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## How an Online Education Module Influences Attitudes toward Relationship Education: A Randomized Experiment

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*Growing evidence suggests that many people do not see the differences between relationship education (RE) and couples therapy (CT). In fact, many lack information regarding the details and processes included in both RE and CT. If the differences are not understood, fewer people may be inclined to attend RE. RE has experienced various recruitment challenges over the years. The Theory of Planned Behavior illustrates how attitudes and intentionality are linked. If participants gain knowledge about a service, their attitudes about that service and intentions to participate change. For this study, an online module was created to provide information on the details and processes entailed in RE and CT, and the differences between RE and CT. A sample of 224 participants was randomly assigned to a treatment group ( $n = 112$ ), who received a pretest, the module, and the posttest, or a control group ( $n = 112$ ), who received the pretest and posttest only. Results showed that participation in the online module had significant effects on RE knowledge, attitudes, and intentions to participate.*

*Keywords:* relationship education, theory of planned behavior, recruitment challenges, online research

### Introduction

Relationship educators face challenges regarding the recruitment and retention of participants (Wood, Moore, Clarkwest, & Killewald, 2014). Recent research shows a lack of public awareness regarding what relationship education (RE) entails (e.g., Burr, Kuns, & Hubler, 2017). Within long-term romantic relationships, help-seeking behaviors tend to be clearly connected to relationship maintenance, including participation in RE and couples therapy (CT) (Stewart, Bradford, Higginbotham, & Skogrand, 2016). The current study explores how an online educational module influences attitudes toward RE and clarifies differences between RE and CT.

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## Review of Literature

RE plays a role in providing participants with “four components: awareness, feedback, cognitive change, and skills training.” (Halford, Markman, Kling, & Stanley, 2003, p. 390.) RE provides knowledge and skills for romantic couples before and during marriages or in other committed romantic relationships (Markman & Rhoades, 2012). RE specifically provides couples with foundational knowledge that enhances the awareness of a need to empathize with a partner. RE often gives couples a chance to see their relationship in a new light. This cognitive change can enhance a couple’s relationship. The majority of RE programs provide a preventative context for couples to practice skills, including conflict resolution, negotiation, and other interpersonal skills (Hawkins, Stanley, Blanchard, & Albright, 2012).

Marriage and family therapy (MFT) is defined as “an intervention aimed at ameliorating not only relationship problems but also mental and emotional disorders within the context of family and larger social systems” (AAMFT, 2017). Therapy is distinct from education in that therapy settings include working with distress that is often more pronounced than that which is found in an educational setting (Doherty, 1995). Couples therapy (CT) is a form of MFT used to work out challenges on dyadic levels (AAMFT, n.d.).

The central implication behind the confusion between RE and CT is that if couples and individuals do not understand the difference between the two services, they may be less likely to attend RE. Participation in RE has been linked to increases in relationship quality and better communication among romantic couples (Hawkins, Blanchard, Baldwin, & Fawcett, 2008). RE may be associated with less stigma than therapy and may be a good way to reach diverse groups as RE provides a context for all couples who face typical relationship challenges (Doherty & Lamson, 2015; Markman & Rhoades, 2012). Resources on different relationship services, including RE and CT, can help the public make informed decisions about attending.

Often a main goal of Extension Services is to match program content with the needs of intended audiences (Goddard & Schramm, 2015). Extension educators have recognized the value of using online methods to offer couple programming (Goddard & Olsen, 2004). However, some educators may struggle with using online technology, which may impact online program offerings (O’Neill, Zumwalt, & Bechman, 2011). Further background and training in using online methods in programming can help educators become more comfortable using these resources to connect with audiences.

The theory of planned behavior (TPB; Ajzen, 1991) suggests that intention predicts behavior and attitudes shape intention. Applying TPB to RE programs, couples would be more likely to attend when holding positive attitudes toward the program. However, if there is confusion over the nature of RE, attitude toward RE could be negatively impacted. If RE recruitment efforts are to continue to improve, educating the public about the nature of RE, including principle differences between RE and CT, is a critical next step.

Online education programs impact couple relationship satisfaction and social-emotional health (Halford et al., 2017). Additionally, when online methods are used for informational/educational campaigns, awareness and attitudes of participants can be significantly impacted (Daniluk & Koert, 2015). This holds particularly true for media campaigns about premarital education (Hawkins, Higginbotham, & Hatch, 2016). For the current project, a brief narrated online module, citing current research, was designed as a pilot test by a team of Certified Family Life Educators (CFLEs) and a Licensed Marriage and Family Therapist (LMFT). The project participants were told that, by the end of the module, they would be able to define CT and RE and they would also know the primary differences between RE and CT. The module had three sections, one that defined CT, one that defined RE, and one that listed differences between CT and RE. A vignette of a couple was provided to demonstrate an example of what couples deal with in both CT and RE settings. Participants were randomly assigned to a treatment group, which received the online module, and a control group, which did not receive the module. True experimental designs, employing random assignment to treatment and control groups, like the design of this project, provide a more internally valid assessment of treatment effects (Campbell & Stanley, 1963). In this project, differences in attitudes about RE and intentions to attend were assessed between treatment and control groups.

### Current Study Hypotheses

In this pilot project, the following hypotheses were proposed and tested:

- 1) There would be overall treatment effects on participants' levels of RE knowledge and attitudes.
- 2) There would be overall treatment effects on participants' intentions to attend RE and levels of helpfulness of RE.

### Methods

#### Sample

The sample consisted of 224 individuals with an age range from 18-60 years ( $M = 26$ ;  $SD = 6.06$ ). The sample was primarily female (86%), and Caucasian (86%), with "Hispanic or Latino" (8%) and "Native American or Alaska Native" (3%) as the next two largest groups. In terms of relationship status, 41% reported "married" or "remarried," 31% reported "single (never married)," 16% reported "committed relationship/dating," 6% reported "divorced," 5% reported "engaged," and 4% reported "living with a romantic partner." In terms of participants' annual income, 41% reported up to \$20,000, 22% reported \$20,001-\$40,000, 14% reported \$40,001-\$60,000, 9% reported \$60,001-\$80,000, and 14% reported \$80,001+. For educational level, 69% reported "some college," 16% reported "college graduate," 6% reported "high school graduate or GED equivalency," 4% reported "some post-graduate work," 3% reported "post-graduate degree," and 2% reported trade/technical/vocational training."

## Procedure

Upon IRB approval, the online surveys and module were created with the Qualtrics platform. This pilot study survey was disseminated through university courses that were mainly undergraduate Child and Family Studies classes at two universities, and it was also distributed via social media, primarily Facebook. Following consent, participants were randomly assigned to the treatment group (n = 112) or control group (n = 112). All participants completed an online survey (pretest), and the treatment group completed the module providing information on RE and CT. One day following completion of the online module by the treatment group, all participants completed the same survey as the posttest.

## Measures

**RE knowledge.** The participants' knowledge about RE was measured using a single item:

- I really don't see a difference between relationship education and relationship therapy/counseling.

This item was taken from the Couple and Relationship Attitudes Index (Burr, Hubler, & Cottle, 2017). Participants indicated their level of agreement to this statement on a 10-point scale ranging from 1 = *strongly disagree* to 10 = *strongly agree*.

**RE attitudes.** The following four items were also taken from the Couple and Relationship Attitudes Index (Burr et al., 2017) to measure the attitude of participants about RE:

- I feel attending a relationship education class/workshop could be beneficial for my relationship/future relationship.
- Relationship education is only for couples having trouble.
- A strong couple would not need to attend a relationship education workshop/class.
- If I want to learn skills to help my relationship, I would not rely on a relationship education class/workshop.

Responses to these items were also on a 10-point scale ranging from 1 = *strongly disagree* to 10 = *strongly agree*.

**Intentions to attend RE.** The following items were created to measure the level of participants' intentions to attend RE, based on the adaptations made by Blair and Córdova (2009) to items from the Health Belief Model Questionnaire (Sullivan, Pasch, Cornelius, & Cirigliano, 2004):

- I could see myself attending relationship education for 1 session.
- I could see myself attending relationship education for 4 sessions.
- How likely is it that you will attend relationship education in your lifetime?

Responses to the first two of these items were measured using a six-point scale of 1 = *strongly disagree*, 2 = *disagree*, 3 = *somewhat disagree*, 4 = *somewhat agree*, 5 = *agree*, and 6 = *strongly agree*. Responses to the last item were measured using a four-point scale ranging from 1 = *not likely*, 2 = *somewhat likely*, 3 = *likely*, and 4 = *very likely*.

**Helpfulness of RE and CT.** The following two items were created by the Co-PIs for this study to assess the participants' perceptions about the helpfulness of RE and CT:

- Looking back on previous relationships, do you think participating in a relationship education program would have saved your relationship?
- Looking back on previous relationships, do you think couples therapy would have saved your relationship?

Responses to both of these items were measured using a seven-point scale with the following values: 1 = *strongly disagree*, 2 = *disagree*, 3 = *somewhat disagree*, 4 = *neither agree nor disagree*, 5 = *strongly disagree*, 6 = *agree*, and 7 = *strongly agree*.

## Results

Analysis of covariance (ANCOVA) was used to assess posttest mean differences between the treatment and control groups adjusting for pretest scores (see Tables 1 and 2).

### Relationship Education Knowledge Results

For the item, "I really don't see a difference between relationship education and relationship therapy/counseling." ANCOVA results showed a significant posttest mean difference between the control and treatment groups,  $F(1, 221) = 12.76, p < .001$ . The treatment group showed significantly less posttest agreement with the statement than the control group.

### Relationship Education Attitudes Results

For the item, "I feel attending a relationship education class/workshop could be beneficial for my relationship/future relationship." ANCOVA results showed a significant adjusted posttest mean difference between the control and treatment groups,  $F(1, 220) = 5.16; p < .05$ . The treatment group showed significantly more posttest agreement with the statement than the control group.

For the item, "Relationship education is only for couples having trouble." ANCOVA results showed a significant adjusted posttest mean difference between the control and treatment groups  $F(1, 221) = 7.16; p < .001$ . The treatment group showed significantly less posttest agreement with the statement than the control group.

For the item, "A strong couple would NOT need to attend a relationship education workshop/class," ANCOVA results showed a significant adjusted posttest mean difference

between the control and treatment groups,  $F(1, 221) = 4.32$ ;  $p < .05$ . The treatment group showed significantly less posttest agreement with the statement than the control group.

For the item, “If I want to learn skills to help my relationship, I would NOT rely on a relationship education class/workshop,” ANCOVA results showed a significant adjusted posttest mean difference between the control and treatment groups,  $F(1, 221) = 3.95$ ,  $p < .05$ . The treatment group showed significantly less posttest agreement with the statement than the control group.

**Table 1. Study ANCOVA Results for Knowledge and Attitudes**

Item	Class	Pretest Mean (Covariate)	Observed Posttest Mean (DV Mean)	Adjusted Posttest Mean (Estimated DV Mean)
“I really don’t see a difference between relationship education and relationship therapy/counseling.”	Treatment	4.00	3.00	2.63***
	Control	3.90	3.80	3.54
“I feel attending a relationship education class/workshop could be beneficial for my relationship/future relationship.”	Treatment	7.30	7.40	7.35*
	Control	7.10	6.80	6.87
“Relationship education is only for couples having trouble.”	Treatment	2.10	2.30	2.31***
	Control	2.42	3.00	2.89
“A strong couple would NOT need to attend a relationship education workshop/class.”	Treatment	2.30	2.50	2.74*
	Control	3.10	3.40	3.23
“If I want to learn skills to help my relationship, I would NOT rely on a relationship education class/workshop.”	Treatment	3.90	3.80	3.81*
	Control	3.80	4.30	4.33

Note: \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ .

### Intentions to Attend Relationship Education Results

For the items, “I could see myself attending relationship education for 1 session.” and “I could see myself attending relationship education for 4 sessions.” ANCOVA results did not show significant adjusted posttest mean differences between the control and treatment groups.

For the item, “How likely is it that you will attend relationship education in your lifetime?” ANCOVA results showed a significant adjusted posttest mean difference between the control

and treatment groups,  $F(1, 221) = 4.70$ ;  $p < .05$ . The treatment group showed significantly more posttest likelihood of attendance than the control group.

### Helpfulness of Relationship Services Results

For the item, “Looking back on previous relationships, do you think participating in a relationship education program would have saved your relationship?” ANCOVA results did not show a significant adjusted posttest mean difference between the control and treatment groups.

For the item, “Looking back on previous relationships, do you think couples therapy would have saved your relationship?” ANCOVA results showed a significant adjusted posttest mean difference between the control and treatment groups,  $F(1, 221) = 7.61$ ;  $p < .01$ . The treatment group showed significantly more posttest agreement with the statement than the control group.

**Table 2. Study ANCOVA Results for Intentions and Helpfulness**

Item	Class	Pretest Mean (Covariate)	Observed Posttest Mean (DV Mean)	Adjusted Posttest Mean (Estimated DV Mean)
“I could see myself attending relationship education for 1 session.”	Treatment	4.75	4.73	4.75
	Control	4.79	4.76	4.74
“I could see myself attending relationship education for 4 sessions.”	Revised	3.98	3.92	3.95
	Control	4.10	3.86	3.82
“How likely is it that you will attend relationship education in your lifetime?”	Treatment	2.80	2.94	2.93*
	Control	2.78	2.74	2.75
“Looking back on previous relationships, do you think participating in a relationship education program would have saved your relationship?”	Treatment	3.79	3.70	3.59
	Control	3.50	3.36	3.47
“Looking back on previous relationships, do you think couples therapy would have saved your relationship?”	Treatment	3.48	3.64	3.61**
	Control	3.40	3.20	3.23

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

## Discussion

The public's awareness, attitudes, and behaviors tend to shift when informed about various issues (Daniluck & Koert, 2015). This link between online education and participant awareness and attitudes is supported by our findings in this test of educating the public about RE and CT, as the study hypotheses were largely confirmed.

The online module had the most marked effect on RE knowledge, as participants who completed the module reported less confusion about differences between RE and CT. Those who received the module also appeared to grasp more of the focus of RE as a preventative relationship service not only for couples having trouble. The results also show that those who received the module reported more positive attitudes toward RE as a way to improve the relationship, and this includes their reduced agreement with the statement that they "would NOT rely on RE" if they needed help. While the results do not show a large effect on intentions to attend RE, they show that those who received the module reported a greater likelihood of attending RE in their lifetime.

These results are in line with other public media campaigns which have been shown to alter awareness and participation in RE. Hawkins et al. (2016) found that a media campaign (with online components) increased awareness of and participation in premarital education in Utah. Some reports also show that the public is turning more to online sources for relationship information (Stewart et al., 2016), and with this growth, the potential for online relationship services to reach larger audiences is also growing. Additionally, many people may prefer the flexibility of online services as time demands are often cited as barriers to attending RE programs (Burr, Hubler, & Kuns, 2017).

Participants who completed the online module also reported stronger agreement that CT, but not RE, could have saved a past relationship. This points toward participants grasping more of the focus of CT (i.e., that CT could have assisted with more chronic issues that may have led to the end of a previous relationship). There may also be a connection between attending RE and attending CT. According to Williamson, Trail, Bradbury, and Karney (2014), those who attend RE are more likely to seek CT later for relationship issues. Hence, connecting back to the theory of planned behavior (TPB), as knowledge and attitudes toward RE improve, attendance levels of both RE and CT programs could increase.

## Implications for Practitioners and Researchers

Other organizations may benefit from using the online module and/or methods used in this study. Extension education programs seek to implement services based on audience needs (Goddard & Schramm, 2015). Following TPB logic, as attitudes toward relationship services are better informed, a more effective decision can be made on whether a service meets the needs of the situation. In fact, participation in RE may enable couples to feel more comfortable seeking

therapy. We encourage those who work with Extension programs with families and other programs interested in engaging in further dialogue about our methods to contact the authors.

Researchers should continue to assess how important areas of the TPB are connected to relationship services. Although helpful as a guide, the theory has had relatively little application in the relationship services literature. Further testing is needed to understand how attitudes, intentions, and behaviors are connected in the decision-making process to attend relationship services.

### **Limitations and Conclusion**

Much of the limitations of the study have to do with the nondiverse convenience sample composition of the study's participants. The sample was primarily Caucasian, female, and fairly young. Also, a portion of this sample was undergraduate university students, meaning that their experiences with romantic relationships might be substantially different than the general public. The results of this study may not represent more diverse groups different from the study participants, and further research is needed with diverse audiences.

Additionally, all of the measures were single-item, which is a threat to measurement validity and reliability. Also, the following items, "Looking back on previous relationships, do you think participating in a relationship education program would have saved your relationship?" and "Looking back on previous relationships, do you think couples therapy would have saved your relationship?" were not assessed for their validity, including face validity. Future research would need to make clearer assessments of these two measures for future use.

However, this is the first known study investigating the effectiveness of a brief, online module providing information on RE and CT. The random assignment control group methodology used in the study adds internal validity to the results (Campbell & Stanley, 1963).

As confusion and misguided perceptions related to relationship services are reduced, couples are better able to make informed decisions that match their specific situation, and the propensity for these services to help increases.

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