

Systematic Review of the Impact of Marriage and Relationship Programs

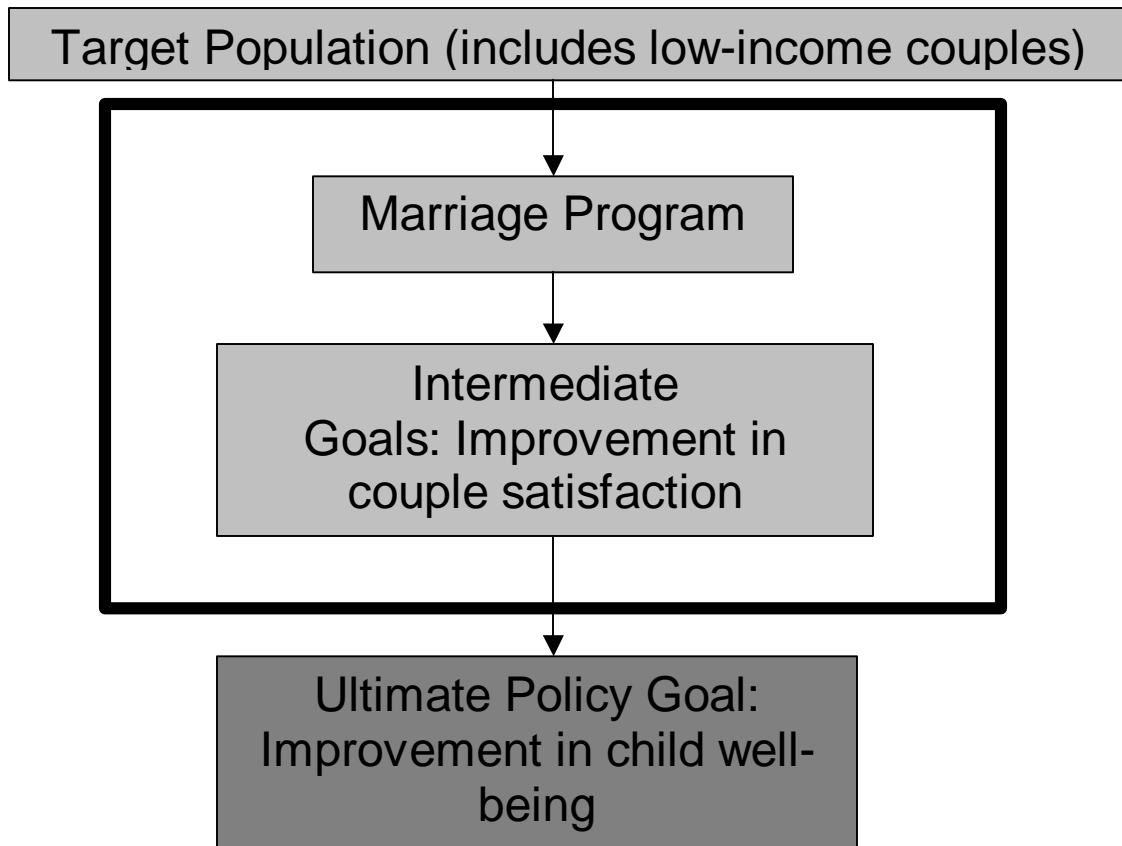
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Figure 1



General policy question; black box indicates question answered by the current review.

More specifically, this review is a systematic review of evaluations of marriage and relationship programs, which are defined as those that aim to improve the relationship between two people involved romantically. Reviewers performed a systematic search of literature sources and obtained studies for this review that met the following criteria: first, each study had at least one treatment group as well as a no-treatment or wait-list control group; second, each demonstrated that these two groups were created by random assignment or high-quality quasi-experimental methods; third, each presented results on relationship satisfaction, communication, or both that could be converted to standardized effect sizes; and fourth, each study demonstrated that at least 40 percent of its original sample was assessed at pre- and post-test. This review analyzes a final set of 39 studies that met these inclusion criteria. Reviewers find an average effect size of .68 for relationship satisfaction and .26 for relationship communication.

Funding

The U.S. Department of Health and Human Services, Administration for Children and Families (ACF), funded this review to inform policymakers of the existing research on the effectiveness of marriage programs as Congress debates TANF reauthorization. ACF also funded this review to guide implementation of new legislative mandates related to promoting healthy, stable marriages.

8. Year of publication: The evaluation must have been published or completed since 1960.

Search strategy

The reviewers' search strategy for identifying relevant studies included four components: database searches of published literature; internet searches for published and unpublished research; manual searches of journals, books, and other reviews on relationship program evaluations; and professional contacts.

Reviewers limited the search to literature published or completed since 1960. Although the bulk of research on this topic occurred between 1977 and 1982, experts in the field cite studies as far back as 1962 (Hunt et. al., 1998). Moreover, a change arguably came about in western society as a result of the sexual revolution of the 1960s, which brought about changes in the family form. Reviewers included both published and unpublished work from any country and in any language.

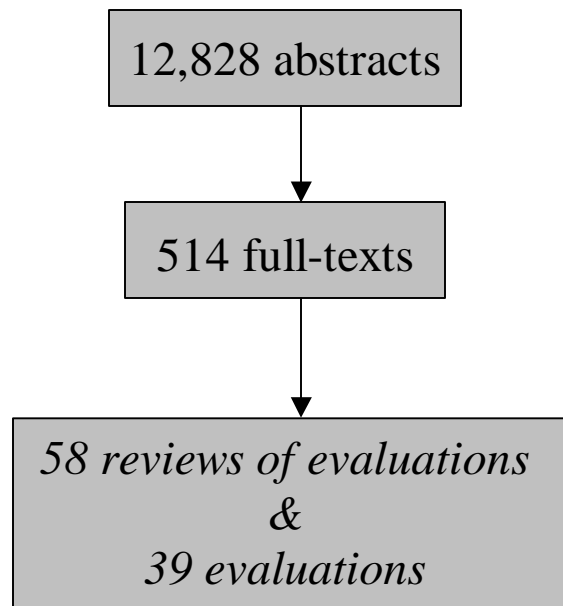
The reviewers used the following method to conduct a search for evaluations. They searched *sources*, such as databases and Internet sites, for *records*, which in most cases were titles and abstracts of reports or journal articles. If there were fewer than 100 records available from a specific source, reviewers selected all records for screening. In the interest of time, it did not make sense to implement a specific search "strategy" for such a small number of records. If there were between 100 and 500 studies available from a source, the reviewers keyed in " marriage OR marital OR pre-marital OR relationship OR couple OR premarriage OR newlywed " and screened all records retrieved. If there were between 500 and 2,000 records available, reviewers searched using the following phrase ("marriage" OR "marital" OR "pre-marital" OR "relationship" OR "couple" OR "premarriage" OR "newlywed") AND ("program" OR "satisfaction" OR "quality" OR "stability" OR "enrichment" OR "education" OR "therapy" OR "counseling" OR "learning" OR "outcome" OR "communication" OR "treatment").

If the search engine was not sophisticated enough to allow reviewers to use a complex search string, reviewers entered the phrases "marriage* and program*," "marriage* and satisfaction," "marriage* and quality," and so on. If there were more than 2,000 studies returned from this search, then reviewers crossed this search with an "AND" statement and the following words "evaluation* OR impact* OR experiment* OR intervention* OR random* OR control*."

Reviewers implemented this search strategy on several academic databases:

Databases—Cochrane Central Register of Controlled Trials (CENTRAL); Dissertation Abstracts International; EconLit; ERIC; LILACS; Mental Health Abstracts; POPLINE; Population Index; PsychInfo; Sage Family Studies Abstracts; Social Science Citation Index; Social Services Abstracts; Social, Psychological, Educational, and Criminological Trials Register (SPECTR); Sociological Abstracts; Substance Abuse and Mental Health Data Archive.

Figure 2



Thirty-nine studies remained after reviewers checked the evaluations against the inclusion criteria. Table 1 (in attached documents) provides descriptive information on each of these studies. The table highlights the following characteristics: program type, publication year, location, program intensity, total length of time in session, number of couples in each session group, sample characteristics, distress level, and follow-up assessment.

Characteristics of Studies

Program Type

The reviewers separated the final sample of 39 studies into groups according to the type of program that was evaluated, as defined by the author(s) of each evaluation. According to the study authors' definitions, this review contained 17 evaluations of “therapy” programs, 4 “pre-marital preparation” programs¹, 3 “enrichment” programs, 3 “education” programs, 9 “communication skills” programs, and 3 “counseling” programs. In general, therapy and counseling programs are those that operate in a clinical setting with a trained psychologist administering treatment. These can be based upon a variety of different treatment formats. A recent meta-analytic review of pre-marital programs (Carroll and Doherty, 2003) notes that these programs are generally skills-based training programs designed to help couples gain information that will help them in their upcoming

¹ Programs targeting pre-marital couples are referred to as either “pre-marital preparation” or “pre-marital prevention” by the research field. For the purposes of this review, we will refer to programs that target pre-marital couples as “pre-marital preparation” programs.

marriage (Senediak, 1990). Enrichment programs are those that are “generally limited to ‘normal and healthy’ couples and families” (Giblin, Sprenkle, & Sheehan, 1985). Education and communications skills programs tend to be didactic in nature and serve both distressed and non-distressed couples. For example, one researcher explains that in the *Couple Communication Program*, provider teach communication skills to couples in a small group format using brief lectures, directed practice, and assignments between sessions (Wampler, 1990).

Publication Year

Reviewers searched for studies that were published or produced in 1960 or afterwards. Of the 39 studies included for final analysis, 8 studies were published in the 1970s, 17 during the 1980s, 15 in the 1990s, and 2 since 2000.

Location

The reviewers determined the location of the study based either upon the location of the intervention, if mentioned, or the location of the publisher. There were 27 studies from the United States, 8 from Canada, 2 from Germany, 1 from the Netherlands and 1 from Australia. All of these studies were printed in English. Originally, there were other studies printed in either Dutch or German, but reviewers eliminated them after language translation revealed they did not meet the inclusion criteria for other reasons.

Within the United States, if the evaluation mentioned the setting of the actual intervention, then reviewers recorded the state location. If authors did not mention location but the location of a local publisher was available (e.g. University), then reviewers recorded this location. Of the evaluations conducted in the United States, the states that were represented were as follows: Arkansas, California (2), Colorado, Indiana, Massachusetts, Michigan (2), Minnesota (2), New Jersey, New York, North Carolina (2), Pennsylvania (3), Texas, Virginia, Washington (3), and Wisconsin. For all other studies, this information was missing.

Results Presented by Studies

The measures used to evaluate clients in these studies were either self-report or provider-report questionnaires on the topic of either relationship satisfaction or communication. The studies report the findings from the questionnaires in the form of an average “score” from each questionnaire. Studies derived all outcomes for relationship satisfaction from self-report questionnaires, while studies used a mixture of self-report and provider-report questionnaires to determine communication outcomes. Most studies reported mean scores and standard deviations for both the treatment and control groups at pre-test and post-test. Reviewers converted this information to create a standardized gain score difference effect size. Reviewers explain the derivation of this effect size later in the report.

The most common outcome measures used in these evaluations are the Dyadic Adjustment Scale (Spanier, 1976) and the Marital Adjustment Test (Locke and Wallace, 1959). Both of these are self-report questionnaires, as noted previously. The most common measures of communication are two observer-report questionnaires—the Marital Interaction Coding System (MICS) and Communication Skills Test (CST)—and one self-report questionnaire, the Marital Communication Inventory (MCI). These measures are widely used in this field of research, and there is a body of research documenting their validity. Other studies in this review used similar measures that are either specific to the study or less common in the field but have similar properties.

Meta-analysis: Outcomes and Analysis Methods

Effect Size Creation

Reviewers created an effect size for satisfaction, communication, or both for each study. They analyze the two effect sizes separately. Of 39 studies, 28 measured relationship satisfaction, and 13 measured communication. Reviewers created a type of effect size called the standardized gain score difference. To create this effect size, they took the gain score (post-test score minus pre-test score) for the control group, subtracted it from the treatment group gain score, and divided the treatment/control difference by the pooled pre-test standard deviation.²

Interpreting the Effect Size Statistic

A positive effect size indicates that the treatment group had a larger increase than the control group between the pre- and post- intervention periods in the measure observed. For example, in one study that measures couples’ satisfaction with the DAS and has an effect size of .5, the control group gained .94 DAS points (93.06 to 94) and the treatment group gained 12.5 DAS points (88.1 to 100.63). In a similar study with a much larger effect size of 1.5, the control group gained 1.2 DAS points (66.9 to 68.1) and the treatment group gained 19.8 DAS points (76.6 to 96.4). A widely used convention for appraising effect sizes was established by Cohen (1977, 1988), who reports that the

² Many studies presented data for men and women separately. When this occurred, the reviewers combined the two groups and created a single effect size based on the combined results. All studies that reported data at the individual level as opposed to the couple level provided information on both members of the couple. The reviewers did not find any cases where data were only given for one member of the couple.

standardized mean difference effect sizes fall into the following ranges over a wide range of behavioral science research: small ($ES \leq .20$), medium ($ES = .50$), and large ($ES \geq .80$).

Weighting Strategy

The effect sizes are weighted by the inverse of the study variance for each study. The smaller the variance in a study's sample, the more precise the study is likely to be, and thus the larger weight it receives in the overall effect size. Reviewers calculate the mean effect sizes using these weights. They chose a random effects model weighting strategy because the studies failed the test for homogeneity. This indicates that the variability among the effect sizes is greater than what is likely to have resulted from subject-level sampling error alone. However, the alternative weighting strategy—a fixed-effects model—produces identical mean effect sizes.

Results

The reviewers created an effect size (standardized mean gain difference) for both relationship satisfaction and communication.

Relationship Satisfaction

The average effect size for relationship satisfaction is .68. This finding is based upon a sample size of 28 studies because only 28 of the 39 studies in this review measured relationship satisfaction. This effect size is statistically significant, meaning that the impact of the intervention on the treatment group is different from the impact on the control group. Reviewers used an ANOVA for all tests of statistical significance. Average effect sizes for satisfaction are available in Table 2.

Relationship Communication

The average effect size for the total sample of 39 studies for relationship communication is .26 (N=13 studies). This effect size is statistically significant. Average effect sizes for communication are available in Table 3.

Group differences

The reviewers present the effect sizes for certain groups below to examine how the effect size varies by characteristic in the studies (see Tables 2 and 3). In cases where the sample sizes of studies do not add up to the total studies available for each measure (satisfaction and communication), there is missing information on the specific characteristics (program type, hours in program, etc.) from each study left out of the analysis.

Program Type—Satisfaction

The mean effect size for studies of therapy programs is .86 (N=15), pre-marital preparation is .08 (N=1), enrichment is .23 (N=2), education / communication skills is .58 (N=8), and counseling is .94 (N=2).

Program Type—Communication

The mean effect size for studies of therapy programs is .38 (N=5), pre-marital preparation is .11 (N=2), enrichment is -.43 (N=2), and education / communication skills is .51 (N=4). There were no studies of counseling programs that measured relationship communication.

Total hours in program—Satisfaction

The mean effect size for studies of programs lasting fewer than 10 hours is 1.17 (N=2), between 10 and 15 hours is .71 (N=13), and over 15 hours is .59 (N=10).

Total hours in program—Communication

The mean effect size for studies of programs lasting between 10 and 15 hours is .12 (N=6) and .37 for studies over 15 hours (N=7). No evaluations of programs lasting fewer than 10 hours measured communication.

Number of sessions—Satisfaction

The average effect size for programs with fewer than 5 sessions is .06, between 5 and 10 sessions is .66, and 12 sessions or more is .98.

Number of sessions—Communication

The average effect size for programs with fewer than 5 sessions is .36, between 5 and 10 sessions is .11, and 12 sessions or more is .45.

Session length—Satisfaction

The average effect size for programs that have hour-long sessions is .88, for 2- to 4-hour long sessions it is .47, and for programs with sessions lasting 8 hours is .15.

Session length—Communication

The average effect size for programs that have hour-long sessions is .20, for 2- to 4-hour long sessions it is .18, and for programs with sessions lasting 8 hours is .49.

Number of weeks—Satisfaction

The average effect size for weekend-style programs is .15, for programs lasting between 1 and 10 weeks is .55 and .90 for those between 10 and 15 weeks.

Number of weeks—Communication

The average effect size for weekend-style programs is .49, for programs lasting between 1 and 10 weeks is -.04 and .45 for those between 10 and 15 weeks.

Level of couple distress—Satisfaction

The mean effect size for studies with a distressed-couple sample is .94 (N=18) and .43 for a non-distressed sample (N=7).

Level of couple distress—Communication

The mean effect size for studies with a distressed-couple sample is .39 (N=6) and -.12 for a non-distressed sample (N=5).

Number of couples receiving treatment in each session—Satisfaction

In this section of the report, the reviewers consider “treatment group size” to be the number of couples that are present during a therapy / education session in the programs. The mean effect size for studies of programs with a treatment group size of more than one couple is .40 (N=7) and .80 for one couple (N=19).

Number of couples receiving treatment in each session—Communication

The mean effect size for studies of programs with a treatment group size of more than one couple is .29 (N=6) and .18 for one couple (N=6).

Attrition Rates

The reviewers examine average effect sizes for studies that exhibit high retention (80 percent and higher). All of the studies that examine communications skills already fit this description. For programs measuring satisfaction, there are 24 that exhibit retention rates of 80 percent or higher and 4 that do not (they have between 60 percent and 79 percent retention rates). The high retention studies have an average effect size of .65, while those with lower retention have an average effect of .99.

Summary of Meta-analytic Findings

Relationship Satisfaction

A statistically significant average effect size for relationship satisfaction indicates that these relationship programs are effective in improving couple satisfaction overall. Looking at differences in effect sizes across characteristics of programs reveals a more complex picture. When program types (therapy, pre-marital, enrichment, education/communication skills, and counseling) are compared to each other, the only two that differ are therapy and pre-marital programs (see Table 2). However, when comparing the effect size for a particular program type to the average effect size of *all other* program types combined, each program type with the exception of counseling differs from the average of the others. Similarly, when comparing programs on characteristics like total hours or the number of sessions, differences were not detected when comparing individual subgroups to each other, yet differences often emerged when comparing a particular subgroup to the average of the others. For example, one notable pattern is that more sessions, although not necessarily longer sessions, may be more effective at improving couple satisfaction. Yet given these differences only occur when statistical power is increased by comparing the subgroup to the average of all other groups, rather than to individual subgroups, these results should be considered preliminary. More evidence will be needed to detect subgroup differences with confidence.

When only two subgroups are compared, differences can be stated with more confidence because the subgroup sample sizes are larger. For example, studies of programs with treatment group sizes of one couple indicate a greater impact on couples than studies of programs with larger treatment group sizes. And relationship programs appear to be more effective at improving relationship satisfaction for distressed couples than for non-distressed couples.

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Table 1 (continued)

Study	Program					
	Author	Number of sessions	Session length	Program duration	Total hours	Group size
Kelly, Adrian B, Halford, W. Kim, Young, Ross McD		6	1	42	6	5
Baucom DH, Lester GW		12	2	84	24	1
Beach-SRH O'leary-KD		17	1	105	17	1
Hickmon-WA Protinsky-HO Singh-K		2	8	2	16	12
Sweany, Susan Love		8	2	56	16	
Brainerd, Gary L		8	1.25	56	10	1
Ewart, Craig K		10	1	70	10	1
Schaden, J. Robert		2	4	2	8	
Harrington, Christine Marie		3	3	21	9	5
Midmer D, Wilson L, Cummings S		2	3		6	5
Snyder DK, Wills RM		19	1	84	19	1
Baucom DH, Sayers SL, Sher TG		12	1	84	12	1
Kaiser, Andrea, Hahlweg, Kurt, Fehm-Wolfsdorf, Gabriele, Groth, Thomas		2	8	2	16	4
Goldman-A Greenberg-L		10	1	70	10	1
Fals-stewart-W Birchler-GR O'farrell-TJ		12	1	84	12	1
Ripley-JS Worthington-EL		2	8	2	16	4
Davidson-GNS Horvath-AO		12	1	28	12	1
James, Paul S		12	1	84	12	1
Dandeneau, Michel L, Johnson, Susan M		6	2	42	12	1
Floyd, Frank J		5	3	35	15	
Montag, Kimberly R, Wilson, Gregory L		8	2	56	16	1
MacPhee, David C; Johnson, Susan M; Van Der Veer, Monika M C		10		70		1
Jacobson NS		8		63		1
D'Augelli AR, And Others		8	2	56	16	3
Witkin SL, Edleson JL, Rose SD, Hall JA		6				
Miller, Sherod, Nunnally, Elam W, Wackman, Daniel B		4	3	28	12	4
Ely, A. L., Guernsey, B. G., Jr., & Stover, L.		9	2	70	18	3
Wimberly, JD		12	2	84	24	3
Trathen, DW		6	2	42	12	1
Baucom, D. H.		10	1	70	10	1
Harrell, J.E.		8	2	56	16	3
Adam, D and Gingras, M		8	3	56	24	5
Hahlweg, K., Revenstorf, D., & Schindler, L.		14	2		28	3
Jacobson, N.S.		12	1.25		15	1
Boelens, W., Emmelkamp, P., MacGillavry, D., & Markvoort, M.		10	1	56	10	1
O'Farrell, T.J., Cutter, H.S.G., & Floyd, F.J.		10	2	70	20	4
Johnson, S.M.		8	1	56	8	1
Nunnally, E.W.		4	3	28	12	4.5
Warner, M.D.		4	3	28	12	10

