Introduction

CoupleCARE is a unique program offering lay and clergy based counselors and educators the opportunity to effectively help couples strengthen their relationship through evidence-based education.

Thoroughly evaluated and developed over 20 years of marriage and couple relationship research, CoupleCARE has already helped over 5000 couples build and maintain a better relationship, helping themselves and their families.

CoupleCARE enriches a couple's relationship by helping them to:

• assess their relationship strengths and vulnerabilities
• define the relationship they want
• develop key relationship skills
• identify individual actions to strengthen their relationship.

Designed to be completed by the couple at home, the CoupleCARE program is supported by regular telephone calls from a professional relationship educator. This flexible delivery approach allows the couple to do much of the program in their own time and to book review sessions with their educator at mutually convenient times.

Using a professionally developed and friendly DVD presentation divided into 6 separate units, the couple watch 15- to 20-minute segments introducing key ideas about successful relationships and demonstrating crucial relationship skills. The couple then follow a mix of individual and couple activities described in their own guidebooks to apply the ideas to their relationship, completing relevant sections in their workbooks as they progress. The couple then reviews their work with the relationship educator by phone or in person.

CoupleCARE has been evaluated in four randomized controlled trials, three of which have been published in major international journals. The fourth study is being prepared for publication, and there is a fifth randomised controlled trial that is ongoing. In summary, the research shows that CoupleCARE helps couples learn crucial relationship knowledge and skills, and helps them sustain long-term relationship satisfaction. The research also shows that CoupleCARE can be effective when delivered in traditional face-to-face mode or in a flexible delivery mode with couples completing the program in the privacy of their own home.

A list of key CoupleCARE research abstracts is included below. Selected full text copies of these scientific publications can be downloaded from www.griffith.edu.au/centre/gphrc/.
Research Abstracts


This paper reports on a randomised controlled trial of a program that combined Couple CARE with a brief counselling program to reduce problem drinking. The combined program was called the Controlling Alcohol and relationship Enhancement (CARE) program. Thirty-seven couples were randomly assigned to receive either CARE or a control condition. All the couples in the study had at least one partner who drank heavily. CARE enhanced couple communication, reduced problem drinking, and increased couple commitment to staying together.


This paper was an invited commentary on a special issue of the journal Family Relations devoted to marriage education. Relationship education holds much promise for reducing the individual, family and community costs of relationship distress and breakdown. To realize this potential educators need to offer evidence-based education that tailors content to the risk and resiliency profiles of the couples. Education needs to be offered at crucial developmental points in couple relationships, in an integrated manner with community development initiatives, to couples at high risk of future relationship problems, and in a variety of delivery modes.


This book is a detailed description of how to do couple therapy that is brief and effective. The first two chapters review research evidence on the nature and influences on couple relationship problems, and the effectiveness of couple therapy. The majority of the book is a detailed guide to conducting evidence-based couple therapy. The couple therapy approach described places emphasis upon helping couples to use couple assessment to assist self-evaluation of their relationship’s strengths and weaknesses, and to understand the influences that have lead the relationship to take its current form. This understanding is used as the base from which each partner is assisted to identify self-change that can enhance the relationship.


This paper is a review of the association of individual and marital problems. The focus is on depression, alcohol abuse, anxiety disorders and the functional psychoses, each of which interact with marital distress in important ways. Whilst the causal connections between these disorders and marital distress are complex and only particularly understood, the available evidence shows individuals’ and couples’ problems often
exacerbate each other. Consequently, regardless of whether the initial presentation is individual or couple focused, there is a need routinely to assess both individual and relationship functioning. Couples therapy, and in particular behavioural couples therapy (BCT), is an important element of effective treatment of depression, alcohol abuse, anxiety disorders, and the functional psychoses. The integration of couple and individual therapy presents a number of clinical challenges, and in concluding this paper we provide guidelines for managing these challenges.


It has been proposed that the extent that individual partners work at their relationship, referred to as relationship self-regulation, is an important determinant of the extent to which couples sustain relationship satisfaction. We recruited 187 newlywed couples and had them complete assessments of relationship self-regulation and satisfaction across the first four years of marriage. As might be expected, just after marriage almost all couples showed high relationship satisfaction, but there was a gradual decline in average satisfaction across the next four years. Multi-level modelling showed that, as predicted relationship, individual partner self-regulation predicted couples better sustaining their initial high relationship satisfaction. The current study adds to the literature suggesting that working at your relationship does work.


Relationship education is widely available to couples and is intended to reduce the prevalence of relationship distress, divorce, and the associated personal and social costs. To realize the potential benefits of couple relationship education, it needs to be evidence-based, to be offered in ways that attract couples at high-risk for relationship problems, and to focus content on those factors that put couples at high risk for future relationship problems.


The current study evaluated Couple CARE, a flexible delivery relationship education program. Fifty-nine couples were randomly assigned to either Couple CARE or a control condition and assessed on relationship self-regulation, satisfaction and stability, and communication. Retention, engagement, and satisfaction with the program were all high. As predicted, Couple CARE increased relationship satisfaction and stability, and increased women’s report of relationship self-regulation, but did not have the predicted effect on communication.
The effectiveness of pre-marriage education is limited by whether couples at high risk of future marital problems attend such education. In the current study 374 newly married couples were assessed on a range of risk factors for future marital problems, and whether they had attended marriage education. Couples with certain indices of relationship risk (non-religious and pre-marital cohabitation) were underrepresented in pre-marriage education. Suggestions are offered to attract more couples, particularly those at high-risk for future problems, to relationship education.


Eighty-three couples were stratified into high- and low-risk for relationship distress and randomized to either a behavioural relationship education program focused on self-change (this is a face-to-face early version of Couple CARE) or a control condition involving reading and discussion about couple relationships. As predicted, there were differential effects of Couple CARE on high- versus low-risk couples. Low statistical power means results must be interpreted cautiously, but at 1-year follow-up high-risk Couple CARE couples showed trends to better communication than control couples, but there was no difference in the communication of Couple CARE versus Control low-risk couples. High-risk couples receiving Couple CARE had higher relationship satisfaction at 4 years than control couples, but not in low-risk couples. High-risk couples benefited from skills-based Couple CARE relationship education, but low-risk couples did not.


This paper is part of a program of research identifying risk factors for marital problems. Based on a developmental social learning analysis, it was hypothesized that observing inter-parental violence predisposes partners to difficulties in managing couple conflict. Seventy-one engaged couples were assessed on their observation of inter-parental violence in their family of origin. All couples were videotaped discussing two areas of current relationship conflict and their cognitions during the interactions were assessed using a video-mediated recall procedure. Couples in which the male partner reported observing parental violence (male-exposed couples) showed more negative affect and communication during conflict discussions than couples in which neither partner reported observing parental violence (unexposed couples). Couples in which only the female partner reported observing parental violence (female-exposed couples) did not differ from unexposed couples in their affect or behaviour. Female-exposed couples reported more negative cognitions than unexposed couples, but male-exposed couples did not differ from unexposed couples in their reported cognitions. Observing parental violence when growing up is associated with observable negativity in the adult relationships of offspring.

In Australia the strengthening of marriage through relationship education has received strong governmental policy support and some modest financial support. Couple relationship education services are offered by a variety of community-based, church affiliated and church-based providers. There is a strong emphasis on providing programs that are developed locally in response to perceived couple needs and government policies. Available evaluations show most couples who attend education value the service, but relationship education providers need to do a better job reaching out to couples at high risk for future relationship problems, and more research is needed on the effects of education on long-term marital. There is significant scope for building on current initiatives to incorporate evidence-based approaches and to expand program reach to more couples.


As a field, family psychology is faced with challenges in reaching people who need services. Many reviews are available that document how much high-quality, research-based couple therapy can help distressed couples. However, we know that in the United States the majority of couples who have divorced (about 80%) have not consulted a mental health professional. In other words, practitioners generally have poor penetration in their efforts to help couples who are on a trajectory towards divorce and other negative outcomes. And certainly, most couples do not consider going to a mental health professional when they are getting married, even if they already are manifesting patterns that ultimately undermine their happiness and stability. In this special section of this issue of the journal we focus on international trends in a new set of services and service delivery systems that have the potential of reaching couples and individuals to improve couple functioning: couple relationship education.


It is known that parental divorce increases the risk of relationship problems and divorce in adult offspring, particularly for women. One possible explanation of the long term effects of parental divorce is that observing the negative conflict often associated with divorce may lead offspring to adopt similar negative patterns of communication with a partner. In order to test this proposition, we assessed the communication of engaged couples that did or did not have a history of parental divorce. Couples in which the woman’s parents had divorced were more negative toward each other than other couples. A history of parental divorce in the man’s family was not associated with couple communication. Programs that help couples develop effective conflict management might help reduce the risk of relationship problems in the adult offspring of divorce.

It is widely believed that satisfying couple relationships require work by the partners. We equated the concept of work to relationship self-regulation and developed a scale to assess this construct. A factor analysis of the scale in a sample of 187 newlywed couples showed it had two factors of relationship strategies and effort. The factor structure was replicated in an independent sample of 97 newlywed couples. In both samples the scale had good internal consistency, and high convergent validity between self- and partner-report forms. Self-regulation accounted for substantial variance in relationship satisfaction in both newlywed samples, and in a third sample of 61 long-married couples. The self-regulation and satisfaction association was independent of mood or self-report common method variance.