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Preventive Education: Distinctives and Directions

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This is the best of times and the worst of times for prevention education; we have more resources than ever before but more issues. In this article we focus on how we see these issues and the trends in the field from which these issues emerge. To set the context for discussing these issues, we will provide an overview of the field of preventive education in the context of public policy issues on marriage, provide an overview of trends in prevention programs that have a cognitive-behavioral therapy (CBT) emphasis, focusing on our work with the Prevention and Relationship Education Program (PREP), and then we will identify and discuss the critical issues that we see in the prevention field. Throughout the article we will integrate theory, research, and clinical illustrations.

Keywords: marriage; prevention; programs; education; directions

Millions of Americans experience marital distress, conflict, and divorce each year. Current estimates are that 45% to 50% of first marriages and as many as 65% of second marriages will end in divorce (Raley & Bumpass, 2003). Evidence has accumulated that marital distress and family fragmentation are associated with a broad spectrum of risks for adults and children, including problems with mental health and individual adjustment, child behavior, physical health, and economic success and stability (Booth & Amato, 2001; Coie et al., 1993; Doherty et al., 2002; Fincham, 2003; Forthofer, Markman, Cox, Stanley, & Kessler, 1996; Halford & Bouma, 1997; Kiecolt-Glaser et al., 1993; McLanahan & Sandefur, 1996). Yet, the desire for a satisfying and lasting marriage is one of the most universal and strongly held values among Americans (Millward, 1990; Waite & Gallagher, 2000). In fact, most persons in the United States desire to marry and do eventually marry (Whitehead & Popenoe, 2002). A recent review by Waite and Gallagher (2000) has documented a growing and robust literature on the positive effects of stable and satisfied marriages on mental, physical, and family health and the personal, financial, and social costs of relationship instability. Indeed, although it is recognized that children can flourish in a variety of familial contexts, they are most likely to thrive in homes where they are being raised by biological or adoptive parents who have healthy marriages (e.g., Acs & Nelson, 2003). Hence, there is growing recognition among researchers and policy makers that this entity that most people desire in their lives—marriage—has

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important social consequences. Although the vast majority of program development and research has been on heterosexual relationships, because the available research (Julien, Arellando, & Turgeon, 1997) suggests that relationship issues are universal, the prevention literature in terms of themes and content seems to apply to same-sex committed relationships as well.

The social benefits of a long-term, healthy marriage provide part of the foundation for various efforts that are under way at federal and state government levels to enact policies and programs that might help couples who choose marriage to have healthy marriages (Horn, 2003; Parke & Ooms, 2002). In particular, there is a strong emphasis on preventive education that helps partners make good choices about mates in the first place and teaches partners in early stages of relationships (transition to marriage, transition to parenthood) skills to keep a happy relationship happy (for a review of prevention for couples, see Markman, Stanley, & Kline, 2003). We and our colleagues have contributed at high levels to national discussions about how to define and measure "healthy marriage," focusing on what we call safety theory, with healthy marriages having three essential types of safety: (1) emotional safety as reflected in day-to-day communication patterns, support, and closeness; (2) safety in terms of a secure commitment; and (3) safety in terms of freedom from fear, intimidation, or aggression (Stanley, 2007; Stanley, Markman, & Whitton, 2002). A fourth type of safety of particular relevance for the growing efforts to reach economically disadvantaged groups with empirically based prevention efforts is environmental, reflecting the degree of relative safety of the context in which a couple lives (e.g., diminished community or economic opportunities, crime, and stress; Stanley, 2006). This latter type of safety theme is consistent with a growing body of research highlighting the effects of context on couple risks and dynamics (see Karney & Bradbury, 2005), such as the effects of economic stress on couple interaction quality.

Cognitive-behavioral therapy (CBT) approaches to prevention and therapy with couples are consistent with the aims reflected in these safety themes. Furthermore, we believe that these safety constructs reflect the range of dimensions that all intervention programs for couples should address generally and that all evaluation research efforts should assess (for a discussion of constructs of particular relevance for assessing and understanding program effects on couples, see Stanley, 2007).

As public and private sector efforts designed to help couples with marriage accelerate and converge, it becomes increasingly important to gauge the overall effectiveness of the wide variety of efforts that will be attempted, especially marriage education designed to help more low-income couples in general and fathers in particular achieve their goals in marriage and reduce the development of problems associated with marital distress. To do so, we believe there are a number of important trends to identify and issues to be discussed and resolved, and these trends and issues are the heart of this article. Consistent with our teaching in our own array of prevention programs for couples based on cognitive-behavioral principles (e.g., the Prevention and Relationship Education Program—PREP, Markman, Stanley, et al., 2004; Loveyourrelationship, Markman, Myrick, & Pregulman, 2006) in which we recognize that premature solutions are not long-lasting solutions, we will separate discussion of the issue from possible solutions. In other words, we feel that issues in relationships as well as in academic fields are best dealt with by discussing the various dimensions of the issue first, and only after the discussion stage is completed is it time to move on to solutions. In fact, when it comes to relationships, we believe that most issues require only communication in which the parties effectively validate each other's right to have their individual perspectives. In terms of this article and the prevention field, in some cases we can identify only the issues, and the solutions will best unfold in the next decade of practice and research.

Current Context of Help Seeking for Relationship Issues

Despite the alarming high rates of divorce and marital distress and the associated negative costs for couples, companies, children, and society, surprisingly few couples actually seek help for problems, and until recently few efforts have been mounted to teach couples research-based

skills to increase chances for a successful marriage (either prevention or therapy). The research and research-based prevention programs (e.g., Hahlweg, Markman, Thurmaier, Engl, & Eckert, 1998; Halford, Sanders, & Behrens, 2001; Markman, Whitton, et al., 2004) have been available for many years (Carroll & Doherty, 2003; Sayers, Kohn, & Heavey, 1998). A new era has begun, however, in which policy makers are recognizing that such efforts may benefit diverse couples on a large scale. Specifically, in the United States, one offshoot of welfare reform begun in 1996 is the growth of state, federal, and community-level efforts to reach scores of couples with marriage and relationship education, reflecting the first time to our knowledge that such efforts have been attempted on a large scale as a matter of public policy (Horn, 2003; Parke & Ooms, 2002).

In the private sector, marital therapy has been one of the most widely utilized and researched modes of intervention for helping couples, yet most couples who have married and divorced never received any preventive services or therapy after marriage. In one study of divorced adults, only 37% received any type of help, and of the currently married adults only 19% had received any marital therapy (delivered either by mental health professionals or clergy; Johnson et al., 2002). In another study, during the first 5 years of marriage only 36% of couples had sought *any* type of help with their marriage, with only 14% of the couples seeking marital therapy (Doss, Kline, Stanley, & Markman, 2006). Attending workshops or seminars and reading relationship books were far more popular choices for seeking help, with couples who reported more physical aggression being more likely than other couples to report reading self-help books rather than seeking other forms of help, perhaps out of concern about revealing the aggression to outsiders. In fact, we are finding high levels of interest in weekend workshops and retreats in our own service delivery work, and the senior author is now asking couples to attend a Loveyourrelationship couples' weekend retreat as a prelude to attending couple therapy (Markman et al., 2006). Furthermore, couple therapists often refer couples to our educational retreats so that the couples can learn the key skills and principles associated with a healthy relationship and then integrate these skills into the ongoing therapeutic context (for details on these preventive education retreats, see http://www.loveyourrelationship.com).

In contrast to services delivered to married partners, a larger number of couples are receiving premarital preventive services, with estimates from large random phone surveys suggesting that 36% to 44% of couples getting married for the first time are receiving such services, primarily within religious organizations (Stanley, Amato, Johnson, & Markman, 2006; Stanley & Markman, 1997). Furthermore, there is evidence in a large, multistate, random sample that couples who received premarital services have better functioning marriages and lower divorce odds than those who did not (Stanley, Amato, et al., 2006). Although not an experimental design in nature, the study using the large representative sample allowed for efforts to increase confidence that such results were not a consequence of biased subject selection. Most importantly of all, the effects detected were generally robust across variation in couples' income levels and ethnicity. It was clear, however, that such services are relatively less accessible to couples who are economically disadvantaged.

CBT-Oriented Preventive Education

CBT-oriented prevention education is one of the most popular and fastest growing approaches to helping couples, partly because of its brief, time-limited, educational focus that makes it efficient with regard to resources and appealing to consumers (Halford, Markman, Kline, & Stanley, 2003). The key theoretical assumption underlying CBT oriented prevention programs (for a review, see Halford et al., 2003) is that the way a couple handles negative emotions is a critical predictor of future relationship outcomes and hence a primary target for couple intervention (Markman, Stanley, Blumberg, Jenkins, & Whiteley, 2004).

Effective communication predicts relationship satisfaction, buffers against the declines in marital satisfaction that commonly occur over time, and is associated with decreased risk of divorce (Clements, Cordova, Markman, & Laurenceau, 1997; Gottman, 1993; Karney & Bradbury, 1995; Markman & Hahlweg, 1993). Notably, observers' analyses of the quality of engaged couples' communication do not correlate with the couples' reported relationship satisfaction at the time (Markman & Hahlweg, 1993; Sanders, Halford, & Behrens, 1999), but those early communication patterns are strongly associated with eventual marital outcomes (Clements, Stanley, & Markman, 2004). Therefore, it appears that communication difficulties may not affect the initial development of love and commitment, but over time, poor communication can erode relationship satisfaction and stability. As noted previously, such difficulties in partners' abilities to regulate conflict and negative emotions are also associated with problems such as decrements in their parenting involvement and quality, depression, substance abuse, child behavior problems, and decreased work productivity. Effective prevention not only increases marital health but has positive spillover in improving functioning in these other areas (Markman et al., 2006).

In addition to the importance of handling negative emotions, the degree to which couples protect and preserve the positive side of their relationships, including their commitment levels, is a key predictor of future relationship outcomes and hence a target for couple intervention. Research clearly demonstrates that couples need to protect the positive aspects of their interactions (e.g., fun, support, friendship, commitment, forgiveness, sexual and sensual connection) from destructive conflict and to make them a priority, as these positive connections are strongly linked to marital health and personal satisfaction (e.g., Gottman, Ryan, Carrere, & Erley, 2002; Noller, 1996; Pasch & Bradbury, 1998; Stanley et al., 2002). Whereas deficits in handling negative emotions are viewed as a generic risk factor for marital distress and associated problems (e.g., parenting problems, depression, substance abuse, child problems, family aggression), positive connections are viewed as generic protective factors against these negative outcomes (Markman et al., 2003). Due to their centrality to marital health, preventive education programs also help couples protect, preserve, and, if necessary, restore positive connections. Thus, along with using cognitive-behavioral techniques to help couples better manage negative emotions and conflict, preventive education targets key protective factors such as friendship, commitment, teamwork, fun, spiritual connection, and sensuality to help couples build and deepen the positive side of their relationships (Markman, Stanley, et al., 2004).

In general, numerous studies on the short and long-term effects of preventive education have now been conducted, with the preponderance of evidence showing a range of positive effects (for a review, see Halford et al., 2003), resulting in one CBT program (the Prevention and Relationship Enhancement Program, PREP; Markman, Whitton, et al., 2004) being classified as an efficacious marriage enrichment program (Institute of Medicine, 1994; Jakubowski, Milne, Brunner, & Miller, 2004). Other studies suggest that the most promising effects of preventive education efforts based on CBT may be seen when such services are delivered to couples who are at comparatively greater risk, such as those with family histories of parental divorce or aggression (Halford et al., 2003). Finally, in our own work in which we conduct both prevention and treatment, we find that prevention has advantages over treatment in that distressed partners, even when seeking therapy, usually show varying levels of motivation for change, but in younger, newly formed couples, the two partners typically have high and more equal levels of motivation for making their relationship succeed, which can be translated into mutual active participation in preventive education.

Example of CBT Prevention-Oriented Clinical Intervention

Consistent with safety theory and research on the prediction of marital distress (e.g., Markman & Hahlweg, 1993), CBT-based prevention has typically intervened in the way in which couples interact behaviorally and how they think about their interactions, particularly in terms of couple communication and management of negative affect. In our PREP program, we identify the

danger signs that predict future relationship problems and then teach couples a number of principles and tools to stop the flow of negative interactions, such as a time-out, in which partners agree to take a break from their interaction to calm themselves and prepare to reengage in more constructive communication. We teach couples more positive and respectful ways to talk about their difficult issues. For example, one common tool is the speaker-listener technique, an active listening tool that helps couples talk without fighting about important issues. Here are several examples from a recent book on the PREP program, *12 Hours to a Great Marriage* (Markman, Stanley, et al., 2004), describing how we teach couples to identify and better handle the danger signs of conflict escalation:

> *Sometimes when couples talk about an issue, they start out talking pretty calmly. One person says something, the other responds. But then the back-and-forth turns nasty. Someone says something. The other person gets upset and says something unkind or negative back. Pretty soon the talk is full of anger and hurtful comments to and about each other. Voices get louder and emotions get more intense. The calm discussion escalates to a dangerous level.*
>
> *Almost all couples argue heatedly at times. But when anger and frustration turn to contempt for the other person, couples can do a huge amount of damage.*
>
> *Here's an example of a major escalation.*
>
> *John:* *(coming home from work and tripping over a toy truck at the front door) Tiffany, can't you ever get the kids to put away their toys?*
>
> *Tiffany:* *(exhausted) Like I have nothing else to do. And like you always clean up after yourself.*
>
> *John:* *(getting upset) Oh, of course, this is my fault. I forgot you're always right and I'm always wrong.*
>
> *Tiffany:* *(getting upset too, and becoming sarcastic) Well, at least you've got that part right.*
>
> *John:* *(increasing the intensity) Thanks for the support. You know, I don't even know why I stay with you. You're always tearing me down.*
>
> *Tiffany:* *Then maybe you shouldn't stay with me. You wouldn't be tripping over the kids' toys somewhere else.*
>
> *John:* *You're right again. Maybe I'll move out.*
>
> *What happened here is that John and Tiffany started to talk about the everyday problem of kids not putting away their toys, and ended up threatening each other with ending their relationship. Their talk spun out of control because they didn't know how to keep it constructive and how to work on the issue as a team. They were frustrated, tired, and stressed, and both had something to say. But they ended up hurting each other instead of hearing each other.*
>
> *Partners can say incredibly horrible things to each other during an escalating argument—things they don't really mean or feel. But once the cruel words are said, they can't be taken back. They may eventually be forgiven, but it's much better not to say them in the first place.*
>
> *Well, you may be thinking, my partner and I don't fight like that. We don't yell or purposely say hurtful things. So it looks like the problem of escalation doesn't apply to us.*
>
> *Even if you and your spouse don't have shouting matches, you may be talking about issues by returning a negative comment with a negative comment. And that's a subtle form of escalation. Our research shows that even subtle patterns of escalation can lead to divorce.*
>
> *Here's an example of a subtle form of escalation.*
>
> *Maryanne:* *Kenny, did you take out the garbage?*
>
> *Kenny:* *I thought you said you'd do it.*
>
> *Maryanne:* *No, that's your job.*
>
> *Kenny:* *No, you said you'd do it.*
>
> *Maryanne:* *No, I didn't, and I'm not going to.*
>
> *Kenny:* *(under his breath) Great, thanks a lot.*

Does this sound familiar? Although the argument doesn't seem like much compared to the one John and Tiffany had, the couple is still trading negative comments. They are still pointing fingers. And the intensity increased. Seemingly small arguments like this can take a toll on your marriage—especially if you keep having them. Negative, escalating discussions can chip away at the good things you share and knock your team right out of the league.

De-Escalating

To stop escalating talks in their tracks, you need to know when they're happening. As soon as one partner makes a negative, hurtful comment and it's answered in a similar way by the other partner, you can be pretty sure the conversation is starting to spiral out of control. To stop it before it flies off, there are three main things you and your partner should do:

1. Soften your tone—change the way you're speaking from harsh to calm and kind.
2. Hear and acknowledge your partner's point of view.
3. Give up the need to win. Or, if you just can't, call a time out and come back to the issue at a later time.

Let's look again at the painful escalation between John and Tiffany. If one or both of them had realized right away that their comments were getting increasingly hurtful, and if they had followed the above rules and started to treat each other with kindness instead of anger, their discussion could have gone like this:

John: *(coming home from work and tripping over a toy truck at the front door) Tiffany, can't you ever get the kids to put away their toys?*

Tiffany: *(exhausted and annoyed) Like I have nothing else to do. And like you always clean up after yourself.*

John: *(softening his tone) I guess you're pretty tired after a day with all three kids.*

Tiffany: *(calming down, and acknowledging John's point of view) I am. But I guess you don't like falling over things after you've had a long day too.*

John: *(giving up his need to have Tiffany say she should have made the kids clean up) That's right. I wish that didn't happen.*

Tiffany: *I'm sorry if you got hurt. Let's get the kids to clean up right after dinner.*

So, as seen in the above example, softening your tone means backing off, being more pleasant, and being less defensive. Acknowledging your partner's point of view means that you really hear what he or she is saying. Giving up the need to win is just that—and understanding that when you win an argument through escalation, your partner and your partnership lose. All these techniques will keep you from letting a problem turn into a damaging fight. They'll also help you work on the problem as a team.

Teams Solve Problems Best

When a problem comes up, do you and your partner face it together? Or do you deal with it separately, in different ways? In many marriages, partners approach problems as contests that only one of them can win. They get locked into a cycle of trying to conquer each other instead of the problem. But just as in baseball, working as a team gives you the best chance of handling your challenges.

Let's take a look at a problem faced by newlyweds Mario and Sylvia. Like many couples, they both work outside the home. And like many couples, they argue over who should do the housework. Because they don't face the problem as a team, their arguments generally go like this:

Sylvia: *Mario, the house is really a mess. We've got to do something about keeping it cleaner.*

Mario: *(annoyed, and trying to watch TV) I know it's a mess. But I want to relax when I get home. Housework should be your job.*

Sylvia: *(angry) Why should it be my job? I'm just as tired as you are when I come home from work. And I'm a lot neater. You don't even pick up after yourself.*

Mario: *(angry now too) I'd do more around the house if you made as much money as I do.*

Sylvia: *(very hurt and upset) Well, that's really nice. I might not make as much, but I work just as hard. I'm not going to do all the housework too. You have to do your share.*

Mario: *Well, I'm not going to give up my free time. And I'm not going to talk about it either. (He gets up and storms out of the room.)*

What went wrong here? A lot of things. To begin with, Sylvia brought up the problem at a less than ideal time. Both she and Mario were tired after a long day at work. And Mario was watching TV. Then both of them disrespected each other by pointing fingers and placing blame. Instead of working together, they tried to put the problem on their partner. Finally, after Sylvia kept pushing the issue, Mario refused to deal with it by walking away. They were both angry and upset for hours.

Now let's assume that Mario and Sylvia have invested a few hours in reading this book and learned more about problem solving and how important teamwork can be. They realize that chores are an issue for them, so they decide on a quiet time to talk about it. Now, instead of fighting and hurting their marriage—and still having a messy house—their conversation goes like this:

Sylvia: *Mario, the house is really a mess. I'd like to talk about what we can do to keep it cleaner.*

Mario: *I'd like it to be cleaner too. But I make more money than you, so I think housework should be your job.*

Sylvia: *That's so unfair. My job may not pay as much as yours, but I work really hard too.*

Mario: *(getting tense and tempted to lash out, but taking a deep breath and trying to stay constructive) Yeah, you do work hard. I guess I wasn't thinking that you'd be just as tired as I am, and not want to clean up either. But I feel so overworked already that I don't think I can do any more.*

Sylvia: *You know, I really don't want you to have to do more, I just need to do less somehow. Can we take one small step together now? Why don't we both put away the stuff in this room? Then at least one room will be clean, and it'll go fast if we do it together.*

Mario: *OK. Then we can relax the rest of the night and talk some more over the weekend about how to keep things from piling up again.*

Isn't this a much better outcome? Mario and Sylvia treated each other with respect, really listened to each other's concerns, and worked on their problem together. Instead of staying angry for hours, each partner took a few moments to work on staying calm and preventing the discussion from escalating. They put just a small amount of time into talking without fighting. No one lost, and neither did their marriage.

By sharing ideas and feelings and working as team, Mario and Sylvia protected their love and began to solve their problem. Couples often tell us they don't have the time to use the skills we teach, but Mario and Sylvia are evidence that you don't have to waste hours and hours being angry and distant.[1]

Comments on Interventions

In our work with couples, we stress that active listening skills such as the speaker-listener technique are important because they counteract the negative ways that couples commonly use in talking about problems (which we call *danger signs*). In general, we believe that it is important in a prevention program to provide the research- or theory-based findings that provide the rationale for the skills and principles that we are teaching before teaching the skill. We find that this increases participants' motivation to learn, practice, and use the tools that we are teaching.

The overarching goal of our tools, such as the speaker-listener technique, is to help couples have a safe way of talking about difficult issues. We believe that having a safe procedure and safe place to talk about the inevitable issues that arise in close relationships is critical to a healthy

relationship. In fact, we believe that all forms of effective therapy work in part because therapists make the session a safe place to talk and hence serve as a weekly "couple meeting." One of the major complaints that we hear from dissatisfied couple-therapy customers is that their therapy sessions were used to rehash and fight about the past (including the past week), and hence the partners did not experience therapy as a safe setting to discuss their relationship. Effective therapists often use the same sort of structure typically used in preventive education to provide safety for their couples as well as to teach distressed couples tools for effective communication and conflict management.

When we train therapists at our University of Denver couples clinic, we first train students to serve as educators and coaches, to teach and coach skills to couples, and then we move on to teaching students more traditional therapy skills. We teach the students how to move back and forth between these roles. Coaches in a strictly preventive education class need to stay in the coach role (even if they have been trained as therapists), however, refraining from giving advice, asking probing questions, and so on. These therapeutic interventions are difficult for therapists to resist, which is part of the reason why we find that it is challenging for therapists to restrict themselves to being only coaches.

Trends in Preventive Education: Moving Beyond Conflict Management and Premarital Couples

Most of the early work with preventive education was conducted with premarital couples (Markman, Floyd, Stanley, & Storaasli, 1988), often within religious organizations (Hahlweg et al., 1998). Based on promising results and the needs in various communities, CBT-oriented preventive education is now being used (and in some cases tested in clinical trials) in the U.S. military (Stanley et al., 2004), prison systems (Einhorn, Williams, Stanley, Wunderlin, & Markman, 2006), foster care and adoption services, first-offender programs for youth, refuge programs, high schools, and transition to parenthood services (for details on these programs for couples, see http://www.Okmarriage.org).

The first generation of preventive education programs, especially those programs based in the CBT tradition that used a skills-based framework, focused on communication and conflict management. For example, various approaches have used communication and problem-solving skills as a core emphasis (e.g., Gottman, Notarius, Gonso, & Markman, 1976; Markman & Floyd, 1980; Stanley, Blumberg, & Markman, 1999), fueled by a raft of studies over decades showing patterns of interaction, especially negative interaction, to be associated with couple functioning and long-term risk (e.g., Birchler, Weiss, & Vincent, 1975; Clements, Stanley, & Markman, 2004; Gottman & Krokoff, 1989; Karney & Bradbury, 1995; Markman, 1979, 1981; Markman & Hahlweg, 1993). Controversy over the validity of even the most basic of the common skill models, however, such as the use of active listening skills to counteract negative communication, has also arisen (Gottman, Coan, Carrere, & Swanson, 1998; Stanley, Bradbury, & Markman, 2000). Nevertheless, it stands true that the historical emphasis of the more empirically based marriage education and prevention-oriented programs for couples has been largely focused on skills and behavior change in a style consistent with CBT.

The newest generation of preventive education programs is moving beyond the previous emphasis on couple interaction, conflict management, and skills training. For example, the focus of PREP for the last decade or so has expanded to not only retain a strong emphasis on communication and the management of conflict and negative emotions, but also to include considerable emphasis on themes such as commitment, friendship and positive connection, and forgiveness (Markman, Whitton, et al., 2004; Stanley et al., 1999). Similarly, Halford and colleagues have been developing and refining their Couple CARE program that likewise attends to issues such

as commitment and positive couple time in addition to traditional emphasis on communication training from the CBT tradition (Halford, Moore, & Wilson, 2004). Such changes in the focus of marriage education curricula are paralleled by advances in empirically based marital therapy in the direction of themes of deeper connection such as acceptance (e.g., Christensen, Jacobson, & Babcock, 1995) and attachment (Johnson, 1996).

These changes in the nature of the content of various educational programs for couples parallel the emerging shift in the field of marital research from a dominant focus on marital conflict to dimensions such as support, commitment, sacrifice, forgiveness, and spiritual connection. Such themes represent a shift to constructs that are more positive, reflective of deeper motivations, and potentially transformative in the nature of relationship dynamics (see Fincham, Stanley, & Beach, in press; Stanley, 2007; Stanley & Markman, 1998). This is truly an exciting time, the best of times, in the development and refinement of empirically based interventions for couples, as the rapid growth of basic science studies in domains such as those mentioned previously provide important insights upon which to base innovated strategies and techniques for couples.

Before moving to new program content, we want to acknowledge that although is it relatively easy to teach couples skills and principles for talking without fighting, and we believe that any couple can learn these skills, it is much more difficult for couples to use the skills when they are needed the most: when partners are angry, hurt, upset, and stressed. We believe that it is important to have the humility to acknowledge to the people we train or work with in therapy that even the most talented couple therapists and educators will have trouble following the rules and principles when we are upset or our partners are upset. On the other hand, we believe that when partners do their part to regulate their own negative emotions and reduce the negative interactions that flow from disagreements and disappointments, the chances for a successful, healthy, and happy lifetime love increase appreciably.

We will provide one conceptual example as well as one example of new program content that we use to help couples build on containing the negatives in their interactions and enhancing the positives. A growing body of studies shows the positive effects of healthy sacrifice and altruistic supportive behavior between partners. Indeed, numerous studies show that there are positive effects on relationships when partners are able to give to each other without coercion, resentment, or a sense of personal loss to the self (Stanley & Markman, 1992; Stanley, 2007; Van Lange et al., 1997; Whitton, Stanley, & Markman, in press; Wieselquist, Rusbult, Foster, & Agnew, 1999). The growing consensus among these researchers is that sacrifice may have such clear and potent effects on overall relationship quality and trust because positive sacrifices stand out from the ongoing stream of other positives exchanged in a relationship in that they are more readily interpreted as unrelated to the interests of the person performing the sacrifice. Couples taking part in marriage education or prevention can be taught the positive nature of sacrifice and how it is one potent way to make positives salient in their relationships, counteracting the salience of negatives. Another important, decidedly positive dimension that we believe that couples may learn, and if so with very positive effect, is how to be emotionally supportive of each other during times when either is stressed, anxious, or otherwise facing some trial. Again, basic science shows the important role of such partner support behaviors (Cutrona, 1996; Pasch & Bradbury, 1998). Cutrona (1996) has further devised various suggestions for therapy techniques.

In connection with a very large clinical trial that we are participating in that involves marriage education delivered to low-income couples, we have been expanding the content and strategies of PREP in various directions, including the development of a module designed to build couples' emotional support awareness and skillfulness (Supporting Healthy Marriage, 2005). Our approach involves having members of couples think about a time when they felt deeply supported emotionally, educating them about various ways that emotional support can be expressed (including basic research findings about the power of physical contact) and giving them time to work through their own ideas about the best ways to enhance this feature of their relationship.

We also provide them with practice talking about real individual personal issues (not relationship issues) with the "listening" partner focusing on listening and being emotionally supportive rather than giving advice or engaging in other counterproductive behaviors.

The following script for the new content provides a model for how different an interchange can be between partners when it is mildly invalidating versus truly supportive. The text in italics would be read or acted out by the instructors:

> *Present the following example (or one you craft that is even better for your couples). If you are presenting as a male/female team, you might want to do a little skit.*
>
> *Studies show that one of the most stressful things of all for people is losing a job. And looking for one for a long time with nothing coming up is very hard too. Imagine a couple named Javier and Maria who both have been working jobs they like pretty well, but he has just lost his. Maria may think that what he needs most is encouragement that sounds like this:*
>
> *Maria: "Javier, this is so hard, I know. But I know you will get another good job in a few days time; you are so talented and have such heart."*
>
> *To Maria's surprise, Javier seems to get more distant when she says things like this, even though she's really trying to be supportive. That is because when she says that, he hears this: "This is no big deal at all. I know you can get a job anytime you want, so just don't worry about it." Javier feels more anxious than ever because he is actually not sure at all he can find a good job quickly. It took months to find the last job and he does not see why it would be so fast this time. And if it's not fast, he thinks that her thinking it should happen quickly will mean she will think he is not trying or that he is failing if he does not get a new job this week. So, Maria means to show love and support and Javier only feels more pressure.*
>
> *However, if Maria said this instead, it would touch him more deeply than she realizes, and help him feel a lot less anxious.*
>
> *Maria: "Honey, I'm so sorry. You are such a good man, and I know how you must worry about this. Come sit with me here on the couch and just let me give you a hug."(He comes and sits by her.)*
>
> *Javier: "I just don't know what I'm going to do, and how we'll pay the bills if I can't find something right away."*
>
> *Maria: (as they hug, she says softly): "Javier, I understand. You are worried. You honor me by how seriously you take this."*
>
> *Maria: (after a few minutes of just hugging and sitting together): "No matter how long this takes, I know we will get through this. I believe in you and I believe in us."*
>
> *Notice how different this is. He feels really loved and cared for. She is giving to him in a deeper, warm and powerful way. While he's no less worried about finding a new job, he knows he's not alone and that he and Maria are in this—in everything—together. It's moments like these that build the deepest levels of happiness in a marriage.*[2]

This passage exemplifies one way in which empirical knowledge can be employed to educate and model new skills for couples. Specifically, it is but one example of how the growing basic knowledge about relationship health can be employed in strategies that are inherently more strengths-based than those historically dominating CBT-based approaches. Providing opportunities to practice and refine the use of such abilities in accordance with a couple's unique needs and sensitivities is, in our view, a very effective practice.

Trend for Longer Programs

One of the major trends in the field is the development of longer preventive education programs. For example, whereas classic PREP has typically been a 12-hour intervention (and remains so), the new Within Our Reach program (Stanley, Noel, et al., 2006) is 33 hours. The reasoning underlying

the trend toward longer programs is that larger effect sizes will result from longer interventions, and as we reach out to more diverse populations there is more content that needs to be covered in the curricula. This is a very important trend given that a major issue in the field, which we discuss later in this article, is getting couples to attend the shorter programs. Here we focus on the more general question, which is: Do we know that longer interventions (prevention or therapy) yield better outcomes? In the couple therapy field, Halford, Osgarby, and Kelly (1996) reported that a three-session program yielded similar effect sizes to longer interventions and suggested the benefits of short-term intervention. In the psychotherapy field, there has been a movement toward briefer therapy since the early 1960s (Garfield & Bergin, 1994), but the question remains whether brief, time-limited therapy yields the same results as longer therapy. Despite the fact Budman and Gurman (1983, 1988) and Bloom (1992) have advocated for brief therapy based on their research that found little evidence that increasing the length of psychotherapy adds much benefit, Miller (1996) argues that such research findings are based on erroneously classified results (e.g., conclusions were based on a small number of studies, the studies were misclassified). Furthermore, a number of studies have supported longer therapy over brief, time-limited therapy. For example, Luborsky, Chandler, Auerbach, Cohen, and Bachrach (1971) found that in 20 of 22 studies, there was a positive relationship between length of therapy and degree of improvement. Also, Orlinsky and Howard (1986) found that 110 out of 114 studies showed a positive relationship between length of treatment and improvement. Howard, Kopta, Krause, and Orlinsky (1986) conducted a probit analysis combining 15 studies and 2,400 clients, which showed a continuing positive relationship between duration and outcome. Finally, Stanley, Amato, et al. (2006) investigated whether the duration of premarital education was related to marital outcomes and found that marital conflict declined continuously as premarital education increased from 1 to 10 hours but declined little with additional hours. Correspondingly, marital satisfaction increased gradually as premarital education increased from 1 to 20 hours and changed relatively little after this point. Therefore, based on the aforementioned studies, longer intervention does appear to be favorable over brief, time-limited treatment in terms of outcomes. It is possible, however, that selection effects may be at least in part determining these findings in that couples who are likely to do better on the outcomes assessed are those who commit to the longer programs. It is very important in the preventive education field for researchers to evaluate the association between intervention length (including the number of sessions in which clients participated) and outcome.

Issues in Prevention Education for Couples

Blurring of Prevention Versus Therapy

John Gottman (2002) created quite a stir in the burgeoning marriage education field when, in a keynote address to the Smart Marriages Conference several years ago, he passionately suggested that marriage education should generally be delivered by highly skilled mental health and marriage counseling professionals because of the high degree of pathology and mental health issues among those coming for such services. The context of Gottman's address was important as Smart Marriages is a large conference that grew out of Diane Sollee's vision that marriage education needed to get out from under the wing of therapy organizations because of a fundamental mismatch in assumptions, methods, and procedures between educationally minded practitioners and contexts and those that are more clearly therapy oriented. For us, these comments drew attention to an issue that is important in the field and unlikely to abate any time soon but is infrequently discussed overtly; namely, the blurring of distinctions between education and therapy (and the roles of educator and therapist). Here we share some of our observations on how the field has grappled with defining the nature of what one seeks to do in preventive education and on how we view the role of preventionist versus therapist.

It is difficult to clearly delineate the differences between therapy-based models and more educationally based models. Part of the blurring is due to the fact that so many dimensions are involved in such a distinction: who provides the services, what assumptions underlie the design of the services, what the service delivery system and framework are, how or what the point of contact or gateway to reaching such services is, and, of course, who is seeking the services and what expectations they have about those services. An adequate discussion of the differences between therapy and education and the history of those distinctions is beyond the scope of this article and has been the focus of many discussions in the community psychology field since its inception (e.g., Bloom, 1977; Heller & Monahan, 1977). It is relatively easier to differentiate preventive education from therapy in terms of a basic underlying assumption and goal, in that prevention is based on the explicit assumption of relative absence of already existing dysfunction, though risk factors for future dysfunction may abound, whereas in a therapy model it is assumed that clients already have some dysfunction that needs to be diagnosed and treated. It appears to us that at present this is the only clear distinction between therapy and preventive education, with the differentiation of the two approaches on the other dimensions noted previously remaining somewhat of a blur.

Historically, the marriage education field has been largely informed and supported by the foundation of research in the prevention field (e.g., the work of our team and colleagues, such as Kim Halford and Kurt Hahlweg; see Hahlweg et al., 1998; Halford et al., 2001; Markman, Floyd, Stanley, & Lewis, 1986; Markman, Renick, Floyd, Stanley, & Clements, 1993) along with pioneers such as Bernard Guerney (e.g., Guerney & Maxson, 1990), whose work formed a strong basis of evidence of positive effects from marriage education (and enrichment) efforts (Giblin, Sprenkle, & Sheehan, 1985). The former efforts were based in the CBT tradition, whereas the latter was closer to a therapy-based model in underlying philosophy in its emphasis on empathy and understanding. To us, CBT for couples is positioned in the middle of the blur between therapy and education, being that it represents a set of techniques that were developed for use in a therapy context but that were at the same time fundamentally educational in nature. In large part, the framing of treatment targets as well as the methods of intervention in CBT have been based on empirical findings. As such, compared to other marital therapy models, CBT was naturally directed toward methods focused on disseminating knowledge and teaching skills. That is doubtless why CBT lends itself to manualized, structured interventions (e.g., Baucom & Epstein, 1990; Epstein & Baucom, 2002; Fals-Stewart, Birchler, & Kelley, 2006; Jacobson & Margolin, 1979). This is also partly why so much of the basic outcome research on marital therapy is on forms of CBT-based models (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998), as is also the case with empirically based preventive education (Sayers et al., 1998).

In our comments here, we are not going to focus on the ways in which therapy approaches may or may not be educational and structured in their aims and methods. As participant-observers in the couple therapy and couple education fields, we believe that the blurring of the distinction between therapy and prevention has important implications for marriage and relationship *education.* We are inclined to think that it is good for therapists to use more educational principles in their work, such as direct skills training in a variety of psychoeducational approaches to therapy (e.g., Levant, 1986). In contrast, we believe that there are greater potential problems when therapy assumptions and models (e.g., the assumption that clients enter treatment with dysfunctions) are employed in prevention and education services. In other words, we believe that it is more dangerous for education to turn into therapy than for therapy to turn into education.

Although it may be difficult to categorize differences precisely, there are two fairly distinct types of models that have taken center roles in the burgeoning efforts to disseminate educational services more broadly in communities. One is represented by approaches such as PREP and

Halford et al.'s (2004) Couple CARE, which are strongly educational in nature, structure, and philosophy no matter who uses the materials with whom. Another is represented by models such as the curricula developed for couples in the transition to parenthood by Phil and Carolyn Cowan (1992) and John and Julie Gottman (Gottman & Silver, 1999). The two approaches differ along a number of dimensions, of which we will focus on only three here:

1. The degree of structure in content and flow.
2. The training level required of the instructor/facilitator.
3. The beliefs and expectations of those seeking the services.

We believe that the first two dimensions are integrally related to each other. In all models of intervention that have a clear identity and character—therapy or education—those who practice that model believe in a certain set of assumptions about the nature of the work, including the goals and the methods of achieving them. In more structured models like PREP, those goals and methods are laid out in a highly structured sequence of interventions that take couples through experiences designed to teach couples certain knowledge and skills that have been identified in research as being associated with lower risks and a greater likelihood of success in relationships. Although a group of couples in a session of PREP will bring their own personal concerns and relationship patterns to the planned activities, the instructor will cover the specific information and skills in a relatively uniform way from one group of couples to the next. In contrast, in less structured models like those of the Cowans and the Gottmans, the methods allow for a greater degree of group dynamic and flow, wherein themes are raised but much of what is discussed regarding a particular theme depends on the skill of the instructor in working with the specific needs and issues that the particular couples raise in the sessions. The facilitators select from among a set of options consistent with the model, based on what occurs among the specific set of couples in the room at that time.

Although it is an empirical question of which type of educational model is most effective, it is not difficult to anticipate the consequences of choosing one model versus the other. The less structured model is, in our view, more therapy-like. As such, it has some of the same flexibility inherent in group therapy, with the facilitator able to choose the direction within a session to some degree based on what concerns and interaction styles the couples present and the dynamics of the group. The less scripted nature of the session flow, however, means that the facilitators must be particularly skilled at working effectively with whatever group process emerges from the theme of the session. In our view, the same strengths of the less structured models are also the essence of their weaknesses. First, these models are not nearly as easy to replicate as the structured models because of the degree of variability that can occur in the interaction between the issues of the couples and the skills and tendencies of the facilitator. Second, these models necessitate a particularly well trained and skilled leader, because of all the choices inherent in the process of the sessions. Third, the models' lower level of structure and the fact that they are often led by trained therapists seem to prime the couples in the groups to share much more personal information with the group.

In contrast, instructors' ability to conduct a relatively structured curriculum such as PREP depends far less on their having any specific type of knowledge or training (such as in mental health or therapy) than it does on their knowing the model, understanding its content, and being enthusiastic, engaging teachers of the content and skills in the curriculum. Such instructors are more common and cost-efficient from the standpoint of an agency desiring to provide marriage education to couples. Any community has many more eligible and competent instructors than skilled therapists, and the former often cost much less to hire than the latter. Furthermore, in the type of educational model that we apply in our work, there is ample evidence that people who are not mental health professionals (e.g., clergy, volunteers) are quite effective in the instructor role (Stanley et al., 2001; Stanley, Allen, et al., 2005).

Because we favor a more structured model, which we believe is inherently more educational than therapeutic in nature, we will now describe what we believe are the dangers of the more therapeutic and less structured type of model in the current field of marriage education. Again, our concerns are far less based in any awareness that one approach is more effective than another for a given couple. Rather, our concerns are specific and few, based on our own experience with dissemination of empirically based marriage education and prevention services. First, we believe that the more therapeutic, less structured model is a mismatch for the resources and philosophy of the largest number of agencies (government, religious, or nonprofit) that will provide such services. Most marriage education services are not provided by, and not likely to be provided by, organizations that are essentially therapeutic or clinical. Second, most organizations on the front lines of these growing efforts do not employ or find among their volunteers many with therapy and counseling backgrounds, and even when such personnel are involved in these contexts they tend to favor strongly educational, classroom-like, structured models.

One of our concerns is that couples who seek marriage education in most of the contexts with which we are familiar are clearly not seeking a therapy experience. Although they may need or would benefit from therapy in some cases, including specialized problems such as depression and substance abuse, we believe that it is important for agencies delivering services to deliver what they advertise. There are those who choose to attend marriage education because they specifically do not desire therapy but want education and a more classroom-like experience in a workshop. Of course, this returns to the issue of to what degree it is desirable, necessary, or even possible to have trained mental health and counseling professionals conduct marriage education.

Modifying Models in Accord With Variations in Client Characteristics

Because of the cost-effective nature of educational models, they hold great promise for reaching many more people than therapeutic models that are typically more expensive to deploy and that can meet with greater resistance from those who may benefit. The new opportunities in our field to reach groups of couples who have not been the traditional focus or recipients of preventive education services also present great challenges to be met. Historically, those who are poorer, members of minority groups, or at higher risk for marital problems have been less likely than others to receive premarital prevention services (Markman et al., 2003; Stanley, Noel, et al., 2006; Sullivan & Bradbury, 1997). Furthermore, until recently most materials in our field have been developed and tested on middle-class, mostly Anglo couples (Carroll & Doherty, 2003). Therefore, the new opportunities are most welcome, but they also require that researchers, curriculum developers, and providers be thoughtful and systematic in considering how to be most effective in working with new couple groups. We will use the new opportunities to reach lower income couples as an exemplar of grappling with these arising issues.

We have two beliefs that may appear to be contradictory. On the one hand, we believe that existing educational methods are generally both appropriate and effective with couples who have lower income and often by extension are more stressed, less educated, less likely to be married, at higher risk for divorce, and more likely to come from family backgrounds (e.g., parental domestic abuse) that have placed them at greater than average risk for problems in their adult romantic relationships (e.g., Cherlin, Burton, Hurt, & Purvin, 2003). On the other hand, researchers have identified a number of characteristics of lower income couples (e.g., lower community support and integration, high levels of sexual mistrust, ambiguous commitment between partners, the complexities of coping with having children from prior partners) that present greater challenges

in working with them than with middle-class couples (Carlson, McLanahan, & England, 2003; Fein, 2004; Ooms & Wilson, 2004; Parke, 2004; Stanley, Pearson, & Kline, 2005). Such issues affect all couple groups, but they appear to be more prevalent with low-income groups.

Working with this broader client population has led us and many others in the preventive education field to consider various changes in our approach, the most important of which include changes in content and changes in teaching methods. For example, regarding content, we have been developing new units in our programs that address such matters as family background risk factors, community connection and support, and personal stress management. Indeed, these types of additional content themes are one of the priorities of the team of experts leading the large U.S. federal demonstration project intended to assess marriage education delivered to low-income married couples in a large, multiple-site, random-assignment trial of effectiveness (Supporting Healthy Marriage, 2005). In our own work, which is part of this large federal trial, we have kept a strong focus in developing these new directions on what we consider to be a decidedly educational focus in the content and strategies taught to couples.

We also have been addressing the need to approach couples with more diverse and often more disadvantaged backgrounds with new variations in teaching methods. Whereas PREP has historically included lecturettes (didactic teaching) and skills practice time for couples, we have been adapting methods to accomplish these aims: breaking up the flow and pacing, using less lecture instruction (because younger people now are much more accustomed to fast pacing in entertainment, and those with difficult educational histories are particularly put off by didactic methods), using more group activity, and so on. One specific new element that we are introducing throughout our materials is group activities that are designed to raise issues and enhance the teaching of the content of any particular unit. The group activities are not merely designed to add energy and variation into the mix of the curriculum but are specifically designed to introduce and reinforce the specific knowledge that we desire to have taught in a given unit.

For example, when teaching about patterns of negative interaction that put couples at greater risk for distress (something we have taught conceptually for years, didactically), we are moving to having larger groups of couples break up into smaller groups of several couples each and discuss their reactions according to the following instructions:

> *Now we will look at three couples having arguments. I'm going to ask you to share as a group about what you see, so watch carefully.*
>
> *[Tape is played]*
>
> *Okay, here's what I want you to do. Break in smaller groups of two or three couples. Share with each other your thoughts about these two questions: "Which person is the most like you when you are upset with someone?" and "Which person has a style of being upset that is hardest for you to deal with, and why?"*
>
> *Talk about the patterns and how you see them, not about your partner or how you and your partner handle conflict. This isn't a time for sharing with others about your partner, but only about you to the degree you are comfortable sharing. You never have to share anything that you are uncomfortable sharing here, remember that.*

Our philosophy for conducting such an activity is consistent with our view of the nature of the education versus therapy-oriented issues raised earlier. We do not seek group process as a mechanism of change coming from the process qua process. We seek to employ more activities to increase energy and attention to the specific knowledge that we are teaching: knowledge framed and informed from decades of basic research in our field about risk patterns for the development of marital problems. We are excited about the ability of such changes in format to help us adapt a strongly empirically based model in ways that will bring the materials alive to groups of couples who have rarely been served systematically before this era.

The Biggest Challenge We Face: Getting People in the Room

Many people in the preventive education field believe that getting both partners in the room for marriage education is the single greatest barrier to widespread dissemination of the programs (Stanley, 2006). Here we discuss two related issues: (1) men and fathers and (2) individual versus couple interventions.

Men and Fathers

It has historically been difficult to enroll men in therapy and preventive interventions. Culprits include a combination of pragmatic challenges and philosophical assumptions of programs and enrollees (Costigan & Cox, 2001; Davis & May, 1991; Fagan & Iglesias, 1999; Lengua et al., 1992; McBride & Rane, 1997; Turbiville & Marquis, 2001). Pragmatic challenges include the difficulty of coordinating services for two parents with children at home as well as one person not being able to attend due to working, taking care of children, not being interested, or one or both members being deployed in military service. A key philosophical problem involves the program presenters assuming that fathers will not enroll in an intervention and therefore explicitly targeting their interventions to mothers (e.g., Turbiville & Marquis, 2001). Additionally, fathers and mothers report needing and/or wanting different information from interventions (Lengua et al., 1992). For example, fathers often want specific rules for handling conflict, whereas mothers want a forum to talk to other mothers.

We have devised a number of strategies that have been effective in recruiting men to marriage education. These include: (1) providing activities that are of interest to both mothers and fathers (e.g., a fun activity that promotes teamwork, such as dance lessons), (2) providing easy-to-apply basic skills and information, (3) scheduling programs at night or on weekends, (4) explicitly acknowledging the contribution of fathers, (5) explicitly inviting fathers to participate, (6) including fathers in the planning and development of an intervention, (7) marketing services in a way that clearly states that promoting relationship and/or family well-being is the major goal, (8) providing explicit goals with links to activities to reach goals, and (9) communicating a theme of respect for fathers' participation and fathers generally. In a new project in our lab, we will test these ideas as we recruit participants for a clinical trial on the effects of marriage education for low-income couples. We will carefully track how we, and the community agencies with whom we are working, advertise the program to men and women and carefully assess the success rate of various strategies. We plan to examine these strategies in relation to retention and outcomes. We anticipate that strategies designed to specifically recruit men and fathers will result in more men participating in marriage education, with better retention and better outcomes. Identifying the strategies that promote recruitment and retention of fathers has the potential to improve marriage education services in general and especially those with the aim of promoting responsible fathering.

Finally, as noted earlier, most individuals in need of treatment, especially men, do not receive therapy (Snell, Hill, Mallinckrodt, & Lambert, 2001). Men are more likely to find skills-based prevention classes appealing for several reasons, including the presence of explicit ground rules and the emphasis on future-oriented education instead of talking about the past.

Individual Versus Couple Interventions

One way to address "the biggest challenge" and offset the obstacle of getting both partners in the room is to offer relationship education services in groups for individuals as well as couples. Couple dyads are difficult to recruit into interventions for several reasons, including pragmatic issues such as child care and work schedules: problems that may be exacerbated in a low-income sample. Therefore, it is important to determine whether relationship skills and principles can be

effectively learned by individuals and then successfully applied to relationships. Many models of psychotherapy and service provision depend on the ability of individuals to learn and apply skills on the behalf of others, such as children and persons with disabilities. Applications of such models, such as parent training interventions, lend support to the idea that one member of a couple should be able to learn relationship skills and principles and apply them with their partner outside of the intervention (e.g., Boise, Congleton, & Shannon, 2005; McConkey, Marigada, Braadland, & Mpole, 2000). We have recently proposed a study that will compare the efficacy of couple and individual groups to assess if couples benefit differentially when only one partner receives the intervention. To our knowledge, this is the first study in the entire couple prevention field to systematically address this very important question. The answers will not only have implications for the marriage education field but also to the entire field of couple intervention in which there has been only one set of studies to our knowledge on this important topic (for a review of his pioneering work, see Bennun, 1997).

A related question in the preventive education field is: When only one partner receives the intervention, does it make a difference if it is the mother or father, and if so, what are the different effects in the short and long run on responsible fatherhood (and motherhood) and marital and child outcomes? In a planned study in our lab, partners in the individual intervention group will be randomly assigned to either the father or mother receiving the individual intervention. In part, we hope to ascertain the extent to which partners can learn and use the skills and principles in the individual intervention, as compared to the couple intervention, and the extent to which fathers may learn best in groups with other fathers as compared to couple groups. For example, men-only groups may better address men's issues (e.g., Lengua et al., 1992) and may promote increased comfort with discussing difficult topics.

We believe that the benefits of the random assignment of partners in terms of answering basic intervention questions outweigh the limitations associated with somewhat lower external validity (presumably, if both members of a couple are interested in intervention, they would most often choose a couple intervention). It remains an empirical question, however, whether all partners will choose or benefit more from couple than individual intervention. In particular, it is possible that fathers will be more likely to participate in and benefit from marriage education delivered in men's groups rather than in a couples' group format. We also are interested in learning how individuals translate the skills and principles that they learn in individual classes to the couple's relationship.

Conclusions

In this article we have reviewed the public health context of preventive education and provided an overview of the strides that the field has made in developing programs to help couples learn research-based skills and principles that, if used and followed, will increase their odds of having a successful marriage. We have reviewed how the programs have always had a strong emphasis on improving communication and managing negative emotions and described emerging programs that maintain the affect-management emphasis but add modules on protecting and preserving the positive connections between partners. We have identified some of the burning issues in the field, and hopefully as the decade progresses new research and field experiences will provide new insights on these issues as others emerge. When we started working in the prevention of marital distress field more than 25 years ago, we expressed the hope that couples could learn skills and principles while they were still happy, before destructive interaction patterns set in and before the pain and suffering associated with marital distress and divorce took their toll (Markman & Floyd, 1980). Results of modest efforts toward these goals have been promising enough so that we now have major national initiatives that will allow us to more fully answer the questions about the possibilities of preventing marital distress and divorce. These new national

initiatives also provide the potential to fulfill an even more ambitious goal of making research-based prevention education programs available to all couples who want to marry, at low cost, in their community, and offered by service providers who understand the special circumstances of their audience. As we have attempted to illustrate here, the challenges and issues facing the field as we move forward to achieve this goal are large, but the opportunities for learning about relationships and intervention are also great, and we are optimistic about helping large numbers of couples achieve their own dreams for a happy, healthy marriage.

Notes

1. Reprinted by permission from Markman, Stanley, et al. (2004), *12 Hours to a Great Marriage* (San Francisco: Jossey-Bass), 25–27, 86–87.
2. Excerpted from *Within Our Reach* unit on partner support (Stanley, Noel, et al., 2006).

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