



Expanding the reach and effectiveness of marital interventions

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Acknowledgments

- Doha Institute
- Care for the Family
- The Denver lab
 - Scott Stanley
 - Howard Markman
 - Galena Rhoades



Three guiding problems ...

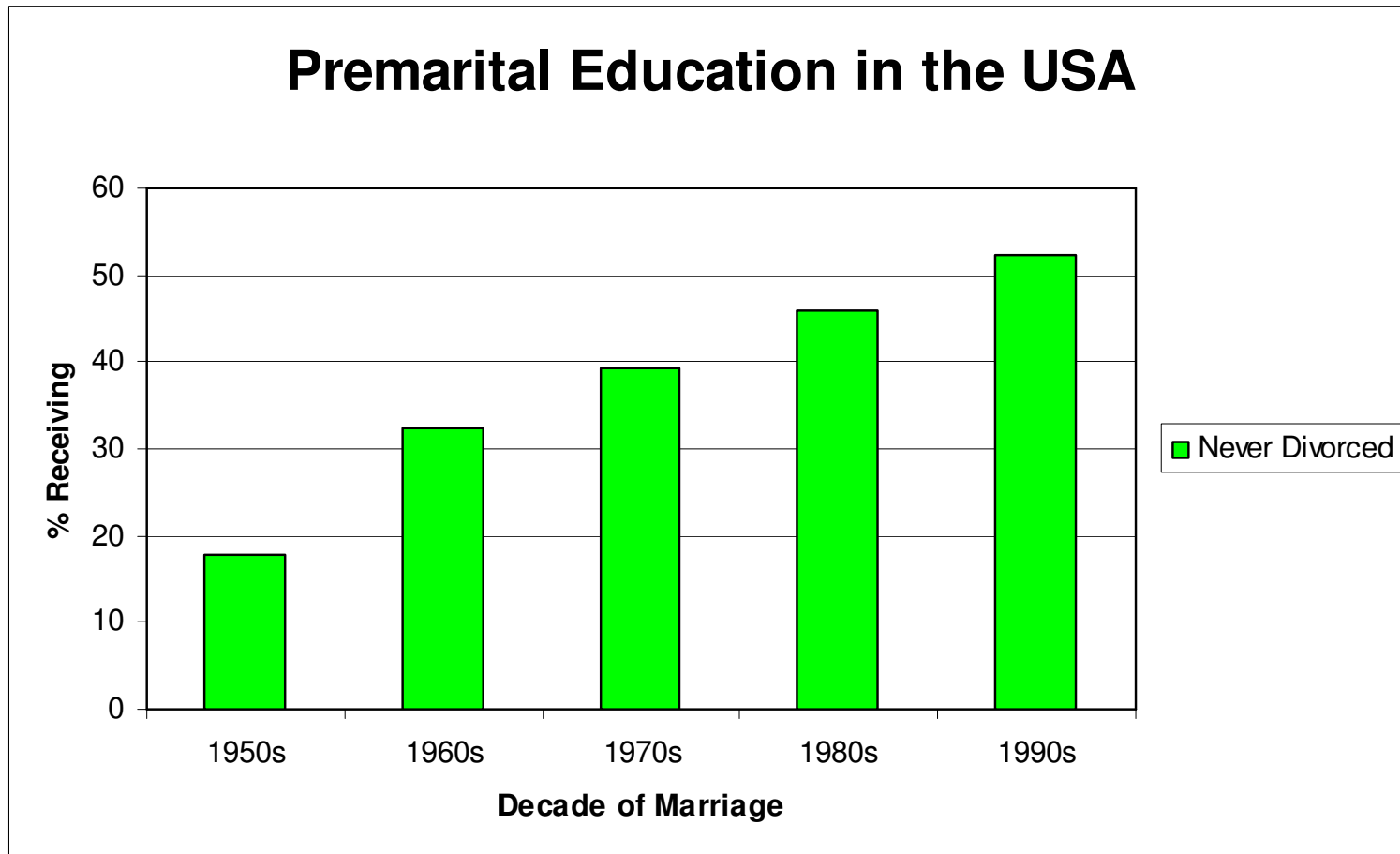
- Many couples do not seek services for their relationships
- Those that do seek services are generally not at highest risk for having problems
- Those that do seek services are unlikely to receive an intervention with empirical support



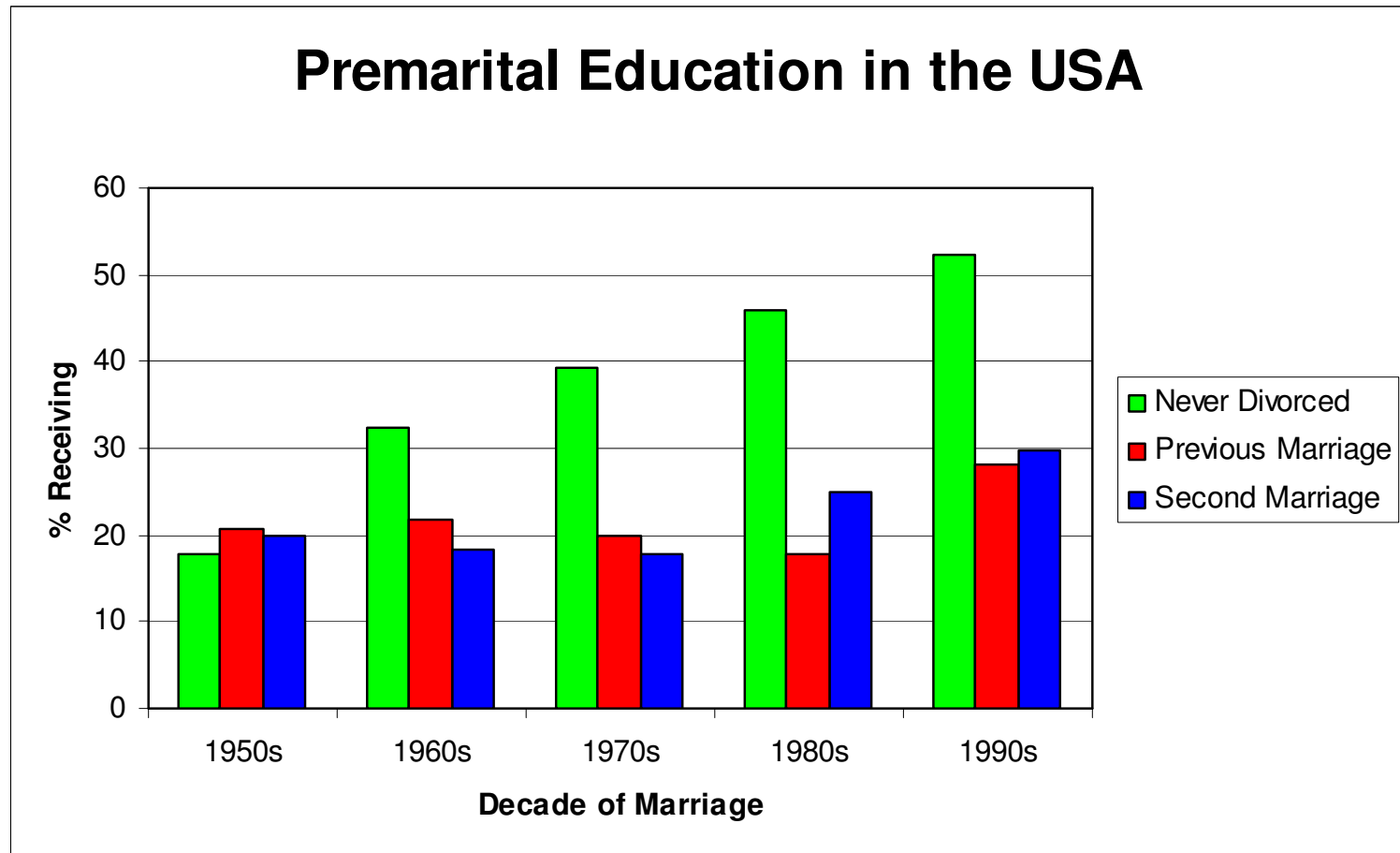
Many couples don't seek help

- Marital therapy in United States:
 - 25-37% of couples before getting divorced
 - 19% of intact couples (Johnson et al., 2002)
- Premarital interventions:
 - UK: 8% (Dr. Callan, yesterday)
 - Australia: 29% in early 2000s (Halford et al., 2006)
 - United States:
 - Overall: 31% (Stanley et al., 2006)
 - Differences by year married (Stanley et al., 2006)
and first vs. second marriages (Doss et al., in press)

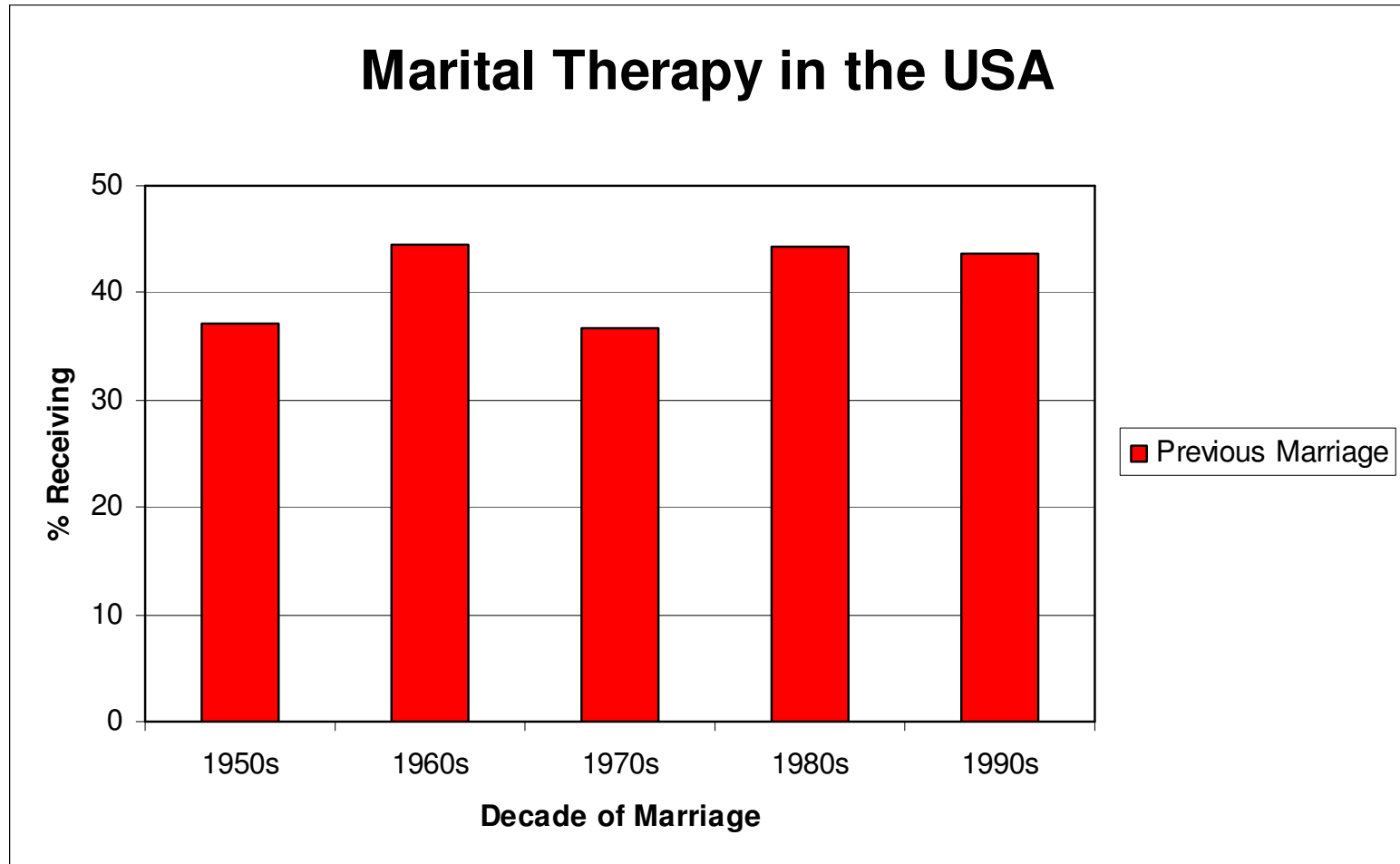
Many couples don't seek help



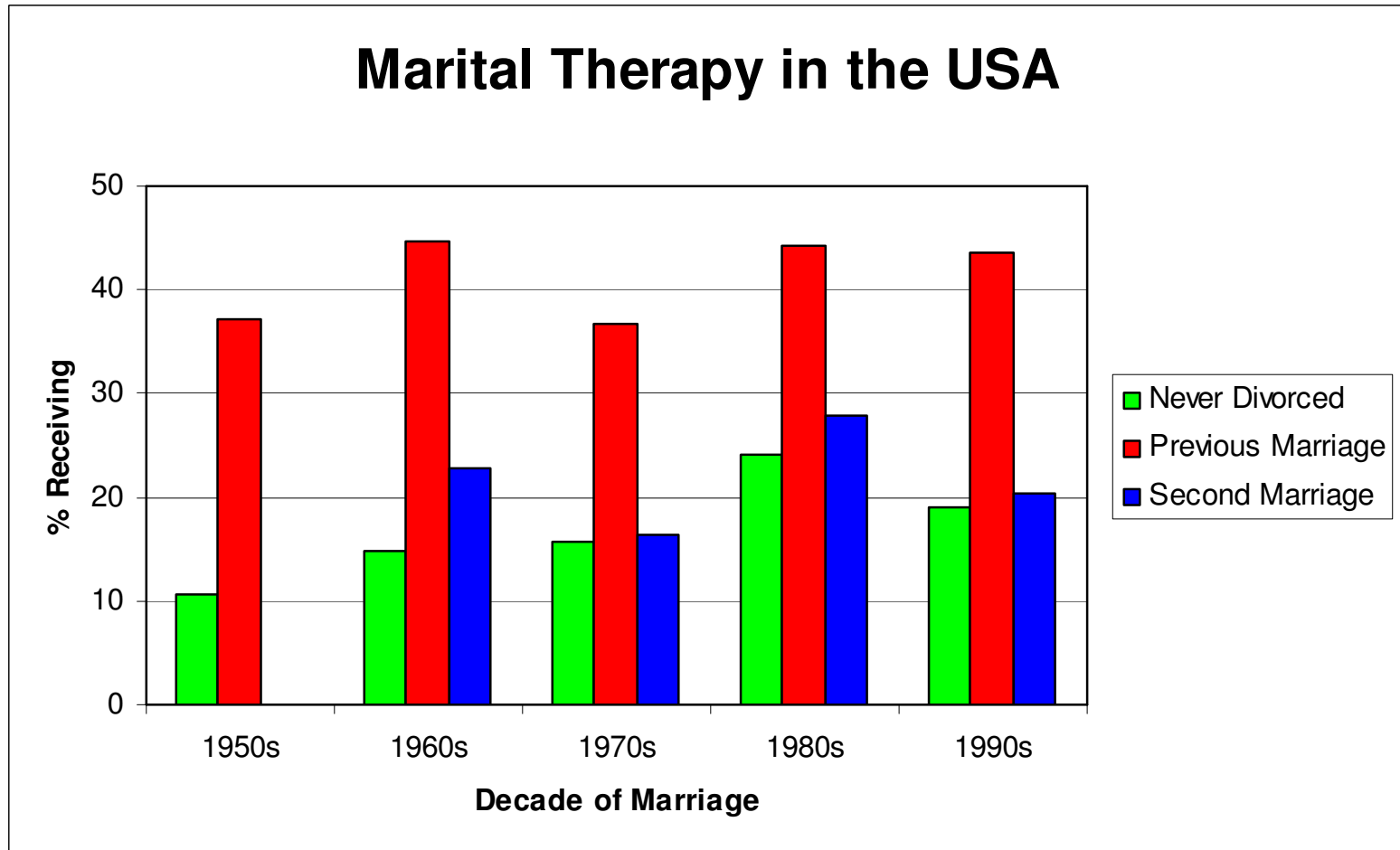
Many couples don't seek help



Many couples don't seek help



Many couples don't seek help





Those that seek help are not ones that need it most

○ Relationship education

- Generally lower risk (e.g., Halford et al., 2006; Stanley et al., 2006; Sullivan & Bradbury, 1997)
 - Higher SES, satisfaction, educ, religion, age
 - Lower levels of aggression, neuroticism
 - Fewer cohabiting, minority couples

○ Marital therapy

- Generally more advantaged
 - Research studies: White, educated, high SES
 - Real world: (same?), older (Doss et al., 2008)



Help that couples receive is likely not empirically based

- Premarital education (Doss et al., in press; Stanley et al., 2006)
 - 95% from religious leader
 - Median of 6 hours (sig. longer from secular leaders)
- Marital therapy
 - 50% from mental health professionals and 50% from religious leaders
 - Many receive little/no training in working with relationship distress



What can be done?

1. Increase the reach of existing empirically-supported interventions
2. Investigate efficacy of interventions couples actually are seeking
3. Develop new empirically-supported interventions that are consistent with couples' help-seeking behaviors



#1: Increase the reach of existing empirically-supported interventions

- Expand the way interventions are advertised
 - Currently: communication, conflict
 - Possibilities: finances, sex, transitions, work
- Expand third-party payment for relationship distress prevention and treatment
 - Currently not covered by many Healthcare Maintenance Organizations (HMOs)



#1: Increase the reach of existing empirically-supported interventions

- Get others involved
 - New government policies to encourage education / therapy
 - E.g., State of Texas' "Twogether" program
 - *Have to be careful not to trap individuals in an unhealthy marriage*
 - Employers and HMOs concluding that it is cost effective
 - Increase referrals from individual therapists / health care providers when problem resides in the couple
 - Brief Encounter model



#2 Investigate efficacy of interventions couples do seek

- Care-as-usual in-person interventions:
 - Premarital education
 - Is 6 hours with a religious leader doing the normal curriculum helpful?
 - $d = .15-.21$ (Stanley et al., 2006)
 - Marital therapy
 - Is marital therapy available in the community helpful?
 - $d = .35-.45$ (Doss et al., in prep; Hahlweg et al., 1997)
 - But is it good enough for some couples?



#2 Investigate efficacy of interventions couples do seek

- Other interventions

- In a study of 213 couples during the first 5 years of marriage (Doss et al., 2008)
 - More couples read self-help relationship books and attended relationship workshops than sought marital therapy
 - Couples reading books were more distressed, had poorer self-reported communication, and were more likely to be violent
 - Effective for parenting and individual problems
 - Impact on marriage?



#3 Develop new empirical interventions couples will seek

- Marriage interventions for one partner
 - One partner often drags the other to marital therapy
 - Dr. Howard Markman's presentation
- Marriage / relationship education for single (at risk?) individuals
 - "Within My Reach"
 - Dr. Galena Rhoades' presentation



#3 Develop new empirical interventions couples will seek

- Television / DVD-based interventions
 - Triple-P Positive Parenting on regular TV programming in New Zealand (Saunders et al., 2000)
 - Improved parenting confidence
 - Reduced disruptive child behavior
 - Couple CARE (Halford et al., 2004)
 - Relationship satisfaction ($d = .41$)
 - Improved targeted mechanisms
 - Relationship stability
 - Importance of self-change



#3 Develop new empirical interventions couples will seek

- Internet

- Improves relationship trust and reduces aggression (Braithwaite & Fincham, 2007)
- Advantages:
 - Low ongoing costs – high potential reach
 - No concerns about fidelity of treatment
 - Tailored to specific relationship needs
- Challenges:
 - Concerns about couples' adherence
 - Separating the good from the bad



Questions rattling around in my head ...

- What is the appropriate combination of:
 - Government / policy?
 - Business (non- and for-profit)?
 - 3rd-party payers (e.g., HMOs)?
 - Researchers?
- How strong does the research base need to be for us to get on board?
 - eHarmony.com
 - MarriageMax.com

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Mort Fertel graduated from the University of Pennsylvania, was the CEO of an international non-profit organization, and a former marathon runner. He lives with his wife and 4 children (including triplets!) in Baltimore, Maryland.

