The ways in which intimate couple relationships are entered into and sustained have altered significantly over the last few decades (Moloney & Weston, 2012), with many unprecedented changes to how couples form and dissolve relationships and make decisions to have children (Weston & Qu, 2013). Couples choosing to live together without being married, getting married at increasingly later ages and having greater access to divorce, are some of the trends in relationships that are important to consider when designing programs and delivering services to couples and families (Weston & Qu, 2013).

A significant amount of research has reported considerable personal and social repercussions for couples and their children stemming from relationship distress and dissolution (e.g., Halford, Markman, & Stanley, 2008; Markman & Rhoades, 2012). Marital distress, for example, has been associated with an increased risk of psychological disorders (Whisman, 2007). Further, children whose parents separate, or have high levels of relationship conflict, perform worse on outcomes ranging from infant development to adolescent social adjustment (Markman & Rhoades, 2012). Research has also identified that being in a happy, satisfying marriage is one of the strongest factors across a range of cultures that determines life satisfaction for adults (Halford, 2011). It is these findings, along with the demographic shifts noted, that have led to research and policy interest in prevention and intervention strategies aimed at reducing relationship distress and breakdown.

The serious and wide-ranging negative effects that relationship distress can have on individuals and their children highlight the need for a greater understanding of the effectiveness of prevention and intervention strategies. There has been a recent increase in the amount of research available investigating relationship education as a prevention strategy. A search of the recent literature identified meta-analyses and a number of reviews focusing on the effectiveness of relationship education.
The serious and wide-ranging negative effects that relationship distress can have on individuals and their children highlight the need for a greater understanding of the effectiveness of prevention and intervention strategies.

What is relationship education?

Relationship education generally works with couples who are currently satisfied with their relationship and hoping to prevent relationship distress and breakdown through a focus on “building the foundations for a positive life together” (Halford, 2011, p. 3). Broadly defined, relationship education is:

Efforts or programs that provide education, skills and principles that help individuals (a person not in a relationship or a person without his or her partner) and couples (both partners participating) increase their chances of having healthy and stable relationships. (Markman & Rhoades, 2012, p. 169)

In Australia more than one third of couples go to premarital relationship education before they get married (Halford, 2011). Relationship education incorporates more programs, and is available in more settings, than these traditional premarital classes. Relationship education is not restricted to engaged couples preparing for marriage, and is not only church-based (Simons & Parker, 2002), although in Australia programs are most commonly offered through religious organisations (Halford, 2011). Relationship education programs can also be run as part of other programs including antenatal classes, parenting programs, the school curriculum, and rebuilding after separation or divorce programs, in which relationship education material can be embedded (Halford, 2011; Simons & Parker, 2002). Markman and Rhoades (2012) described the types of programs included under the umbrella term “relationship education” as:

- couple enrichment and enhancement programs, typically marital health promotion interventions aimed at helping couples increase their levels of marital satisfaction;
- communication programs, designed to teach couples effective communication skills; and
- prevention programs, which are divided into three groups:
  - universal prevention programs for all couples, usually starting when couples are young and happy, aiming to keep couples happy;
  - selective intervention programs for couples at risk of distress or divorce; and
  - indicated programs for couples in the early stages of distress.

Marriage and relationship education programs are typically offered to couples in a group setting (Ooms, 2010); however, the couple, or individual, can also direct their own relationship education in what is known as self-directed relationship education. Self-help books and DVDs are common forms of self-directed relationship education, and recent developments have seen an increase in the number of self-directed relationship programs available on the Internet (McAllister, Duncan, & Hawkins, 2009).

There are two evidence-based strategies commonly used in relationship education programs that are fairly widely adopted: assessment with feedback and curriculum-based knowledge and skills training (Halford, 2011).

Assessment with feedback

Assessment with feedback approaches usually comprise inventory-based couple assessments followed by a feedback session with a relationship educator who informs the couple of their current relationship strengths and weaknesses (Halford & Snyder, 2012).

The three most common inventories used in practice are PREmarital Preparation And Relationship Enhancement (PREPARE), the Facilitating Open Couple Communication Understanding and Study (FOCCUS) and...
Relationship education programs have been found to be generally successful in the short-term in improving the two most commonly tested outcomes: couples’ communication and couples’ relationship satisfaction (Markman & Rhoades, 2012; Wadsworth & Markman, 2012). Meta-analyses have shown that, overall, relationship education generates significant, moderate effect sizes on these outcomes (Halford & Bodenmann, 2013; Hawkins, Blanchard, Baldwin, & Fawcett, 2008), similar to those found for other prevention programs such as parent effectiveness training and maternal sensitivity to newborns programs (Hawkins et al., 2008). Blanchard and colleagues’ (2009) meta-analysis investigating the effects of marriage and relationship education on communication skills, for example, found modest evidence for the universal application of relationship education, where well-functioning, happy couples improved or maintained communication skills learned through relationship education. The researchers noted that most of the programs that

**Curriculum-based knowledge and skills training**

Curriculum-based approaches are relationship education programs concentrating on the active training of key relationship skills and place a significant focus on building knowledge (Halford & Snyder, 2012). Some commonly used curriculum-based programs include the Relationship Enhancement (RE) program, the Prevention and Relationship Enhancement Program (PREP), the Couple Commitment and Relationship Enhancement (Couple CARE) program, Couples Communication Program (CCP) and Couples Coping Enhancement Training (CCET) (Halford, 2011).

These programs share many similarities, including a focus on skills training in positive communication, conflict management and positive expression of affection (Halford & Snyder, 2012); however, they also vary in significant ways (Halford, 2011), particularly in their emphasis on certain content such as the development of partner empathy in Relationship Enhancement and the development of relationship self-regulation in Couple CARE (Halford & Snyder, 2012). The topics chosen for inclusion in curriculum-based approaches are those that are thought to predict relationship outcomes, such as couple communication (Halford, 2011). This focus on communication could be considered a potential weakness of this approach, however, due to inconsistent evidence supporting the positive effect of communication on couple relationship satisfaction, as discussed later.

**What does the research tell us about the effectiveness of relationship education?**

**Overall effectiveness of relationship education**

Relationship education programs have been found to be generally successful in the short-term in improving the two most commonly tested outcomes: couples’ communication and couples’ relationship satisfaction.
Although the goal of relationship education programs is to improve and enhance couple relationships over the long term, there are a limited number of studies that address long-term effects (Hawkins et al., 2008). When considering the effect of programs on relationship satisfaction, Halford (2011) writes there is "no convincing evidence that CRE [Couple Relationship Education] provided universally to all couples prevents deteriorating relationship satisfaction" (Halford, 2011, p. 55), noting that studies which did find evidence of a universal effect had very short follow-up assessments (Halford, 2011). A strong test of whether relationship education programs are successful as universal prevention strategies would require well-functioning couples to demonstrate the maintenance of skills for a period of two to three years (Blanchard et al., 2009).

As noted, relationship education research commonly assesses for the effects of the education on couples’ communication skills and relationship satisfaction or quality separately. The next section discusses these results.

**Does relationship education improve couples’ communication skills?**

Underlying relationship education programs is the assumption that learning skills and principles usually associated with healthy stable relationships will lead to improved couple relationships and the prevention of relationship problems (Wadsworth & Markman, 2012). Due to a supportive evidence base that suggests that premarital communication skills are positively associated with good marital outcomes (Fawcett et al., 2010), communication skills are thus an important focus of many relationship education programs. Communication is considered in relationship education to be a feature of relationships that can be changed to lead to immediate and future improvements in relationship quality. In other words, communication is one of the “potentially modifiable variables that predict relationship outcomes” (Halford & Bodenmann, 2013, p. 513).

Hawkins et al.’s (2008) and Blanchard et al.’s (2009) meta-analyses found relationship education produced significant, moderate, changes in couples’ communication patterns within the short term. The number of studies included in these analyses that included a follow-up period for participants of six months or longer was small, so there is not enough information available to know if improvements are maintained over a longer-term period. Fawcett et al. (2010) conducted a meta-analysis of premarital relationship education studies that similarly found the programs were moderately effective in improving couples’ communication. Overall, this significant, moderate effect equates to an improvement of between 50% and 60% in couples’ communication skills (Hawkins & Ooms, 2012).

There is, however, inconsistent evidence in the relationship education field that improving communication skills leads to positive changes in relationship satisfaction. Halford and Bodenmann (2013) conducted a meta-analysis studying the effects of relationship education on couple relationship satisfaction, including only studies that had longer-term follow-ups of participants of 12 months or more. They found inconsistent results regarding the effect that changes to communication had on the outcome of relationship education. Wadsworth and Markman (2012) state “we know very little about why and how CRE [Couple Relationship Education] works in general, and if the increased communication skills in particular are linked to successful outcomes”.

**Does relationship education improve couples’ relationship quality and satisfaction?**

Findings on the effect of relationship education on relationship quality are mixed. Hawkins and colleagues’ (2008) meta-analysis found...
Communication is considered in relationship education to be a feature of relationships that can be changed to lead to immediate and future improvements in relationship quality.

Slightly weaker results for relationship education's effect on relationship quality than it did for communication; however, the results still showed a moderate significant effect on couples' relationship quality in the short term. In terms of relationship quality, this amounted to couples being 40–50% better off after relationship education (Hawkins & Ooms, 2012).

A meta-analysis specifically investigating the effectiveness of relationship education for only premarital couples by Fawcett and colleagues (2010) found “these prevention programs do not improve relationship quality/satisfaction” (p. 235) when the entire body of published and unpublished research on premarital education is included in the analysis, and did not find good evidence “for a positive effect of premarital education on relationship quality/satisfaction, at least over the short time frame of the typical study” (p. 235).

Participants in studies on premarital relationship education, compared to those included in relationship education programs more broadly, are engaged to be married and typically have high levels of relationship satisfaction before starting the program (Fawcett et al., 2010), therefore results on relationship quality/satisfaction could be influenced by the “ceiling effect” whereby couples have little room for improvement (Fawcett et al., 2010). It is possible that relationship education’s effects on relationship quality/satisfaction may only be evident in the long term (and this is particularly the case for premarital programs) as the decline in satisfaction within initially satisfied couple relationships is usually a gradual one. This makes it difficult for researchers to detect any effects of relationship education on this satisfaction, particularly when the follow-up with participants is any less than three or four years after program delivery and when sample sizes are small (Halford, 2011; Halford & Bodenmann, 2013).

As the results of research into the effectiveness of relationship education as a universal prevention program have been equivocal, there has been a shift in the focus of research to examine if it may be better suited as a selective or targeted intervention. This is discussed below.

Targeting couples at higher risk of relationship distress

Wadsworth and Markman (2012) suggested that researchers working to understand how effective relationship education programs are for higher-risk couples have used varying, and often limited, definitions of “high risk”. Factors placing couples at higher risk of relationship distress have been identified across three categories including personal characteristics (such as race/ethnicity), couple risk dynamics (such as high vs low conflict couples) and external contexts (such as situational stressors).

Many factors that fall into these three categories potentially influence not only the effectiveness of relationship education but also the likelihood of ongoing relationship quality. These factors include but are not limited to:

- personal characteristics:
  - level of formal education;
  - socio-economic background;
  - personality traits;
  - attachment styles;
  - psychological disorders;
  - family of origin experiences;
  - relationship history of the couple and the individual; and
  - personal problems (e.g., problem drinking or substance abuse, depression and major psychiatric disorders).

- couple risk dynamics:
  - holding shared and realistic relationship expectations;
  - working to sustain and strengthen the relationship (i.e., relationship self-regulation); and
  - how partners think about their relationship (or their “couple bond”).

- external contexts (or life events):
  - transition to parenthood; and
  - loss of work or increased stress at work.

(Source: Halford et al., 2008; Halford, 2011)

Box 1 explores recent research aimed at understanding how individual and couple characteristics may affect outcomes in relationship education.
Although there have been a limited number of meta-analyses that include a focus on implementing relationship education as a selected (targeting couples at risk of distress) or indicated (targeting couples in the early stages of distress) intervention, there is growing research. For example, Halford and Bodenmann (2013) included almost all selective intervention programs in their meta-analysis of relationship education programs with a follow-up of more than 12 months, and demonstrated that in 14 of the 17 studies included, relationship education helped couples to maintain relationship satisfaction “for some years in at least some high-risk couples” (Halford & Bodenmann, 2013, p. 523). Future research needs to clarify which higher-risk groups would benefit most from relationship education.

Australian research by Halford, Sanders and Behrens (2001) and Halford and Wilson (2009) suggested that relationship education may work to prevent the more pronounced decline in satisfaction for high-risk couples and assist high-risk couples to have a similar trajectory of relationship satisfaction to low-risk couples. Although the results indicated that relationship education may work selectively to enhance relationship satisfaction for high-risk couples and not for low-risk couples, the Halford and Wilson (2009) study was limited by the lack of a control group. Further to this, and as previously noted, in the relationship education research, risk is often measured in varied and limited ways, with some studies focusing on single risk factors and others focusing on varied combinations of factors. For example, Halford and Wilson (2009) defined high-risk as couples in which the woman’s parents were divorced or the male partner had been a witness to inter-parental violence in his family of origin. These definitions of risk make generalisations or comparisons between findings difficult.

Box 1: Moderators of the effects of relationship education

Relationship education as an intervention may differ in its effectiveness based on couple and individual characteristics. If couples are at high or low risk for relationship distress then this may moderate the effect of the intervention. Researchers suggest that studying risk as a moderator of relationship education effectiveness should be a major focus of future studies, as understanding moderators can help to determine who relationship education is most effective for (Wadsworth & Markman, 2012).

If relationship education can modify the factors putting couples at high risk for relationship distress then it may be more effective; if relationship education cannot modify the factors putting couples at high risk for relationship distress it may be less effective (Halford & Wilson, 2009; Halford & Bodenmann, 2013). The research suggests risk factors that may be unmodifiable are low relationship commitment and severe male-perpetrated inter-partner violence (Halford & Bodenmann, 2013). Comparatively, some low-risk couples might sustain high levels of relationship quality without relationship education (Halford & Wilson, 2009) and little benefit would be evident for these couples (Halford & Bodenmann, 2013; Halford & Snyder, 2012), particularly if there were no factors placing them at risk.

The successful outcomes of relationship education (for instance improving couple communication and relationship satisfaction) can also be influenced, or modified, by couples’ experiences or risk factors prior to undertaking the intervention. Halford and Bodenmann (2013) explain:

One plausible explanation of the inconsistent findings about the association of changes in couple communication after RE [relationship education] and future relationship satisfaction is that mediation effects [changes in communication] might be moderated by pre-intervention levels of the moderator [previous communication style]. (Halford & Bodenmann, 2013, p. 521)

If, for instance, couples enter into a relationship education program that focuses on improving communication (as a mediating factor) with initially high levels of negative communication (a relationship moderator that makes them more likely to experience declining satisfaction), then undertaking the program would increase the likelihood of improved relationship satisfaction, compared to couples undertaking the program with already low levels of negative communication who have little to improve upon in terms of communication.

Lower-income couples

Lower-income couples are at greater risk of having relationship difficulties and encounter many life challenges and hardships that may make improving couple relationships a more difficult task (Hawkins & Fackrell, 2010). A meta-analysis of 15 couple education programs by Hawkins & Fackrell (2010) researched programs servicing predominantly lower-income participants. Their findings suggested relationship education programs could produce small to moderate reliable improvements in couple relationship quality and communication. The authors state these findings are noteworthy considering the stressful lives of the couples being studied and the modest amount of education offered by the programs (Hawkins & Fackrell, 2010). However, limitations to the studies included self-reporting measures, no control groups for most studies, and limited long-term follow-up of participants.

Two large-scale studies that have included lower-income couples (both married and unmarried) in the United States are explored in greater detail in Box 2.

As can be seen, findings of the efficacy of relationship education for lower-income couples are inconsistent. In contrast to Hawkins and Fackrell’s (2010) finding that relationship education has small positive effects on lower-income couples, the two large-scale studies found limited evidence for
its effectiveness. Comparisons between studies are difficult, particularly due to the differences in risk factors measured and couples’ levels of economic disadvantage. For example, while Petch, Halford, Creedy, and Gamble (2012a) demonstrated that relationship education may be better implemented as a targeted strategy focusing on couples at higher risk for relationship distress, their study identified a household income of AUD $50,000 or less as a risk factor compared to the average combined income in the Building Strong Families (BSF) program (US $20,475).

These higher rates of economic disadvantage may play a role in lessening the effectiveness of relationship education (Wood et al., 2012). The authors of the BSF report suggested that if unmarried low-income parents have higher levels of economic disadvantage, they may be less likely to fully engage with the program and put their newly learnt skills in to practice (Wood et al., 2012).

**Box 2: Recent findings from large-scale relationship education studies with lower-income couples**

**Building Strong Families**

The Building Strong Families (BSF) project was a large-scale randomised controlled trial of relationship education involving more than 5,000 couples (Wood, Moore, Clarkwest, Killeveld, & Monahan, 2012). Eight organisations across the United States ran programs included in the trial with each following a set of research-based program guidelines (Wood et al., 2012). Each organisation could choose from one of three different curricula, which were specially adapted from programs used for married couples to meet the needs of unmarried couples (Wood et al., 2012). Couples were included in the trial if they were: romantically involved, expecting a baby together (or had a baby that was less than 3 months old), unmarried, over the age of 18, and both wanted to participate in the program (Wood et al., 2012). Although no eligibility criteria was applied in relation to income, the programs “targeted and typically served low-income parents” (Wood et al., 2012, p. 4), with the average combined income of the couple in the year prior to applying for the program averaging US $20,475 (Wood et al., 2012).

Despite the trial providing significant incentives for couples to attend, including cash incentives, gift cards and baby products, on top of the provision of child care, food, transportation and flexible session times, 45% of couples randomly assigned to the treatment group did not attend even one session (Wood et al., 2012). The remaining couples averaged 21 hours of group session attendance (Wood et al., 2012), much less than was intended. Results from the trial at the 3-year follow-up found the program had no effect on relationship quality and did not make couples more likely to stay together or get married (Wood et al., 2012). There was no effect on the couples’ co-parenting relationship; in fact the program had small negative effects on some aspects of father involvement (Wood et al., 2012).

**Supporting Healthy Marriages**

The Supporting Healthy Marriages (SHM) program, similar to the BSF program, ran across eight different locations in the United States, offering a total of between 24–30 hours of curriculum (Lundquist et al., 2014). The eight services included in the trial could choose between four different curricula that were tailored to meet the needs of lower-income couples (Lundquist et al., 2014). Over 6,200 couples were enrolled in the randomised controlled study and met the following criteria: low-income couple, married (or considered themselves to be married), over the age of 18, and either expecting a child or parents of a child, under the age of 18 years (Lundquist et al., 2014). Couples were economically disadvantaged with most couples reporting low to modest incomes, and came from diverse racial and ethnic backgrounds (Lundquist et al., 2014).

Results from the 30-month follow-up are somewhat mixed. Although attendance was stronger than the BSF program (83% of couples attended at least one group session; Halford & Bodenmann, 2013), couples receiving the relationship education were no more likely to stay together than couples receiving no relationship education. However, the program had a small but statistically significant positive effect on couples marital quality, which was maintained at the 30-month follow-up (Lundquist et al., 2014). The authors state, “while SHM did improve marital quality for program group couples, these effects were likely too small to appreciably affect marital stability, parenting and children’s adjustment and well-being” (Lundquist et al., 2014, p. ES-11).
In addition to low income, there may be other potentially important moderators of relationship education effectiveness that can affect outcomes. Researchers in the BSF project reported that low levels of relationship commitment could be an important factor. Low relationship commitment not only places couples at higher risk for relationship problems but is also potentially associated with low levels of engagement with relationship education (Halford & Bodenmann, 2013). Levels of relationship commitment may have been lower in BSF than in other studies, with a proportion of BSF couples “not even cohabiting despite having a child together, and almost a quarter of all couples in the study separated in the first 15 months after recruitment” (Halford & Bodenmann, 2013, p. 518).

High- and low-risk couples at the transition to parenthood

The decline in relationship satisfaction may be particularly notable for couples after the birth of a child (Parker & Hunter, 2011; Halford & Petch, 2010). Considering the difficulties faced in encouraging couples to attend relationship education, finding other opportunities to reach couples, such as when they are intending to have children, is important (Petch, Halford, Creedy, & Gamble, 2012b). The transition to parenthood may offer a potential opportunity to reach some couples who would not usually attend relationship education but would attend prenatal classes, and occurs at a time when the couple is at higher risk for relationship distress.

In an Australian study, Petch and colleagues (2012a) conducted a randomised controlled trial of Couple CARE for Parents, investigating the differences in effects for high- and low-risk couples. Couples were assessed for risk of future relationship problems by the number of risk factors that were present:
- parental divorce in the woman or man’s family of origin;
- lack of university education in either partner;
- annual household income of AUD $50,000 or less;
- unplanned pregnancy; and
- presence of inter-partner violence.

Couple CARE for Parents, compared to the mother-focused parenting program Becoming a Parent, which the control group attended, helped to prevent deterioration in relationship satisfaction for high-risk women (Petch et al., 2012a). Although not significant, high-risk men showed a trend for higher relationship satisfaction. There was no effect found for low-risk men and women (Petch et al., 2012a). The findings suggest that selectively offering relationship education to high-risk couples at the transition to parenthood stage may improve high-risk women’s relationship outcomes (Petch et al., 2012a).

Another study by the same authors (2012b) investigated whether the transition to parenthood stage could be an opportunity to reach high-risk couples who would not normally access relationship education. Couples were defined as high risk if they had three or more of the following risk factors:
- low income;
- low education (defined as either partner completing less than 12 years of schooling);
- cohabitation;
- psychological distress;
- low relationship satisfaction;
- unplanned pregnancy; and
- low-level inter-partner violence.

The authors concluded “making CRE [Couple Relationship Education] accessible through hospitals, antenatal clinics, maternity and child health care is highly desirable” (Petch et al., 2012b, p. 507). Providing relationship education outside of the traditional format, delivery and service, in this case incorporating elements of it in to transition to parenthood programs, appears to have been successful in attracting high-risk couples to receive a form of relationship education. Box 3 further elaborates on the importance of making programs relevant to other potentially underserved populations, cohabiting couples and step-families.
Limitations and gaps in the relationship education research

Given the mixed findings for the effectiveness of relationship education, it is important to highlight a number of limitations in the research.

- The range of relationship outcomes studied is limited. When researching marriage and relationship education programs, studies most commonly assess for the effect the program has on couples’ relationship quality and communication skills. Important features of healthy relationships (i.e., relationship virtues) such as commitment, sacrifice and forgiveness are included in the curriculum of many relationship education programs; however, the effect the intervention has on these virtues has rarely been assessed (Hawkins et al., 2008). Divorce, or separation, is a crucial outcome that is not often examined (Hawkins et al., 2008) and rarely studied by relationship education researchers due to the need for large sample sizes and long-term follow-up to accurately establish any effect from the programs (Markman & Rhoades, 2012).

- Relationship aggression, while important to the quality of the couple relationship and wellbeing of any children in the relationship, is also rarely studied as an outcome (Hawkins et al., 2008).

- Observational methods used to assess communication may be overstating the effects of relationship education (Hawkins et al., 2008). Researchers often use observational methods to record participants demonstrating improvements in communication skills (Hawkins et al., 2008). Some researchers have found stronger effects for observational methods compared to self-report (Fawcett et al., 2010). This

Box 3: Relationship education and family structure

Cohabitng couples

Cohabitng couples, compared to married couples, are at greater risk of relationship distress, experiencing higher rates of negative communication and relationship aggression (Petch et al., 2012b), yet relationship education generally does not directly target this population (Markman & Rhoades, 2012). Fawcett et al. (2010), in their meta-analysis of premarital education, argue that relationship educators and researchers need:

- more critical and creative thinking about how to do premarital education for the 21st century ... the timing of premarital education may be a particularly salient aspect to reconsider given family formation patterns in recent decades. (Fawcett et al, 2010, p. 236)

Not all couples choose to marry; however, of those who do, 78% have lived together before their wedding day (Weston & Qu, 2013). As such, an engagement period (formal or informal) has shifted to be more of a middle stage of the couple relationship rather than the beginning (Fawcett et al., 2010), with couples undertaking premarital education after they have lived together for a number of years and may already have had children together.

Finding new ways to target couples who are not planning to marry, but are wanting to make a stronger commitment to one another, is an important consideration for practitioners (Green & Miller, 2013); in fact, limiting such relationship interventions to only couples planning to marry “could be detrimental and isolating to a number of couples” (Green & Miller, 2013, p. 267). Research suggests that relationship education counsellors working with cohabiting couples should not only work on the couples’ communication skills but also discuss and consider the couples’ expectations for the future and include information on commitment (Markman & Rhoades, 2012).

Managing to attract greater numbers of high-risk couples to undertake the relationship education offered through the transition to parenthood program than could be achieved through premarital programs, “partially reflects that cohabiting couples are not offered premarital CRE [Couple Relationship Education], and that the time of becoming parents might be the first time they have been offered CRE” (Petch et al., 2012b, p. 506). Implementing relationship education in this context may present an opportunity for practitioners to better reach cohabiting couples.

Step-families

Couples who re-partner with a child or children from one or more previous relationships, forming step-families (or step-couples), are considered a high risk or high need group of couples with needs and stressors unique to this experience (Lucier-Greer & Adler-Baeder, 2012). A meta-analysis by Lucier-Greer and Adler-Baeder explored the effectiveness of relationship education programs designed specifically for these couples. Their meta-analysis assessed 14 studies conducted from as early as 1982 and up to 2011, highlighting the lack of research in this area, and found relationship education programs targeting step-families (including both married and non-married couples) had small yet significant effects overall. The authors concluded the programs were modestly effective in influencing the overall functioning of participants, as well as family functioning and parenting; however, they noted that the effects were considerably smaller and less effective than those found in studies for generalised relationship education (e.g., in Hawkins et al. (2008) and Blanchard et al. (2009) meta-analyses). These findings need to be interpreted cautiously as there were several limitations to this meta-analysis; particularly that studies included did not measure for long-term effects, and that due to the small number of programs included, may not have been representative of all programs offered to step-families (Lucier-Greer & Adler-Baeder, 2012).
Although the short-term effects on communication and relationship satisfaction or quality have been widely established and replicated, the capacity of relationship education to assist couples to maintain this in the longer term is less clear.

- It is still unclear why or how relationship education works. A main focus of relationship education programs is on improving communication skills; however, the evidence behind the effects these skills have on relationship quality and satisfaction is not clear. Addressing which risk factors are modifiable, or which are not, by relationship education is an area that requires further research.

- There is a lack of studies investigating the long-term effects of relationship education. Although the short-term effects on communication and relationship satisfaction or quality have been widely established and replicated, the capacity of relationship education to assist couples to maintain this in the longer term is less clear (Halford & Bodenmann, 2013). Whether relationship education, as an intervention, is responsible for producing longer lasting changes in areas of relationships that are important to couples, hasn’t been shown in long-term studies (Bradbury & Lavner, 2012).

- Research suggesting relationship education may be more effective for some couples than others, and recommending a selective targeted approach, is still a growing area of research. Results from studies investigating the effectiveness of relationship education for couples at higher risk of relationship distress are inconsistent.

Implications and conclusions

The research findings have implications for policy, practice and future research. For example, while relationship education research has expanded since the mid 2000s to study a wider range of couples, such as those with lower incomes, unmarried couples who have children together, couples where one partner has an illness or couples who have fostered or adopted a child, this still may not be reflective of the diversity of couples in the wider community (Markman & Rhoades, 2012; Halford & Bodenmann, 2013). There is potential to expand this wider application of relationship education to the many groups who still remain under-served, such as older couples, gay, lesbian or transgendered couples, separated and divorced people, cohabiting couples, individuals looking for a relationship (Markman & Rhoades, 2012), couples with ageing parents, couples forming stepfamilies and couples transitioning to retirement (Halford & Bodenmann, 2013). Couples in these diverse groups are still “not well understood or represented in relationship education programs” (Bradbury & Lavner, 2012, p. 115). It is important, however, that any programs or interventions catering for diverse couples are evidence-based and that this evidence is generated from studies that sample a diverse range of couples (Johnson, 2012) so that it is clear from the evidence that these couples will benefit from the relationship education offered to them.

An implication for relationship educators to consider in their practice could be that offering a fixed curriculum for all couples may be less effective than offering a tailored relationship education program (Halford & Bodenmann, 2013). If the program can offer content that addresses the risk factors specific to individual couples, then that material may be more relevant and meaningful. There is limited evidence for the universal application of relationship education programs, particularly over a longer-term period, and there is developing evidence suggesting some couples may be more likely to benefit from programs than others based on shared and individual risk factors. Bradbury and Lavner (2012) write that offering interventions to all couples regardless of their levels of risk for relationship deterioration “ignores important information, is likely to compromise the effects of interventions, and devotes resources to...
couples least likely to need them” (Bradbury & Lavner, 2012, p. 117).

The findings from the two large-scale trials of relationship education in the United States, Building Strong Families and Supporting Healthy Marriages, highlight implications for policy-makers. Relationships for lower-income couples can come under added stress from a range of other factors such as “lack of economic resources, poor educational opportunities, unstable jobs, unsafe neighbourhoods, drug addictions, traumatised childhoods, and so on” (Hawkins & Ooms, 2012, p. 543). Hawkins and Ooms (2012) highlighted suggestions that a more effective policy tool would be to direct funding towards some of these underlying causes of relationship instability, rather than toward the relationship itself. Hawkins and Ooms (2012), however, still see the value in supporting marriage and relationship programs for disadvantaged groups, where the intervention “is intended to supplement other antipoverty efforts, not replace them” (Hawkins & Ooms, 2012, p. 543). Furthermore, there is potential for relationship education programs to act as a gateway for program participants who may need help from other services (Hawkins & Ooms, 2012).

Finally, as highlighted by Halford and Snyder (2012), although research in relationship education has found several evidence-based approaches to be effective, there is still little understanding of the precise mechanisms of change and also that “all approaches to … relationship education have significant limitations in their efficacy, and to date it has not been possible to find a general approach that is reliably more effective than pre-existing approaches” (p. 8). Further research is required to understand why effective interventions work and, importantly, why there are people for whom these interventions do not work in order to potentially increase the overall effectiveness of relationship education interventions in the future.

Endnotes

1 In the context of the current paper a relationship is considered any “long-term committed union of romantic partners” (Lebow, Chambers, Christensen, & Johnson, 2012, p. 2) and includes married and cohabiting couples.

2 “Relationship education” is used in this report to include “couple relationship education”, “marital education”, “premarital education” and “marital and relationship education”. Where differences are apparent the appropriate term has been specified.

3 Strengths and weaknesses have been identified with both self-report and observational methods. For more information on the strengths and weaknesses of self-report and observational measures see the Limitations section of this report and Halford (2011), Fawcett, Hawkins, Blanchard, & Carrol (2010) and Blanchard, Hawkins, Baldwin, & Fawcett (2009).

4 A meta-analysis is a way of reviewing groups of studies. A statistic that quantifies the amount of change in particular variables is calculated and used to indicate whether the effect of a type of program (e.g., parenting competence, adolescent resilience) is small, medium or large. The larger the combined effect, the more effective the program.

References


Halford, W. K., Sanders, M. R., & Behrens, B. C. (2001). Can skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral A fixed curriculum for all couples may be less effective than offering a tailored relationship education program. If the program can offer content that addresses the risk factors specific to individual couples, then that material may be more relevant and meaningful.


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