

**Many Distressed Couples Seek Community-Based Relationship Education but Don't
Benefit From It**


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Abstract

Objective: To characterize pre-treatment relationship functioning among low-income couples seeking community-based Relationship Education (RE) and determine whether treatment outcomes differ based on this dimension.

Background: RE programs were developed with the goal of preventing future deterioration among currently satisfied couples, but there is evidence to suggest that distressed couples are seeking community-based RE in order to improve their relationship.

Method: Data were drawn from the Parents and Children Together study, a randomized controlled trial of RE with a sample of 1,595 low-income couples. Relationship functioning was assessed pre-randomization and at 12-months post-randomization. Latent class analysis was used to identify groups of couples with similar pre-treatment functioning, and treatment effects were assessed within each group.

Results: Four classes of pre-treatment relationship functioning emerged: Happy, Stable (44%), Moderately Distressed (39%), Highly Distressed Women (10%), and Highly Distressed Men (7%). Significant 12-month treatment effects were found only for women in the Happy, Stable group.

Conclusion: A large number of distressed couples enroll in RE programs, but do not benefit from the intervention.

Implications: To ensure that all couples receive an intervention that is effective for them, changes to the current delivery of community-based RE programs is needed. Couples should be screened for their level of relationship functioning and assigned to an intervention that is

appropriate for their needs. To accomplish this, RE curricula may need to be adapted to address the needs of distressed couples, or RE providers may need to partner with agencies delivering more intensive treatment (such as couple therapy).

Keywords: low-income couples, relationship education, latent class analysis

Many Distressed Couples Seek Community-Based Relationship Education but Don't Benefit From It

Relationship education (RE) programs were originally designed as preventive interventions that teach relationship skills in order to prevent future declines in relationship quality among couples who are currently in satisfying and well-functioning relationships (Halford & Bodenmann, 2013; Hawkins et al., 2008). However, there is evidence that RE programs are also serving as secondary and tertiary interventions, with couples who are already dissatisfied in their relationship seeking RE programs in an attempt to improve their relationships (e.g., DeMaria, 2005). Because RE programs were generally not designed to serve this function, it is important to characterize the extent to which community-based RE programs are attracting and serving couples who are already distressed, and to examine whether there are differential outcomes based on the level of relationship functioning at program entry. To address these questions, we use data from the Parents and Children Together (PACT) study, which is a large-scale randomized controlled trial (RCT) of two RE programs (Loving Couples, Loving Children and Within Our Reach, respectively; Gottman et al., 2010; Stanley & Markman, 2008) targeting low-income couples with children.

When delivered to satisfied couples looking for relationship enhancement, RE programs have been successful at improving outcomes across multiple domains, including greater relationship satisfaction, greater commitment, better communication skills, and decreased rates of divorce or breakup, compared to couples who did not receive RE (Hawkins et al., 2008; Stanley et al., 2006). Indeed, a meta-analysis of 117 studies of RE programs found effect sizes in the moderate range for relationship satisfaction and communication ($d = .30$ to $d = .45$; Hawkins

et al., 2008)¹. Given the evidence base in support of RE as a successful and relatively low-intensity relationship intervention, the federal government opted to fund the delivery of RE programs to low-income couples in an effort to address the disparity in relationship outcomes experienced by these couples, compared to more affluent couples (Hawkins, 2019). This federal policy initiative, now referred to as the Healthy Marriage and Relationship Education program (HMRE), began in 2002 and since that time between \$75-\$100 million dollars have been appropriated each year toward HMRE programs targeting low-income couples. Notably, the focus on low-income couples, whose demographics put them at higher risk for relationship dissolution due to higher levels of external stress, represents an important shift in the focus of RE from primary prevention to secondary prevention. Accordingly, a number of RE programs were modified or developed specifically with the needs of low-income couples in mind (Dion, 2005).

The substantial federal investment has led to an enormous surge in the number of people receiving various RE interventions. Since 2006, more than 2.5 million people have participated in a federally-funded HMRE or Responsible Fatherhood program (Hawkins, 2019). Much has already been said about how the couples served through HMRE programs differ sociodemographically from the couples who were included in the early studies of RE (e.g., Johnson, 2012) but another key dimension on which participants of HMRE programs are likely to differ is the level of relationship distress they are experiencing when they enter the program. The HMRE program was adopted to help low-income couples precisely because they experience worse relationship outcomes and are less likely to have access to other relationship interventions, leading to the prediction that “these studies are likely to contain substantial numbers of couples experiencing more relationship distress than is typical in RE studies to date” (Hawkins et al.,

¹ The authors of this meta-analysis noted that “there appear to be negligible numbers of distressed couples in the samples of most studies.” (Hawkins et al., 2008, p. 725)

2008, p. 728). There is emerging support for this prediction: low-income couples who are seeking a RE program exhibit higher levels of relationship problems, lower levels of relationship satisfaction, and less relationship stability than higher-income couples presenting to that same program (Williamson et al., 2020).

Determining the pre-treatment level of relationship functioning of couples participating in community-serving RE programs, and examining whether treatment outcomes differ across this dimension, is crucially important for ensuring that all couples receive an intervention that will be effective for them. If RE is equally effective for all couples regardless of their level of pre-treatment functioning, then these types of interventions should continue to be delivered broadly to any low-income couple who is interested. But if RE is less effective for certain levels of pre-treatment functioning, then community-serving RE programs should do more to ensure that they are enrolling couples who are likely to benefit.

There is some existing evidence to suggest that more distressed couples actually reap greater benefit from RE than more satisfied couples, though these studies were modestly sized (96 to 362 couples), many were not RCTs, and many did not include any follow-up beyond the end of the intervention (Bradford et al., 2017; Carlson et al., 2017; Epstein et al., 2015; Halford et al., 2017; Quirk et al., 2014; Williamson et al., 2015). If these results hold true within the community-based HMRE programs, and lower functioning couples do benefit more from the intervention, while higher-functioning couples gain little, then the program may be most effective as an indicated service for those who need it. On the other hand, if higher functioning couples benefit more from HMRE programs, while lower functioning couples reap little benefit, then the more distressed couples should likely be triaged to a more intensive relationship intervention.

In sum, the aim of the current study is to characterize pre-treatment functioning among couples seeking RE, and test whether treatment outcomes differ along this dimension. We address these aims in the current study using a large sample of couples ($N = 1,595$) drawn from the Parents and Children Together (PACT) program, which was an HMRE program for low-income couples. We first characterize the pre-treatment relationship functioning of couples enrolling in the study by using latent class analysis to model latent groups of couples with different levels of pre-treatment functioning. In contrast to previous studies examining distress as a moderator of treatment outcomes which used only relationship satisfaction (Bradford et al., 2017; Carlson et al., 2017; Halford et al., 2017; Quirk et al., 2014), we take a holistic approach to relationship functioning, guided by the Investment Model (Rusbult et al., 2012) by using multiple dimensions including satisfaction, commitment, and stability. We then test whether the effectiveness of the intervention differs across these groups, following the approach taken in the official evaluation of the PACT program (Moore et al., 2018).

Method

Participants and Procedure

Data examined in the current study are drawn from the Parents and Children Together (PACT) study, which is a large randomized controlled trial of a relationship education program with additional job and career advancement services funded by the Healthy Marriage and Relationship Education program (McConnell & Dion, 2020). The PACT study was conducted at two sites in the United States, and enrollment occurred from July 2013 through April 2015. To be eligible to participate in the study couples had to be 18 years of age or older, in a different-gender relationship, and had to be either expecting a baby together or at least one member of the couple had to be living with their own biological or adopted son or daughter (see Moore et al.,

2018 for complete details of the study design).

After enrollment in the study, couples ($N = 1,595$) completed a 30-minute baseline survey via phone interview before receiving their random assignment to either the intervention or the control condition. One year after enrollment all couples were contacted to complete a 45-minute follow-up survey via phone interview. The response rate was 91% for women and 85% for men. Participants were paid \$10 per person for completion of the baseline interview and \$25 per person for completion of the follow-up interview.

The PACT Intervention

The primary intervention component was relationship education, which was delivered in a group format and consisted of 18-24 hours of programming depending on the site and scheduling. The relationship education curricula at the two sites (Loving Couples, Loving Children and Within Our Reach, respectively; Gottman et al., 2010; Stanley & Markman, 2008) focused on relationship skills, such as strategies to avoid conflict, providing support, and effective communication. Both curricula were also revised (Loving Couples, Loving Children) or developed (Within Our Reach) to include material relevant to the issues faced by low-income couples, such as coping with external stressors. Overall, 87% of couples attended at least one session of relationship education and 68% of couples attended at least half of the sessions. All intervention programming (as well as the baseline and follow-up surveys) was available in English and Spanish.

In addition to the core relationship education programming, additional job and career advancement services were offered to participants, including two-hour stand-alone employment workshops covering topics such as preparing resumes and developing soft skills, and one-on-one services from an employment specialist. Furthermore, one site also integrated economic and

financial wellbeing topics into their relationship education workshops. Overall, these services were of fairly low intensity and did not have a strong uptake (see Zaveri & Baumgartner, 2016). Finally, treatment group participants were also offered individual case management services and relationship education booster sessions throughout the one-year period.

Measures

Relationship happiness. At baseline and follow-up, a single item was used to measure relationship happiness: “On a scale from 0 to 10, where 0 is not at all happy and 10 is completely happy, taking all things together, how happy are you with [PARTNER]?”.

Commitment. At baseline and follow-up, a single item was used to measure commitment: “On a scale from 0 to 10, where 0 is not at all committed and 10 is completely committed, how committed are you to your [marriage/relationship] with [PARTNER]?”.

Perceived partner commitment. At baseline, a single item was used to measure perceived partner commitment: “On a scale from 0 to 10, where 0 is not at all committed and 10 is completely committed, how committed would you say [PARTNER] is to your (relationship/marriage)?”

Relationship in trouble. At baseline, a single item was used to measure the participant’s perception that their relationship is in trouble: “In the last three months, have you ever thought your (marriage/relationship) was in trouble?” (1 = *Yes*, 0 = *No*).

Support and affection. At follow-up, 13 items were used to measure positive relationship behaviors such as support and affection (e.g., “[PARTNER] listens to me when I need someone to talk to.”) Participants responded to these statements on a 4-point scale, with 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree*. Responses were averaged to create the final scale score, with higher scores indicating higher levels of support and affection (α

= 0.94).

Avoidance of destructive conflict behaviors. At follow-up, 10 items were used to measure the frequency of couples' use of destructive conflict behaviors based on the Gottman Sound Relationship House Questionnaire, (e.g., "Little arguments turn into ugly fights with accusations, criticisms, name calling, or bringing up past hurts."). Participants responded to these statements on a 4-point scale, with 1 = *often*, 2 = *sometimes*, 3 = *hardly ever*, and 4 = *never*. Responses were averaged to create the final scale score, with higher scores indicating more limited use of destructive conflict behaviors ($\alpha = 0.93$).

Constructive conflict behaviors. At follow-up, 7 items were used to measure the frequency of couples' use of constructive conflict behaviors, based on the Gottman Sound Relationship House Questionnaire, (e.g., "Even when arguing we can keep a sense of humor."). Participants responded to these statements on a 4-point scale, with 1 = *never*, 2 = *hardly ever*, 3 = *sometimes*, and 4 = *often*. Responses were averaged to create the final scale score, with higher scores indicating more use of constructive conflict behaviors ($\alpha = 0.83$).

Breakup. At follow-up, two items were used to determine whether the couple had divorced/broken up. Participants were first asked "Are you and [PARTNER] married, divorced, separated, or have you never been married to each other?" Couples who had been married at baseline and reported a status of "divorced" or "separated" at follow-up were assigned a value of 1 = *breakup*. Next, participants who reported that they were unmarried (i.e., divorced, separated or never married) to the first question were then asked, "Which of the following statements best describes your current relationship with [PARTNER]?" with response options including "romantically involved on a steady basis," "in an on-again and off-again relationship," and "not in a romantic relationship." Couples who had been unmarried at baseline and reported a marital

status of “divorced” or “separated” or a relationship status of “not in a romantic relationship” at follow-up were assigned a value of 1 = *breakup*. All other couples were assigned a value of 0 = *still together*. In the case of discrepancy between partners (4.89% of the sample), participants were assigned a value of 1 = *breakup* if either partner indicated that the couple was broken up, following the approach taken in the official evaluation of the PACT program (Moore et al., 2018).

Analytic Plan

Latent class analysis (LCA) is a statistical method used to detect distinct subgroups within the sample that exhibit similar observable traits (Hagenaars & McCutcheon, 2002). To identify latent groups of couples based on their pre-treatment relationship functioning we selected baseline variables that represent the three key facets of relationship health: satisfaction, commitment, and stability. Thus, the following eight variables, measured at baseline, were included in the latent class analysis: each partner’s report of their relationship happiness, their own level of commitment, their perception of their partner’s level of commitment, and their report of whether their relationship is in trouble.

We used an exploratory approach without any assumption about the number of latent classes, starting with a one-class model and continuing to increase the number of classes until the k model fit is no better than the $k - 1$ model (Weller et al., 2020). Analyses were conducted using Mplus v8 (Muthen & Muthen, 2017). After identifying the latent classes and assigning each couple to their best fit latent class group, treatment effects were examined within each group. We based our analyses on the official evaluation of the PACT program by conducting t -tests and chi-square tests comparing the treatment and control group on relationship happiness, commitment, support and affection, avoidance of destructive behaviors, constructive behaviors, and breakup at

the 1-year follow-up using an intent-to-treat approach (Moore et al., 2018). These analyses were conducted in Stata v17 (StataCorp, 2021).

Results

Descriptive Statistics

Demographic characteristics of participants are presented in Table 1. Couples in the treatment group did not significantly differ from couples in the control group on baseline demographic characteristics or baseline relationship functioning (see the official evaluation of the PACT program by Moore et al., 2018 for more details). Participants were in their early- to mid-30s on average and slightly more than half of the couples were married. All couples had children in the household as a study inclusion criterion, with ~2 children on average. The majority of participants identified as Hispanic, and consistent with the study aims couples were fairly low in socioeconomic status. Average household income was just over \$3,000 per month, and the majority of couples had completed high school as the highest level of educational attainment.

Means, standard deviations, and zero-order correlations among outcome variables are presented in Supplemental Table 1. Consistent with expectations, relationship happiness was positively associated with commitment, support and affection, avoidance of destructive conflict behaviors, and constructive conflict behaviors for men (r s ranging from |0.49| to |0.72|) and women (r s ranging from |0.62| to |0.79|). Breakup status was negatively linked with relationship functioning for men (r s ranging from |0.14| to |0.46|) and women (r s ranging from |0.22| to |0.54|).

Latent Class Analysis

Results of the latent class analysis are presented in Table 2. Model fit across the one-class

through five-class models was evaluated and compared based on the following criteria: (1) lower adjusted BIC indicating better model fit, (2) an entropy above .8, and (3) the results of LMR, VLMR, and BLR, with a significant p value indicating adequate model fit. Although the five-class model indicates lower adjusted BIC, the results of LMR ($p = 0.21$) and VLMR ($p = 0.21$) were nonsignificant, indicating the five-class model does not fit better than the four-class model. We therefore selected the four-class model as the best fit latent class model.

After determining that the four-class model was the best fit to the data, we assigned each couple to their best fit group based on posterior class membership probabilities (see Figure 1). The largest group was the “Happy, Stable” group (43.6%) in which both partners reported high levels of relationship happiness, commitment, and perceived partner commitment, and were very unlikely to say that their relationship was in trouble. The second largest group was the “Moderately Distressed” group (38.7%) in which both partners reported moderately lower levels of relationship happiness, commitment, and perceived partner commitment than the “Happy, Stable” group and were very likely to say that their relationship was in trouble. All four groups significantly differed from each other in their levels of relationship happiness, commitment, and perceived commitment. For the proportion of couples in each group who perceived their relationship to be in trouble, the Happy, Stable group differed significantly from the other three groups, and these three groups did not significantly differ from each other (see Supplemental Table 2).

The third group was “Highly Distressed Men” (10.4%), in which both partners reported low levels of happiness, commitment, and perceived partner commitment, and were very likely to say that their relationship was in trouble, but there was an asymmetry, with men much lower on happiness, commitment, and perceived partner commitment than the women in these

relationships (see Supplemental Table 2 for values). The final group was “Highly Distressed Women” (7.3%), which was similar to the “Highly Distressed Men” group in that both partners reported low levels of happiness, commitment, and perceived partner commitment, and were very likely to say that their relationship was in trouble, and there was an asymmetry between partners. However, in this case, the women were much lower in happiness, commitment, and perceived partner commitment than the men in these relationships (see Supplemental Table 2 for values).

Treatment Effects by Baseline Relationship Functioning

Results of *t*-tests and chi-square tests comparing treatment and control groups within each latent class group are presented in Table 3. All significant treatment effects occurred among women in the Happy, Stable group. For women in Happy, Stable couples, those who received the intervention had significantly higher levels of relationship happiness ($d = .23$), support and affection ($d = .17$), and avoidance of destructive behaviors ($d = .22$) at the 1-year follow-up than couples who did not receive the intervention. There were no treatment effects for commitment, constructive behaviors, and breakup for women in the Happy, Stable group and no treatment effects for men in the Happy, Stable group for any of the outcomes. Similarly, there were no significant treatment effects for men and women in the Moderately Distressed, Highly Distressed Women, and Highly Distressed Men groups.

Robustness Checks

One possible explanation for the differential effectiveness of the intervention across LCA groups is differential levels of treatment uptake. To examine whether this was the case, we tested whether treatment group couples in each of the four LCA groups significantly differed in the extent to which they engaged in the intervention. The dosage of relationship education

workshops² did not significantly differ across LCA groups; $R^2 = .002$, $F(3, 793) = 0.46$, $p = .71$) Happy, Stable couples attended 58.2% of treatment hours (Within Our Reach 15.2 out of 18 hours; Loving Couples, Loving Children 13.0 out of 24 hours), Moderately Distressed couples attended 56.9% of treatment hours (WOR 14.0 out of 18 hours; LCLC 13.6 out of 24 hours), couples in the Highly Distressed Men group attended 54.0% of treatment hours (WOR 11.3 out of 18 hours; LCLC 14.0 out of 24 hours), and those in the Highly Distressed Women group attended 53.3% of treatment hours (WOR 12.8 out of 18 hours; LCLC 12.9 out of 24 hours). Additionally, a Treatment on Treated analysis which used 50% as the cutoff for receipt of a sufficient dosage of the intervention (consistent with the official evaluation of the PACT program; Moore et al., 2018) found that the pattern of results was similar (see Supplemental Table 3 for results of this analysis).

Another possible explanation is differential sample sizes across the LCA groups. To address this issue, we combined the Highly Distressed Men and Highly Distressed Women groups into a single group with a sample size of $n = 282$ and tested for treatment effects within this single Highly Distressed group. There were no significant treatment outcomes within this combined group, consistent with results observed in each of the groups separately (see Supplemental Table 4 for details).

Discussion

Relationship education programs were initially designed for high-functioning couples, such as those engaged to be married, who are seeking relationship enhancement and prevention of future deterioration (Halford & Bodenmann, 2013; Hawkins et al., 2008). However,

² Treatment dosage across all activities also did not differ by group ($R^2 = .001$, $F(3, 793) = 0.29$, $p = .83$)

significant federal investment through the Healthy Marriage and Relationship Education program has resulted in a proliferation of community-based RE programs targeting low-income couples who are at disproportionate risk for poor relationship outcomes and have more difficulty accessing relationship interventions (*Healthy Marriage: What Is It and Why Should We Promote It?*, 2004). Delivering RE to a higher-risk population than it was originally intended leads to the possibility that couples who are already experiencing problems in their relationship are participating in RE as a tertiary intervention, instead of preventatively. The current study sought to characterize the levels of pre-treatment relationship functioning in a large sample of low-income couples participating in a community-based RE program, and determine whether treatment effects are observed primarily in higher-functioning couples (consistent with a preventive intervention) or in lower-functioning couples (consistent with a tertiary intervention).

Using pre-treatment levels of relationship happiness, commitment, perceived partner commitment, and thoughts that their relationship was in trouble, we identified four distinct groups of couples who were presenting for enrollment in relationship education. The largest group in the sample was composed of couples who were satisfied and stable in their relationship, but this group made up less than half the sample (43.6%). A similarly sized group (38.7%) was composed of couples with moderately low levels of happiness and commitment and a high degree of concern that their relationship was in trouble. Finally, there were two smaller groups of highly distressed couples, and these groups were characterized by an asymmetry in the extent to which partners were more highly distressed. In one group, the female partner had lower levels of happiness and commitment than the male partner (7.3%); in the other group, the male partner had lower levels of happiness and commitment than the female partner (10.4%).

Overall, more than half of couples participating in these community-based RE programs

were experiencing moderate to severe levels of relationship distress and had concerns that their relationship was in trouble. This profile is much more consistent with that of couples seeking help for their relationship via couple therapy than with satisfied couples seeking enhancement (Hubbard & Harris, 2020), supporting the supposition that the HMRE studies “are likely to contain substantial numbers of couples experiencing more relationship distress than is typical in RE studies to date” (Hawkins et al., 2008, p. 728). Thus, a high proportion of low-income couples enrolling in community-based RE are more distressed than the couples with whom RE was originally tested, and it is important to know whether these distressed couples reap the same benefits from these interventions.

Overall, we found few significant treatment effects, which is consistent with the original evaluation of the PACT program. Across all couples in the original study, there were significant treatment effects in only two of the six primary outcomes and the effect sizes were very small in magnitude (commitment: $d = .12$, and support and affection: $d = .10$). In contrast, we found significant treatment effects in three of six outcomes, only for couples in the Happy, Stable group, and they were somewhat larger in magnitude, though still small: relationship happiness ($d = .23$), support and affection ($d = .17$), and avoidance of destructive behaviors ($d = .22$). The limited effectiveness of the two RE curricula used in the PACT program is particularly notable given that the content and dosage were significantly altered in an attempt to better meet the needs of low-income couples.

Notably, we found effects only for women, whereas the original outcome study averaged partner’s outcomes together to form a single outcome score for the couple, which doesn’t allow for investigation of effects by gender. This gender difference in treatment outcomes is in line with a recent meta-analysis of RE for low-income couples which found positive program effects

predominantly for women (Arnold & Beelmann, 2019). More work is needed to determine why these types of interventions seem to be better meeting the needs of women than men.

In general, HMRE programs for low-income couples have been shown to have attenuated effects compared to the original RE literature in which participants were largely White and middle-class (Hawkins et al., 2022). This has been attributed to different sociodemographic characteristics of participants (Johnson, 2012), and the idea that RE is not sufficient to combat the deleterious effects of living in an under-resourced environment (Karney et al., 2018). Another possible reason for attenuated effects that has not yet been proposed is that a large proportion of low-income couples presenting for RE are already distressed. Our results indicate that these distressed couples may be masking stronger treatment effects that are occurring only within more satisfied couples, thus driving down the average treatment effects.

However, previous research examining whether baseline relationship distress moderated RE treatment outcomes has generally found that distressed couples benefit more than non-distressed couples (Bradford et al., 2017; Carlson et al., 2017; Halford et al., 2017; Quirk et al., 2014; Williamson et al., 2015), whereas results of the current study found that treatment effects were exclusive to women in high functioning relationships. The small existing body of research on this topic has limitations which may explain the contradictory findings: the previous studies were all much smaller, very few used a randomized controlled design, and very few included follow-ups beyond the end of the intervention. The current study improves upon these studies by using data from a randomized controlled trial which follows a large sample ($N = 1,595$ couples) through a one-year follow-up. Notably, a recent study that examined treatment outcomes at an immediate post-treatment time point, as well as at a later follow-up, found that dissatisfied couples improved the most from pre- to post-treatment, but then they declined during the post-

treatment follow-up period (Conradi et al., 2022). This suggests that gains made by distressed couples during the intervention are difficult to maintain following the conclusion of treatment, though the current study was unable to test this possibility due to a lack of immediate post-treatment data.

In addition to differences in study design, another major difference is that all the existing studies used relationship satisfaction as the only indicator of pre-treatment relationship functioning. The current study took a more holistic approach to characterizing pre-treatment relationship functioning by including facets of satisfaction, commitment, and stability. Commitment is a very potent predictor of treatment outcomes; for example, among a sample of distressed couples seeking couple therapy, commitment-related variables were the only predictors of clinically significant outcomes (Baucom et al., 2015). Given that the previous studies did not include commitment in their assessment of pre-treatment functioning, it is possible that the couples who were classified as distressed were low in satisfaction but were committed to their relationship and therefore highly motivated to engage in, and benefit from, the intervention. Thus, future research examining moderators of treatment outcomes should consider commitment, in addition to satisfaction, as an important factor in understanding differential treatment effects.

One interesting result from the exploratory latent class analysis was that the small proportion of highly distressed couples in the sample were characterized by asymmetrically committed relationships. Although both partners reported low levels of happiness and commitment, a major discrepancy between partners was evident, with one group having much more committed men (7%) and the other having much more committed women (10%). This distribution is in line with research on asymmetrically committed relationships which finds that

when there is an asymmetry between partners, men are more likely than women to be the less committed partner (Stanley et al., 2017). Couples in asymmetrically committed relationships are at elevated risk for breakup, and indeed we observed high levels of breakup within the one-year follow-up period for these couples (ranging from 19-32%). These couples likely pose a particular challenge for RE programs if one partner is highly engaged in the intervention while the other is uninterested. Future research on the prevalence of these couples in RE programs, as well as their treatment adherence and outcomes, is warranted.

Interestingly, there was no group in which both partners were very low on happiness and commitment. We can speculate that these couples likely do not present to RE programs because neither partner is invested enough in improving the relationship due to their low levels of commitment. It appears that at least one partner has to be committed enough to the relationship to spur them to seek help, and in the current sample there is a small group of couples for whom the man played that role, despite most research indicating that women tend to drive the help-seeking process (Hubbard & Harris, 2020).

Although the current study has a number of strengths, including use of a much larger sample than any other study of pre-treatment functioning in RE, there are also limitations that must be acknowledged. First, our use of multiple pre-treatment indicators of relationship functioning required us to assign couples to groups to test differential treatment effects, rather than testing pre-treatment functioning as a continuous moderator. Categorizing can limit statistical power compared to using continuous measures, but notably, even our smallest group was still larger than the entire sample in some past studies. Second, all measures in the current study were based on self-report data, and future research could benefit from incorporating objective observations of relationship functioning. For example, future studies could consider

whether pre-treatment behavioral markers provide any additional insight about the likelihood of benefitting from RE. Third, two of the treatment outcomes (relationship happiness and commitment) were measured with single item indicators. Although single-item measures of these constructs have been shown to be psychometrically valid (Niehuis et al., 2022), more robust measures may have been able to detect intervention effects of a smaller magnitude. Fourth, the PACT program used two popular RE interventions (Loving Couples, Loving Children and Within Our Reach), but the results may not generalize to other curricula. Finally, the protocol for the PACT study required couples to be low-income, have children, and to be part of a different-gender relationship to enroll in the study (though same-gender couples were eligible to receive services without participating in the study), and most participants identified as Hispanic. Overall, this limits generalizability of the results to same-gender, low-income, primarily Hispanic couples with children. Future research should continue to examine the level of relationship functioning when presenting to RE, and how this relates to treatment outcomes, across a range of diverse couples.

These limitations notwithstanding, results from the present study contribute to our understanding of the characteristics of low-income couples who are seeking treatment through community-based relationship education, and the extent to which couples at different levels of functioning benefit from this type of intervention. A very large proportion of couples seeking RE were already unhappy with and/or unsure about the future of their relationship, indicating that they are hoping the intervention will fix current problems in their relationship, rather than prevent problems from emerging in the future. Unfortunately, there were no significant treatment effects for these couples, indicating that they were no better off one year after receiving RE, compared to couples with similar concerns who did not receive RE. Instead, consistent with the

original intention of RE, treatment effects were limited to the couples who entered the program in a happy and stable relationship.

Implications

Results of the current study have a number of practical implications for future design and evaluation of community-based RE programs. First, our results demonstrate that there is a wide range of relationship functioning among low-income couples enrolling in RE, with some couples fully committed, happy, and unconcerned about their relationship, and other couples very unhappy, uncommitted, and concerned that their relationship is in trouble. Treatment outcome studies that regularly lump all of these couples together are both overestimating and underestimating treatment effects: compared to the original evaluation of the PACT study, we observed much larger treatment effects for the satisfied couples (*ds* ranging from .17 - .23, compared to *ds* ranging from .10 - .12) and nonsignificant treatment effects for the distressed couples. Thus, treatment studies that do not screen for level of relationship functioning as an inclusion criterion (as is typically done in studies of couple therapy) must account for heterogeneity in pre-treatment functioning in order to accurately assess outcomes.

It is worth noting that although well-functioning couples benefitted from the intensive RE programs delivered in the current study, there is also evidence to suggest that a minimal contact intervention can prevent declines in relationship satisfaction to the same extent as more intensive RE programs (Rogge et al., 2013). Without a low-intensity intervention included in the current RCT, it is impossible to know whether the well-functioning couples truly needed 18 – 24 hours of RE programming to attain the observed benefits. Future studies that test various types of interventions head-to-head will move our knowledge forward much more quickly than continued treatment vs. control comparisons. This type of research should also be combined with continued

examination of pre-treatment characteristics that moderate treatment outcomes. In addition to the relationship functioning measures used in the current study, there is evidence that other baseline characteristics, such as high levels of alcohol use, also predict the extent to which couples will benefit from RE (Williamson et al., 2015). In order to move toward a future in which couples who are seeking a relationship intervention can be matched with an intervention that will be effective for them, we must know much more about which interventions are effective for whom. Fine-tuning our understanding of the appropriate intensity, delivery format, and content for various presentations continues to be a crucially important research agenda.

Results of the current study suggest that a stepped care model of treatment may be needed in order to meet the needs of all treatment-seeking couples (Haaga, 2000). Relationship education and couple therapy have historically operated in fairly separate realms, with different providers and sites offering each type of intervention. However, as practitioners, we cannot expect couples to have the knowledge to be able to seek out the right level of intervention, particularly when many low-income couples already perceive a number of barriers to seeking help and likely present to whatever provider is easiest and most available to them (Williamson et al., 2019). In order to balance delivery of effective treatments with ideal allocation of scarce resources, providers of relationship interventions would ideally screen presenting couples and funnel them into the level of treatment that is most likely to be effective for them. Well-functioning couples could receive low-intensity preventive services that enhance their relationship, and hopefully prevent them from falling into the distressed range in the future, whereas distressed couples should receive more intensive evidence-based services, such as couple therapy.

Unfortunately, there are major systemic barriers to realizing this vision. First, the

federally-allocated HMRE funding specifically stipulates that it can only be used for “skills-based healthy marriage education,” therefore excluding different relationship interventions such as couple therapy (Office of Family Assistance, 2020). This means that agencies must have a different source of funding if they would like to offer therapeutic services in-house, otherwise they must refer couples out to other agencies that offer these services, which runs the risk of creating an additional barrier to treatment. A related issue is that HMRE funded program sites are expected to serve a particular number of couples as a condition of their funding. Thus, programs are incentivized to enroll as many couples as possible in order to maintain their financial support, and are disincentivized from considering whether their program is actually the right fit for any given couple (specific exclusion criteria such as severe IPV notwithstanding).

In addition to these systemic barriers, there are other issues that must be considered for successful implementation of a stepped care model. Funding for research on couple therapy has been scarce over the past few decades, which means that we know little about whether existing couple therapies are acceptable or effective for low-income populations. Additionally, there is stigma against seeking help for one’s relationship (Hubbard & Harris, 2020) and this issue could be intensified if a couple were informed that they needed a higher intensity treatment. However, participation in RE could actually be leveraged to fight stigma and reluctance: couples who receive RE are more likely to seek a higher intensity intervention down the road (Williamson et al., 2014, 2018).

In sum, much more research is needed to allow couples to be matched to the lowest-resource intervention that will be effective for them, and the key stakeholders of relationship interventions, namely funders and service delivery sites, must adapt to a more personalized model of care.

References

- Arnold, L. S., & Beelmann, A. (2019). The effects of relationship education in low-income couples: A meta-analysis of randomized-controlled evaluation studies. *Family Relations*, 68(1), 22–38. <https://doi.org/10.1111/fare.12325>
- Baucom, B. R., Atkins, D. C., Rowe, L. S., Doss, B. D., & Christensen, A. (2015). Prediction of treatment response at 5-year follow-up in a randomized clinical trial of behaviorally based couple therapies. *Journal of Consulting and Clinical Psychology*, 83(1), 103–114. <https://doi.org/10.1037/a0038005>
- Bradford, A. B., Drean, L., Adler-Baeder, F., Ketrting, S. A., & Smith, T. A. (2017). It's about time! Examining received dosage and program duration as predictors of change among non-distressed and distressed married couple and relationship education participants. *Journal of Marital and Family Therapy*, 43(3), 391–409. <https://doi.org/10.1111/jmft.12209>
- Carlson, R. G., Rappleyea, D. L., Daire, A. P., Harris, S. M., & Liu, X. (2017). The effectiveness of couple and individual relationship education: Distress as a moderator. *Family Process*, 56(1), 91–104. <https://doi.org/10.1111/famp.12172>
- Conradi, H. J., Noordhof, A., Dingemanse, P., & Kamphuis, J. H. (2022). Do high-risk couples profit more or less from couple relationship education programs than low-risk couples? Room for improvement and vulnerability effects. *Family Process*, online first publication. <https://doi.org/10.1111/famp.12801>
- DeMaria, R. M. (2005). Distressed couples and marriage education. *Family Relations*, 54(2), 242–253. <https://doi.org/10.1111/j.0197-6664.2005.00019.x>

- Dion, M. R. (2005). Healthy marriage programs: Learning what works. *The Future of Children*, *15*(2), 139–156. <https://doi.org/10.1353/foc.2005.0016>
- Epstein, K., Pruett, M. K., Cowan, P., Cowan, C., Pradhan, L., Mah, E., & Pruett, K. (2015). More than one way to get there: Pathways of change in coparenting conflict after a preventive intervention. *Family Process*, *54*(4), 610–618. <https://doi.org/10.1111/famp.12138>
- Gottman, J., Gottman, J., & Shapiro, A. (2010). A new couples approach to interventions for the transition to parenthood. In *Strengthening couple relationships for optimal child development: Lessons from research and intervention*. (pp. 165–179). American Psychological Association. <https://doi.org/10.1037/12058-011>
- Haaga, D. A. F. (2000). Introduction to the special section on stepped care models in psychotherapy. *Journal of Consulting and Clinical Psychology*, *68*(4), 547–548. <https://doi.org/10.1037/0022-006X.68.4.547>
- Hagenaars, J. A., & McCutcheon, A. L. (2002). *Applied Latent Class Analysis*. Cambridge University Press.
- Halford, W. K., & Bodenmann, G. (2013). Effects of relationship education on maintenance of couple relationship satisfaction. *Clinical Psychology Review*, *33*(4), 512–525. <https://doi.org/10.1016/j.cpr.2013.02.001>
- Halford, W. K., Rahimullah, R. H., Wilson, K. L., Occhipinti, S., Busby, D. M., & Larson, J. (2017). Four year effects of couple relationship education on low and high satisfaction couples: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, *85*(5), 495–507. <https://doi.org/10.1037/ccp0000181>

- Hawkins, A. J. (2019). *Are federally supported relationship education programs for lower-income individuals and couples working?* American Enterprise Institute.
<https://www.aei.org/research-products/report/are-federally-supported-relationship-education-programs-for-lower-income-individuals-and-couples-working-a-review-of-evaluation-research/>
- Hawkins, A. J., Blanchard, V. L., Baldwin, S. A., & Fawcett, E. B. (2008). Does marriage and relationship education work? A meta-analytic study. *Journal of Consulting and Clinical Psychology, 76*(5), 723–734. <https://doi.org/10.1037/a0012584>
- Hawkins, A. J., Hokanson, S., Loveridge, E., Milius, E., Duncan, M., Booth, M., & Pollard, B. (2022). How effective are ACF-funded couple relationship education programs? A meta-analytic study. *Family Process, 61*(3), 970–985. <https://doi.org/10.1111/famp.12739>
- Healthy Marriage: What is it and why should we promote it? Hearings before the Subcommittee on Children and Families of the Committee on Health, Education, Labor, and Pensions, United States Senate, 108th Cong.* (2004). <https://www.govinfo.gov/content/pkg/CHRG-108shrg93523/html/CHRG-108shrg93523.htm>
- Hubbard, A., & Harris, S. (2020). A critical review of help-seeking for couples therapy: Clinical implications and next steps. *Contemporary Family Therapy, 42*(2), 152–162.
<https://doi.org/10.1007/s10591-019-09521-w>
- Johnson, M. D. (2012). Healthy marriage initiatives: On the need for empiricism in policy implementation. *American Psychologist, 67*(4), 296–308.
<https://doi.org/10.1037/a0027743>

- Karney, B. R., Bradbury, T. N., & Lavner, J. A. (2018). Supporting healthy relationships in low-income couples: Lessons learned and policy implications. *Policy Insights from the Behavioral and Brain Sciences*, 5(1), 33–39. <https://doi.org/10.1177/2372732217747890>
- McConnell, S. M., & Dion, R. (2020). *Parents and Children Together (PACT) Healthy Marriage (HM) Study Data Collection, New York and Texas, 2013-2016*. Inter-university Consortium for Political and Social Research [distributor].
<https://doi.org/10.3886/ICPSR37843.v2>
- Moore, Q., Avellar, S., Patnaik, A., Covington, R., & Wu, A. (2018). *Parents and Children Together: Effects of two healthy marriage programs for low-income couples* (OPRE Report #2018-58). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Muthen, L. K., & Muthen, B. O. (2017). *Mplus: Statistical Analysis with Latent Variables: User's Guide (Version 8)* [Computer software].
- Niehuis, S., Davis, K., Reifman, A., Callaway, K., Luempert, A., Rebecca Oldham, C., Head, J., & Willis-Grossmann, E. (2022). Psychometric evaluation of single-item relationship satisfaction, love, conflict, and commitment measures. *Personality and Social Psychology Bulletin*, advance online publication.
<https://doi.org/10.1177/01461672221133693>
- Office of Family Assistance. (2020). *Family, Relationship, and Marriage Education Works-Adults (FRAMEWorks)*. Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services.
- Quirk, K., Strokoff, J., Owen, J. J., France, T., & Bergen, C. (2014). Relationship education in community settings: Effectiveness with distressed and non-distressed low-income racial

- minority couples. *Journal of Marital and Family Therapy*, 40(4), 442–453.
<https://doi.org/10.1111/jmft.12080>
- Rogge, R. D., Cobb, R. J., Lawrence, E., Johnson, M. D., & Bradbury, T. N. (2013). Is skills training necessary for the primary prevention of marital distress and dissolution? A 3-year experimental study of three interventions. *Journal of Consulting and Clinical Psychology*, 81(6), 949–961. <https://doi.org/10.1037/a0034209>
- Rusbult, C. E., Agnew, C. R., & Arriaga, X. B. (2012). The investment model of commitment processes. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of Theories of Social Psychology*, Vol. 2 (pp. 218–231). Sage Publications Ltd.
<https://doi.org/10.4135/9781446249222.n37>
- Stanley, S. M., Amato, P. R., Johnson, C. A., & Markman, H. J. (2006). Premarital education, marital quality, and marital stability: Findings from a large, random household survey. *Journal of Family Psychology*, 20(1), 117–126. <https://doi.org/10.1037/0893-3200.20.1.117>
- Stanley, S. M., & Markman, H. J. (2008). *Within Our Reach instructor manual: Version 2.0*. PREP Educational Products, Inc.
- Stanley, S. M., Rhoades, G. K., Scott, S. B., Kelmer, G., Markman, H. J., & Fincham, F. D. (2017). Asymmetrically committed relationships. *Journal of Social and Personal Relationships*, 34(8), 1241–1259. <https://doi.org/10.1177/0265407516672013>
- StataCorp. (2021). *Stata Statistical Software: Release 17* [Computer software]. StataCorp LLC.
- Weller, B. E., Bowen, N. K., & Faubert, S. J. (2020). Latent class analysis: A guide to best practice. *Journal of Black Psychology*, 46(4), 287–311.
<https://doi.org/10.1177/0095798420930932>

Williamson, H. C., Hammett, J. F., Ross, J. M., Karney, B. R., & Bradbury, T. N. (2018).

Premarital education and later relationship help-seeking. *Journal of Family Psychology*, 32(2), 276–281. <https://doi.org/10.1037/fam0000383>

Williamson, H. C., Karney, B. R., & Bradbury, T. N. (2019). Barriers and facilitators of

relationship help-seeking among low-income couples. *Journal of Family Psychology*, 33(2), 234–239. <https://doi.org/10.1037/fam0000485>

Williamson, H. C., Nguyen, T. T. T., Rothman, K., & Doss, B. D. (2020). A comparison of low-income versus higher-income individuals seeking an online relationship intervention.

Family Process, 59(4), 1434–1446. <https://doi.org/10.1111/famp.12503>

Williamson, H. C., Rogge, R. D., Cobb, R. J., Johnson, M. D., Lawrence, E., & Bradbury, T. N.

(2015). Risk moderates the outcome of relationship education: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 83(3), 617–629.

<https://doi.org/10.1037/a0038621>

Williamson, H. C., Trail, T. E., Bradbury, T. N., & Karney, B. R. (2014). Does premarital

education decrease or increase couples' later help-seeking? *Journal of Family Psychology*, 28(1), 112–117. <https://doi.org/10.1037/a0034984>

Zaveri, H., & Baumgartner, S. (2016). *Parents and Children Together: Design and*

implementation of two Healthy Marriage programs (OPRE Report #2016-63).

Mathematica Policy Research.

Table 1.*Characteristics of couples enrolled in the study at baseline*

Baseline characteristics	Treatment Group	Control Group
Relationship Status		
Married	60.6%	58.3%
Romantically involved on a steady basis	21.2%	22.2%
Romantically involved on and off	12.7%	13.8%
Not in a relationship	5.5%	5.6%
Average number of children in the household	$M = 2.2, SD = 0.04$	$M = 2.2, SD = 0.04$
Couple expecting a child	8.6%	10.7%
Either partner has a child from another relationship	54.5%	56.6%
Average age (in years)		
Women	$M = 33.6, SD = 0.31$	$M = 33.8, SD = 0.31$
Men	$M = 36.1, SD = 0.35$	$M = 36.4, SD = 0.34$
Highest education attainment of either partner		
Less than high school	13.4%	13.9%
High school or GED	65.1%	62.1%
College or above	21.6%	24.0%
Average monthly household income	$M = \$3247, SD = \156	$M = \$3452, SD = \200
Race/ethnicity		
Both partners Hispanic	79.2%	76.1%
Both partners Black, non-Hispanic	10.2%	10.8%
Other combination	10.6%	13.1%
Sample size (couples)	$n = 797$	$n = 798$

Notes. GED = General Equivalency Diploma. There were no between-group differences between the treatment and control group on baseline characteristics (all $ps > .340$).

Table 2.*Latent class analysis enumeration results*

Fit Statistic	1 Class	2 Class	3 Class	4 Class	5 Class
Loglikelihood	-21962.837	-20313.798	-19815.867	-19457.952	-19210.358
Number of parameters	8	23	32	41	50
BIC	43990.217	40797.213	39867.722	39218.263	38789.447
A-BIC	43964.797	40724.147	39766.064	39088.014	38630.607
LMR <i>p</i> -value	--	0.00	0.018	0.03	0.21
VLMR <i>p</i> -value	--	0.00	0.017	0.03	0.21
BLRT <i>p</i> -value	--	0.00	0.00	0.00	0.00
Entropy	--	0.88	0.89	0.834	0.849
Distribution	100%	27.1%-72.9%	8.0%-%-66.6%-25.4%	7.3%-38.7%-10.4%-43.6%	1.8%-7.2%-13.0%-39.7%-38.4%

Note. Dashes indicate that estimates were not available. BIC = Bayesian information criterion; ABIC = adjusted BIC for sample size; LMR =

Lo-Mendell-Rubin est; VLMR = Vuong-Lo-Mendell Rubin Test; BLRT = Bootstrapped Loglikelihood Ratio Test

Table 3.
Results of *t*-tests comparing treatment vs control group within each latent class group

Outcome	Happy, Stable (<i>n</i> = 696)					Moderately Distressed (<i>n</i> = 617)				
	Treatment	Control	Test statistic	<i>p</i>	Effect size	Treatment	Control	Test statistic	<i>p</i>	Effect size
Relationship Happiness										
Men	9.0 (0.09)	8.73 (0.10)	1.93	0.055	0.16	7.86 (0.12)	7.92 (0.13)	-0.39	0.697	-0.03
Women	8.71 (0.09)	8.26 (0.12)	2.94	0.003	0.23	7.21 (0.13)	6.97 (0.16)	1.21	0.228	0.10
Commitment										
Men	9.75 (0.04)	9.62 (0.06)	1.79	0.075	0.15	9.43 (0.07)	9.33 (0.09)	0.94	0.349	0.09
Women	9.59 (0.06)	9.45 (0.08)	1.34	0.180	0.11	9.15 (0.09)	8.88 (0.13)	1.70	0.089	0.15
Support and Affection										
Men	3.57 (0.03)	3.52 (0.03)	1.33	0.185	0.11	3.32 (0.03)	3.30 (0.04)	0.33	0.742	0.02
Women	3.48 (0.03)	3.38 (0.03)	2.20	0.029	0.17	3.06 (0.04)	3.01 (0.04)	0.95	0.344	0.08
Avoidance of Destructive Behaviors										
Men	3.07 (0.04)	3.03 (0.04)	0.61	0.545	0.05	2.57 (0.05)	2.51 (0.05)	0.69	0.489	0.06
Women	3.13 (0.04)	2.97 (0.04)	2.72	0.007	0.22	2.50 (0.05)	2.45 (0.05)	0.78	0.436	0.07
Constructive Behaviors										
Men	3.35 (0.03)	3.25 (0.04)	1.95	0.052	0.16	3.13 (0.04)	3.12 (0.04)	0.27	0.787	0.02
Women	3.37 (0.03)	3.31 (0.03)	1.25	0.213	0.10	3.04 (0.04)	3.01 (0.04)	0.47	0.640	0.04
Breakup	3.74%	6.23%	2.15	0.143	0.11	10.63%	12.45%	0.47	0.494	0.06

Note. Test statistic is *t* for relationship happiness, commitment, support and affection, avoidance of destructive behaviors, and constructive

behaviors; and χ^2 for relationship instability. Effect size is Cohen's *d*. Significant treatment effects are indicated in bold.

Table 3. (continued)*Results of t-tests comparing treatment vs control group within each latent class group*

	Highly Distressed Men (<i>n</i> = 166)					Highly Distressed Women (<i>n</i> = 116)				
	Treatment	Control	Test statistic	<i>p</i>	Effect size	Treatment	Control	Test statistic	<i>p</i>	Effect size
Relationship Happiness										
Men	6.65 (0.29)	6.35 (0.30)	0.79	0.466	0.13	6.51 (0.39)	6.74 (0.36)	-0.44	0.663	-0.09
Women	6.24 (0.31)	5.89 (0.33)	0.79	0.433	0.13	5.28 (0.41)	5.11 (0.35)	0.32	0.746	0.06
Commitment										
Men	8.32 (0.25)	8.27 (0.26)	0.14	0.883	0.03	8.97 (0.28)	8.76 (0.28)	0.54	0.591	0.13
Women	8.95 (0.21)	8.65 (0.29)	0.85	0.396	0.16	7.35 (0.44)	6.78 (0.47)	0.89	0.376	0.20
Support and Affection										
Men	2.89 (0.08)	2.79 (0.08)	0.85	0.400	0.15	2.96 (0.10)	2.90 (0.09)	0.47	0.641	0.10
Women	2.83 (0.08)	2.70 (0.09)	1.10	0.275	0.18	2.65 (0.09)	2.53 (0.09)	0.93	0.352	0.19
Avoidance of Destructive Behaviors										
Men	2.13 (0.10)	2.02 (0.10)	0.77	0.440	0.14	2.23 (0.12)	2.30 (0.12)	-0.42	0.674	-0.09
Women	2.24 (0.09)	2.09 (0.11)	1.09	0.279	0.18	2.14 (0.11)	2.13 (0.12)	0.02	0.983	0.00
Constructive Behaviors										
Men	2.77 (0.08)	2.73 (0.09)	0.32	0.747	0.06	2.89 (0.10)	2.79 (0.09)	0.74	0.459	0.16
Women	2.87 (0.08)	2.74 (0.10)	0.98	0.330	0.16	2.58 (0.10)	2.73 (0.09)	-1.09	0.280	-0.22
Breakup	19.28%	25.97%	1.03	0.311	0.16	25.49%	31.67%	0.51	0.474	0.14

Note. Test statistic is *t* for relationship happiness, commitment, support and affection, avoidance of destructive behaviors, and constructive

behaviors; and χ^2 for relationship instability. Effect size is Cohen's *d*. Significant treatment effects are indicated in bold.

Figure 1.

Results of Latent Class Analysis 4-Class Solution

