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Does Therapist Guidance Enhance Assessment-Based Feedback as Couple Relationship Education?

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Assessment and feedback of relationship strengths and challenges is a widely used brief approach to couple relationship education (CRE). It can be fully automated through the internet, with couples self-interpreting the feedback. This study assessed whether therapist guidance of couples to interpret the report and develop relationship goals enhanced the benefits of the feedback. Thirty-nine couples seeking CRE were randomly assigned to either self-interpretation of an internet-based relationship assessment report (RELATE), or therapist-guided interpretation of the same report (RELATE+). Participants were assessed on relationship satisfaction and psychological distress pre- and post-CRE, and at 6-month follow-up. RELATE and RELATE+ were not reliably different in outcome. Couples in both conditions sustained high relationship satisfaction and showed an overall decline in psychological distress. However, consumer satisfaction was substantially higher for the RELATE+ condition than the RELATE condition.

■ **Keywords:** marriage education, couple relationship education, relationship satisfaction

Are the insights gained from an internet-based assessment and report of a couple's relationship strengths and challenges sufficient to enable couples to enhance their functioning? Or, is therapist guidance necessary to assist the couples to use that report effectively? The current article seeks to answer this important question to guide how best to make internet accessed couple relationship education widely available.

Couple Relationship Education

Couple relationship education (CRE) seeks to teach couples crucial relationship information, attitudes and skills. The goals of CRE are: (1) to assist couples to sustain mutually satisfying relationships; (2) to enhance individual partner adjustment; and (3) to reduce the future prevalence of relationship distress and separation (Halford, Markman, & Stanley, 2008). Evidence-based CRE draws upon the substantial research on what influences couple relationship satisfaction and stability, and uses an approach to CRE that has been evaluated in well-designed research trials (Halford et al., 2008).

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CRE is somewhat distinct from couple therapy. CRE works primarily with couples who are currently satisfied in their relationship, and are committed to that relationship. In contrast, couple therapy is for people who are distressed in their relationship. CRE builds upon the high level of positive emotion typical of currently satisfied couples, and has a strong emphasis on building the positive foundations for a great life together. Couple therapy often has to manage high levels of negative affect in the relationship, and address the ambivalence many distressed couples feel about whether they wish the relationship to continue. Evidence-based CRE typically is brief, ranging from a single session (involving an assessment of the relationship with discussion of current strengths and challenges) to 12 to 14 hours of a skill training curriculum (Halford, 2011). Evidence-based couple therapy is often extensive in duration, involving 15, 20 or more sessions (Halford & Snyder, 2012).

Curriculum-based CRE is the most widely researched approach to CRE. It is characterised by a focus on active training of key relationship skills, and typically involves 12 to 15 hours of direct contact between the couple and a relationship educator (Halford, 2011). A meta-analysis of the large number of trials of curriculum-based CRE showed that it reliably teaches positive couple communication that is maintained for at least 6 months after training (Blanchard, Hawkins, Baldwin, & Fawcett, 2009). CRE also reliably produces small, short-term increases in relationship satisfaction (Hawkins, Blanchard, Baldwin, & Fawcett, 2008). The small immediate effects on satisfaction likely reflect a ceiling effect, with highly satisfied couples having modest scope for an increase in satisfaction. Curriculum-based CRE can increase self-reported confidence in communication and sustaining the relationship, and reduce psychological distress in partners, even in the absence of improvement in relationship satisfaction (e.g., Allen, Stanley, Rhoades, Markman, & Loew, 2011; Braithwaite & Fincham, 2009).

Reach can be defined as the proportion of a target population who access a service, and the potential impact of curriculum-based CRE on enhancing couple relationships is compromised by its relatively low reach to couples (Halford & Casey, 2010). Only about 30% of marrying couples attend CRE, and rates of attendance in cohabiting couples is even lower (Halford, Markman, & Stanley, 2008). Moreover, in the Building Strong Families project, which is the largest evaluation of CRE ever conducted, it was found that socially disadvantaged couples, who are at high risk for relationship distress and dissolution, showed very low rates of beginning curriculum-based CRE, and high rates of attrition from such programs (Wood, McConnell, Quinn, Clarkwest, & Hsueh, 2010). The modest reach of CRE might be addressed by having briefer, more easily accessible forms of CRE.

Assessment and Feedback as Brief Couple Relationship Education

An approach to providing CRE, which might provide extensive reach to couples, is relationship assessment with feedback. Based on the assumption that such feedback can guide couples to strengthen their relationships, standardised inventory assessments of couples relationships have become widely used in the United States, Australia and Canada (Larson, Newell, Topham, & Nichols, 2002). Assessment involves each partner separately completing a self-report inventory on diverse aspects of the couple relationship, and the couple receives systematic feedback on their relationship strengths and challenges. The feedback can be provided in the form of a self-interpretative report, but often that feedback is provided in the context of one or more sessions with

a relationship educator or therapist discussing the report with the couple (Halford, 2011).

The most widely used inventories for assessment with feedback are: PREPARE (Olson, Fournier, & Druckman, 1996); the Facilitating Open Couple Communication Understanding and Study (FOCCUS; Markey & Micheletto, 1997); and Relationship Evaluation (RELATE; Larson et al., 2002). Each of these inventories has well-established psychometric properties, with adequate reliability, content and construct validity (Larson et al., 2002). Each inventory predicts the trajectory of relationship satisfaction in the early years of marriage (see Halford, 2011, for a review) and therefore assesses factors that are relevant to relationship outcomes. Each takes approximately an hour for each partner to complete. The content assessed in the inventories is broadly similar, with each of the inventories assessing many of the known predictors of relationship satisfaction and stability. Internet-based administration, scoring and report generation is available. For example, RELATE can be accessed via www.relate_institute.org, partners can complete the assessment and download a printable report, which includes guidance on how to interpret the report.

An implicit assumption of assessment and feedback as CRE is that the insights provided by the feedback enable couples to address challenges to their future relationship satisfaction. For example, suppose a couple exhibits the prevalent, unhelpful pattern of one partner approaching the other seeking to discuss problems in the relationship, often by making criticisms of the partner, and that the other partner withdraws in response to that approach. For the feedback to be useful we have to assume the partners' reports about their relationship are accurate enough that the problem will be detected and appear in the report. As noted previously, the most widely used inventories do predict trajectory of future relationship satisfaction. However, the reliability and validity of the self-report of specific aspects of the provided feedback have not been evaluated.

In addition to the issue of feedback accuracy, providing a couple with feedback to be self-interpreted assumes that the partners understand and are receptive to the feedback, and that once the couple gain certain insights (e.g., that the approach-withdraw patterns exists in their relationship), then the partners can self-direct change to address their relationship challenges. In practice, many providers of assessment and feedback have a therapist discuss the feedback with the couple and structure the couple's discussion about the feedback to promote partner self-change.

A useful conceptual framework to guide therapists is motivational interviewing (MI), which is a directive, client-centred approach that seeks to motivate clients to alter their behaviour by exploring and resolving their ambivalence to change, and prompting and reinforcing statements of self-change intent (Miller & Rose, 2009). While initially developed as an intervention to assist alcohol and drug abusers, over the past 2 decades MI has been found in over 70 studies with a wide variety of problem behaviours to increase change (Miller & Rose, 2009). Use of MI in combination with assessment-based feedback might well enhance couple change attempts.

While there are plausible reasons to believe that therapist involvement might assist couples in using relationship assessment feedback more productively, there is very little research testing this proposition. The internet-based assessment and feedback report generation, combined with couple self-interpretation of results, means easily accessible CRE can be provided very cheaply. The addition of session(s) with a therapist potentially adds substantially to the cost of providing relationship assessment and feedback, and the need to schedule session(s) with a therapist reduces convenience

of accessing the assessment for couples. Hence it is important to examine the effects of assessment and feedback as CRE, as well as any additive benefit of therapist involvement.

There are numerous quasi-experimental (Knutson & Olson, 2003; Futris, Barton, Aholou, & Seponski, 2011) and randomised controlled trials (Busby, Ivey, Harris, & Ates, 2007; Halford et al., 2010) showing feedback combined with further counselling and/or relationship skill training increases couple relationship satisfaction. However, the combination of feedback with skill training prevents drawing clear conclusion about any benefits of the feedback per se. There is one randomised controlled trial of the effects of CRE limited to assessment and feedback alone, which found that RELATE assessment and feedback provided to engaged or dating couples increased short-term relationship satisfaction, and that therapist-assisted interpretation of the RELATE produced more couple improvement than self-interpretation (Larson, Vatter, Gailbraith, Holman, & Stahmann, 2007). Moreover, male participants reported more consumer satisfaction with the therapist-guided than the self-guided interpretation. However, the effect size of the benefit for therapist interpretation relative to self-interpretation on relationship outcomes was very small, and the maintenance of the benefits of assessment and feedback were only assessed for 4 weeks after CRE.

Assessment and feedback has also been found to be effective in assisting mildly to moderately distressed couples in two quasi-experimental studies (Cordova, Warren, & Gee, 2001; Halford, Osgarby, & Kelly, 1996) and a randomised controlled trial (Cordova, Scott, Dorian, Mirgain, Yaeger, & Groot, 2005). In each study the assessment consisted of two sessions of structured assessment, including completion of self-report measures, assessment of communication through direct observation, and self-monitoring of the couple's daily interactions. In a third session the results of the assessments were discussed with the couple, and potential relationship change goals negotiated using an MI-based approach. In all studies, gains in relationship satisfaction were maintained to follow-up (at 6 or 12 months). These studies involved three sessions of contact with a clinical psychologist, and assessment was multi-method rather than reliance on self-report inventories. In contrast, assessment and feedback as practised in CRE is characterised by reliance on self-report assessments, and feedback is usually limited to a single session. Furthermore, none of the studies of assessment and feedback as brief therapy used any of the relationship assessment inventories widely used in CRE. However, the studies do suggest that assessment with feedback interpreted by therapists, combined with MI, can be helpful for distressed couples.

Aims of the Current Research

In summary, there is widespread use of inventory-based assessment and feedback as a form of CRE. The use of internet administration and provision of a feedback report makes this approach to CRE easy to access and cheap to provide. However, there is little evidence about the effects of such an approach on couple relationships. We also know very little about the benefits of providing the potentially most expensive aspect of such programs: contact with a therapist to interpret the reports and facilitate couple self-change. Finally, all of the existing evaluations of assessment and feedback CRE have used face-to-face sessions when therapist contact was provided (e.g., Larson et al., 2007). However, there are now numerous studies showing that telephone and internet-based contact with a therapist can produce similar benefits as face-to-face sessions (Halford, 2011). Ease of access of CRE is likely to be enhanced by providing

therapist contact in a flexible format where couples do not have to travel to the therapist, so we used telephone-based therapist contact in the current study.

The aim of the current study was to replicate and extend the work of Larson et al. (2007) on the effects of therapist interpretation of relationship assessment and feedback. Specifically, we evaluated the benefits of therapist guidance in helping couples interpret and use RELATE assessment and feedback, and the maintenance of any gains across a 6-month period. Based on the Larson et al. (2007) study, we predicted that therapist guidance would enhance couple relationship satisfaction more than self-interpretation. Given that CRE also has benefits on individual adjustment of partners, we also predicted therapist interpretation would be beneficial on this outcome. Finally, we assessed the consumer satisfaction of participants with self-versus therapist-interpreted feedback.

Method

Participants

Participants were 39 heterosexual couples (i.e., 78 individual partners) recruited via newspaper advertising to participate in a 'Relationship Check-Up' study, described as an internet-based relationship education program designed to help couples identify relationship strengths and challenges, and thereby enhance their relationship. Inclusion criteria for the study were that couples were in a committed relationship (married or cohabiting), could read and write English, and were not currently in therapy for individual or couple problems. The men's mean age was 42.6 years ($SD = 9.5$) and the women's was 40.2 years ($SD = 9.2$). The mean duration of the relationship was 9.5 years ($SD = 7.2$). Thirty-three (85%) couples were married and six couples were cohabiting. Twenty-two (56%) men and 23 (59%) women had university degrees, reflecting that the participants had somewhat higher level of education than the Australian population.

Measures

Participants completed RELATE, which is a 271-item inventory that measures individual, familial, cultural and couple contexts, as well as factors that predict relationship outcome. Scales within RELATE have test-retest reliability and internal consistency ranging from .70 to .90 (Busby, Holman, & Taniguchi, 2001). At post-intervention and 6-month follow-up couples completed RELATE-L, which is RELATE minus those items that do not change across time, such as family-of-origin experiences and prior relationship history.

The Dyadic Adjustment Scale-7 (DAS-7; Sharpley & Rogers, 1984) is an abbreviated version of the Dyadic Adjustment Scale (Spanier, 1976). The DAS-7 measures relationship satisfaction and quality, has high internal consistency, $\alpha = .80$, differentiates between nondistressed and distressed couples (Hunsley, Best, Lefebvre, & Vito, 2001), and in the current sample showed satisfactory reliability, $\alpha = .76$. The DASS-21 (Lovibond & Lovibond, 1995) is a 21-item self-report measure of depression, anxiety, and stress in which participants rate experience of psychological symptoms over the past week on a 4-point Likert scale ranging from 0, *did not apply to me at all*, to 3, *applied to me very much, or most of the time*. The internal consistency for the depression, anxiety and stress scales are .96, .89, and .93 respectively (Brown, Chorpita, Korotitsch, & Barlow, 1997). The total score is commonly used as an index of psychological distress

(Antony, Beiling, Cox, Enns, & Swinson; 1998), and in the current sample the total score showed high reliability, $\alpha = .90$.

At the post-assessment, participants also completed the Consumer Satisfaction Questionnaire (CSQ-8; Nguyen, Attkisson, & Stegner, 1983), an eight-item measure of consumer satisfaction with psychological services. Participants rated their satisfaction with the education they received on a 4-point Likert scale from 1 to 4, with high scores indicating greater satisfaction. The test-retest reliability of the CSQ-8 is high, $r = .93$ (Attkisson & Greenfield, 1999), and in the current sample showed high internal reliability, $\alpha = 0.82$.

Intervention

Once the pre-intervention assessment was completed, couples were randomly allocated to either RELATE or RELATE+. RELATE participants self-interpreted and discussed the report with their partner, while the RELATE+ had a single telephone call of approximately 60 minutes duration with a therapist. In both conditions couples were sent the 10-page RELATE report. The report presents 11 graphs showing both partners' ratings of their relationship satisfaction, relationship stability, relationship self-regulation strategies and effort, kindness/caring, effective communication, flexibility, conflict, problem areas, and sexuality. Each graph is divided into three zones: a red zone, in which scores are defined as a relationship challenge; a green zone, in which scores are defined as a relationship strength; and a white zone, in which scores are defined as a 'satisfactory' or 'OK'. (For people who print the graph with a color printer the colors appear as described, while for those who print with a black and white printer, the figure appears with shades of grey.) Each graph has a description beside it defining the relationship area measured, and what strengths or challenges in that area mean. The RELATE report also provides information on partners' ratings of their use of four different conflict styles (avoidant, escalate, validate, and volatile); and brief recommendations to manage these styles.

At the end of the report a summary graph of seven relationship areas (satisfaction, effort, kindness/caring, communication, conflict, sexual intimacy and problem areas) is presented, which serves as an integrating summary of the report. A sample of a RELATE report is available on the RELATE website, <http://www.relate-institute.org>.

All couples received a written one-page guide on how to discuss the RELATE report with their partner. It was suggested that partners set aside at least 1 hour to discuss their impression of the report in the following areas: (1) the identified relationship strengths; (2) the identified relationship challenges; (3) the scales for which partners were least similar in their ratings, and what might account for their different impressions; (4) how the couples could sustain their relationship strengths; and (5) how the couple could manage their relationship challenges.

Approximately 1 week after completing the RELATE Questionnaire, couples in RELATE+ had a telephone session with a therapist. The session followed a similar format as the suggested self-directed discussion. The therapist began by negotiating an agenda to discuss the report, describing the nature of the report and its limitations (e.g., reliance on self-report), suggested a focus on exploring strengths and weaknesses, and clarified any other goals the couple had. The therapist used reflective listening to clarify each partners' views and facilitated discussion of any unexpected results or negative reactions. In addition, the last part of the session was an adaptation of motivational interviewing involving prompting the partners to identify the most

important strengths in their relationship that they wished to maintain, and any challenges they would like to address. Each partner was then assisted to identify one or two actions they would like to take to enhance their relationship. The therapist used MI strategies including prompting and reinforcing change talk, and helping build each partner's efficacy to make the self-identified changes. More detail on how this process of reviewing relationship assessment feedback is conducted is available in Chapter 4 of Halford (2011). The second author (RC) acted as relationship educator for all couples. She has 5 years of experience as a relationship counsellor and educator, and was trained in the use of RELATE by the third author (JL), a developer of RELATE, and supervised in that work by the first author (WKH).

Procedure

Conduct of the study was reviewed and approved by the Human Research Ethics Committee of Griffith University in Brisbane, Australia. Respondents to the advertisement were screened by telephone to determine eligibility, mailed a consent form, and a telephone call was made to conduct a conjoint semi-structured intake interview. The interview asked the couple about their relationship history, what they hoped to achieve from participating, and if they had previously sought individual psychological or couple relationship assistance.

Once the consent form was received, couples were advised how to access the RELATE web site. Participants in both conditions were contacted by telephone 5 weeks after receiving the RELATE feedback. A telephone-based post-assessment interview was conducted in which couples were asked about their perceptions of the CRE they had received, and they were asked to complete the RELATE-L post-intervention assessment. Post-intervention assessment was conducted 5 weeks after RELATE feedback to give couples time to implement any changes they had identified they wanted to make. Six months later participants were recontacted by telephone and asked to complete the follow-up RELATE-L assessment. At both post-assessment and 6-month follow-up, couples received two further telephone-based prompts to complete RELATE-L if they had failed to do so.

Results

The flow of participants through the study is shown in Figure 1. Thirty-nine couples completed the pre-intervention assessment and were randomly allocated to either RELATE or RELATE+, 34 couples completed the CRE and the post-intervention assessment, and 29 couples completed the follow-up assessment.

Effects of Education on Outcomes

We used MLwiN (Rasbash, Browne, Healey, Cameron, & Charlton, 2005) to conduct separate Multi-Level Models (MLM) of intervention effects on relationship satisfaction assessed on the DAS-7, and psychological distress assessed on the DASS-21.¹ Each MLM was a sex-specific two level model in which repeated measures across time formed level 1, and couples formed level 2 (Atkins, 2005). The MLM was centred so the intercept reflects the first assessment, and time is occasion of measurement (0 = pre-CRE, 1 = post-CRE and 2 = follow-up) forming level 1. Couples formed level 2, following Atkins (2005). The slope across time provides an estimate of the rate of linear change per measurement occasion. Condition was then entered as dummy variables (0 = RELATE, 1 = RELATE+).

FIGURE 1

Relationship check-up consort flowchart.

Note: ¹Number analysed is all cases included, with maximum likelihood estimation being used to impute missing data

As is conventional with MLM, the model was developed sequentially. A variance component analysis showed that there was significant variability at both the couple and time levels on relationship satisfaction, ICC at the couple level = 0.63. The unconditional growth model showed there was no fixed effect of time, $\chi^2(df = 2, N = 39) = 1.32, p > .05$, meaning there was no overall change in mean satisfaction. There was a random effect of time, $\chi^2(df = 2, N = 39) = 10.88, p < .05$, meaning there was significant variability in slopes of change between couples. Women had a mean pre-intervention satisfaction of 23.8, and showed no reliable slope of change, $M = 0.38 (se = 0.36), z = 1.06, p > .05$. Men had a pre-intervention mean satisfaction of 24.1, and also showed no overall slope of change, $M = 0.16 (se = 0.34), z = 0.48, p > .05$. Initial relationship satisfaction was approximately equal to the mean in

TABLE 1

Multi-level Modelling Estimates of Intercepts and Slopes of Change in Relationship Satisfaction and Psychological Distress

Behavior	Gender	Intercept				Slope			
		RELATE	RELATE+	SE	Z	RELATE	RELATE+	SE	Z
Relationship satisfaction	Male	23.4	24.7	1.38	0.91	0.85	-0.38	0.65	1.87
	Female	23.1	24.5	1.40	0.89	-0.03	0.67	2.22	1.00
Psychological distress	Male	7.5	7.2	1.89	0.18	-1.94	-0.82	0.98	1.14
	Female	10.0	9.9	2.54	0.05	-1.15	-1.89	1.37	0.54

Note: SE = standard error of the difference between conditions, * $p < .05$, slope coefficient is unstandardised and is in scale points per measurement occasion.

community samples of married couples, and well above the suggested cut-off defining clinical distress of 18 (Sharpley & Rogers, 1984), and on average changed less than 1 point across the duration of the study for both women and men. There was no effect of condition, $\chi^2(df = 4, N = 39) = 6.77, p > .05$. Table 1 shows the MLM coefficients in the final model. As is evident, there were no reliable differences in the intercepts of male or female relationship satisfaction across conditions, showing the conditions were similar before CRE, and there was no reliable difference in slope between conditions for either gender. Thus, contrary to predictions, RELATE and RELATE+ did not differ in relationship satisfaction trajectory.

A variance component analysis showed there was significant variability on psychological distress at both the couple and time level, ICC at the couple level = 0.19. The unconditional growth model showed there was a fixed effect of time, $\chi^2(2) = 11.90, p < .05$, and a random effect of time, $\chi^2(2) = 16.57, p < .05$. Men had an initial mean of 7.3, and showed a mean decline of $M = 1.30$ ($se = 1.56$) $z = 2.54, p < .05$, points per measurement occasion, and women had an initial mean of 9.97, and a mean decline of $M = 1.58$ ($se = .68$), $z = 2.32, p < .05$, points per measurement occasion. Mean psychological distress at pre-intervention was similar to normative data in an Australian convenience sample that was broadly representative of the Australian adult population of $M = 8.30$ ($SD = 9.83$; Crawford, Cayley, Lovibond, Wilson, & Hartley, 2011), though possibly a little elevated in women in the current sample. Distress showed a small mean decline of 2.6 points for men and 3.2 points for women, $d = 0.26$ and $d = 0.33$ respectively, across the duration of the study (pre-intervention to follow-up). There were no reliable differences in the intercepts of male or female psychological distress across conditions (see Table 1), showing the conditions were similar in distress before CRE, and there was no reliable difference in slope between conditions for either gender.

Consumer satisfaction was analysed in a two-way ANOVA of Condition (RELATE versus RELATE+) by gender, with repeated measures on the latter factor. Couples in RELATE+ reported higher consumer satisfaction ($M = 27$, $SD = 2.48$) than the RELATE couples ($M = 24.13$, $SD = 4.21$), $F(1, 28) = 8.450, p < .01$. The difference in consumer satisfaction was a large effect size, $d = .71$. There was no effect of gender, $F(1, 28) = 0.01, p > .05$, or interaction of condition by gender, $F(1, 28) = 0.26, p > .05$. Anecdotally in post-CRE interviews, couples in RELATE+ reported the therapist guidance: 'helped to clarify results'; that it was 'useful to discuss with

someone neutral'; offered 'immediate feedback'; and 'brought up issues we did not think about'. In contrast, a number of couples in RELATE commented that the report 'had not told them anything they did not already know', 'left us wondering what to do about identified problems', and a few couples reported 'we argued about the report and what it meant'.

Effects of Participant Attrition

It was possible that attrition of participants might bias estimates of effects. To test for this possibility we created a dummy variable 'missing', where 0 = provided data at each time point, and 1 = at least one missing data point. We entered the 'missing' dummy variable into the two-level, sex-specific unconditional growth models of both relationship satisfaction and then psychological distress. These analyses test whether either the estimated intercept or slope of change across time differed between people who had complete data versus those with missing data. The 'missing' variable did not predict either relationship satisfaction, $\chi^2(4) = 2.28$ $p > .05$, or psychological distress, $\chi^2(4) = 2.56$ $p > .05$, suggesting that attrition and consequent missing data is unlikely to explain the pattern of results obtained.

Discussion

The present study evaluated the benefits of adding a therapist-assisted feedback session to review the computer-generated RELATE report compared to a self-interpretation of the RELATE report by couples. Relationship satisfaction was high and stable across time, and there was no difference between the effects of RELATE and RELATE+ on couple relationship satisfaction. Psychological distress was average for men and slightly elevated for women initially, declined across time for both genders, and again there was no difference in the effects of RELATE and RELATE+. However, the RELATE+ condition was associated with substantially greater consumer satisfaction than the RELATE condition.

The current study partially replicated Larson et al.'s (2007) findings in that therapist-guided RELATE interpretation was associated with higher consumer satisfaction than self-interpretation, but failed to replicate that therapist interpretation enhanced couple relationship satisfaction more than self-interpretation of RELATE. There are a number of potential explanations for the failure to replicate therapist interpretation effects on relationship satisfaction. It is unlikely to be a lack of statistical power in the current study. The sample size in the current study was larger than Larson and colleagues' study, and when we used the three-level MLM analyses power was high, $\beta > 0.8$, to detect moderate effect size differences. There was notable attrition from the study, but there were no detectable differences in the available data of those who had missing data from those who provided complete data, suggesting attrition was unlikely to explain the null results. It is possible that the telephone-based therapist contact in the current study might not have been as effective as the face-to-face therapist contact in the Larson et al. study, although this seems unlikely because telephone contact has proved quite effective for delivering CRE in other studies (e.g., Halford et al., 2010). There was only one educator in the current study, and it is possible she might not have been effective. However, this seems unlikely, given the training and supervision she was provided by the developers of RELATE, her prior experience in CRE, and the high satisfaction of couples with the contact they had in the RELATE+ condition.

The current study provided the longest follow-up evaluation of the effects of RELATE used exclusively for assessment and feedback to date, and found relationship satisfaction was stable, but did not increase across time. The lack of gain might reflect a ceiling effect. CRE has been found to have immediate effects on satisfaction predominantly when couples have low pre-CRE satisfaction (Giblin, Sprenkle, & Sheehan, 1985). Similarly, assessment and feedback can produce moderate-to-large relationship satisfaction increases in mildly to moderately distressed couples (e.g., Cordova et al., 2005). Positive effects of curriculum-based CRE on the relationship satisfaction of highly satisfied couples sometimes become evident only some years post-CRE, when relationship satisfaction in deteriorating control conditions has diverged sufficiently from CRE couples who are sustaining high satisfaction (e.g., Halford, Sanders, & Behrens, 2001; Petch, Halford, Creedy, & Gamble, 2012). Future research on assessment and feedback needs to incorporate a control condition and long-term follow-up to evaluate if this form of CRE prevents deterioration of satisfaction in initially highly satisfied couples.

Limitations and Implications of the Study

The absence of a control condition in the current study prevents determining if the observed decline in psychological distress was due to the intervention. However, the small declines in psychological distress found in both conditions in the current study were similar in magnitude to decline in psychological distress, also without short-term improvement in relationship satisfaction, reported in a randomised controlled trial of a curriculum-based CRE internet program (Braithwaite & Fincham, 2009). This suggests there might be benefits in reducing psychological distress from a single session of relationship assessment and feedback, even without therapist contact. This is a hypothesis worth testing in future research.

RELATE is an internet-based, self-scoring relationship assessment and report system that couples can access easily, and they can self-interpret the report. Once such a system is established the financial cost to provide the service to couples is very low. However, despite the wide spread use of assessment and feedback as CRE, there is only one randomised controlled trial evaluating its effects. Consequently, it is unclear whether such a system prevents deterioration of relationship satisfaction in currently satisfied couples. In the current study, adding therapist contact to the feedback system did not enhance couple relationship satisfaction, although it is possible that with less satisfied couples there might be a benefit from therapist involvement.

Even if assessment and feedback proves to have no effect on relationship satisfaction per se, such a brief intervention might prompt couples to seek out other CRE and be part of a stepped approach to comprehensive provision of CRE (Halford & Casey, 2010). Couples report more consumer satisfaction with the therapist-guided than self-guided interpretation of the relationship report, which might promote attendance at further CRE. In future research it would be useful to test whether therapist involvement in assessment and feedback has an effect on relationship satisfaction in mildly distressed couples, and whether therapist guided feedback influences the willingness of couples, and in particular high-risk couples, to undertake more intensive CRE.

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Endnote

- ¹ Another option for analysing the current data in MLM is a three-level design of time nested within individuals, nested within couples. The three-level model has greater power to detect overall effects as estimates of the effect of condition are collapsed across gender. We analysed outcome for both relationship satisfaction and psychological distress using the three-level model, and replicated the finding of no differential effects of condition obtained with the gender-specific two-level model. Given that the two-level model provides separate estimates of effects by gender, we present just the two-level analyses.

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