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Relationship Help-Seeking: A Review of the Efficacy and Reach

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ABSTRACT

Formal and informal relationship help-seeking is becoming increasingly common. This article discusses seven forms of relationship help-seeking: couple therapy, couple relationship education, self-help books, internet resources, other media sources, talking with clergy, and talking with friends and family. The purpose of this literature review is to organize the relationship help-seeking research, bring to light some of the less accessible research, and offer recommendations to researchers and practitioners regarding the efficacy and reach of relationship help-seeking. In addition, differences in relationship help-seeking based on gender are explored and current relationship help-seeking trends are discussed.

KEYWORDS

education; intervention;
relationship help-seeking;
self-help

Introduction

Although a lifelong, committed relationship with a spouse or intimate partner is a relatively common goal, not only in Western culture but in cultures worldwide (United Nations Economic and Social Affairs Population Division, 2003), maintaining a healthy intimate relationship is a complex task. Married individuals, on average, have better health, are happier, and are better off financially than those who are not married (Dush & Amato, 2005; Waite & Gallagher, 2000), but some individuals are unable to maintain a satisfying marriage and some do not want it. There has been a general movement away from marriage in the United States (Pew Research Center, 2011), and currently over 60% of individuals cohabit before marriage (Manning & Cohen, 2012). The divorce rate in the United States is somewhere between 45% and 50% (Raley & Bumpass, 2003), and divorced individuals, on average, experience lower levels of happiness, higher levels of distress, and more physical health problems when compared with married individuals (Amato, 2000). Furthermore, couple conflict has a negative impact on partners and other family members alike and is linked with externalizing and internalizing behaviors in children (Gerard, Krishnakumar, & Buehler, 2006).

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Given these trends, relationship help-seeking is quickly becoming a topic of empirical scrutiny. In this review relationship help-seeking is defined as any behavior an individual performs with the intent of improving his or her intimate relationship. The two main sources of help-seeking for couples are couple therapy and couple relationship education (CRE). Both couple therapy and CRE have been established as efficacious in alleviating relationship distress; however, the influence of couple therapy and CRE is limited overall, often not reaching those most in need (Bradbury & Lavner, 2012). Examining the efficacy and reach of other help-seeking avenues may highlight other options available to those in relationships. A relatively scant body of literature suggests that informal help-seeking (i.e., self-help books, help from friends and family, clergy, internet resources) is common, but the impact of these informal methods has not been researched extensively (Doss, 2009; Doss, Rhoades, Stanley, & Markman, 2009; Higginbotham, Miller, & Niehuis, 2009). Relationship help-seeking needs to be explored more thoroughly to provide researchers, therapists, and educators with accurate, practical information that might be used to improve *more* couple relationships.

The purpose of this article is to organize the relationship help-seeking research, bring to light some of the less accessible research, and offer recommendations to researchers and practitioners regarding the efficacy and reach of couple relationship help-seeking. We outline the efficacy and reach of *formal* interventions, such as couple therapy and CRE, and *informal* interventions, such as self-help books, use of internet resources, other media outlets, clergy, and talking with friends and family. We focus on efficacy, not effectiveness, because most of the research on couple interventions focuses on testing interventions in more controlled environments. For a review on the effectiveness of various couple interventions, see Doss (2009) and Halford and Hayes (2012).

We include couple therapy and CRE in the current review because of their centrality to couple intervention and the sheer volume of research that exists on their efficacy and reach. Providing a complete overview of the research in couple therapy and CRE is beyond the scope of the current review; comprehensive reviews may be found elsewhere (e.g., Lebow, Chambers, Christensen, & Johnson, 2012; Markman & Rhoades, 2012). We also discuss informal help-seeking behaviors (i.e., self-help books, internet resources, talking with clergy, family and friends) because these behaviors are some of the most used by couples but are infrequently studied (cf. Higginbotham et al., 2009). We explore gender differences and ethnic background that moderate help-seeking patterns and, finally, outline research and clinical recommendations.

The current pattern of couple help-seeking appears to be that the interventions most evaluated (i.e., couple therapy and CRE) are attended by relatively few. On the contrary, the interventions least evaluated (i.e., self-help books, internet resources, talking with clergy, family, and friends) are more used.

Therefore, researchers and clinicians need to constantly seek out new ways to reach couples and in turn evaluate these efforts.

Types of help-seeking

Formal help-seeking

Couple therapy

The research on couple therapy is vast compared with other help-seeking behaviors, and evidence shows that it works. In a meta-analysis of six meta-analyses examining marriage and family therapy interventions, the average effect size of couple therapy was $d = .84$ (Shadish & Baldwin, 2003). In other words, an average couple in the treatment group was better off than over 80% of couples in the control group after treatment. In a more recent review, Lebow et al. (2012) concluded that couple therapy positively impacted 70% of those that attended. In yet another study of 134 couples, Christensen, Atkins, Baucom, and Yi (2010) showed that effect sizes for marital satisfaction at a 5-year follow up for integrative behavioral couple therapy and traditional behavioral couple therapy ranged from $d = .92$ to $d = 1.03$. Current efficacy studies feature behavioral couples therapy, integrative behavioral therapy, and emotion-focused therapy; other couple therapies have not yet been tested (Lebow et al., 2012). Some argue that all models have efficacy (Sparks & Duncan, 2010), and some attribute that efficacy to common factors (Davis, Lebow, & Sprenkle, 2012). Despite large effect sizes, therapy-as-usual in the “real world” (no random assignment into treatment, lack of exclusion criteria, relatively less treatment fidelity) tends to produce lower effect sizes ranging from $d = .33$ to $.42$ (Doss, 2009).

Although couple therapy has been shown to be efficacious, the proportion of the U.S. population that seeks couple therapy is small. For example, in a statewide sample of 2,323 Oklahomans, only 37% of the 900 individuals who had experienced divorce sought marital therapy before the separation (Johnson et al., 2002). Only 19% of the 1,347 married individuals in the same sample had sought relationship help in the form of therapy (Johnson et al., 2002). In a statewide sample of 1,316 Utahans, 48% of the 236 ever-divorced individuals sought some form of counseling before separation, but this included seeking counsel from religious leaders in addition to couple therapists, and only 22% of the 776 married individuals had ever sought out couple therapy (Schramm, Marshall, Harris, & George, 2003). Generally, couples wait until distress levels are perceived as being beyond repair; indeed, on average, married couples wait 6 years after serious interpersonal problems develop before they seek therapy (Notarius & Buongiorno, 1992, as cited in Gottman, 1999). Because many couples either do not seek marriage therapy or do so as a final effort, preventative interventions such as CRE have been designed to target couples before they reach the “breaking point.”

Couple relationship education

CRE has traditionally taken one of two forms: couple assessment with feedback and skills training courses (Halford & Casey, 2010). Preliminary evidence suggests that couple assessment with feedback is efficacious; it is tolerable for couples, yielding high participation rates with a low dropout and helping couples, on average, improve in communication, marital satisfaction, and relationship distress (Busby, Ivey, Harris, & Ates, 2007; Cordova et al., 2005). Additionally, the efficacy of skills training courses has been well documented. Hawkins, Blanchard, Baldwin, and Fawcett (2008) in a meta-analysis of 117 studies showed effect sizes that ranged from $d = .24$ to $.36$ for marital quality and $d = .36$ to $.54$ for communication.

Although CRE has expanded in recent years, due in part to funding from state and federal governments (Hawkins et al., 2009), it has traditionally suffered from some of the problems therapy has, namely, relatively few couples take advantage of it. For example, CRE has been largely limited to White, middle class, committed couples who are either married or engaged (Ooms & Wilson, 2004), and high-risk couples have been underrepresented in courses (Halford, O'Donnell, Lizzio, & Wilson, 2006). In more recent years, successful efforts have been made to reach out to high-risk couples (Hawkins & Erickson, 2015), but there are still many who do not use it. For example, although 66% of the 2,323 Oklahomans chosen at random reported that they would consider marriage education if it was offered (Johnson et al., 2002), the rate of couples attending CRE in general is estimated to be around 30% (Halford & Hayes, 2012). An exception to this trend is premarital education. Premarital education attendance in the United States has risen from 9.7% of couples who were married in the 1940s to 52.2% of those married in the 1990s (Doss et al., 2009). Couples who attend premarital education are more likely to attend relationship counseling, especially when they are at-risk (Williamson, Trail, Bradbury, & Karney, 2014). Although premarital education has increased, Doss, Rhoades, Stanley, Markman, and Johnson (2009) reported that individuals in their second marriages were much less likely to attend premarital education for subsequent relationships than for first marriages.

Informal help-seeking

We define informal help-seeking as including self-help books, internet resources (including internet-based CRE), other media (e.g., magazines), clergy, and help from friends and family. We include clergy in informal help-seeking because although typically theologically trained, professional clinical training and licensure are atypical. In general, these informal help-seeking behaviors appear to be used by a greater segment of the population when compared with formal opportunities but are less studied. This may be because couples who use these informal avenues are less accessible to researchers

and less likely to interact directly with clinicians. Therefore, creativity and imagination are needed to reach more couples and evaluate these interventions. Additionally, for efficacy and reach to be maximized, it will likely take many individuals including clergy, clinicians, researchers, and educators working collaboratively together to support couples.

Self-help books

Very few empirical studies have directly tested the effectiveness of self-help books (Doss, 2009). However, one study did use a relationship self-help book in the control group (Halford, Sanders, & Behrens, 2001). Using random assignment, couples were assigned to one of four groups: the experimental group (consisting of 23 couples at low risk and 19 couples at high risk) and the control group (consisting of 21 low risk and 16 high-risk couples). The experimental group received five sessions of relationship education (Self PREP) and the control group read a cognitive behavioral book called *Living and Loving Together* (Montgomery & Evans, 1989) and attended three meetings to discuss the book. High-risk couples in both the control and experimental groups improved in communication skills from before to after, but the experimental group had somewhat better outcomes at year 1 and less relationship satisfaction erosion at year 4 compared with the control group. Among the low-risk couples, the control group (i.e., those that had read the self-help book and attended three meetings) showed significantly less relationship satisfaction erosion compared with the experimental group, suggesting that self-help books might be a good choice for low-risk couples. Another study provided five clinical distressed couples with eight self-help chapters on various subjects, including communication, problem solving, and maintaining relationship gains. The scores for the couples before, after, and at a 9-month follow-up were inconclusive, with some showing improvement and others not (Bornstein et al., 1984). Although there is a paucity of research on relationship self-help books, several meta-analyses have shown the efficacy of self-help books for individual issues including sexual dysfunctions, depression, and anxiety (for a review see Norcross, 2000).

Books are a common form of relationship help-seeking in the United States. In one study involving 213 couples over the first 5 years of their marriages, books were the top help-seeking behavior, with 23% of couples reporting have used them (Doss et al., 2009). Of the books used by the couples, some have a religious foundation such as *The Five Love Languages* (Chapman, 2004), others are rooted in popular psychology such as *Men Are from Mars and Women are from Venus* (Gray, 1992), and some are based on research such as *Fighting for your Marriage* (Markman, Stanley, & Blumberg, 1994). Although the reach of self-help books for relationships may be tracked by an indicator such as sales figures, their effectiveness in alleviating relationship

distress is not well understood. For example, nearly 7 million copies of *Men Are from Mars and Women are from Venus* (Gray, 1992) were sold in the 1990s (Cable News Network, 1999). Other books such as *Seven Principles to Make Marriage Work* (Gottman & Silver, 1999), *Getting the Love you Want* (Hendrix, 1988), *Divorce Busting* (Wiener-Davis, 1992), and *The Five Love Languages* (Chapman, 2004) have appeared on the *New York Times* bestseller list. Although these books have experienced widespread popularity, little is known about how couples decide on which relationship books to use, how these books help couples, if couples read the books once purchased, and if some books are more efficacious than others in improving relationship quality (Doss et al., 2009).

Internet resources

Internet websites targeting couples have the potential to reach a very large portion of the population. Research has shown that 78% of Americans use the internet with 71% of African Americans and 68% of Hispanics having access to the internet (Zickuhr & Smith, 2012). Doss, Benson, Georgia, and Christensen (2013) reported that over a 1-year interval the top 10 relationship help-seeking websites received 3.8 million unique visits, suggesting the internet reaches many more couples than traditional face-to-face methods such as marital therapy or CRE. Indeed, in the first year of use the website *foreverfamilies.net* received over 47,000 visits, and of the 4% of website visitors that took a survey, 66% rated the website as “very useful” (Steimle & Duncan, 2004). Furthermore, it appears that help for couples on the internet is only increasing. In 2010, Casey and Halford Google searched the terms “couple therapy,” “relationship education,” and “relationship advice,” which returned 2.6 million hits, 14.4 million hits, and 19 million hits, respectively. Today, the same terms entered into Google search returned 4.87 million hits for couple therapy, 170 million hits for relationship education, and 136 million hits for relationship advice.

In terms of intervention type, the internet has been used in various ways to help couples with their relationships (see Georgia & Doss, 2013). In such cases formal help-seeking formats such as online couple therapy take on a more informal nature. For example, Doss et al. (2013) developed and are testing a self-help format of integrative couple behavioral therapy available to couples online (www.ourrelationship.com); couples can work on their relationship at their own pace, in the comfort of their home. This intervention differs from self-directed CRE because couples must discuss and set goals for their relationship together and call a coach on the phone several times during the intervention to get feedback. Furthermore, an experimental group that used an online, self-paced, skills-based relationship intervention showed higher marital satisfaction and better conflict management compared with a control group (Kalinka, Fincham, & Hirsch, 2012). In some cases couples prefer online

interventions compared with other available interventions. For example, self-directed behaviors were perceived by couples as being significantly more helpful than church-sponsored workshops or counseling (Duncan, Childs, & Larson, 2010). Because of these encouraging findings, couple programs continue to be developed for internet use and have a promising future (Halford & Hayes, 2012).

The internet has also been used for etherapy (featuring many modalities including audio, chat, webcam, email, and forum), web-based therapy, and group therapy (Barak, Hen, Boniel-Nissim, & Shapira, 2008). In a meta-analysis of 92 studies, internet-based interventions focusing on individual problems ranging from weight loss to anxiety produced an effect size of $d = .53$, with static websites producing an effect size of $d = .52$ (Barak et al., 2008). Two other meta-analyses showed that individuals who were treated via the internet for depression and anxiety fared significantly better than those in the control groups (Andersson & Cuijpers, 2009; Cuijpers, Donker, van Straten, Li, & Andersson, 2010), which offer evidence that the internet can work to treat mental health problems. These meta-analyses included studies that only focused on individual problems such as depression, eating disorders, anxiety disorders, and smoking cessation and did not focus on couple relationships, but they do provide evidence that treatment over the internet can work on an individual level; therefore, internet channels might also work for a myriad of couple issues. Yet, marriage and family therapists report some ethical concerns and hesitations in providing online therapy, including confidentiality issues, relationship and alliance issues, licensing and liability issues, crisis management issues, and training issues (Hertlein, Blumer, & Mihaloliakos, 2014).

Internet-based CRE

Self-directed CRE via the internet has been developed to expand the reach of CRE, but initial evidence on efficacy is mixed. In a recent meta-analysis including 16 studies on self-directed CRE and 13 studies featuring a combination of self-directed and traditional components, McAllister, Duncan, and Hawkins (2012) showed that self-directed CRE produced nonsignificant effects on marital quality and a significant effect, albeit small ($d = .16$), for communication skills. The studies featuring a combination of self-directed and traditional CRE showed larger effect sizes of $d = .43$ for marital quality and $d = .71$ for communication skills, larger than those produced by traditional programs alone. Three studies featuring *ePrep* showed maintained improvement in individual mental health and relationship functioning for 10 months after the conclusion of the program (Braithwaite & Fincham, 2007, 2009) and a 90% reduction in aggressive behaviors and .18 standard deviation reduction in psychological abusive behaviors (Braithwaite & Fincham, 2014). Another study reported that Air Force couples showed significant improvements in both relationship satisfaction and anger management skills while attending

traditional *PREP*, whereas couples who took only self-directed *PREP* significantly improved in only anger management skills (Anderson et al., 2013). Thus, despite relatively smaller effect sizes, self-directed CRE may have a greater potential to reach more couples than traditional CRE (Halford & Hayes, 2012). Those who tend to choose self-directed CRE might have relatively more need: McAllister, Duncan, and Busby (2013) found that participants who used self-directed CRE differed from those who attended traditional CRE in several key areas, including more problems in family of origin, more self-reported neurotic spousal behaviors, and more relationship problems.

Other media sources

Other media sources such as videos, pamphlets, magazines, and articles are common. Sixty-nine percent of American adults download and watch videos, with 38% watching educational videos (Purcell, 2010). Public media campaigns have been used to affect behavioral change on a public level (Wakefield, Loken, & Hornik, 2010), but there has been very little research in the targeting couple relationships through the television or other media sources (Doss, 2009). One exception is *Couple Care* that uses DVDs to help couples improve their relationships (Halford, Moore, & Wilson, 2004). The program features self-administered marital education program consisting of DVDs, couple activities, and brief check-ins with a psychologist. Of those participating 96% completed the required tasks, and most couples reported high satisfaction with the program. The program was shown to have an effect size of $d = .41$ for relationship satisfaction (Halford et al., 2004). Some have suggested more focus on developing interventions for couples delivered through DVDs, television, as well as the internet (Doss, 2009; Halford & Hayes, 2012); evaluation research is needed. Regarding technology and measurement, Woods, Priest, and Denton (2013) established the reliability of a verbal version of the Quality Marital Index designed to be administered over the phone but noted the average score by phone was almost three points higher than the average written Quality Marital Index score.

Clergy

Clergy have been referred to as the “frontline mental health counselors for millions of Americans” (Ellison, Vaaler, Flannelly, & Weaver, 2006, p. 190). Ellison and colleagues showed that when individuals ranked help-seeking behaviors for vignettes involving alcoholism, depression, drug use, schizophrenia, and no disorder, clergy were sought after by substantial levels of the sample. More specifically, clergy were consulted at the following rates: 34.1% for alcoholism, 35% for depression, 28.6% for drug use, 32.3% for schizophrenia, and 42.9% for no disorder. Indeed, clergy overwhelming provide most premarital education in the United States (Glenn, 2005), but training

for and provision of premarital education differ greatly across clergy (Wilmoth & Smyser, 2012). In another study of over 500 individuals, the number one reported source of help was clergy at 41%, followed by medical doctors at 29%, and psychologists/psychiatrists at 21% (Chalfant et al., 1990). Of those who sought marriage counseling, 47% sought it solely from a religious leader, with another 21% using both a religious leader and a marriage therapist (Johnson et al., 2002).

Clergy reported the frequency of seeing individuals for marriage problems ranging from a few times a year to almost every month (Moran et al., 2005). One program, called the *Caring Couples Network*, uses pastors, couples who have successful marriages, and professional consultants to guide couples and families through their spiritual journey in family life (Hunt & Hunt, 1999). Pastors understand the needs of couples and match them with married mentor couples; in-turn, married couples help advise, teach, and support couples as they grow, and professional consultants help families understand dynamics, provide therapy if needed, and connect them with community resources. The *Caring Couples Network* is used to address many circumstances, including marriage preparation, newly married couple issues, pregnancy, domestic violence, substance abuse, unemployment, and life transitions.

Although few studies have established the effectiveness of counseling performed by clergy, several studies show positive outcomes for clergy led premarital education and general positive perceptions of clergy as helpers. For example, clergy and lay persons were found to be as effective in the short run as university staff at delivering a premarital education program (Stanley et al., 2001). Furthermore, in a cluster randomized control trial of a premarital education program, couples attending the program headed by their local clergy fared as well as those attending in university settings and natural occurring premarital education (Laurenceau, Stanley, Ooms-Gallo, Baucom, & Markman, 2004). Couples attending the clergy groups experienced more positive communication and less negative communication at 2.5 months after treatment and at a 14-month follow-up when compared with the natural occurring premarital education and the university-led premarital education (Laurenceau et al., 2004). In terms of dissemination, 82% of clergy trained in *PREP* continued to use content from the course 5 years after teaching it (Markman et al., 2004). Incorporating aspects of programming help clergy offer more to couples; clergy who used premarital assessment questionnaires had higher perceived effectiveness scores than those who did not (Wilmoth & Smyser, 2010). In addition, clergy have been ranked higher in key areas such as warmth, caring, professionalism, and stability when compared with psychologists and psychiatrists (Schindler, Berren, Hannah, Beigel, & Santiago, 1987).

Some research has explored efforts by clergy and mental health professionals working together in collaboration. For example, Oppenheimer, Flannelly, and Weaver (2004) reviewed 89 articles on collaboration efforts of clergy and

psychologists and reached several conclusions. First, clergy are on the front line of mental health and the gatekeepers to formal help-seeking. Second, there are obstacles to collaboration. For example, 66% of the articles from secular journals concluded that clergy need more knowledge about mental health and resources, whereas only 20% argued both clergy and clinicians needed more knowledge about each other's fields. Third, differing values between clergy and mental health practitioners can be an obstacle to collaborative treatment. Finally, articles discussing the benefits of collaboration have increased over time. Oppenheimer and colleagues further call for more educational opportunities where psychologists get trained on religious and spirituality matters and clergy learn more about mental health and community resources and a better understanding about the roles each play in mental health,

Talking with friends and family

Support usually comes from individuals closest to those seeking help, including friends, family, and spouses (Wills & DePaulo, 1991). For example, one research study involved a team of six compiling field notes of advice episodes that they observed or were involved in and transcripts of interviews with family and friends. Of the 112 advice episodes, 70 involved friends and 11 involved family members. In another study involving a convenience sample of 280 college students reporting on an advice episode for an upsetting problem, 143 of the sample reported advice givers where friends followed by parents ($n = 31$), romantic partners ($n = 26$), roommates ($n = 20$), and siblings or cousins ($n = 11$), with romantic relationship problems the most reported issue discussed (MacGeorge, Feng, Butler, & Budarz, 2004). In one article family, friends, and clergy were most often used for problems that were not chronic or severe (Wills & DePaulo, 1991). In a study of newlywed couples reporting on advice seeking before marriage, most sought advice from friends, parents, religious leaders, and siblings (Sullivan, 2008). In addition, in a study featuring Latinos, 65% reported that they would seek help from family, parents, spouses, and friends (Bermúdez, Kirkpatrick, Hecker, & Torres-Robles, 2010). A qualitative study involving 112 in-depth interviews and focus groups in the United Kingdom reported that the most used avenues of social support were parents, in-laws, and friends (Ramm, Coleman, Glenn, & Mansfield, 2010). Most of these couples reported that they believed couples should work out their relationships on their own without seeking external support from resources like CRE and/or marriage therapy (Ramm et al., 2010). One study found that women in therapy talked with friends about marriage issues more than women not attending therapy and that for women in therapy, talking more about marriage issues and with more friends was associated with lower marital satisfaction and stability (Allgood, Crane, & Agee, 1997).

The effectiveness of talking with friends and family has been less studied, and most of the current research relies solely on self-perceived helpfulness

ratings. For example, 54 newlywed couples rated the advice they received before marriage from family and friends on a scale from 1 to 10, 1 being “not helpful” and 10 being “very helpful.” The husbands’ and wives’ scores for advice from family and friends ranged from 7.0 to 9.1 (Sullivan, 2008). In another study of 303 newlywed remarried couples, 56.8% of women and 42.8% of men rated talking with other couples as being either “helpful” or “very helpful” in preparation for remarriage. In the same study, 61.7% of women and 53.2% of men reported that talking with their parents was “helpful” or “very helpful” (Higginbotham et al., 2009). Another study showed that couples were more likely to attend premarital counseling if a respected other recommended it to them (Sullivan, Pasch, Cornelius, & Cirigliano, 2004). Furthermore, married individuals that feel supported by those around them are more likely to experience marital success (Bryant & Conger, 1999).

Trends in help-seeking

Help-seeking behaviors among couples

Researchers and clinicians have begun to explore relationship help-seeking for specific groups, including couples seeking a marital checkup, couples seeking remarriage, couples attending CRE, newlywed couples, and military couples. Understanding patterns of help-seeking for these groups could potentially help other professionals offering similar interventions to understand the help-seeking patterns of attendees and tailor their intervention to these couples. For example, the creators of the Marriage Checkup examined the mental health help-seeking behaviors of those who attended the intervention (Morrill et al., 2011). Of the 325 participants, 53.2% had sought individual therapy, 36.3% had attended couple therapy, 15.4% had used medications, and 12.3% had sought a family therapist. Their data suggest that the checkup format attracted couples in varied levels of distress, that the participants found the checkup to be more accessible than traditional therapy, and that a substantial proportion of couples had not previously received couple intervention.

Among 205 individuals preparing for remarriage, Ganong and Coleman (1989) showed that individuals sought help from written materials followed by friends, counseling, and education groups. Higginbotham et al. (2009) showed that the main sources of help-seeking pursued by both men and women seeking remarriage, listed from most to least popular, included talking with family; talking with friends; talking with religious leaders; reading pamphlets, magazines, or news articles; and reading self-help books. In the same study professional counseling, visiting a website, watching videos and movies on marriage, attending a class (2 or more sessions), and attending a workshop or lecture were less used compared with other help-seeking behaviors.

Recent studies confirm the prevalence of informal help-seeking. One study found that the most common help-seeking behaviors included reading pamphlets, magazines, or news articles; talking with other couples; talking with parents; reading a relationship book; and attending a workshop (Stewart, Bradford, Higginbotham, Skogrand, & Jackson, 2014). Among newlywed couples, Doss et al. (2009) showed over the first 5 years of marriage that 36% sought relationship help. Of the 36% (77 couples) who sought relationship help, 30 sought out marital therapy, 41 attended workshops or retreats, and 49 read a relationship-oriented book with many couples participating in a combination of behaviors. One study examined help-seeking patterns of men and women dealing with sexual problems from seven large geographic areas, including 29 countries (Moreira et al., 2005). Most (78%) did not seek any help from health professionals. The most sought-after outlets included (in rank order) partners, medical doctors, finding information anonymously, medication, family members and friends, mental health professionals, and clergy. Factors that predicted military couples seeking out couple therapy included prior treatment, formal education, and willingness to discuss issues with family members and friends (Bowen & Richman, 1991). In conclusion, educators and clinicians might benefit from understanding that couples tend to use multiple avenues of relationship help-seeking, life stages and intervention types are associated with different help-seeking patterns, and couples will likely have a unique history of relationship help-seeking before they attend an intervention.

Gender and relationship help-seeking

To reach more individuals and couples, educators need to target men because they are less likely to seek help (see Addis & Mahalik, 2003). Doss and colleagues (2003) showed that couples normally experience three stages when seeking couple therapy: problem recognition, treatment consideration, and treatment seeking. On average, wives in the study experienced each of these three steps before their husbands did. Indeed, wives were the first to take the three steps in around two-thirds of couples. Similarly, Eubanks and Córdova (2009) showed that women were more likely to seek professional help for communication problems, feeling less accepted by their spouse, experiencing increased depression, and spending less time with their spouse. Men were more likely to seek professional help only when they believed the relationship was going to end in divorce. Another study showed that having a positive attitude toward therapy, prior therapy, and female gender were associated with increased intentions to seek couple therapy (Bringle & Byers, 1997). Similarly, other findings indicate the wife will bring up relationship issues 80% of the time, whereas husbands generally avoid such issues (Gottman & Silver, 1999).

Other research hints at differences in the helpfulness of both formal and informal interventions. In terms of helpfulness, remarrying women ranked counseling, talking with religious leaders, and then workshops as most helpful; conversely, men ranked talking with religious leaders, reading a book, and then attending a class as most helpful (Higginbotham et al., 2009). Still, there are few if any studies on the efficacy of these help-seeking behaviors, so there is still much to learn about gender differences and relationship help-seeking. For example, Eubanks Fleming, and Córdova (2012) showed that help-seeking might work differently for couples as compared with individuals (Cramer, 1999). For example, in couple relationships positive attitudes about seeking professional help were not associated with help-seeking behaviors, and wives' lower levels of marital quality were associated with more help-seeking behaviors for both husbands and wives.

Ethnicity and relationship help-seeking

Although ethnicity and relationship help-seeking has been less studied, the initial evidence shows that ethnicity may work as a moderating variable in relationship help-seeking. For example, Petti, Ozuna, Wehrle, and Wu (2011) showed that White–White couples were more likely to seek couple therapy compared with Asian–Asian or Latino–Latino couples and that White–Latino couples were more likely to seek couple therapy than White–Asian couples. There were no significant differences between same culture and intercultural marriages for areas of talking with friends and family and seeking out internet or book resources. Doss et al. (2009) considered ethnicity in their study, but the sample lacked diversity and therefore results were inconclusive. In addition, Latinos were more likely to seek out help with marriage problems from a priest than Whites (Kane, 2003). In addition, for 11 different scenarios, Latinos reported that they would seek a priest 45.2% of the time compared with seeking a lay professional 12.8% of the time (Kane & Williams, 2000). For African Americans 52.3% did not seek out help; of those who sought out help for interpersonal issues (13.2% of the total sample), clergy was sought out first before other sources about half the time (Neighbors, Musick, & Williams, 1998). There is still a need to study ethnicity in relationship help-seeking. In similar fashion, a better understanding of how couples in an intercultural marriage seek help is needed, especially given that interracial marriages make up about 15% of first time marriages (Wang, 2012).

Trends and recommendations

The relatively rich literature on therapy and growing literature on CRE show that formal interventions for couples are typically helpful. Current trends in therapy research include examination of moderators and mechanisms of

change, calls for dyadic research, more focus on positive processes including marital virtues, and efforts to expand the reach of clinical intervention to serve more people. Trends in CRE research include continuing investigation of impact, facilitator effects, mediating and moderating variables, and dissemination. A comprehensive outline of recommendations is beyond the scope of the current article. For a more in-depth review of recommendations, we direct readers to Bradbury and Lavner (2012), Casey and Halford (2010), Doss (2009), Halford and Hayes (2012), and Doss, Carhart, Hsueh, and Rahbar (2010).

Research trends and recommendations

Grawe (1997) outlined four distinct phases of research for psychotherapy: is the intervention effective, how does it compete with other interventions, for whom does the intervention work, and what are the change mechanisms at work in the intervention. For couple therapy there are currently studies that establish efficacy, compare models, determine for whom marriage therapy works, and test some of the change mechanisms in marriage therapy. Current recommendations for couple therapy include a call for more dyadic research methodology that takes each perspective into consideration when studying couples (Oka & Whiting, 2013; Wittenborn, Dolbin-MacNab, & Keiley, 2013), measuring virtues as outcome variables (Fawcett, Fawcett, Hawkins, & Yorgason, 2013), and using marriage therapy for a variety of issues including health problems and alcoholism (Sprenkle, 2012). For CRE there are studies that establish efficacy, determine for whom CRE works, and some studies are beginning to examine the change mechanisms in CRE. Current recommendations for CRE include engaging men, studying facilitator effects, testing other mediating and moderating variables (e.g., demographics), using observational methods, and evaluating dissemination efforts (Markman & Rhoades, 2012). One critique of the current offerings in the couple therapy and CRE research is that most focus on efficacy (the use of randomized trials), not effectiveness (“real life” services and care; Doss, 2009; Halford & Casey, 2010). Halford and Bodenmann (2013) also recommend using a stepped approach in CRE that tailors the intensity and the content to specific couple’s needs. Couples with less need might read books or watch a DVDs, whereas those with more need might attend training courses.

It is perhaps not surprising that informal help-seeking is more common than formal help-seeking (Doss, 2009) or that these means have been far less studied. Despite their prevalence, we know little about how much reading relationship books, seeking out other media sources, talking with clergy, and talking with friends and family helps to increase relationship satisfaction or to improve communication skills, which is only the first of the four phases described by Grawe (1997). Informal help-seeking has typically been viewed

as residing in the personal rather than the professional domain. It may be, however, that current trends may make the empirical exploration of informal help-seeking all the more salient. First, social scientists increasingly take strengths-based perspectives that recognize innate resilience and resourcefulness in individuals and families (DeFrain & Asay, 2007), such as positive psychology and the recognition of virtues and characteristics once relegated to the moral rather than social domain (Fowers, 2000). Such views highlight the importance of considering the characteristics of those who seek help (and of those around them) and not just the interventions themselves, suggesting that informal help-seeking may provide avenues for individuals and couples to draw on innate strengths. Second, technology is bringing interventions and support directly to people with increasing ease; thus, the boundary between formal and informal interventions may become blurred and may even intersect. For example, professional organizations and clinicians are increasingly putting interventions and curricula online. To the extent that strengths are acknowledged as coming from within individuals and couples and as those strengths are activated via increasingly available “informal” means, it may be that informal interventions become more common and thus more important to examine empirically.

Although CRE programs via the internet have been developed and tested, more testing might be performed on static websites both in terms of outcomes and process. Determining what effect a website might have on a relationship is difficult and might require sensitive measures to detect change in terms of variables such as curriculum content and dosage. Stepwise examination of how the content might be used to improve relationship and how couples sift through information on the internet might better help clinicians and educators to provide online clients with valid internet resources. Technology also offers new opportunities of interactive intervention. For example, Casey and Halford (2010) have suggested using virtual reality and computer games to teach relationship skills to couples. Additionally, testing the efficacy and reach of relationship enhancing apps for cell phones and devices has not been studied, although there are many marriage apps currently available on the market.

Although there is some research on help-seeking among newlywed couples, those seeking remarriage, and couples involved in interventions, more research should be performed to understand help-seeking behaviors of established marriages. Perhaps we might learn the help-seeking patterns of successful marriages to better understand the role they play at improving their relationships. Such research might include tracking help-seeking behaviors used by couples on a daily basis and the perceived change they experience from such behaviors combined with changes in marriage quality and communication skills. Additionally, other social addresses need to be explored as potential moderators in couple help-seeking including income, education level, and relationship status.

Clinical recommendations

For clinicians, novel approaches might be used to attract more couples to interventions. Brief interventions such as relationship checkups have been used to attract couples at various levels of distress to help those who might not attend formal outlets such as CRE and therapy. To reach more couples, advertising might also need to be adjusted to better attract couples that would not normally seek help. For example, Doss (2009) recommended attracting more couples through advertising to specific needs, honing in on specific couple issues such as finances or sex to attract struggling couples. Because many Americans have access to the internet and phone networks, the use of technology to reach couples might also be more used by clinicians. Clinicians might also reach more couples through effective collaboration efforts with clergy. Another possibility is the use of booster sessions. Booster sessions appear to help prior attendees maintain some of the gains experienced in interventions (Cordova et al., 2014; Vaterlaus, Allgood, & Higginbotham, 2012). Booster sessions might be a cost-effective alternative to letting couples slip into patterns that are beyond repair, thereby contributing to individuals seeking couple therapy or divorce.

Conclusion

The last two decades have witnessed many unique couple interventions. Although more couples are taking advantage of such resources, there are still many who are not reaping the benefits. Based on this review, the next steps include establishing the efficacy of untested interventions (i.e., reading self-help books, talking with friends and family, visiting clergy, visiting internet websites, and using other technological resources); using creativity and technology to reach more couples, especially those at high risk, with efficacious treatment models; examining relationship self-help from a cultural perspective; and effectively collaborating together with those in the community to affect change in more couple relationships.

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