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Brigham Young University - Provo

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AT-RISK INDIVIDUALS' AWARENESS, MOTIVATION, ROADBLOCKS TO
PARTICIPATION IN PREMARITAL INTERVENTIONS,
AND BEHAVIORS FOLLOWING COMPLETION OF
THE RELATIONSHIP EVALUATION (RELATE)

by

Melissa L. Kigin

A thesis submitted to the faculty of

Brigham Young University

in partial fulfillment of the requirements for the degree of

Master of Science

Marriage and Family Therapy Program

Brigham Young University

November, 2005

BRIGHAM YOUNG UNIVERSITY

GRADUATE COMMITTEE APPROVAL

of a thesis submitted by

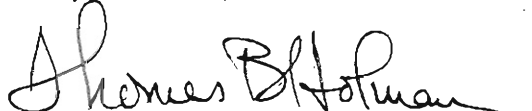
Melissa L. Kigin

This thesis has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.


NOV 9, 2005
Date


Jeffrey H. Larson, Committee Chair

NOV 9, 2005
Date


Thomas B. Holman, Committee Member

11/9/2005
Date


Robert F. Stahmann, Committee Member

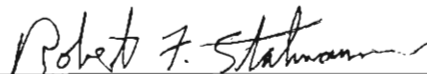
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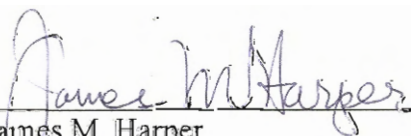
Nov 5, 2005
Date


Jeffrey H. Larson
Chair, Graduate Committee

Accepted for the Program


Robert F. Stahmann
Program Chair

Accepted for the School


James M. Harper
Director, School of Family Life

ABSTRACT

AT-RISK INDIVIDUALS' AWARENESS, MOTIVATION, ROADBLOCKS TO PARTICIPATION IN PREMARITAL INTERVENTIONS, AND BEHAVIORS FOLLOWING COMPLETION OF THE RELATIONSHIP EVALUATION (RELATE)

Melissa L. Kigin

Marriage and Family Therapy Program

Master of Science

The purpose of the present study was to gain more knowledge about single individuals with specific premarital risk factors for later marital problems (e.g. neuroticism or low emotional readiness, family-of-origin dysfunction, poor communication skills, and hostile conflict resolution style). The sample (N=39) completed the RELATionship Evaluation (RELATE) and were selected for the study based on the presence of one or more risk factors. Participants were contacted via email and asked to complete an online version of the Relationship Follow-up Questionnaire (RFQ) to determine their knowledge or awareness of their risk factor(s) after taking RELATE, their motivation for premarital interventions after taking RELATE, their perceived roadblocks or barriers hindering participation in premarital interventions, and

their post-RELATE marriage preparation behaviors including their post-RELATE relationship breakups. The results showed that the RELATE increased an at-risk individual's knowledge or awareness of risk factors, increased their motivation for premarital interventions, and had little to no effect on the break-up of relationships. At-risk individuals reported the major roadblocks or barriers to participation in premarital interventions as being time, money, being uninformed, and the perceived distance/inconvenience of interventions. At-risk individuals' post-RELATE behaviors included discussing the RELATE results with their partner and friends and utilizing books and articles related to marriage. They did not report utilizing individual or couples counseling. Practitioners can use this information to make premarital interventions more appealing to at-risk individuals and encourage the use of the RELATE to increase participation in premarital interventions and help prevent later marital problems.

ACKNOWLEDGEMENTS

I would like to take this opportunity to express my gratitude to the many people who have supported me through this graduate school and thesis experience and who have enriched and blessed my life.

I would like to thank my Graduate Chair, Dr. Jeff Larson, for his guidance, wisdom, patience, and flexibility. My experience at BYU was enhanced because of the assistance that he provided and I don't believe that my thesis would have been finished on time without his tireless efforts and support. It was truly an honor to work with such an outstanding individual. In addition, I would like to thank the other members of my committee, Drs. Thomas Holman and Robert Stahmann, for their willingness to assist me on my journey and for their insightful and helpful comments. Also, I would be remiss if I didn't thank the MFT Staff for their assistance in the graduate program and with the completion of this thesis. In addition, I have enjoyed the privilege over the past two years of meeting and working with an outstanding group of fellow students and will always treasure the experiences that I had with them.

My whole family has been invaluable in this process. I express my gratitude to my husband, Ryan, who has supported, nurtured, and cared for me, and shared my burdens with me most willingly. I thank my parents, who have always been there when I have needed them and encouraged me to be the best that I can. I also thank my in-laws, who have offered me help on numerous occasions and believe in my ability to succeed.

Most importantly, I would like to thank my Heavenly Father, whose loving kindness and guidance led me to the place I am today and blessed me with the abilities that I have.

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Chapter I

Introduction, Purposes, and Theoretical Context

Marital instability, poor marital quality, and divorce are all too common phenomena these days. Most current estimates of the U.S. divorce rate fall around 50% (DeVita, 1996). In addition to those who are divorced, research suggests that a large number of married couples are dissatisfied with their marital relationship, citing communication problems and destructive marital conflict as key factors in their dissatisfaction (Markman & Hahlweg, 1993).

One way to lower marital conflict, separation, and divorce rates has traditionally been through marital therapy (see Butler & Wampler, 1999; Larson, 2004; Markman, Renick, Floyd, Stanley, & Clements, 1993). Unfortunately, marital therapy is usually an after-the-fact intervention designed to fix already occurring problems in the marriage (Hahlweg & Markman, 1988; Larson, 2004). In addition, there is a growing body of research attesting to the limited success of marital therapy, especially for severe marital conflict (Hahlweg & Markman, 1988; Halford, 1998). Indeed, relapse after standard marital therapy is common, occurring at a national rate of 30 to 50 percent (slightly lower than individual therapy) (Gottman & Silver, 1999).

Since it appears that using standard marital therapies to address marital problems is limited in its effectiveness, researchers have looked at other ways to assist struggling couples. One avenue that is growing increasingly popular is premarital preparation. This is because premarital couples have advantages that married couples do not, namely that

they “are much more amenable to change-oriented programs in part because they are younger, happier, and emotionally engaged” (Jacobsen & Addis, 1993; Stahmann, 2000; Stahmann & Hiebert, 1997). This gives couples a unique opportunity to turn to premarital interventions for assistance in resolving potential problems before they have a chance to infect the future marriage (Rogge & Bradbury, 1999).

In addition, unlike standard marital therapies, premarital interventions (i.e. counseling or education) have been found to be effective in a variety of different ways, including producing immediate and short-term improvements in interpersonal skills and overall relationship quality, likely decreasing risk factors (e.g. poor communication skills) for later marital problems and increasing the quality of life for couples and families who stay together (Carroll & Doherty, 2003; Fraenkel, Markman, & Stanley, 1997; Larson, 2000; Stanley, 2001).

Despite these benefits, it appears that most current premarital interventions are not reaching those most at-risk for later marital problems (Sullivan and Bradbury, 1997). Although this lack of participation is alarming, not much has been done to study the at-risk population and its perceptions and needs for premarital interventions (Duncan & Wood, 2003). One recent study looked at preferences for program characteristics and the motivation of at-risk individuals, but this study was limited to only those with family-of-origin dysfunction as a risk factor (Duncan & Wood, 2003). Nothing is known about individuals’ with other risk factors perceptions of premarital interventions.

Premarital Assessment Questionnaires (PAQs)

One method that is gaining in popularity and might be able to effectively attract at-risk individuals’ and couples’ participation is premarital assessment questionnaires

(PAQs) (Larson, Newell, Topham, & Nichols, 2002). Premarital assessment questionnaires are used often in the premarital counseling process and have many benefits over traditional premarital preparation. In addition to providing comprehensive data about the couple's relationship, PAQ's are cost-efficient, easy to administer and interpret, private, attractive, easily available, and have proven effectiveness (Larson et al., 2002). At-risk individuals and couples may prefer a PAQ over other premarital interventions because of these many advantages.

Since a PAQ seems like it would appeal to at-risk individuals, it provides the ideal method to study them. It is important to learn about those who have risk factors so that programs can be created or changed to fit their unique needs. The purpose of the present study was to focus on a PAQ called the RELATionship Evaluation (RELATE) (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997) to get more information on those who had taken the RELATE and had one or more specific risk factors, namely neuroticism, family-of-origin dysfunction, hostile conflict resolution style, and/or poor communication to determine: 1) their awareness of these risk factor(s), 2) their motivation for premarital interventions, 3) perceived roadblocks that may prevent them from participating in premarital interventions, and 4) post-RELATE behaviors. RELATE was chosen because it has several advantages over other PAQs (Larson, Newell, Topham, & Nichols, 2002). When compared to the PREmarital Preparation And Relationship Enhancement (PREPARE) and Facilitating Open Couple Communication, Understanding and Study (FOCCUS) PAQs these advantages include:

1. Most user friendly (self-administered and self-interpreted)
2. Most comprehensive (items measuring factors in four broad areas)

3. Least expensive (cost \$20)
4. Most accessible (available on the internet).

In addition, research has shown that participants rate RELATE as useful in preparing for marriage (Larson, Vatter, Holman, and Stahmann, 2004).

Theoretical Context

Prochaska and DiClemente (1982) proposed a theory of change wherein individuals change in six predictable stages: 1) Precontemplation, 2) Contemplation, 3) Preparation, 4) Action, 5) Maintenance, and 6) Termination. It is assumed that most individuals who take the RELATE are in the first stage of change, the precontemplation stage. In this stage an individual has not yet considered the possibility of change, most often due to a lack of awareness of problem areas (i.e. risk factors) that need to be corrected. Thus, an individual in the precontemplation stage needs their awareness heightened through assessment and information or feedback before they can move to the next stage of change, the contemplation stage.

The main goal of RELATE is to assist individuals and couples in becoming more aware of their risk and protective factors in the individual context (personality traits and beliefs and attitudes), the family context (family-of-origin background), the cultural context (race, religion, cultural beliefs and values, etc.), and the couple context (interaction patterns) that may affect their future marriage relationship (Busby, Holman, & Taniguchi, 2001). By becoming more aware of their protective and risk factors, it is expected that an individual taking the RELATE will likely move into the second stage of change, contemplation, where he/she is able to both consider and reject the idea of changing and overcoming problems (Prochaska & DiClemente, 1982). How far an

individual moves into the contemplation stage of change, however, will depend on the characteristics of the person, context, and couple traits, which to date have been largely ignored in the research. There is little research on the characteristics of at-risk individuals or couples who participate in premarital interventions.

Chapter II

Review of Literature

Marital therapy has been the predominant form of assistance for couples struggling with marital problems (see Butler & Wampler, 1999; Larson, 2004; Markman, Renick, Floyd, Stanley, & Clements, 1993). Unfortunately, marital therapy is fraught with limitations. For instance, it has been found that marital therapy is usually not able to move severely distressed couples into a nondistressed or happy range of marital satisfaction scores, despite its effectiveness in achieving success comparable to other types of psychological interventions (Halford, 1998). In addition, Markman and Hahlweg (1988) found that even after couples received Cognitive-Behavioral Couples Therapy (C-BCT), one of the best researched and more successful forms of couple therapy, many of the couples remained somewhat dissatisfied with their relationship. Finally, it appears that marital therapy isn't even reaching those couples who need it the most; between 80% and 90% of divorcing couples reported that they did not seek assistance from a therapist for their marital troubles (Halford, Markman, Kline, & Stanley, 2003).

The Benefits of a Different Approach: Marriage Education

With the problems inherent in standard marital therapies and the limitations of waiting to pursue an intervention until after marital distress becomes chronic it appears that another method might be preferable in combating the divorce rate and decreasing marital distress. If working with already struggling couples and marriages isn't working so well, why not take preemptive action and approach the problems before they have a chance to become entrenched in the marriage? It would seem to be best to focus efforts

on prevention to help couples avoid later years of poor marital quality and suffering. A growing body of research has focused on the effectiveness and usefulness of prevention programs, particularly for the prevention of marital conflict and divorce (see Carroll & Doherty, 2003; Stanley, 2001; Van Widenfelt, Markman, Guerney, Behrens, & Hosman, 1997). Although there are some limitations, inventories and skill training appear to show particular promise as methods of couple relationship education, are evidence-based, and reasonably widely adopted (Halford, 2004).

Marriage education (including premarital and marital approaches) is a type of prevention program designed to work with the couple before marital problems become serious and difficult to treat so that their risk factors for marital discord and divorce are lowered and their protective factors are strengthened (Coie et al., 1993). As Larson (2004) notes, there are numerous advantages to using marriage education programs. Marriage education is less likely to provoke the fears associated with therapy (i.e. that therapy will do more harm than good, that it will not work, that it will violate their privacy, or that they will be stigmatized as dysfunctional) because it is less stigmatizing, less risky, and less intrusive into a couple's private life. It is also less expensive than traditional therapy. An additional bonus of marriage education is that it may reduce barriers to receiving more intensive professional assistance at a later time (Larson, 2004). There seems to be an even greater potential for prevention if we begin marriage education in the premarital state.

Prevention Before Marriage: Premarital Preparation

Due to the higher risk of divorce in the early years of marriage, early intervention with couples proves beneficial (Stahmann, 1997). According to Stahmann (1997), there

are two main methods of premarital preparation: education and counseling. Typical areas of focus in premarital interventions include communication, conflict resolution, expectations, roles, sexuality, finances, parents and in-laws, parenting, leisure, and religion (Bagarozzi & Rauen, 1981; Berger & DeMaria, 1999; Fournier & Olson, 1986; Stahmann & Hiebert, 1997).

Carroll and Doherty (2003) studied the effectiveness of premarital prevention programs by doing a meta-analytic review of outcome research. They found that the mean effect size for premarital prevention programs was .80, which they interpreted to mean that the average person who participated in a premarital prevention program was significantly better off after participation than 79% of people who did not participate in the programs. Or, as they stated another way, those individuals participating in the programs tended to experience a 30% increase in measures of relationship success. From their findings, Carroll and Doherty concluded that premarital prevention programs are generally effective in producing immediate and short-term improvements in interpersonal skills and overall relationship quality. They also suggest that the improvements in these areas are significantly better for those participating in the premarital prevention programs than those not participating.

This meta-analysis adds to the growing body of literature supporting the use of premarital interventions as a viable and effective option. Premarital education and counseling have been found to be beneficial in helping individuals decide to postpone or cancel marriage and the selection of an inappropriate partner or spend more time in self-preparation, thereby preventing the harmful effects of marrying with pre-existing, untreated problems (Stanley, 2001). Indeed, as McCord (1997) notes, about five to

fifteen percent of couples who participate in a premarital education program decide not to marry. In addition, Risch, Riley, & Lawler (2003) suggest that premarital education and counseling programs communicate to couples that marriage matters, help couples examine potentially problematic areas of their life, inform couples of educational and counseling services, and predispose them to use these services later in their marriage if necessary. All of these findings suggest that premarital prevention programs can help decrease the divorce rate and the distress in a marriage.

Even though premarital education and counseling seem to be effective in providing stronger marriages and have clearly been shown to be beneficial, only about one-third of potential couples actually participate in premarital education and counseling (Silliman & Schumm, 2000; Stanley & Markman, 1996). Although this is a low number, these programs are still worthwhile to use to decrease the divorce rate and marital dissatisfaction especially if they can be targeted to those individuals and couples who are most at-risk for later marital problems.

The At-Risk Population: Who Are They?

Larson and Holman (1994) reviewed the research literature on the premarital predictors of marital quality and stability in first marriages and provide a comprehensive list of the two dozen or so risk and protective factors found up to 1994 to be supported by research grouped into three categories: Background and Contextual Factors (family-of-origin effects, sociocultural factors, and current contexts), Individual Traits and Behavior (physical, personality, and mental health factors), and Couple Interactional Processes (homogamy, interpersonal similarity, interactional history, and communication and conflict resolution processes). Karney and Bradbury (1995), Bradbury (1998), Glenn

(1998), Stanley (2001), and Holman (2001) conducted their own reviews of the factors that affect relationship satisfaction and extended Larson and Holman's (1994) findings by providing additional risk factors supported by research. In addition, Clements, Stanley, and Markman (2004) contributed to the current literature by providing evidence for select risk factors based on a 13-year study following premarital couples through their marital relationship.

To be at-risk for poor marital quality and stability an individual or couple may possess any of the following factors: neuroticism (**an individual factor**) defined as a chronic state of negative affectivity characterized by insecurity, anxiety, depression, low self-esteem, and irritability (Bouchard, Lussier, & Sabourin, 1999; Goldberg, 1993; Karney & Bradbury, 1997; McCrae & Costa, 1987), a history of family-of-origin dysfunction like parental divorce and/or conflict (**a background factor**) (Glenn & Kramer, 1987; Wamboldt & Reiss, 1989; Whyte, 1990) or poor couple communication and problem solving skills (**a couple factor**) (Fowers, Montel, & Olsen, 1996) and negative communication styles (Clements, Stanley, & Markman, 2004; Markman & Halweg, 1993), such as escalation, defensiveness and withdrawal (Gottman, Coan, Carrere, & Swanson, 1998). Other risk factors include premarital cohabitation (Janus & Janus, 1993; Kline et al., 2002; Trussel & Rao, 1987), severe psychiatric disorders (Halford, 1995), short acquaintanceship (Birchnell & Kennard, 1984; Grover, Russel, Schumm, & Paff-Bergen, 1985; Kurdek, 1991, 1993), low religiosity (Call & Heaton, 1997; Clements, Stanley, & Markman, 2004; Mahoney et al., 1999; Stanley & Markman, 1992) and young age at marriage (Booth & Edwards, 1985; Clements, Stanley, &

Markman, 2004; Glenn & Supancic, 1984; Martin & Bumpass, 1989; Sweet & Bumpass, 1988).

If an individual or couple possesses one or more of these risk factors, how do they become aware of them? One option is to seek assistance from a premarital preparation program. Unfortunately, most current premarital interventions are not reaching at-risk couples or individuals. Sullivan and Bradbury (1997) investigated the characteristics of couples who did or did not participate in premarital prevention programs. Comparing newlywed couples, the authors found that couples who participated in premarital counseling were not at greater risk for marital difficulties than couples who did not participate in premarital interventions. Based on these findings, Sullivan and Bradbury concluded that premarital prevention programs are not being utilized by individuals and couples with a relatively high-risk for later marital problems and better efforts should be made to understand their needs, recruit at-risk couples, and to make programs more widely known to them.

The At-Risk Population and Premarital Interventions

Since it appears that premarital interventions are either unknown or not appealing to high-risk individuals and couples who would most benefit from the programs, more needs to be done to understand and recruit this population. In order to do this more information about this high-risk population related to their participation in premarital interventions needs to be gathered.

To date, little research has been done to study factors that might affect a high-risk couple's decision to participate in a premarital preparation program. One study undertaken recently by Duncan and Wood (2003) assessed marriage preparation program

characteristics like price, product, place, and promotion to determine if these had any influence on a high-risk, college-educated, young adult's decision to attend the programs. The authors found that those with greater marital risk factors (e.g. parental divorce) had similar patterns of preferences for marriage preparation programs as those with lower marital risk. For example, both those participants whose parents were divorced and those whose parents were not divorced rated significant others and ministers as two of the top sources for marriage preparation. It appears that the characteristics of premarital interventions in terms of price, product, place, and promotion may not contribute substantially to the difference in participation rates between high-risk and low-risk people, at least in predominantly middle-class Caucasian populations. Thus, we must look for other factors that might affect participation.

Although there may be multiple factors affecting the decision to participate in a premarital prevention program, knowledge or awareness of a potential risk factor might be most important. If at-risk individuals lack awareness of a marital risk factor, they may not participate in premarital prevention programs simply because they may not think that they need to. Prochaska and DiClemente (1982) would place these individuals in the precontemplation stage, needing awareness before they can take action. To date, no study has assessed an individual's knowledge or awareness of their possession of a marital risk factor as it relates to taking some form of action to lower the risk factor before they marry.

Another factor that might influence an at-risk individual or couple's decision to participate in a premarital intervention may be motivation. Perhaps some at-risk individuals are aware of a risk factor (e.g. depression or parental divorce) but are not

motivated to seek any form of education or counseling. Prochaska and DiClemente (1982) would place these individuals in the contemplation stage, where they are aware of their risk factors but seem to have rejected the idea of changing and overcoming problems.

Only one study has assessed the motivation of individuals with an at-risk factor to attend premarital education and counseling (Duncan & Wood, 2003). The authors found that predominantly Caucasian, college-educated young adults with family-of-origin related risks for marital disruption (parental divorce, low happiness in parental marriage, and less positivity in their family) had equal or greater motivation to participate in marriage preparation when compared to those without these risks. These at-risk individuals were also found to have lower optimism about marriage which tempered their motivation. However, participation in available premarital interventions was not measured. And more importantly, young adults with other types of risk factors were not studied (e.g. neuroticism, poor communication skills, negative conflict resolution, etc.), nor were individuals with different risk factors compared to each other on motivation.

Based on this one study, it appears that motivation may not be a major factor hindering premarital couples with family-of-origin related risk factors from participating in premarital education and counseling programs when compared to those without risk factors. But what about individuals with other risk factors? If motivation to attend premarital interventions proved to be high in individuals with other types of risk factors, that would suggest that motivation itself may not have a substantial negative effect on at-risk individuals' participation in premarital preparation, and we would be forced to look elsewhere for other roadblocks to explain why high-risk individuals do not attend.

Examples of potential roadblocks that could influence a decision to participate include a lack of knowledge of where to get help, lack of time to commit to a program or counseling, lack of money, lack of interest, etc. Such barriers might also be said to be built-in to at-risk couples such that a depressed individual may lack motivation in most areas of life while a conflictual couple may argue about attending. In light of these potential roadblocks, perhaps at-risk individuals face more built-in obstacles to participation than those who are not at-risk which decreases their attendance in premarital interventions.

In addition to investigating what influences a decision to participate in premarital interventions, it is also important to understand what, if any, resources the at-risk population use for assistance. If an at-risk individual is aware of their risk factor, is motivated to participate in premarital interventions, and does not perceive any barriers to participation, but does not make use of available premarital resources, the benefits of skills training, information, and counseling are not utilized and little is accomplished in terms of decreasing divorce rates and marital unhappiness.

Finally, it is important to determine whether a premarital intervention may have any effect on the break-up of an at-risk relationship. Since the main goal of a premarital intervention is to prevent later marital problems including divorce, the break-up of a relationship which is at-risk, caused by participation in a premarital intervention may be viewed as a form of prevention of later problems. Currently, there is no research on the effects of PAQs on relationship breakups.

How do we gain an understanding of this at-risk population if their participation in premarital interventions is traditionally low? The answer may lie in the use of a

comprehensive PAQ such as the RELATionship Evaluation (RELATE) (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997). The RELATE is a 271-item questionnaire that possesses the greatest number of important premarital predictors of later marital quality and stability (Busby, Holman, & Taniguchi, 2001). The RELATE may be more attractive to the at-risk population than other forms of premarital intervention because of its low cost, ease of interpretation, and ease of availability (Larson, Newell, Topham, & Nichols, 2002). Since it is a self-administered and self-interpreted assessment, results and discussions can be kept private and seeking professional consultation is not required (Larson et al., 2002). Thus, it may be used by at-risk individuals and couples as an alternative to more formal, costly, and time-consuming premarital interventions and allow researchers to gain more information on the population.

Summary

A potentially viable alternative to traditional premarital interventions may be a PAQ like the RELATE. It may attract the at-risk population due to its many beneficial qualities (low cost, self-administered and interpreted, etc.) (Halford, 2004). Halford (2004) considers RELATE to be a good example of “a flexible delivery relationship education service...” (pg. 564). If at-risk individuals and couples participate in this intervention then they can be studied to determine their reasons for participation or nonparticipation in premarital interventions. In addition, the process of a RELATE intervention will most likely help move them from precontemplators to comtemplators, improving their chances for actually changing their behaviors and correcting their problems.

Purposes of The Study and Research Questions

Due to the lack of research and increasing importance of premarital prevention programs for at-risk populations, the present study was designed to better understand the premarital population that is considered at-risk for marital disruption by specifically examining their:

- (1) Knowledge or awareness of their risk factor(s), i.e., How aware of risks are at-risk individuals as a result of taking RELATE?
- (2) Motivation for interventions, i.e., How motivated are at-risk individuals for participating in premarital interventions as a result of taking RELATE?
- (3) Differential levels of motivation by risk factor categories. More specifically, does the type of risk factor (e.g. neuroticism versus hostile conflict resolution style) affect the motivation level of at-risk individuals?
- (4) Perceived roadblocks or barriers hindering participation in premarital interventions, i.e., What do at-risk individuals perceive as roadblocks or barriers to attending premarital interventions?
- (5) Post-RELATE marriage preparation behaviors, i.e., What do individuals actually do or plan to do after taking RELATE that reflects premarital preparation (e.g. enrolled in a preparation for marriage course or plan to go counseling)?
- (6) Post-RELATE break-ups, i.e. How much did taking the RELATE influence the decision to end the relationship?
- (7) How is gender related to awareness, motivation, roadblocks, behaviors, and break-ups?

Awareness, motivation, perceived roadblocks, post-RELATE behaviors, and relationship break-ups each may be influenced by the gender of the individual. According to research, females tend to be more relationally oriented than males (Wood, 1993). Thus, they are generally more sensitive to interpersonal dynamics and are seen as experts at keeping a relationship healthy (Cancian & Gordon, 1988). Indeed, Thompson and Walker (1989) concluded after their review of extensive research that wives “have more responsibility than their husbands for monitoring the relationship, confronting disagreeable issues, setting the tone of conversation, and moving toward resolution when conflict is high.”

Research has also shown that women are more likely than men to be motivated to participate in premarital programs or counseling (Thompson & Walker, 1989). Thus, it can be hypothesized that a female in a relationship that contains a risk factor might be more aware of the problem, more motivated to seek assistance, perceive fewer roadblocks because of a desire to heal the relationship, be more likely to use community resources, and be more likely to terminate the relationship than a male in a relationship containing a risk factor.

Using individuals who have recently taken the RELATE we examined those individuals identified as having one or more premarital risk factors (specifically, neuroticism, dysfunctional family-of-origin background, hostile conflict resolution style, or poor communication). Neuroticism, dysfunctional family-of-origin background, hostile conflict resolution style, and poor communication were chosen because they represent key factors from each of the three major categories of premarital risk factors:

Individual Traits and Behavior, Background and Contextual Factors, and Couple
Interactional Processes (Larson & Holman, 1994).

Chapter III

Methods

Participants

A total of 39 single, never-married, heterosexual individuals (12 males and 27 females) who had never participated in premarital education or counseling participated in this study. Participants' ages ranged from 18-45 years old (mean = 27.31) and had at least a high school diploma with most obtaining a post-high school education (94.9%) (see Table 1). Participants were predominantly residents of the United States (89.7%) from 16 different states, Caucasian (82.1%), and belonged to a Christian religious sect (79.5%) (see Table 1). All participants took the RELATE once within 30-45 days prior to receiving the RFQ and reported being in a seriously dating, cohabiting, or engaged relationship at the time of taking RELATE. All participants also agreed when taking the RELATE to participate in follow-up studies.

Individuals from the same relationship were excluded in data collection to ensure independence of samples; if both partners met all of the criteria for the study, the partner who agreed to participate in the study first by completing the consent form was chosen and when the other partner tried to access the consent form, that partner was redirected to a webpage informing them that their participation was no longer needed. Also excluded were multiple entries from the same participant (a participant who took the RELATE more than once and qualified for the present study more than once). The most recent RELATE data was included and the participant was only sent one invitation to participate in the RFQ.

Table 1

*Sample Demographic Characteristics***Age** (n = 39)

Mean	27.31
SD	7.02
Minimum	18
Maximum	45

Education	N	%
Less than high school	0	0.0%
High school equivalency (GED)	0	0.0%
High school diploma	2	5.1%
Some college, not currently enrolled	2	5.1%
Some college, currently enrolled	14	35.9%
Associate's degree	2	5.1%
Bachelor's degree	8	20.5%
Graduate or professional degree, not completed	3	7.7%
Graduate or professional degree, completed	8	20.5%
Total	39	100.0%

Racial/Ethnic Group	N	%
African (Black)	0	0.0%
Asian	3	7.7%
American Indian	0	0.0%
Caucasian	32	82.1%
Latino	3	7.7%
Mixed/Biracial	0	0.0%
Other	1	2.6%
Total	39	100.0%

Religion	N	%
Catholic	11	28.2%
Protestant	9	23.1%
Jewish	0	0.0%
Islamic	0	0.0%
Latter-day Saint	11	28.2%
Buddhist	0	0.0%
Hindu	0	0.0%
Sikh	0	0.0%
Other	0	0.0%
None	8	20.5%
Total	39	100.0%

Instruments

The RELATionship Evaluation (RELATE). The RELATE (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997) is a 271-item online, comprehensive, PAQ developed by the RELATE Institute (www.relate-institute.org). It is composed of most of the important premarital predictors of later marital quality and stability found in the literature, grouped into the four primary contexts of a couple's experience: the individual, the family, the culture, and the couple (Busby, Holman, & Taniguchi, 2001). Most of the questions are rated on a 5-point Likert scale, with individuals being asked to rate both themselves and their partner on most items.

The RELATE is designed to assist individuals and couples in examining their relationships and provides them with information regarding risk and protective factors that the individual or couple might possess. When a couple completes the RELATE they receive both a Summary Profile and a Detailed Responses and Profiles printout (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997). The 11-page Summary Profile contains several profile scales that were created by combining several subscales from the RELATE (as in Figure 1).

In the Summary Profile printout the couple is given eight different graphs with both of their scores on a particular profile scale presented on the graphs. Each graph has a strength (green) and challenge (red) area, with corresponding explanations for each section (see Figure 1). These zones were calculated using a large, national sample of couples in the United States, with the cut-off points between zones determined by matching the scores on the scales with partners' reports of relationship satisfaction. The cut-off point for the green zone (strength or protective factor) reflects the level on each

scale where 90% or more of the people who have taken RELATE and reported that scale score or higher reported they were satisfied with their relationship. The white zone reflects the level of scores where 70% to 89% of people typically reported being highly satisfied with their relationship while the red zone indicates the level where less than 70% of people reported being satisfied. Scores in the red zone were equivalent to 1-plus standard deviations from the mean score for each factor measured. Individuals whose scores fall in the red zone are considered at-risk for that variable.

In Figure 1, both individuals are considered at-risk due to family background problems. The information to the right of the chart explains what the risk is. Following each such graph, there is an explanation about the RELATE Institute’s findings pertaining to that particular scale with information on what the current research shows about that variable (see Figure 1 below for an example). Thus, a couple interpreting their RELATE results can see what zone their individual scores fall in to determine whether that particular factor is a protective or risk factor for them.

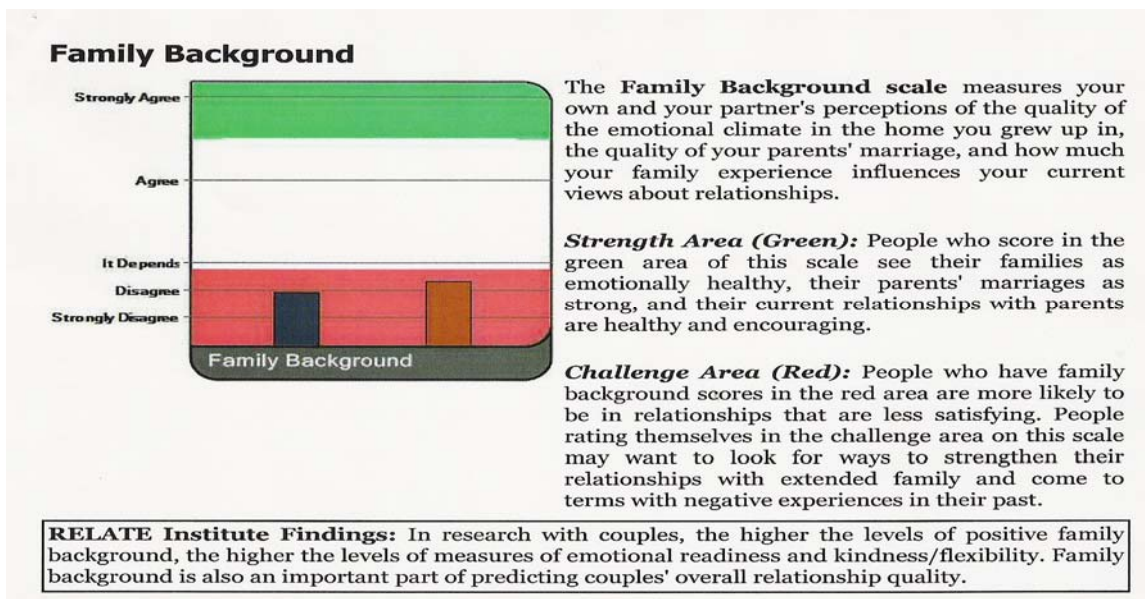


Figure 1: Family background profile scale with strength and challenge zones

In addition, at the end of the Summary Profile there is a Challenge Checklist that lists other important relationship factors that have been shown by research to be potential challenges for couples, with a corresponding explanation of the challenge or risk factors in the Detailed Responses and Profiles printout. Thus, couples who take RELATE are made aware of their risks and the most current research information about their risks and protective factors and their potential effects on a marital relationship (see Appendix A).

Most of the RELATE subscales have been found to have internal consistency reliability scores between .70 and .90 and high test-retest reliability in three samples (Busby, Holman, & Taniguchi, 2001). In addition, the RELATE also has demonstrated construct and concurrent validity. Questions are grouped together to create subscales measuring factors such as the ones being used for this study. Most subscales consist of 3-5 items. Over 70,000 individuals have taken RELATE since 1997.

For this study, neuroticism or low emotional readiness was defined as the presence of anxiety, depression, low esteem, and low maturity as measured by the RELATE Emotional Readiness scale which is composed of the Calm, Happy, Esteem, and Mature subscales (see Appendix B). The Calm subscale has four items (see Appendix B): Worrier, Fearful, Tense, and Nervous and has internal consistency scores of .72 for males and .68 for females, as well as test-retest reliability of .70 (Busby, Holman, & Taniguchi, 2001). The Happy subscale has three items (see Appendix B): Sad and Blue, Feel Hopeless, and Depressed and was found to have internal consistency scores of .76 for males and .82 for females, as well as test-retest reliability of .78 (Busby et al., 2001). The Esteem subscale has four items (see Appendix B) and scored .80 for internal consistency for males and .84 for females as well as .79 for test-retest reliability

(Busby et al., 2001). A few examples from this subscale are “I think I am no good at all,” and “I feel I am a person of worth.” The Mature subscale has three items (see Appendix B): Fight with others/lose temper, Act immature, and Easily irritated or mad and was found to have internal consistency scores of .63 for males and .65 for females, as well as test-retest reliability of .78 (Busby et al., 2001).

High neuroticism using the RELATE scoring system was reflected by lower scores on the Emotional Readiness scale referring to the presence of anxiety, depression, low esteem, and low maturity (anger or hostility) and is defined as scores falling in the red zone on the Emotional Readiness scale, while low neuroticism (high emotional readiness) was defined as scores falling in the white or green zone.

Family dysfunction was measured by the RELATE Family Background Scale which is composed of questions evaluating a person’s perception of the quality of the emotional climate in the home they grew up in (Family Quality subscale), the quality of their parent’s marriage and marital conflict (Parent’s Marriage subscale), and how much their family experiences influence their current views about relationships (Influence of Family subscale) (see Appendix B). The Family Quality subscale has four items (see Appendix B) and has an internal consistency score of .82 for males and .85 for females respectively as well as a test-retest reliability score of .90 (see Family Tone scale in Busby, Holman, & Taniguchi, 2001). An example of a question from this subscale is, “From what I experienced in my family, I think family relationships are safe, secure, rewarding, worth being in, and a source of comfort.”

The Parent’s Marriage subscale has three items (see Appendix B) and scored .91 for internal consistency for males and females as well as .92 for test-retest reliability

(Busby et al., 2001). An example from this subscale is, “I would like my marriage to be like my parents’ marriage.” The Influence of Family subscale has three items (see Appendix B) and has internal consistency scores of .75 and .79 for males and females, respectively as well as a test-retest reliability score of .83 (Busby et al., 2001). An example of an item from this subscale is, “There are matters from my family experience that I'm still having trouble dealing with or coming to terms with.” Family background dysfunction is defined as scores falling in the red range of the Family Background Scale and healthy family background is defined as scores in the green or white range.

Hostile conflict resolution style was measured by the RELATE Conflict Resolution scale, which combines the scores on the Noncritical and Respect subscales and determines the degree of criticism, defensiveness, contempt, and emotional flooding that people use or experience when they are trying to resolve a conflict (see Appendix B). The Noncritical subscale has three items (see Appendix B) and scored .74 for males and .73 for females on internal consistency as well as .77 for test-retest reliability (referred to as Criticism scale in Busby, Holman, & Taniguchi, 2001). An example from this subscale is, “I don't censor my complaints at all. I really let my partner have it full force” (reverse scored so a high score equals noncriticalness). The Respect subscale has four items (see Appendix B) and has an internal consistency score of .78 for males and .83 for females respectively, as well as a test-retest reliability score of .77 (referred to as Contempt-defensiveness scale in Busby et al., 2001). An example of one of the items from this subscale is, “I have no respect for my partner when we are discussing an issue” (reverse scored as above). A high score on hostile conflict resolution style is a score that

falls into the red range of the Conflict Resolution scale and a low score is a score in the green or white range.

Poor communication was measured by the RELATE Effective Communication scale, combining a person's perceptions of skills in level of empathy, listening, and the ability to send clear messages (Empathy and Clear Sending subscales) (see Appendix B). The Empathy subscale has three items (see Appendix B) and internal consistency scores of .72 and .76 for males and females, respectively, as well as a test-retest reliability score of .77 (Busby, Holman, & Taniguchi, 2001). An example from this scale is, "In most matters, I understand what my partner is trying to say." The Clear Sending subscale has five items (see Appendix B) and scored .73 and .79 for males and females on internal consistency, respectively, and .70 on test-retest reliability (Busby et al., 2001). An example of an item from this scale is, "When I talk to my partner I can say what I want in a clear manner." A high score on poor communication is found in the red range of the Effective Communication scale and a low score is a score in the green or white range.

In a recent study conducted by Vatter, Larson, Holman, and Stahmann (2003) to determine the viability of RELATE as a premarital intervention, both the effects of RELATE on premarital couples' relationships and the efficacy of self-interpretation compared to counselor-assisted interpretation of the RELATE report were examined. The researchers found that taking RELATE as a tool for assessment and feedback was not perceived as harmful to premarital relationships and actually had a small positive effect, particularly for females. Participants reported that the interpretation process of RELATE "increased awareness of and fostered communication between partners of couple strengths, hidden issues, and potential problem areas in the relationship" (pg. 42)

in addition to enhancing the relationship, fostering feelings of intimacy, and reassuring them about their marriage plans. Unfortunately, it is not known how many of these couples were at-risk. However, RELATE appears to be useful for some couples who are preparing for marriage.

RELATE Follow-up Questionnaire (RFQ). The RFQ consisted of 15 mostly Likert-type items that were used to answer the seven main questions of this study (see Appendix C):

- (1) How aware of risks are at-risk individuals as a result of taking RELATE?
- (2) How motivated are at-risk individuals for participating in premarital interventions as a result of taking RELATE?
- (3) How is motivation for interventions related to risk categories?
- (4) What do at-risk individuals perceive as roadblocks or barriers to attending premarital interventions?
- (5) What did individuals actually do or plan to do after taking RELATE that reflects premarital preparation (e.g. enrolled in a preparation for marriage course or plan to go to counseling)?
- (6) How much did the RELATE results influence the decision to end the relationship (if applicable)?
- (7) To answer question 7 (gender effects), each person's gender was identified from their RELATE results.

The awareness items from the RFQ measure perceived insights into risk factors gained as a result of taking RELATE. These items (rated on 5-point Likert scales, 1=Strongly Disagree and 5=Strongly Agree) were: (1) "The RELATE led me to

reconsider former attitudes”, (2) “Because of the RELATE I’ve decided to do some thing(s) differently”, (3) “The RELATE made me more aware of my emotional readiness for marriage”, (4) “The RELATE made me more aware of how my family background may influence my relationship quality”, (5) “The RELATE made me more aware of how much conflict I have in my current relationship”, and (6) “The RELATE made me more aware of how effective my communication skills are” (see Appendix C). The percent of individuals answering in each of the five response categories for each question was calculated as a measure of increased awareness of risks.

To assess motivation, a revised version of Duncan and Wood’s (2003) Participation Motivation scale was used as part of the RFQ. This scale is composed of four items measuring participants’ attitudes toward, perceived effectiveness of, interest in, and intentions of attending a program or counseling, measured on 5-point to 7-point Likert scales. Cronbach’s alpha for this measure is .84 (Duncan & Wood, 2003). The wording of each question was changed slightly to read: “As a result of taking RELATE” and assessing changes reflected in each item. In addition, the Likert response categories were changed to 5-point scales for all four items. The Motivation Scale measures a participant’s perceived increase in motivation to change or seek assistance by attending programs or counseling as a result of taking RELATE. As a result of these changes in wording of the items, alpha reliability tests were first conducted and resulted in a Cronbach’s alpha of .79, suggesting high internal consistency.

The scale is composed of the following questions: (1) “As a result of taking RELATE, my attitude toward attending a premarital program or counseling with or without my partner has changed to be”, (2) “As a result of taking RELATE, my interest

in participating in a premarital program or counseling with or without my partner has changed to be”, (3) “As a result of taking RELATE, my intentions to attend a premarital program or counseling with or without my partner before marriage have changed to be”, and (4) “As a result of taking RELATE, my belief in the effectiveness of premarital education or counseling in preparing me for marriage has changed to be” (see Appendix C). To calculate the motivation score, the sum of the four items was calculated. Scores may range from 4 to 20 on this motivation scale with higher scores reflecting more motivation.

Roadblocks or barriers to participation in premarital education or counseling were measured by one RFQ question, modeled after Wood (2001): “Sometimes barriers or roadblocks keep people from pursuing premarital education or counseling programs. What would prevent you from attending a premarital education course or counseling?” followed by 20 possible response categories (e.g., Nothing, I see no barriers, negative past experiences with such things, significant other(s) e.g. parents or friends disapproves, etc.) (see Appendix C). Each participant was able to check more than one roadblock on the list. The percent of individuals selecting each type of roadblock or barrier was calculated as a measure of perceived roadblocks hindering participation.

A participant’s use of RELATE information for behavioral change following RELATE was measured by one question: “After reviewing your RELATE report results, what did you *do or plan to do*?” followed by a list of 15 possible response categories (e.g., discuss the results with my partner, read magazines, books, and/or newspaper articles, speak with a religious leader about the results, etc.) (see Appendix C). Each participant was able to check more than one behavior on the list. The percent of

individuals selecting each type of behavior was calculated as a measure of types of post-RELATE behaviors.

Finally, there were three relationship questions that assessed the status of the participants' relationships since taking the RELATE: (1) "Are you in the same relationship that you were involved in when you most recently took the RELATE?" (followed by yes or no), (2) "Regarding the relationship that you were involved in when you took the RELATE, who initiated the break-up?" (followed by four possible choices (e.g. you, partner, etc.)), and (3) "How much did your RELATE results influence the decision to end the relationship?" (measured on a 3-point Likert scale) (see Appendix C). We were interested in this because we desired to know for how many at-risk individuals taking RELATE was a factor in motivating them to break-up. We did not assume this would be many participants, but wanted to answer this question.

Procedure

The database consisting of all participants who had participated in the RELATE was obtained monthly from December, 2004 to July, 2005. Of the 3,578 individuals who took RELATE during that period, 178 (5.0%) individuals met the study criteria (single, never married, heterosexual, no previous participation in premarital education or counseling, in a seriously dating, cohabiting, or engaged relationship, scoring in the red zone on one or more of the RELATE Emotional Readiness scale, the Family Background scale, the Conflict Resolution scale, and/or the Effective Communication scale, and granting permission to be contacted for future research) and were selected to participate in this study. Those selected were then divided into ten groups depending on the RELATE scale that they had scored in the red zone and their gender: (1) Emotional

Readiness scale only and male, (2) Emotional Readiness scale only and female, (3) Family Background scale only and male, (4) Family Background scale only and female, (5) Conflict Resolution scale only and male, (6) Conflict Resolution scale only and female, (7) Effective Communication scale only and male, (8) Effective Communication scale only and female, (9) more than one scale and male, and (10) more than one scale and female.

Those selected were sent an electronic invitation to participate via email which included a hyperlink to the consent form and the electronic version of the RFQ (see Appendix D). All human subjects protections were strictly adhered to including requiring the completion of the consent form to be a research subject before completing the electronic questionnaire (see Appendix E for the consent form). If a participant did not respond to the electronic invitation after 3 weeks, a follow-up email was sent as a reminder and encouragement to participate (see Appendix F). A total of 3 such follow-up emails were sent to each participant who failed to respond to the first invitation. Once a participant completed the electronic questionnaire their Amazon.com gift cards were mailed to the address they provided. Participants were originally given \$15 Amazon.com gift cards for completing the questionnaire, but this amount was increased to \$30 after 2 months to increase the chances of participation, and all original participants paid \$15 were compensated accordingly so all participants eventually received \$30 gift cards.

Of the 178 eligible participants selected to participate in the study:

- 18 individuals (10.1%) scored only in the red zone for Emotional Readiness with three individuals (3 males (7.7%), 0 females) completing the questionnaire;

- 37 individuals (20.8%) scored only in the red zone of the Family Background scale with nine individuals (3 males (7.7%), 6 females (15.4%)) completing the questionnaire;
- 27 individuals (15.2%) scored only in the red zone of the Effective Communication scale with six individuals (1 male (2.6%), 5 females (12.8%)) completing the questionnaire;
- 32 individuals (18.0%) scored only in the red zone of the Conflict Resolution scale with nine individuals (1 male (2.6%), 8 females (20.5%)) completing the questionnaire; and
- 64 individuals (36.0%) scored in the red zone on two or more of these scales with twelve individuals (4 males (10.3%), 8 females (20.5%)) completing the questionnaire.

The most frequent combination of two or more scales with scores in the red zone for the 178 eligible participants was the Effective Communication and Conflict Resolution scales (14 individuals, 7.9%).

The total number of eligible participants contacted (178) who eventually participated in the study was 39 or 21.9%.

Chapter IV

Results

Awareness of Risks

Frequencies and percentages for each Likert response category for each item of the 6-item Awareness scale for all participants and males and females were calculated and can be seen in Table 2. To determine how aware of their risks individuals were as a result of taking RELATE, the total percent of individuals (males and females) who answered Agree or Strongly Agree to each awareness question was calculated and is listed below:

1. The RELATE led me to reconsider former attitudes: 61.5% (total); 41.7% (males); 70.4% (females)
2. Because of the RELATE I've decided to do some thing(s) differently: 64.1% (total); 50.0% (males); 70.4% (females)
3. The RELATE made me more aware of my emotional readiness for marriage: 84.6% (total); 83.3% (males); 85.2% (females)
4. The RELATE made me more aware of how my family background may influence my relationship quality: 76.9% (total); 75.0% (males); 77.7% (females)
5. The RELATE made me more aware of how much conflict I have in my current relationship: 53.8% (total); 25.0% (males); 66.6% (females)
6. The RELATE made me more aware of how effective my communication skills are: 87.1% (total); 75.0% (males); 92.6% (females)

Table 2

Frequencies and Percentages for the Awareness Questions for the Total Sample

and by Gender

Total Sample
(n = 39)

<i>Awareness Questions</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
Attitudes	0 (0%)	4 (10.3%)	11 (28.2%)	21 (53.8%)	3 (7.7%)
Do Things Differently	0 (0%)	3 (7.7%)	11 (28.2%)	18 (46.2%)	7 (17.9%)
Emotional Readiness	1 (2.6%)	1 (2.6%)	4 (10.3%)	24 (61.5%)	9 (23.1%)
Family Background	0 (0%)	4 (10.3%)	5 (12.8%)	20 (51.3%)	10 (25.6%)
Conflict	3 (7.7%)	4 (10.3%)	11 (28.2%)	11 (28.2%)	10 (25.6%)
Communication Skills	0 (0%)	1 (2.6%)	4 (10.3%)	27 (69.2%)	7 (17.9%)

Males
(n = 12)

<i>Awareness Questions</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
Attitudes	0 (0%)	1 (8.3%)	6 (50.0%)	3 (25.0%)	2 (16.7%)
Do Things Differently	0 (0%)	2 (16.7%)	4 (33.3%)	4 (33.3%)	2 (16.7%)
Emotional Readiness	0 (0%)	1 (8.3%)	1 (8.3%)	6 (50.0%)	4 (33.3%)
Family Background	0 (0%)	2 (16.7%)	1 (8.3%)	7 (58.3%)	2 (16.7%)
Conflict	1 (8.3%)	3 (25.0%)	5 (41.7%)	2 (16.7%)	1 (8.3%)
Communication Skills	0 (0%)	1 (8.3%)	2 (16.7%)	7 (58.3%)	2 (16.7%)

Females
(n = 27)

<i>Awareness Questions</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
Attitudes	0 (0%)	3 (11.1%)	5 (18.5%)	18 (66.7%)	1 (3.7%)
Do Things Differently	0 (0%)	1 (3.7%)	7 (25.9%)	14 (51.9%)	5 (18.5%)
Emotional Readiness	1 (3.7%)	0 (0%)	3 (11.1%)	18 (66.7%)	5 (18.5%)
Family Background	0 (0%)	2 (7.4%)	4 (14.8%)	13 (48.1%)	8 (29.6%)
Conflict	2 (7.4%)	1 (3.7%)	6 (22.2%)	9 (33.3%)	9 (33.3%)
Communication Skills	0 (0%)	0 (0%)	2 (7.4%)	20 (74.1%)	5 (18.5%)

Chi Square tests were conducted to test for significant differences between percentages for males and females for each item and are listed as follows: attitudes χ^2 (3,

$N = 39) = 7.475, p = 0.058$; do things differently $\chi^2 (3, N = 39) = 2.610, p = 0.456$;
emotional readiness $\chi^2 (4, N = 39) = 3.922, p = 0.417$; family background $\chi^2 (3, N = 39) =$
 $1.679, p = 0.642$; conflict $\chi^2 (4, N = 39) = 7.640, p = 0.106$; and communication skills χ^2
 $(3, N = 39) = 3.258, p = 0.354$. There was only one significant difference for males and
females on these items (attitudes), but the accuracy of these results is questionable due to
low cell sizes for males ($n=12$).

To get more representative results, the 5 item categories were collapsed into two
groups: 1) Disagree/Neutral consisted of these responses: strongly disagree, disagree, and
neutral; and 2) Agree consisted of agree and strongly agree responses and the chi-square
analysis was conducted again for the attitudes and do things differently items as these
were the only items that had high enough subjects in these two cells. There were no
significant differences for males and females on either the attitudes ($\chi^2 (1, N = 39) =$
 $2.892, p = 0.089$) or do things differently items ($\chi^2 (1, N = 39) = 1.498, p = 0.221$).

Notwithstanding these Chi Square results, there was a tendency for females to be
more likely than males to agree that taking RELATE increased their awareness on the
items measuring changes in attitudes (70.4% to 41.7%), behavior (70.4% to 50.0%),
awareness of conflict (66.6% to 25.0%) and awareness of the effectiveness of
communication skills (92.6% to 75.0%).

Motivation for Interventions

To determine how motivated at-risk individuals were for participating in
premarital interventions as a result of taking RELATE, an overall motivation score was
created by summing the scores from the four motivation items. Scores may range from 4
to 20 with higher scores reflecting more motivation. As can be seen from Table 3, the

mean motivation score was 15.05 (SD = 2.31) for all participants, 15.00 (SD = 1.95) for males, and 15.07 (SD = 2.48) for females. The significance of differences in male and female scores originally was to be tested using a t-test, but was deemed unnecessary since the male and female scores were nearly identical. As can be seen from Table 3, the mean motivation scores for all participants, males, and females were in the top quadrant of the range of possible scores (4-20), suggesting that most participants regardless of gender agreed that RELATE increased their motivation to participate in a premarital program or counseling.

Table 3

Mean Scores and Standard Deviations for Motivation Scale for Total Sample and by Gender

<i>Sample</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Minimum</i>	<i>Maximum</i>
Total	39	15.05	2.31	8.00	20.00
Males	12	15.00	1.95	12.00	18.00
Females	27	15.07	2.48	8.00	20.00

A five (risks categories) by two (gender) analysis of variance (ANOVA) procedure was planned to test for differences in motivation level for the 5 categories of at-risk individuals by gender and post hoc analyses using Tukey tests were to be used if the ANOVA results were significant. However, due to the small sample size and missing data in one risk category (i.e. female Emotional Readiness) this analysis could not be done.

Roadblocks or Barriers

To determine the roadblocks or barriers that individuals perceived as preventing them from attending a premarital education course or counseling, frequencies and

percentages were calculated for each roadblock response category and the roadblocks were rank-ordered by most frequently endorsed to least frequently endorsed for the total sample and by gender (see Table 4). For the 39 participants, there were only five write-in responses: “A belief that the relationship is perfect”, “A false sense of mutual satisfaction”, “Distance from partner, would do online”, “Unsure of quality of counseling services”, and “We can solve most problems together”. As can be seen from the table, the most commonly selected roadblock for participants overall was lack of time (61.5%), followed by too expensive (48.7%) and don’t know where to find help (41.0%). The least common roadblocks were: Do not think it will be useful (0.0%) and too young or too old to participate (0.0%).

When examined by gender, males endorsed lack of time (75.0%), too expensive (58.3%), don’t know where to find help (33.3%), and reluctance to discuss personal information and feelings with a person besides my partner (33.3%) most frequently while females endorsed lack of time (55.6%), too expensive (44.4%), don’t know where to find help (44.4%), and too far away or inconvenient (33.3%).

The least common roadblocks among males were lack of interest (0.0%), negative past experiences with such things (0.0%), do not think it will be useful (0.0%), partner won’t participate (0.0%), too young or old to participate (0.0%), and a belief that only very religious individuals get involved with such programs (0.0%); Females reported: Do not think it will be useful (0.0%) and too young or old to participate (0.0%). A Chi Square test was conducted to test for significant differences for males and females for only one response category (too expensive), since this roadblock was the only one that had high enough cell sizes for males and females to ensure accurate results. There was

no significant difference for males and females for the ‘too expensive’ roadblock ($\chi^2(1, N = 39) = 0.641, p = 0.423$).

Table 4

Frequencies and Percentages for Roadblocks or Barriers to Premarital Interventions for the Total Sample and by Gender

<i>Roadblocks</i>	<i>Total (n=39)</i>			<i>Males (n=12)</i>			<i>Females (n=27)</i>		
	<i>N</i>	<i>%</i>	<i>Rank</i>	<i>N</i>	<i>%</i>	<i>Rank</i>	<i>N</i>	<i>%</i>	<i>Rank</i>
Lack of time	24	61.5%	1	9	75.0%	1	15	55.6%	1
Too expensive	19	48.7%	2	7	58.3%	2	12	44.4%	2
Don't know where to find help	16	41.0%	3	4	33.3%	3	12	44.4%	2
Too far away or inconvenient	11	28.2%	4	2	16.7%	4	9	33.3%	3
Nothing, I see no barriers	8	20.5%	5	1	8.3%	5	7	25.9%	5
Partner won't participate	8	20.5%	5	0	0.0%	6	8	29.6%	4
Reluctance to discuss with other person	6	15.4%	6	4	33.3%	3	2	7.4%	8
Criticisms from others	5	12.8%	7	2	16.7%	4	3	11.1%	7
Would only stir-up things	5	12.8%	7	1	8.3%	5	4	14.8%	6
People might look down on me	4	10.3%	8	1	8.3%	5	3	11.1%	7
Significant other disapproves	3	7.7%	9	1	8.3%	5	2	7.4%	8
I should be able to solve my own problems	3	7.7%	9	1	8.3%	5	2	7.4%	8
See no need	2	5.1%	10	1	8.3%	5	1	3.7%	9
Reluctance to discuss with my partner	2	5.1%	10	1	8.3%	5	1	3.7%	9
Lack of interest	1	2.6%	11	0	0.0%	6	1	3.7%	9
Negative past experiences	1	2.6%	11	0	0.0%	6	1	3.7%	9
Only very religious individuals get involved	1	2.6%	11	0	0.0%	6	1	3.7%	9
Do not think it will be useful	0	0.0%	12	0	0.0%	6	0	0.0%	10
Too young or old to participate	0	0.0%	12	0	0.0%	6	0	0.0%	10

Post-RELATE Behaviors

To determine the post-RELATE behaviors of the participants that reflect premarital preparation, frequencies and percentages were calculated for each response category and the categories were rank-ordered by most frequently endorsed to least frequently endorsed for the total sample and by gender (see Table 5). There was one write-in response: “Set personal goals to improve communication skills”. As can be seen from the table, the most commonly selected post-RELATE behavior for participants

overall was to discuss the results more with my partner (74.4%), followed by speak with a friend about the results (41.0%), read magazines, books, and/or newspaper articles (28.2%), and seek a premarital preparation program (23.1%). The least common post-RELATE behaviors were nothing (7.7%), seek couples counseling from a professional (5.1%), and seek individual counseling from a professional (2.6%).

Table 5

Frequencies and Percentages for Post-RELATE Behaviors for Total Sample and by Gender

	<i>Total (n = 39)</i>			<i>Males (n = 12)</i>			<i>Females (n = 27)</i>		
<i>Post-RELATE Behaviors</i>	<i>N</i>	<i>%</i>	<i>Rank</i>	<i>N</i>	<i>%</i>	<i>Rank</i>	<i>N</i>	<i>%</i>	<i>Rank</i>
Discuss results with partner	29	74.4%	1	10	83.3%	1	19	70.4%	1
Speak with a friend	16	41.0%	2	5	41.7%	2	11	40.7%	2
Read magazines, books, etc.	11	28.2%	3	4	33.3%	3	7	25.9%	3
Seek a premarital program	9	23.1%	4	3	25.0%	4	6	22.2%	4
Speak with a family member	8	20.5%	5	4	33.3%	3	4	14.8%	6
Speak with a married couple	8	20.5%	5	4	33.3%	3	4	14.8%	6
Speak with a religious leader	7	18.0%	6	2	16.7%	5	5	18.5%	5
Seek couple communication training	6	15.4%	7	1	8.3%	6	5	18.5%	5
Take a marriage-related class	6	15.4%	7	1	8.3%	6	5	18.5%	5
Utilize a TV program, etc.	6	15.4%	7	3	25.0%	4	3	11.1%	7
Take another premarital questionnaire	5	12.8%	8	1	8.3%	6	4	14.8%	6
Nothing	3	7.7%	9	0	0.0%	7	3	11.1%	7
Seek couples counseling	2	5.1%	10	0	0.0%	7	2	7.4%	8
Seek individual counseling	1	2.6%	11	0	0.0%	7	1	3.7%	9

When examined by gender, males endorsed discuss the results more with my partner (83.3%) and speak with a friend about the results (41.7%) most frequently while females also endorsed discuss the results more with my partner (70.4%) and speak with a friend about the results (40.7%). The least common post-RELATE behaviors among

males were nothing (0.0%), seek couples counseling from a professional (0.0%), and seek individual counseling from a professional (0.0%), while females reported seek couples counseling from a professional (7.4%) and seek individual counseling from a professional (3.7%).

A Chi Square test was conducted to test for significant differences for males and females for only one response category (speak with a friend about the results), since this post-RELATE behavior response category was the only one that had cell sizes high enough to ensure accurate results. There was no significant difference for males and females for the 'speak with a friend about the results' post-RELATE behavior ($\chi^2(1, N = 39) = 0.003, p = 0.957$).

Post-RELATE Relationship Break-ups:

Since it is unknown how many couples break-up as a result of taking a questionnaire like RELATE, the number of individuals who broke-up as a result of taking RELATE was calculated. Only 5 (12.8%) (1 male, 4 females) out of the 39 participants reported they were not in the same relationship they had been in when they took the RELATE. Of those 5 participants, 3 (60.0%) stated that the RELATE results did not influence the decision to end the relationship, 1 (20.0%) stated that the results influenced the decision to end the relationship some, and 1 (20.0%) stated that the results strongly influenced the decision to end the relationship. Thus, only 2 of the 39 participants (5.13%) reported that RELATE was influential in the breakup of their relationship. Sixty percent of participants stated that they initiated the break-up themselves, 1 (20.0%) stated that their partner initiated the break-up, and 1 (20.0%) stated that the initiation of the break-up was mutual. Thus, 4 of the 5 individuals (80.0%) whose relationships ended

stated that they had some part in the initiation of the break-up. Tests of significant differences for males and females for these questions were to be calculated, but because of the small sample size, they were unable to be done.

Chapter V

Discussion and Implications for Practice

Individuals with premarital risk factors tend to have a higher rate of marital disruption and dissolution than those without risk factors but it is often these very individuals who need assistance the most who do not take advantage of premarital interventions. Little research has been done to understand the preferences, needs, and perceived roadblocks of this at-risk population to help us determine potential reasons why these individuals may not participate in premarital preparation. Thus, it is important to learn more about these individuals if we are going to have any hope of assisting them in preventing later marital problems. A potentially viable tool in assisting in the study of the at-risk population may be the RELATionship Evaluation because of its low cost, ease of interpretation, ease of availability, and privacy (Larson, Newell, Topham, & Nichols, 2002).

The purpose of the present study was to gain knowledge about individuals with specific risk factors for later marital problems (neuroticism or low emotional readiness, family-of-origin dysfunction like conflict, poor communication, and hostile conflict resolution style), by examining their knowledge or awareness of their risk factor(s), their motivation for premarital interventions, their perceived roadblocks or barriers hindering participation in premarital interventions, and their post-RELATE marriage preparation behaviors including their post-RELATE breakups.

Awareness of Risks

As stated previously, a purpose of RELATE is to assist individuals and couples in the precontemplation stage of change to become more aware of their risk and protective

factors that may affect their future marriage relationship, and thereby provide them with the knowledge to both consider and accept or reject the idea of changing and overcoming their problems and hopefully, moving them into the contemplation stage of change (Busby, Holman, & Taniguchi, 2001; Prochaska & DiClemente, 1982). It appears that this goal is largely being met by RELATE with most at-risk individuals seeing RELATE as increasing their awareness of potential risk factors in their own relationship and helping them reconsider former attitudes, as well as deciding to do something different as a result of taking the RELATE. This suggests that the RELATE did indeed help move participants from a precontemplation stage to a contemplation stage, and even helped move a majority of participants into an action stage of change.

Increasing an at-risk individual's desire to do something differently is particularly important, as it hopefully moves them toward a healthier relationship and further away from later marital problems. It would be interesting to see in future research what at-risk individuals actually did differently because of taking the RELATE. In addition, future researchers should also study what specific former attitudes (e.g. "Our relationship is perfect", or "Taking a test is dangerous and may dig-up problems we don't want to face") were reconsidered because of taking the RELATE and how this impacted an at-risk individual's relationship and behavioral changes.

The greatest increases in awareness of risks from taking RELATE were effectiveness of communication skills and emotional readiness for marriage, suggesting that when compared with the other risk factors studied, communication skills and emotional readiness are the two factors that at-risk people may be least aware of before marriage. Perhaps awareness of the effectiveness of communication skills before

RELATE is lower because most people are not aware that there are different ways of communicating with differing levels of effectiveness (Miller, Miller, Nunnally, & Wackman, 1991). Perhaps they just stick to what they have been taught because it is the only way they know to communicate. Perhaps awareness of emotional readiness before taking RELATE was lower because none of the at-risk individuals had ever been married before or know what marriage is really like. These individuals may think that they are ready for marriage and rush in prematurely, without preparation because the media makes marriage and divorce look easier than it is. Evidence for this is in two write-in comments made that said: “We believe the relationship is perfect” and “There was a false sense of mutual satisfaction.”

Another likely reason for this lack of awareness is that most individuals with neurotic traits may not have realized how badly they really feel. Most individuals with depression or anxiety disorders are never diagnosed or treated (Maxmen & Ward, 1995). Only after comparing their emotional readiness with a norm group via RELATE did they understand that such a mood disorder may exist. Another issue here is that all of the participants in this study who were low on emotional readiness were males who unlike females may be less aware of their emotional health or less likely to admit problems with emotional health. Seeing their low scores on emotional readiness may have greatly impacted their awareness and thus, they reported great increased awareness of emotional readiness.

Fortunately, communication skills and emotional readiness are two risk factors that individuals may actually be able to improve through premarital preparation, skills training, and individual psychotherapy (Bagarozzi & Rauen, 1981; Berger & DeMaria,

1999; Fournier & Olson, 1986; Stahmann & Hiebert, 1997). The area of lowest risk factor awareness from the RELATE was conflict resolution skills, suggesting that at-risk individuals were most aware of this problem in their relationship before taking RELATE. This may be due to the fact that conflict is more easily identifiable and problematic so most individuals know when it is happening and remember and regret it.

More females than males seem to have increased their awareness in all areas, although the Chi-Square analyses showed no statistical differences between the two groups. There appears to be a trend though for females to have increased their awareness more than males after taking the RELATE. This difference could be attributed statistically to the larger sample size of the females and when more males are compared to females, may be negated.

This finding also could be interpreted to mean that males may have been more aware of their risk factors before taking RELATE and did not have as much of a need to gain as much awareness as females, hence the smaller increase in awareness for males. However, this runs counter to the notion that women generally have a greater sensitivity to emotional health and interpersonal dynamics in relationships (Cancian & Gordon, 1988). It seems to suggest that males may have been more knowledgeable about their relationships before taking the RELATE than females. But this does not mean that males will be more likely to act on that knowledge; on the contrary, women are generally more inclined to do something differently as a result of such new awareness which lends credence to the idea that women are more likely than men to act to help the relationship once they recognize that it is in trouble (Thompson & Walker, 1989). Or perhaps males

already had the awareness and had already decided to do something differently before taking the RELATE.

Another possibility for the difference in awareness between men and women could be that women may be more likely than men to admit that they learned something (women may be more humble or less likely to become embarrassed that they were lacking something). Females seemed to mimic the order of risk factor awareness reported by the total sample, whereas males selected increased awareness of emotional readiness most frequently. This too may reflect that none of the women in the sample scored at risk for emotional readiness. Males reported awareness of the conflict risk factor least frequently when compared to the other risk factors. Again, this could possibly be due to many males already being aware of the conflict that is inherent in their relationship because it is such a recognizable factor. Future research should be focused on discovering the reasons why there may be differences between the genders on these awareness questions.

Overall, these results suggest that the majority of at-risk participants in the present study lacked awareness of their risk factors before taking RELATE. This could be related to their lack of participation in premarital interventions. As was stated previously, if an at-risk individual lacks knowledge or awareness of their risk factors, their need for assistance to combat these risks will be small because they do not think they need help in the first place. Future research should determine the connection between lack of awareness and participation in premarital interventions. The findings also suggest that the RELATE seems to provide the knowledge or awareness for most couples that an at-risk individual or couple needs to know about their relationship and potential risk factors

in order to make the decision to participate in premarital prevention programs, and may be a useful tool in the prevention of later marital problems.

Motivation for Interventions

According to the findings of this study, it appears that most at-risk individuals saw taking RELATE as increasing their motivation for premarital interventions. This suggests that these individuals were not as motivated for premarital interventions before participating in the RELATE, and that the RELATE actually helped these individuals to increase their motivation. Thus, it appears there was movement into the contemplation stage of change, in that after gaining awareness participants were more inclined to seek assistance and embraced the idea of changing and overcoming problems (Prochaska & DiClemente, 1982). This is fortunate news because it gives a practitioner another tool to encourage participation in beneficial premarital interventions.

The finding that at-risk individuals were not as motivated to participate in premarital interventions before taking the RELATE raises the possibility that the lower pre-RELATE motivation level may be related to lower participation in premarital programs. This does not seem to be in agreement with Duncan and Wood's (2003) findings that individuals with a family-of-origin risk factor were motivated to participate in premarital interventions. More research needs to be conducted to reconcile these findings. However, when combining the results of the present study with those of Duncan and Wood's (2003) it suggests that, with or without a PAQ, at-risk individuals are motivated to participate in premarital interventions and it is not a lack of motivation that is preventing participation.

As a result of taking RELATE at-risk individuals reported a more positive attitude toward premarital programs, increased interest and intentions to participate, and increased belief in the effectiveness of premarital programs. One potential explanation for this is that the RELATE provided at-risk individuals with new awareness about their risk factors, showed them the research on the damage those risk factors can do to a relationship, and these individuals decided that premarital interventions might be useful in preventing potential negative future problems. Or, the information gained from the RELATE provided new awareness about protective factors, and the at-risk individuals' decided that the relationship had enough strengths that it was worth getting the assistance that they needed to build on those strengths and improve the relationship. Thus, the awareness from the RELATE provided the information necessary to increase an at-risk individual's motivation to help their relationship.

Another possible explanation is that participation in RELATE was such an easy, straightforward, helpful, and rewarding experience that it made participation in other forms of premarital programs seem safer and more inviting. Perhaps at-risk individuals thought that other premarital interventions may not be too bad if they are similar to their positive experience with the RELATE. Thus, RELATE may be seen as a sort of springboard to other, more intense interventions, a safe starting point to get participants interested enough in their relationship that they are willing to make it better through other interventions. Future research should be aimed at discovering what specific characteristics of RELATE helped to increase motivation for more premarital programming.

Males and females had nearly identical motivation scores, which seems to contradict the idea that men tend to be more difficult than women to motivate to participate in premarital programs or counseling (Thompson & Walker, 1989). This is fortunate news, as it suggests that both partners in a relationship may be more motivated to act when they detect trouble and there may not need to be a lot of convincing of one partner to attend interventions. RELATE appears relatively safe for men. This is consistent with Larson et al. (2004) who found that very few males thought their partners would later use their RELATE results against them in some way (e.g. blaming him for poor communication skills).

These findings emphasize the usefulness of the RELATE as a tool for assisting in premarital prevention by increasing motivation to participate in premarital interventions. If we can get at-risk individuals to complete the RELATE, we have a greater chance at getting them to view premarital preparation programs more favorably and attend them, thereby helping to prevent later marital problems. Future research should look at the connection between increased motivation because of taking the RELATE and actual attendance in premarital programs, to see if the RELATE is actually helping to get at-risk individuals into other premarital programs or counseling.

Roadblocks or Barriers

For the at-risk individuals in the present study, a lack of participation in premarital interventions did not appear to result from a lack of motivation or interest, a belief that interventions will not be useful, negative past experiences with interventions, a belief that only religious people participate, or a belief that the individuals are too young or old to participate. These first two roadblocks are particularly important because they

imply that at-risk individuals do have an interest in premarital interventions and believe they can be useful which suggests that premarital interventions have a positive image with them.

The major roadblocks or barriers to participation in premarital interventions included the two resources of time and money, being uninformed, and the perceived distance/inconvenience of interventions. These are all practical matters. Premarital programs need to be more attractive to at-risk individuals principally by removing these barriers and creating shorter but still effective interventions, decreasing the cost, increasing advertising and marketing, and decreasing the distance/inconvenience of interventions by creating more interventions in the same area or offering them at more convenient times/locations. This follows Halford's (2004) call for more accessible, flexible, convenient, and cost effective marriage education approaches, such as the RELATE and other PAQs.

Another example of a program that meets Halford's criteria is Couple CARE, a 6-unit self-directed at-home learning program that incorporates a videotape, guidebook, and weekly telephone contact with a relationship educator to help a couple learn and practice core relationship skills (Halford, Moore, Wilson, Dyer, & Farrugia, 2004). Couple CARE has been found to be effective in the short term, it engages couples well, it enhances relationship satisfaction, and provides program content that is highly satisfying to both single and married participants (Halford et al., 2004).

These types of flexible delivery programs may be what is needed to get the attention and participation of the at-risk population. If practitioners can make changes to how they offer existing programs, to make them more flexible and convenient and utilize

at-risk individuals' already present interest in and belief in the usefulness of premarital interventions, the chances of premarital program attendance for at-risk individuals may increase.

Males and females seem to report similar roadblocks or barriers when considering participation in premarital interventions. The chi-square analysis that was conducted for the second highest roadblock (too expensive) showed no statistical difference between women and men. This similarity increases the chances that a single intervention may be able to cater to both genders equally, thus decreasing the problems inherent in developing interventions for two different groups of people. This similarity between males and females seems to run counter to Duncan and Wood's (2003) finding that males with family-of-origin risks were more willing to invest more time and money in marriage preparation than females. Perhaps the current study would have found the same results as Duncan and Wood (2003) had there been more male participants in the present study, especially more male participants with family-of-origin risks.

One of the roadblocks that males seemed to find most important in the present study, however, was reluctance to discuss personal information and feelings with a person besides my partner. This suggests that males may dislike more formal group interventions (i.e. counseling, premarital programs) and would prefer self-help methods such as the RELATE, books and articles, etc. because they are perceived as safer and can be used privately. This finding is in accordance with Duncan and Wood's (2003) finding that individuals with family-of-origin risks expressed less interest in group formats.

Halford (2004) discussed additional barriers for couples attending relationship education including not perceiving a personal need for relationship education, seeing

relationship education as being only for couples with problems, concern that relationship education might raise problems where none currently exists, and viewing relationships as private and relationship education groups as too obtrusive. While most of these were selected as barriers by a minority of the at-risk individuals in the present study, their concern over these problems was much lower than their concern about the top four roadblocks. It appears that at-risk individuals may be more worried about the administrative dimensions of premarital interventions than about a lack of need for or intrusiveness of such programs. This is fortunate news for practitioners as it is much easier to change the cost or location of a program than it is to change a person's perceptions about the effectiveness or necessity of a program.

In addition to the changes that practitioners and educators can make, it appears that the at-risk population needs to be better educated about the importance of seeking assistance early for their personal and relationship problems and assisted in overcoming the barriers getting in the way of improving their relationship. Removing perceived barriers to change is especially important in the early phases of change and helps move individuals from the contemplation phase of change to a determination phase of change (Prochaska & DiClemente, 1982). Halford (2004) discussed a few ways that public awareness is currently being increased, including using a variety of federal initiatives such as provision of Web-based resource materials that promote relationship education as socially normative and desirable and integrating the offering of relationship education with broader community development programs that promote the value of quality marriages as done in a statewide initiative in Oklahoma. More of these types of programs

need to be developed and implemented to assist the at-risk population in understanding the importance of getting help when it is needed.

Post-RELATE Behaviors

According to the findings of the present study, brief self-assessments like the RELATE may increase at-risk individuals' desire to discuss their backgrounds and relationships with their partners and friends and utilize books and articles. "Talking more with a partner" may be the most popular post-RELATE behavior because that is precisely the purpose of RELATE (i.e. to get partners talking about their strengths and challenges). These top three post-RELATE behaviors are more aimed at self-help than seeking assistance from trained professionals. This finding is in accordance with Duncan and Wood's (2003) findings that individuals with family-of-origin risks expressed more interest in personalized formats for premarital programs as well as rating significant others as one of the top sources for marriage preparation. Perhaps this is because self-help methods are more private, less expensive, and less intrusive than seeking outside assistance and individuals may work at their own pace. Perhaps, given the level of awareness that the RELATE created, the at-risk individual has just learned about the potential problems in their relationship, and self-help is the first step to seeing if the relationship can be improved. If that fails, perhaps they will move onto other, more intense premarital interventions such as counseling. This is a common pattern for many people (Mace, 1979).

Since the participants in the present study reported no experience with premarital interventions, they can be viewed as beginners in the steps toward relationship improvement. Perhaps these post-RELATE behaviors are related to the common

roadblocks reported, with self-help methods being perceived as much cheaper, less time-consuming, more well-known, and more convenient way to get assistance for these beginners. Whatever the reasons, the findings seem to suggest that the RELATE is a useful tool in helping premarital relationships by increasing desire to address relationship concerns in some form.

Less than 25% of individuals chose the other 11 post-RELATE behaviors. It appears few felt comfortable discussing their results with family members or clergy, again echoing Duncan and Wood's (2003) finding on individuals with family-of-origin risk factors. Utilizing programs or websites were not popular choices either. In addition, the majority of at-risk participants had risks in the communication and/or conflict resolution areas (66.7%) yet only 15.4% reported couple communication training as a post-RELATE behavior. This may be due to a lack of awareness of such programs. More research is needed to discern the reasons these choices were not popular.

One troubling finding from the present study was that at-risk individuals did not seem to utilize counseling, either individual and couples, which is alarming, given the fact that these individuals were in very committed relationships possibly destined for marriage and counseling can be helpful in assisting relationships at-risk for distress (Halford, 2004). As was shown from the roadblocks data, this lack of utilization does not seem related to a lack of interest in counseling or a belief that counseling is not useful. The lack of utilization of individual counseling is probably partially due to the low number (3) of participants who were at-risk in emotional readiness.

Perhaps the lack of utilization of counseling also has to do with the top four roadblocks selected by the at-risk individuals in the present study. Perhaps at-risk

individuals did not utilize counseling after taking RELATE because they felt that it was too time-consuming, too expensive, too far away or inconvenient, or they did not know where to go for counseling. Perhaps they felt that counseling was too big of a next step. Perhaps at-risk individuals prefer self-help over counseling for reasons previously discussed. If this is the case, more needs to be done to educate the premarital couples on the benefits of training programs, as well as provide guidelines on books and materials to read for relationship improvement. Future research should address the reasons for these preferences in more depth as well as what can be done to make counseling appear more appealing and socially accepted.

Males and females seem to utilize similar premarital interventions, and the chi-square analysis that was conducted for the second highest post-RELATE behavior (speak with a friend about the results) showed no statistical difference between women and men. These similarities increase our ability to target uniform and popular interventions to the at-risk population regardless of gender.

Post-RELATE Relationship Break-ups

It appears that the RELATE did not have a big impact on the break-up of the at-risk individuals' relationships, given the fact that most (87.2%) were still in the same relationship since taking the RELATE. Only 2 of the 5 couples who broke-up credited RELATE with the decision. This suggests that even though the RELATE provided a wealth of information (some perceived as negative) about the at-risk individuals' relationship, it did not traumatize many couples and cause a break-up. These findings also could be due to the short amount of time between taking RELATE and taking the present study questionnaire (average was 30-45 days), to the information provided by the

RELATE about the relationship that helped the at-risk individual to start improving their relationship, or to the simple fact that the at-risk individual and his/her partner did not feel that the problems in the relationship were severe enough to warrant the termination of the relationship. In addition, because the at-risk individuals in the present study were in committed relationships, they may have been much less likely to dissolve their relationship than if they had been in a more casual one.

Of those who had broken up, only two individuals stated that the RELATE had an impact on their decision to end the relationship. Perhaps the information provided by the RELATE led the at-risk individuals to reconsider the feasibility of their current relationship and decide to prevent later marital problems by terminating the relationship premaritally. Since one of the purposes of the RELATE is to prevent later marital problems, this outcome can be seen as favorable. Future research should study the reasons why the RELATE had such an impact on the break-up of these relationships (i.e. what the at-risk individual/couple specifically saw in the RELATE information that helped them make the decision to end their relationship).

Suggestions for Improving RELATE

Based on the findings from the present study, there are a few changes that could be made to the RELATE and the RELATE report to improve its functionality.

First, since the risk category with the lowest number of people was emotional readiness, with only 18 individuals scoring in the red zone, it might be necessary to reevaluate the criteria used to determine emotional readiness. Perhaps the scale does not accurately measure emotional readiness and some existing questions need to be changed or additional questions added (e.g. “I am worried about my emotional health.”).

Second, since it appears that premarital at-risk individuals prefer to utilize books and articles, it would be advantageous for the creators of the RELATE report to expand the list of helpful resources at the end of the report to include some of the most helpful and popular resources (Norcross, Santrock, Campbell, Smith, Sommer, & Zuckerman, 2003). In addition, since the report is online, if a link could be established whereby an individual reviewing their report could click on a book and be taken directly to a website to purchase that book, it may increase utilization of self-help resources.

Finally, since the major roadblocks of time, money, and inconvenience seem to hamper premarital at-risk individuals from seeking premarital programs and counseling, one way that the RELATE can provide motivation for these interventions and circumvent the roadblocks is by having a link on the report that the at-risk individual can click on and be given a 2-minute mini therapy session from a therapist providing information based on their RELATE report results. This may be able to help reduce at-risk individuals' fears about programs and counseling and increase their desire to pursue these types of interventions.

Implications for Practitioners

The results of the present study suggest many implications for practitioners. First and foremost, practitioners should utilize RELATE in the first few therapy sessions to increase awareness about risk factors and motivation for premarital interventions in the premarital at-risk population, especially for females. Doing so may help move precontemplators to the contemplation and even action stages of change and increase the chances that at-risk individuals will participate in premarital programs and avoid later marital problems. Having an in-depth discussion about the RELATE report results and

particular strength and challenge zones with the couple may provide information about what to focus on in future therapy sessions. Practitioners can feel comfortable recommending the RELATE without fear of it traumatizing couples or causing unnecessary break-ups. Since individuals seem to prefer discussing the results with a partner over any other intervention, practitioners can encourage participation in RELATE and then suggest that the partners get together on their own to discuss the results.

Secondly, practitioners would do well to change the structure and format of the programs that they offer so that they are more appealing to the at-risk population. Making programs more convenient, cost-effective, and less time-consuming should help increase the participation rate. In addition, practitioners should advertise their programs more so that at-risk individuals know that there is help for them. Duncan and Wood (2003) suggest that a wider array of promotional approaches, ranging from more personal (e.g., word of mouth from recent higher risk participants in marriage preparation) to less personal but credible (e.g., media testimonial from a credible, higher risk spokesperson) may be appealing to those facing risk factors.

Third, practitioners should teach the value of putting in time for the betterment of a relationship. The at-risk population needs to know that their problems are real, can damage their future marital relationship, and won't be easily fixed. They need to be taught the long-term positive benefits of making time to improve their relationship and the long-term costs if they don't.

Fourth, since at-risk individuals seem to turn to their partner and friends for help in their relationships, practitioners need to encourage social support networks (e.g. friends or family) to encourage programs and therapy as a viable option for assistance.

Fifth, practitioners should recommend to at-risk individuals self-help resources that deal with risk factors and how to address them, improving relationships, and premarital preparation. This helps to ensure that those with risk factors are as prepared as possible for their marriage. Since there are many self-help resources and not all are helpful, practitioners would do well to utilize and recommend Norcross et al.'s (2003) *Authoritative Guide to Self-Help Resources in Mental Health*, which contains numerous self-help resources each rated on a five-point scale (+2 extremely good, -2 extremely bad) by mental health professionals.

Sixth, since the majority of participants reported ineffective communication and poor conflict resolution skills, practitioners should refer them to training programs that emphasize communication and conflict resolution skills.

Finally, a public relations campaign needs to be initiated, where the value of marriage and premarital preparation is emphasized, and the benefits of premarital interventions are touted.

Limitations & Future Research

One of the most obvious shortcomings of the present study was the small sample size. Some of the proposed statistical analyses had to be abandoned due to the limited number of participants, particularly the low number of males (n =12). Some of the gender comparisons could not be tested, and the proposed five (risks categories) by two (gender) analysis of variance (ANOVA) for motivation could not be calculated due to the fact that there were no females in the emotional readiness risk category. While every effort was taken within the study parameters to recruit participants into the study over an 8 month period, including increasing the amount of compensation and decreasing the

total length of the questionnaire (which included the present questionnaire plus some additional items for future research), data collection was very slow.

The small sample size means that the data are unrepresentative of the actual at-risk population. Future research should focus on ways to draw more participants into the study, particularly those who were underrepresented in the sample (neurotic females). Perhaps those who scored high in neuroticism were too depressed to respond to the questionnaire and participate. Using electronic data collection methods may not be the best method as many potential participants may have simply deleted the message from the RELATE Institute, thinking it was spam.

Another limitation of the present study was that the sample selected had to meet strict criteria, namely that participants had to be single, never married, heterosexual, in a seriously committed relationship, and could never have participated in premarital education or counseling. While this was done to examine a specific population of at-risk individuals, it limited the number of individuals who could be asked to participate in testing. Perhaps the findings of the study may have been different if we had also studied those who were in less committed relationships, married before, or had experience in premarital interventions. Future research should include these different categories of individuals to determine if there are differences in responses compared to the current study sample. In addition, the sample who chose to participate was mostly Caucasian, more highly educated, mostly Christian, and had email and access to a computer. Future research needs to be targeted at a broader range of individuals to ensure a more representative sample of the population is selected.

In addition, while it is unlikely, due to the short time period between participation in the RELATE survey and participation in the present study, participants could have gotten married or participated in some form of premarital intervention before taking the RFQ, which should have excluded them from the present study. However, as there were no questions asked on the RFQ relating to marital status or prior intervention since taking the RELATE, there was no way to determine this. So, it is possible that there may have been individuals who did not fit the stated criteria who nonetheless participated in the study. Researchers need to alter the RFQ in the future so that those two questions are asked.

Another shortcoming of the present study was that the 'Roadblock' and 'Use' responses may not have been exhaustive, and even though there was an 'Other' category, there was a missed opportunity to get responses to those write-ins from the total sample who took the RFQ. Future researchers should expand the responses using the write-ins and any others that may apply.

In addition, the questionnaire for the present study failed to provide participants with an opportunity to write in any comments about the questions or the questionnaire itself. These comments might have proved very insightful. Future versions of the questionnaire should provide a box after each question to allow participants to write comments and address why they responded to the question the way that they did.

An additional shortcoming of the present study was the fact that the risk categories were chosen based on a belief that they were some of the most important premarital risk factors, with the most detrimental effects on a marital relationship. In truth, while it is very likely that some risks are more problematic than others, researchers

currently do not know which risks are worse than others. Future research should examine different types of risk factors to determine which ones might have the most impact on a marital relationship.

In addition, researchers currently do not know how many risks make a person “at-risk”. Intuitively, it would seem that the more premarital risk factors a person possesses, the more at-risk for later marital problems they are. But there is currently no research on this particular question. The study criteria of only being at-risk in one category or multiple categories was chosen for convenience and ease of interpretation.

Finally, the largest percentage of participants in the present study had two or more risk factors (30.8%). This may have skewed the data, as individuals with more than one risk factor may have received a more substantial increase in their awareness in multiple areas from the RELATE, and since they had found out from the RELATE that their relationship was more highly at-risk because of multiple risk factors, were more motivated to seek assistance to work on their relationship. In addition, having two or more risk factors may also have affected the number of roadblocks selected, with these individuals selecting less roadblocks because of their strong desire to get help for their multiple problems. Having two or more risk factors may also have affected post-RELATE behaviors, with these individuals selecting many post-RELATE behaviors to help them with their relationship. Future research should consider the effect that two or more risk factors has on awareness, motivation, roadblocks, and post-RELATE behaviors.

Use of the current study sample provides many opportunities for follow-up studies. For instance, a longitudinal study should be done that looks at the status of the

at-risk relationships six months from RELATE participation, one year from RELATE participation, etc. Perhaps the RELATE has a more substantial impact on an at-risk relationship the longer the at-risk couple has time to consider and act on the results. Another longitudinal study should focus on those couples who stayed together after taking RELATE to compare the relationship satisfaction of those who used the RELATE results to improve their relationship to those who did not use the RELATE results for improvement and left the relationship unchanged.

Another longitudinal study should focus on those at-risk individuals who utilized various premarital interventions to see the most likely order of use (e.g. whether individuals start with self-help interventions and then move to premarital programs and finally, counseling) as well as the length of time at-risk couples took to positively change their relationship. A final study should look at at-risk individuals' attitudes toward, expectations about, and readiness for marriage, and compare the risk factor groups to see if they differ on these important dimensions.

Conclusions

Despite these limitations, the present study has made an important contribution to the literature on the at-risk premarital population and the RELATionship Evaluation. By understanding the preferences for premarital interventions and constraints or roadblocks of the at-risk population, practitioners can develop or modify their programs and the way that they help at-risk individuals to maximize participation and benefits. By understanding the positive impact that the RELATE seems to have for at-risk individuals, practitioners can begin or increase their use of this self-assessment or others like it to further assist in the prevention of later marital problems by increasing awareness of

potential risk factors and motivation for premarital interventions. It also appears that the RELATE is a good tool to use in studying the at-risk population and should continue to be utilized so that we may continue to learn about the needs of at-risk individuals. Future research should expand this study and look at additional risk factors (e.g. violence in the relationship, sexual coercion, etc.) as well as compare responses from individuals in different risk categories to see if awareness, motivation, roadblocks, and behaviors differ depending on the type and number of risk factors.

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Appendix A

RELATE Report – Profile Scales

Profile Scales

Jake and Rhonda

January 28, 2003

The RELATE Institute
www.relate-institute.org

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Introduction

Instructions

This report contains responses for you and your partner from the questions you answered on the RELATE questionnaire. The report presents a summary profile of you, your partner, and your relationship in areas that researchers at the RELATE Institute have found to be most important in influencing relationship quality. We encourage you to discuss together what the results mean for each of you personally and for your relationship.

General Guidelines for Interpreting your RELATE Report

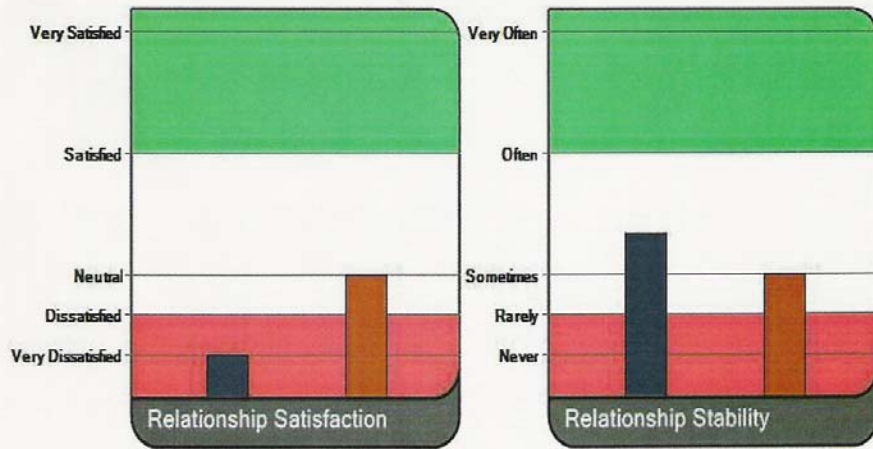
- Keep in mind that RELATE is **not designed to predict** the success of your relationship, **nor to diagnose** possible personal or relationship difficulties.
- Use the RELATE report to focus discussion with your partner on developing your strengths and overcoming your challenges.
- The accuracy of each graph will depend on the level of honesty and insight you had when you responded to the RELATE questionnaire, as well as when you now read this report.
- The RELATE Report contains sensitive information. If serious problems related to any of these issues are hampering your ability to maintain a satisfying relationship you may want to consider seeking assistance in resolving these problems.
- When discussing your results, look at your answers for the RELATE scale items to check if you misinterpreted an item or if you made an error when marking your answer (e.g. marked "rarely" when you meant "often"). To see what questions make up each scale, go to the Scale Calculation portion of the Resources and Specific Results.

Graph Interpretation

Each graph in this report will have either two or four bars demonstrating the level to which you fit a given scale. The first and last bars will portray how each of you portray yourselves on a given scale. If there are four bars, the middle two bars portray how each of you see your partner in the same area. The box below shows what data each bar color represents.

■	Jake describing himself
■	Jake describing Rhonda
■	Rhonda describing Jake
■	Rhonda describing herself
Graph Legend	

Relationship Satisfaction and Stability



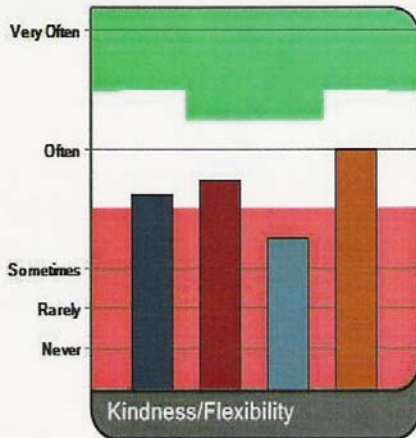
The graphs above show how each of you rated your relationship satisfaction and stability (e.g., how often you have considered breaking-up). These overall evaluations of your relationship generally reflect the relative total of strengths and challenges in specific parts of your relationship. Research has found that the more satisfying a relationship is, the more likely it will be stable. However, it is possible to be unsatisfied, but stable. Research also shows that even the best of relationships experience some fluctuation in satisfaction over the course of the relationship.

Relationship Satisfaction

	Jake	Rhonda
The physical intimacy you experience.	Very Dissatisfied	Neutral
The love you experience.	Very Dissatisfied	Neutral
How conflicts are resolved.	Very Dissatisfied	Neutral
The amount of relationship equality you experience.	Very Dissatisfied	Neutral
The quality of your communication.	Very Dissatisfied	Neutral
Your overall relationship with your partner.	Very Dissatisfied	Neutral

Profile Scales

Kindness/Flexibility



The **Kindness/Flexibility scale** measures your and your partner's levels of kindness and flexibility.

Strength Area (Green): People who score in the green area of this scale see themselves and/or their partners as being kind, considerate, adaptable, and easy-going.

Challenge Area (Red): People who have kindness and flexibility scores in the red area are more likely to be in relationships that are less satisfying. People rating themselves and/or their partners in the challenge area on this scale may want to evaluate their ways of interacting to see how they can increase the levels of kindness, flexibility, and consideration in their relationships.

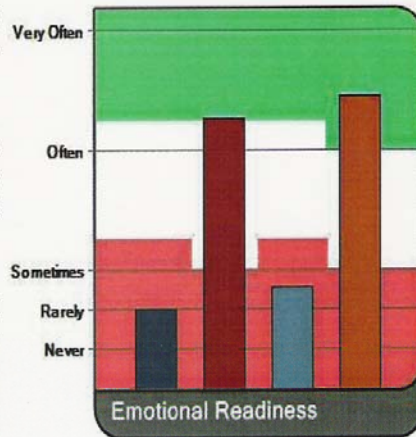
RELATE Institute Findings: In research with couples, the higher the levels of kindness and flexibility, the higher the levels of effective communication and positive conflict resolution. Perceptions of partner's kindness and flexibility are particularly important for predicting couples' relationship quality.

Emotional Readiness

The **Emotional Readiness scale** is a measure of your and your partner's levels of maturity, calmness, self-esteem, and depression.

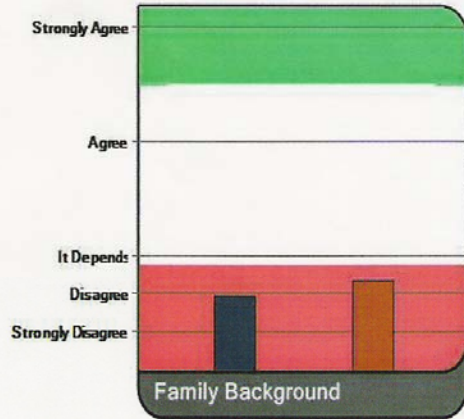
Strength Area (Green): People who score in the green area on this scale see themselves and/or their partners as being calm, mature, high in self-esteem and low on depression.

Challenge Area (Red): People who have emotional readiness scores in the red area are more likely to be in a relationship that is less satisfying. People scoring in the challenge area on this scale may have seriously high levels of anxiety, depression and other emotional problems and may benefit from assistance by a professional therapist.



RELATE Institute Findings: Low emotional readiness has been shown to be related to higher levels of criticism and defensiveness in couple relationships, as well as to lower relationship stability.

Family Background



The **Family Background scale** measures your own and your partner's perceptions of the quality of the emotional climate in the home you grew up in, the quality of your parents' marriage, and how much your family experience influences your current views about relationships.

Strength Area (Green): People who score in the green area of this scale see their families as emotionally healthy, their parents' marriages as strong, and their current relationships with parents are healthy and encouraging.

Challenge Area (Red): People who have family background scores in the red area are more likely to be in relationships that are less satisfying. People rating themselves in the challenge area on this scale may want to look for ways to strengthen their relationships with extended family and come to terms with negative experiences in their past.

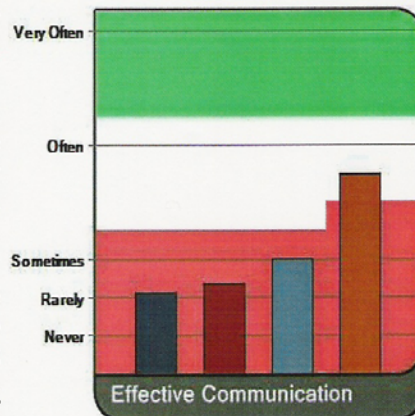
RELATE Institute Findings: In research with couples, the higher the levels of positive family background, the higher the levels of measures of emotional readiness and kindness/flexibility. Family background is also an important part of predicting couples' overall relationship quality.

Effective Communication

The **Effective Communication scale** measures your and your partner's levels of empathy, listening, and ability to send clear messages.

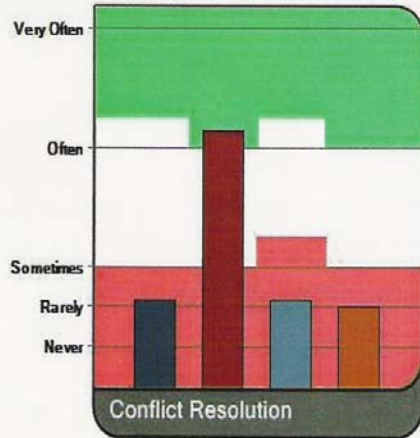
Strength Area (Green): People who score in the green area of this scale see themselves and/or their partners as being high in empathy, listening, and in sending clear messages.

Challenge Area (Red): People who have effective communication scores in the red area are more likely to be in relationships that are less satisfying. People rating themselves and/or their partners in the challenge area on this scale may want to evaluate their ways of interacting to see how they can increase empathy and understanding between partners, and how they can send and receive the communication of needs, concerns, and desires more effectively.



RELATE Institute Findings: In research with couples, higher levels of effective communication have been shown to be associated with higher relationship quality.

Conflict Resolution



The **Conflict Resolution scale** is a measure of the degree of criticism, defensiveness, contempt, and emotional flooding that people use when they are trying to resolve conflict.

Strength Area (Green): People who score in the green area on this scale see themselves and their partners as rarely using criticism and defensiveness when resolving conflict and hence they are less likely to be emotionally flooded.

Challenge Area (Red): People who have conflict resolution scores in the red area are much more likely to be in a relationship that is less satisfying. High levels of criticism and contempt are usually indicative of serious relationship problems that are not likely to be resolved on their own.

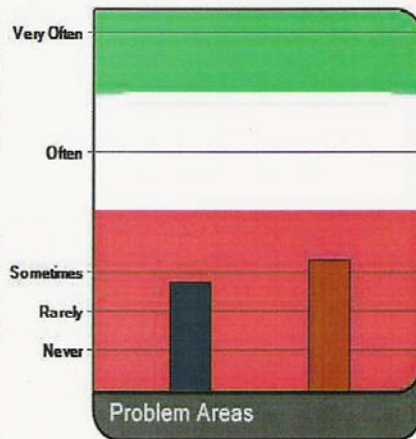
RELATE Institute Findings: High scores on the conflict resolution scale are related to fewer relationship problems, higher relationship stability, and higher levels of satisfaction. Low scores on this scale are strongly related to high hostility in relationships.

Problem Areas

The **Problem Areas scale** is a measure of how often certain key areas have been a problem in your relationship. The areas reported on include: financial matters, communication, having and rearing children, sexuality, parents, roles (who does what), weight, who's in charge, time spent together, and substance abuse.

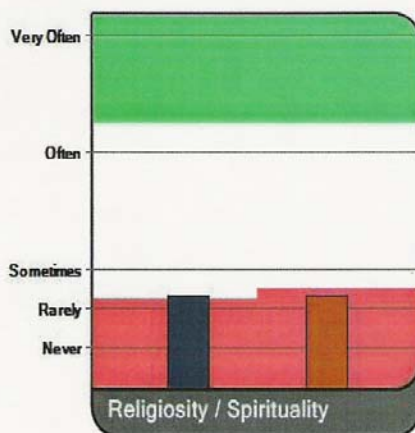
Strength Area (Green): People who score in the green area on this scale see relatively low levels of problems in the relationship. They tend to feel that they and their partner are able to deal with differences in the relationship.

Challenge Area (Red): People who score in the red area on the problem checklist report a high level of problems across a number of areas in their relationship. If problems are occurring frequently in areas that are personally important, a red score on this scale may indicate areas that need change and improvement.



RELATE Institute Findings: Research has shown that the overall problem checklist rating is strongly related to marital satisfaction and marital commitment. Some couples may have a low overall score, but still have one or two areas of frequent problems. It is important to note that couples with relatively low problem ratings do not necessarily have less troubles or difficulties than other couples; rather they are able to manage the differences in their relationship in ways that maintain a sense of partnership and unity.

Religiosity / Spirituality



The **Religiosity / Spirituality scale** is a measure of the importance of religion and spirituality in your lives.

Strength Area (Green): People who score in the green area on this scale see themselves as highly religious and spiritual. They are likely to be regularly engaged with a religious community.

Challenge Area (Red): People who score in the red area are less likely to access the resources of a religious community. They are less likely to find peace and meaning in spiritual practices. It is important that couples discuss the role of religiosity and spirituality in their lives.

RELATE Institute Findings: Research has shown that religiosity is strongly related to marital satisfaction and marital commitment. Highly religious young adults have values and attitudes more likely to lead to high marital satisfaction, as compared to those with no religious affiliation or activity. These findings are particularly true when both the husband and wife are highly religious.

Discussion Questions

- Note differences between how you and your partner perceive yourselves and each other. If the differences are large make note of them for further discussion. When discussing these differences, look at your answers for the RELATE scale items to check if you misinterpreted an item or marked your answer wrong (e.g. marked "rarely" when you meant "often.") If the two of you simply are different on a scale, discuss what the difference means to you and your partner and explore why you disagree.
- On which scales are you most similar?
- On which scales are you least similar?
- How will your strengths serve as a resource for you in your relationship?
- How will you adjust to challenges areas in your relationship?

Checklist

Challenges Checklist

Below is a table that lists other important relationship factors. These parts of your relationship are profiled here because years of research have shown each of them to be potential challenges for couples. See the Challenge Checklist portion of the Resources and Specific Results of this report for a reference chart with a brief summary of the research on each item. Many of these items are personal in nature and represent your attitudes and behaviors in these areas. A check in the red column means that your reported score indicates a "challenge area," whereas a check in the white or green columns indicates a "neutral" or "strength" area for your relationship. Respectfully discuss any check marks below to determine if you feel that this really is a challenge for your relationship. Many of the challenges listed below (e.g., substance abuse, violence in your relationship, infidelity, etc.) are very serious in nature and may require help from professional counselors or others to overcome. Remember, these are only "potential" challenges for your relationship. With hard work, many couples are able to overcome difficulties in their personal lives and are able to develop loving, successful relationships.

	Jake's Responses			Rhonda's Responses		
	Strength Area	Neutral Area	Challenge Area	Strength Area	Neutral Area	Challenge Area
Age	✓					
Parents - Divorced			✓			✓
Parents - Negative Conflict Resolution			✓	✓		
Couple - Negative Conflict Resolution			✓			✓
Violence In Family Background			✓		✓	
Personal Alcohol Use			✓		✓	
Partner's Alcohol Use		✓		✓		
Personal Drug Use			✓	✓		
Partner's Drug Use	✓			✓		
Personal Use of Violence In Current Relationship			✓	✓		
Personal Use of Sexual Pressure In Current Relationship		✓		✓		
Partner's Use of Violence in Current Relationship			✓			✓
Partner's Use of Sexual Pressure in Current Relationship	✓					✓
Willingness to Cohabit			✓			✓
Willingness to Have Extra-marital Affairs			✓	✓		
Desire Partner to Change	✓					✓
Partner Desires Me to Change	✓					✓
Father's Approval of Relationship			✓			✓
Mother's Approval of Relationship		✓				✓

Total Scores

Strength and Challenge Areas in Your Relationship

After reviewing your profile scales and the challenges checklist, we recommend that you evaluate the total number of "strength areas" and "challenge areas" in your relationship. Looking at the total number of these areas highlights the fact that relationships are influenced not only by the presence of certain strengths and challenges, but also by how many of these areas there are in the relationship. As these factors "pile up" on each other they tend to create an overall strengthening or challenging effect on a couple's relationship.

In the table below are the four total "strengths" and "challenges" scores from the couple profile graphs and the challenges checklist. (2 scores for Jake's and 2 scores for Rhonda's perceptions).

Jake's perception of strengths 7
 Jake's perception of challenges 17
 Rhonda's perception of strengths 8
 Rhonda's perception of challenges 17

Interpretation Table

The tables below can help you interpret your total scores. The tables show what percentage of partners reported that they were satisfied with their relationship at each total score level. For example, approximately 90% of partners who reported 3 challenge areas in their relationship said that they were satisfied with their relationship, while only approximately 63% said they were satisfied when they reported nine challenge areas in their relationship.

Strengths		Challenges	
0	5% highly satisfied	0	100% highly satisfied
1-2	10% highly satisfied	1-2	97% highly satisfied
3-4	33% highly satisfied	3-4	90% highly satisfied
5-6	62% highly satisfied	5-6	85% highly satisfied
7-8	73% highly satisfied	7-8	71% highly satisfied
9-10	77% highly satisfied	9-10	63% highly satisfied
11-15	92% highly satisfied	11-15	35% highly satisfied
16+	99% highly satisfied	16+	10% highly satisfied

Resources

Resources for Improving Your Relationship

If you have scores on RELATE that indicate improvement is needed to increase relationship satisfaction, consider these resources to help you make positive changes:

- **Take some classes on marriage.** Most colleges have classes that can help you learn more about how to be successful in marriage. Many community education programs also have classes, and they can be very helpful. Look into what is available in your neighborhood or community.
- **Get some counseling.** Many religious leaders are trained in counseling and they are eager to help couples find new ways to enrich their relationship. You can also go to a licensed marriage therapist. A list of qualified therapists in your area may be obtained in the yellow pages of your phone book under Counselors--Marriage, Family, Child, and Individual. If you have problems and unintentionally or unknowingly hurt your relationship, it would be a very good investment to learn some better ways to act in marriage. Sometimes we act in ways that we think are wise, but we are actually destroying the things we love the most, and a few changes can make a world of difference.

RELATE was created to help you come to know each other more fully and intimately. Strengthening a relationship takes effort, but it can also bring a couple an increased sense of love and partnership. We wish you well as you learn more about each other and strive to form a healthy, loving relationship.

Appendix B

RELATE Profile Scale Components

Emotional Readiness Scale

Calm Subscale:

- Worrier
- Fearful
- Tense
- Nervous

Happy Subscale:

- Sad and blue
- Feel hopeless
- Depressed

Maturity Subscale:

- Fight with others/lose temper
- Act immature
- Easily irritated or mad

Esteem Subscale:

- I take a positive attitude toward myself.
- I think I am no good at all.
- I feel I am a person of worth.
- I am inclined to think I am a failure.

Family Background Scale

Family Quality

- From what I experienced in my family, I think family relationships are safe, secure, rewarding, worth being in, and a source of comfort.
- From what I experienced in my family, I think family relationships are confusing, unfair, anxiety-provoking, inconsistent, and unpredictable.
- We had a loving atmosphere in our family.
- All things considered, my childhood years were happy.

Parent's Marriage

- My father was happy in his marriage.
- My mother was happy in her marriage.
- I would like my marriage to be like my parent's marriage.

Influence of Family

- There are matters from my family experience that I am still having trouble dealing with or coming to terms with.
- There are matters from my family experience that negatively affect my ability to form close relationships.
- I feel at peace about anything negative that happened to me in the family in which I grew up.

Conflict Resolution Scale

Noncritical

- I don't censor my complaints at all. I really let my partner have it full force.
- I use a tactless choice of words when I complain.
- There's no stopping me once I get started complaining.

Respect

- I have no respect for my partner when we are discussing an issue.
- When I get upset I can see glaring faults in my partner's personality.
- When my partner complains, I feel that I have to "ward off" these attacks.
- I feel unfairly attacked when my partner is being negative.

Effective Communication Scale

Empathy

- In most matters, I understand what my partner is trying to say.
- I understand my partner's feelings.
- I am able to listen to my partner in an understanding way.

Clear Sending

- When I talk to my partner I can say what I want in a clear manner.
- I struggle to find words to express myself to my partner.
- I sit down with my partner and just talk things over.
- I talk over pleasant things that happen during the day when I am with my partner.
- I discuss my personal problems with my partner.

Appendix C

RELATE Follow-Up Questionnaire (RFQ)

Thank you for agreeing to participate in our follow-up study of the RELATIONSHIP Evaluation (RELATE). This questionnaire should take you about 10 minutes to complete. Your answers are very important to us and will be kept completely confidential and anonymous. Please be completely honest in your answers. After we have received your completed questionnaire we will send you a \$30 Amazon.com gift card as soon as possible.

The following questions relate to changes you may have experienced as a result of taking RELATE and studying your RELATE report. Read each item and select the answer that best represents how you felt shortly after studying your RELATE report results.

1) The RELATE led me to reconsider former attitudes (select one):

- | | |
|------------------|---------------------|
| 5 Strongly Agree | 2 Disagree |
| 4 Agree | 1 Strongly Disagree |
| 3 Neutral | |

2) Because of the RELATE I've decided to do some thing(s) differently (select one):

- | | |
|------------------|---------------------|
| 5 Strongly Agree | 2 Disagree |
| 4 Agree | 1 Strongly Disagree |
| 3 Neutral | |

3) The RELATE made me more aware of my emotional readiness for marriage (select one):

- | | |
|------------------|---------------------|
| 5 Strongly Agree | 2 Disagree |
| 4 Agree | 1 Strongly Disagree |
| 3 Neutral | |

4) The RELATE made me more aware of how my family background may influence my relationship quality (select one):

- | | |
|------------------|---------------------|
| 5 Strongly Agree | 2 Disagree |
| 4 Agree | 1 Strongly Disagree |
| 3 Neutral | |

5) The RELATE made me more aware of how much conflict I have in my current relationship (select one):

- | | |
|------------------|---------------------|
| 5 Strongly Agree | 2 Disagree |
| 4 Agree | 1 Strongly Disagree |
| 3 Neutral | |

6) The RELATE made me more aware of how effective my communication skills are (select one):

- | | |
|------------------|---------------------|
| 5 Strongly Agree | 2 Disagree |
| 4 Agree | 1 Strongly Disagree |
| 3 Neutral | |

7) As a result of taking RELATE, my attitude toward attending a premarital program or counseling with or without my partner has changed to be (select one):

- | | |
|-----------------------------------|-----------------------------------|
| 5 Much more positive attitude now | 2 More negative attitude now |
| 4 More positive attitude now | 1 Much more negative attitude now |
| 3 No change in attitude | |

8) As a result of taking RELATE, my interest in participating in a premarital program or counseling with or without my partner has changed to be (select one):

- | | |
|----------------------------|----------------------------|
| 5 Much more interested now | 2 Less interested now |
| 4 More interested now | 1 Much less interested now |
| 3 No change in interest | |

9) As a result of taking RELATE, my intentions to attend a premarital program or counseling with or without my partner before marriage have changed to be (select one):

- | | |
|----------------------------------|----------------------------------|
| 5 Much more likely to attend now | 2 Less likely to attend now |
| 4 More likely to attend now | 1 Much less likely to attend now |
| 3 No change in intentions | |

10) As a result of taking RELATE, my belief in the effectiveness of premarital education or counseling in preparing me for marriage has changed to be (select one):

- | | |
|---|---|
| 5 Believe it is much more effective now | 2 Believe it is less effective now |
| 4 Believe it is more effective now | 1 Believe it is much less effective now |
| 3 No change in belief | |

11) Sometimes barriers or roadblocks keep people from pursuing premarital education or counseling programs. What would prevent you from attending a premarital education course or counseling? (Select all that apply):

- 1 Nothing, I see no barriers
- 2 Lack of time
- 3 Lack of interest
- 4 I see no need for education/counseling
- 5 Criticisms about these programs from those who have attended
- 6 Negative past experiences with such things
- 7 Do not think it will be useful
- 8 Too expensive
- 9 Too far away or inconvenient
- 10 Don't know where to find help
- 11 Partner won't participate
- 12 Too young or old to participate

- 13 Significant other(s) (e.g. parents or friends) disapproves
- 14 Reluctance to discuss personal information and feelings with my partner
- 15 Reluctance to discuss personal information and feelings with a person besides my partner
- 16 A belief that it would only stir-up things that are difficult to talk about
- 17 A belief that only very religious individuals get involved with such programs
- 18 A belief that I should be able to solve my own problems
- 19 I worry that people might look down on me for going to premarital education or counseling
- 20 Other reasons (write-in): _____

12) After reviewing your RELATE report results, what did you do or plan to do?
(select all that apply):

- 1 Discuss the results some more with my partner
- 2 Read magazines, books, and/or newspaper articles
- 3 Speak with a religious leader about the results
- 4 Speak with a family member about the results
- 5 Speak with a friend about the results
- 6 Seek individual counseling from a professional
- 7 Seek couples counseling from a professional
- 8 Seek a premarital preparation program
- 9 Take another premarital questionnaire
- 10 Seek couple communication training
- 11 Take a marriage-related class
- 12 Speak with a married couple
- 13 Utilize a TV program, radio program, video, computer website, or the internet
- 14 Nothing
- 15 Other (write-in): _____

These questions ask about your relationship since taking RELATE:

13) Are you in the same relationship that you were involved in when you most recently took the RELATE? (select one):

- 1 Yes (go to item 16)
- 2 No (go to item 14)

14) Regarding the relationship that you were involved in when you took the RELATE, who initiated the break-up? (select one):

- 1 You
- 2 Partner
- 3 Mutual
- 4 Other

Influence

15) How much did your RELATE results influence the decision to end the relationship? (select one):

- 1 Did not influence it
- 2 Influenced it some
- 3 Strongly influenced it

Appendix D

Email Invitation to Participate in the Study

RELATE FEEDBACK STUDY

Salutation,

You have been selected to participate in a study designed to gather feedback on the RELATE premarital questionnaire and information about participation in premarital education, premarital counseling, and individual counseling. You will be reimbursed with a \$30 Amazon.com gift certificate for taking just 10 minutes of your time to answer 15 questions. To be eligible for this study you must have reviewed your RELATE report within 45 days of taking RELATE. If you haven't looked over your RELATE report yet but would like to participate in this study, please review your report first. Then click on the link below, review and agree to the Consent Form, and then complete a questionnaire we have waiting for you. If you haven't reviewed your printout or don't want to participate, please do not complete the Consent Form or the questionnaire.

[http://larson.relate-institute.org?userid=\\$userid&evaluationid=\\$evaluationid](http://larson.relate-institute.org?userid=$userid&evaluationid=$evaluationid)

Appendix E

Consent Form

Purpose of this Research

The purpose of this research is to gather feedback on the RELATE premarital questionnaire and information about participation in premarital education, premarital counseling, and individual counseling.

Procedures

You will be asked to complete a questionnaire about your experience shortly after taking the RELATE and about your views of premarital education, premarital counseling, and individual counseling. This questionnaire will take approximately 10 minutes to complete. Please remember that you must have reviewed your RELATE printout before completing the questionnaire.

Benefits of Participation

By agreeing to participate in this study, you are adding to the knowledge about how people use RELATE and you will also get some ideas on what to do after reviewing your RELATE printout. In addition, you will be given a \$30 Amazon.com gift card.

Risks of Participation

It is possible that while taking the RELATE follow-up questionnaire you may experience uncomfortable thoughts or feelings due to the examination of your experience shortly after taking the RELATE, to your views of premarital education, premarital counseling, or individual counseling, or to the examination of current or prior relationship experiences. If you become distressed we will provide you with a list of qualified therapists in your area.

Confidentiality

Participation in this study is voluntary. You have the right to withdraw from the study at any time for any reason. All the information from the study will be kept confidential. You will be assigned numbers that will identify your data in the computer for comparison purposes only. The researcher will be the only individual with access to identifying information, and this information will be destroyed once collection of follow-up data is completed.

Researcher

If you have any questions regarding this research or your participation, you may contact Melissa Kigin at jeepgrluva@aol.com or Dr. Jeffrey Larson at the BYU Comprehensive

Clinic, 1190 N. 900 E. Provo, UT 84602, 801-422-7759, Jeffry_larson@byu.edu. For questions about research participants' rights please contact the Chair of the Institutional Review Board: Dr. Renea Beckstrand at 801-422-3873, 422 SWKT, renea_beckstrand@byu.edu.

By completing and returning the questionnaire you are giving your consent to participate in this study and to use the information provided for research.

Appendix F

Follow-Up Email

RELATE FEEDBACK STUDY

Salutation,

A few weeks ago we invited you to participate in a study designed to gather feedback on the RELATE premarital questionnaire and information about participation in premarital education, premarital counseling, and individual counseling. We have not received your response to this invitation, and it is so important to us that you participate that we are offering you a \$30 Amazon gift certificate for taking just 10 minutes of your time to complete our short questionnaire. To be eligible for this study you must have reviewed your RELATE report within 45 days of taking RELATE. If you haven't looked over your RELATE report yet but would like to participate in this study, please review your report first. Then click on the link below, review and agree to the Consent Form, and then complete a questionnaire we have waiting for you. If you haven't reviewed your printout or don't want to participate, please do not complete the Consent Form or the questionnaire.

[http://larson.relate-institute.org?userid=\\$userid&evaluationid=\\$evaluationid](http://larson.relate-institute.org?userid=$userid&evaluationid=$evaluationid)