THE RELATIONSHIP EVALUATION (RELATE) WITH THERAPIST-ASSISTED INTERPRETATION: SHORT-TERM EFFECTS ON PREMARITAL RELATIONSHIPS

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This study assessed participant satisfaction with two interpretation formats and the effects of taking the RELATionship Evaluation (RELATE) on single young adults' premarital relationships. Thirty-nine engaged or seriously dating couples were assigned to one of three groups: (a) those who took RELATE and interpreted the results themselves, (b) those who took RELATE and participated in an interpretation session with a therapist, or (c) a control group. Results showed that taking RELATE with therapist assistance had a significant positive effect on perceived relationship satisfaction, commitment, opinions about marriage, feelings about marriage, and readiness for marriage. Positive effects also included increased awareness of strengths and challenges, improved couple communication, and the expectation of the prevention of future relationship problems. Taking RELATE without therapist assistance produced a small initial drop in relationship satisfaction followed by a marked improvement over time. Both genders approved of two interpretation formats—self-interpretation and therapist-assisted interpretation—with males slightly preferring therapist assistance. These results add to the literature on the usefulness of brief assessment techniques as effective interventions with premarital couples.

Comprehensive premarital assessment questionnaires (PAQs) frequently play a prominent role in the premarital counseling process and have the potential to overcome many of the challenges of traditional premarital preparation programs (Halford, 2004; Larson, 2002; Larson, Newell, Topham, & Nichols, 2002). PAQs encourage partners to step back from everyday experiences to assess both partners' perspectives of each other and the relationship (Busby, Holman, & Taniguchi, 2001). Comprehensive questionnaires can efficiently identify couple protective factors (e.g., good communication skills), risk factors (e.g., neuroticism), and potential problem areas (e.g., disagreement about marital roles). They create increased awareness and foster discussion, allowing couples to address relationship concerns proactively (Stahmann & Hiebert, 1997). As an alternative to longer and more expensive premarital preparation approaches, PAQs are cost-efficient, easily available, attractive, have psychometric validity and reliability, and are more likely to be used by both low- and high-risk couples (Halford, 2004; Larson et al., 2002). To date, however, there is no published research using randomized

controlled designs on the immediate and short-term effects of PAQs on perceptions of relationship quality and attitudes (Halford, 2004). Thus, the first purpose of the present study was to determine these effects on premarital couples' relationships using an Internet-based PAQ, the RELATionship Evaluation (RELATE; Busby et al., 2001).

A second thrust of the present research was to explore the role of therapist assistance in the interpretation of couples' RELATE extensive output (called the RELATE Report). Having previously responded to literally hundreds of relationship questions via the Internet, couples of varying levels of education, commitment, and psychological well-being are expected to interpret their results alone using the 11-page RELATE Report covering such crucial topics as emotional health, relationship satisfaction and stability, communication skills, problems stemming from family of origin dysfunction, etc. Anecdotal data from professionals who use RELATE have implied that whereas some couples may benefit immediately from self-interpretation of their outputs, others may flounder without the aid of a professional therapist to help interpret the graphs and tables in the RELATE Report. The present study addressed RELATE's overall influence on couples' relationship satisfaction, commitment, opinions about marriage, feelings about marriage, and readiness for marriage, and whether its impact can be enhanced by the addition of a trained therapist to assist in the interpretation process.

The RELATionship Evaluation (RELATE)

The RELATionship Evaluation (RELATE; Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997) is easily available to couples on the World Wide Web (http://www.relate-institute.org). RELATE meets the criteria for an effective PAQ and measures 96% of the premarital predictors of marital satisfaction (Larson et al., 2002). RELATE is designed to be helpful to couples in a variety of relationship stages, from casually dating to engaged. It assists couples in clarifying perceptions, highlighting areas of agreement and disagreement, and inviting discussion of individual and couple strengths (protective factors) and challenges (risk factors) related to later marital satisfaction.

Busby et al. (2001) reported on the theoretical foundation, construction, use, and validity and reliability of RELATE. RELATE was developed on the premise that each relationship is constructed of mutual and continual interactions between partners in various contexts. The questionnaire consists of 271 items assessing these interactions, with response options in a 5-point Likert format. Individuals rate both themselves and their partners on a number of factors, including individual personality traits (e.g., anxiety and depression), couple traits (e.g., communication and conflict resolution skills), the current relationship, family backgrounds, personal values, and relationship satisfaction. Responses are then organized and compiled in an 11-page report that couples keep to review with each other on one or more occasions. The format of the RELATE Report allows partners to compare their subscale responses in bar graph formats and provides side-by-side comparisons of their answers to the specific questions in each subscale (for more details see Busby et al., 2001).

Easily accessible results and self-interpretation by the couple are distinguishing characteristics of RELATE. RELATE is the only PAQ available completely on the World Wide Web and is designed to be completed and interpreted with or without professional administration or feedback sessions. While some couples choose to seek professional consultation for interpretation of their RELATE Report, it is not required. However, only anecdotal information is available on participants' satisfaction with this self-interpretation format. One potential risk of using a self-interpretation format with a report that couples keep is that some couples may not possess adequate awareness or communication and conflict resolution skills to enable them to benefit from a mutual discussion of their results and this may cause relationship distress. Another is that some individuals may have concerns that their partner may use the information in the report against them in some way in the future (e.g., when discussing liabilities like poor communication skills).

Similar PAQs generally require one or more interpretation sessions with the assistance of a therapist.

In the present study, we asked two basic questions. First, what are the immediate and short-term effects of RELATE on couples' perceptions of relationship quality and attitudes? Second, what is the effect of therapist assistance relative to RELATE's self-interpretation format? Our anticipation was that whereas RELATE will show overall improvement with time, therapist assistance will enhance this effect, particularly with those couples who might otherwise show an initial decline in satisfaction.

METHOD

Research Design

The present study utilized an experimental design format (Lyness & Sprenkle, 1996). Participants were recruited from the local college community in a western state area through an advertisement in the local student newspaper and through posting of flyers at two college campuses. Individuals took RELATE for free (a $20 value) and were paid $15 each for their participation at the conclusion of the study. Participants were screened for eligibility (i.e., in a serious relationship and never married) and equal numbers of qualifying couples were randomly assigned to one of three groups. In the Self-Interpretation group (SI), couples completed RELATE online and interpreted their results without therapist assistance ($n = 13$ couples). In the Therapist-Assisted group (TA), couples completed RELATE online and interpreted their results with the assistance of a therapist ($n = 13$ couples). Couples in the control group (C) did not take RELATE until after the study was completed ($n = 13$ couples). Data were collected from all couples at two time periods: Time 1 (T1) was approximately 14 days after reviewing the RELATE Report. Time 2 (T2) was approximately 60 days after reviewing the RELATE Report.

Couples and Therapists

Thirty-nine never-married, heterosexual couples participated in this research ($N = 78$ individuals). Ages of sample members ranged from 18 to 28 (mean age of 22, $SD = 1.95$), and they were engaged (48%) or in exclusive, serious dating relationships (52%). The majority of the participants were Caucasian (78%) and belonged to the Church of Jesus Christ of Latter-day Saints (88%). A parental income of $50,000–75,000 was most frequently reported (28.9%), with greater than $100,000 as the second highest reported income range (27.8%). Almost half (44%) of the participants had taken a marriage preparation class.

RELATE interpretation therapists were selected from second-year master-level marriage and family therapy graduate students, who had experience working with RELATE. The therapists followed the same interpretation format of the RELATE Report as the self-interpretation group of couples. That is, the presentation of the results followed the same content and order and therapists asked couples the same questions as listed in the report. The therapists' major responsibility was to encourage couple discussion of strengths and challenges, answer questions, and help the couple set some preliminary goals on how to overcome challenges. For example, if a couple's RELATE Report indicated poor communication skills, the therapist asked them to think of ways they could improve those skills (e.g., reading self-help books or taking a communication skills class). Self-interpretation couples were asked to do the same in the report instructions; however, it is not known how many couples actually had this discussion when doing self-interpretation.

Procedure

Couples interested in participating in the study attended an initial appointment at a family therapy clinic where they were randomly assigned to a group (SI, TA, or C). Participants in all groups completed an informed consent form and a background survey. Participants in the SI

and the TA groups (experimental) were shown how to access RELATE online and instructed to have both partners complete the questionnaire within the next 2 weeks. Participants in all three groups were given a 2-week follow-up appointment.

Time 1 Assessment

At the second appointment, SI and TA couples were given color printouts of their RELATE Report and a 2-hr time block either alone (SI) or with an assigned therapist (TA) to review and interpret their report results. After the interpretation session, participants completed a RELATE satisfaction survey which assessed their satisfaction with RELATE and the interpretation format to which they were assigned. Couples in all three groups completed a relationship survey and were notified that the researchers would contact them in approximately 60 days for the second assessment appointment.

Time 2 Assessment

At Time 2 (T2), couples in all three groups completed the relationship survey a second time. All participants were paid $15 each as compensation for participation in the study, and participants in the control group were given instructions on how to access RELATE online free of charge. In addition to instructions for taking RELATE and accessing the RELATE Report, couples in the control group were given contact information should they choose to review their report with a therapist.

Measures

Relationship survey (RS). The RS consisted of five separate scales that measured the five relationship dimensions of interest: a relationship satisfaction scale, a commitment scale, an opinion about marriage scale, a feelings about marriage scale, and a readiness for marriage scale. The *Relationship Assessment Scale* (RAS) is a 7-item scale designed to provide a brief, general measure of current relationship satisfaction (Hendrick, 1988). This scale correlates significantly with the Dyadic Adjustment Scale ($r = .80$). It was modified from a 7- to a 5-point Likert scale for consistency with the other scales in the present study, and the wording of one item ("How good is your relationship compared to most?") was revised into a statement format to fit the response options (Never to Very Often), but the meaning remained the same. Hendrick reports .86 alpha reliability for the RAS. Examples of items are "How much do you love your partner?" and "My relationship is good compared to most," answered on a 5-point scale from 1 (Never) to 5 (Very Often). Total scores could range from 7 to 35.

The commitment scale (Lund, 1985) consisted of three items rated on a 5-point Likert scale assessing an individual's commitment to the current relationship, perceived permanence of the relationship, and intent to pursue other relationships in the future (reverse-scored item). Lund reports alpha reliability for this scale of .82 and concurrent and construct validity. Sample items included "This relationship will be permanent," and "I am likely to pursue another relationship or single life in the future." Total scores could range from 3 to 15.

Four items assessing opinions about marriage were taken from the Marital Attitude Scale (Greenberg & Nay, 1982). The four items have face validity (Greenberg & Nay, 1982) and internal consistency reliability of .80 (Benson, Larson, Wilson, & Demo, 1993). Examples of items included "How happy do you think you will be if you marry?" and "Do you ever have doubts about your chances of having a successful marriage?" (reverse-scored item) answered on a 5-point Likert scale. Total scores could range from 4 to 20.

A five-item semantic differential scale was used to assess feelings about marriage. Respondents were asked to rate their feelings about marriage between two dichotomous feelings on a 7-point scale (e.g., cold vs. warm and peaceful vs. conflictual). Piotrowski and Dunham (1984) found this assessment format to be effective when evaluating for affective responses; internal

consistency reliability (alpha) for this scale is .81 (Benson et al., 1993). Total scores could range from 5 to 35.

Finally, perceived readiness for marriage was assessed by a five-item scale that measured perceptions of overall readiness for marriage as well as more specific areas like emotional readiness and compatibility (Benson et al., 1993). The alpha for this 5-item scale is .80 (Benson et al., 1993). Using a 5-point Likert scale, total scores could range from 5 to 25.

RELATE Satisfaction Survey (RSS)

The RSS assessed the participants' satisfaction with RELATE in general and with the two interpretation formats. Participants were asked to rate their agreement with these statements: "It was helpful to me to keep my own copy of our RELATE Report," "I anticipate reviewing my RELATE Report again in the future," "I had concerns that my partner would use the information in the report against me in some way," and "I was satisfied with our self-interpretation of our RELATE Report" or "I was satisfied with the therapist's interpretation of RELATE," using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Participants also were asked to comment on the interpretation formats by answering the question, "What suggestions would you make to improve therapist-assisted or self-interpretation formats of the RELATE Report?" Finally, they were asked to provide written feedback on how RELATE affected them positively or negatively as individuals or as a couple and how much they agreed with the statement, "Taking RELATE has made me feel better prepared for marriage" (answered on a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree).

RESULTS

Before conducting the main analyses, group members' mean scores on all demographic measures were analyzed for differences between gender groups and experimental and control groups. The only statistically significant finding was a difference in age for males and females: Males ($M = 23.07$, $SD = 1.86$) were significantly older than females ($M = 21.33$, $SD = 1.65$) ($t = 4.67$, $p < .001$). However, the age range was relatively small in this sample (18–28) and age was not significantly correlated with any of the dependent variables.

Relationship Quality and Attitudes

Mean scores and standard deviations for each scale in the Relationship Survey (i.e., relationship satisfaction, commitment, opinions about marriage, feelings about marriage, and readiness for marriage) were calculated for the three groups (SI, TA, and C) at Times 1 and 2 by gender. No significant differences were found when testing the differences between male and female mean scores on any of these dependent variables. Thus, couple scores were calculated by summing the male and female scores for each couple on each variable and dividing the result by two.

Table 1 contains the mean couple scores for each of the three experimental groups (C, SI, TA) at each time interval across the five dependent variables. Planned comparisons between the groups were performed on the couples' linear composite totals (Keppel & Wickens, 2004; Maruyama & Miller, 1980). As can be seen in Table 1, the therapy-assisted group (mean = 119.81) scored consistently higher across all five dependent variables than either the self-interpretation (mean = 113.44) or control (mean = 114.42) groups. The planned comparison utilizing coefficients +2, −1, −1 on the marginal totals accounted for 98% of the main effect of therapy, $F(1, 72) = 7.33$, $MSE = 163.34$, $p < .01$. Thus, therapy assistance provided a significant benefit to users of the RELATE questionnaire compared to the self-interpretation and control couples.

Overall improvement over time can also be seen across Times 1 and 2 in Table 1 (means = 114.10 and 117.68, respectively). This difference proved significant, $F(1, 72) = 12.52$, $MSE = 39.87$, $p < .001$. Our expectation was that only those groups receiving RELATE would

Table 1
Mean Couple Scores for the Five Relationship Measures and Total Relationship Score by Experimental Groups at Time 1 and Time 2

Relationship groups measures	Groups*	Time 1	Time 2
Satisfaction	C	32.04	32.35
	SI	31.39	32.15
	TA	33.15	33.62
Commitment	C	13.96	13.88
	SI	13.73	14.58
	TA	14.38	14.96
Marriage opinion	C	18.50	18.46
	SI	17.46	18.46
	TA	18.92	19.12
Readiness for marriage	C	20.38	20.77
	SI	19.58	21.54
	TA	20.73	22.65
Feelings about marriage	C	29.23	29.27
	SI	28.58	29.62
	TA	30.46	31.62
Total score	C	114.12	114.73
	SI	110.54	116.35
	TA	117.65	121.96

*Note. C = control group; SI = Self-interpretation group;
TA = Therapist-assisted group

show an improvement over time. Table 1 confirms this outcome; both RELATE groups showed consistent improvement over time while the control group remained essentially static. The planned comparison involving coefficients $+1$, $+1$, -2 for the RELATE groups and the control group, respectively, yielded 92% of the interaction effect, $F(1, 72) = 4.29$, $MSE = 39.87$, $p < .05$. Improvement over time was thus limited to the two RELATE groups and not to the control participants.

Additional findings suggest that taking RELATE positively influenced participants' perceived readiness for marriage rather than just the passage of time affecting readiness. Participants in the RELATE treatment groups were asked to rate their agreement with the statement, "Taking RELATE has made me feel better prepared for marriage." TA participants agreed with this statement ($M = 4.00$, $SD = .75$) while SI participants were more neutral ($M = 3.33$, $SD = .83$) ($t = 3.26$, $p < .01$).

Interpretation Formats

Participants were asked to rate their agreement with statements of satisfaction regarding the two interpretation formats. In the TA group, both males ($M = 4.77$, $SD = .44$) and females ($M = 4.62$, $SD = .51$) were highly satisfied with their RELATE therapist (i.e., competence). Males in the TA group ($M = 4.85$, $SD = .38$) were significantly more satisfied with the interpretation process than males in the SI group ($M = 3.89$, $SD = .96$) ($t = 3.84$, $p < .01$). Males in the TA group ($M = 4.85$, $SD = .38$) were also significantly more satisfied with this form of interpretation than their female partners ($M = 4.38$, $SD = .65$) ($t = 2.26$, $p < .05$). For females, the TA group ($M = 4.38$, $SD = .65$) was slightly more satisfied with the

interpretation process than the SI group ($M = 4.06$, $SD = .83$), but the difference was not significant. Females in the SI group were more satisfied with the interpretation process than SI males, but this difference also was not statistically significant. Thus, it appears that both gender groups approved of both interpretation formats (TA and SI), but males slightly preferred having a therapist working with them during the interpretation process rather than reviewing the report without assistance.

Participant Feedback

Participants agreed that it was helpful to keep a copy of their report ($M = 3.98$, $SD = 1.01$), and that they anticipated reviewing the report again in the future ($M = 3.58$, $SD = 1.19$). They disagreed that they had concerns that their partner would use report findings against them in the future ($M = 1.43$, $SD = .77$). In addition to responding to scaled items to determine the effects of taking RELATE on the relationship and satisfaction with interpretation formats, participants were asked to respond to open-ended questions at T1 and T2. These questions requested feedback on their overall experience taking and interpreting RELATE, positive or negative effects experienced, and how they perceived taking RELATE affected them personally or their relationship. Three general themes were identified from the participants' answers, including positive effects on their couple communication process, prevention of future problems and increased preparedness for marriage, and positive changes in relationship satisfaction. The contents of each of these themes are consistent with the findings above, which suggest an overall positive effect of RELATE on both participants and their relationships.

Communication

Participants in both experimental groups reported benefits to their premarital communication process. First, interpretation of the RELATE Report provided a platform or a structure, and acted as a vehicle for discussion about the relationship. Interpreting RELATE allowed couples to broach sensitive subjects as well as previously hidden or unknown issues that do not normally arise in everyday couple conversations. Participants commented: "It generated a lot of discussion about things that are difficult to bring up," and "It made it a little easier to talk about touchy subjects." Communication that occurred during the interpretation process also allowed couples the opportunity to improve their conflict resolution skills, e.g., "I was more willing to talk things out in a rational way," and "When we got a result we were not expecting, we would discuss how we felt and what we were thinking." Finally, couples reported a greater understanding of the need for good communication in their relationship, and even couples with few problem areas commented on the value of discussing their relationship and issues that were discovered as a result of taking RELATE. No couples reported significant communication problems or conflict during the interpretation process with or without therapist assistance.

Prevention of Future Problems and Preparedness for Marriage

Using their RELATE Report, couples were able to increase their awareness of self, their partner and the relationship, and of potential future problem areas. Awareness of self included impacts of their family of origin and social history on their current relationship, e.g., "There are issues in my past I haven't fully dealt with . . . guess this was a reminder for me that I need to work on them." Discussion fostered during the RELATE Report interpretation process appeared to increase awareness and understanding of their partners' thoughts and feelings, too: "It was fun to discuss why we chose the answers we did and it helped us to learn a little more about each other," and "We understand each other much better now." Participants also noted their similarities and differences highlighted in their report: "I know more of what my partner thinks regarding relationship similarities and differences," and "I've learned things that may cause problems because of our differences." Finally, couples were better able to evaluate and

understand their relationship as well as set goals: "It helped us determine where we stood and what we expected," and "It helped me to define our relationship."

One of the greatest benefits couples identified was increased awareness of hidden issues and potential problem areas in the relationship: "It produced an awareness in us and we talked about some things we had no clue existed," and "[Taking RELATE] helped me realize that we have weaknesses in our relationship that need to be resolved or they could cause conflicts in the future ... the weight of a marriage relationship hit me." Awareness and discussion regarding potential areas of concern benefited couples by identifying areas to improve: "I realized some areas I could work on more," increasing motivation and encouragement to work on the relationship: "I was more prone to change things myself," and helping to shape more realistic expectations for marriage: "There were not as many surprises when we got married because discussing issues helped us know what we were committing to in this relationship." As a result, many participants reported feeling better prepared for marriage.

Relationship Satisfaction

Although two couples in the SI group experienced negative effects immediately following the RELATE Report interpretation, at follow-up 60 days later both reported improvements over their pre-RELATE relationship status, citing: "It did impose a strain on our relationship ... overall I felt that we are stronger and closer for this experience" and "There was a lot of tension and we argued during the interpretation; doing this really showed me the weaknesses in our relationship [but] in a way it eventually led to our relationship being so good now."

The majority of couples in both experimental groups reported feeling encouraged and reassured by similarities and strengths emphasized in their RELATE Report, and thus felt more satisfied with their relationship. Discussing relationship issues provided a joining activity and opportunity for increased intimacy, e.g., "RELATE actually helped us re-solidify." As a result participants reported feeling more secure and confident in their relationship: "I was reassured by the study." They also felt renewed confidence in the potential for relationship success: "We already had a great relationship and taking RELATE just gave us 'empirical proof' of that."

Participant Feedback on Interpretation Formats

In reviewing participant comments, the SI group seemed to experience more anxiety during interpretation than the TA group when discussing issues identified by RELATE, but the majority of the couples in both groups either enjoyed or felt neutral about their interpretation experience. Couples reporting good communication also reported an ease of interpretation in using the SI guidelines provided in the report. This may by attributable to the straightforward and simple presentation of the findings in the RELATE Report and detailed explanations of the results and guidelines of what to do when differences arise (Larson et al., 2002). Nevertheless, some SI participants would have liked therapist assistance with interpretation for clarification, neutrality, and advice, e.g., "Having a professional to mediate the discussion and explain the results would have been helpful." Others commented that these concerns could be resolved with more guidance in the RELATE Report instructions for interpreting and discussing results. These suggestions were used later in a redesign of the RELATE Report which gives the couple better understanding of the possible meanings of their results and specific suggestions of risk areas in their relationship to work on (a sample of the RELATE Report can be seen at www.relate-institute.org).

Couples in the TA group seemed to experience less anxiety during the interpretation process. Participants commented, "The therapist helped clear up unnecessary discrepancies in results due to misinterpretation of questions and interpret things a little better for us," "Our therapist was very good at moderating and providing insight and assistance," and "It was good to have an outsider's point of view." Some couples would have liked even more input from therapists (i.e., more counseling than interpretation), and one participant indicated that her TA session helped her realize therapy "is okay and for normal people."

DISCUSSION

RELATE had three noticeable effects in the current research. First, couples without professional assistance did not experience any significant harm to their relationship over the time period studied. Second, couples who received the support of a professional therapist did markedly better than couples who did not, including the control group. Third, only the RELATE groups improved the measured quality of their relationship over time.

It appears there is value added to RELATE interpretation when a therapist is involved. This may be due to several factors. First, with a therapist present (males preferred this) each person can ask questions and get an immediate answer, while this is not possible with the SI format. Second, a therapist can assist in lowering each person's initial anxiety about viewing their report and the interpretation process and help couples create more in-depth meanings from their results. Third, therapists assist with goal setting based on RELATE results that show challenges for the couple. This makes the interpretation session more valuable as couples can see the next steps in relationship improvement. Fourth, therapists can suggest electronic or print media that may motivate couples to take the next step.

Compared to females, males appeared to be more satisfied with the assistance of a therapist during interpretation. This may be partially due to most therapists being male in this study. Perhaps they helped the males feel more at ease about talking about their relationships. However, SI males still reported being satisfied with the interpretation experience. Thus, these findings support RELATE as an intervention tool for couples, and especially males who might not otherwise seek premarital counseling. It may fulfill their needs for premarital interventions that are brief, inexpensive, and easily procured (Duncan, Box, & Silliman, 1996). It was encouraging to note that participants in both the TA and SI groups were open to further counselor consultation about their relationships.

Feedback from participants supports RELATE as a positive and effective intervention tool for premarital couples in a committed phase of their relationships. No one complained that RELATE unnecessarily dug up hidden issues or problems, or that they feared their partner may use their RELATE results against them in the future. The new discoveries about the relationship (e.g., challenges and hidden issues) were deemed important by the couples, as were the reassurances of relationship strengths. Most notably, the participants reported that the interpretation process of RELATE increased awareness of and fostered communication between partners of couple strengths, hidden issues, and potential problem areas in the relationship ... all important factors in premarital preparation (Stanley, 2001). It was helpful to them to keep a copy of the report and they anticipated reviewing it again in the future. None of these results suggest as others have argued (e.g., Silliman, Stanley, Coffin, Markman, & Jordan, 2002) that the identification of partner differences or relationship weakness may be counterproductive because couples lack communication or conflict resolution skills. The SI group reported no significant ill effects from taking RELATE and the TA group reported improvement in all five relating dimensions studied. Some couples may need help communicating about these issues raised by RELATE. This may include couples who are in earlier stages of relationship formation (e.g., casually dating) or who are experiencing relationship difficulties compared to the more committed and satisfied couples studied here.

Findings from the current study support previous research on the effectiveness of brief assessment and feedback methods of premarital intervention. Consistent with the findings of Cordova, Warren, and Gee (2001), Bradbury (1994), and Halford, Osgarby, and Kelly (1996), the majority of participants reported positive effects on their relationship from the assessment and discussion process, both in the clarification of issues and increased confidence in their ability to discuss important relationship topics. Also, similar to Worthington et al. (1995), couples reported that feedback helped them to better understand their relationship and increase their desire to build on strengths and improve relationship quality and satisfaction.

Limitations

Limitations of the current study include first, the sample size was small and relatively homogenous in terms of age, race, socioeconomic status, and religion. The use of college students as the sample may have affected the results by eliminating all but higher functioning young adults. Consequently, such things as poverty, intellectual problems, significant emotional problems, and low educational attainment that may have affected participants' experience with RELATE were mostly eliminated. Future research should focus on the RELATE experience for individuals and couples who have little or no premarital education and who are more at risk for marital dysfunction (e.g., individuals with depression, anxiety, or other emotional problems, younger couples, economically deprived individuals, individuals from divorced families, those from more dysfunctional families, etc.; for a comprehensive list of risk factors, see Larson & Holman, 1994).

In addition, the couples participating in this study already possessed high relationship satisfaction and strong commitment to the relationship at the beginning of the study. This made it more challenging to find significant improvements in the five relationship dimensions studied, but nonetheless, improvements were found. Improvements in these relationship dimensions may be even more positive with at-risk couples. Couples already very satisfied and committed to their relationship may experience fewer or different effects from taking RELATE than at-risk couples in more formative relationship stages (e.g., participants reported that RELATE primarily confirmed information about the relationship rather than providing significant new insights).

Other outcome criteria (e.g., greater understanding of one's partner, increased awareness of protective and risk factors) should be studied to better assess the effects of RELATE on premarital couples. Furthermore, the research design of this study accentuated the likelihood that couples would actually talk about their RELATE results and thus be influenced by it. We do not know how much time the SI couples actually spent discussing their results. Future research should assess this with SI couples.

Finally, this study was limited to assessing couples only 60 days after taking RELATE, and the long-term effects on couple relationships are unknown. However, findings from Gee, Scott, Castellani, and Cordova (2002) suggest that the positive effects of participation in brief relationship evaluation assessments such as RELATE may be maintained for up to 2 years, but follow-up studies should be done before drawing such conclusions about RELATE or other PAQs.

Implications for Interventions

Availability on the World Wide Web 24 hr a day and self-interpretation, two of RELATE's most unique features, may increase accessibility and attractiveness to at-risk couples who may not otherwise seek out evaluative or preparatory premarital interventions (Halford, 2004). Halford refers to RELATE as a good example of a "flexible delivery relationship education service" (p. 20). Professionals using RELATE can offer couples the option of self-interpretation and thereby increase the possibility of more couples participating and utilizing professional assistance for relationships as needed. In the interest of tailoring professional services to client needs, additional interpretation formats such as a couple's group could be explored as an intervention alternative (for a detailed discussion of the clinical uses of RELATE, see Busby et al., 2001).

Because some SI participants seemed to experience some anxiety during the interpretation process, this feedback was used to improve the current RELATE Report to lower participants' anxiety and enhance satisfaction with self-interpretation of the RELATE Report. Examples of improvements include more detailed instructions, more thought-provoking questions, and more direction for addressing risk factors and concerns identified by RELATE. Research to determine if participants' anxiety is thus lowered needs to be done. It appears that especially for males, therapist assistance may be the best method of interpretation. It is unrealistic to think that enough self-interpretation questions and explanations can be added to the report to negate the insight of a therapist in interpretation and goal setting. Finally, customized premarital intervention experiences including the use of PAQs for initial screening purposes may have more

lasting effects on couples than more generic or standardized interventions that are commonly offered to couples (Larson, 2004). RELATE can be used with traditional premarital preparation programs to assess protective and risk factors to allow professionals to better tailor their interventions to meet individual couples' unique needs.

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