assumption is either incorrect or misleading at best. Newlyweds with poor observed communication skills have the same 4-year outcomes as those with good communication skills, if levels of positive affect—humor, interest, and affection—are also high ([Johnson et al., 2005](#)). Observed negative communication early in marriage predicts slower, not faster, declines in satisfaction over time ([Karney & Bradbury, 1997](#); [Markman, Rhoades, Stanley, Ragan, & Whitton, 2010](#)). Communication strategies, including relatively direct negative strategies, are initially perceived by partners to be unsuccessful in the short term but appear to be beneficial over the longer term ([Overall, Fletcher, Simpson, & Sibley, 2009](#)). The frequency and severity of relationship problems moderates the effects of relationship processes on changes in relationship outcomes, with ostensibly negative thoughts and behaviors proving to be advantageous among couples confronting significant problems ([McNulty, 2010](#); [McNulty & Russell, 2010](#)). Observed positive communication early in marriage does not predict levels of marital adjustment or declines over time ([Markman et al., 2010](#)). Associations between observed communication (positive or negative) and relationship dissolution are not consistent or robust ([Kim, Capaldi, & Crosby, 2007](#); [Markman et al., 2010](#)).

Results from the relationship education/prevention outcome literature further erode confidence in any simple association between changes in relationship behaviors and changes in relationship satisfaction. As described by [Wadsworth and Markman \(2011-this issue\)](#), the few studies examining the extent to which communication changes are associated with subsequent marital outcomes have documented conflicting and often counterintuitive findings, including decreases in male negative and increases in male positive communication associated with higher marital quality, but no effect for female negative and increases in female positive communication associated with lower marital quality ([Schilling, Baucom, Burnett, Allen, & Ragland, 2003](#)); female positive communication associated with higher marital quality, but no effect for male positive communication ([Stanley, Rhoades, Olmos-Gallo, & Markman, 2007](#)); and higher positive communication for females and males associated with positive relationship outcomes, but increases in female negative communication also associated with positive relationship outcomes ([Bodenmann, Bradbury, & Pihet, 2009](#)). Moreover, despite often bringing about greater increases in positive problem-solving communication and greater decreases in negative problem-solving communication than other types of programs, communication skills programs do not produce

stronger effects with regard to relationship quality (Hawkins et al., [this issue](#)).

Together, these findings raise doubts about how communication has been conceptualized in educational and prevention programs for couples. We have learned that improving problem-solving communication is very difficult (e.g., Laurenceau, Stanley, Olmos-Gallo, Baucom, & Markman, 2004) and that improved problem solving does not routinely produce the benefits couples are seeking. It is possible that the entry skills of couples moderate the effectiveness of these programs, such that couples with good skills derive little benefit and couples with poor skills show more substantial gains. Future research should investigate this possibility, but even so, on its own problem solving is likely to be a necessary but insufficient element in a healthy relationship. Thus, although effective problem-solving communication may characterize couples who experience highly satisfied relationships, it does not necessarily follow that helping couples solve problems better will lead them to have more satisfied relationships. Surely many couples are not divided by their disagreements, even by mismanaged disagreements, and some probably even grow closer when they realize from their disagreements how much they have to lose.

Accepting Heyman's assertion that "Nearly all relationship-relevant conflicts, emotions, and neuroses are played out via observable communication—either verbally or nonverbally" (2001, p. 6), we now have to think hard about the lessons our communication data are trying to teach us. One lesson might be that there are other domains of communication that matter for couple outcomes. Social support appears to be distinct from relationship problem solving, for example, moderates the effects of anger and contempt on relationship outcomes (Pasch & Bradbury, 1998), and appears to foreshadow 12-month declines in the quality of problem solving among newlyweds (Sullivan, Pasch, Johnson, & Bradbury, 2010). Dyadic coping concerns the manner in which partners signal and respond to one another's daily stresses, and entails a set of coping responses that serve to offset (or heighten) that stress, modifying in turn partners' beliefs about each other's emotional availability and the quality of the relationship (e.g., Bodenmann, 2000, 2005; Bodenmann, Pihet, & Kasysyer, 2006). Both hold promise as intervention targets, particularly because they draw attention to struggles between one's partner and his or her stresses and strains outside the immediate relationship, as distinct from the struggles and conflicts between the partners themselves.

But perhaps our communication data are trying to teach us a different lesson as well. Perhaps we have drawn the link too tightly between the behaviors we observe in the laboratory and the behaviors we seek to change in our preventive and education interventions. The couples who we see communicating so well in our laboratories are not merely saying specific words with specific emotions (both of which are captured reasonably well by our coding systems)—they are also communicating with *a sense of purpose and an agenda* that they believe will serve the relationship well. This kind of skill is not well captured with our current observational methods, nor is it represented well in our better communication-based interventions. Sometimes this agenda might involve one partner criticizing the mate for being lazy in his or her search for work, or confronting the partner about spending more time playing computer games than with his or her children, or not standing up to his or her boss when he or she asks the husband or wife to work on a Saturday. Effective communication in intimate relationships does need to eliminate threat and promote security (Bradbury & Karney, 2010), but it need not be uniformly positive and upbeat. In fact, prescriptive interventions may backfire, because they set a high and salient standard that may be difficult to meet (e.g., "You *know* that rolling your eyes like that is never good for a relationship! What is wrong with you?").

By shifting from *prescribing the behaviors* that we once thought would undergird strong relationships (e.g., do not interrupt the speaker or express your own viewpoint; state positive feelings along with negative feelings), to *conveying the principles* that seem to underlie relationship-sustaining communication (e.g., find ways to make your partner feel supported; do not intimidate your partner; try to understand where your partner is coming from), we are likely to provide couples with the raw materials they need to keep their relationships strong. While some—perhaps many—couples may initially struggle with how to apply these principles to their own relationships, programs could include time for individual application, modeling, and rehearsal to allow partners opportunities to translate principles into behaviors. Couples could thus tailor classroom learnings in ways that are best for their own relationships (e.g., "My partner feels supported when I ask her about her day when I walk in the door"; "I can express negativity after I validate my husband's position") rather than learning specific rules that may be difficult to implement beyond the classroom. Teaching couples more general principles of healthy communication, and enabling them to discover the best ways to implement these principles

as a team in their daily lives, can thus give them a sense of greater control, mastery, and involvement in the maintenance of their own relationships.

FOR MANY COUPLES, RELATIONSHIP SATISFACTION MAY BE MORE STABLE THAN EXPECTED: THE FOCUS SHOULD BE LESS ON INTERVENING TO PREVENT DECLINES AND MORE ON INTERVENING TO PROMOTE STABILITY

A long-standing assumption holds that initially high levels of satisfaction decline as a marriage matures, and thus research has sought to understand the factors that predict these declines (e.g., Kurdek, 1998). Prevention programs target these factors, under the assumption that augmenting couples' skills in these domains will lead to better relationship outcomes. In recent years, however, this premise has been challenged: growing evidence shows marital satisfaction trajectories are highly stable for many couples. In a 4-year study of newlyweds (Lavner & Bradbury, 2010) and a 20-year study of continuously married individuals (Anderson, Van Ryzin, & Doherty, 2010), more than two thirds of the couples studied were characterized as having stable, highly satisfied trajectories.

These findings cast doubt on the inevitability of declines in satisfaction and raise questions about the appropriate targets of our preventive interventions. Specifically, if interventions are designed to augment areas that predict declines, what should they target if declines do not occur? Little evidence exists to support the idea that the factors that lead to slower declines are the same as those that promote stability, and because many of these couples already exhibit quite positive problem-solving skills (Lavner & Bradbury, 2010), as a group they likely have little to gain from programs focused on improving communication in this regard. Nonetheless, given that these satisfied couples are not immune from divorce (see also Amato & Hohmann-Marriott, 2007), a definite need exists for some type of prevention intervention to serve them. As an alternative, programs working with this large segment of the population may be improved by shifting focus to helping couples build on and sustain existing strengths. For example, given that couples with high, stable marital happiness over time already participate in a high number of shared activities together (Anderson et al., 2010), programs could encourage couples to continue these activities as well as participate in novel activities together that have been shown to increase relationship quality (Aron, Norman, Aron, McKenna, & Heyman, 2000). In this manner, promoting intimacy among relatively satisfied couples should rely less on communication training—these couples do not appear to have

notable deficits in communication skills—and more on emphasizing commitment, relationship maintenance, and the importance of stable partnerships for healthy child development. To advance this shift in focus, outcome studies will need to include outcome variables in addition to communication (e.g., enjoyment, empathy, compassion, commitment, time spent together) to accurately test the effectiveness of these alternative approaches.

RISK MATTERS

Any communication problems that couples might have probably exist alongside difficult personal histories and traits, and within stressful environments that are likely to worsen those problems and promote relationship distress. Couples vary widely in the likelihood that their relationship will deteriorate, and assessing the magnitude of this risk is not particularly difficult. Pursuing primary prevention—that is, offering interventions to all couples regardless of their risk—ignores important information, is likely to compromise the effects of interventions, and devotes resources to couples least likely to need them. At the same time, interventions that target couples with relatively risky backgrounds are unlikely to have much effect if they fail to recognize the power of the risks themselves.

The quality and longevity of intimate relationships are determined by a small set of interrelated factors; focusing on any one of them while ignoring the others will hamper any efforts to improve couples' lives. According to a meta-analysis of more than 100 longitudinal studies of marriage (Karney & Bradbury, 1995), theoretical accounts of why couples achieve certain marital outcomes highlight three primary domains of influence: personality traits and experiences prior to marriage (vulnerabilities), the stressful events and circumstances that spouses encounter once they are married (stressors), and the emotions and communication skills spouses display while adapting to each other (adaptation). Several lines of research now support the hypothesized associations between these domains and relationship outcomes, for example: adverse family experiences and marital dissolution (Amato, 1996), negative personality characteristics and marital quality (Kurdek, 1998), and external stress and marital quality and instability (Bodenmann, 1997); and across domains, for example: family-of-origin experiences predicts couples' negative interactional patterns (Sanders, Halford, & Behrens, 1999; Story, Karney, Lawrence, & Bradbury, 2004), and negative affectivity predicts observed couple communication (Donnellan, Conger, & Bryant, 2004). Moreover, there is evidence of covariation

among all three domains, such that couples with negative communication styles also experience more stress, report more aggression, and are characterized by a full range of difficult personality traits (Lavner & Bradbury, 2010).

These findings are relevant for prevention programs in several ways. First, they highlight the myriad factors that predict couple distress, and suggest that focusing primarily on any one domain will be incomplete. This is especially true for couples with maladaptive interactional patterns, who are likely to exhibit global deficits in multiple domains; these are the couples at greatest risk for experiencing negative marital trajectories and ultimately divorce (Lavner & Bradbury, 2010). Containing couples' anger and contempt is still likely to be a valuable treatment goal for these couples, but failing to address partners' difficult childhoods, negative personalities, aggressive behavior, and external stressors is likely to limit the changes that are possible in communication-based programs or undermine any changes that do occur.

Although there may always be some couples for whom a brief relationship education program will be ill suited to the severity of their needs (e.g., couples in which one partner suffers from psychosis or a major drug/alcohol problem), we need more systematic knowledge of how to work with at-risk couples with the more commonplace risks we have highlighted here (e.g., difficult family backgrounds, aggressive behaviors, and/or stressful life circumstances) who are still functioning relatively well in their relationships. The long-standing assumption that we can help couples simply by imparting skills and information, without knowing a lot more about who they are and the depth of their struggles, is likely to be a barrier to future progress. This is unfortunate, in a sense, because the promise of the preventive model is that interventions could be conveyed without much tailoring or adjustment of the message to specific audiences. But the reality is that couples bring a wide range of risk to their relationships and to our interventions (Halford et al., 2001; Sullivan & Bradbury, 1996), and knowing more about those risks will push us to devise better interventions with stronger uptake. For example, additional attention may need to be given to more distal causes of relationship satisfaction such as family-of-origin experiences, or to teaching couples skills to cope with difficult work schedules, unemployment, financial difficulties, chronic and acute health concerns, and other external stressors (cf. Bodenmann & Randall, (2011-this issue)), much like how couple therapy models have expanded to identify emotional vulnerabilities that partners have developed

through past experiences (cf. Benson, McGinn, & Christensen, (2010-this issue)) and include elements of the extended family and social systems (cf. Snyder & Balderrama-Durbin, (2011-this issue)). While the individualized approaches used in therapy settings are not appropriate for large-scale dissemination, modules on topics such as emotion regulation and managing work-related stress could easily be developed for group formats and should be more routinely included in relationship education programs, particularly in programs working with risky couples.

CONNECTING COUPLES WITH INTERVENTIONS IS DIFFICULT, ESPECIALLY FOR RISKY COUPLES: THE COUPLES WE MOST WANT TO REACH MAY BE LEAST LIKELY TO RECEIVE OUR INTERVENTIONS

Part of the reason we do not have much empirical knowledge about the effects of risk on treatment outcomes is that relatively risky couples may not be inclined to participate in preventive interventions. Even if we are able to adapt program content and format to better suit the needs of a diverse range of people and relationships, connecting couples with interventions will remain a formidable challenge. This concern is especially relevant for those couples at highest risk for marital problems, who appear to be underrepresented in relationship education programs (e.g., Halford, O'Donnell, Lizzio, & Wilson, 2006). Data from middle-class newlywed couples indicate, for example, that couples most likely to participate in premarital counseling programs are those at lowest risk for marital difficulties in terms of their age, income, education, parental divorce, marital satisfaction, neuroticism, stress, and physical aggression (Sullivan & Bradbury, 1997). Even when specific efforts are made to recruit high-risk couples, as in the BSF project described earlier, retaining these couples is difficult: in BSF, for example, on average 45% of couples assigned to the program condition never attended a single session, and 83% did not receive the recommended dosage of attending more than 80% of sessions (Dion, Avellar, & Clary, 2010). Once again, those couples least likely to participate were those whose relationships were known to be most vulnerable: African Americans, those who were not married or cohabiting, and those who had less than a high school education.

Must it always be the rich who get richer? Can this problem be solved? Recent evidence from the Strengthening Healthy Marriage (SHM) Evaluation provides real cause for optimism. Enrolling 6,300 couples, 75% of whom had incomes below U.S. \$44,100 (i.e., 200% of the federal poverty level), SHM achieved high participation rates with a

diverse sample (50% Hispanic, 30% White non-Hispanic, 15% African American). Specifically, “within six months of enrollment, more than 80% of couples attend at least one workshop and go on to complete an average of 20 workshop hours. More than 85% of the couples attend at least one family support meeting and complete, on average, 4.5 meetings within six months” (Gaubert et al., 2010, p. iii). This team attributes their success to partnering directly with local agencies and community organizations to recruit couples, and engaging them in the intervention by scheduling meetings at convenient times and by offering meals, transportation, child care, and modest incentives.

We eagerly await the results of this important project, but until then the implications are clear: extensive community partnerships and substantial investments are needed to reach couples and families that are most likely to need preventive and educational interventions. The efforts needed to bring people into contact with the intervention can become part of the intervention, and the wide range of supportive services that must be offered to implement a program on a large scale confound any simple efforts to identify the active ingredients within the intervention. Echoing and expanding our previous point, stabilizing an at-risk couple and promoting the welfare of their family is likely to require attending to a broad base of needs; once more basic needs are met (e.g., housing, food, transportation, employment), other more traditional forms of intervention (e.g., communication training) may or may not be necessary.

WE ARE TRYING TO BE ALL THINGS TO ALL COUPLES

The populations targeted for educational interventions vary widely, and the interventions offered must be sensitive to their differing needs. In much the same way that couples may have different needs depending on how satisfied or at risk they are, couples may also have different needs depending on what type of couple they are. That is, although research in this area typically has not included diverse populations with regard to race/ethnicity, sexual orientation, income, education, or relationship distress, there is significant diversity in the kinds of relationships that have been considered. In the recent meta-analysis described above (Hawkins et al., 2008), for example, programs targeted to single high school students, engaged/seriously dating couples, couples undergoing the transition to parenthood, and general marriage enrichment programs (the latter comprised 75% of the total sample) were all included. There was significant variation in relationship length of program participants as well, with average relation-

ship duration ranging from 0–2 years in 17% of studies, 3–5 years in 17% of studies, 6–10 years in 29% of studies, 11–15 years in 28% of studies, to 16–20 years in 10% of studies.

What is missing, however, is corresponding developmental sophistication in our approaches. Although it seems likely that couples’ relationship dynamics and concerns differ drastically at these different life stages—a newly engaged couple has less-established interactional patterns than a couple married two decades (and may thus be more amenable to change) and experiences different relationship stressors—couples are often treated the same anyway. Our programs may be trying to solve different relationship problems with similar tools and approaches, which may limit their effectiveness. This problem extends to research examining program effectiveness—because we often assume “one size fits all,” we rarely examine whether a given program is more or less effective depending on relationship status or duration within a given study, or whether programs tested with different populations differ in their effect size across studies.

Programs devised specifically around the transition to parenthood (e.g., Feinberg et al., 2010; Halford & Petch, 2010) are a notable exception to the above view, and we believe that more efforts like these are needed to determine whether and how our programs can be maximally responsive to couples at different life stages. Baucom, Porter, Kirby, and Hudepohl's (2011-this issue) work on couple-based interventions for medical problems provides another example of the value of tailoring our clinical approaches to the needs of specific populations. Extending this type of targeted approach to the prevention and education domain would have the added benefit of enhancing our understanding of relationship functioning in general, addressing critical questions like the stability of relationship problems over time and the most pressing concerns facing couples at different stages in their relationship development. It could also provide new insights into how program format may need to be adapted to different groups (e.g., Do younger couples respond better to didactic instruction or role plays? Might older couples need more sessions given that their interactional patterns are likely to be more entrenched?), a more general issue to which we now turn.

WE KNOW VERY LITTLE ABOUT HOW COUPLES LEARN AND IMPLEMENT NEW INFORMATION, HOW BEST TO TEACH COUPLES ABOUT IMPROVING AND MAINTAINING THEIR RELATIONSHIPS, AND HOW TO ORGANIZE OUR MATERIAL TO OPTIMIZE ITS IMPACT IN COUPLES' LIVES

When a couple is in acute distress and finally reaches out to a therapist for help, we can readily

see that this couple needs an intervention that is immediate, frequent, and sufficiently intense to contain destructive emotions and behaviors, instill optimism, and encourage productive collaboration. What should we do when a couple is not in acute distress, not behaving in destructive ways, already reasonably hopeful, and willing to collaborate—but may be at risk for developing problems in the next few years? For reasons that are not entirely clear, we seem to believe that our preventive and educational interventions also need to be immediate, frequent, and sufficiently intense as well. The round peg of preventive and educational interventions is being squeezed into the square hole of couple therapies, without appropriate consideration for how the dosage or timing of these interventions can facilitate healthy relationship functioning.

In this regard, Snyder and Schneider (2002, p. 159) draw a crucial distinction between “*acquisition* of relationship skills through instruction or rehearsal, and . . . *implementation* of these skills on a motivational or affective basis.” This idea is important, because it implies that we might be successful in the short term at teaching couples the skills and principles we want to convey, only to have them fail to implement those skills and principles at some later time when they are most needed. By compressing our interventions into a single series of relatively intense instruction, we may be overlooking opportunities to promote partners’ implementation of their new knowledge when the situation demands it. This is more than an abstract argument; observational data collected from newlywed couples shows that men and women are equally skilled in providing social support to the partner in a laboratory discussion (Neff & Karney, 2005). Diary data collected from these same couples demonstrate, however, that women provide better support on those days when their husbands are stressed, whereas men provide more support *and more negativity* when their wives are stressed. The skills exist for these men—the videotapes confirm it—but their ability to deploy them well in the natural environment is a different task altogether. As the gap grows from the time of instruction to the point at which the skill is most needed, the likelihood of that skill being used in the couple’s daily life probably goes down.

It is ironic that our field, with deep roots in social learning theory, knows surprisingly little about how couples themselves learn from prior experiences in their relationship, or how couples learn new material from outside sources and then integrate that into their daily lives, or how specific events in couples’ immediate environments facilitate and constrain display of the kinds of interactions that may well exist within their repertoires. Observational research

has provided us with unique insights into couple interaction, but it may also be distracting us from understanding the factors that govern skill acquisition and, more importantly, routine skill use in the natural environment. Intensive in-home observational studies show that couples with children spend less than 10% of their evening time together and alone, and that most of even this small slice of time is not spent on anything resembling relationship maintenance (Campos, Graesch, Repetti, Bradbury, & Ochs, 2009). This suggests that we could do much better at aligning our interventions more closely with the tasks and challenges that couples routinely confront, and that we need greater firsthand exposure to these environments and the interactions they promote. Doing so might open up new avenues for intervention, and it may convince us that intensive, front-ended therapy-style educational interventions are either counterproductive or just a small part of an intervention package that pairs skill acquisition with skill implementation.

Conclusion: Improving the Portfolio

In the conclusion to their 1990 decade review article on preventive and educational interventions, Bernard Guerney and Pamela Maxson wrote that “there is no doubt that, on the whole, enrichment programs work and the field is an entirely legitimate one. No more research or interpretive energy needs to be devoted to that concern” (p. 1133). Twenty years later we have a new perspective. The field is a legitimate one because basic research has shown that intimate relationships are more important than ever, and that the benefits of intimacy—for adults, their children, future generations, and our society—are substantial and beyond dispute. But the assertion that preventive and educational interventions “work” for couples is far from resolved, and in the end we lose more than we gain in overstating the impact of the interventions that have been tested.

The meta-analytic findings that impressed Guerney and Maxson (1990) really have not changed much in two decades, in large part because we still have little in the way of systematic experimental evidence with sufficiently long follow-up intervals to show that our interventions work above and beyond placebo control groups and over meaningful spans of time. The papers in this special section show that we have learned a tremendous amount about intimate relationships in the past 20 years—and that we are learning more about the enormity of this task. Further progress will require a certain degree of humility in what we have been able to achieve thus far and a recognition that even the imperfect outcome data we have in front of us clearly reveal the inadequacy of earlier models and approaches. As we have argued

here, a wealth of basic research on intimate relationships, and emerging large-scale outcome research with economically and ethnically diverse populations, hold great promise for infusing our field with new ideas about how to improve the lives of the couples we hope to serve.

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