EMPIRICAL INVESTIGATION OF THE RELATIVE IMPORTANCE OF CLIENT CHARACTERISTICS AND TOPICS IN PREMARITAL COUNSELING

By

CHRISTINE E. MURRAY

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This dissertation is dedicated to the honor of my grandmothers,
Elizabeth Ward and Charlotte Borasky,
whose legacies of strength and compassion continue to inspire me today.
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EMPIRICAL INVESTIGATION OF THE RELATIVE IMPORTANCE OF CLIENT CHARACTERISTICS AND TOPICS IN PREMARITAL COUNSELING

By

Christine E. Murray

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In an effort to reduce divorce rates and promote healthy marriages, the state governments in Florida and other states across the country have implemented laws that encourage couples to attend premarital counseling. Often, these policies require a standardized format and content that may not account for the needs of the individual couples who enter premarital counseling.

A five-factor model is proposed to explain client characteristics in premarital counseling. The factors included in this model are (a) the social context, (b) family-of-origin factors, (c) individual characteristics, (d) couple interactional processes, and (e) motivation for attending premarital counseling.

My study involved a survey of a representative sample of 210 premarital counseling providers in Florida. Of the respondents, 86.76% were male, 80.1% identified their ethnic background as Caucasian, and 81.46% were clergy. A survey instrument, the
Premarital Counseling Survey (PCS), was developed to assess providers’ beliefs about the relative importance of client characteristics and topics in premarital counseling.

The findings demonstrate that providers believe that many client characteristics influence the degree to which couples benefit from premarital counseling. The client characteristic factors were rated in the following order (from most to least influential): couple interactional processes, family-of-origin influences, individual characteristics, motivation for premarital counseling, and social context variables. The influence of providers’ background characteristics on their ratings of client factors was examined.

In addition, providers rated the importance of addressing various topics with engaged couples. Providers rated the following five topics as most important: commitment to marriage, communication skills, attitudes toward marriage, conflict resolution, and the importance of spending time as a couple. Differences in the ratings of topics based on professional affiliation are described.

Finally, the relationship between providers’ ratings of the relative influence of client characteristics and the relative importance of topics was examined.

Based on the findings of my study, recommendations for future theory development, practice, public policy, and research in the area of premarital counseling are discussed. The findings suggest a need for increased attention to client variables in the development, implementation, and research of premarital counseling programs.
CHAPTER 1
INTRODUCTION

Modern marriages are more likely to end in divorce than in death. Moreover, approximately one-fourth of all marriages end within 7 years. Factors that have influenced the rising divorce rates include an increased lifespan, changing roles for women, and changes in social and legal values. The increased rates of divorce have altered the manner in which many members of younger generations think about marriage (Pinsof, 2002). Recently, government officials have attempted to respond to increasing divorce rates and other family structure changes through the creation of policies designed to promote marriage and family life. Many of these policies encourage or require couples who marry to attend premarital counseling programs. There is preliminary research that supports the effectiveness of premarital counseling programs. However, there is no conclusive, long-term evidence that proves that family promotion activities are always effective with all populations.

The most successful relationship prevention programs attend to couple risk factors in order to determine the most appropriate interventions (Bradbury, Cohan, & Karney, 1998). However, there is a need for research on the effectiveness of premarital counseling with diverse populations (Stanley, 2001; Williams, 1992). The existing research has not determined which couples benefit most and least from premarital counseling (Stanley, 2001). Indeed, most of the existing premarital counseling research was conducted on homogenous samples comprising primarily white, middle-class college students (Holman, 2001). In addition, specific components of premarital counseling programs may
need to be adapted to the unique characteristics of each couple’s relationship. For example, Gottman and Levenson (2002a; 2002b) argue that different conflict resolution styles may necessitate different interventions. While programs should be developed in accordance with the actual needs of the participants (Silliman & Schumm, 1999; Stahmann & Salts, 1993) and the community (Hoopes & Fisher, 1984), providers create most premarital counseling programs without a comprehensive assessment of the needs of the participants (Silliman, Schumm, & Jurich, 1992). Developers of premarital counseling programs should consider the diverse needs of participants when designing and implementing programs (Russell & Lyster, 1992) and should view premarital counseling as a developmental process for all couples (Stahmann, 2000). Generally, prevention programs strive to enhance strengths and minimize (or manage) couple weaknesses, and they should attend to the unique protective and risk factors of each couple (Sayers, Kohn, & Heavey, 1998).

Although a need exists for premarital counseling research that examines how unique couple characteristics influence outcomes in premarital counseling, current research tends to focus on premarital counseling outcomes according to program characteristics. Further theoretical refinement and increased attention to the needs of individual couples in the development of premarital counseling programs will help to enhance the practice of premarital counseling. In addition to research issues, a primary theoretical need is for the development of an inclusive theoretical framework to explain how various individual and couple characteristics influence the needs of participants in premarital counseling. Such a theoretical framework provides a context for matching the needs of participants with the topics and interventions included in premarital counseling.
In addition to a need for increased attention to unique couple factors, further theoretical refinement related to the inclusion and exclusion of topics in premarital counseling programs will aid in the development of more effective programs. Government policies that endorse premarital counseling often prescribe combinations of topics to include in premarital counseling. For example, in the state of Florida, approved premarital counseling programs must address communication skills, conflict resolution skills, parenting, and finances (Florida Statutes, 1998; Section 741.0305). However, premarital counseling that focuses solely on communication skills, conflict resolution skills, finances, and parenting (or any other inflexible, prescribed combination of topics) may neglect many other important features of the marital relationship. Therefore, the most effective premarital counseling programs are inclusive of the numerous possible topics that influence marital outcomes.

Based on the need for further theory development, my study contributes to the theory, research, and practice of premarital counseling by proposing a five-factor model that describes the manner in which unique couple characteristics may influence premarital counseling outcomes. My study also explores the inclusion and exclusion of certain topics in premarital counseling programs. In consideration of these issues, the perspective of providers of premarital counseling is sought. I also examine how background characteristics of premarital counseling providers relate to their ratings of the influence of client characteristics. My study also examines how the professional affiliation of premarital counseling providers influences the degree of importance they ascribe to various premarital counseling topics.
Theoretical Framework

My study is based on a five-factor model of unique couple characteristics in premarital counseling. This model is based on two existing theories: Holman’s (2001) theory of premarital prediction of marital outcomes and Deci and Ryan’s (1985) Self-Determination Theory. After an introduction to each theory, the five-factor model examined in my study is presented.

Holman’s Theory of Premarital Prediction of Marital Outcomes

Holman’s (2001) theory of premarital prediction of marital outcomes integrates research on marital development, focusing in particular on the influence of premarital factors on subsequent marital outcomes. Holman’s conceptual model was developed in accordance with existing research, and he and his associates provide empirical support for the model. According to this theory, there are four major premarital factors that influence subsequent marital outcomes. These factors include the social context, family-of-origin influences, individual characteristics, and couple interactional processes.

Holman (2001) proposes that the premarital social context influences marital outcomes. Specifically, social network support and the sociocultural context have direct effects on marital outcomes. Social network support describes the amount of support a couple receives from significant people in their lives, including friends and family members. In general, more adequate social support is associated with higher quality marriages. The various sociocultural contextual factors that influence marital outcomes include age at marriage, socioeconomic factors, race, and gender identity. Social contextual factors have both an indirect and direct influence on marital outcomes. Indirectly, contextual factors influence individual characteristics and couple interactional processes, which then influence marital outcomes.
Within Holman’s (2001) framework, family-of-origin influences include the family structure, environment, parental marital quality, and parent-child relationships within each partner’s family. A primary structural variable is whether the individual experienced a parental divorce. Holman summarizes research that indicates that parental divorce has a negative impact on the marriages of offspring. Family environment factors include numerous aspects of family life, such as interaction patterns, level of conflictual life events, and the emotional climate. Holman also reviews research showing that parental marital stability and quality, as well as the quality of the parent-child relationship in the family-of-origin, influence marital outcomes for offspring. Generally, higher quality relationships within the family-of-origin are associated with more positive marital outcomes. Overall, within Holman’s model, family-of-origin influences have both a direct influence and an indirect influence on marital outcomes. Indirectly, family-of-origin characteristics influence individual characteristics, couple interactional processes and social context, all of which in turn influence marital outcomes.

Holman (2001) describes individual characteristics as “factors such as personality traits, temperament, feelings about oneself, and individually held values, attitudes, and beliefs” (p. 106). Because marital relationships involve two people, two sets of individual characteristics influence marital relationships. All individual characteristics must be considered in relation to both partners. Individual characteristics elicit both a direct influence and an indirect influence on marital outcomes. Indirectly, individual characteristics influence couple interactional processes.

Premarital couple interactional processes influence later marital outcomes. These processes include “communication, consensus, similarity, and relationship identity”
Indeed, a large amount of research exists that demonstrates that communication and conflict management patterns within marriages play a significant role in determining their outcomes. The role of couple interactional processes cannot be understated, and these processes play a large role in determining marital outcomes.

**Deci and Ryan’s Self-Determination Theory**

Deci and Ryan’s (1985) Self-Determination Theory conceptualizes a framework for understanding human motivation. Deci and Ryan posit motivation along a continuum which depicts the degree to which behaviors are internally (intrinsically) or externally (extrinsically) driven. Activities that are intrinsically motivated “are ones for which there is no apparent reward except the activity itself. People seem to engage in the activities for their own sake and not because they lead to an extrinsic reward” (Deci, 1975, p. 23). Extrinsically motivated activities are done for an external reward, although at times the meaning for this reward is internalized. Typically, when people are motivated intrinsically, they experience more positive outcomes and enhanced learning. Intrinsic motivation is also related to enhanced creativity, increased persistence, a more positive emotional state, and increased positive feelings about oneself (Deci & Ryan, 1985). In addition, intrinsic motivation enhances the long-term maintenance of behavior change (Deci & Ryan, 1987).

**Five-Factor Model for Understanding Couple Characteristics in Premarital Counseling**

Based on Holman’s theory of premarital prediction of marital outcomes and Deci and Ryan’s Self-Determination Theory, a five-factor model was developed to conceptualize providers’ opinions of the unique couple characteristics that influence the degree to which couples benefit from premarital counseling (Figure 1). The model combines the four factors that Holman posits as premarital predictors of marital outcomes...
with motivation specific to the premarital counseling program. In the five-factor model, social context, family-of-origin factors, individual characteristics, couple interactional processes, and the couple’s motivation for entering premarital counseling are proposed to influence the degree to which couples are likely to benefit from premarital counseling. My study examined the five-factor model using the Premarital Counseling Survey (PCS).

Figure 1. Five-Factor Model of Couple Characteristics in Premarital Counseling

Scope of the Problem

Divorce is a common experience for many families in modern American culture. In 1996, there were an estimated 1,154,000 divorces in the United States. While between 80 and 90% of men and women will marry in their lifetime, approximately 50% of all first marriages end in divorce (Kreider and Fields, 2001). Cultural factors may play a role in the increased rates of divorce over the years, as people may be more likely to leave a marriage if they do not feel personally happy or fulfilled, partly because of the emphasis on individuality in American society. In many ways, divorce has become the norm in modern America (Amato, 1999). Marriages today last for shorter durations than those in
the past, and the median length of first marriages that end in divorce is 8 years (Kreider and Fields, 2001).

In recent years, federal and state governments adopted a proactive stance toward promoting sustainable marriages and families. For example, many states around the nation implemented policies that aim to enhance family life. Currently, a number of states have passed marriage promotion legislation (Campbell, 2002). Many states fund their marriage and family promotion initiatives through surpluses in their welfare budgets (Caprara & Woods, 1999). Some states gear such initiatives toward welfare recipients (Parke & Ooms, 2002). Marriage and family promotion policies may include marriage-related media campaigns, covenant marriages, special task forces designed to address family issues, incentives to attend premarital counseling, marriage license waiting periods, marriage handbooks, and marriage tax credits. For a review of specific state policies, see Gardiner, Fishman, Nikolov, Laud, & Glosser (2002).

The state of Florida is an example of a state in which the government passed marriage promotion legislation. In 1998, the state government passed the Florida Marriage Preparation and Preservation Act, which provides incentives for couples who marry in the state of Florida to attend premarital counseling (Florida Statutes, 1998; Section 741.0305). The incentives include a reduction of the marriage license fee and a waiver of the three-day waiting period to obtain a marriage license for couples who attend a premarital preparation program. The required components of premarital counseling programs under the Marriage Preparation and Preservation Act are communication skills, conflict management, financial responsibilities, and children and parenting issues. To be eligible to receive the incentives, couples must attend an
approved premarital counseling program, which must meet for a minimum of 4 hours and must be conducted by an approved professional. In addition to incentives to promote premarital counseling, all couples who marry in Florida receive a marriage handbook at the time they apply for their license. This marriage handbook addresses several aspects of married life, and it outlines relevant laws related to marriage, families, and divorce. In addition to endorsing premarital counseling and the marriage handbook, the Florida legislation established divorce education classes and high school education requirements related to marriage and family life. The Marriage Preparation and Preservation Act was created in part as a response to the elevated divorce rate in Florida. In the year 2000, Florida’s divorce rate was 58% (National Center for Health Statistics, cited in Campbell, 2002).

Several other states have developed legislation that either encourages or requires couples to attend premarital counseling before they marry. Florida’s incentives for premarital counseling are similar to incentives offered in other states—such as Maryland, Minnesota, Oklahoma, and Tennessee—although the incentives and requirements vary across states. In Minnesota, for example, couples can take a 12-hour course in order to earn a $50.00 reduction in the marriage license fee (Gardiner et al., 2002; Parke & Ooms, 2002). By 2002, 13 states had implemented incentives for couples to attend premarital counseling, and two states (Indiana and Mississippi) require premarital counseling for some couples (Gardiner et al., 2002). In addition to national and state initiatives to promote premarital education and counseling, some actions were taken at the local level. For example, in some communities, church representatives sign an agreement to offer rigorous premarital counseling to any couple they marry (Parke & Ooms, 2002).
Government promotion of marriage preparation encourages all couples to attend premarital preparation programs. However, the sole inclusion of government-endorsed content areas into premarital counseling programs may lead practitioners to deliver programs in a one-size-fits-all manner, which may lead practitioners to ignore such factors as unique couple risk factors, a couple’s motivation to participate in premarital counseling, and the unique needs of specific populations. Despite the increased efforts by government, it is still important that premarital counseling be voluntary for participating couples (Silliman, Schumm, & Jurich, 1992; Stahmann, 2000). Mandatory participation does not ensure that couples incorporate the information and skills included in the premarital preparation program in their relationship (Senediak, 1990). Thus, while increased governmental recognition of the importance of premarital prevention may help to increase the likelihood that couples will attend such programs, the effects of these efforts remains undetermined.

Only about 30 to 35% of couples attend premarital counseling (Fraenkel, Markman, & Stanley, 1997; Olson, 1983). There are a number of reasons couples may not seek out professional intervention or education before marriage, including limited time availability, a fear of upsetting a healthy balance within a relationship, a lack of knowledge of the benefits of premarital education, and high costs associated with some programs (Fraenkel, Markman, & Stanley, 1997). Also, many couples view marriage as private, and they do not feel comfortable in seeking out help (Fincham and Bradbury, 1990). Williams (1992) found that most couples feel prepared for marriage when they are engaged, which may render them less likely to feel a need for premarital assistance.
Couples who attend a premarital counseling program, however, may experience numerous potential benefits. Stanley (2001) describes four benefits of premarital education. First, premarital education provides couples with time to think and talk about their impending marriage. This deliberation can benefit couples who may not otherwise engage in thoughtful deliberation about their relationship. Second, couples learn that marriage is an important step for the individual and the couple, and that relationship behaviors and attitudes play a significant role in determining marital outcomes. Couples also learn the important function marriage plays in the larger community. Third, premarital education may make it more likely that a couple will seek help from a professional in the future, particularly during times of marital distress. Through premarital interventions, many couples learn where and how to seek help, and they also become more comfortable with the idea of doing so. Finally, premarital intervention has the potential to reduce distress and divorce for couples who participate.

Fraenkel, Markman, and Stanley (1997) believe that relationship distress prevention is the “wave of the future” (p. 257). Stahmann and Salts (1993) discuss three future needs and directions for relationship education. First, there is a need to consider the actual needs and wishes of the participants when developing educational programs. Second, there is an increasing need for lifespan marriage education and more attention to diversity, related to both the educational level and ethnic backgrounds of participants. Finally, changing societal gender roles have implications for the development of family life educational programs. This suggests that premarital counseling might best serve as one in a series of preventive efforts directed toward couples throughout the family life course.
Need for the Study

My study addresses three primary needs related to premarital counseling: (a) theoretical refinement that addresses the unique attributes of individual couples in premarital counseling, (b) increased research that examines the manner in which these unique couple background characteristics influence their needs and outcomes, and (c) increased attention to understanding which topics are most appropriate for inclusion in premarital counseling programs. My study aims to bridge the theory, research, and practice of premarital counseling through active involvement of the practitioners who provide premarital counseling.

Premarital Counseling Theory

Many premarital counseling programs are based on multiple theoretical frameworks. Some premarital preparation programs are based on family systems theory (Gilmour, 1995; Stahmann, 2000; Silliman & Schumm, 2000), while other programs draw from the cognitive-behavioral theories. Influences from both psychology and religion are found in a number of premarital preparation programs (Silliman & Schumm, 2000). In general, however, there is a lack of theoretical support for premarital education (Senediak, 1990), and many premarital counseling and education programs are not well-grounded in theory (Silliman & Schumm, 2000).

One of the most pressing theoretical needs is for the development of a theoretical framework to explain how unique participant characteristics influence the process and outcomes of premarital counseling. The development of this framework can assist practitioners and researchers in understanding more effectively the needs of premarital counseling participants. Theoretical refinement also provides a basis for understanding which other relevant aspects of marital preparation are not accounted for within
government-endorsed premarital counseling programs. Overall, premarital counseling theory can be enhanced through the development of a more flexible approach to addressing couple characteristics and topics addressed in premarital counseling.

Premarital Counseling Research

A growing body of research exists that explores the short-term and long-term effectiveness of premarital counseling. The existing research demonstrates generally positive support for the use of premarital counseling as a tool for marriage enhancement. However, it is difficult to undertake efficacy research with prevention programs (Fincham & Bradbury, 1990), and the existing research is limited due to the nonstandardization of practice and a lack of funding for methodologically sound studies (Senediak, 1990). Thus, the effectiveness of premarital counseling has not been proven soundly through research, although the existing literature shows primarily positive results (Stahmann, 2000). Different premarital counseling and education programs show varying levels of effectiveness at producing gains for couples (Silliman & Schumm, 2000), and few premarital preparation programs have been tested thoroughly and empirically (Sayers, Kohn, & Heavey, 1998). Also, different types of measurement produce different outcomes, as observational data tend to produce greater differences between experimental groups and controls as compared to self-report data in measuring the effectiveness of prevention programs (Christensen & Heavey, 1999).

A number of methodological concerns plague the existing premarital counseling outcome research. The major methodological concerns include a lack of control group use, limited follow-up assessment, nonrandom assignment, self-selection to program biases (which can be minimized through the collection of baseline data), nonstandardized measurements, dropouts (especially with longer programs), and attrition after the
program ends (Sayers, Kohn, & Heavey, 1998). Much of the existing research was conducted on white, middle-class college students (Holman, 2001; Silliman & Schumm, 1995; Silliman, Schumm, & Jurich, 1992; Valiente, Belanger, & Estrada, 2002), which limits the ability to generalize the findings to other populations. Other methodological limitations include overuse of short-term designs and differential attrition, in that control couples are more likely to drop out of the studies (Stanley, 2001).

Christensen and Heavey (1999) suggest that researchers should consider the effectiveness of any preventive intervention with diverse populations. The overuse of homogenous samples in studies on premarital counseling programs has produced a lack of information on the unique qualities of couples who participate. However, a few existing studies suggest that background characteristics of individuals and couples influence the degree to which they may benefit from premarital interventions (Halford, Sanders, & Behrens, 2001; VanWidenfelt & Hosman, 1996). This suggests that the same program can produce different effects for couples based on their background characteristics. Therefore, a need exists for increased attention to the background characteristics of couples who enter premarital counseling.

Bridging Theory, Research, and Practice

Research that involves the collaboration of researchers and practitioners furthers the advancement of existing knowledge and increases the likelihood that research findings will be of use to practitioners (Whiston & Robinson, 1997). Often, practitioners experience a gap between research and their practice; research can help to guide practice, but it does not have all of the answers (Addis, 2000). Researchers often do not strive to understand the needs of practitioners in the field, although there is an increasing need for increased collaboration and communication between researchers and practitioners (Soldz
& McCollough, 2000). In addition, Anderson (2000) asserts that practitioners can aid researchers in understanding the contextual factors that influence client experiences in therapeutic interventions. For these reasons, my study involved the perspective of providers in an attempt to further bridge the gaps separating theory, research, and practice in premarital counseling.

**Statement of Purpose**

The purpose of my study was to examine the influence of individual and couple background characteristics on process and outcomes in premarital counseling. Specifically, my study involved an investigation of the attitudes of premarital counseling providers toward the relative importance of couple background factors and topics in premarital counseling. The identification of common factors across theories of premarital counseling aids in the bridging of the gap between research and practice (Blow & Sprenkle, 2001; MacDevvitt, 1987). Therefore, my study examined premarital counseling providers’ assessments of the significance of each of the factors in the five-factor model of client characteristics that are relevant across all theories of and approaches to premarital counseling. My study included the development of a new instrument, the Premarital Counseling Survey (PCS; Appendix B), that assesses providers’ attitudes toward the influence of client characteristics on the degree to which couples benefit from premarital counseling, providers’ assessments of the relative importance of including various topics in premarital counseling programs, and provider background characteristics.

The aim of my study was not to identify inclusion and exclusion criteria for couples in premarital counseling. Rather, the emphasis was on identifying characteristics that influence the degree to which a couple, or an individual within a couple, may benefit
from premarital counseling. In writing of clients in psychotherapy, Rosenbaum and Horowitz (1983) state, “Evaluating whether a patient is suitable for a particular treatment focuses attention on whether or not to exclude a patient from treatment; evaluating a patient’s motivations, by contrast, helps to identify how a patient may best be engaged in treatment” (p. 352). The findings of my study may have some implications for developing a set of criteria to determine which couples are more or less appropriate candidates for premarital counseling. Nonetheless, the primary aim of my study was to evaluate potential influences on outcomes in premarital counseling, in order that premarital interventions may be developed and delivered most effectively to meet the needs of each couple.

The five premarital counseling client factors that were examined include the social context, family-of-origin factors, individual characteristics, couple interactional processes, and motivation for entering counseling. This five-factor model was considered in my study, and premarital counseling providers provided information about the relative importance of each of these factors. In addition, providers rated the degree to which they believe it is important to include a number of different topics in premarital counseling programs. The sample for my study consisted of providers of premarital counseling in the state of Florida.

Research Questions

My study addressed the following research questions:

- What are the background characteristics (professional affiliation, practice setting, number of years practicing premarital counseling, whether the provider has received training as a counselor or therapist, whether the provider has received specialized training in premarital counseling, level of education, religious affiliation, ethnic background, gender, and age) of providers of premarital counseling in the state of Florida?
• What are the psychometric properties (internal consistency and item-scale correlations) of the client characteristic scales and premarital counseling topic scales on the Premarital Counseling Survey (PCS)?

• Which of the client characteristic factors assessed by the PCS do premarital counseling providers believe are most and least influential on the degree to which couples benefit from premarital counseling?

• Are there differences based on provider demographics on their ratings of the relative influence of participant motivation, individual characteristics, couple interactional processes, social context, and family-of-origin factors?

• What premarital counseling topics, as assessed by the PCS, do premarital counseling providers believe are most and least important to address in premarital counseling?

• Are there differences associated with providers’ professional affiliation and their beliefs about which topics are most and least important to address in premarital counseling?

• What is the nature of the relationship between providers’ assessments of the importance of client characteristics and their assessments of the importance of topics addressed in premarital counseling?

Definition of Terms

• **Couple interactional processes.** “The degree of an established sense of coupleness, the degree of consensus on marital and family issues, social homogamy, and the level of similarity on fundamental values, and personality characteristics, as they relate to marital quality” (Holman, 2001, p.142). Couple interactional processes were measured by items 1, 5, 12, 14, 15, 24, 29, 34, and 36 on the PCS.

• **Extrinsic motivation.** “Extrinsic motivation refers to behavior where the reason for doing it is something other than an interest in the activity itself” (Deci & Ryan, 1985, p. 35).

• **Family-of-origin influences.** Include the family structure, environment, parental marital quality, and parent-child relationships within each partner’s family (Holman, 2001). Family-of-origin influences were measured by items 7, 10, 16, 18, 31, and 37 on the PCS.

• **Individual characteristics.** “Factors such as personality traits, temperament, feelings about oneself, and individually held values, attitudes, and beliefs” (Holman, 2001, p. 106). Individual characteristics were measured by items 2, 6, 8, 13, 19, 20, 22, 28, and 33 on the PCS.
• **Intrinsic motivation.** Acting in ways “for which there is no apparent reward except the activity itself. People seem to engage in the activities for their own sake and not because they lead to an extrinsic reward” (Deci, 1975, p. 23). Client motivation for premarital counseling was measured by items 3, 4, 9, 23, and 26 on the PCS.

• **Premarital counseling.** Throughout this report, the term “premarital counseling” is used to describe any form of premarital preparation intervention, including group and/or couple counseling and/or educational experiences that occur with couples who intend to marry. Premarital counseling is “a skills training procedure which aims at providing couples with information on ways to improve their relationship once they are married” (Senediak, 1990). Similarly, Carroll and Dougherty (2003) state, “Premarital preparation programs are based on a prevention perspective that has the goal of starting with nondistressed couples (even though they may be at risk for future distress) and helping them maintain their relatively high levels of functioning” (p. 106). Typically, couples who participate in premarital counseling demonstrate overall positive psychological health (Stahmann, 2000) and do not have serious relationship problems (Senediak, 1990). Premarital counseling occurs in a wide range of settings and is provided by a number of different providers (Stahmann & Hiebert, 1980). In the existing literature, premarital counseling, as defined in this report, is often referred to as premarital education or premarital preparation programs. Item number 77 of the PCS asked providers to classify their program as either a counseling or educational experience.

• **Registered premarital counseling provider (in Florida).** Providers of premarital counseling who have registered with their county in the state of Florida. The Florida Statutes (1998; Section 741.0305) hold that the following groups of people are eligible to become registered premarital counseling providers: licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, licensed mental health counselors, representatives from religious institutions, and any other providers who are approved by the judicial system.

• **Social context.** The social networks, social support, and sociocultural context surrounding an individual or couple (Holman, 2001). Social context variables were measured by items 11, 17, 21, 25, 27, 30, 32, and 35 on the PCS.

**Organization of the Study**

Chapter 2 contains a review of relevant literature. Chapter 3 describes the research methodology, including a statement of the purpose of my study, research design, relevant variables, population, sampling procedures, instrumentation, data collection procedures, operational research questions, research hypotheses, and data analysis procedures.

Chapter 4 contains the results of the statistical analyses of the data. Finally, Chapter 5
discusses the limitations of my study, results of the statistical analyses of the data, the implications of my study for theory, practice, and policy of premarital counseling, and areas for future research.
A growing body of literature relates to premarital counseling as an intervention targeted to couples in early marital development. In this chapter, the literature examining the developmental processes within marriages is reviewed. In addition, literature in the area of premarital counseling is discussed. The historical context, theoretical issues, research outcomes, program delivery issues, and client variables associated with premarital counseling are reviewed. Lastly, my study is situated within the context of the existing literature.

Marriage as a Developmental Process

According to Holman (2001), “Most premarital educational and therapeutic interventions are based on the assumption that understanding and improving premarital individual and couple interactional factors can influence both the quality and stability of the marital relationship” (p. 1). This statement suggests that premarital counseling is one possible aspect of the developmental processes within marriage. In order to explore the developmental nature of marriages, a brief review of the literature surrounding the development of marital relationships is presented. This review highlights the significance of early prevention with couples.

The development of marital distress and breakup is a complex process that is influenced by a number of factors, and premarital relationship characteristics influence subsequent marital outcomes (Holman, 2001). As Stahmann and Hiebert (1980) state, “Marriage begins before the wedding” (p. 29). Also, Stanley (1995) asserts that divorce
may be related to premarital factors. Researchers are able to predict divorce in premarital couples with an accuracy rate of between 77 and 90% (Olson, 1990). For example, Lindah, Clements, and Markman (1998) developed a predictive model that factors in measures of premarital communication, problem ratings, satisfaction, and demographic characteristics; this model predicts 90% of divorces in the first nine years of marriage. One-half of all divorces occur in the first seven years of marriage (Gottman, 1998), and these marital breakups are predicted by a combination of factors (Holman, 2001).

Research shows that marital satisfaction is dynamic over the course of the relationship. In general, marital satisfaction declines gradually in the first three and one-half years of marriage and then plateaus. Wives report generally higher levels of satisfaction with their marriages than husbands (Lindah, Clements, & Markman, 1998). Many studies find that marital happiness decreases in the first few years of marriage and never reaches the early marriage high again. Marital happiness is highest in the first three years, lowest in the twelfth through fifteenth years, and is somewhat higher after twenty-five years of marriage (White & Booth, 1991). For many couples, marital satisfaction decreases gradually in the first six years of marriage (Kurdek, 1998).

Holman’s (2001) theory of the premarital prediction of marital outcomes identifies four general premarital factors that contribute to marital outcomes. These four factors include: (a) the social context, (b) family-of-origin influences, (c) individual characteristics, and (d) couple interactional processes. While each of these factors has been studied individually, most researchers agree that there is a complex interaction of factors that contributes to the development of marital distress.
Social Context

Two types of social context variables are studied in the literature: sociodemographic characteristics and barriers to divorce.

Sociodemographic characteristics

A number of social and demographic characteristics influence the development of marital distress. Lower age at marriage is associated with marital distress and instability (Holman, 2001; Larson & Holman, 1994; Sullivan & Bradbury, 1997). In addition, lower educational and income levels are associated with a greater likelihood of marital distress (Holman, 2001; Sullivan & Bradbury, 1997). However, the influence of these factors may be moderated by gender. Holman (2001) writes that females with a higher age at marriage, higher levels of education, and higher premarital income have generally lower levels of marital satisfaction.

Another important sociodemographic characteristic associated with marital satisfaction is the level of social support surrounding a couple. Holman (2001) reports that “social network support or pressure is a pivotal factor in whether marriage partners decide to stay in an unhappy marriage or leave the marriage” (p. 73). A supportive social network is associated with higher levels of marital satisfaction throughout the marriage (Holman, 2001). In addition, length of marriage is another demographic factor associated with the likelihood of divorce. The longer a couple is married, the less likely they are to divorce (White & Booth, 1991).

In addition, mutual friends shared by members of a couple present a barrier that makes it less likely that a couple will divorce. Other factors that reduce the likelihood of divorce include a wife who does not work, joint ownership of a home, shared assets, and religiosity (White & Booth, 1991).
Gender roles influence marital stability. A spouse’s gender identity may influence interactions with his or her partner. Gender roles and expectations may be especially salient in early marriage as the marriage is being constructed. Other major transition points, such as the birth of the first child, may be periods in which gender role expectations influence marital outcomes (Pasley, Kerpelman, & Guilbert, 2001).

Cultural background, including racial background, may also influence the development of marital distress within a relationship (Holman, 2001). For example, Orbuch, Verhoff, Hassan, & Horrocks (2002) examined the divorce patterns of white and black couples in the first 14 years of marriage, considering extra- and intra-marital factors. Their sample included 199 white couples and 174 black couples from an urban population. Results indicated the following: (a) black couples had twice as high a risk of divorce than white couples; (b) for all races, the higher the wife’s education, the greater likelihood of divorce; (c) wives who reported higher levels of conflict were more likely to divorce; (d) only in the black couples, husband’s “participation in household tasks reduce[d] the risk of divorce” (p. 195); and (e) the timing of assessment did not significantly increase the influence of any of the other factors. After controlling for race and education, income had little impact on divorce rates. This study demonstrated that the effects of structural variables (e.g., race and education) on divorce rates are often not mediated by couple interactional patterns.

**Barriers to divorce**

Barriers to divorce are factors surrounding the relationship that prevent married couples from getting divorced. The notion of barriers to divorce is based on exchange theory, which holds that individuals stay in marriages when they provide a mutually satisfactory exchange of positive reinforcements, based primarily on rewards within the
relationship and the presence or absence of attractive alternatives to marriage. Knoester and Booth (2000) examined when barriers are effective at preventing divorce. Using a large, national sample, the researchers’ results indicated the following: (a) the five most important barriers to divorce in descending order are child’s suffering, religious beliefs, dependence on spouse, not wanting to lose a child, and financial stability; (b) high levels of dependence on one’s spouse children, not wanting to leave one’s house, and financial security can also prevent divorce; (c) once in the divorce process, barriers do not prevent divorce for couples; (d) the barriers that individuals perceive to be most likely to deter divorce are not influenced by objective, demographic measures; and (e) objective barriers are more likely to deter divorce than perceived barriers. For example, wife’s income, church attendance, and the recent birth of a child are related to the likelihood of divorce. Knoester & Booth (2000) conclude that perceived barriers to divorce (e.g., the degree of importance the individual ascribes to maintaining an intact marriage) are relatively ineffective at preventing divorce, although objective barriers (e.g., the birth of a new child) are effective at preventing divorce.

Family-of-Origin Influences

A number of family-of-origin influences are associated with marital outcomes. The past experience of parental divorce by at least one partner is one risk factor for marital distress (Sullivan & Bradbury, 1997). The general family-of-origin environment, parental marital quality (Larson & Holman, 1994), the quality of the parent-offspring relationships, and gender role expectations (Holman, 2001) within the family-of-origin also influence offspring marital quality. Holman (2001) presents a model of the manner in which family-of-origin characteristics influence marital satisfaction. In the model, the family structure and the parental marital quality within both the male’s and the female’s
families-of-origin influence marital satisfaction through the quality of the parent-offspring relationship. Positive parent-offspring relationships are associated with higher levels of marital satisfaction, especially for wives.

The two primary categories of family-of-origin characteristics that are identified as having an influence on offspring marital development are parental divorce and parental marital quality. The effects of parental divorce may be especially salient for adult offspring as they enter intimate relationships through dating and marriage. Offspring of divorced parents may have less constant contact with one or both of their parents following the divorce (Amato & Keith, 1991). Often, adult children of divorce perceive their families-of-origin as more distant and more disorganized than adult children from intact families (Holdnack, 1992).

There have been mixed findings related to the effects of parental divorce on the attitudes that offspring hold toward marriage. Children of divorce may have less positive attitudes toward marriage than peers from intact homes (Christensen & Brooks, 2001; Gabardi & Rosen, 1992; Gelfman, 1995; Stevenson & Black, 1996), and many offspring of divorced parents hold ambivalent attitudes toward marriage (Berner, 1992). In contrast to these findings, other researchers found that there are few, if any, differences in attitudes toward marriage between adults who hail from divorced and intact families (Landis-Kleine, Foley, Nall, Padgett, & Walters-Palmer, 1995). For example, adult offspring from both divorced and intact homes believe that marriage should be based on love (Sprecher, Cate, & Levin, 1998). Stone and Hutchinson (1992) found no differences in attitudes toward marriage between offspring from divorced and intact homes, and that neither past nor present levels of family conflict predicted attitudes toward marriage.
However, Duran-Aydintug (1997) found that adult children of divorce who hold negative attitudes toward divorce are more likely to have had parents whose marriage was high in conflict.

Parental marital quality may be more important than marital status in determining offsprings’ attitudes toward marriage. Amato and Booth (1997) found that more positive parental marital quality leads to greater psychological well-being for adult offspring. In general, when parents in low-conflict families divorce, offspring tend to develop lower levels of psychological functioning as compared to offspring of divorced parents in previously high-conflict families. Sprecher, Cate, and Levin (1998) confirm that adult children from unhappy, intact families are more like adult children of divorce in their beliefs about love than they are like adult offspring from happy, intact families.

Willetts-Bloom and Nock (1992) report that young adults’ marital aspirations are not affected by their parents’ marital status or their perceptions of their parents’ marital quality. However, young adults who perceive their parents’ marriage as unhappy predict that they will marry at a later age than those who perceive their parents’ marriage to be happy, although predicted age at marriage is not affected by parental marital status.

Booth and Edwards (1989) assert that parental marital unhappiness is associated with less commitment to marriage, lower levels of marital stability, more disagreements, and behavior problems. Booth and Edwards (1989) also write that the tendency to stay in an unhappy marriage may be transmitted across generations. These findings suggest that an unhappy parental marriage may have a more negative impact than divorce on offspring as they become adults.
Gender differences appear to have an impact on the relative influence of parental marital quality and status for offspring marital outcomes. Levy, Wamboldt, and Fiese (1997) report that family-of-origin influences, particularly those of the woman’s, affect relationship partners’ perceptions of conflict. A woman’s family-of-origin functioning has more of an impact on conflict in dating relationships than a man’s. Women who report higher levels of family-of-origin functioning are more likely to respond to conflict with positive behavior and less likely to respond with negative behaviors. Overall, then, family-of-origin characteristics have an influence on marital development.

Individual Characteristics

Researchers identified at least two individual characteristics that influence marital development: personality characteristics and differentiation.

Personality characteristics

Certain individual personality characteristics are linked to marital outcomes.

Larson and Holman (1994) report that personality characteristics have variable effects on relationship quality in marriage and contribute to marital outcomes. High levels of individual neuroticism and stress are risk factors for marital distress (O’Leary, Malone, & Tyree, 1994). Depression in one partner is associated with lower marital quality (Larson & Holman, 1994). Other personality factors may contribute to marital satisfaction (Fincham & Bradbury, 1990). One such factor is self-esteem, where high levels of premarital self-esteem in men and women are associated with greater marital satisfaction (Holman, 2001). Also, more positive individual attitudes toward marriage are associated with higher levels of marital satisfaction as well (Holman, 2001). In contrast, dysfunctional beliefs about marriage are associated with marital instability (Larson & Holman, 1994).
Differentiation

The differentiation levels exhibited by marriage partners influence the level of distress in the relationship. Differentiation is “the ability to be in emotional contact with others yet still autonomous in one’s emotional functioning” (Kerr & Bowen, 1988, p. 145). In marriages, higher levels of differentiation are associated with lower levels of distress and greater marital satisfaction. In addition, lower levels of emotional cutoff are also associated with increased marital satisfaction (Skowron & Friedlander, 1998).

Couple Interactional Processes

A number of couple interactional processes influence developmental processes within marriage. These include (a) marital satisfaction, (b) communication, (c) conflict management, (d) compatibility, and (e) interpersonal processes.

Marital satisfaction

Not surprisingly, lower levels of marital satisfaction are associated with increased marital distress (Sullivan & Bradbury, 1997). Stahmann and Salts (1993) theorize that marital relationships built on a mutually satisfactory exchange of rewards between spouses are of high quality. Marital satisfaction tends to reflect the health of other areas of the relationship, in that couples who are more satisfied with their relationships report more positive communication and less conflict (Noller & Feeney, 1998). In general, marital satisfaction decreases in the early years of marriage (Huston & Houts, 1998). While marital satisfaction is related to relationship distress, this distress does not necessarily predict divorce. Levels of marital happiness have more of an impact on divorce rates in marriages of longer duration, and people in longer marriages are less likely to divorce because they experience more barriers to divorce and fewer alternatives to marriage (White & Booth, 1991). Thus, while low levels of marital satisfaction create
distress within a relationship, divorce does not result solely from of the presence of dissatisfaction with the marital relationship. However, higher levels of marital happiness are associated with lower levels of divorce (White & Booth, 1991).

**Communication**

Marital communication plays a large role in determining the success or failure of marriages. Communication problems can produce dysfunction within the marital relationship (Fincham & Bradbury, 1990) and are a major predictor of marital distress (Stanley & Markman, 1995). Problematic communication patterns within marriages become more severe and immutable over time (Stanley & Markman, 1995). However, Lindah, Clements, and Markman (1998) report that positive marital communication increases over time. This suggests that couples who are able to communicate successfully with one another may be more likely to maintain a long-lasting marriage. Negative communication skills, such as partner invalidation, are more reliable predictors of marital distress than positive communication skills, such as partner validation (Stanley & Markman, 1995). Communication problems are often a precursor of divorce for both men and women. However, men tend to rate their marital communication better than their wives. Overall, relationship enhancing communication produces higher marital satisfaction for both males and females (Holman, 2001).

**Conflict management**

In addition to basic communication skills, a couple’s conflict resolution skills contribute to marital outcomes. High levels of conflict within a marriage are related to high levels of marital distress (Stanley & Markman, 1995). All couples are likely to experience some degree of conflict in their marriages, and conflict often increases in the first year of marriage (Huston & Houts, 1998). If conflict escalates to physical
aggression, marital distress is especially likely (Sullivan & Bradbury, 1997). In addition, males who become distressed in relationships are likely to have low problem-solving abilities (Stanley & Markman, 1995), which are essential for resolving conflicts. Conflict patterns may play a role in marital outcomes. For couples who divorce, those with volatile, intense conflicts tend to divorce early, while those with more neutral affect during conflicts divorce later (Gottman & Levenson, 2002a). Conflict is generally a powerful predictor of divorce, especially when wives perceive high levels of conflict (Orbuch, Veroff, Hassan, & Horrocks, 2002).

Compatibility

High levels of compatibility between marriage partners are associated with positive marital outcomes. Compatibility models of marital relationships hold that the matching of individual characteristics is important in the development of the marital relationship (Stahmann & Salts, 1993). Similarity on personal characteristics leads to greater consensus on relationship issues (Holman, 2001).

Interpersonal processes

General interpersonal processes exhibited within marriage affect the level of experienced marital distress. The interpersonal processes exhibited within a marital relationship affect the quality and stability of the marital relationship (Larson & Holman, 1994). Couple interactional processes such as length of the relationship, premarital pregnancy, cohabitation, and the shared couple identity help to shape the quality of the marital relationship (Holman, 2001). Gottman (2001) describes research that shows that distressed and non-distressed couples do not differ greatly in communication patterns, but couples who are distressed have more general negative interactional processes than nondistressed couples. Interestingly, Olson (1990) argues that love is not a predictor of
marital outcomes for premarital couples, which suggests that the relational processes within a marriage may be more significant than the emotional bond between the partners in producing relationship outcomes. The interpersonal processes that occur between partners have a powerful impact on the marital relationship (Stahmann & Salts, 1993).

Summary

Each of these factors—the social context, family-of-origin influences, individual characteristics, and couple interactional processes—may influence premarital couples to a varying degree. In addition, these factors interact to produce unique developmental processes for each couple (Holman, 2001). Because all of these factors can influence premarital couples, the time a couple spends together before their marriage represents an important phase in the development of their marital relationship. Thus, premarital counseling occurs within a broader context of marital developmental processes.

Premarital Counseling: Theory, Research and Practice

In this section, a brief history and overview of premarital counseling is presented. The existing outcome research that examines the effectiveness of premarital counseling is reviewed. Also, program delivery issues, including information about providers of premarital counseling and the topics often addressed in premarital counseling, are discussed. Finally, research on client variables in premarital counseling, including individual differences in outcomes and motivation, is reviewed.

Historical Context and Overview of Premarital Counseling

In a brief history of premarital counseling, Carroll and Dougherty (2003) report that formal premarital counseling began in the 1930’s. Currently, increased attention to premarital counseling stems from the growth of the science of prevention, which is based on increasing research about the development of relationship distress. Indeed, marital
distress is a basic risk factor for many personal problems. Premarital counseling interventions fall under the larger category of primary prevention. Albee and Ryan-Finn (1993) define primary prevention as “doing something now to prevent or forestall something unpleasant or undesirable from happening in the future or, alternatively, doing something now that will permit or increase desirable future outcomes” (p. 115). Over time, prevention has been the standard in medical health. However, mental health and relationship distress prevention has gone through waves of more or less popularity. Prevention efforts may be aimed at environmental factors and/or lifestyle patterns.

Sayers, Kohn, & Heavey (1998) explain that the history of premarital preparation programs is associated closely with religious groups and movements. For example, the United Methodist Church and the Roman Catholic Church in the United States have strongly supported marriage preparation programs. Although many premarital programs maintain strong connections to faith-based organizations, an increasing amount of attention has been focused on marriage preparation by secular marriage and family researchers and practitioners. While premarital counseling programs garnered a great deal of support throughout history, Sayers, Kohn, & Heavey (1998) conclude that “prevention science in marriage is still in its infancy” (p. 717).

As premarital counseling programs continue to grow in both the religious and secular sectors, certain trends have become prevalent in existing programs during recent years. Modern premarital counseling programs focus on the strengths of the participant couples (Senediak, 1990). In addition, enrichment (competence-building) approaches to premarital counseling are most common in recent years (Silliman and Schumm, 2000).
Thus, current approaches to marriage preparation focus on a strength-based format, as opposed to a deficit model.

Early intervention with couples is beneficial because the risk of divorce is highest in the early years of marriage (Kreider & Fields, 2001). As Hoopes and Fisher (1984) explain, couples receive no training manual for marriage and family life. As such, interdisciplinary premarital educational and counseling programs that help to facilitate change prepare couples for an aspect of family life about which they may have limited knowledge and experience. The goals of premarital counseling include the following: (a) increasing relationship stability and improving relationship quality (Stahmann & Salts, 1993), (b) teaching couples information about married life (Senediak, 1990), (c) enhancing couple communication skills (Senediak, 1990; Stahmann & Hiebert, 1980), (d) helping couples build awareness of the self and of the partner, (e) reducing anxiety toward the impending marriage, (f) developing conflict resolution skills, and (g) allowing couples to speak about certain sensitive topics, such as sex and money (Stahmann & Hiebert, 1980). Overall, Stahmann and Hiebert (1980) report that “the goal of premarital counseling is to enhance the premarital relationship so that it might develop into a satisfactory and stable marital relationship” (p. 11).

Outcome Research

Family-related prevention programs such as premarital counseling aim to create a number of short-term benefits that are able to be generalized to other settings (Hoopes, Fisher, & Barlow, 1984). Current research suggests that preventive programs are effective at producing positive marital outcomes (Fraenkel, Markman, & Stanley, 1997) and that prevention programs are particularly effective in the short-term (Christensen & Heavey, 1999; Fincham & Bradbury, 1990). In this section, general outcomes of
premarital counseling, as well as specific outcomes related to the development of relationship skills through premarital counseling, are reviewed. In addition, research examining the long-term benefits of premarital counseling is summarized.

**General outcomes of premarital counseling**

In 2003, Carroll and Dougherty conducted a meta-analysis that examined the overall effectiveness of premarital counseling. The researchers outline the criteria used to determine which studies to include in their meta-analysis—which led them to include 13 experimental and quasi-experimental studies, 10 non-experimental studies, and 3 ex-post-facto studies. Most samples used in the studies were comprised of young, white, middle-class couples. A majority of studies used only a small or moderately-sized sample. Ten of thirteen studies describe some form of theoretical framework, often based on general family development theory, behavioral theory, and psychoeducational theories. Programs address numerous, varying topics in a wide range of formats. Most studies assessed outcomes through observational or self-report measures.

Results of Carroll and Dougherty’s (2003) meta-analysis indicate a .80 effect size, which means that “the average person who participated in a premarital prevention program was better off after the program than 79% of the people who did not receive a similar educational experience” (p. 113). Also, “The chances of improvement for control participants were only 31%, whereas the chances for improvement for experimental participants were 69%” (p. 113). Most non-experimental studies employed self-report measures, and all showed positive outcomes for premarital counseling. The authors draw the following conclusions based on this study: (a) premarital counseling is generally effective; (b) it is not yet possible to determine if premarital prevention is effective for all couples; (c) it is not yet possible to determine if some forms of premarital education are
more effective than others; (d) conflict resolution appears to be an essential component of effective programs; (e) premarital counseling may not be reaching couples most at-risk for marital distress; (f) there is a need for research with more diverse samples, increased long-term follow-up, increased standardization of measurement, and comparisons of different approaches; and (g) practitioners should consider how to make programs accessible to high-risk couples, how to increase attention to unique couple needs, and how to develop programs to serve diverse populations.

**Relationship skills outcomes**

Communication skills and conflict resolution skills are the two most commonly studied types of relationship skills in relation to premarital counseling outcomes. Premarital prevention programs tend to be effective in promoting positive couple communication skills (Silliman & Schumm, 2000). For example, one systems training program produced positive changes in participants’ communication skills within the relationship (Gilmour, 1995). Couples who participate in premarital counseling feel satisfied with their training in communication skills (Russell & Lyster, 1992), view communication training as the most helpful feature of premarital counseling (Williams & Riley, 1999), and are able to apply communication skills learned in premarital counseling to their relationship (Harringan, 1999). Couples who achieve positive communication outcomes through premarital counseling may continue to demonstrate improved communication in the long-term, as Stanley and Markman (1995) report that participants in a premarital counseling program demonstrated more effective communication skills than control groups at a five-year follow-up.

The Prevention and Relationship Enhancement Program (PREP), developed by Markman and associates (Markman, Floyd, Stanley, & Lewis, 1986), is the most
widely-researched program used in premarital counseling (Sayers, Kohn, & Heavey, 1998; Stahmann, 2000). Renick & Blumberg (1992) provide a basic overview of the PREP program. PREP is based on a primary prevention approach and empirical research about the development of relationship distress. PREP is revised frequently in response to new research and knowledge. The majority of PREP workshops focus on communication between partners. This program addresses communication skills through lectures and skills practice. Participants in PREP learn and practice a structured communication model (Stanley & Markman, 1995).

Empirical research shows that PREP increases positive communication (Stanley, 2001). In their review of research, Renick and Blumberg (1992) conclude that participants in PREP experience lower divorce rates, improved communication skills, and fewer relationship problems over time. However, other research suggests that outcomes may be influenced by couple characteristics. For example, Halford, Sanders, and Behrens (2001) studied the differential effects of a modified version of PREP for couples who were at high- or low-risk for marital distress. The researchers defined high-risk couples as those in which the female had a history of parental divorce or the male had a history of parental physical aggression. These researchers found that the premarital counseling program produced no effects on positive communication for low-risk couples following intervention or at a follow-up assessment. However, high-risk couples who participated in the premarital counseling program exhibited less negative communication than a similar control group following one year. The strengths of this study include the use of random assignment, multiple measurement methods, and a long-term follow-up. However, this study is limited by attrition, a small sample size at follow-up assessments,
and potential contamination of the treatments, as the same leader administered both the treatment and control conditions. This study demonstrates that couple characteristics can impact premarital counseling outcomes in relationship skills.

The instructional format of a premarital counseling program may also influence communication skills outcomes. The Premarital Assessment Program (PAP), developed by Buckner and Salts (1985), is an information-based approach that aims to prepare couples for marriage by addressing six components of marital relationships (including communication) through assessments, discussions, and homework assignments (Parish, 1992). Parish (1992) found that PAP only produced positive couple outcomes when couples also received communication skills training in addition to the basic informational program. Parish found no differences in self-reported communication patterns between participants in the basic premarital counseling program and a control group. The results of this study should be interpreted with caution, however, due to the small sample size (30 couples), a lack of random assignment to groups, a high number of dropouts, and a culturally homogeneous sample.

In addition to outcomes in communication skills, researchers studied the manner in which premarital counseling influences the conflict resolution skills of participating couples. Williams and Riley (1999) found that couples feel that learning about conflict resolution skills is an important feature of premarital counseling. However, premarital counseling outcome research produced mixed support for the effectiveness of conflict resolution skills training. Empirical research shows that PREP decreases aggression (Stanley, 2001). Stanley and Markman (1995) report that participants demonstrate more
effective conflict management skills and lower levels of marital aggression than control
groups five-years following participation in a PREP program.

Halford, Sanders, and Behrens (2001) also examined premarital counseling
outcomes in conflict resolution in their study of high- and low-risk couples. The
researchers found that the modified version of PREP helped low-risk couples improve
their positive conflict management skills following the intervention, although these
differences did not reemerge at a one-year follow-up. In the same study, high-risk
couples who participated in the program demonstrated less conflict than a high-risk
control group at the one-year follow-up. This research suggests that, based on certain
background characteristics, couples may respond differently to conflict resolution skills
training.

Despite some empirical support for the inclusion of conflict resolution skills
training into premarital counseling programs, couples who participate in premarital
counseling are less satisfied with their training in conflict resolution skills than in other
program components, and they may be less willing to discuss conflict prior to marriage
(Russell & Lyster, 1992). VanWidenfelt and Hosman (1996) found that couples may
exhibit more intense problems and conflicts immediately following conflict resolution
skills training in premarital counseling, although this intensity lessens over time. In this
study, the researchers compared couples at high-risk for marital distress (in which at least
one partner had a history of parental divorce) with couples at low-risk for marital distress
(in which neither partner had a history of parental divorce). At a nine-month follow-up,
high-risk couples in all conditions demonstrated increased levels of conflict, while
low-risk couples in all conditions demonstrated decreased levels of conflict. This
suggests that premarital counseling interventions may not influence marital outcomes in couple conflict resolution skills. Although there were methodological limitations of this study (e.g., selection bias, attrition, a small sample, the lack of a treatment control condition, and non-random assignment to condition), this study lends support to the notion that couple characteristics influence outcomes in premarital counseling.

**Long-term benefits of premarital counseling**

A limited amount of research exists that examines the long-term effectiveness of premarital counseling at preventing marital distress or dissolution. The difficulty of conducting long-term longitudinal research has led to a paucity of information on the effectiveness of premarital counseling programs over time (Sayers, Kohn, & Heavey, 1998). Stanley (1995) found that participants in a PREP program were significantly less likely to divorce after five years, and participants also demonstrated more effective conflict management and communication skills, higher marital satisfaction, and lower levels of marital aggression than control groups at the five-year follow-up. However, participation in the PREP program had no effect on divorce rates after twelve years. Overall, minimal empirical research shows that premarital counseling is effective at preventing marital distress in the long-term (Stanley, 2001). Sullivan and Bradbury (1997) report that couples who participate in premarital counseling are no more and no less at-risk for marital distress or divorce than couples who do not participate in such programs. Also, Halford, Sanders, and Behrens (2001) found that participation in a premarital preparation program had no effect on whether or not couples marriages remained intact four years following the program. There is a need for more research to focus on the long-term effects of prevention work (Bray & Jouriles, 1995), although the existing literature suggests that the effects of prevention programs become smaller over
time (Christensen & Heavey, 1999). Thus, providers may benefit from taking a more longitudinal, long-term approach to treating couples (Silliman & Schumm, 2000).

Providers of Premarital Counseling

A limited amount of literature was located that examines the characteristics and needs of providers of premarital counseling. Providers of premarital counseling may come from a number of professional backgrounds, including clergy and mental health professionals (Stahmann, 2000; Wright, 1994). While the most common providers of premarital counseling are clergy (Stahmann & Hiebert, 1980), members of the clergy often refer couples to other professionals for premarital counseling services (Williams, 1992).

Jones and Stahmann (1994) conducted a nationwide survey of clergy to examine their beliefs and practices related to premarital counseling. The 231 clergy members who responded to their survey represented four different Protestant denominations. Respondents had an average of 17 years of experience providing premarital counseling, and they had seen an average of 8.1 couples for premarital counseling within the previous year. In general, the respondents felt that premarital counseling is very valuable, and most (94%) believed that premarital counseling should be required of all couples before they marry. Approximately 50% of the survey respondents had not received any specialized academic training in premarital counseling.

Researchers examined client preferences in provider characteristics. For example, couples in one study preferred private meetings with clergy, weekend programs with other couples, and private meetings with a sponsor couple, although a team of providers (i.e. clergy and lay couples) may be the most effective approach (Williams & Riley,
Most couples are interested in programs with a combination of providers who are well-trained, respectful, familiar, and non-judgmental (Silliman & Schumm, 1995).

Religious individuals prefer clergy as providers. Participants prefer counselors or other facilitators who come from positive family backgrounds and are not divorced. Those individuals who have more positive attitudes toward premarital counseling prefer programs that are led by clergy or a combination of well-trained professionals (Silliman & Schumm, 1995). Stahmann and Hiebert (1980) recommend a team of one male and one female provider. A marriage preparation program facilitator helps to encourage independent functioning in the participants (Guerney, 1979), and leaders are most effective when they are open, warm, and confident (Silliman & Schumm, 1999). Typically, couples prefer that the provider functions as a facilitator as opposed to an advisor (Silliman, Schumm, & Jurich, 1992).

The existing literature suggests that providers may differ according to their professional background. For example, members of the clergy may have minimal training in counseling skills (Williams, 1992). However, mental health professionals may be relatively untrained in preventive approaches to family intervention. Regardless of their professional affiliation, Larson and Holman (1994) argue that practitioners must remember that many factors interact to determine the developmental course of marriage and resist the temptation to make hasty predictions about the likelihood of a couple having a successful marriage.

Researchers examined the effectiveness of different types of premarital counseling providers and programs. Stanley et al. (2001) compared the effectiveness of an empirically-based program and naturally occurring programs. In addition, these
researchers considered the relative effectiveness of programs based on the training and professional background of the facilitator. Participants in this study were recruited through religious organizations, and there were very few ethnic minorities represented in the sample. All couples who came from the same religious organization were randomly assigned to the same treatment condition. Only one-half of the churches that were recruited participated in the study, thus leading to possible selection effects. As the purpose of this study was to examine the effectiveness of the empirically-based program as led by different types of leaders, the three treatment conditions included a university-based version of the empirically-based program, a religious organization-based version of the empirically-based program, and a naturally occurring condition, in which couples received the same treatment they would receive naturally through their church. There was wide variation in the formats of the naturally occurring condition programs.

Results of the study by Stanley et al. (2001) indicate that the empirically-based program was more effective at producing positive outcomes in communication compared with the naturally occurring programs. However, there was no difference between the community-based and the religious organization-based empirically-based programs in communication outcomes. No other measures of couple functioning varied from the pre- to post-intervention assessment. On rating their satisfaction with the premarital counseling, participants indicated that they were more satisfied with the empirically-based condition than the naturally occurring condition. Couples in the empirically-based condition felt that communication skills training was the most helpful component of premarital counseling. In the naturally occurring condition, communication skills, insight-oriented counseling, and structured assessment were rated as helpful.
Stanley et al. (2001) conclude that clergy and lay leaders can be effective providers of premarital counseling. Limitations of this study include nonrandom assignment at the couple level, the absence of a long-term follow-up, unequal groups, a lack of checks on the fidelity of the treatment, a lack of a no-treatment control group, a homogeneous sample, and the low internal validity of the naturally occurring conditions. However, this study does suggest two major findings: (a) couples view communication as the most important aspect of training, and (b) both clergy and lay leaders can be effective premarital counseling facilitators.

Topics Addressed in Premarital Counseling

Premarital counseling programs address a wide range of topics (Stahmann, 2000). In general, couples prefer to focus on current and positive aspects of their relationship in premarital counseling (Valiente, Belanger, & Estrada, 2002). Effective premarital preparation focuses on couple characteristics that are most dynamic, changeable (Bradbury, Kohan, & Karney, 1998; Stanley, 2001), and practical (Hoopes & Fisher, 1984). Also, the most successful relationship-focused prevention programs attend to couple risk factors in order to determine the most appropriate interventions (Bradbury, Kohan, & Karney, 1998). In general, the topics addressed in premarital counseling are intended to bring about positive changes in the premarital relationship in order to enhance the marriage (Holman, 2001).

The premarital counseling programs that are described in the literature incorporate numerous topics, and topics vary among programs. These topics correspond with the four factors that Holman (2001) includes in his model of premarital prediction of marital outcomes: social context, family-of-origin influences, individual characteristics, and couple interactional processes. Topics related to the social context include careers,
finances, friendships and social support, parenting and children, and religion.

Family-of-origin influences are often an important topic in premarital counseling. Topics related to individual characteristics include attitudes and beliefs toward marriage, gender role expectations, and personality characteristics and values. Topics related to couple interactional processes include adjusting to married life, commitment to marriage, communication skills, conflict resolution, coping skills, emotional management, fun and leisure, the importance of spending time with one’s partner, problem-solving skills, romance, and the sexual relationship. In addition to these topics, professionals may address client motivation for participating in intervention services such as premarital counseling (Curtis, 1984). Premarital counseling providers can address motivation by attending to the couple’s reasons for coming to premarital counseling and discussing the benefits of premarital counseling.

Social context topics

Careers. Couples often wish to discuss the balance between work and family in premarital counseling, including how to manage work stress and how to balance two partners’ careers (Williams, 1992).

Finances. Married couples employ a wide range of solutions to financial issues within their relationship. Premarital counseling often includes an exploration of each partner’s ideas and attitudes toward the couple’s financial health (Douglas et al., 2001; Parish, 1992; Silliman & Schumm, 1999). Couples often express a need to address financial concerns prior to marriage (Williams, 1992). One program uses a banker to discuss finances with couples (Russell & Lyster, 1992). Financial topics addressed in premarital counseling may include budgeting, investing, and insurance (Hoopes, Fisher, & Barlow, 1984).
Friendship and social support. Interventions that increase social support for a couple enhance marital outcomes (Holman, 2001), and premarital counseling programs often address the role of outside friendships in the marriage (Fraenkel, Markman, & Stanley, 1997; Parish, 1992; Russell & Lyster, 1992).

Parenting and Children. Because many marrying couples hope to have children (and some marrying partners already have children), premarital counseling programs may include an exploration of the effects of children on the marriage (Douglas et al., 2001; Russell & Lyster, 1992; Williams & Riley, 1999). Although premarital couples often indicate a need for information regarding parenting (including the effects of children on marriage and the issue of discipline), relatively few existing programs address these concerns (Williams, 1992).

Religion. Particularly because many premarital counseling programs are offered through religious organizations, many programs include an exploration of the effects of religion on the marriage (Williams & Riley, 1999). Couples verify the importance of this exploration prior to marriage (Williams, 1992).

Family-of-origin topics

Many couples also express a desire to address family-of-origin issues and relationships with future in-laws (Williams, 1992). Some programs consider the influence of each partner’s family on the current relationship (Parish, 1992). A number of instructional techniques, including group discussions and writing assignments about relationship models and other family-of-origin influences, can be employed throughout premarital counseling to address family-of-origin issues (Holman, 2001).
Individual characteristic topics

Attitudes and beliefs toward marriage. Certain attitudes help to enhance effective preparation for marriage (Stahmann & Salts, 1993), and a couple’s expectations about marriage play an important role in the early adjustment to married life (Parish, 1992; Stanley, 2001). As such, many premarital counseling programs address individual beliefs about marriage and relationships (Fraenkel, Markman, & Stanley, 1997). Larson (1992) asserts that premarital counseling should focus on modifying unrealistic beliefs held by couples, and this can be achieved through challenging unrealistic beliefs, reviewing experiences, and assigned readings. Larson (1992) identifies nine common unrealistic beliefs about marriage that are held by premarital couples. These beliefs include the following: (a) “There is a one and only right person in the world for each person to marry” (p. 244); (b) “Until a person finds the perfect person to marry, they should not be satisfied” (p. 244); (c) “A person should feel totally competent as a future spouse before they decide to get married” (p. 245); (d) “A couple should prove their relationship will work before getting married” (p. 245); (e) “A person can be happy with anyone they choose to marry if they try hard enough” (p. 247); (f) “Being in love with someone is sufficient reason to marry that person” (p. 247); (g) “Cohabitation before marriage will improve a couple’s chances of being happily married” (p. 248); (h) “A person should choose someone to marry whose personal characteristics are opposite from their own” (p. 248); and (i) “Choosing a mate should be easy” (p. 249). Premarital counseling can help couples develop more realistic alternatives to these beliefs.

Gender role expectations. Premarital counseling allows couples to explore the expectations of each partner related to gender roles within the marital relationship.
Personality characteristics and values. Premarital counseling programs may include a discussion of the manner in which individual personality characteristics contribute to relationship outcomes (Silliman & Schumm, 1999). In addition, couples often have an opportunity to explore the influence of each individual’s values on the relationship (Parish, 1992; Stahmann & Salts, 1993).

Couple interactional process topics

Adjusting to married life. Marriage preparation programs help couples to deal with the initial transitions of adjusting to married life (Williams & Riley, 1999). Premarital counseling may be seen as a form of training for marriage (Stahmann & Salts, 1993). This preparation for married life may include a focus on practical matters related to living together (such as meal planning and decorating the shared living space) as well as more general adjustment issues (Hoopes & Fisher, 1984).

Commitment to marriage. The level of commitment to the relationship is addressed in many premarital counseling programs (Williams & Riley, 1999; Stahmann & Salts, 1993; Stahmann & Hiebert, 1980; Silliman & Schumm, 1999; Fraenkel, Markman, & Stanley, 1997).

Communication. Nearly all premarital counseling programs emphasize the importance of healthy communication within the marital relationship (Bodenman, 1997; Douglas, Ferrer, Humphries, Peacock, & Taylor, 2001; Fraenkel, Markman, & Stanley, 1997; Guerney, 1979; Parish, 1992; Silliman & Schumm, 1999; Stahmann & Hiebert, 1980; Stahmann & Salts, 1993; Valiente, Belanger, & Estrada, 2002; Williams & Riley, 1999). Couples rank communication skills, such as effective listening, as one of the most
important topics in prevention programs (Russell & Lyster, 1992; Williams, 1992), and healthy communication is one of the most significant components in satisfying relationships (Stahmann & Salts, 1993).

Specific aspects of communication addressed in premarital counseling include listening skills (Douglas et al., 2001; Ridley & Sladeczek, 1992), communication roles within relationships (Guerney, 1979), assertive communication through ‘I’ messages (Douglas et al., 2001), and emotional communication (Ridley & Sladeczek, 1992). Communication skills training may involve role plays, videos, and self-evaluation of skills (Halford, Sanders, & Behrens, 2001). Modes of communication skills instruction may also include demonstrations, modeling, homework assignments, positive reinforcement, troubleshooting, and fact presentation (Guerney, 1979).

**Conflict resolution skills.** Given the inevitability of conflict within relationships, many premarital counseling programs equip participants with skills to enhance the effective resolution of marital conflict (Bodenmann, 1997; Douglas et al., 2001; Fraenkel, Markman, & Stanley, 1997; Hoopes & Fisher, 1984; Parish, 1992; Russell & Lyster, 1992; Silliman & Schumm, 1999; Stahmann & Hiebert, 1980; Williams & Riley, 1999). Many premarital couples express a need to learn how to negotiate through conflict and differences of opinion (Williams, 1992). Premarital prevention efforts assume that conflict management styles are changeable (Stanley, 2001).

**Coping skills.** Both individual and dyadic coping skills are enhanced in some premarital counseling programs (Bodenmann, 1997). In such programs, couples learn how to maximize the available coping resources within the relationship. Also, premarital counseling programs may include instruction in behavior modification methods to
enhance the likelihood of positive change within relationships (Valiente, Belanger, & Estrada, 2002).

**Emotional management.** Marriage preparation programs attend to the relational connections within couples (Valiente, Belanger, & Estrada, 2002), as positive affect enhances relationship quality (Stahmann & Salts, 1993). In addition, many couples hope to learn to deal with their own and their partner’s anger and other negative emotions (Williams, 1992).

**Fun and leisure.** Premarital counseling may include an exploration of the level of fun and compatibility of leisure interests within the relationship (Parish, 1992).

**Importance of spending time with one’s partner.** In general, couples tend to feel that the most valuable aspect of premarital counseling is the opportunity to spend time with one’s partner and to learn more about him or her (Williams & Riley, 1999). Quality time shared between partners is a valuable component of satisfying relationships, and premarital counseling provides this time for couples to learn about their relationship (Stahmann & Salts, 1993). The time a couple spends in premarital counseling is unique in that it occurs within a context of expected change, and couples have freedom to talk with one another without distractions (Bray & Jouriles, 1995).

**Problem-solving skills.** Premarital counseling helps couples to identify problems and develop problem-solving skills (Valiente, Belanger, & Estrada, 2002; Wright, 1994). Premarital counseling helps couples identify unique problem areas, such as drug abuse or physical abuse, within their own relationship (Fraenkel, Markman, & Stanley, 1997; Stahmann & Salts, 1993). In addition, couples may learn common and unique warning signs of potential relationship trouble (Williams, 1992).
Romance. Many couples are interested in learning how to sustain lasting romance within their marriages (Williams, 1992). Premarital counseling can assist couples in developing realistic expectations about romance within their relationship through normalizing the predictability of a decline in marital satisfaction in the early years of marriage (Kurdek, 1998).

The sexual relationship. Premarital counseling programs often include discussions related to sexuality and expectations about sex within marriage (Hoopes & Fisher, 1984; Parish, 1992; Silliman & Schumm, 1999). Couples validate the importance of this exploration within the marriage preparation program (Williams, 1992).

Couple preferences in premarital counseling topics

No studies were located that examined topic preferences of premarital counseling providers. However, two studies by Russell and Lyster (1992) and Williams and Riley (1999) explored couples’ perceptions of the usefulness of various topics. Russell and Lyster (1992) examined consumer satisfaction among participants in a marriage preparation program offered in Canada. Their results indicated that participants are generally satisfied with premarital education programs. The order of satisfaction in specific components of the program was as follows: (a) family-of-origin issues, (b) finances, (c) communication and conflict resolution, (d) sex roles and sexuality, (e) children and parenting, and (f) family and friends. In a later report, Lyster, Russell, and Hiebert (1995) found that satisfaction in specific program components may differ according to the context of a couple’s marriage. For example, they reported that couples who are remarrying are more likely to value discussing the topic of spirituality as compared to couples who are entering their first marriage.
Williams and Riley (1999) examined the topics that participants in marriage preparation programs view as most helpful. Several types of marriage preparation programs were considered, and all participants in the study were couples who had been married for one to eight years. The results indicated that nearly two-thirds of couples thought that marriage preparation was a valuable experience. Results also indicated that some aspects were more valuable than others. The researchers suggest that marriage preparation should focus primarily on dealing with the initial transitions of adjusting to married life. For couples in this study, the most valuable aspect of premarital counseling was spending time with one’s partner and learning more about him or her. The five most important topics to be addressed in premarital preparation programs were labeled the “five C’s”: communication, conflict resolution, commitment, church, and children.

Overall, the results of the studies by Russell and Lyster (1992) and Williams and Riley (1999) suggest that couples do not value all potential premarital counseling topics equally.

Risch, Riley, and Lawler (2003) employed a different approach to identifying which topics are most appropriate to address in premarital counseling. These researchers surveyed couples in their first five years of marriage, in order to identify the most common problem areas faced by these couples. Their findings suggest that the ten most common issues faced by the couples in their sample included balancing job and family, the frequency of sexual relations, financial issues, expectations about household tasks, communication and conflict resolution, family-of-origin relationships, and spending time together as a couple. Risch, Riley, and Lawler assert that these problem areas are useful topics to address in premarital counseling programs.
Client Variables in Premarital Counseling

Just as all premarital counseling topics are not alike, each couple who enters premarital counseling brings with them unique background characteristics and life experiences. A small but growing amount of research exists that indicates that client variables may have a powerful impact on the process and outcomes in premarital counseling. In this section, research that examines how couple characteristics influence the process and outcomes of premarital counseling is reviewed. Also, research that suggests that client motivation for entering premarital counseling may be an important consideration in determining how couples respond to the programs they enter is discussed.

Individual differences in outcomes

The existing literature demonstrates that participant attitudes toward premarital counseling programs are influenced by age, gender, family environment, and religious background. Older couples tend to be more satisfied with premarital counseling programs, while younger couples appear to desire more structured activities within a premarital program (Russell & Lyster, 1992). Females are more likely to seek out premarital counseling, while males are more likely to view counseling as necessary for couples who have severe relationship trouble only (Xie, Dzindolet, & Meredith, 1999). Males, individuals who are less religious, and participants from difficult family backgrounds are less likely to prefer long premarital counseling programs (Silliman & Schumm, 1995). Despite resistant attitudes toward premarital counseling among certain sectors of the population, adolescents demonstrate increasing acceptance of premarital counseling (Martin, 2000). Also, a majority of college students believe that they are
likely to attend a premarital counseling program, although many view their parents as a better source of information about marriage (Silliman, Schumm, & Jurich, 1992).

In general, most couples hold positive attitudes toward premarital counseling (Williams, 1992), and most participants in premarital counseling programs find them to be helpful (Sullivan & Bradbury, 1995). However, certain individuals may be more likely to hold positive attitudes toward premarital counseling. Females who are familiar with premarital counseling, who come from a family with a higher income, and who perceive preparation for marriage as important are more likely to hold positive attitudes toward premarital counseling. Positive family-of-origin climate, larger family size, older age, and greater religiosity are also associated with more positive attitudes toward premarital counseling. Young adults’ attitudes toward premarital counseling often develop prior to entering serious relationships and do not necessarily change on entrance into a premarital relationship (Silliman & Schumm, 1995). The attitudes that couples hold toward premarital counseling are likely to influence their willingness to attend premarital counseling and their experiences with the program.

In addition to research that examines general preferences based on couple background characteristics, some researchers considered the differential effectiveness of premarital counseling programs with couples who are at high-risk for marital distress. Besides the studies by Halford, Sanders, and Behrens (2001) and VanWidenfelt and Hosman (1996) that were reviewed earlier in this chapter, other studies considered whether at-risk couples are as likely to attend premarital counseling programs as couples whose risk level is lower.
Stanley and Markman (1995) assert that couples who need help may be more likely to enter premarital prevention programs. However, Silliman and Schumm (1995) found that individuals who are at high-risk for marital distress may be less likely to participate in premarital counseling. Husbands who are less at-risk are more likely to participate in premarital counseling, and most couples who attend premarital preparation programs are at low-risk for marital discord (Sullivan & Bradbury, 1997). Couple risk factors are likely to influence the outcomes they achieve in premarital counseling (Halford, Sanders, & Behrens, 2001), and premarital assessment often focuses on couple risk factors at the outset of treatment.

A number of researchers contend that prevention programs may not translate readily into use with diverse populations or at-risk couples (Sayers, Kohn, & Heavey, 1998). However, a new trend in the development of prevention programs is to design programs specifically for at-risk populations (e.g., those who experience job loss, expect to become parents, or are at-risk for violence) (Christensen & Heavey, 1999). A significant need exists for premarital counseling programs that take into account social contextual issues, such as stereotypes of marriage portrayed in the media of different cultural groups (Senedjak, 1990). Also, Sayers, Kohn, and Heavey (1998) suggest that prevention efforts should be offered in many different contexts beyond religious institutions. Effective prevention work with diverse populations focuses on the enhancement of couple strengths (Silliman & Schumm, 1999) and the developmental nature of family life (Sayers, Kohn, & Heavey, 1998). Overall, researchers and practitioners alike must consider the unique background characteristics of couples who enter premarital counseling programs.
Motivation

A number of factors contribute to the level of motivation of couples to attend a premarital counseling program. Couples are more likely to attend premarital counseling programs if the program is required (Williams, 1992), although couples prefer to attend programs if they are recommended but not required (Silliman & Schumm, 1995). Couples who hold positive attitudes toward premarital counseling and feel ready for marriage are more likely to attend premarital counseling (Williams, 1992). In general, couples prefer programs that are inexpensive (Silliman & Schumm, 1995).

Participants’ motivation for entering premarital counseling may also influence the degree to which they benefit from the program. Pelletier, Tuson, & Haddad (1997) developed a scale to measure client motivation for therapy (The Client Motivation for Therapy Scale, CMOTS). Their findings have implications for how couples experience premarital counseling, based on their motives for participation. The CMOTS is based on Deci and Ryan’s (1985) Self-Determination Theory of intrinsic and extrinsic motivation. One type of extrinsic motivation is external regulation, in which clients are motivated to participate in therapy solely by external rewards. The researchers assert that practitioners can enhance or inhibit intrinsic motivation based on their approach to working with clients.

The CMOTS (Pelletier, Tuson, & Haddad, 1997) was intended to be used for research purposes, and items were developed by a group of therapists. The sample used in the analysis included 143 psychotherapy clients, and some participants completed a client satisfaction scale. In addition to describing the validity of the scale, the researchers found that higher levels of intrinsic motivation led to increased levels of client satisfaction with treatment. Thus, it is likely that couples who are motivated to attend premarital
counseling based on intrinsic sources of motivation, such as a desire to learn more about one’s partner and oneself, may have higher levels of satisfaction with their program than couples who are motivated by extrinsic sources of motivation, such as financial incentives.

Other studies examined the role of participant motivation in therapeutic and educational interventions. Generally, these studies demonstrate that participants who are motivated intrinsically to participate in the interventions are more likely to experience positive outcomes as compared to participants who are motivated extrinsically. For example, the existing literature includes the following findings: (a) intrinsically-motivated clients in therapy have an increased likelihood of experiencing improvements in the conditions that brought them in to therapy, especially early in treatment (Cartwright & Lerner, 1963; Keithly, Samples, & Strupp, 1980; Sifneos, 1978); (b) intrinsic motivation increases the likelihood of success and behavior change maintenance in smoking cessation programs (Curry, Wagner, & Grothaus, 1990; Curry, Wagner, &Grothaus, 1991), weight loss programs (Williams, Grow, Freedman, Ryan, & Deci, 1996), and physical exercise programs (Dishman & Ickes, 1981; Pelletier, Fortier, Vallerand, Tuson, Briere, & Blais, 1995); (c) clients who are motivated internally are more likely to comply with a home relaxation training program (Flanders & McNamara, 1987); (d) children experience more positive learning outcomes when their educational environments foster internal motivation (Grolnick & Ryan, 1987); and (e) counselors believe that a client’s motivation for entering treatment is one of the most important factors in determining how suitable a client is for treatment (Aubrey, Bond, & Campbell, 1997).
Despite the importance of motivation in both therapeutic and educational interventions, Silverman (1964) argues that motivation cannot be minimized to a simple one-dimensional factor. Rather, it is a multifaceted construct that includes multiple characteristics. Rosenbaum and Horowitz (1983) confirmed this through the development of their Motivation for Psychotherapy Scale (MOPS). A factor analysis of this scale revealed that four factors underlie client motivation: (a) active engagement, which describes the client’s level of active participation in the intervention, (b) psychological mindedness, or the degree to which clients are interested in self-understanding, (c) incentive-mediated willingness to sacrifice, describing how willing clients are to make changes in their lives for the sake of therapy, and (d) positive valuation of therapy, which describes the client’s expectations about the effectiveness of treatment. Rosenbaum and Horowitz conclude that motivation for mental health services involves a complex interactional process between several different variables and processes, and client motivation is likely to change throughout the course of the intervention. In addition, the various motivational factors must be considered within the context of other client variables, such as sociodemographic characteristics and the client’s reasons for seeking help. Based on the literature reviewed in this section, the motivation of participants to enter premarital counseling programs is likely to exert a significant influence on the manner in which they experience the process and outcomes of premarital counseling.

**Summary**

The literature reviewed in this chapter indicates that premarital counseling must be understood within the context of the developmental processes involved in marriage. Indeed, marital development is influenced by a number of factors, and the development of each couple’s marriage will differ according to the numerous experiences and
characteristics that render each relationship unique. To varying degrees, each couple’s marriage is influenced by the social context, family-of-origin influences, individual characteristics, and couple interactional processes that define their relationship.

Premarital counseling has become increasingly popular as an intervention that strives to enhance marital relationships early in their development. Although existing research demonstrates that premarital counseling produces generally positive outcomes, a need exists for increased research that examines the numerous factors that may impact the degree to which premarital counseling programs are effective with different couples. Specifically, increased attention to the needs and characteristics of premarital counseling providers, the specific topics addressed in premarital counseling, and the influence of client variables on the process and outcomes in premarital counseling will further advance the theory, research, and practice of premarital intervention programs.

Within this framework, my study aimed to develop a more thorough practical and theoretical basis for understanding the unique couple characteristics that may influence couples’ responses to premarital counseling. In addition, my study strived to produce more information about premarital counseling from providers, in an attempt to bridge the theory, research, and practice of premarital counseling. The final aim of my study was to further link premarital counseling interventions to theories of marital development by examining how developmental factors influence couples’ experiences in premarital counseling.
CHAPTER 3
METHODOLOGY

Statement of Purpose

The purposes of my study were (a) to describe the background characteristics of providers of premarital counseling in the state of Florida, (b) to examine the psychometric properties of the Premarital Counseling Survey (PCS), (c) to assess the relative importance that premarital counseling providers ascribe to the five factors of premarital counseling client characteristics that may influence outcomes of the intervention, (d) to assess the influence of premarital counseling provider demographic characteristics on the degree of importance ascribed to the five factors of premarital counseling client characteristics, (e) to assess the relative importance that premarital counseling providers ascribe to twenty-three topics often addressed in premarital counseling, (f) to assess the influence of premarital counseling provider professional background on the degree of importance they ascribe to twenty-three topics often addressed in premarital counseling, and (g) to determine the relationship between providers’ assessments of the importance of client characteristics and the topics they believe are important to address in premarital counseling.

The independent variables, six provider variables, included (a) professional background, (b) years of counseling experience, (c) whether the provider has received specialized training in premarital counseling, (d) religious affiliation, (e) gender, and (f) age.
One set of dependent variables, the five premarital counseling client characteristic factors, included (a) motivation for premarital counseling, (b) couple interactional processes, (c) individual characteristics, (d) family-of-origin influences, and (e) social context variables.

The other set of dependent variables, the twenty-three premarital counseling topics, included (a) adjusting to married life, (b) attitudes and beliefs toward marriage, (c) the benefits of premarital counseling, (d) careers, (e) commitment, (f) communication skills, (g) compatibility of values, (h) conflict resolution, (i) coping skills, (j) the couple’s reasons for coming to premarital counseling, (k) emotional management, (l) friendships and social support, (m) family-of-origin influences, (n) finances, (o) fun and leisure, (p) gender role expectations, (q) the importance of spending time with one’s partner, (r) parenting and children, (s) personality characteristics, (t) problem-solving skills, (u) religion, (v) romance, and (w) the sexual relationship.

In this chapter, I outline the research design, relevant variables, population, sampling procedures, instrumentation, data collection procedures, operational research questions, research hypotheses, and data analysis procedures.

Research Design

My study used a cross-sectional survey methodology. The methodology was based on Dillman’s (2000) Tailored Design Method and incorporated a mixed-mode survey utilizing Internet and mail surveys. The Tailored Design Method is “the development of survey procedures that create respondent trust and perception of increased rewards and reduced costs for being a respondent, that take into account features of the survey situation, and that have as their goal the overall reduction of survey error” (p. 4). Study participants received a survey instrument, the Premarital Counseling Survey (PCS) that
assessed their beliefs regarding client factors that are associated with outcomes in premarital counseling and their beliefs about the importance of addressing various topics in premarital counseling. In addition, the survey instrument included a demographic questionnaire to gather information regarding the background characteristics of premarital counseling providers.

Delineation of Relevant Variables

Dependent Variables

The first set of dependent variables included providers’ attitudes toward the five client characteristic factors: (a) motivation for premarital counseling, (b) couple interactional processes, (c) individual characteristics, (d) family-of-origin characteristics, and (e) social context variables. These five factors were assessed by Section One of the PCS. The first factor, motivation for premarital counseling, derives from Deci and Ryan’s (1985) Self-Determination Theory. This theory holds that individuals are motivated internally or externally to engage in certain behaviors. Internally, or intrinsically, motivated behaviors are those behaviors in which people engage for the sake of the behavior itself. In contrast, externally, or extrinsically, motivated behaviors are those behaviors in which people engage in order to receive some external reward. Self-Determination Theory posits that intrinsic motivation leads to more active engagement and positive outcomes as compared to extrinsic motivation. The four remaining factors are based on Holman’s (2001) theory of the premarital prediction of marital outcomes. Couple interactional processes describe the relational patterns and qualities within a couple. Individual characteristics include each partner’s unique personal characteristics. Family-of-origin influences describe the structural and environmental qualities of each
partner’s family-of-origin. Finally, the social context includes the social and demographic influences on the couple.

The second set of dependent variables was provider attitudes toward the twenty-three premarital counseling topics. These variables were assessed in Section Two of the PCS. The topics included (a) adjusting to married life, (b) attitudes and beliefs toward marriage, (c) the benefits of premarital counseling, (d) careers, (e) commitment, (f) communication skills, (g) compatibility of values, (h) conflict resolution, (i) coping skills, (j) the couple’s reasons for entering premarital counseling, (k) emotional management, (l) friendships and social support, (m) family-of-origin influences, (n) finances, (o) fun and leisure, (p) gender role expectations, (q) the importance of spending time with one’s partner, (r) parenting and children, (s) personality characteristics, (t) problem-solving skills, (u) religion, (v) romance, and (w) the sexual relationship. These topics were drawn from the literature that describes existing premarital counseling programs, which was reviewed in Chapter Two.

**Independent Variables**

The six provider independent variables included (a) professional affiliation, (b) years of counseling experience, (c) whether the provider has received specialized training in premarital counseling, (d) religious affiliation, (e) gender, and (f) age.

There is wide variation in the background characteristics of providers of premarital counseling. Clergy and mental health professionals are typical providers of premarital counseling (Stahmann, 2000; Wright, 1994), although providers may also be family life educators, other representatives of community agencies or churches, and mentor couples who are not family professionals. Members of the clergy are the most common providers
of premarital counseling (Stahmann & Hiebert, 1980), and they are also the most frequent referral source for premarital counseling with other professionals (Williams, 1992).

The various providers of premarital counseling programs exhibit unique characteristics related to their professional background. Clergy may be relatively untrained in counseling skills, and therapists may help train clergy to provide premarital counseling (Williams, 1992). On the other hand, marriage and family therapists who facilitate premarital counseling programs may need to shift into the role of a psychoeducator as opposed to a therapist in order to provide the intervention effectively. This shift may be uncomfortable initially for some therapists (Stahmann, 2000). Because there is such variation in the background characteristics of providers of premarital counseling, the above six variables were selected as relevant characteristics that may exhibit influence over providers’ attitudes toward premarital counseling.

Description of the Population

The population was comprised of providers of premarital counseling in the state of Florida. In Florida, providers of premarital counseling may register with the clerk of court in their county. The Florida Statutes (1998; Section 741.0305) hold that the following groups of people are eligible to become registered premarital counseling providers: licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, licensed mental health counselors, representatives from religious institutions, and any other providers who gain approval from the judicial system. In order to become a registered provider, an individual must provide the court system in his or her county with an affidavit that affirms the provider’s credentials and that the provider’s program meets the criteria outlined in the law. Specifically, the provider indicates that his or her program will meet for a minimum of four hours and will cover the four topics
required by law to be included in premarital counseling: communication skills, conflict resolution, finances, and parenting. On completion of a premarital counseling program with a registered provider, participants receive a certificate or letter verifying their completion. Couples who complete a premarital counseling program with an approved provider are eligible to receive a reduced fee on their marriage license and a waiver of the three-day waiting period required to obtain the license. All providers of premarital counseling who were registered with their counties as of September 9, 2003 were eligible to participate in my study.

**Sampling Procedures**

Approval of my study by the University of Florida Institutional Review Board (IRB) was obtained before collecting data. Systematic sampling was used to select potential participants for my study. Systematic sampling describes a sampling process in which “individuals are selected from a list by taking every Kth name” (Gay & Airasian, 2000, p. 131). The value for K is dependent on the size of the population and the desired sample size. Dooley (2001) asserts that systematic sampling is appropriate with large populations such as the one in my study.

In order to access the rosters of providers registered in Florida counties, the clerk of the court in each county in Florida was contacted, and a request was made for a copy of the list. While clerks of courts in all counties in Florida must maintain a roster of registered providers within their circuit (Florida Statutes, 1998; Section 741.0305), several counties do not maintain easily accessible lists of providers. Of the 67 counties in Florida, 51 (76.1%) county clerks of court provided lists that included the name and contact information of providers in the county (Appendix G). Of the 16 (23.9%) county clerks of court who were not able to provide a list of registered providers, 13 maintain a
file of the providers’ affidavits but are unable to reproduce and mail that file, while 3
have no list.

The desired sample size was determined from Schaeffer, Mendenhall, & Ott’s
(1986, p. 59) guidelines, which provide a formula for determining the desired sample size
based on the number of individuals in the population. In my study, the size of the
population was approximately 9,000, based on a manual count of providers listed on their
county registries. Based on this formula, for a population of 9,000, a final sample size of
383 was desired. To account for potential participants who decline to participate in the
study, nearly three times the desired sample size was recruited. Therefore, the total
sample size recruited for my study was 1000.

Once all of the available county provider rosters were obtained, a systematic
sample was drawn from the population. Pages of the county rosters were organized in
random order. From the compiled rosters, 1000 potential participants were selected.
Because providers may register in more than one county, efforts were taken to eliminate
the small number of duplicate listings from the population list. No contact information
was available for some of the providers on the lists. Public records were searched to
locate current addresses for these providers. However, 48 providers were unable to be
located. These 48 providers were dropped from the sample, and sampling continued until
the desired number of participants was obtained. Finally, for the 1000 potential
participants selected to be a part of the final sample, current contact information was
sought through public records and public Internet sites to verify mailing addresses.

Once individuals were selected into the sample, they were recruited to participate in
the sample through e-mail or regular mail. E-mail addresses were obtained through
searches of public Internet sites. When it was not possible to obtain a potential participant’s e-mail address, he or she was contacted via regular mail. Of the 1000 participants recruited for my study, 256 individuals (25.6%) were contacted via e-mail, and 744 individuals (74.4%) were contacted via regular mail. In order to improve response rate, Dillman (2000) recommends that participants be contacted four to five times. In my study, however, a three-contact recruitment procedure, based on the Tailored Design Method, was employed. All letters used to contact and recruit potential participants were modeled after letters in Dillman (2000). First, participants received an initial pre-survey notice via e-mail or mail that stated that they would be asked to participate in a study in the coming days (Appendix C). In the second contact, participants were directed to the web-based questionnaire. Participants who were contacted by mail received a paper version of the survey in addition to the Internet address of the survey. Appendix D contains a copy of the cover letter included with the survey. In the third contact, participants were mailed a thank you e-mail or letter approximately one week following the initial mailing of the survey. In addition, this final contact involved one more request for the participants to complete the survey, either on-line or through regular mail (Appendix E). In the follow-up mailing, participants who received the survey via regular mail received a duplicate copy of the instrument. In my study, the third and fourth steps in Dillman’s four-contact recruitment procedure were combined, since survey responses were anonymous and it was not possible to track which providers had completed the survey already.

All contacts with participants made via e-mail were sent individually to each person and not mailed as a list, thereby maintaining the privacy of the potential
participants. Of the 256 e-mails sent, 33 (12.9%) were returned due to non-deliverable e-mail addresses. When mailing addresses were available for individuals whose e-mails were returned, they were mailed one survey packet (including an invitation letter, the informed consent letter, the survey, and a return envelope) via the United States Postal Service. Of the 33 potential participants whose e-mails were returned, 26 (78.8%) were contacted in this manner.

Following the second recruitment e-mail, five respondents sent the investigator an e-mail stating that they were not able to access the survey website. The survey web-hosting company was contacted, and the technical problems were resolved. During the time that these five respondents were unable to access the website, other respondents completed the survey through the same site. The problem was found to be with the link from certain e-mail servers to the internet site, as the site was still active. These five respondents were re-sent a new link to the survey website. An additional survey link was provided in the event that respondents were unable to access the survey website through the original link. In addition, a statement was added to the third and final recruitment e-mail notifying all potential respondents that the technical problems had been resolved and providing them with both links to the survey website. Throughout the data collection period, the investigator checked twice daily to ensure that the links to the survey website were functional.

In an effort to increase the ethnic diversity of the final sample, phone calls were made to members of the sample who were clergy in Spanish-speaking churches two days prior to the start of the study period. This accounted for 11 individuals in the final sample. The purpose of the phone call was to inform the potential participant that he or
she would be contacted and asked to participate in a survey, as well as to explain the purpose of my study.

All potential participants in my study were given an informed consent notice that explained the purpose of my study and requested their participation (Appendix A). In compliance with the research protocol established by the Institutional Review Board, participants were notified of the potential benefits and risks they may have incurred as a result of participation in my study. Through the web-based survey, participants read their informed consent as the first screen of the survey. In this situation, participants were not able to progress to the remainder of the study without indicating that they had read and understood the informed consent. Through the mail survey, participants received the informed consent within their mailing. Those participants who completed the paper-based survey checked a box on their survey indicating that they understood and agreed with the information provided in the informed consent letter. Thus, participants who completed either type of survey were able to provide consent and maintain anonymity.

In order to increase the truthfulness of the results and in an attempt to increase the response rate (Gay and Arasian, 2000), all responses to both the web-based and the Internet-based survey were anonymous. Because the responses were anonymous, it was not possible to know who completed the surveys. Response anonymity was explained to participants in the letter of informed consent. Because of the anonymity of the survey responses, it was not possible to determine if any single respondent had provided more than one response to the survey. As a token of appreciation for participation in my study, participants had the opportunity to request that a summary of the results be sent to them at the conclusion of the study (Appendix F). This form was modeled after a similar form
used by Burch-Ragan (2003). Respondents to both the paper-based and the Internet-based survey were instructed to e-mail the investigator to request the results. Information provided in the request for results was not connected with survey responses, thus maintaining anonymity of the responses. In addition, requests for the summary were kept confidential.

All responses that were received by February 6, 2004, were included in the data analysis.

Instrumentation

Participants were given a 78-item Premarital Counseling Survey (PCS; Appendix B) to complete for my study. The first section of the survey asked respondents to rate the influence that a number of client characteristics may have on the degree to which premarital counseling program participants benefit from the program. The second section asked respondents to rate the importance of twenty-three topics often included in premarital counseling programs. The third section was a demographic questionnaire. The Flesch-Kincaid reading level of the entire survey was grade 11.4, as determined by Microsoft Word.

Survey Development Procedures

For my study, because items were adapted from three existing instruments and new items were developed, a number of steps were taken to develop the survey. Steps taken to pretest the PCS were based on Dillman’s (2000) Tailored Design Method. The first stage of Dillman’s pretest model involves a review of the instrument by knowledgeable colleagues. The goal of this stage is to address content issues in the design of the survey. In my study, prior to the pretest, each item in Section One was analyzed according to its degree of fit with the proposed five-factor theoretical model. Items in all sections were
analyzed for clarity and relevance. Content experts included two doctoral students in marriage and family therapy and one doctoral student in mental health counseling.

In order to conduct a content analysis of Section One, items were grouped according to their proposed factor alignment. Next, the items were ordered randomly, and content experts were asked to judge the factor to which they believed each item belonged. Items for which all three raters agreed with the proposed factor structure were maintained in their original format. Items with less agreement among the raters were eliminated or revised. In response to the content analysis, two items were eliminated from the survey. In addition, based on the review of the experts, two items were revised for clarity. These steps were taken to determine the face validity of the proposed factor structure. See Appendix J for a chart of the theoretical construction of the PCS.

The second stage of Dillman’s (2000) pretest model involves interviews with potential survey respondents to understand the thoughts and reactions of the respondents as they complete the survey. Interviewees provide the survey designer with their thoughts and reactions while looking at and completing the survey. In my study, interviews were conducted with two providers of premarital counseling through a state-funded agency and one provider of premarital counseling through a church. These interviewees were not a part of the final sample used in the study. When necessary, revisions were made to the survey instrument according to the responses of the interviewees. Based on the feedback from interviewees, the instrument was worded in a manner that was inclusive of marriage preparation programs that are educational and/or counseling experiences.

The third stage of Dillman’s (2000) model utilizes a small pilot study in order to make early estimates of the response patterns to the survey instrument. Dillman
recommends a sample size of 100 to 200 for the pilot study. This pilot study included the recruitment of 105 individuals. Participants were providers of premarital counseling who were not included in the final sample, and they were drawn from the same population as the sample in the final study. Pilot study participants were selected following the selection of the final study sample. The pilot study sample was a convenience sample, and it was selected by identifying population members whose e-mail addresses were available through public sites on the Internet. All pilot study participants were asked to complete the web-based survey, although they had the option to complete a paper-based survey if desired. See Appendix I for a summary of the pilot study findings, including the response rate and demographics of the providers.

Although the pilot sample was not selected in the same manner as the final study sample, their results provided an estimate of response patterns to the survey instrument. Gay and Airasian (2000) state that even small pilot studies are useful in improving the quality of research. Cronbach’s alpha reliability coefficients were calculated for the overall internal consistency of Sections One and Two of the instrument. Based on the pilot study data, the Cronbach’s alpha for Section One was 0.96, and the Cronbach’s alpha for Section Two was 0.90. Results of the pilot study were reviewed, and minor revisions were made to Section Three of the instrument to include more appropriate wording of the questions in this section.

The fourth and final stage of Dillman’s model involves a final check by a small number of reviewers who were uninvolved with the development of the instrument. The purpose of this final check is to look for minor errors or issues that may have been missed in the previous reviews. In my study, final reviewers included one doctoral student in
marriage and family counseling and one professor of marriage and family counseling, and any necessary changes were made following their review. The only alteration made at this stage was a change in the font style in parts of the paper-based survey in order to make the survey more reader-friendly. Upon completion of these four stages, the instrument was prepared for inclusion in the final study.

Section One

The first set of survey questions was adapted from three preexisting instruments: (a) Aubrey, Bond, and Campbell’s (1997) survey of client suitability for counseling, (b) the Family-of-Origin Scale (FOS; Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985), and (c) the Family Inventory of Life Events and Changes (FILE; McCubbin, Patterson, & Wilson, 1991). Items from existing instruments were selected to be included on the PCS based on their degree of fit with the five-factor model proposed in my study, as well as the consistency of the format of the existing items with the format of the PCS. Therefore, each item was analyzed individually, apart from its original scale, to determine its appropriateness for inclusion on the PCS. When appropriate, items from existing instruments were modified to account for clients in premarital counseling being couples and to word items in a manner that is consistent with the perspective of the provider. For example, in some items, the word “client” was changed to “one of the partners.” In addition, some items were modified from their original format to eliminate negatively-worded items.

Four new items were developed to be included in this section (items 9, 17, 21, and 35). Item responses were based on a four-point Likert scale. In the final version of the PCS, items were ordered randomly so that items within the same groups in the proposed factor structure were not grouped together.
Aubrey, Bond, and Campbell’s (1997) survey of client suitability for counseling.

Twenty-seven items in Section One of the PCS were adapted from Aubrey, Bond, and Campbell’s (1997) survey of client suitability for counseling. The original survey contained eighty-five items that asked counselors to rate how suitable a client who presents with a given problem or characteristic would be for counseling. The instrument was based on a proposed twelve-factor model of client suitability for counseling. The factors (with their corresponding Cronbach’s alpha reliability coefficients, when applicable) included psychological mindedness/insight (α=0.96), desire for change, motivation for therapy (α=0.73), psychopathology (α=0.89), external resources (α=0.77), internal resources (α=0.86), capacity for relatedness (α=0.85), coping style (α=0.92), intractability of problem (α=0.79), sexuality (α=0.85), immediate crisis, and intelligence. Factors for which no reliability coefficient is reported were comprised of only one item. The original sample used in the development of this instrument included 112 counselors in general practice in Great Britain. The 112 respondents represent a 56% response rate via a mail-based survey. Because a large number of items were modified from Aubrey, Bond, and Campbell’s (1997) survey, permission was obtained from the first author to use the survey in my study (Appendix H).

Family-of-Origin Scale (FOS). The FOS includes 40 items that assess various aspects of an individual’s family-of-origin (Hovestadt et al., 1985). The FOS was designed to measure the degree to which an individual perceives his or her family-of-origin as being healthy (Corcoran & Fischer, 2000). Developed on a sample of college students, the overall internal consistency (Cronbach’s alpha) for the scale is 0.75,
and the scale also demonstrates good validity ratings (Corcoran & Fischer, 2000). In all, five items on the PCS were drawn from the FOS.

**Family Inventory of Life Events and Changes (FILE).** One item on the PCS was adapted from the FILE. The FILE includes 71 items that describe life events that occur within families (McCubbin, Patterson, & Wilson, 1991). The original sample used in the development of this instrument included over one thousand couples at various stages of life. The internal consistency of the instrument (Cronbach’s alpha) is 0.82, the test-retest correlation is $r=0.80$, and the concurrent validity is good (Corcoran & Fisher, 2000).

**Section Two**

The second section of the survey asked respondents to rate the importance of a number of topics addressed in premarital counseling. In addition, respondents had the option to write in additional topics if they desired. The topics included in this section were drawn from the literature that describes existing premarital counseling programs. A five-point Likert scale was used. Because the scale changed between Sections One and Two, instructions and the new scale were introduced directly at the beginning of the second section (Dillman, 2000). In this section, the list of topics was ordered alphabetically.

**Section Three**

The third section of the survey was a demographic questionnaire that collected background information about the premarital counseling provider. The following variables were assessed: professional affiliation, practice setting, years of premarital counseling experience, training in counseling, training in premarital counseling, level of education, religious affiliation, ethnic background, gender, age, whether the respondent has conducted a premarital counseling program within the past year, the approximate
number of couples that the provider has seen in premarital counseling in the past year, the
typical length of the provider’s premarital counseling program, and whether the provider
believes that his or her premarital program is a counseling or educational experience. In
addition, an open-ended opinion question asked providers to describe how effective they
believe that the Florida government’s endorsement of premarital counseling is in
promoting healthy marriages and reducing the divorce rate.

Data Collection Procedures

Each participant in the sample was provided with a separate survey. Participants
who received the survey via the Internet but wished to complete a paper-based survey had
the option of requesting a paper-based survey from the investigator. Participants who
received the survey via regular mail but wished to complete the Internet-based survey
were directed to the appropriate web-site address. Thus, all participants had the option to
complete either the Internet-based or the paper-based survey. Both versions of the survey
took approximately 20 minutes to complete.

The Internet-based survey was maintained through a web company that hosts
surveys. When participants were e-mailed requests to participate in the study, they were
directed to the survey website by a direct link or by typing the web-site address into the
address bar in their Internet browser. The Internet-based survey was designed in a manner
that requires only minimal computer skills (Dillman, 2000).

The paper-based survey was mailed to participants via the United States Postal
Service. The packet sent to each participant included an introduction letter, an informed
consent, the survey, and a stamped return envelope. The introductory letter directed
prospective participants to the web-site where the survey was maintained. However,
participants also had the option of completing the enclosed paper survey and returning it
via postal mail. Participants who no longer provide premarital counseling were asked to complete just Section Three, the background characteristic questionnaire. For both the Internet-based and the mail-based survey, the investigator was available to answer questions about the survey via e-mail or telephone.

**Operational Research Questions and Hypotheses**

The following operational research questions and corresponding null hypotheses were evaluated in the analyses of the data:

- **Research question 1:** What are the background characteristics and demographics of providers of premarital counseling in the state of Florida, based on responses provided in the PCS?

- **Research question 2:** What are the psychometric properties (item-scale correlations and internal consistency) of the client characteristic and the premarital counseling topic scales on the PCS?

- **Research question 3:** Which of the client characteristic categories identified through Section One of the PCS do providers feel are most influential?

  \[ \text{Ho}(1): \] There will be no difference in the mean subscale scores of the client characteristic scales on the PCS (participant motivation, individual characteristics, couple interactional processes, social context, and family-of-origin influences).

- **Research question 4:** Are there differences on their subscale scores (participant motivation, individual characteristics, couple interactional processes, social context, and family-of-origin influences) based on provider professional affiliation and other demographics (number of years practicing premarital counseling, whether or not the provider has received specialized training in premarital counseling, gender, age, and religious affiliation)?

  \[ \text{Ho}(2): \] There will be no main effect or interaction on subscale scores (motivation, social context, individual characteristics, couple interactional processes, and family-of-origin influences) between provider professional affiliation and whether or not the provider has received specialized training in premarital counseling.

  \[ \text{Ho}(3): \] There will be no main effect or interaction on subscale scores (motivation, social context, individual characteristics, couple interactional processes, and family-of-origin influences) between provider professional affiliation and the number of years the provider has practiced premarital counseling.
Ho(4): There will be no main effect or interaction on subscale scores (motivation, social context, individual characteristics, couple interactional processes, and family-of-origin influences) between provider professional affiliation and gender.

Ho(5): There will be no main effect or interaction on subscale scores (motivation, social context, individual characteristics, couple interactional processes, and family-of-origin influences) between provider professional affiliation and age.

Ho(6): There will be no main effect or interaction on subscale scores (motivation, social context, individual characteristics, couple interactional processes, and family-of-origin influences) between provider professional affiliation and religious affiliation.

- **Research question 5:** What topics do premarital counseling providers believe are most and least important to address in premarital counseling?

- **Research question 6:** Do premarital counseling providers differ based on their professional background in what topics they believe are most and least important to address in premarital counseling?

- **Research question 7:** What is the relationship between providers’ assessments of the influence of client characteristics on the degree to which clients benefit from premarital counseling (as measured by Section One of the PCS) and providers’ assessments of the importance of various topics to include in premarital counseling programs (as measured by Section Two of the PCS)?

**Data Analyses**

In order to address the first research question, descriptive statistics were computed for each of the provider demographic variables. Means and standard deviations were calculated for each of the continuous independent variables (i.e., years of counseling experience, age, the approximate number of couples the provider sees in premarital counseling per year, and the typical length of the provider’s premarital counseling program). For each of the categorical variables, frequencies and percentages were calculated (i.e., professional background, practice setting, whether the provider has received training in counseling, whether the provider has received specialized training in premarital counseling, level of education, religious affiliation, ethnic background, gender, and whether the provider has conducted premarital counseling in the past year). Finally,
chi-square tests were conducted to assess for any differences between professional background and any other demographic variables. Dooley (2001) states that the chi-square test is appropriate for determining whether two variables are related or independent of one another.

To answer the second research question, psychometric properties were determined for responses to Section One and Section Two of the PCS. Item-scale correlations were computed for each item and its subscale based on the proposed five-factor model. In addition, Cronbach’s (1951) coefficient alpha was calculated for Sections One and Two of the PCS, as well as for the five subscales included in each section, in order to determine the internal consistency of the instrument and its subscales.

To address the third research question, which corresponds to Hypothesis One, a repeated measures analysis of variance (ANOVA) was used. In order to test for differences in providers’ ratings for each of the subscales on the PCS, a mean was calculated for each subscale to standardize across the subscales, as each subscale had a different number of items. These standardized means allowed ANOVA to be used to test for differences between the subscales.

Research question four was addressed in the following manner. For corresponding Hypotheses Two through Six, a series of factorial ANOVAs was conducted. Using factorial ANOVAs allows researchers to examine the effects of multiple independent variables at the same time, which controls for more error by determining if there are interactions among the variables (Penfield, 2003).

In order to answer research questions five and six, a rank-ordered means analysis was conducted. In this analysis, mean scores were calculated for each of the topics and
subscales. The topics and subscales were then ranked according to their means for all providers. To address research question six, respondents were separated according to their professional affiliation, and a series of rank-ordered means was conducted for the premarital counseling topics for each professional affiliation category. The group rankings were then compared for any differences between them.

In order to address research question seven, a canonical correlation analysis was used to determine if there was a relationship between the providers’ assessments of the influence of client characteristics and the providers’ assessments of the importance of including various topics in premarital counseling. This analysis was based on the subscale scores of Sections One and Two of the PCS.
CHAPTER 4
RESULTS

In this chapter, the results of a survey of premarital counseling providers are presented. The survey assessed providers’ opinions about the relative importance of client characteristics and topics in premarital counseling. First, the demographics and background characteristics of the sample are presented. Next, the psychometric properties of the Premarital Counseling Survey (PCS) are described. The analysis of each research question addressed in my study is then discussed. Included in this discussion are the following analyses: (a) providers’ assessments of the relative influence of client background characteristics, (b) the relationship between providers’ background characteristics and their assessments of the relative influence of client characteristics, (c) providers’ assessments of the relative importance of topics in premarital counseling, (d) the relationship between providers’ professional affiliation and their assessments of the relative importance of topics in premarital counseling, and (e) the relationship between providers’ assessment of the relative importance of client background characteristics and their assessment of the relative importance of various topics in premarital counseling programs. Finally, the responses to the open-ended question on the PCS are described. All of the tables referred to in this chapter can be found at the end of the chapter.

Sample Demographics

The first research question examined the background characteristics of providers of premarital counseling in the state of Florida. The total number of participants completing the PCS was 210. Of the 1000 providers who were selected into the sample, the surveys
of 201 providers (20.1%) were not able to be delivered to the intended respondent either through electronic or postal mail. Therefore, the response rate to this survey, including participants who received the survey, was 26.3%.

Of the final sample, 74 (35.2%) completed the Internet-based survey, and 136 (64.8%) completed the paper-based survey. Chi-square tests of independence were conducted to determine if there were differences in the background characteristics of providers based on respondents’ mode of survey completion. There were two categories of respondents’ modes of completing the survey: (a) those who completed the survey on-line and (b) those who completed the paper-based survey. These chi-square tests revealed that there were no differences in any of the following background characteristics: professional affiliation $[\chi^2 (8, N = 207) = 9.61, p = 0.29]$, age [3 categories (1 to 49 years, 50 to 58 years, and 59 years of age and older); $\chi^2 (2, N = 201) = 2.86, p = 0.24$], practice setting $[\chi^2 (4, N = 207) = 8.77, p = 0.07]$, counseling training $[\chi^2 (1, N = 204) = 0.82, p = 0.36]$, premarital counseling training $[\chi^2 (1, N = 200) = 0.06, p = 0.81]$, education level $[\chi^2 (7, N = 203) = 13.60, p = 0.06]$, gender $[\chi^2 (1, N = 206) = 0.46, p = 0.50]$, and years of experience [2 categories (2 to 18 years, and 19 years or more); $\chi^2 (1, N = 202) = 0.01, p = 0.93$].

Respondents ranged in age from 26 to 83, and the average age of respondents was 55.28 years (SD=10.83). The age that represented both the median and mode was 54 years. Males comprised 86.76% of the sample, and 13.24% of the respondents were women. Respondents represented diverse ethnic backgrounds (Table 1), although the majority of the sample was Caucasian (80.1%).
Respondents represented several different professional affiliations (Table 2). Providers who identified their primary professional affiliation as clergy (81.46%) represented the largest group in the sample. The respondents were most likely to provide premarital counseling in a religious institution (84.88%), although other practice settings were represented (Table 3).

Providers varied in their educational backgrounds (Table 4) and religious affiliations (Table 5). The largest number of participants had completed a Master’s degree (39.3%), while 27.36% had completed a doctoral degree. The most common religious affiliation for members of the sample was Baptist (26.73%), followed by Methodist (11.88%).

Providers had an average of 19.44 years (SD=12.08) of experience conducting premarital counseling. The majority (81.19%) indicated that they had received training as a counselor or therapist. While 67.68% indicated that they had received specialized training in premarital counseling and/or education, 32.32% of the sample had no training in premarital counseling and/or education. Most of the providers (88.12%) had provided premarital counseling within the past year. The number of couples with whom each provider had worked in premarital counseling in the past year ranged from zero to 750. The average number of couples seen within the past year was 14.84 (SD=61.35), the median was 4 couples, and the mode was 3 couples. The typical length of the providers’ premarital counseling programs ranged from 1 hour to 80 hours. The mean length of time in the program was 8.71 hours (SD=8.56), and the median and the mode were 6 hours. Providers were asked whether they would classify their premarital preparation program as a counseling experience or an educational experience (Table 6). The majority of
respondents (86.57%) classified their programs as both a counseling and an educational experience.

When there were an adequate number of respondents per category for the demographic variables, chi-square tests of independence were conducted to determine if providers of different professional affiliations differed in any other background characteristics. For this analysis, providers were separated into two groups based on their professional affiliations: clergy and others. The only significant difference between clergy and representatives of other professional affiliations was related to gender \( \chi^2 (1, N=206) = 32.93, p < 0.0001 \). For gender, males represented 93.41% of clergy, although they represented only 58.97% of the representatives of other professional affiliations.

**Psychometric Properties of the Premarital Counseling Survey (PCS)**

The second research question examined the psychometric properties of the Premarital Counseling Survey (PCS). To measure the internal consistency of the PCS, Cronbach’s alpha coefficients were computed for Sections One and Two, as well as for the five subscales within each section. For Section One, which measured providers’ assessments of the relative influence of client background characteristics on the degree to which a couple benefits from premarital counseling, the overall scale Cronbach’s alpha coefficient was \( \alpha = 0.95 \). The coefficients for each subscale within Section One were as follows: couple interactional processes (\( \alpha = 0.92 \)), individual characteristics (\( \alpha = 0.88 \)), motivation (\( \alpha = 0.86 \)), social context (\( \alpha = 0.76 \)), and family-of-origin influences (\( \alpha = 0.63 \)).

For Section Two, which measured providers’ assessments of the importance of various topics in premarital counseling, the overall scale Cronbach’s alpha coefficient was \( \alpha = 0.95 \). The coefficients for each subscale within Section Two were as follows: couple interactional processes (\( \alpha = 0.93 \)), individual characteristics (\( \alpha = 0.78 \)), motivation
(α=0.51), and social context (α=0.79). A Cronbach’s alpha coefficient was not calculated for family-of-origin influences, as only one item represented this category in Section Two.

For each of the subscales in Sections One and Two, item-scale correlations were calculated (Appendix J).

Providers’ Assessments of the Relative Importance of Client Background Characteristics

The third research question examined providers’ ratings of the relative influence of the client characteristics. Mean scores were calculated for the individual items in Section One (Table 7), as well as for the subscales that represented the five categories of client characteristics. In Section One, scores could range from 1 (not at all influential) to 4 (very influential).

Providers rated the following five client background characteristic items as most influential on the degree to which couples benefit from premarital counseling: (a) the couple reports a history of aggression, (b) the couple is experiencing an immediate crisis, (c) the couple displays a tendency to behave destructively toward one another, (d) each partner remembers his or her family-of-origin as being warm and supportive, and (e) each partner remembers that his or her family members were usually sensitive to one another’s feelings. In contrast, providers rated the following five characteristic items as least influential: (a) the couple has limited financial resources, (b) one partner has a criminal record, (c) the couple is interracial, (d) the couple indicates that the primary reason they are in premarital counseling is to receive a discount on their marriage license, and (e) the couple is obviously very wealthy.

The standardized means for the five subscales were as follows: couple interactional processes (M=3.19, SD=0.73), family-of-origin influences (M=3.15, SD=0.46),
individual characteristics (M=3.02, SD=0.63), motivation for entering premarital counseling (M=2.94, SD=0.81), and the social context (M=2.89, SD=0.55). A repeated measures ANOVA was conducted to determine if there were significant differences in the degree to which providers believe that each of these categories influences outcomes in premarital counseling. The results of this analysis reveal that the means differ significantly from one another (Table 8). Hence, the null hypothesis [Ho(1)] is rejected, and there is a significant difference in the mean scores on the client characteristic subscales. A Scheffe post-hoc test was conducted to determine which mean subscale scores differed from one another. The results of the Scheffe test (Table 9) revealed that the subscale means for couple interactional processes and family-of-origin influences differed from the subscale means for motivation for premarital counseling and the social context.

**Relationship between Provider Background Characteristics and Providers’ Assessments of the Relative Importance of Client Characteristics**

For the fourth research question, the relationship between providers’ background characteristics and their ratings of the relative importance of client characteristics was examined. A series of factorial ANOVAs was conducted to examine whether the providers’ professional affiliation and other background characteristics—whether the provider has received training in premarital counseling, number of years providing premarital counseling, gender, age, and religious affiliation—were related to the providers’ ratings on the five client characteristics subscales. The results of each of these analyses are presented here. For each of the tables below, the subscales are represented by the following abbreviations: social context (SC), family-of-origin influences (FOO), couple interactional processes (CIP), individual characteristics (IC), and motivation for
premarital counseling (MOT). Tables present the means and standard deviations for each group’s means on the client characteristic subscales. ANOVA summary tables are also presented for each provider group and each topic subscale.

Professional Affiliation and Training in Premarital Counseling

A 2 × 2 factorial design was used to examine the interaction between professional affiliation and training in premarital counseling. Table 10 presents the means and standard deviations of subscale scores for professional affiliation (Prof. Affil) and providers who have received training in premarital counseling. Table 11 presents the means and standard deviations of subscale scores for professional affiliation and providers who have not received training in premarital counseling. The category, professional affiliation, was divided into two subcategories: clergy and other. The ANOVA summary table (Table 12) indicates that there were no statistically significant main or interaction effects for these variables. Therefore, the null hypothesis [Ho(2)] is not rejected, and there is not a significant difference in the mean scores of the five subscales based on professional affiliation and training in premarital counseling.

Professional Affiliation and Number of Years Providing Premarital Counseling

A 2 × 2 factorial design was used to examine the interaction between professional affiliation and number of years providing premarital counseling. The category, professional affiliation, was divided into two subcategories: clergy and other. The category, number of years providing premarital counseling, was also divided into two subcategories: 2 to 18 years and 19 or more years. Tables 13 and 14 present the means and standard deviations of subscale scores for professional affiliation and number of years providing premarital counseling. The ANOVA summary table (Table 15) indicates that there were no statistically significant main or interaction effects for these variables.
Therefore, the null hypothesis [Ho(3)] is not rejected, and there is not a significant difference in the mean scores of the five subscales based on professional affiliation and the number of years the provider has practiced premarital counseling.

**Professional Affiliation and Gender**

A 2 × 2 factorial design was used to examine the interaction between professional affiliation and gender. The category, professional affiliation, was divided into two subcategories: clergy and other. Tables 16 and 17 present the means and standard deviations of subscale scores for professional affiliation and gender. The ANOVA summary table (Table 18) indicates that there was only one statistically significant main or interaction effect for these variables: females’ ratings on the family-of-origin influences subscale were significantly higher than males’ ratings. Therefore, except for the relationship between gender and scores on the family-of-origin influences subscale, the null hypothesis [Ho(4)] is not rejected, and there is not a significant difference in the mean scores of the five subscales based on professional affiliation and gender.

**Professional Affiliation and Age**

A 2 × 3 factorial design was used to examine the interaction between professional affiliation and age. The category, professional affiliation, was divided into two subcategories: clergy and other. The category, age, was divided into three subcategories: aged 49 and under, aged 50 to 58, and aged 59 years and older. Tables 19 through 21 present the means and standard deviations of subscale scores for professional affiliation and age. The ANOVA summary table (Table 22) indicates that there were no statistically significant main or interaction effects for these variables. Therefore, the null hypothesis [Ho(5)] is not rejected, and there is not a difference in the mean scores of the five subscales based on professional affiliation and age.
Professional Affiliation and Religious Affiliation

A 2 × 4 factorial design was used to examine the interaction between professional affiliation and religious affiliation. The category, professional affiliation, was divided into two subcategories: clergy and other. The category, religious affiliation, was divided into four subcategories: Catholic, Baptist, Other Christian, and Other. Tables 23 through 26 present the means and standard deviations of subscale scores for professional affiliation and religious affiliation. The ANOVA summary table (Table 27) indicates that there were no statistically significant main or interaction effects for these variables. Therefore, the null hypothesis \([H_0(6)]\) is not rejected, and there is not a significant difference in the mean scores of the five subscales based on professional affiliation and religious affiliation.

Summary of the Analysis of Research Question Four

The fourth research question examined whether various background characteristics of providers influenced their ratings on the client background characteristic subscales. Factorial ANOVAs revealed that, in general, provider background variables did not influence these ratings. Only one significant relationship was found. Compared with male providers, females were likely to rate family-of-origin influences as more influential on the degree to which a couple benefits from premarital counseling.

Providers' Assessments of the Relative Importance of Topics in Premarital Counseling

The fifth research question examined providers’ ratings of the relative importance of topics in premarital counseling. Mean scores were calculated for the individual items in Section Two (Table 28), as well as for the subscales that represented the five categories of topics. In Section Two, scores could range from 1 (very unimportant) to 5 (very important).
Providers rated the following five topic items as most important to address in a premarital counseling program: (a) commitment to the marriage, (b) communication skills, (c) attitudes and beliefs toward marriage, (d) conflict resolution, and (e) the importance of spending time with one’s partner. Providers rated the following five topic items as least important to address in a premarital counseling program: (a) family-of-origin factors, (b) friendships and social support, (c) careers, (d) fun and leisure, and (e) the couple’s reasons for entering premarital counseling.

Means were also calculated for the five subscales contained in Section Two. The standardized means and standard deviations for these subscales were as follows: couple interactional processes (M=4.60, SD=0.54), individual characteristics (M=4.56, SD=0.55), social context (M=4.38, SD=0.56), family-of-origin influences (M=4.15, SD=0.81), and motivation for premarital counseling (M=4.15, SD=0.71). A repeated measures ANOVA was conducted to determine if there were significant differences in the degree to which providers believe that each of these categories of topics are important to address in premarital counseling. The results of this analysis reveal that the means differ significantly from one another (Table 29). A Scheffe post-hoc test was conducted to determine which mean subscale scores differed from one another. The results of the Scheffe test (Table 30) revealed that the subscale means for topics related to couple interactional processes were rated as significantly more important than social context, family-of-origin influences, and motivation for premarital counseling topics. In addition, topics related to individual characteristics and the social context were rated as significantly more important to address as compared to topics related to family-of-origin influences and motivation for premarital counseling.
Relationship between Providers’ Professional Affiliation and Assessments of the Relative Importance of Topics in Premarital Counseling

To address the sixth research question, the relationship between providers’ professional affiliation and their ratings of the importance of topics was examined. For this analysis, the respondents were grouped into three categories of professional affiliations: (a) clergy, (b) mental health professionals (clinical social workers, marriage and family therapists, mental health counselors, and psychologists), and (c) other professional affiliations (family life educators, other church representatives, teachers, and other). Means were calculated for each topic based on providers’ professional affiliations, and the topics were ranked according to their mean scores (Table 31).

Clergy (n=167) rated the following five topic items as the most important to address in premarital counseling: commitment to the marriage, communication skills, attitudes and beliefs toward marriage, conflict resolution, and the importance of spending time with one’s partner. The following five topics were rated by clergy as least important: family-of-origin factors, friendships and social support, careers, the couple’s reasons for entering premarital counseling, and fun and leisure.

Mental health professionals (n=22) gave the following topic items the five highest ratings of importance to address in premarital counseling: problem-solving skills, commitment to the marriage, communication skills, conflict resolution, and compatibility of values, the importance of spending time with one’s partner, and parenting and children. Mental health professionals rated the following five topics as least important: fun and leisure, careers, friendships and social support, the benefits of premarital counseling, and the couple’s reasons for entering premarital counseling.
Respondents with other professional affiliations (n=16) gave the highest ratings to the following topic items: commitment to the marriage, conflict resolution, family finances, the sexual relationship, attitudes and beliefs toward marriage, communication skills, and the importance of spending time with one’s partner. This group rated the following topics as least important: fun and leisure, emotional management, the benefits of premarital counseling, family-of-origin factors, and the couple’s reasons for entering premarital counseling.

A series of one-way ANOVAs was conducted to determine if there were significant differences in the ratings of topics based on the professional affiliation of the providers. First, one-way ANOVAs were computed to compare group means for all three groups of professional affiliations (clergy, mental health professionals, and other). Second, because there were only 16 representatives of the “other” category, one-way ANOVAs were computed to compare the group means of just the clergy and mental health professionals. Following each ANOVA, effect size was calculated using the coefficient of determination ($R^2$). For the coefficient of determination, a small effect size is indicated by an $R^2$ value of 0.01, a medium effect size is indicated by an $R^2$ value of 0.09, and a large effect size is indicated by an $R^2$ of 0.25 (Penfield, 2003). The F-scores, p-values, and $R^2$ values associated with each of these analyses are found in Tables 32 and 33.

These analyses revealed that few topics were rated significantly different based on providers’ professional affiliation. When comparing all three professional affiliation categories, only family finances were rated differently based on providers’ professional affiliation. Compared with clergy and mental health professionals, members of other professional affiliations rated this topic as more important to address in premarital
counseling. In the comparison of clergy and mental health professionals, the only topic that was rated significantly different was problem-solving skills. Compared with clergy, mental health professionals rated problem-solving skills as more important to address.

Although they were not of statistical significance, several other topic ratings indicated a small effect size based on professional affiliation. In comparing the three professional groups, a small effect size was found for the following additional topics: adjusting to married life, careers, family-of-origin factors, friendships and social support, fun and leisure, problem-solving skills, romance, and the sexual relationship. When only clergy and mental health professionals were compared, two topic ratings (in addition to problem-solving skills) revealed a small effect size based on professional affiliation: adjusting to married life and family-of-origin factors. The presence of these small effect sizes, in the absence of statistical significance, suggests that an analysis with larger samples of mental health professionals and representatives of other professional affiliations may reveal a statistically significant difference on the topic ratings based on professional affiliation (Penfield, 2003).

**Relationship between Providers’ Assessment of the Relative Importance of Client Background Characteristics and Their Assessments of the Relative Importance of Various Topics in Premarital Counseling**

To address the seventh research question, which examined the relationship between subscale scores on Sections One and Two of the PCS, a canonical correlation was conducted (Table 34). In general, a correlation of $r=0.10$ indicates a small effect, $r=0.30$ indicates a medium effect, and $r=0.50$ indicates a large effect (Penfield, 2003). There were significant correlations between the individual characteristics client characteristics subscale and the motivation topics subscale, the social context client characteristics subscale and all topic subscales (couple interactional processes, individual characteristics,
social context, family-of-origin influences, and motivation), and the family-of-origin client characteristics subscale and two topic subscales (social context and family-of-origin influences). For all of these significant correlations, a small, positive effect for the relationship was found.

Responses to the Open-Ended Question

Respondents were asked to answer an open-ended question related to their opinions about the Florida government’s endorsement of premarital counseling. The question stated, “How effective do you believe the Florida government’s endorsement of premarital counseling is in promoting healthy marriage and reducing the divorce rate?” Of the total sample, 194 participants provided responses to the open-ended question (Appendix K). Responses varied, but several themes emerged. First, 112 (57.7%) of the responses conveyed a favorable opinion of the effectiveness of the government’s endorsement. Examples of comments that indicated a positive opinion of the endorsement include the following:

- “It is a very good effort to try to urge couples to become more educated, prepared, and committed to marriage and preserving the family, thereby reducing the divorce rate. I applaud such efforts.”
- “It is very effective and very much needed in keeping the family together. We Americans have a very high divorce rate.”
- “I believe it has been very effective.”
- “I believe the Florida government’s endorsement of premarital counseling is highly effective in today’s society because of the many social, cultural, and economic pressures that affect couples.”
- “I think it can be very helpful. Having couples take a longer, harder look at themselves individually and their relationship before marriage is good.”
- “I feel as though it is very effective, so many folks don’t have a clue about getting ready for spending their life together.”
Only 20 (10.3%) respondents felt that the initiative was either not effective or of very little effectiveness. Comments typical of these respondents included the following:

- “Not effective. The small number who elect to take the course can outweigh the benefits of it.”
- “Not very because it is not required.”
- “Not at all. Those who seek counseling for its own sake are those who will benefit most from it.”
- “Non-effective. I believe divorce is too easy to obtain and therefore allows the married couple an easy escape instead of working out their problems and situations. Marriage takes daily and total commitment to one another and the willingness to maintain a relationship on a sacred level.”
- “Not very effective, too little!”

Thirty-nine respondents (20.1%) indicated that they were uncertain about the effects of the initiative or had insufficient knowledge to form an opinion on the matter. Comments from providers in this category included the following:

- “I’ve never seen or heard statistics to support or not support the endorsement—compared, for example to states that do not encourage counseling. Ergo, no opinion—skeptical.”
- “I have not seen enough data to give an opinion on this subject.”
- “Too early to tell about the overall effect.”
- “It hasn’t touched our lives, really.”
- “It is a worthwhile effort by the State to see that couples prepare themselves for marriage. But I have no way to evaluate its effectiveness. It is my personal practice to only marry couples after 6-8 hours of premarital counseling, even before the State instituted their endorsement.”
- “I would say that it is neutral.”
- “I have no idea.”

Another theme that was mentioned by a number of respondents was the notion that the endorsement is “a step in the right direction.” In all, 19 (9.8%) respondents used this
exact phrase or a similar statement to express the notion that the government’s endorsement of premarital counseling is an initiative that can have a positive impact, but it alone is not sufficient to promote large-scale change.

Other themes that emerged included the effectiveness of the endorsement at encouraging couples to attend premarital counseling who would not otherwise do so, the need for the couple to apply the information they learn in the counseling sessions, and suggestions for future policy changes. In addition, several respondents commented on the motivation of the couples to attend premarital counseling as an important influence on the effectiveness of the government’s endorsement.

These open-ended responses are readdressed in the next chapter to illustrate the implications of this investigation.
Table 1. Respondents’ Ethnic Backgrounds

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>29</td>
<td>14.43</td>
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<tr>
<td>Asian American</td>
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<tr>
<td>Caucasian</td>
<td>161</td>
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<tr>
<td>Hispanic</td>
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<td>3.48</td>
</tr>
<tr>
<td>Native American</td>
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<td>2.99</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1.49</td>
</tr>
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</table>

Notes: Data were missing for nine respondents. Respondents could select more than one ethnic background, so the sum of the percentages is greater than 100%.

Table 2. Respondents’ Professional Affiliations

<table>
<thead>
<tr>
<th>Professional Affiliation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy</td>
<td>167</td>
<td>81.46</td>
</tr>
<tr>
<td>Family Life Educator</td>
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<td>0.49</td>
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<tr>
<td>Clinical Social Worker</td>
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<tr>
<td>Marriage and Family Therapist</td>
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<td>3.41</td>
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<tr>
<td>Mental Health Counselor</td>
<td>10</td>
<td>4.88</td>
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<tr>
<td>Psychologist</td>
<td>3</td>
<td>1.46</td>
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<tr>
<td>Other Church Representative</td>
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<td>2.93</td>
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<tr>
<td>Teacher</td>
<td>4</td>
<td>1.95</td>
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<tr>
<td>Other</td>
<td>5</td>
<td>2.44</td>
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Note: Data were missing for five respondents

Table 3. Respondents’ Practice Settings

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<tr>
<th>Practice Setting</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Religious institution</td>
<td>174</td>
<td>84.88</td>
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<tr>
<td>Community agency</td>
<td>2</td>
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<tr>
<td>Private practice</td>
<td>17</td>
<td>8.29</td>
</tr>
<tr>
<td>School</td>
<td>1</td>
<td>0.49</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>5.37</td>
</tr>
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</table>

Note: Data were missing for five respondents
Table 4. Respondents’ Highest Educational Attainments

<table>
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<tr>
<th>Educational Attainment</th>
<th>Frequency</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>High school diploma</td>
<td>4</td>
<td>1.99</td>
</tr>
<tr>
<td>Some college</td>
<td>12</td>
<td>5.97</td>
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<tr>
<td>Associate’s degree</td>
<td>4</td>
<td>1.99</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
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<td>13.43</td>
</tr>
<tr>
<td>Some graduate school</td>
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<tr>
<td>Master’s degree</td>
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<td>Specialist degree</td>
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<tr>
<td>Doctoral degree</td>
<td>55</td>
<td>27.36</td>
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Note: Data were missing for nine respondents

Table 5. Respondents’ Religious Affiliations

<table>
<thead>
<tr>
<th>Religious Affiliation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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<td>0.99</td>
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<tr>
<td>Anglican</td>
<td>2</td>
<td>0.99</td>
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<tr>
<td>A.M.E</td>
<td>2</td>
<td>0.99</td>
</tr>
<tr>
<td>Assembly of God</td>
<td>2</td>
<td>0.99</td>
</tr>
<tr>
<td>Baptist</td>
<td>54</td>
<td>26.73</td>
</tr>
<tr>
<td>Disciples of Christ</td>
<td>3</td>
<td>1.49</td>
</tr>
<tr>
<td>Episcopalian</td>
<td>4</td>
<td>1.98</td>
</tr>
<tr>
<td>Jewish</td>
<td>3</td>
<td>1.49</td>
</tr>
<tr>
<td>Lutheran</td>
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<td>5.94</td>
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<tr>
<td>Methodist</td>
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<tr>
<td>Non-denominational Christian</td>
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<td>10.40</td>
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<tr>
<td>Pentecostal</td>
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<td>4.95</td>
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<tr>
<td>Presbyterian</td>
<td>12</td>
<td>5.94</td>
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<tr>
<td>Roman Catholic</td>
<td>23</td>
<td>11.39</td>
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<tr>
<td>United Church of Christ</td>
<td>2</td>
<td>0.99</td>
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<tr>
<td>Other</td>
<td>26</td>
<td>12.87</td>
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Note: Data were missing for eight respondents
Table 6. Types of Premarital Preparation Experience

<table>
<thead>
<tr>
<th>Type of Experience</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Counseling</td>
<td>16</td>
<td>7.96</td>
</tr>
<tr>
<td>Educational</td>
<td>10</td>
<td>4.98</td>
</tr>
<tr>
<td>Both counseling and educational</td>
<td>174</td>
<td>86.57</td>
</tr>
<tr>
<td>Neither counseling nor educational</td>
<td>1</td>
<td>0.50</td>
</tr>
</tbody>
</table>

Note: Data were missing for nine respondents

Table 7. Client Background Characteristics in Rank-Order

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>The couple reports a history of aggression.</td>
<td>3.39</td>
<td>0.86</td>
</tr>
<tr>
<td>The couple is experiencing an immediate crisis.</td>
<td>3.38</td>
<td>0.90</td>
</tr>
<tr>
<td>The couple displays a tendency to behave destructively toward one another.</td>
<td>3.29</td>
<td>1.08</td>
</tr>
<tr>
<td>Each partner remembers his or her family-of-origin as being warm and supportive.</td>
<td>3.26</td>
<td>0.82</td>
</tr>
<tr>
<td>Each partner remembers that his or her family members usually were sensitive to one another’s feelings.</td>
<td>3.25</td>
<td>0.77</td>
</tr>
<tr>
<td>One of the partners demonstrates a tendency to behave in self-destructive ways.</td>
<td>3.25</td>
<td>0.97</td>
</tr>
<tr>
<td>The couple demonstrates a poor capacity for problem solving.</td>
<td>3.25</td>
<td>0.88</td>
</tr>
<tr>
<td>In one of the partner’s family-of-origin, resolving conflict was a very stressful experience.</td>
<td>3.24</td>
<td>0.76</td>
</tr>
<tr>
<td>The atmosphere in each partner’s family-of-origin usually was pleasant.</td>
<td>3.23</td>
<td>0.77</td>
</tr>
<tr>
<td>The couple demonstrates a general difficulty in speaking about thoughts and feelings with one another.</td>
<td>3.22</td>
<td>0.80</td>
</tr>
<tr>
<td>One of the partners is not comfortable with sexuality in the relationship.</td>
<td>3.19</td>
<td>0.91</td>
</tr>
<tr>
<td>The partners appear reluctant to identify with feelings of one another.</td>
<td>3.16</td>
<td>0.89</td>
</tr>
<tr>
<td>One partner shows an inability to hold down a job.</td>
<td>3.15</td>
<td>1.01</td>
</tr>
<tr>
<td>One partner exhibits unresolved grief.</td>
<td>3.14</td>
<td>0.88</td>
</tr>
<tr>
<td>It is the second marriage for the partners.</td>
<td>3.14</td>
<td>0.83</td>
</tr>
<tr>
<td>One of the partners exhibits poor capacity for self-reflection and self-exploration.</td>
<td>3.13</td>
<td>0.87</td>
</tr>
<tr>
<td>The partners seem to deny their own part in interactional processes.</td>
<td>3.12</td>
<td>1.00</td>
</tr>
</tbody>
</table>
Table 7 (continued)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the partners demonstrates no desire for change.</td>
<td>3.12</td>
<td>1.09</td>
</tr>
<tr>
<td>The couple reports poor sexual functioning.</td>
<td>3.09</td>
<td>0.93</td>
</tr>
<tr>
<td>Partners come from different religious backgrounds.</td>
<td>3.09</td>
<td>0.84</td>
</tr>
<tr>
<td>One of the partners has low motivation to come to premarital counseling.</td>
<td>3.09</td>
<td>0.94</td>
</tr>
<tr>
<td>One of the partners appears reluctant to understand himself or herself or to gain insight.</td>
<td>3.04</td>
<td>0.92</td>
</tr>
<tr>
<td>In one of the partner’s family-of-origin, the atmosphere was cold and negative.</td>
<td>3.02</td>
<td>0.76</td>
</tr>
<tr>
<td>One of the partners does not seem to look beneath the surface.</td>
<td>3.02</td>
<td>0.78</td>
</tr>
<tr>
<td>One of the partners has difficulty in conceptualizing psychological/emotional problems.</td>
<td>3.01</td>
<td>0.91</td>
</tr>
<tr>
<td>The couple appears to have inadequate support between sessions.</td>
<td>2.97</td>
<td>0.84</td>
</tr>
<tr>
<td>One or both of the partners are under age 20.</td>
<td>2.97</td>
<td>0.94</td>
</tr>
<tr>
<td>The partners avoid eye contact with one another.</td>
<td>2.96</td>
<td>0.97</td>
</tr>
<tr>
<td>One partner’s parents were separated or divorced.</td>
<td>2.89</td>
<td>0.75</td>
</tr>
<tr>
<td>One partner seems reluctant to meet at the agreed time and place.</td>
<td>2.89</td>
<td>0.98</td>
</tr>
<tr>
<td>One of the partners expresses a limited range of feelings.</td>
<td>2.87</td>
<td>0.73</td>
</tr>
<tr>
<td>One of the partners has few inner resources.</td>
<td>2.86</td>
<td>0.78</td>
</tr>
<tr>
<td>The couple has limited financial resources.</td>
<td>2.84</td>
<td>0.92</td>
</tr>
<tr>
<td>One partner has a criminal record.</td>
<td>2.78</td>
<td>0.94</td>
</tr>
<tr>
<td>The couple is interracial.</td>
<td>2.64</td>
<td>0.99</td>
</tr>
<tr>
<td>The couple indicates that the primary reason they are in premarital counseling is to receive a discount on their marriage license.</td>
<td>2.59</td>
<td>1.14</td>
</tr>
<tr>
<td>The couple is obviously very wealthy.</td>
<td>2.05</td>
<td>0.91</td>
</tr>
</tbody>
</table>

Note: For all items in this table, the range of observed scores was 1 to 4.

Table 8. ANOVA Summary Table for Comparison of Means of Client Characteristic Subscales.

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean differences</td>
<td>13.69</td>
<td>4</td>
<td>3.42</td>
<td>8.13</td>
<td>&lt;0.0001*</td>
</tr>
<tr>
<td>Error</td>
<td>423.31</td>
<td>1005</td>
<td>0.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>437.00</td>
<td>1009</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < 0.05
Table 9. Results of Scheffe’s Test for Differences in Means of Client Characteristic Subscales.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean</th>
<th>Scheffe Grouping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple Interactional Processes</td>
<td>3.19</td>
<td>A</td>
</tr>
<tr>
<td>Family-of-Origin Influences</td>
<td>3.15</td>
<td>A</td>
</tr>
<tr>
<td>Individual Characteristics</td>
<td>3.02</td>
<td>A B</td>
</tr>
<tr>
<td>Motivation for Premarital Counseling</td>
<td>2.94</td>
<td>B</td>
</tr>
<tr>
<td>Social Context</td>
<td>2.89</td>
<td>B</td>
</tr>
</tbody>
</table>

Note: Means with the same letter for Scheffe Grouping are not significantly different from one another.

Table 10. Subscale Scores by Professional Affiliation for Providers Who Have Received Training in Premarital Counseling

<table>
<thead>
<tr>
<th>Prof. Affil.</th>
<th>SC</th>
<th>Mean</th>
<th>SD</th>
<th>FOO</th>
<th>Mean</th>
<th>SD</th>
<th>CIP</th>
<th>Mean</th>
<th>SD</th>
<th>IC</th>
<th>Mean</th>
<th>SD</th>
<th>MOT</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=100)</td>
<td>23.14</td>
<td>4.53</td>
<td>19.28</td>
<td>2.61</td>
<td>28.74</td>
<td>6.85</td>
<td>26.83</td>
<td>5.88</td>
<td>14.46</td>
<td>4.40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (n=23)</td>
<td>23.27</td>
<td>3.76</td>
<td>18.50</td>
<td>2.87</td>
<td>29.63</td>
<td>4.71</td>
<td>28.13</td>
<td>4.54</td>
<td>15.70</td>
<td>2.96</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 11. Subscale Scores by Professional Affiliation for Providers Who Have Not Received Training in Premarital Counseling

<table>
<thead>
<tr>
<th>Prof. Affil.</th>
<th>SC</th>
<th>Mean</th>
<th>SD</th>
<th>FOO</th>
<th>Mean</th>
<th>SD</th>
<th>CIP</th>
<th>Mean</th>
<th>SD</th>
<th>IC</th>
<th>Mean</th>
<th>SD</th>
<th>MOT</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=49)</td>
<td>23.06</td>
<td>3.89</td>
<td>18.70</td>
<td>2.76</td>
<td>28.76</td>
<td>6.33</td>
<td>28.29</td>
<td>4.69</td>
<td>15.33</td>
<td>3.58</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (n=10)</td>
<td>20.60</td>
<td>4.77</td>
<td>17.33</td>
<td>2.65</td>
<td>27.11</td>
<td>8.10</td>
<td>26.20</td>
<td>7.24</td>
<td>14.56</td>
<td>3.71</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 12. Analysis of Variance Summary Table of Subscale Scores, by Professional Affiliation and Training in Premarital Counseling

<table>
<thead>
<tr>
<th></th>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Context</strong></td>
<td>Social Context</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(A) Prof. Affil.</td>
<td>30.79</td>
<td>1</td>
<td>30.79</td>
<td>1.67</td>
<td>0.20</td>
</tr>
<tr>
<td></td>
<td>(B) Training</td>
<td>42.91</td>
<td>1</td>
<td>42.91</td>
<td>2.33</td>
<td>0.13</td>
</tr>
<tr>
<td></td>
<td>A × B</td>
<td>38.21</td>
<td>1</td>
<td>38.21</td>
<td>2.07</td>
<td>0.15</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>3243.62</td>
<td>176</td>
<td>18.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family-of-origin Influences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(A) Prof. Affil.</td>
<td>25.24</td>
<td>1</td>
<td>25.24</td>
<td>3.50</td>
<td>0.06</td>
</tr>
<tr>
<td></td>
<td>(B) Training</td>
<td>16.70</td>
<td>1</td>
<td>16.70</td>
<td>2.31</td>
<td>0.13</td>
</tr>
<tr>
<td></td>
<td>A × B</td>
<td>1.89</td>
<td>1</td>
<td>1.89</td>
<td>0.26</td>
<td>0.61</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>1321.41</td>
<td>183</td>
<td>7.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Couple Interactional Processes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(A) Prof. Affil.</td>
<td>3.17</td>
<td>1</td>
<td>3.17</td>
<td>0.07</td>
<td>0.79</td>
</tr>
<tr>
<td></td>
<td>(B) Training</td>
<td>33.68</td>
<td>1</td>
<td>33.68</td>
<td>0.79</td>
<td>0.37</td>
</tr>
<tr>
<td></td>
<td>A × B</td>
<td>34.82</td>
<td>1</td>
<td>34.82</td>
<td>0.81</td>
<td>0.37</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>7482.12</td>
<td>175</td>
<td>42.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(A) Prof. Affil.</td>
<td>3.55</td>
<td>1</td>
<td>3.55</td>
<td>0.12</td>
<td>0.73</td>
</tr>
<tr>
<td></td>
<td>(B) Training</td>
<td>1.30</td>
<td>1</td>
<td>1.30</td>
<td>0.04</td>
<td>0.84</td>
</tr>
<tr>
<td></td>
<td>A × B</td>
<td>65.94</td>
<td>1</td>
<td>65.94</td>
<td>2.17</td>
<td>0.14</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>5400.32</td>
<td>178</td>
<td>30.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Motivation for Premarital Counseling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(A) Prof. Affil.</td>
<td>1.16</td>
<td>1</td>
<td>1.16</td>
<td>0.07</td>
<td>0.79</td>
</tr>
<tr>
<td></td>
<td>(B) Training</td>
<td>0.37</td>
<td>1</td>
<td>0.37</td>
<td>0.02</td>
<td>0.88</td>
</tr>
<tr>
<td></td>
<td>A × B</td>
<td>22.12</td>
<td>1</td>
<td>22.12</td>
<td>1.38</td>
<td>0.24</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>2879.47</td>
<td>180</td>
<td>16.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < 0.05

Table 13. Subscale Scores by Professional Affiliation for Providers Who Have Practiced Premarital Counseling for 2 to 18 years

<table>
<thead>
<tr>
<th>Prof. Affil.</th>
<th>SC</th>
<th>FOO</th>
<th>CIP</th>
<th>IC</th>
<th>MOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=76)</td>
<td>23.27</td>
<td>4.24</td>
<td>18.94</td>
<td>2.40</td>
<td>28.49</td>
</tr>
<tr>
<td>Other (n=23)</td>
<td>22.29</td>
<td>4.63</td>
<td>18.04</td>
<td>2.85</td>
<td>27.65</td>
</tr>
</tbody>
</table>
Table 14. Subscale Scores by Professional Affiliation for Providers Who Have Practiced Premarital Counseling for 19 or more years

<table>
<thead>
<tr>
<th>Prof. Affil.</th>
<th>SC</th>
<th>FOO</th>
<th>CIP</th>
<th>IC</th>
<th>MOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Clergy (n=73)</td>
<td>22.83</td>
<td>4.55</td>
<td>19.06</td>
<td>3.04</td>
<td>28.90</td>
</tr>
<tr>
<td>Other (n=11)</td>
<td>22.73</td>
<td>3.47</td>
<td>18.64</td>
<td>2.77</td>
<td>31.00</td>
</tr>
</tbody>
</table>

Table 15. Analysis of Variance Summary Table of Subscale Scores, by Professional Affiliation and Years Practicing Premarital Counseling

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Context</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>7.18</td>
<td>1</td>
<td>7.18</td>
<td>0.37</td>
<td>0.54</td>
</tr>
<tr>
<td>(B) Years</td>
<td>0.00</td>
<td>1</td>
<td>0.00</td>
<td>0.00</td>
<td>0.99</td>
</tr>
<tr>
<td>A × B</td>
<td>4.70</td>
<td>1</td>
<td>4.70</td>
<td>0.25</td>
<td>0.62</td>
</tr>
<tr>
<td>Error</td>
<td>3431.87</td>
<td>179</td>
<td>19.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family-of-origin Influences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>10.89</td>
<td>1</td>
<td>10.89</td>
<td>1.44</td>
<td>0.23</td>
</tr>
<tr>
<td>(B) Years</td>
<td>3.25</td>
<td>1</td>
<td>3.25</td>
<td>0.43</td>
<td>0.51</td>
</tr>
<tr>
<td>A × B</td>
<td>1.36</td>
<td>1</td>
<td>1.36</td>
<td>0.18</td>
<td>0.67</td>
</tr>
<tr>
<td>Error</td>
<td>1418.87</td>
<td>187</td>
<td>7.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Couple Interactional Processes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>9.87</td>
<td>1</td>
<td>9.87</td>
<td>0.23</td>
<td>0.63</td>
</tr>
<tr>
<td>(B) Years</td>
<td>7.92</td>
<td>1</td>
<td>7.92</td>
<td>2.04</td>
<td>0.16</td>
</tr>
<tr>
<td>A × B</td>
<td>53.26</td>
<td>1</td>
<td>53.26</td>
<td>1.23</td>
<td>0.27</td>
</tr>
<tr>
<td>Error</td>
<td>7720.53</td>
<td>179</td>
<td>43.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>5.10</td>
<td>1</td>
<td>5.10</td>
<td>0.17</td>
<td>0.68</td>
</tr>
<tr>
<td>(B) Years</td>
<td>35.39</td>
<td>1</td>
<td>35.39</td>
<td>1.17</td>
<td>0.28</td>
</tr>
<tr>
<td>A × B</td>
<td>91.86</td>
<td>1</td>
<td>91.86</td>
<td>3.04</td>
<td>0.08</td>
</tr>
<tr>
<td>Error</td>
<td>5470.07</td>
<td>181</td>
<td>30.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Motivation for Premarital Counseling</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>3.16</td>
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<td>3.16</td>
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<td>0.66</td>
</tr>
<tr>
<td>(B) Years</td>
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<td>2.15</td>
<td>0.13</td>
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<td>A × B</td>
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<td>18.43</td>
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<td>0.29</td>
</tr>
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<td>16.35</td>
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* p < 0.05
Table 16. Subscale Scores by Professional Affiliation for Males

<table>
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<tr>
<th>Prof. Affil.</th>
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<th>SD</th>
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<th>SD</th>
<th>CIP</th>
<th>SD</th>
<th>IC</th>
<th>SD</th>
<th>MOT</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=139)</td>
<td>22.93</td>
<td>4.31</td>
<td>18.90</td>
<td>2.72</td>
<td>28.62</td>
<td>6.73</td>
<td>27.62</td>
<td>5.50</td>
<td>14.81</td>
<td>4.15</td>
</tr>
<tr>
<td>Other (n=19)</td>
<td>21.95</td>
<td>4.34</td>
<td>17.63</td>
<td>2.87</td>
<td>28.79</td>
<td>5.90</td>
<td>26.60</td>
<td>5.89</td>
<td>14.10</td>
<td>3.64</td>
</tr>
</tbody>
</table>

Table 17. Subscale Scores by Professional Affiliation for Females

<table>
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<tr>
<th>Prof. Affil.</th>
<th>SC</th>
<th>SD</th>
<th>FOO</th>
<th>SD</th>
<th>CIP</th>
<th>SD</th>
<th>IC</th>
<th>SD</th>
<th>MOT</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=11)</td>
<td>23.90</td>
<td>5.97</td>
<td>20.09</td>
<td>2.66</td>
<td>28.18</td>
<td>8.24</td>
<td>27.36</td>
<td>6.93</td>
<td>13.64</td>
<td>4.59</td>
</tr>
<tr>
<td>Other (n=15)</td>
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<td>4.08</td>
<td>19.00</td>
<td>2.59</td>
<td>28.67</td>
<td>5.95</td>
<td>28.43</td>
<td>4.85</td>
<td>16.54</td>
<td>3.13</td>
</tr>
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</table>
Table 18. Analysis of Variance Summary Table of Subscale Scores, by Professional Affiliation and Gender

<table>
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<th>Source</th>
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<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
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<tbody>
<tr>
<td><strong>Social Context</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>12.63</td>
<td>1</td>
<td>12.63</td>
<td>0.65</td>
<td>0.42</td>
</tr>
<tr>
<td>(B) Gender</td>
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<td>20.03</td>
<td>1.03</td>
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<tr>
<td>A × B</td>
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<td>1</td>
<td>0.24</td>
<td>0.01</td>
<td>0.91</td>
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<td>3484.84</td>
<td>180</td>
<td>19.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family-of-origin Influences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(A) Prof. Affil.</td>
<td>25.75</td>
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<td>3.47</td>
<td>0.06</td>
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<td>(B) Gender</td>
<td>30.07</td>
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<td>30.07</td>
<td>4.05</td>
<td>0.05*</td>
</tr>
<tr>
<td>A × B</td>
<td>0.15</td>
<td>1</td>
<td>0.15</td>
<td>0.02</td>
<td>0.89</td>
</tr>
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<td>Error</td>
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<td>188</td>
<td>7.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Couple Interactional Processes</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>1.98</td>
<td>1</td>
<td>1.98</td>
<td>0.04</td>
<td>0.83</td>
</tr>
<tr>
<td>(B) Gender</td>
<td>1.44</td>
<td>1</td>
<td>1.44</td>
<td>0.03</td>
<td>0.86</td>
</tr>
<tr>
<td>A × B</td>
<td>0.45</td>
<td>1</td>
<td>0.45</td>
<td>0.01</td>
<td>0.92</td>
</tr>
<tr>
<td>Error</td>
<td>8052.92</td>
<td>180</td>
<td>44.74</td>
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<td></td>
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<tr>
<td><strong>Individual Characteristics</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>0.74</td>
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<td>0.74</td>
<td>0.02</td>
<td>0.89</td>
</tr>
<tr>
<td>(B) Gender</td>
<td>16.97</td>
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<td>16.97</td>
<td>0.54</td>
<td>0.46</td>
</tr>
<tr>
<td>A × B</td>
<td>13.60</td>
<td>1</td>
<td>13.60</td>
<td>0.44</td>
<td>0.51</td>
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<tr>
<td>Error</td>
<td>5686.06</td>
<td>182</td>
<td>31.24</td>
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<td></td>
</tr>
<tr>
<td><strong>Motivation for Premarital Counseling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>21.44</td>
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<td>21.44</td>
<td>1.03</td>
<td>0.26</td>
</tr>
<tr>
<td>(B) Gender</td>
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<td>7.15</td>
<td>0.43</td>
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</tr>
<tr>
<td>A × B</td>
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<td>57.96</td>
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</tr>
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* p ≤ 0.05

Table 19. Subscale Scores by Professional Affiliation for Providers Aged 49 and under

<table>
<thead>
<tr>
<th>Prof. Affil.</th>
<th>SC</th>
<th>FOO</th>
<th>CIP</th>
<th>IC</th>
<th>MOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
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<td>Clergy (n=56)</td>
<td>23.54</td>
<td>4.28</td>
<td>19.05</td>
<td>2.69</td>
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</tr>
<tr>
<td>Other (n=7)</td>
<td>22.00</td>
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<td>18.29</td>
<td>2.98</td>
<td>29.71</td>
</tr>
<tr>
<td></td>
<td>28.29</td>
<td>3.50</td>
<td>16.14</td>
<td>3.13</td>
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</tr>
</tbody>
</table>
Table 20. Subscale Scores by Professional Affiliation for Providers Aged 50 to 58 Years Old

<table>
<thead>
<tr>
<th>Prof. Affil.</th>
<th>SC Mean</th>
<th>SD</th>
<th>FOO Mean</th>
<th>SD</th>
<th>CIP Mean</th>
<th>SD</th>
<th>IC Mean</th>
<th>SD</th>
<th>MOT Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=43)</td>
<td>22.56</td>
<td>4.46</td>
<td>18.70</td>
<td>2.68</td>
<td>29.16</td>
<td>6.12</td>
<td>27.39</td>
<td>4.96</td>
<td>14.59</td>
<td>3.95</td>
</tr>
<tr>
<td>Other (n=14)</td>
<td>22.21</td>
<td>5.09</td>
<td>17.79</td>
<td>2.21</td>
<td>27.64</td>
<td>7.83</td>
<td>26.33</td>
<td>7.07</td>
<td>14.21</td>
<td>3.62</td>
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</table>

Table 21. Subscale Scores by Professional Affiliation for Providers Aged 59 and older

<table>
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<th>SD</th>
<th>FOO Mean</th>
<th>SD</th>
<th>CIP Mean</th>
<th>SD</th>
<th>IC Mean</th>
<th>SD</th>
<th>MOT Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=49)</td>
<td>22.98</td>
<td>4.50</td>
<td>19.25</td>
<td>2.86</td>
<td>27.84</td>
<td>7.84</td>
<td>26.74</td>
<td>6.33</td>
<td>14.00</td>
<td>4.53</td>
</tr>
<tr>
<td>Other (n=10)</td>
<td>22.63</td>
<td>4.10</td>
<td>18.70</td>
<td>2.63</td>
<td>28.60</td>
<td>3.31</td>
<td>26.67</td>
<td>3.54</td>
<td>14.78</td>
<td>4.24</td>
</tr>
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</table>
Table 22. Analysis of Variance Summary Table of Subscale Scores, by Professional Affiliation and Age

<table>
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<th>Source</th>
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<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
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<tbody>
<tr>
<td><strong>Social Context</strong></td>
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<td></td>
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<tr>
<td>(A) Prof. Affil.</td>
<td>12.54</td>
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<td>12.54</td>
<td>0.64</td>
<td>0.42</td>
</tr>
<tr>
<td>(B) Age</td>
<td>3.83</td>
<td>2</td>
<td>1.91</td>
<td>0.10</td>
<td>0.91</td>
</tr>
<tr>
<td>A × B</td>
<td>6.60</td>
<td>2</td>
<td>3.30</td>
<td>0.17</td>
<td>0.84</td>
</tr>
<tr>
<td>Error</td>
<td>3382.46</td>
<td>173</td>
<td>19.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family-of-origin Influences</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>13.30</td>
<td>1</td>
<td>13.30</td>
<td>1.72</td>
<td>0.19</td>
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<td>(B) Age</td>
<td>10.37</td>
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<td>5.18</td>
<td>0.67</td>
<td>0.51</td>
</tr>
<tr>
<td>A × B</td>
<td>0.61</td>
<td>2</td>
<td>0.31</td>
<td>0.04</td>
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</tr>
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<td>181</td>
<td>7.75</td>
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<td></td>
</tr>
<tr>
<td><strong>Couple Interactional Processes</strong></td>
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</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>0.06</td>
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<td>0.06</td>
<td>0.00</td>
<td>0.97</td>
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<td>(B) Age</td>
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<td>11.42</td>
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</tr>
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<td>A × B</td>
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<td>15.06</td>
<td>0.34</td>
<td>0.71</td>
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<tr>
<td>Error</td>
<td>7678.95</td>
<td>173</td>
<td>44.39</td>
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<td><strong>Individual Characteristics</strong></td>
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<tr>
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<td>1.32</td>
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<td>1.32</td>
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<td>0.84</td>
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<td>15.41</td>
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<td>1.31</td>
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<tr>
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</table>

* p < 0.05

Table 23. Subscale Scores by Professional Affiliation for Catholic Providers

<table>
<thead>
<tr>
<th>Prof. Affil.</th>
<th>SC</th>
<th>Mean</th>
<th>SD</th>
<th>FOO</th>
<th>Mean</th>
<th>SD</th>
<th>CIP</th>
<th>Mean</th>
<th>SD</th>
<th>IC</th>
<th>Mean</th>
<th>SD</th>
<th>MOT</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=12)</td>
<td>26.25</td>
<td>4.00</td>
<td>20.36</td>
<td>2.34</td>
<td>31.25</td>
<td>5.85</td>
<td>29.85</td>
<td>4.52</td>
<td>16.79</td>
<td>3.51</td>
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<tr>
<td>Other (n=6)</td>
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<td>3.77</td>
<td>18.17</td>
<td>2.14</td>
<td>27.00</td>
<td>5.80</td>
<td>26.60</td>
<td>5.81</td>
<td>14.00</td>
<td>3.39</td>
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</table>

Table 24. Subscale Scores by Professional Affiliation for Baptist Providers

<table>
<thead>
<tr>
<th>Prof. Affil.</th>
<th>SC</th>
<th>Mean</th>
<th>SD</th>
<th>FOO</th>
<th>Mean</th>
<th>SD</th>
<th>CIP</th>
<th>Mean</th>
<th>SD</th>
<th>IC</th>
<th>Mean</th>
<th>SD</th>
<th>MOT</th>
<th>Mean</th>
<th>SD</th>
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<td>Clergy (n=47)</td>
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<td>19.25</td>
<td>2.70</td>
<td>29.11</td>
<td>7.24</td>
<td>27.83</td>
<td>6.07</td>
<td>15.04</td>
<td>4.13</td>
<td></td>
<td></td>
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<td>Other (n=3)</td>
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<td>18.67</td>
<td>5.03</td>
<td>26.67</td>
<td>13.65</td>
<td>25.67</td>
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<td>15.33</td>
<td>6.35</td>
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Table 25. Subscale Scores by Professional Affiliation for Other Christian Providers

<table>
<thead>
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<th>Prof. Affil.</th>
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<th>FOO Mean</th>
<th>FOO SD</th>
<th>CIP Mean</th>
<th>CIP SD</th>
<th>IC Mean</th>
<th>IC SD</th>
<th>MOT Mean</th>
<th>MOT SD</th>
</tr>
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<tbody>
<tr>
<td>Clergy (n=72)</td>
<td>21.83</td>
<td>4.04</td>
<td>18.64</td>
<td>2.55</td>
<td>27.65</td>
<td>6.75</td>
<td>26.32</td>
<td>5.45</td>
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<tr>
<td>Other (n=17)</td>
<td>22.56</td>
<td>3.50</td>
<td>18.53</td>
<td>2.40</td>
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<td>4.06</td>
<td>28.06</td>
<td>3.83</td>
<td>15.29</td>
<td>3.57</td>
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</table>

Table 26. Subscale Scores by Professional Affiliation for Providers with Other Religious Affiliations

<table>
<thead>
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<th>Prof. Affil.</th>
<th>SC Mean</th>
<th>SC SD</th>
<th>FOO Mean</th>
<th>FOO SD</th>
<th>CIP Mean</th>
<th>CIP SD</th>
<th>IC Mean</th>
<th>IC SD</th>
<th>MOT Mean</th>
<th>MOT SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy (n=18)</td>
<td>24.05</td>
<td>4.51</td>
<td>18.60</td>
<td>3.45</td>
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<td>6.40</td>
<td>27.33</td>
<td>5.17</td>
<td>14.20</td>
<td>4.11</td>
</tr>
<tr>
<td>Other (n=7)</td>
<td>21.50</td>
<td>4.14</td>
<td>16.86</td>
<td>3.24</td>
<td>27.71</td>
<td>6.42</td>
<td>26.38</td>
<td>4.69</td>
<td>14.57</td>
<td>3.21</td>
</tr>
</tbody>
</table>
Table 27. Analysis of Variance Summary Table of Subscale Scores, by Professional Affiliation and Religious Affiliation

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Context</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>35.79</td>
<td>1</td>
<td>35.79</td>
<td>1.93</td>
<td>0.17</td>
</tr>
<tr>
<td>(B) Relig. Affil.</td>
<td>76.73</td>
<td>3</td>
<td>25.58</td>
<td>1.38</td>
<td>0.25</td>
</tr>
<tr>
<td>A × B</td>
<td>57.74</td>
<td>3</td>
<td>19.24</td>
<td>1.04</td>
<td>0.38</td>
</tr>
<tr>
<td>Error</td>
<td>3229.84</td>
<td>174</td>
<td>18.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family-of-origin Influences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>24.98</td>
<td>1</td>
<td>24.98</td>
<td>3.36</td>
<td>0.07</td>
</tr>
<tr>
<td>(B) Relig. Affil.</td>
<td>24.44</td>
<td>3</td>
<td>8.15</td>
<td>1.10</td>
<td>0.35</td>
</tr>
<tr>
<td>A × B</td>
<td>19.44</td>
<td>3</td>
<td>6.48</td>
<td>0.87</td>
<td>0.46</td>
</tr>
<tr>
<td>Error</td>
<td>1350.89</td>
<td>182</td>
<td>7.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Couple Interactional Processes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>33.37</td>
<td>1</td>
<td>33.37</td>
<td>0.75</td>
<td>0.39</td>
</tr>
<tr>
<td>(B) Relig. Affil.</td>
<td>15.18</td>
<td>3</td>
<td>5.06</td>
<td>0.11</td>
<td>0.95</td>
</tr>
<tr>
<td>A × B</td>
<td>170.14</td>
<td>3</td>
<td>56.71</td>
<td>1.27</td>
<td>0.29</td>
</tr>
<tr>
<td>Error</td>
<td>7768.24</td>
<td>174</td>
<td>44.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>24.42</td>
<td>1</td>
<td>24.42</td>
<td>0.79</td>
<td>0.38</td>
</tr>
<tr>
<td>(B) Relig. Affil.</td>
<td>20.20</td>
<td>3</td>
<td>6.73</td>
<td>0.22</td>
<td>0.88</td>
</tr>
<tr>
<td>A × B</td>
<td>97.78</td>
<td>3</td>
<td>32.59</td>
<td>1.05</td>
<td>0.37</td>
</tr>
<tr>
<td>Error</td>
<td>5455.20</td>
<td>176</td>
<td>31.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Motivation for Premarital Counseling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Prof. Affil.</td>
<td>1.20</td>
<td>1</td>
<td>1.20</td>
<td>0.07</td>
<td>0.79</td>
</tr>
<tr>
<td>(B) Relig. Affil.</td>
<td>10.53</td>
<td>3</td>
<td>3.51</td>
<td>0.21</td>
<td>0.89</td>
</tr>
<tr>
<td>A × B</td>
<td>43.60</td>
<td>3</td>
<td>14.53</td>
<td>0.87</td>
<td>0.46</td>
</tr>
<tr>
<td>Error</td>
<td>2997.26</td>
<td>179</td>
<td>16.74</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < 0.05
Table 28. Providers’ Ratings of Topics in Rank-Order

<table>
<thead>
<tr>
<th>Topic</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to the marriage</td>
<td>4.90</td>
<td>0.52</td>
</tr>
<tr>
<td>Communication skills</td>
<td>4.83</td>
<td>0.63</td>
</tr>
<tr>
<td>Attitudes and beliefs toward marriage</td>
<td>4.80</td>
<td>0.62</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>4.80</td>
<td>0.64</td>
</tr>
<tr>
<td>The importance of spending time with one’s partner</td>
<td>4.76</td>
<td>0.65</td>
</tr>
<tr>
<td>Parenting and Children</td>
<td>4.73</td>
<td>0.64</td>
</tr>
<tr>
<td>Adjusting to married life</td>
<td>4.67</td>
<td>0.71</td>
</tr>
<tr>
<td>The sexual relationship</td>
<td>4.63</td>
<td>0.67</td>
</tr>
<tr>
<td>Compatibility of values</td>
<td>4.62</td>
<td>0.68</td>
</tr>
<tr>
<td>Problem-solving skills</td>
<td>4.59</td>
<td>0.77</td>
</tr>
<tr>
<td>Coping Skills</td>
<td>4.53</td>
<td>0.78</td>
</tr>
<tr>
<td>Religion</td>
<td>4.52</td>
<td>0.78</td>
</tr>
<tr>
<td>Gender role expectations/Household tasks</td>
<td>4.48</td>
<td>0.71</td>
</tr>
<tr>
<td>Family Finances</td>
<td>4.48</td>
<td>0.78</td>
</tr>
<tr>
<td>Emotional management</td>
<td>4.45</td>
<td>0.72</td>
</tr>
<tr>
<td>Romance</td>
<td>4.40</td>
<td>0.77</td>
</tr>
<tr>
<td>Personality characteristics</td>
<td>4.35</td>
<td>0.77</td>
</tr>
<tr>
<td>The benefits of premarital counseling</td>
<td>4.30</td>
<td>0.87</td>
</tr>
<tr>
<td>Family-of-origin factors</td>
<td>4.15</td>
<td>0.81</td>
</tr>
<tr>
<td>Friendships and Social Support</td>
<td>4.10</td>
<td>0.74</td>
</tr>
<tr>
<td>Careers</td>
<td>4.07</td>
<td>0.80</td>
</tr>
<tr>
<td>Fun and Leisure</td>
<td>4.05</td>
<td>0.79</td>
</tr>
<tr>
<td>The couple’s reasons for entering premarital counseling</td>
<td>3.99</td>
<td>0.87</td>
</tr>
</tbody>
</table>

Note: For all items in this table, the range of observed scores was 1 to 5.

Table 29. ANOVA Summary Table for Comparison of Means of Topic Subscales.

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean differences</td>
<td>36.80</td>
<td>4</td>
<td>9.20</td>
<td>22.15</td>
<td>&lt;0.0001*</td>
</tr>
<tr>
<td>Error</td>
<td>411.12</td>
<td>990</td>
<td>0.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>447.92</td>
<td>994</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < 0.05
Table 30. Results of Scheffe’s Test for Differences in Means of Topic Subscales.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean</th>
<th>Scheffe Grouping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple Interactional Processes</td>
<td>4.60</td>
<td>A</td>
</tr>
<tr>
<td>Individual Characteristics</td>
<td>4.56</td>
<td>A B</td>
</tr>
<tr>
<td>Social Context</td>
<td>4.38</td>
<td>B</td>
</tr>
<tr>
<td>Family-of-Origin Influences</td>
<td>4.15</td>
<td>C</td>
</tr>
<tr>
<td>Motivation for Premarital Counseling</td>
<td>4.15</td>
<td>C</td>
</tr>
</tbody>
</table>

Note: Means with the same letter for Scheffe Grouping are not significantly different from one another.
Table 31. Rankings of the Importance of Topics by Professional Affiliation

<table>
<thead>
<tr>
<th>Clergy (n=167)</th>
<th>Mental Health Professionals (n=22)</th>
<th>Other (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to the marriage</td>
<td>1. Problem-solving skills</td>
<td>*1. Commitment to the marriage</td>
</tr>
<tr>
<td>(4.92, 0.47)</td>
<td>(4.95, 0.21)</td>
<td>(5.00, 1.07)</td>
</tr>
<tr>
<td>2. Communication skills</td>
<td>*2. Commitment to the marriage (4.91, 0.29)</td>
<td>*1. Conflict resolution</td>
</tr>
<tr>
<td>(4.83, 0.61)</td>
<td>*2. Communication skills</td>
<td>(5.00, 1.07)</td>
</tr>
<tr>
<td>3. Attitudes/beliefs toward</td>
<td>*3. Communication skills</td>
<td>*1. Family finances</td>
</tr>
<tr>
<td>marriage (4.82, 0.58)</td>
<td>(4.91, 0.29)</td>
<td>(5.00, 1.07)</td>
</tr>
<tr>
<td>(4.80, 0.62)</td>
<td>(4.86, 0.35)</td>
<td>(5.00, 1.07)</td>
</tr>
<tr>
<td>5. The importance of spending</td>
<td>*5. Compatibility of values</td>
<td>*5. Attitudes/beliefs toward</td>
</tr>
<tr>
<td>time with one’s partner</td>
<td>(4.77, 0.43)</td>
<td>marriage (4.90, 1.08)</td>
</tr>
<tr>
<td>(4.77, 0.64)</td>
<td>*5. The importance of spending time with one’s</td>
<td>*5. Communication skills</td>
</tr>
<tr>
<td>partner</td>
<td>partner (4.77, 0.43)</td>
<td>(4.90, 1.08)</td>
</tr>
<tr>
<td>6. Parenting and children</td>
<td>8. The sexual relationship</td>
<td>*5. The importance of spending</td>
</tr>
<tr>
<td>(4.74, 0.62)</td>
<td>(4.73, 0.46)</td>
<td>time with one’s partner</td>
</tr>
<tr>
<td>7. Adjusting to married life</td>
<td>9. Attitudes/beliefs toward marriage (4.73, 0.55)</td>
<td>(4.90, 1.08)</td>
</tr>
<tr>
<td>(4.72, 0.64)</td>
<td>10. Coping skills</td>
<td>*8. Parenting and children</td>
</tr>
<tr>
<td>8. The sexual relationship</td>
<td>(4.59, 0.50)</td>
<td>(4.90, 1.09)</td>
</tr>
<tr>
<td>(4.61, 0.65)</td>
<td>11. Religion</td>
<td>*9. Compatibility of values</td>
</tr>
<tr>
<td>9. Compatibility of values</td>
<td>12. Emotional management</td>
<td>(4.70, 1.09)</td>
</tr>
<tr>
<td>(4.61, 0.67)</td>
<td>(4.50, 0.51)</td>
<td>*9. Problem-solving skills</td>
</tr>
<tr>
<td>10. Problem-solving skills</td>
<td>13. Personality characteristics</td>
<td>(4.70, 1.09)</td>
</tr>
<tr>
<td>(4.54, 0.78)</td>
<td>14. Adjusting to married life</td>
<td>11. Coping skills (4.70, 1.12)</td>
</tr>
<tr>
<td>(4.52, 0.77)</td>
<td>(4.45, 0.60)</td>
<td>13. Religion (4.70, 1.16)</td>
</tr>
<tr>
<td>(4.52, 0.78)</td>
<td>(4.41, 0.50)</td>
<td>tasks (4.60, 1.09)</td>
</tr>
<tr>
<td>13. Gender roles/Household</td>
<td>*16. Romance (4.41, 0.50)</td>
<td>15. Adjusting to married life</td>
</tr>
<tr>
<td>tasks (4.49, 0.67)</td>
<td>18. Gender roles/Household tasks (4.41, 0.73)</td>
<td>(4.60, 1.11)</td>
</tr>
<tr>
<td>(4.46, 0.71)</td>
<td>(4.27, 0.55)</td>
<td>17. Personality characteristics</td>
</tr>
<tr>
<td>15. Family finances (4.46, 0.77)</td>
<td>20. Careers (4.18, 0.59)</td>
<td>(4.40, 1.05)</td>
</tr>
<tr>
<td>(4.39, 0.77)</td>
<td>22. Benefits of premarital counseling</td>
<td>support (4.40, 1.07)</td>
</tr>
<tr>
<td>17. Personality characteristics</td>
<td>(4.41, 0.50)</td>
<td>19. Fun and leisure (4.40, 1.12)</td>
</tr>
<tr>
<td>(4.33, 0.76)</td>
<td>23. The couple’s reasons for entering premarital</td>
<td>20. Emotional management (4.30, 1.07)</td>
</tr>
<tr>
<td>18. Benefits of premarital</td>
<td>counseling (4.02, 0.89)</td>
<td>21. Benefits of premarital</td>
</tr>
<tr>
<td>counseling (4.33, 0.84)</td>
<td>22. Benefits of premarital counseling (4.14, 0.77)</td>
<td>counseling (4.30, 1.29)</td>
</tr>
<tr>
<td>(4.11, 0.81)</td>
<td>counseling (3.82, 0.73)</td>
<td>(4.20, 1.17)</td>
</tr>
<tr>
<td>20. Friendships and Social</td>
<td>24. Fun and leisure</td>
<td>23. The couple’s reasons for</td>
</tr>
<tr>
<td>Support (4.07, 0.74)</td>
<td>(4.27, 0.55)</td>
<td>entering premarital counseling</td>
</tr>
<tr>
<td>21. Careers (4.02, 0.80)</td>
<td>25. Careers (4.18, 0.59)</td>
<td>(3.90, 0.80)</td>
</tr>
<tr>
<td>22. The couple’s reasons for</td>
<td>26. Friendships and social support (4.14, 0.47)</td>
<td></td>
</tr>
<tr>
<td>entering premarital counseling</td>
<td>27. Benefits of premarital counseling (4.14, 0.77)</td>
<td></td>
</tr>
<tr>
<td>(4.02, 0.89)</td>
<td>28. The couple’s reasons for entering premarital</td>
<td></td>
</tr>
<tr>
<td>23. Fun and leisure (3.99, 0.78)</td>
<td>counseling (3.82, 0.73)</td>
<td></td>
</tr>
</tbody>
</table>

Notes: Rankings are followed by the mean and standard deviation for each item (mean, SD). (*) denotes equal means and standard deviations with another topic.
Table 32. Summary of One-Way ANOVA Analyses of Topic Ratings Comparing Clergy, Mental Health Professionals, and Representatives of Other Professional Affiliations

<table>
<thead>
<tr>
<th>Topic</th>
<th>F(2, 202)</th>
<th>p-value</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusting to married life</td>
<td>1.04</td>
<td>0.35</td>
<td>0.010^</td>
</tr>
<tr>
<td>Attitudes and beliefs toward marriage</td>
<td>0.35</td>
<td>0.70</td>
<td>0.004</td>
</tr>
<tr>
<td>The benefits of premarital counseling</td>
<td>0.46</td>
<td>0.63</td>
<td>0.004</td>
</tr>
<tr>
<td>Careers</td>
<td>2.80</td>
<td>0.06</td>
<td>0.027^</td>
</tr>
<tr>
<td>Commitment to the marriage</td>
<td>0.18</td>
<td>0.84</td>
<td>0.001</td>
</tr>
<tr>
<td>Communication skills</td>
<td>0.22</td>
<td>0.80</td>
<td>0.002</td>
</tr>
<tr>
<td>Compatibility of values</td>
<td>0.60</td>
<td>0.55</td>
<td>0.005</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>0.75</td>
<td>0.47</td>
<td>0.007</td>
</tr>
<tr>
<td>Coping Skills</td>
<td>0.42</td>
<td>0.66</td>
<td>0.004</td>
</tr>
<tr>
<td>The couple’s reasons for entering</td>
<td>0.61</td>
<td>0.55</td>
<td>0.006</td>
</tr>
<tr>
<td>premarital counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional management</td>
<td>0.41</td>
<td>0.66</td>
<td>0.004</td>
</tr>
<tr>
<td>Family Finances</td>
<td>3.54</td>
<td>0.03*</td>
<td>0.033^</td>
</tr>
<tr>
<td>Family-of-origin factors</td>
<td>1.35</td>
<td>0.26</td>
<td>0.013^</td>
</tr>
<tr>
<td>Friendships and Social Support</td>
<td>1.46</td>
<td>0.23</td>
<td>0.014^</td>
</tr>
<tr>
<td>Fun and Leisure</td>
<td>2.90</td>
<td>0.06</td>
<td>0.028^</td>
</tr>
<tr>
<td>Gender role expectations/Household Tasks</td>
<td>0.35</td>
<td>0.71</td>
<td>0.003</td>
</tr>
<tr>
<td>The importance of spending time with</td>
<td>0.28</td>
<td>0.75</td>
<td>0.003</td>
</tr>
<tr>
<td>one’s partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting and Children</td>
<td>0.45</td>
<td>0.64</td>
<td>0.004</td>
</tr>
<tr>
<td>Personality characteristics</td>
<td>0.50</td>
<td>0.60</td>
<td>0.004</td>
</tr>
<tr>
<td>Problem-solving skills</td>
<td>2.91</td>
<td>0.06</td>
<td>0.028^</td>
</tr>
<tr>
<td>Religion</td>
<td>0.38</td>
<td>0.69</td>
<td>0.003</td>
</tr>
<tr>
<td>Romance</td>
<td>1.15</td>
<td>0.32</td>
<td>0.011^</td>
</tr>
<tr>
<td>The sexual relationship</td>
<td>2.60</td>
<td>0.07</td>
<td>0.025^</td>
</tr>
</tbody>
</table>

Notes: *p<.05; ^ denotes a small effect size
Table 33. Summary of One-Way ANOVA Analyses of Topic Ratings Comparing Clergy and Mental Health Professionals

<table>
<thead>
<tr>
<th>Topic</th>
<th>F(1, 187)</th>
<th>p-value</th>
<th>R^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusting to married life</td>
<td>2.06</td>
<td>0.15</td>
<td>0.011^</td>
</tr>
<tr>
<td>Attitudes and beliefs toward marriage</td>
<td>0.47</td>
<td>0.49</td>
<td>0.002</td>
</tr>
<tr>
<td>The benefits of premarital counseling</td>
<td>1.01</td>
<td>0.32</td>
<td>0.005</td>
</tr>
<tr>
<td>Careers</td>
<td>0.82</td>
<td>0.37</td>
<td>0.004</td>
</tr>
<tr>
<td>Commitment to the marriage</td>
<td>0.01</td>
<td>0.92</td>
<td>0.000</td>
</tr>
<tr>
<td>Communication skills</td>
<td>0.37</td>
<td>0.55</td>
<td>0.001</td>
</tr>
<tr>
<td>Compatibility of values</td>
<td>1.19</td>
<td>0.28</td>
<td>0.006</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>0.20</td>
<td>0.66</td>
<td>0.001</td>
</tr>
<tr>
<td>Coping Skills</td>
<td>0.17</td>
<td>0.68</td>
<td>0.000</td>
</tr>
<tr>
<td>The couple’s reasons for entering premarital counseling</td>
<td>1.02</td>
<td>0.31</td>
<td>0.005</td>
</tr>
<tr>
<td>Emotional management</td>
<td>0.06</td>
<td>0.80</td>
<td>0.000</td>
</tr>
<tr>
<td>Family Finances</td>
<td>0.00</td>
<td>0.95</td>
<td>0.000</td>
</tr>
<tr>
<td>Family-of-origin factors</td>
<td>2.87</td>
<td>0.09</td>
<td>0.015^</td>
</tr>
<tr>
<td>Friendships and Social Support</td>
<td>0.19</td>
<td>0.67</td>
<td>0.001</td>
</tr>
<tr>
<td>Fun and Leisure</td>
<td>2.65</td>
<td>0.10</td>
<td>0.013</td>
</tr>
<tr>
<td>Gender role expectations/ Household tasks</td>
<td>0.27</td>
<td>0.60</td>
<td>0.001</td>
</tr>
<tr>
<td>The importance of spending time with one’s partner</td>
<td>(---)</td>
<td>(---)</td>
<td>(---)</td>
</tr>
<tr>
<td>Parenting and Children</td>
<td>0.05</td>
<td>0.83</td>
<td>0.000</td>
</tr>
<tr>
<td>Personality characteristics</td>
<td>1.02</td>
<td>0.31</td>
<td>0.005</td>
</tr>
<tr>
<td>Problem-solving skills</td>
<td>6.00</td>
<td>0.02*</td>
<td>0.031^</td>
</tr>
<tr>
<td>Religion</td>
<td>0.01</td>
<td>0.91</td>
<td>0.000</td>
</tr>
<tr>
<td>Romance</td>
<td>0.00</td>
<td>0.91</td>
<td>0.000</td>
</tr>
<tr>
<td>The sexual relationship</td>
<td>0.70</td>
<td>0.40</td>
<td>0.003</td>
</tr>
</tbody>
</table>

Notes: *p<.05; (---) denotes equal means for groups; ^ denotes a small effect size
Table 34. Correlation Coefficients for Subscales on Sections One and Two of the PCS

<table>
<thead>
<tr>
<th>Section Two Subscales (Topics)</th>
<th>Section One Subscale (Client Characteristics)</th>
<th>Couple</th>
<th>Interactional Processes</th>
<th>Individual Characteristics</th>
<th>Social Context</th>
<th>Family-of-Origin Influences</th>
<th>Motivation for Premarital Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coupling</td>
<td>0.07</td>
<td>(p=0.32)</td>
<td>0.09</td>
<td>0.18*</td>
<td>0.11</td>
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<td></td>
<td>Interactional Processes</td>
<td></td>
<td></td>
<td></td>
<td>(p=0.21)</td>
<td>(p=0.02)</td>
<td>(p=0.12)</td>
</tr>
<tr>
<td></td>
<td>Individual</td>
<td>0.08</td>
<td>(p=0.30)</td>
<td>0.10</td>
<td>0.23**</td>
<td>0.14</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>Characteristics</td>
<td></td>
<td></td>
<td></td>
<td>(p=0.15)</td>
<td>(p=0.002)</td>
<td>(p=0.06)</td>
</tr>
<tr>
<td></td>
<td>Social Context</td>
<td>0.06</td>
<td>(p=0.43)</td>
<td>0.13</td>
<td>0.28**</td>
<td>0.16*</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(p=0.08)</td>
<td>(p&lt;0.001)</td>
<td>(p=0.03)</td>
</tr>
<tr>
<td></td>
<td>Family-of-Origin</td>
<td>0.05</td>
<td>(p=0.52)</td>
<td>0.03</td>
<td>0.16*</td>
<td>0.22**</td>
<td>-0.01</td>
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<tr>
<td></td>
<td>Influences</td>
<td></td>
<td></td>
<td></td>
<td>(p=0.71)</td>
<td>(p=0.03)</td>
<td>(p=0.002)</td>
</tr>
<tr>
<td></td>
<td>Motivation for Premarital Counseling</td>
<td>0.08</td>
<td>(p=0.25)</td>
<td>0.18*</td>
<td>0.27**</td>
<td>0.10</td>
<td>0.13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(p=0.01)</td>
<td>(p=0.0002)</td>
<td>(p=0.15)</td>
</tr>
</tbody>
</table>

Notes: Top number is correlation coefficient for subscale scores. Numbers in parentheses are p-values.
* p < 0.05; ** p < 0.01
CHAPTER 5
DISCUSSION

Current projections suggest that approximately 50% of first marriages will end in divorce, and divorce is most likely in the early years of marriage (Kreider & Fields, 2001). Early relationship interventions, such as premarital counseling, can promote sustainable marriages and have the opportunity to reduce the likelihood of divorce (Senediak, 1990), as long as they are effective at meeting the needs of the couples who enter these programs. My study involved the development of a framework for understanding the needs of engaged couples, client characteristics, and topics in premarital counseling. In addition, providers rated the relative importance of these characteristics and topics as they relate to the practice of premarital counseling.

This chapter describes the contributions of the current investigation. First, the limitations of my study are discussed. Then, the major findings of my study are presented. Next, the implications of the findings of my study for premarital counseling theory, practice, and policy are presented. Finally, recommendations for future research are outlined.

Limitations of My Study

Although a widely-accepted survey research methodology was used to construct my study (Dillman, 2000), there are four limitations that should be considered when interpreting the results, including (a) potential limitations of conducting a mixed-mode survey, (b) sampling issues, (c) a minor technical problem with the Internet-based survey,
and (d) the absence of a factor analysis to confirm the factor structure of the Premarital Counseling Survey (PCS).

Implications of Using a Mixed-Mode Survey

My study utilized a mixed-mode survey design, in which participants were able to complete the same survey either over the Internet or through regular mail. Dillman (2000) writes that a mixed-mode survey requires certain considerations that are not present in single-mode surveys. The benefits of using a mixed-mode survey include maximizing available resources, minimizing costs, and providing more alternatives to respondents. In addition, the weaknesses of one mode can be compensated for by the strengths of the other mode. However, the major potential limitation is that respondents may answer questions differently based on the different appearances of the survey stimuli. In my study, the instructions, questions, and response categories on the Internet-based and the paper-based surveys were identical. However, there were slight variations in the format and design of the surveys. For example, the Internet-based survey included a color scheme, while the paper-based survey was in black and white. Also, for many questions in the demographic section (Section Three) of the survey, respondents who completed the Internet-based survey clicked on the desired responses, whereas respondents who completed the paper-based survey circled their responses. According to Dillman (2000), it is possible that even these minor differences influenced participants’ responses to the survey.

Sampling Issues

The second category of limitations to my study is related to the sample used. First, the population lists used to select the sample included some out-of-date information about providers of premarital counseling in Florida. The Florida Marriage Preparation and
Preservation Act (Florida Statutes, 1998; Section 741.0305) requires each county in Florida to maintain a list of registered providers who conduct premarital counseling with couples who marry in the county. Each county maintains a procedure by which providers can register with their county and affirm that their premarital counseling program meets the criteria described in Florida’s laws. However, providers are not required to withdraw from being registered if they no longer provide premarital counseling for any number of reasons (e.g., moving out of the county, moving out of the state, retiring, and/or changing professions). Therefore, the lists obtained from the county clerks of court should have included all registered providers currently conducting premarital counseling in each county, but they also contained the names of providers who no longer conduct premarital counseling in the area. In addition, some providers may have moved to a new residence or occupational setting within the same county but did not provide an updated address to the county clerk of court office. Because the lists were not entirely current, there was a high percentage (20.1%) of respondents whose surveys were unable to be delivered through either electronic or postal mail. Although attempts were made to locate the most current contact information for all potential respondents, it was not possible to contact all providers who were selected into the sample.

An additional limitation related to the population lists was that 16 (23.9%) of the 67 counties in Florida did not supply a list of providers to the investigator. Therefore, providers in those counties were not able to be included in the sample. Because providers in these counties may differ from providers in the counties that were included in the sample, the findings of my study should be generalized only to providers in the counties included in the sample (Appendix G).
Despite the use of acceptable strategies to increase the response rate—such as repeated mailings, provision of a self-addressed stamped return envelope, and a prenotice contact letter (Cozby, 1997; Dillman, 2000; Dooley, 2001)—the response rate to this survey was relatively low (26.3%). Dooley (2001) states that response rates for mail surveys in the social sciences often fall between 20 to 30 percent, so the response rate in my study is typical of similar research. In addition, response rates with specialized populations, such as professionals who work with families, may differ from response rates with the general population (Nelson, 1996). The response rate in my study may introduce a response bias, in that it is not possible to determine if those providers who chose not to respond to the survey differed from the providers who responded to the survey (Cozby, 1997).

**Technological Limitation**

The third limitation of my study involves a brief technological problem with the Internet-based survey that occurred during the data collection phase. Indeed, technological problems are perhaps one of the greatest risks in Internet-based research methods (Hewson, Yule, Laurent, & Vogel, 2003). As described in Chapter 3, a small number of respondents e-mailed the investigator and explained that they were unable to access the survey using the link provided in the invitation e-mail. The survey website remained functional through the entire duration of the data collection phase, but some e-mail servers were unable to support the direct link to the site. While a number of steps were taken to minimize the impact of this technological issue, it is not possible to determine if the response rate was affected by providers being unable to connect to the survey website. However, the effect is likely to be small, as the follow-up contact that was made to participants provided a solution to the problem if it occurred again.
Lack of a Factor Analysis

The final limitation was the absence of a factor analysis of the items on the PCS to determine if the proposed five-factor model was consistent with the findings. Because the factor analysis was determined to be beyond the scope of my study, future research should examine the factor structure of Sections One and Two on the PCS. This issue is addressed in more detail later in this chapter.

Major Findings of My Study

The major findings of my study relate to the relative importance of client characteristics and topics in premarital counseling. In addition, my study examined the relationship between the client characteristics that providers believe influence outcomes and the topics they believe are important to address.

Client Background Characteristics in Premarital Counseling

The findings of my study demonstrate that premarital counseling providers believe that certain client characteristics exhibit a more powerful influence on the degree to which couples benefit from premarital counseling than other characteristics. The individual client background characteristics that providers rated as most influential on couples’ outcomes in premarital counseling were (a) a history of aggression in the relationship, (b) an immediate crisis, (c) destructive behavior toward one another, (d) a warm and supportive family-of-origin, and (e) a family-of-origin in which people were sensitive to others’ feelings.

The model proposed in my study also provided a framework for examining five different categories of client background characteristics: family-of-origin influences, the social context, individual characteristics, couple interactional processes, and motivation for entering premarital counseling. Although all of these categories of client
characteristics were seen by providers as being influential, the findings of my study suggest that couple interactional processes, family-of-origin influences, and individual characteristics may have the most influence on premarital counseling outcomes.

For the most part, providers of different professional and religious backgrounds, and those with differing level of experience, did not differ in the degree to which they felt the different categories of client characteristics influence premarital counseling outcomes. Only one significant relationship was found between a provider background characteristic and ratings on a client characteristic subscale. Compared with males, female providers rated family-of-origin influences as more influential on outcomes in premarital counseling. However, provider background characteristics generally were not related to providers’ ratings on the client background characteristics subscales.

Topics Addressed in Premarital Counseling Programs

Providers believe that a wide range of topics are important to address in premarital counseling. However, the participants in my study indicated that certain topics were more important to address than others. The five topics that were rated as most important were (a) commitment to the marriage, (b) communication skills, (c) attitudes and beliefs toward marriage, (d) conflict resolution, and (e) the importance of spending time with one’s partner. Although these topics received the highest ratings from providers, all 23 topics that were included on the PCS were rated as either “very important” or “somewhat important” to address in premarital counseling.

In addition to considering individual topics, the topics were grouped according to the five-factor model proposed in my study. Providers rated the categories of topics in the following order (from most to least important to address): couple interactional processes, individual characteristics, social context, family-of-origin influences, and motivation for
premarital counseling. Although there were significant differences in the ratings for the topic subscales, all five of the topic subscales received overall average ratings as either “very important” or “somewhat important” to address in premarital counseling.

To some extent, the professional affiliation of providers influences the relative importance they ascribe to the various premarital counseling topics. Most notably, mental health professionals rated problem-solving skills as the most important topic to address, while clergy rated this topic significantly lower. Also, clergy and mental health professionals rated finances as a significantly less important topic to address than representatives of other professional affiliations. The ratings of other topics appear to be related to providers’ professional affiliations, as small effect sizes were determined for the following topics: adjusting to married life, careers, family-of-origin factors, friendships and social support, fun and leisure, romance, and the sexual relationship. These topic ratings may have failed to reach statistical significance due to the small number of respondents who represented mental health professionals (n=22) and other professional affiliations (n=16). This suggests that future research that includes a larger number of these professionals may reveal more significant differences in the importance that providers ascribe to various topics based on professional affiliation.

The Relationship between Client Characteristics and Topics

It would seem likely that, if providers believe that certain characteristics influence the degree to which a couple benefits from premarital counseling, they would be more likely to address these issues in the counseling sessions. The findings of my study suggest that there is not a strong relationship between the client characteristics that providers believe are most influential on premarital counseling outcomes and the topics they believe are important to address. The only two client characteristic subscales that were
significantly related to their corresponding topic subscales were social context and family-of-origin influences. Providers who rated social context variables as more influential on premarital counseling outcomes were significantly likely to rate all of the topic subscales as more important. This suggests that providers who attend to the influence of social context variables on premarital counseling clients may be more likely to believe that it is important to address a more extensive range of topics in premarital counseling.

**Implications for Premarital Counseling Theory**

Previous researchers concluded that the practice of premarital counseling is grounded only loosely in theory (Senediak, 1990; Silliman & Schumm, 2000). Although certain theories, such as family systems theory and cognitive-behavioral theory, are the foundation for some premarital counseling programs (Gilmour, 1995; Silliman & Schumm, 2000; Stahmann, 2000), little theoretical attention has been paid to the influence of client background characteristics on the process and outcomes of premarital counseling. In my study, a five-factor model was presented as a framework for understanding this phenomenon. The model was based on two existing theories, Holman’s (2001) theory of premarital prediction of marital outcomes and Deci and Ryan’s (1985) Self-Determination Theory. Based on these theories, five factors were proposed to describe the couple characteristics that influence premarital counseling: (a) couple interactional processes, (b) family-of-origin influences, (c) the social context, (d) individual characteristics, and (e) motivation for entering premarital counseling.

Providers of premarital counseling believe that these factors do not have an equal influence on the likelihood that a couple will benefit from premarital counseling. Providers rated couple interactional processes, family-of-origin influences, and individual
characteristics as most influential on premarital counseling outcomes. Motivation for premarital counseling and social context variables were rated as least influential. However, all five of the client characteristic factors received average ratings as “somewhat influential” on the degree to which couples benefit from premarital counseling. This lends support for the need for further theoretical examination of the role of each of these factors on client outcomes in premarital counseling.

Holman’s (2001) findings suggest that family-of-origin characteristics have the most powerful influence on marital outcomes. The providers who participated in my study confirm that family-of-origin influences are likely to influence premarital counseling outcomes as well. Female providers in particular were significantly more likely to believe that family-of-origin influences affect premarital counseling outcomes. Previous research has demonstrated that family-of-origin characteristics can impact a couple’s experience in premarital counseling (Halford, Sanders, & Behrens, 2001; VanWidenfelt & Hosman, 1996). Together, these findings provide support for further theoretical refinement in the area of family-of-origin influences on clients’ experiences and outcomes in premarital counseling.

It is notable that social context variables were rated by providers as least influential on premarital counseling outcomes as compared with all of the other client characteristic factors. Pinard (1966) writes that, on a large-scale social level, the social context influences marriage and divorce patterns. Possible explanations for the low ratings for the influence of social context variables on premarital counseling outcomes may include the following: (a) providers may be less likely to discuss social context variables during premarital counseling sessions, (b) providers may be less certain how to address such
issues within the context of a premarital counseling session, and (c) couples may be less aware of the impact of these issues on their relationships, as compared with the more immediate issues, such as their personality characteristics and relationship skills. One additional finding related to providers’ relatively low ratings of social context variables is noteworthy. Providers’ ratings of the influence of social context variables were related more closely to their beliefs about the importance of various premarital counseling topics as compared with all of the other client characteristic factors. This finding suggests that providers who are more aware of the influence of the social context on the process and outcomes of premarital counseling may be more likely to discuss a wider range of topics and issues with the couples they counsel. Therefore, although providers rated social context variables as the least influential on premarital counseling outcomes, there is support for further theoretical attention to the role of the social context on the process and outcomes of premarital counseling.

The findings of my study demonstrate that providers of premarital counseling generally do not differ, based on their professional and other background characteristics, in the client characteristics they believe are most influential. Only gender was found to be related to providers’ ratings of the relative influence of family-of-origin characteristics on premarital counseling outcomes. This is consistent with Aubrey, Bond, and Campbell’s (1997) findings that providers of counseling in general practice did not differ in their attitudes toward client suitability for counseling based on their background characteristics (e.g., experience, training, and age). The finding that providers’ background characteristics are generally unrelated to their ratings of the influence of client
characteristics indicates that the same client variables may influence premarital counseling outcomes regardless of the type of program couples attend.

Larson and Holman (1994) assert that many factors interact to define a couple’s experience in their relationship. The five-factor model of client characteristics that provided the framework for my study included couple interactional processes, family-of-origin influences, the social context, individual characteristics, and motivation for entering premarital counseling. Overall, premarital counseling providers believe that each of these characteristics has some influence on couples’ experiences in premarital counseling. As such, the five-factor model can provide a context for further theoretical development in the area of premarital counseling.

**Implications for the Practice of Premarital Counseling**

My study highlights current practice patterns of premarital counseling providers. The vast majority (81.46%) of providers identifies their primary professional affiliation as clergy, and most (84.88%) provide premarital counseling in religious institutions. This is consistent with the findings of Fraenkel, Markman, and Stanley (1997), who stated, “In the USA, 75% of first marriages take place in religious organizations, and over 80% of these organizations provide some form of premarital counseling” (p. 257). Respondents had an average of nearly 20 years experience in providing premarital counseling. However, a relatively large percentage (32.32%) of premarital counseling providers had never received training in premarital counseling and/or education, which may represent a need for increased training opportunities in this area. Although the state of Florida requires that couples attend a premarital counseling program that meets for four hours (Florida Statutes, 1998; Section 741.0305), the providers indicated that their programs typically exceeded this requirement with an average length of 8.71 hours. Finally, most
premarital counseling providers (86.57%) believe that the premarital counseling services they offer are both counseling-oriented and educational in nature.

There are several implications of the findings of my study for the practice of premarital counseling, including (a) implications of government-endorsed premarital counseling, (b) topics addressed in premarital counseling, (c) enhancing client motivation, and (d) developing premarital counseling programs that are appropriate for the unique needs of diverse populations.

**Practice Implications of Government-Endorsed Premarital Counseling**

The participants in my study were providers of premarital counseling in a state in which the government has created a law that endorses premarital counseling. Family policies, such as the Florida Marriage Preparation and Preservation Act (Florida Statutes, 1998; Section 741.0305), affect premarital counseling providers and other professionals who work with families, such as counselors, researchers, and family life educators. The positive consequences of family promotion policies coincide with some potentially negative consequences as well. Participants in my study were asked to provide their opinions on the effectiveness of the Florida law at decreasing the divorce rate and enhancing marital health. In this section, I review some of the potential effects of family promotion legislation for family professionals, which are illustrated by the opinions provided by the respondents to this survey.

First, increased government attention and funding for family programs provides professionals with the opportunity to reach a wider population. Family-focused government policies may provide incentives that make it more likely for families to receive the services that family professionals offer. Some participants’ responses
reflected this benefit of premarital counseling promotion policies through the following statements:

- “This will help some couples be influenced to believe that premarital counseling is important.”
- “It brings couples in that may not otherwise have sought counseling on their own.”
- “At least couples will face some issues they would not have without the government endorsement and discount on the license.”
- “The reduced cost of a marriage license has proven to be incentive for many couples to receive premarital counseling.”
- “I think it gets couples to consider premarital counseling that otherwise would pass on it.”
- “Anything that encourages couples to seek counseling, even financial consideration helps marriage. Some couples don’t realize the need they have of counseling until they come to my office.”
- “The government ‘coupon’ does provide an opportunity for couples to consider the benefits of premarital counseling thus creating the opportunity for premarital counselors to expose couples to the long term benefits.”
- “I think some couples would not seek counseling if the state did not endorse it. After they come, they usually have a positive experience.”

Currently, there is no empirical evidence that proves that incentives are enough extra motivation to increase participation in family promotion programs. In fact, clients who are motivated to attend programs primarily for the financial incentives may be less motivated to receive the intrinsic benefits of the programs, and many people may attend programs who do not really want to be there. Several survey respondents commented on the motivational aspects of the government incentives to attend premarital counseling, and these sentiments are illustrated by the following comments:

- “Couples who are not actively engaged in the program generally just ‘do the time,’ and receive little benefit other than a discounted license fee.”
• “Many couples ask for the counseling to reduce the high cost of the license. I always explain the reasons for premarital counseling, and all but 1 couple in the past 10 years have been agreeable to it.”

• “To the degree that participants actively engage in the process, healthy marriages can be promoted and divorce rates reduced.”

• “Couples may choose to go through the counseling, and go through the motions without engaging in real exploration of the issues just to save some money on the license. You can lead a horse to water, but you can’t make them drink!”

• “In the final analysis it is, of course, up to each couple as to what they will do with the help given.”

• “I believe any couple who receives pre-marital counseling and education potentially benefits greatly. The primary factor is the couple’s motivation. If they are merely trying to get a financial discount, the benefit will be minimal, though there is always the possibility that they will be impacted with good basic principles in spite of themselves.”

A second benefit of government-endorsed premarital counseling is that it may lead to increased funding for research and programming in the area of marriage and family life. However, government-supported research and practice programs may be forced to comply with government standards that may or may not reflect the most cutting-edge information about families. For example, the Florida law requires that four topics be addressed in premarital counseling programs: communication skills, conflict resolution skills, finances, and parenting (Florida Statutes, 1998; Section 741.0305). In contrast, the findings of my study demonstrated that providers believe that the five most important topics to address are commitment to the marriage, communication skills, attitudes and beliefs toward marriage, conflict resolution, and the importance of spending time with one’s partner. Although there is some overlap, the topics required by the law may not reflect the most important issues to couples or providers of premarital counseling. This suggests that government policies that mandate a particular protocol for premarital
Another possible benefit of government promotion of family life is that couples and family members who participate in prevention and enhancement programs may be more likely to seek professional services at a later point in time (Stanley, 2001). For example, one respondent commented, “The state’s endorsement of premarital counseling is good because after they are married and find themselves in conflict, on average, I believe they seek counseling to resolve issues.” Another respondent added, “It is an incentive for newlyweds to come in before marriage, which develops a relationship for future needs.” A third respondent asserted that policies that promote premarital counseling “[are] beneficial in developing credibility and desire for the counseling.” A related potential drawback is that only those populations who are targeted by government-endorsed family promotion activities may become more likely to seek out available professional services at a later time. According to the findings of my study, 84.88% of providers conduct premarital counseling in religious institutions. Therefore, couples who have no affiliation with a religious institution may be less likely to receive premarital counseling services, as well as other professional counseling and/or family educational services at a later time.

In general, family professionals may experience both positive and negative professional consequences of governmental involvement in family life. Awareness of these issues will help professionals work within government-sponsored programs and help their clients most effectively.

**Topics Addressed in Premarital Counseling**

Another practice issue addressed in my study involves the inclusion and exclusion of topics in premarital counseling programs. The Florida Marriage Preparation and
Preservation Act (Florida Statutes, 1998; Section 741.0305) requires that providers address the following four topics in approved premarital counseling programs: communication, conflict resolution skills, finances, and parenting. Providers varied in their ratings of the topics required by the Florida law. Out of 23 topics, providers rated communication skills as the second most important topic, conflict resolution skills fourth, parenting and children sixth, and family finances fourteenth. This suggests that providers feel that other topics may be equally or more important to address than the topics required by the Florida state law.

In general, previous research has shown that couples in premarital counseling tend to prefer to focus on issues that affect them currently, such as communication, as opposed to issues that will affect them in the future, such as parenting, particularly for couples with no children (Valiente, Belanger, & Estrada, 2002). Other researchers addressed this issue by asking couples to assess the usefulness of various topics that may be included in premarital counseling programs (Russell & Lyster, 1992; Williams & Riley, 1999). Russell and Lyster (1992) found that couples were satisfied with the following topics in descending order: (a) family-of-origin influences, (b) finances, (c) communication and conflict resolution, (d) sex roles and sexuality, (e) children and parenting, and (f) family and friends. Williams and Riley (1999) found that couples perceived the most helpful premarital counseling topics to be communication, conflict resolution, commitment, church, and children. In addition to these findings, Carroll and Doherty (2003) concluded based on their meta-analysis of premarital counseling programs that conflict resolution skills training is a necessary topic for programs to include in order to be effective.
Using another approach to develop criteria for the inclusion of topics in premarital counseling programs, Risch, Riley, and Lawler (2003) examined the most common problem issues for couples in the early years of marriage. These researchers found that couples are most likely to experience problems in the areas of balancing job and family, the frequency of sexual relations, financial issues, expectations about household tasks, communication and conflict resolution, family-of-origin relationships, and spending time together as a couple. Because these problems are likely to be experienced by newly married couples, Risch, Riley, and Lawler recommend that these topics should be addressed in premarital counseling.

The findings of my study related to the topics that providers believe are important to address are generally consistent with the previous research that has been done in this area. Specifically, the topics that providers believed are most important included communication skills, conflict resolution skills, and commitment to the marriage, which are three of the topics that were identified as being important by previous researchers (Carroll & Doherty, 2003; Risch, Riley, & Lawler, 2003; Russell & Lyster, 1992; Williams & Riley, 1999). In addition, providers deemed important other topics which were identified less frequently by other researchers, such as attitudes and beliefs toward marriage and the importance of spending time with one’s partner. It is important to note that all of the topics included in my study were given a high rating by providers. This suggests that a wide range of topics are important to include in premarital counseling programs.

The results of my study suggest that providers believe that some topics are more important to address in premarital counseling than other topics. For example, topics
related to couple interactional processes and individual characteristics were rated as significantly more important to address than the other topics. While topics related to family-of-origin influences and the couple’s motivation for entering premarital counseling were rated as the least important areas, even these topics were rated as somewhat important to address in premarital counseling.

Holman (2001) proposes that premarital interventions should address the four areas included in his theory of premarital prediction of marital outcomes: family-of-origin factors, individual characteristics, the social context, and couple interactional processes. Holman suggests that interventions that target each one of these areas are likely to promote positive change. However, because his findings suggest that family-of-origin factors appear to have the most powerful influence on later marital outcomes, he asserts that interventions aimed at enhancing family-of-origin relationships should produce the most significant positive change. In my study, providers rated the importance of the topic “family-of-origin factors” as the nineteenth out of twenty-three topics. This suggests that providers may be less likely to address family-related issues as compared with other issues that were deemed more important. Because premarital counseling practitioners may not attend to family-of-origin issues with the couples they counsel, the potential long-term impact of the intervention may be reduced.

Silliman and Schumm (1999) suggested that providers of premarital counseling may value different topics based on their professional backgrounds. For example, clergy may prefer to discuss religious matters, while family therapists may prefer to discuss the family backgrounds of the engaged couple. My study demonstrated that providers of premarital counseling differ slightly in their preferences for certain topics based on their
professional affiliation. Although there were few significant differences in the ratings of the topics, professional affiliation did influence providers’ ratings of family finances and problem-solving skills. The higher rating of problem-solving skills by mental health professionals suggests that they are more likely to view problem-solving skills as a necessary component of a successful marriage as compared to representatives of the clergy.

If there is one conclusion to be drawn from all of the research about the inclusion and exclusion of certain topics in premarital counseling, it is that a singular prescription of topics is not possible. Rather, couples need to address the topics that are most relevant to their lives and to their relationships. The discussion of many different topics in premarital counseling may prove fruitful in helping clients to enhance their future marital relationships. Providers, therefore, must select the topics that are most appropriate within the practical constraints of the premarital counseling session.

Overall, Carroll and Doherty (2003) suggest that standardized programs that include a fixed prescription of topics and formats may be less useful than programs that are targeted to the unique needs of couples. The providers who participated in my study rated all of the possible 23 topics as being “very important” or “somewhat important” to address in premarital counseling. Based on the findings of my study, the average length of time that couples spend with providers in premarital counseling is 8.71 hours. In this time-limited premarital counseling, it is likely to be impossible to address all of the topics that may be important for premarital couples. Therefore, it is necessary for practitioners to maintain a flexible approach to discussing the topics that are most relevant to each couple during their time in premarital counseling.
Enhancing Client Motivation in Premarital Counseling

The findings of my study suggest that client motivation is at least somewhat influential on the degree to which a couple benefits from premarital counseling. However, providers may be less likely to address issues of motivation as compared with other topics. Participants in my study rated both of the motivation-related topics (the benefits of premarital counseling and the couple’s reasons for entering premarital counseling) within the six least important topics to address. Although a client’s desire to attend premarital counseling is likely to be influenced by his or her background characteristics (Silliman & Schumm, 1995), this area is perhaps the one in which practitioners are most likely able to facilitate rapid, positive change. As one respondent indicated, “Those who want to get married, no matter what, will do so with or without the [government’s] endorsement. They will jump through the hoops just to get the license! Those who are looking at marriage on a bigger picture seem to benefit greatly from the experience.” In order to promote this more beneficial perspective, premarital counselors can promote in their clients internal motivation for premarital counseling through their style of interacting with their clients, as well as by using several strategies to promote internalization (Pelletier, Tuson, & Haddad, 1997).

A number of strategies for facilitating intrinsic motivation are described elsewhere (Curtis, 1984; Deci, Eghrari, Patrick, & Leone, 1994; Walitzer, Dermen, & Connors, 1999), and some of these strategies that are most applicable to premarital counseling are reviewed here. These include (a) examining the client’s negative beliefs about premarital counseling (Curtis, 1984), (b) providing a meaningful rationale for participation (Deci et al., 1994), (c) presenting the client with options (Deci et al., 1994), and (d) role induction (Walitzer, Dermen, & Connors, 1999).
Clients are likely to hold beliefs about the value and process of premarital counseling (Curtis, 1984). Some of these beliefs may be positive, while others may be negative. As an example of a belief that may impact negatively the client’s motivation for entering premarital counseling, Valiente, Belanger, and Estrada (2002) found that some clients fear that premarital counseling may actually have a negative impact on their relationship, as the experience may raise new areas for relationship conflict. When clients present for premarital counseling with a belief such as this one, the provider can help the clients examine this belief, as well as weigh the costs and benefits of attending premarital counseling. This exploration can help the client to develop a more balanced attitude toward the premarital counseling experience.

Another strategy for promoting internal motivation in premarital counseling clients is to provide the client with a meaningful rationale for participating in the intervention (Deci et al., 1994). Williams (1992) found that 96.5% of engaged couples “believed that their marriages would be happy and successful” (p. 513). Therefore, many couples may not feel as though they are in need of premarital counseling. Many couples may enter marriage underestimating the challenges and work involved in maintaining a happy and successful marriage over time. The premarital counseling provider can assist clients in identifying their own meaningful reasons for entering premarital counseling by helping the couple determine how the intervention is consistent with their goal for a happy and successful marriage.

The third strategy to promote internal motivation involves presenting the client with options throughout the premarital counseling experience. Examples may include giving the couple options about the format of the sessions and the topics that they can
discuss. Couples will be more internally motivated to participate in the intervention when they are able to choose the style and format that is most suitable to their preferences (Deci et al., 1994).

In addition to the above strategies, providers can use a role induction technique to help clients become more comfortable with their role in the premarital counseling experience (Walitzer, Dermen, & Connors, 1999). Role induction helps clients understand what they can expect as a client in premarital counseling. In the beginning of the premarital counseling program, the provider explains to the couple what will be expected of them, as well as how they can get the most out of the experience.

In all, these strategies can help to promote internal motivation for clients in premarital counseling. A couple’s motivation for being in premarital counseling is likely to change over time, and the provider can assist the couple in becoming more internally driven to have a positive experience.

**Developing Premarital Counseling Programs for Diverse Populations**

Holman (2001) states, “Most premarital educational and therapeutic interventions are based on the assumption that understanding and improving premarital individual and couple interactional factors can influence both the quality and stability of the marital relationship” (p. 1). The focus of my study has been the manner in which these couple characteristics influence the process and outcomes of premarital interventions across diverse client populations. In order to better meet the needs of the diverse clients who enter premarital counseling, providers can develop more thorough assessment strategies, modify standardized programs to suit each couple’s unique needs, and develop research-based programs to determine which interventions are most appropriate for each client.
Thorough assessment at the outset of premarital counseling allows practitioners to identify which aspects of clients’ relationships are most in need of attention during the counseling program. Practitioners can assess issues within the five-factor model proposed in my study: couple interactional processes, family-of-origin influences, the social context, individual characteristics, and motivation for entering premarital counseling. Providers in my study suggested that issues related to couple interactional processes, family-of-origin influences, and individual characteristics hold the most powerful influence on the degree to which couples benefit from premarital counseling. However, each couple may demonstrate unique needs in each area, so providers should assess each couple’s needs individually. A number of premarital assessment instruments can be used as a basis for this exploration, such as the PREParation for Marriage Questionnaire (PREP-M; Holman, Busby, & Larson, 1989); the RELATE assessment (Holman, 2001); the Facilitating Open Couple Communication, Understanding, and Study (FOCCUS; Markey, Micheletto, & Becker, 1985); the Cleveland Diocese Evaluation for Marriage (CDEM; Bechtold & Rebol, 1988); the Premarital Personal and Relationship Evaluation (PREPARE; Olson, Fournier, & Druckman, 1986); and the Premarital Inventory Profile (PMIP; Burnett & Sayers, 1988). No single assessment offers a complete picture of all of the factors that are associated with premarital concerns (Larson & Holman, 1995). Therefore, practitioners may wish to use informal assessment techniques (e.g., open-ended interviewing) to complement or replace formal assessment. Assessment at the start of premarital counseling can aid the practitioner in determining each couple’s unique needs to address couple interactional processes, family-of-origin influences, the social context, individual characteristics, and motivation for entering premarital counseling.
As stated earlier, Carroll and Doherty (2003) suggested that standardized programs may not be useful for addressing couples’ unique needs. However, this suggestion does not imply that standardized programs are of no value. Indeed, there is significant research that demonstrates that standardized programs such as PREP are effective at producing positive outcomes for couples (Renick & Blumberg, 1992; Sayers, Kohn, & Heavey, 1998; Stahmann, 2000; Stanley, 2001). However, research also suggests that all couples do not respond equally to standardized programs, and outcomes are influenced by couple background characteristics (Halford, Sanders, & Behrens, 2001; VanWidenfelt & Hosman, 1996). In the current investigation, providers of premarital counseling scored 36 of the 37 couple background characteristics included on the PCS with an average rating of “somewhat influential” on the degree to which couples benefit from premarital counseling. This suggests that a number of client characteristics can influence their needs in a premarital counseling program. Therefore, providers who use standardized formats should consider the value of adapting the standardized format to meet the needs of each couple. One caution with modifying standardized programs must be noted, however. Practitioners who choose to modify their program must do so with the understanding that modifications mean that outcomes that were established by previous research may not apply to the modified program. Thus, practitioners must weigh the benefits and risks of adapting standardized programs on an individual, rather than an aggregate, level.

One strategy for practitioners to increase the likelihood that new or modified programs will be effective is to develop programs that are based on the most current research on premarital counseling, engaged couples, and marital development (Silliman
Although perfectly accurate prediction of marital outcomes, or even premarital counseling outcomes, is not possible on an individual level (Larson & Holman, 1994), certain trends can assist program developers in creating programs that are most likely to benefit couples. As noted earlier, the findings of my study suggest the following considerations for the development of premarital counseling programs:

(a) programs should address topics that are most relevant to the needs of clients,
(b) programs may incorporate strategies to enhance clients’ intrinsic motivation to participate, and (c) in order to meet the needs of diverse client populations, programs should incorporate flexibility in the structure and format of the program. These and other research findings can guide program developers in creating effective premarital counseling programs.

**Implications for Premarital Counseling Policy**

As with most political actions, a debate surrounds the involvement of the government in family life issues, such as premarital counseling. The findings of my study have implications for this public policy issue. Across the country, a number of states have already implemented policies to promote marriage education (Gardiner et al., 2002), although governmental efforts to promote healthy marriages and families vary in their scope and conditions. What such initiatives share is a common assumption that successful marriage skills can be taught to couples (Campbell, 2002). In addition, marriage promotion efforts rest on the assumption that healthy families contribute to healthy societies. Indeed, the government holds more than a merely altruistic stake in the promotion of marriage and family life. The impetus for the government to become involved in marriages and families is based on numerous economic and political motives. Government agencies are involved in the formation and dissolution of marriages, and
therefore the government is a stakeholder in family outcomes (Campbell, 2002).
Politicians often contend that marriages are positive for society for the following three reasons: (a) commitment to marriage leads to economic and lifestyle stability, (b) marriage serves to connect individuals to society, and (c) marriage produces positive outcomes for children (Lewis, 2001). Politicians often assert that children in two-parent households have an economic advantage over children in single-parent households (Fremstad & Primus, 2002). More specifically, proponents of government-endorsed premarital counseling claim that premarital counseling helps couples to learn about various aspects of family life, develop realistic expectations for marriage, develop a value for commitment in marriage, and make significant decisions about the status of their relationship (Stanley, Markman, & Jenkins, 2002). Thus, policies designed around marriage and family life are often related to economic and political motives toward improving the larger society.

Despite some degree of support for family promotion legislation, some groups argue that the government should not assume such a powerful influence over family matters. Such opponents argue that training for marriage is not a cure-all for family problems (Ainslie, 2002). In addition, they point to the fact that most marriage promotion programs are not proven to be effective at preventing divorce and improving marital quality, which may mean that the government is spending money on ineffective programs (Lerner, 2002). Even more significantly, opponents raise the possibility that using welfare funds to support marriage promotion activities may redirect funding intended to aid low-income populations into services for wealthier populations (Levin-Epstein, Ooms, Parke, Roberts, & Turetsky, 2002).
Governmental promotion of families and marriage also raises a potential value conflict. For example, McLaughlin (2001) argues that marriage promotion is a form of social engineering toward conservative values. Pinsof (2002) also suggests that social policies should be designed to assist people in all forms of families, not just married, two-parent homes. Additional common arguments made in opposition to government involvement in families include the following: (a) some people view marriage as a private matter; (b) the government may not be the best entity to promote marriage, and may not be adequately equipped to do so; (c) marriage promotion actions promote traditional, perhaps oppressive, ideals of female subordination in the family; (d) marriage promotion may make it more difficult for people to leave abusive, violent marriages; (e) promoting marriage may inadvertently blame single parents for problems in their children; (f) marriage promotion discriminates against homosexuals and their families; (g) the trend toward increasing divorce may not be reversible in response to any social policies; and (h) other groups such as religious organizations or nonprofits are more appropriate avenues for changing family trends (Ooms, 2002b).

The presence of the policy debate surrounding government endorsement of premarital counseling indicates the need for increased research that examines the effectiveness and impact of government-supported marriage and family promotion policies (Levin-Epstein et al., 2002). In response to the debate over government involvement in family life, Parke and Ooms (2002) recommend the following criteria be used to evaluate the effectiveness and usefulness of marriage promotion policies: (a) child well-being should be the ultimate goal of any family-related policies; (b) policies should promote healthy marriages, not just marriage for its own sake;
(c) policies should attend to possible negative outcomes of programs and other activities; (d) policies should have broad public support; (e) government-supported programs should involve community collaboration; and (f) policies should be based on the most current theories and/or research. Ooms (2002b) argues that current marriage policies and programs are not specific or detailed enough to bring about the desired changes. Indeed, there are many facets to the problems facing today’s families. Ooms argues that marriage initiatives should be flexible, creative, and be evaluated thoroughly prior to wide implementation in order to be effective (Ooms, 2002a). Levin-Epstein et al. (2002) add that government agencies should take steps to ensure that policies also provide aid to couples for whom marriage would not be appropriate, such as couples in which there is interpersonal violence. In addition to the above recommendations, Carroll and Dougherty (2003) add that policy-makers should ensure that initiatives are based on solid research and ensure funding for such research and programs.

Of course, there are limitations to the degree to which government policies can influence family life. As one participant in my study stated, “You can’t legislate values and commitments.” However, there are a number of different ways that policies can attempt to promote sustainable marriages, and not all relate directly to promoting marriage education. For example, Lewis (2001) recommends that marriage promotion policies should focus on assisting couples in balancing work and family roles (e.g., paid family leave) as opposed to somehow privileging marriage. Overall, public policies aimed at promoting premarital counseling are a component of comprehensive marriage and family promotion policy packages and should be implemented in a manner that
assures the most beneficial effects possible. Based on the findings of my study, the following additional recommendations for public policy can be made.

1. Efforts should be made to increase the accessibility of premarital counseling to diverse populations. My study confirms previous findings (Fraenkel, Markman, & Stanley, 1997; Sayers, Kohn, & Heavey, 1998) that premarital counseling occurs most commonly in religious institutions. Because of this, couples who have no affiliation with a religious institution may have less access to premarital intervention services. One strategy to improve the accessibility of premarital counseling to wider segments of the population is to increase the availability of these programs in community agencies. Only 0.98% of the participants in my study offer premarital counseling in a community agency setting. However, community agencies may have the resources and community presence to introduce premarital counseling interventions to new client populations.

Silliman and Schumm (2000) argued that premarital counseling providers should be a diverse population in order to promote more diversity on the behalf of participants. The findings of my study suggest that providers comprise a rather homogeneous population. For example, most respondents were male (86.76%), most identified their ethnic background as Caucasian (80.1%), and most identified their professional affiliation as clergy (81.46%). Therefore, efforts to recruit a more diverse group of qualified professionals to provide premarital counseling can help to increase the accessibility of services to a wider population.

2. In order to be applicable to diverse populations, policies that endorse premarital counseling should allow for flexibility related to the format, type of providers, timing, and topics addressed in premarital counseling. Each couple who enters premarital
counseling has unique needs to be addressed prior to marriage. Rigid prescriptions to include only certain topics increase the likelihood that unique problem areas for individual couples will not be addressed. Therefore, policies may recommend a number of different topics and formats that can be adapted to meet the needs of clients. In improving the accessibility of premarital counseling, policymakers must consider how diverse populations may benefit differentially from premarital counseling programs, and then respond by implementing programs that account for the unique needs of each marrying couple.

3. Policies should include standards for the professionals who are eligible to provide premarital counseling programs. Of the respondents in my study, 32.32% indicated that they had received no specialized training in premarital counseling and/or education. This is consistent with the findings of Jones and Stahmann (1994), which demonstrated that a large proportion of premarital counseling providers have received no specific academic training in premarital counseling. Several participants in my study indicated a need for more policy attention to developing training standards for providers of premarital counseling. For example, providers made the following remarks on this issue:

- “[Premarital counseling] is only as effective as the counseling session is performed. I feel many clergy are counseling with NO education in the area of marriage. Some certification should be required to ensure adequate coverage and understanding of proper techniques.”
- “[Policies] could be more effective by establishing guidelines for [the] person doing the counseling and not just the material.”
- “I fear that some of the counseling in the part of some of the counselors is poor. I would like to see some training made available to all ministers and others.”
- “I believe the certification should be more stringent to assure a uniform quality.”
Silliman, Schumm, & Jurich (1992) suggest that providers of premarital counseling should collaborate, network, and make appropriate referrals in order to enhance client services. In fact, clients in one study preferred a team of providers to a single provider (Williams & Riley, 1999). More opportunities for professional training may become available with increased collaboration between professional groups.

4. **Policymakers should develop strategies to emphasize the intrinsic benefits of premarital counseling, as opposed to extrinsic incentives.** A substantial amount of research suggests that individuals are more likely to derive long-term benefits from counseling and educational interventions when their participation is internally motivated (e.g., based on a desire to learn about oneself), as opposed to externally motivated (e.g., to receive a financial incentive) (Cartwright & Lerner, 1963; Deci & Ryan, 1985; Keithly, Samples, & Strupp, 1980; Pelletier, Tuson, & Haddad, 1997; Sifneos, 1978). Several participants in this survey verified the application of this research to premarital counseling. For example, as one respondent indicated, “So long as the emphasis is primarily based on financial discount, the endorsement is of little value.” Another respondent suggested that premarital counseling “needs to be promoted/or seen as a benefit versus ‘court ordered’ approach.” In addition, another respondent asserted that “the financial inducement to couples is not very great, so many couples don’t bother.” Therefore, strategies to increase awareness of the intrinsic benefits of premarital counseling may help to enhance the value of the experience. Such strategies may include educational interventions and media campaigns describing the benefits of premarital counseling.
5. Policies should introduce premarital counseling as one intervention in a series that occurs throughout the developmental life span of marriage. Unique background characteristics are likely to exhibit a variable influence on a couple’s marriage at different stages of their relationship. Because the benefits of premarital counseling are less evident over the long-term (Carroll & Doherty, 2003; Halford, Sanders, & Behrens, 2001), marriage enrichment interventions should occur throughout the duration of a marriage. As one provider stated, “Couples need pre and post marital counseling sessions.” Another provider added, “I believe that premarital counseling is very important, but each stage of change in a new marriage needs counseling, at least until the couple can mutually support each other.” Such interventions could occur at the transition to parenthood, during times of family stress, and/or when children leave the home. Policies should be developed to encourage couples to attend these forms of interventions, as well as to make such programs more accessible to wider segments of the population.

6. Policymakers should involve premarital counseling providers and researchers in the process of creating policies that promote early marital interventions. Through their experience, providers and researchers become aware of the needs and experiences of couples who plan to marry. Providers and researchers can serve as valuable sources of information to policymakers as they consider how to implement policies and programs that will be most likely to achieve the desired outcomes. In addition, experienced providers can assist policymakers in developing standards of practice aimed at enhancing the quality of premarital counseling services. Several respondents provided suggestions that could be considered in the development of premarital counseling and other family-related policies. These suggestions included the following:
• “I believe more incentives could be employed to get more couples into premarital counseling.”

• “I think it is very important that couples are required to attend counseling sessions. It should be required with NO exceptions.”

• “It would be much better if the state considered covenant marriage as an additional way of getting couples to make a more serious commitment.”

• “I believe that all couples should have premarital counseling before a license is issued.”

• “An added benefit that I have found is to hear from couples how much they appreciate knowing that their relationship is valued by the community. A community coordinated message to pay more attention to the relationship seems to be a necessary approach in affirming healthy, realistic decisions before a marriage takes place.”

• “We have more requirements for getting a drivers license than we do on a marriage license.”

7. Policies should include a strategy to keep current, up-to-date lists of registered premarital counseling providers. Based on the responses to this survey, the lists of premarital counseling providers that are maintained by the counties in the state of Florida contain a large amount of out-of-date information. This is evidenced by the large percentage (20.1%) of invitations to participate in the research that were returned as undeliverable, as well as the percentage (11.88%) of respondents who indicated that they had not provided premarital counseling within the past year. In order to make further research in this area possible and pragmatic, registries will need to remain current with respect to the providers on the lists, as well as the contact information for these individuals.

**Implications and Recommendations for Premarital Counseling Research**

The implications of my study for future research include the following:

(a) Continued efforts to evaluate the effectiveness of premarital counseling with diverse
populations, (b) increased attention to client risk factors, (c) the need for assessment in premarital counseling, (d) provider variables, (e) developing standards for the inclusion and exclusion of topics, and (f) further validation of the five-factor model of client characteristics proposed in my study.

Premarital Counseling with Diverse Populations

Prior to my study, there had been a call for more attention to diverse client background characteristics in premarital counseling research (Carroll & Doherty, 2003; Christensen & Heavey, 1999; Silliman & Schumm, 2000). The need for this focus on client characteristics stems from the over-reliance in previous research on samples comprised of white, middle-class college students (Carroll & Doherty, 2003; Christensen & Heavey, 1999; Holman, 2001; Silliman & Schumm, 1995; Silliman & Schumm, 2000; Silliman, Schumm, & Jurich, 1992; Valiente, Belanger, & Estrada., 2002). Because of the homogeneity of the samples used in previous research, it has been difficult to generalize the findings of these studies to more diverse populations.

The call for increased research on premarital counseling with diverse populations is important, yet it does not define operationally the term “diverse,” as clients may be diverse on many different levels. Commonly, diversity refers to social context variables, such as race and socioeconomic status. However, couples may differ in many other ways as well. The findings of my study suggest that researchers should assess the influence of the five factors included in the model examined in my study (couple interactional processes, family-of-origin influences, the social context, individual characteristics, and motivation for entering premarital counseling) when studying the effectiveness of premarital counseling programs. Because it may not be possible to evaluate the impact of every client characteristic when conducting research, it becomes necessary to identify the
most relevant characteristics. Based on the results of my study, researchers should focus on couple interactional processes, family-of-origin influences, and individual characteristics. Researchers can further examine the five-factor model proposed in my study and determine how each of the client characteristic factors influences the process and outcomes of premarital counseling.

Different clients are suitable for different types of interventions (Aubrey, Bond, & Campbell, 1997). Also, clients who enter premarital counseling are likely to change throughout the course of the intervention, even if they exhibit low intrinsic motivation to attend at the outset (Rosenbaum & Horowitz, 1983). Therefore, future research will be most useful if it focuses on identifying which premarital intervention formats are most effective with different types of clients in different situations, as opposed to focusing on developing criteria for screening out inappropriate clients from premarital counseling. In addition, research on standardized programs can evaluate the differential effectiveness of programs based on various client background characteristics.

Client Risk Factors in Premarital Counseling

As couples who are at the highest risk for developing marital distress may be less likely to enter premarital counseling programs (Carroll & Doherty, 2003; Silliman & Schumm, 1995; Sullivan & Bradbury, 1997), future research should consider how to make programs more accessible to at-risk couples. However, program developers must bear in mind that numerous factors can place a couple at-risk for marital distress and divorce, including demographics, individual characteristics, and the quality of relational interactions. Also, risk factors may develop over the course of the relationship. Essentially, there is no single variable that puts all couples at-risk for distress (Kurdek,
1993). Because risk factors vary, providers and program developers must consider a wide range of client characteristics and risk factors.

With only approximately 30 to 35 percent of couples likely to attend premarital counseling (Fraenkel, Markman, & Stanley, 1997; Olson, 1983), efforts to increase the accessibility of premarital counseling to all populations, and particularly to at-risk populations, are needed. Researchers should continue to examine the relationship between the client characteristics addressed in my study and commonly identified risk factors for marital distress. Halford, Sanders, and Behrens (2001) assert that more research is needed to determine which risk factors are most relevant to relationship education programs, such as premarital counseling. My study suggests that risk factors related to couple interactional processes, family-of-origin influences, and individual characteristics may be the most relevant area for this research, and the five-factor model of client characteristics can serve as a framework for further consideration of the relationship between risk factors and relationship education programs.

Future research should also examine the differential effects of risk factors for men and women. In my study, providers were not asked to differentiate between male and female client background characteristics. However, previous research has demonstrated that gender may play an important role in determining the relative influence of risk factors for marital distress (Terling-Watt, 2001). For example, many studies show that females appear to be affected more negatively by the experience of parental divorce than males (e.g., Booth & Edwards, 1989; Jacquet & Surra, 2001; Levy, Wambolt, & Fiese, 1997; Sanders, Halford, & Behrens, 1999). Most risk factors for divorce have a very low predictive value in predicting divorce on an individual level (Terling-Watt, 2001). Just as
many factors interrelate to contribute to risk for divorce, many client factors contribute to
the process and outcomes in premarital counseling. Future research should attend to the
interplay of marital distress risk factors, as well as their relevance for premarital
counseling.

Assessment of Client Characteristics in Premarital Counseling

Because client characteristics may exhibit a powerful influence on the process and
outcomes in premarital counseling, future research should examine how providers can
assess most effectively these characteristics at the outset of the intervention. Related to
this issue is how providers can modify programs to meet the unique needs of each couple.
For example, if a couple presents with low intrinsic motivation at the start of the
program, the provider may utilize motivational strategies to enhance the clients’
motivation to participate in the program (Curtis, 1984; Deci, Eghrari, Patrick, & Leone,
1994; Walitzer, Dermen, & Connors, 1999). Future research should also examine the
merits of modifying premarital counseling programs based on client assessments.

Provider Variables in Premarital Counseling

The majority of the participants in my study were clergy, and members of other
professional groups represented a much smaller proportion of the total sample. Because a
more diverse population of premarital counseling providers can enhance clients’
accessibility to services, future research should examine strategies to promote training in
and awareness of premarital counseling in various professions, such as mental health
counselors, school counselors, marriage and family therapists, clinical social workers,
and psychologists. Research efforts can attempt to develop effective training standards
for professionals who wish to offer premarital interventions to couples.
In addition, future research can explore the reasons that certain professional groups, such as mental health professionals, appear to be less likely to offer preventive interventions. For example, Stahmann (2000) writes that, while they have adequate training and experience to be effective premarital counseling providers, most marriage and family counselors do not view premarital counseling as part of their practice. Also, they are most likely to provide premarital counseling only to those couples who are entering a second marriage. Issues for further exploration may include professional identity, lack of training, and awareness of a lack of funding for prevention. Stacey and Herron (2002) write, “Structurally, the mental health system remains predominantly illness driven in design and practice, particularly in the adult area” (p. 5). Therefore, research that examines the degree to which mental health professionals have internalized the illness model of mental health treatment may provide clues for how to increase the likelihood that these professional groups will offer premarital counseling.

**Inclusion and Exclusion of Topics**

More research is needed to examine inclusion criteria for the various topics that may be addressed in premarital counseling programs. Because time limitations render it likely that not all possible topics can be addressed in premarital counseling programs, future research should continue to examine which topics are most appropriate to address with which couples. Russell and Lyster (1992) found that a number of different couple background characteristics can influence their preferences for topics in premarital counseling.

Providers rated all 23 topics included on the PCS as either “very important” or “somewhat important” to address in premarital counseling. Therefore, the needs of the couple may be most relevant in determining which topics are addressed in a premarital
counseling session. Also, providers may choose which topics to discuss based on their own experience, training, and preferences. For example, in my study, mental health professionals rated problem-solving skills as significantly more important to address in premarital counseling compared with clergy. This suggests that providers may conduct premarital counseling differently based on their professional affiliation. Future research may examine how providers choose which topics they address, as well as identify the most effective strategies for doing so with diverse client populations.

Validation of the Five-Factor Model

Another area for future research is further empirical investigation of the five-factor model proposed in my study. A factor analysis of this model should be conducted to confirm whether the items in Sections One and Two of the PCS group into a pattern that is consistent with the hypothesized factor structure for the scale (Penfield, 2003). The intended five-factor structure of the instrument includes the following factors: couple interactional processes, family-of-origin influences, the social context, individual characteristics, and motivation for entering premarital counseling. In addition, future research should continue to examine the psychometric properties of the PCS, as well as its validity with other populations of premarital counseling providers.

Summary

Scholars, practitioners, policymakers, and researchers in the area of premarital counseling should consider the complex interactions between client background characteristics and topics in premarital counseling. Each premarital counseling client has many qualities and experiences that may influence their approach to preparing for marriage. In addition, clients may have unique needs to address various topics in premarital counseling. My study investigated premarital counseling providers’
assessments of the relative importance of client background characteristics and topics in premarital counseling.

The findings suggest that the five factors examined in my study (the social context, family-of-origin influences, individual characteristics, couple interactional processes, and motivation for premarital counseling) influence the process and outcomes of premarital counseling. Couple interactional processes, family-of-origin influences, and individual characteristics appear to be the client characteristics that are most influential. Providers are likely to believe that topics related to couple interactional processes and individual characteristics are most relevant for discussion in premarital counseling. In all, further attention to the influence of the social context, family-of-origin influences, individual characteristics, couple interactional processes, and motivation for premarital counseling will enhance theory, practice, policy, and research in the area of premarital counseling.
Dear Participant,

Thank you for taking the time to participate in this research study. The purpose of this study is to learn more about the attitudes and practice patterns of registered providers of premarital counseling and/or education in the state of Florida. The information you provide will be helpful in understanding which couple characteristics and topics are most influential in premarital counseling programs.

The Premarital Counseling Survey used in this study has three sections. The first section will ask you to rate a number of possible characteristics of clients in premarital counseling according to how influential you think each characteristic would be on the process and outcomes of the intervention. In the second section, you will be asked to rate the relative importance of a number of topics that are often included in premarital counseling programs. There will be a different rating scale in each section, and you will find the relevant rating scale at the beginning of each section. The third section is a demographic questionnaire that asks for you to provide some basic background information. In all of the sections, please make only one response per question. Your responses will not be processed until you submit your survey at the end. Therefore, you may change your responses at any time before then.

Completing this survey is voluntary. You may withdraw your consent at any time without any penalty. You do not have to answer any questions you do not wish to answer.
Your responses will be anonymous. Please respond as honestly and thoroughly as possible. There are no anticipated risks to you for participating in this survey. The study will take approximately 20 minutes to complete.

In order to thank you for taking the time to complete this survey, I would like to provide you with a summary of the results of this study upon the completion of this research project. You will find a request page after you submit the survey. Your request for the results of the study will not be connected to your responses and will remain confidential. There are no other benefits to you for participating in this study.

If you have any questions concerning the survey, please contact me by e-mail at cborasky@ufl.edu. Alternatively, you may contact my supervisor, Dr. Peter Sherrard at the Department of Counselor Education, University of Florida, P.O. Box 117046, 1215 Norman Hall, Gainesville, FL, 32611-7046; phone (352) 392-0731; e-mail: psherrard@coe.ufl.edu. Questions or concerns about the rights of participants in this study can be directed to the UFIRB Office, Box 112250, University of Florida, Gainesville, FL, 32611-2250; phone (352) 392-0433.

By clicking on the “I Agree” link below, you are stating that you have read and understand the procedure described above and voluntarily agree to participate in this survey. Once you click on the link, you will be taken to the beginning of the survey.

Thank you once again for your time!

Christine E. Murray, Ed.S.
Doctoral Candidate
University of Florida

I AGREE
Dear Participant,

Thank you for taking the time to participate in this research study. The purpose of this study is to learn more about the attitudes and practice patterns of registered providers of premarital counseling in the state of Florida. The information you provide will be helpful in understanding which couple characteristics and topics are most influential in premarital counseling programs.

The Premarital Counseling Survey used in this study has three sections. The first section will ask you to rate a number of possible characteristics of premarital counseling according to how influential you think each characteristic would be on the process and outcomes of the intervention. In the second section, you will be asked to rate the relative importance of a number of topics that are often included in premarital counseling programs. There will be a different rating scale in each section, and you will find the relevant rating scale at the beginning of each section. The third section is a demographic questionnaire that asks for you to provide some basic background information. In all of the sections, please make only one response per question.

Completing this survey is voluntary. You may withdraw your consent at any time without any penalty. You do not have to answer any questions you do not wish to answer. Your responses will be anonymous. Please respond as honestly and thoroughly as possible. There are no anticipated risks to you for participating in this survey.

In order to thank you for taking the time to complete this survey, I would like to provide you with a summary of the results of this study upon the completion of this research project. If you wish to request a summary of the results, please send an e-mail to cborasky@ufl.edu, including the address to which you would like the summary to be mailed. Your request for the results of the study will not be connected to your responses and will remain confidential. There are no other benefits to you for participating in this study.

If you have any questions concerning the survey, please contact me by e-mail at cborasky@ufl.edu. Alternatively, you may contact my supervisor, Dr. Peter Sherrard at the Department of Counselor Education, University of Florida, P.O. Box 117046, 1215 Norman Hall, Gainesville, FL, 32611-7046; phone (352) 392-0731; e-mail: psherrard@coe.ufl.edu. Questions or concerns about the rights of participants in this study can be directed to the UFIRB Office, Box 112250, University of Florida, Gainesville, FL, 32611-2250; phone (352) 392-0433.

By placing a check mark the “I Agree” square on page one of your survey, you are stating that you have read and understand the procedure described above and voluntarily agree to participate in this survey. Once you have indicated your consent, you may begin the survey. Please include this informed consent in the envelope in which you return your completed survey.

Thank you once again for your time!
Throughout this survey, the term “premarital counseling and/or education program” refers to any form of premarital preparation intervention, including group and individual counseling and/or educational experiences that occur with couples who intend to marry. If you no longer provide premarital counseling, please fill out Part Three only.

Part One

Every couple is unique. A couple’s background characteristics may have an influence upon how much they will benefit from a premarital counseling program. Below is a list of possible characteristics of premarital counseling program participants. Based on your experience across all couples with whom you have worked, how influential do you think each of the following characteristics is in determining the degree to which a couple will benefit from a premarital counseling and/or education program?

Please base your ratings upon the following scale:

- Not at all influential 1
- A little influential 2
- Somewhat influential 3
- Very influential 4

1. The couple reports a history of aggression.

2. One of the partners exhibits poor capacity for self-reflection and self-exploration.

3. One of the partners has low motivation to come to premarital counseling.

4. One partner seems reluctant to meet at the agreed time and place.

5. One of the partners is not comfortable with sexuality in the relationship.

6. One of the partners has few inner resources.

7. Each partner remembers that his or her family members usually were sensitive to one another’s feelings.

8. One partner shows an inability to hold down a job.
9. The couple indicates that the primary reason they are in premarital counseling is to receive a discount on their marriage license.

10. The atmosphere in each partner’s family-of-origin usually was pleasant.

11. The couple appears to have inadequate support between sessions.

12. The couple demonstrates a poor capacity for problem solving.

13. One partner exhibits unresolved grief.

14. The couple displays a tendency to behave destructively towards one another.

15. The partners seem to deny their own part in interactional processes.

16. One partner’s parents were separated or divorced.

17. The couple is interracial.

18. In one of the partner’s family-of-origin, the atmosphere was cold and negative.

19. One of the partners demonstrates a tendency to behave in self-destructive ways.

20. One partner has a criminal record.

21. It is the second marriage for the partners.

22. One of the partners has difficulty in conceptualizing psychological/emotional problems.

23. One of the partners demonstrates no desire for change.

24. The partners avoid eye contact with one another.

25. The couple is obviously very wealthy.

26. One of the partners appears reluctant to understand himself or herself or to gain insight.

27. One or both of the partners are under age 20.

28. One of the partners expresses a limited range of feelings.

29. The couple demonstrates a general difficulty in speaking about thoughts and feelings with one another.
30. The couple is experiencing an immediate crisis.

31. Each partner remembers his or her family-of-origin as being warm and supportive.

32. The couple has limited financial resources.

33. One of the partners does not seem to look beneath the surface.

34. The couple reports poor sexual functioning.

35. Partners come from different religious backgrounds.

36. The partners appear reluctant to identify with feelings of one another.

37. In one of the partner’s family-of-origin, resolving conflict was a very stressful experience.

**Part Two**

**Premarital Counseling Topics**

Based on your experience, how important or unimportant do you feel it is to address each of the following topics in a premarital counseling and/or education program? Please rate each topic according to the following scale:

- Very unimportant 1
- Somewhat unimportant 2
- Neither unimportant nor important 3
- Somewhat important 4
- Very important 5

39. Adjusting to married life
40. Attitudes and beliefs towards marriage
41. The benefits of premarital counseling
42. Careers
43. Commitment to the marriage
44. Communication skills
45. Compatibility of values
46. Conflict resolution
47. Coping Skills
48. The couple’s reasons for entering premarital counseling
49. Emotional management
50. Family Finances
51. Family-of-origin factors
52. Friendships and Social Support
53. Fun and Leisure
54. Gender role expectations/Household tasks
55. The importance of spending time with one’s partner
56. Parenting and Children
57. Personality characteristics
58. Problem-solving skills
59. Religion
60. Romance
61. The sexual relationship
62. Other: _____________________________
63. Other: _____________________________

Part Three
BACKGROUND QUESTIONNAIRE

64. What is your primary professional affiliation? (Please select one.)
   
   Clergy
   Family Life Educator
   Clinical Social Worker
   Marriage and Family Therapist
   Mental Health Counselor
   Psychologist
   Other Church Representative
   Teacher
   Other: _____________________________

65. In what type of setting do you primarily practice premarital counseling and/or education? (Please select one.)
   
   Religious Institution
   Community Agency
   Private Practice
   School
   Other: _____________________________

66. For how many years have you practiced premarital counseling and/or education?
   
   ________ Years

67. Have you received training as a counselor or therapist?
   
   Yes
   No
68. Have you received specialized training in premarital counseling and/or education?

Yes
No

69. Please circle the highest level of education you have earned.

- High school diploma
- Some college
- Associate’s Degree
- Bachelor’s Degree
- Some Graduate School
- Master’s Degree
- Specialist Degree
- Doctorate

70. What is your religious affiliation?

- None
- Anglican
- A.M.E.
- Assembly of God
- Baptist
- Buddhist
- Christian Scientist
- Disciples of Christ
- Episcopalian
- Greek Orthodox
- Hindu
- Jewish
- Lutheran
- Methodist
- Mormon
- Muslim
- Non-denominational Christian
- Pentecostal
- Presbyterian
- Quaker
- Roman Catholic
- Unitarian Universalist
- United Church of Christ
- Other: _____________
71. What is your ethnic background?
   - African American
   - Asian American
   - Caucasian
   - Hispanic
   - Native American
   - Multiracial (Please specify: _______________)
   - Other (Please specify: _______________)

72. Are you male or female?
   - Male
   - Female

73. What is your current age?
   ___________ Years

74. Have you conducted a premarital counseling and/or education program within the past year?
   - Yes
   - No

75. Approximately how many couples have you seen in premarital counseling within the past year?
   ___________ Couples

76. What is the typical length of your premarital counseling program, in hours? (Please consider the entire length of time that you spend with a couple in premarital counseling.)
   ___________ Hours

77. Would you classify your premarital preparation program as a counseling or educational experience?
   - Counseling
   - Educational
   - Both counseling and educational
   - Neither counseling nor educational
78. How effective do you believe the Florida government’s endorsement of premarital counseling is in promoting healthy marriage and reducing the divorce rate? (Please answer in the space below.)
APPENDIX C
SURVEY PRENOTICE E-MAIL AND LETTER

Survey Prenotice E-mail

Subject: An invitation to participate in premarital counseling research

January 6, 2004

Hello!

A few days from now, you will receive via e-mail an invitation to fill out a brief survey for a research project on premarital counseling that I am conducting for my dissertation at the University of Florida.

The purpose of the research project is to learn more about premarital counseling providers in the State of Florida. It concerns the attitudes of providers towards the influence of different characteristics of couples who enter premarital counseling, as well as the importance of various topics that may be included in premarital counseling programs.

I am writing in advance because many people prefer to know ahead of time that they will be contacted to participate in a survey. Because your time is valuable, the survey will take only approximately 20 minutes to complete, and you will have the option to complete the survey either through the internet or through regular mail.

Thank you very much for your time and consideration. It is only with the generous help of people like you that our research can be successful!

Sincerely,

Christine E. Murray, Ed. S., MFT-IR
Doctoral Candidate
University of Florida

P.S. If you wish to complete the survey at this time, you may go to the website listed at the bottom of this page. Once you arrive, you will have the opportunity to fill out the informed consent and complete the survey.

Survey website address
Hello Provider!

A few days from now, you will receive in the mail an invitation to fill out a brief survey for a research project on premarital counseling that I am conducting for my dissertation at the University of Florida.

The purpose of the research project is to learn more about premarital counseling providers in the State of Florida. It concerns the attitudes of providers towards the influence of different characteristics of couples who enter premarital counseling, as well as the importance of various topics that may be included in premarital counseling programs.

I am writing in advance because many people prefer to know ahead of time that they will be contacted to participate in a survey. Because your time is valuable, the survey will take only approximately 20 minutes to complete, and you will have the option to complete the survey either through the internet or through regular mail.

Thank you very much for your time and consideration. It is only with the generous help of people like you that this research can be successful!

Sincerely,

Christine E. Murray, Ed. S.
Doctoral Candidate
University of Florida

P.S. If you wish to complete the survey at this time, you may go to the website listed at the bottom of this page. Once you arrive, you will have the opportunity to fill out the informed consent and complete the survey.

Survey website address
APPENDIX D
E-MAIL AND COVER LETTER INCLUDED WITH SURVEY

E-mail Included with the Survey

January 9, 2004
Dear Provider,

I am writing to invite you to participate in a study of premarital counseling providers that I am conducting for my doctoral dissertation at the University of Florida. This study aims to learn about the attitudes and preferences of providers of premarital counseling in the state of Florida.

It is my understanding that you are eligible to provide premarital counseling to couples in your community. I am contacting a sample of premarital counseling providers in the counties throughout Florida to ask them to take a brief survey.

Results from the survey will help to bridge the theory, research, and practice of premarital counseling. As a provider, you have a unique perspective that is valuable to the advancement of premarital counseling and to the development of new knowledge about couples as they prepare to marry.

Your answers to this survey will be anonymous, and your participation in this study is voluntary. You have the option to complete the survey online or through regular mail. In either format, the study should take approximately 20 minutes to complete. If you are able to complete the survey, please do so by Wednesday, January 28, 2004. If you no longer offer premarital counseling services, please complete Part Three of the survey.

If you wish to complete the survey on-line, please follow the link below to the survey web-site. If your e-mail server does not support links, please type the following web-site address into your browser, and click enter: Website address

If you wish to complete a paper-based survey, please send an e-mail to me at cborasky@ufl.edu. In the e-mail, please indicate the address where you would like the survey to be sent.

If you have any questions about this study, I would be happy to answer them for you. I can be reached via e-mail at cborasky@ufl.edu or at phone number 352-392-0731, ext. 240. Thank you very much for participating in this important study!

Sincerely,

Christine E. Murray, Ed. S., MFT-IR
Doctoral Candidate
University of Florida
Letter Included with the Survey

Dear Provider,

I am writing to invite you to participate in a study of premarital counseling providers that I am conducting for my doctoral dissertation at the University of Florida. This study aims to learn about the attitudes and preferences of providers of premarital counseling in the state of Florida.

It is my understanding that you are eligible to provide premarital counseling to couples in your community. I am contacting a sample of premarital counseling providers in the counties throughout Florida to ask them to take a brief survey. Results from the survey will help to bridge the theory, research, and practice of premarital counseling. As a provider, you have a unique perspective that is valuable to the advancement of premarital counseling and to the development of new knowledge about couples as they prepare to marry.

Your answers to this survey will be anonymous, and your participation in this study is voluntary. You have the option to complete the survey online or through regular mail. In either format, the study should take approximately 20 minutes to complete. If you are able to complete the survey, please do so by Wednesday, January 28, 2004. If you wish to complete the survey on-line, please type the following web-site address into your browser:

*Website address*

If you wish to complete the enclosed paper-based survey, please return it in the enclosed envelope. Please ensure that you have read the enclosed informed consent and indicated that you agree to participate. If you no longer offer premarital counseling services, please complete Part Three of the survey.

If you have any questions about this study, I would be happy to answer them for you. I can be reached via e-mail at cborasky@ufl.edu or at phone number 352-392-0731, ext. 240. Thank you very much for participating in this important study!

Sincerely,

Christine E. Murray, Ed. S., MFT-IR
Doctoral Candidate
University of Florida
Follow-up E-mail

January 19, 2004

Hello Provider!

Last week, you should have received an invitation to participate in a brief survey of registered premarital counseling providers in the state of Florida. Your name was selected from a list of providers in your county. This will be the final follow-up invitation to request your participation. If you have already completed the survey, please accept my sincere thanks. If you have not yet completed the survey, please consider doing so today.

I am especially grateful for your help, because it is only by asking people like yourself to share your experiences with and attitudes towards premarital counseling that we can continue to advance the theory, research, and practice of premarital counseling.

Again, you have two options for completing the survey, and I encourage you to use the option that is most convenient for you. If you wish to complete a paper-based survey, please send an e-mail to me at cborasky@ufl.edu, including the address to which you would like the survey to be sent.

If you wish to complete the survey on the internet, please click on the link below. If your e-mail server does not support links, please type the following website address into your internet browser, and click enter: Website Address

For a brief period of time last week, the website was unavailable on-line. All technical problems have now been fixed, and you should be able to reach the site above by a direct link. If you are unable to access the survey using the link above, the same survey is also available at the following website: Website Address

Please remember that your responses will remain anonymous, and participation in this study is voluntary. Both the internet and paper of the survey take approximately 20 minutes to complete. If possible, please complete the survey on or before Wednesday, January 28, 2004. Thank you very much for your time. Your participation in this study is very much appreciated!

Sincerely,

Christine E. Murray, Ed. S., MFT-IR
Doctoral Candidate
University of Florida

P. S. If you have any questions, please feel free to contact me via e-mail at cborasky@ufl.edu
Follow-up Letter

January 16, 2004

Dear Provider,

Last week, you should have received an invitation to participate in a brief survey of registered premarital counseling providers in the state of Florida. Your name was selected from a list of providers in your county.

If you have already completed and returned the survey, please accept my sincere thanks. If you have not yet completed the survey, please consider doing so today. I am especially grateful for your help, because it is only by asking people like yourself to share your experiences with and attitudes towards premarital counseling that we can continue to advance the theory, research, and practice of premarital counseling.

Again, you have two options for completing the survey, and I encourage you to use the option that is most convenient for you. If you wish to complete a paper-based survey, I have enclosed a second copy of the survey in this mailing. You may complete this survey and return it in the enclosed envelope.

If you wish to complete the survey on the internet, please type the following website address into your internet browser, and click enter:

Website address

Please remember that your responses will remain anonymous, and participation in this study is voluntary. Both the internet and paper of the survey take approximately 20 minutes to complete. If possible, please complete the survey on or before Wednesday, January 28, 2004.

Thank you very much for your time. Your participation in this study is very much appreciated!

Sincerely,

Christine E. Murray, Ed. S.
Doctoral Candidate
University of Florida

P. S. If you have any questions, please feel free to contact me via e-mail at cborasky@ufl.edu
APPENDIX F
INSTRUCTION FORM FOR RESULTS REQUEST

Request for Results

Thank you very much for taking the time to complete this survey! To thank you for your time, I would like to provide a summary of the results of this study to you once the project is complete. This request is not linked to your responses to your survey. In addition, your request for the results will remain confidential.

If you would like to receive a summary of the results, please send your e-mail address to cborasky@ufl.edu. Please include "Request for summary of results" in the subject line.

If you have any questions about this study, please contact me at cborasky@ufl.edu. You may also contact my supervisor at the University of Florida, Dr. Peter Sherrard, at psherrard@coe.ufl.edu. If you have any questions about the rights of participants in this study, please direct them to the UFIRB Office, P.O. Box 112250, University of Florida, Gainesville, FL, 32611-2250; phone (352) 392-0433.

Once again, thank you very much for taking the time to participate in this study!
APPENDIX G  
FLORIDA COUNTIES INCLUDED IN THIS STUDY

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<table>
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</tr>
<tr>
<td>Volusia</td>
<td>Wakulla</td>
<td>Walton</td>
</tr>
</tbody>
</table>

Chartered Counselling Psychologist

22 High Street,
Steyning,
West Sussex,
BN44 3GG
Tel: (01903) 879677
e.mail: christine@orwellcottage.org.uk

Christine E. Murray, Ed.S., MFT-IR
Doctoral Candidate
Department of Counselor Education
University of Florida

17th September
2003

Dear Ms Murray,

I am writing to give my permission for you to use the survey questionnaire used in the research article: 'Clients' suitability for counselling: the perceptions of counsellors working in general practice', published in Counselling Psychology Quarterly in 1997.
I wish you well for your research and would be pleased to receive a copy of your report.

Yours sincerely,

Christine Aubrey
APPENDIX I
SUMMARY OF PILOT STUDY FINDINGS

Pilot Study Response Rates

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<thead>
<tr>
<th>Description</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Total number of potential participant contact attempts</td>
<td>105</td>
</tr>
<tr>
<td>E-mail address not functional/Did not receive survey</td>
<td>19</td>
</tr>
<tr>
<td>Not providing Premarital Counseling anymore</td>
<td>6</td>
</tr>
<tr>
<td>Completed Entire Survey</td>
<td>24</td>
</tr>
<tr>
<td>Total non-adjusted response rate</td>
<td></td>
</tr>
<tr>
<td>Response rate, considering non-functional e-mails</td>
<td>24/86 = 0.279</td>
</tr>
<tr>
<td>Response rate, considering non-functional e-mails and no longer providing premartial counseling</td>
<td>24/80 = 0.3</td>
</tr>
</tbody>
</table>

Pilot Study Respondents’ Background Characteristics (n = 24)

<table>
<thead>
<tr>
<th>Professional Affiliation</th>
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<tbody>
<tr>
<td>Clergy</td>
<td>80%</td>
</tr>
<tr>
<td>Clinical Social Worker</td>
<td>4%</td>
</tr>
<tr>
<td>Mental Health Counselor</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
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</table>

<table>
<thead>
<tr>
<th>Practice Setting</th>
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<tbody>
<tr>
<td>Religious Organization</td>
<td>88%</td>
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<tr>
<td>Private Practice</td>
<td>12%</td>
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</table>

<table>
<thead>
<tr>
<th>Training/Experience</th>
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<tbody>
<tr>
<td>Average number of years providing premarital counseling</td>
<td>17.72</td>
</tr>
<tr>
<td>Has received training as a counselor</td>
<td>72%</td>
</tr>
<tr>
<td>Has received specialized training in premarital counseling</td>
<td>70.8%</td>
</tr>
<tr>
<td>Has conducted a premarital counseling program within the past year</td>
<td>95.8%</td>
</tr>
</tbody>
</table>
Average number of couples seen in premarital counseling in the past year 15.88
Average typical length (in hours) of time spent with each couple in premarital counseling program 10.00

Highest Level of Education Attained
Some college 4%
Associate’s Degree 4%
Bachelor’s Degree 8%
Some graduate school 8%
Master’s Degree 52%
Specialist Degree 4%
Doctorate 20%

Religious Affiliation
Buddhist 4%
Episcopalian 12%
Jewish 4%
Lutheran 4%
Methodist 12%
Non-denominational Christian 20%
Roman Catholic 24%
Unitarian Universalist 4%
United Church of Christ 4%

Ethnic Background (participants selected all that applied)
Caucasian 96%
Hispanic 8%
Native American 4%
Other 4%

Gender
Male 70.8%
Female 29.2%

Age
Mean 50.12 years
APPENDIX J
THEORETICAL CONSTRUCTION OF ITEMS ON THE PCS

This appendix presents the theoretical subscales of Sections One and Two. For each subscale, the corresponding Cronbach’s alpha coefficient is presented. The item-subscale correlation follows each item.

**Theoretical Construction of Section One (α=0.95)**

**Couple interactional processes:** (α=0.92)
1. The couple reports a history of aggression. \( (r=0.68) \)
5. One of the partners is not comfortable with sexuality in the relationship. \( (r=0.72) \)
12. The couple demonstrates a poor capacity for problem solving. \( (r=0.80) \)
14. The couple displays a tendency to behave destructively towards one another. \( (r=0.84) \)
15. The partners seem to deny their own part in interactional processes. \( (r=0.78) \)
24. The partners avoid eye contact with one another. \( (r=0.69) \)
29. The couple demonstrates a general difficulty in speaking about thoughts and feelings with one another. \( (r=0.61) \)
34. The couple reports poor sexual functioning. \( (r=0.66) \)
36. The partners appear reluctant to identify with feelings of one another. \( (r=0.77) \)

**Individual Characteristics:** (α=0.88)
2. One of the partners exhibits poor capacity for self-reflection and self-exploration. \( (r=0.61) \)
6. One of the partners has few inner resources. \( (r=0.59) \)
8. One partner shows an inability to hold down a job. \( (r=0.70) \)
13. One partner exhibits unresolved grief. \( (r=0.55) \)
19. One of the partners demonstrates a tendency to behave in self-destructive ways. \( (r=0.73) \)
20. One partner has a criminal record. \( (r=0.54) \)
22. One of the partners has difficulty in conceptualizing psychological/emotional problems. \( (r=0.66) \)
28. One of the partners expresses a limited range of feelings. \( (r=0.60) \)
33. One of the partners does not seem to look beneath the surface. \( (r=0.62) \)

**Motivation:** (α=0.86)
3. One of the partners has low motivation to come to premarital counseling. \( (r=0.71) \)
4. One partner seems reluctant to meet at the agreed time and place. \( (r=0.74) \)
9. The couple indicates that the primary reason they are in premarital counseling is to receive a discount on their marriage license. \( (r=0.53) \)
23. One of the partners demonstrates no desire for change. \( r=0.75 \)
26. One of the partners appears reluctant to understand himself or herself or to gain insight. \( r=0.70 \)

Social Context: \( \alpha = 0.76 \)
11. The couple appears to have inadequate support between sessions. \( r=0.39 \)
17. The couple is interracial. \( r=0.51 \)
21. It is the second marriage for the partners. \( r=0.45 \)
25. The couple is obviously very wealthy. \( r=0.48 \)
27. One or both of the partners are under age 20. \( r=0.55 \)
30. The couple is experiencing an immediate crisis. \( r=0.36 \)
32. The couple has limited financial resources. \( r=0.43 \)
35. Partners come from different religious backgrounds. \( r=0.48 \)

Family of Origin: \( \alpha = 0.63 \)
7. Each partner remembers that his or her family members usually were sensitive to one another’s feelings. \( r=0.44 \)
10. The atmosphere in each partner’s family-of-origin usually was pleasant. \( r=0.42 \)
16. One partner’s parents were separated or divorced. \( r=0.30 \)
18. In one of the partner’s family-of-origin, the atmosphere was cold and negative. \( r=0.30 \)
31. Each partner remembers his or her family-of-origin as being warm and supportive. \( r=0.38 \)
37. In one of the partner’s family-of-origin, resolving conflict was a very stressful experience. \( r=0.33 \)

Theoretical Construction of Section Two \( \alpha = 0.95 \)

Couple interactional processes: \( \alpha = 0.93 \)
39. Adjusting to married life \( r=0.58 \)
43. Commitment to the marriage \( r=0.70 \)
44. Communication skills \( r=0.83 \)
46. Conflict resolution \( r=0.84 \)
47. Coping Skills \( r=0.77 \)
49. Emotional management \( r=0.71 \)
53. Fun and Leisure \( r=0.55 \)
55. The importance of spending time with one’s partner \( r=0.79 \)
58. Problem-solving skills \( r=0.75 \)
60. Romance \( r=0.72 \)
61. The sexual relationship \( r=0.70 \)

Individual Characteristics: \( \alpha = 0.78 \)
40. Attitudes and beliefs towards marriage \( r=0.56 \)
45. Compatibility of values \( r=0.64 \)
54. Gender role expectations/Household tasks \( r=0.57 \)
57. Personality characteristics ($r=0.60$)

**Motivation:** ($\alpha=0.51$)
41. The benefits of premarital counseling ($r=0.34$)
48. The couple’s reasons for entering premarital counseling ($r=0.34$)

**Social Context:** ($\alpha=0.79$)
42. Careers ($r=0.59$)
50. Family Finances ($r=0.61$)
52. Friendships and Social Support ($r=0.54$)
56. Parenting and Children ($r=0.52$)
59. Religion ($r=0.56$)

**Family of Origin:** (Cronbach’s alpha cannot be calculated for a single item.)
51. Family-of-origin factors (item-scale correlation cannot be calculated for a single item)
APPENDIX K
RESPONSES TO OPEN-ENDED QUESTION ON PCS

Responses to the following open-ended question: “How effective do you believe the Florida government’s endorsement of premarital counseling is in promoting healthy marriage and reducing the divorce rate?”

1. Not very but better than nothing. No model
2. I have not seen any research on if Florida premarital counseling endorsement has changed the divorce rate at all or not. In my own personal experience of 28 years of premarital counseling the vast majority of couples I counseled are still married.
3. Not very but sure is better than nothing!
4. I've never seen or heard statistics to support or not support the endorsement--compared, for example to states that do not encourage counseling. Ergo, no opinion--skeptical.
5. Not effective. The small number who elect to take the course can outweigh the benefits of it.
6. I believe it is very helpful.
7. Not sure of statistics, but I believe if information is applied the divorce rate is greatly reduced.
8. It can be effective...depending on who is doing the counseling. I limit my counseling to those within the church.
10. I believe it is a huge step in the correct direction!
11. It is very important to address the topics listed in this survey with couples. Many couples would never address them on their own.
12. Very effective
13. I don't know, but I believe it has to be of some value, but I know of no statistical data. Again, anything to promote self-awareness and appreciation of one's intended spouse should help them in adjusting to one another in a loving relationship.
14. Haven't seen Florida data yet. Some jurisdictions reported 9% lower divorce rate.
15. Not overly important. I wouldn't marry a couple if they had severe problems in many areas mentioned!
16. There are times when exposure does have a positive effect on a situation. Because of that, I do believe that the more one is exposed to counseling, the more one is prone to be acceptable. Therefore, I think that there has been no harm done by the government's endorsement.
17. I believe that it is very important. So many couples seem to not have discussed some of the more important aspects of being in a life long partnership that is equal.
18. Moderately effective
19. Based on my experience, I would say very effective. At least it provides some avenues by which the couple can improve the quality of their relationship--if they truly desire to do so.
20. Not many couples are requesting counseling in my area. Maybe it should be required for all remarriages. Most of the couples I have seen have been living together for years prior to coming to me. I think that there should be a focus on counseling for couples seeking divorce when children are involved.
21. Not very because it is not required.
22. I believe it's a step in the right direction but don't have enough knowledge or information to determine its effectiveness.
23. It is essential as a Pastor. There are people (couples) who after being studied in a counseling environment I would not marry. If couples are unwilling to participate in premarital counseling, I will not marry them. The health and longevity of a marriage is dependent on their level of commitment and their ability to resolve issues.
24. It can hardly hurt; most couples approach marriage for an astounding variety of reasons, with some unrealistic aims in mind. Hours spent in thoughtful counseling and education may be the only serious conversations either has engaged in on the subject.
25. Not sure.
26. Not only in the state of Florida, but all states should have some kind of premarital program. It will reduce the rate of separation and divorce.
27. I believe it is a step in the right direction. More is better. We are talking about a lifetime.
28. Have not seen any conclusive results of any studies that might have been conducted. If these results are available, I would like to see them. I am glad it is endorsed by Florida.
29. More helpful than not. On a scale of 1 to 5, one being intensely beneficial, 5 being no help at all, I'd score this factor 4.
30. I have not seen enough data to give an opinion on this subject.
31. The program is good to encourage couples to seek guidance, and it seems to work in that regard. As far as reducing the divorce rate--in my belief there is only one solution to that--a restored relationship with God. Otherwise it is just more information without application. Relationship takes commitment to be made whole.
32. I believe we need to go beyond--All ministers and notaries, before conducting any marriage should have training and be recognized by the state as persons who can help start a good family.
33. No opinion
34. I haven't seen any real changes since this program of reduced rates began.
35. I think it is very important. This will help some couples be influenced to believe that premarital counseling is important.
36. Probably has no positive influence on marriage.
37. Not too effective because couples need pre and post marital counseling sessions
38. I believe it is a great tool and many couples I have counseled truly benefited from the sessions. Florida is on the right track!
39. Probably too soon to say. I believe problem solving skills and interpersonal relationship/anger management and etc. should be part of every student's curriculum experience.
40. More should be done with premarital counseling. Couples must complete a divorce session prior to divorce but generally the same emphasis is not given to premarital counseling. For example, if a marriage ends within 3 years, there should be required counseling; If a marriage succeeds in three years, there should be ratification and the presentation of a credit to purchase a home or start a business (writing unclear)
41. I'm not sure of the current statistics, but out of the past 11 couples married by myself, only two of those couples are known to have divorced. I do feel that it greatly helps young couples have a better understanding of what marriage really is. I hope this helps you in some way.
42. Fair
43. Very effective from the standpoint that it helps couples understand the seriousness of the commitment upon which they are to embark. It at least causes them to stop and think a little plus the financial incentive prompts them to seek help whether they believe they need it or not. Helps professionals do their ministry.
44. I believe this endorsement is VERY effective.
45. It is a very good effort to try to urge couples to become more educated, prepared, and committed to marriage and preserving the family, thereby reducing the divorce rate. I applaud such efforts.
46. Not particularly effective.
47. It is only as effective as the counseling session is performed. I feel many clergy are counseling with NO education in the area of marriage. Some certification should be required to ensure adequate coverage and understanding of proper techniques.
48. I have no statistics to base an evaluation on, but I believe the requirement is good.
49. It is a step in the right direction, yet there is a need much more to resolve the problems in the future. There is so much on the horizon just more to cloud the issue and create more problems. The trend of things as away from marriage of one man and woman. Living together out of wedlock, etc., etc.
50. Somewhat effective
51. It brings couples in that may not otherwise have sought counseling on their own. Too early to tell about overall effect.
52. It is very effective and very much needed in keeping the family together. We Americans have a very high divorce rate.
53. The financial inducement to the couples is not very great, so most couples don't bother.
54. It has been very effective. Also, I have married 8 couples and have taken them through premarital counseling and there is none that divorced.
55. Moderately effective in motivating couples to seek some counseling.
56. It is a positive step and could be more effective by establishing guidelines for person doing the counseling and not just the material.
57. Not very effective
58. I don't know the percentage, but thank God they did!
59. It's the best the state can do. It is a great incentive for the couple to get counseling.
60. Garners attention to areas sometimes neglected and avoided.
61. Largely ineffective, I believe more incentives could be employed to get more couples into premarital counseling.
62. Worthy of continued effort.
63. As clearly positive as one could expect in a pluralistic society.
64. I think that it is making an impact in the divorce rate and more couples are participating in premarital sessions. Perhaps you can mail me a copy of your research findings on the current statistics (no address provided).
65. Re: Healthy marriage--very effective; Re: Divorce rate--don't know.
66. Good counseling never hurts! I have no basis for commenting on the state in whole, but we required counseling before the law.
67. ??
68. Somewhat effective.
69. If the present divorce rate is indicative of poor preparation for marriage, then any effort is better than nothing.
70. I believe that young couples need as much help as they can possibly get. In my session, the Bible is used throughout--often, it becomes an evangelistic tool with positive results.
71. Very.
72. Not very effective.
73. Not at all. Those who seek counseling for its own sake are those who benefit most from it. Couples who are not actively engaged in the program generally just "do the time," and receive little benefit other than a discounted license fee.
74. It is a good initiative. I believe that it will reduce the divorce rate.
75. So long as the emphasis is primarily based on financial discount, the endorsement is of little value. To be more effective, there should be a requirement of the four sessions, plus the discount.
76. Very effective.
77. Anything is improvement of where we've been! I applaud the effort--evidence that the state is concerned about family/marriage and their future.
78. I think it is very important that couples are required to attend counseling sessions. It should be required with NO exceptions.
79. Good.
80. Effective--but needs to be promoted/or seen as a benefit vs. "court ordered" approach.
81. It is a good start but a little more time required would be good; 5-8 possibly.
82. I believe the Florida government's premarital counseling endorsement is far less than adequate, even though I'm a provider. I believe couples should be required to receive premarital counseling for a minimum of 4-6 weeks prior to getting married.
83. I think it helps reduce the divorce rate.
84. Proper premarital counseling is very essential to a healthy marriage. The
government's endorsement of it can only be a great help to the family problems in
America.
85. It hasn't touched our lives, really.
86. Somewhat effective
87. The effectiveness of Florida government's endorsement of premarital counseling
is at least a start. I believe that premarital counseling is very important, but each
stage of change in a new marriage needs counseling, at least until the couple can
mutually support each other.
88. I believe it has been very effective.
89. On a scale of 1 to 10, I'd give it a 7. Many couples ask for the counseling to
reduce the high cost of the license. I always explain the reasons for premarital
counseling, and all but 1 couple in the past 10 years have been agreeable to it. I
believe the state's endorsement of premarital counseling is a definite step in the
right direction.
90. I believe the Florida government's endorsement of premarital counseling is highly
effective in today's society because of the many social, cultural, and economic
pressures that affect couples.
91. I am an elder in the congregation of Jehovah's witnesses. I have only done one
couple that are married now. I used information from the cong. using the Bible.
Also a copy of Family Happiness. Thank you for the survey.
92. The state's endorsement of premarital counseling is good because after they are
married and find themselves in conflict, on average, I believe they seek
counseling to resolve issues.
93. I am now semi-retired and pastoring a church related to a Christian Retirement
Community.
94. It is an incentive for newlyweds to come in before marriage, which develops a
relationship for future needs. Most marriages I performed had taken advantage of
the government's offer.
95. It's better to have it than not.
96. Right idea--but you can't legislate values and commitments
97. Somewhat effective
98. Better than no program of encouragement. But won't make a huge difference in
the divorce rate.
99. I think it is helpful
100. I think it can be very helpful. Having couples take a longer, harder look at
themselves individually and their relationship before marriage is good.
101. I think premarital counseling helps to reduce the incidence of divorce. I
appreciate a law that, while not requiring premarital counseling, at least
encourages it.
102. I think some couples would not seek counseling if the state did not
endorse it. After they come, they usually have a positive experience.
103. I believe that it is somewhat effective, but there is more to be done on this
matter. We've come aways but there's much more to be desired.
104. I think it is very important to safeguard the institution of marriage.
    Florida's government endorsement of premarital counseling sends a clear message
that if we have strong and healthy marriages we will have strong churches and governments.

105. Somewhat effective. A personal concern I have is the required document on marriage prepared by the Florida Bar. It seems to be too heavily weighted on information about divorce—which could be depressing to the couple—and seems to be an "advertisement" for the attorney's role.

106. I have not had enough experience in Florida to have an opinion.

107. No comment

108. It has thus far been somewhat effective in the health of marriages. Yet, it has not had a significant impact. I don't believe it has affected the divorce rate. The only way for significant change is through the philosophical approach the counselor engages in his counseling methods. You must remember there are more than twenty plus philosophies of counseling. Not all create healthy marriage partners.

109. It has great potential but like most premarital counseling, the couple has already agreed to marry, in some cases the invitations have been printed, etc.

110. I believe it is helpful. Couples need to enter into marriage with some realistic expectations. Good counseling can help.

111. There is a lack of research being done across the state in the private sector, and I am no aware of any research done generally in the public sector. Thank you for your efforts.

112. Our church utilizes the FOCCUS program (Omaha, NE)

113. The premarital counseling is very important. The couple needs to know what marriage entails. What is the expectations of the husband and the wife. It also teaches that fact that more preparation should be made for marriage, more than the wedding which is just the event. But marriage has to be upkept for a lifetime.

114. Only slightly supportive (Larger reduction in marriage license fee would be helpful) Not allow license until counseling is complete.

115. Premarital Counseling has always been a requirement for weddings I perform. No one has yet refused to comply. The State endorsement has little influence on the couple's decision to comply in our case though the discount offered is often welcomed. Over the past two years I have added a follow-up session after 6-12 months of marriage. 60% participate. I still believe the State endorsement is a positive step even though it has little or no influence on the specific couples with whom I counsel.

116. I think it helps. Could be years before we know the answer to your question.

117. It is a good beginning

118. I haven't got a clue. It was my personal policy to require premarital preparation before I would participate in a wedding. I've always told the couples I don't have any secret information but since I sit with both couples eagerly looking forward to getting married and with those struggling to stay married I know what some of the pitfalls are. I have had very positive response from couples after their marriage about the helpfulness of the premarital preparation.
119. Any endorsement is positive in getting couples to consider counseling. It would be much better if the state considered covenant marriage as an additional way of getting couples to make a more serious commitment.

120. It's always a good idea for people to spend time talking about an upcoming marriage and to learn some tools for dealing with times they get stuck. Couples about to get married really only have eyes and ears for each other. So I ask them to talk to each other about personality types family systems and how to get through rough times. I'm not sure how much it reduces divorce. But it can't hurt.

121. Non-effective. I believe divorce is too easy to obtain and therefore allows the married couple an easy escape instead of working out their problems and situations. Marriage takes daily and total commitment to one another and the willingness to maintain a relationship on a sacred level.

122. There is a need for more improvement on what the couple should go through before becoming married.

123. Marginally

124. 1. You are on the right track. 2. It calls attention to the state's concern for a successful marriage. 3. It requires the couple to at least give some thought to other marriage issues besides just physical attraction.

125. It is a good start. I don't know how effective it is in promoting healthy marriages. I believe the program has not been in place long enough to determine the effectiveness.

126. I have found the six to eight hours I spend with my couples are necessary as we address sensitive subjects such as religion, race, sexuality, children and finances. Thus far I have married 500+ couples and find the three session (prior to ceremony) requirement has been extremely helpful to my couples. I believe (The State of Florida) endorsement of premarital counseling has been effective. Very few couples have contacted me just for the discount. Then again most of the couples I work with have graduate degrees and are in the 28-30 year age bracket.

127. It is not the final answer but it is a step in the right direction.

128. Not certain that the long term results are in yet as to effectiveness in reducing the divorce rate. However I see it as a critical step in the right direction.

129. Not very effective--the government's endorsements can't control how much a couple will benefit from a premarital counseling program. Couple's may choose to go through the counseling and go through the motions without engaging in real exploration of the issues just to save some money on the license. You can lead a horse to water but you can't make them drink!

130. I've been in Florida for about 2 1/2 years and was not aware until recently that the cost of the marriage license could be reduced with counseling. I think that is certainly a step in the right direction. Only one or two of the 20 or so couples I've worked with have mentioned it however. It has not changed what I've always done in trying to prepare people for marriage.

131. Any step to encourage premarital counseling is a step in the right direction. Government should act to strengthen family values and relationships. I don't know of any way to evaluate the effectiveness of the program because I don't know if there is any follow-up of counselees. Has anyone ever contacted...
couples 1 3 5 years after marriage to ask Was your counseling influential or helpful?

The preparation course we use has been shown to reduce the divorce rate from the national average of 50%+ to 18%. We do not require premarital counseling because the state endorses it but because our ministry is to launch strong stable marriages.

It can be very beneficial. But again I lean to the Spiritual side. Marriage is a Spiritual bonding which is expressed in body soul and Spirit. If a couple--male & female--are rightly related to God they can be rightly related to each other. Bonding at this level makes all other issues of less importance. God's primary bond is that of a totally unselfish and unconditional love. When this is shared mutually it is eternally binding. All the counseling apart from a Spiritual bonding is little more than rearranging the deck chairs on the Titanic.

Premarital counseling/education does impact marital health and understanding. A continuing support mechanism such as church family or valued friends that is fostered and emphasized in the couples preparation time dramatically increases the quality of successful marriages.

It's a step in the right direction. A solidly grounded marriage (in the bible) is the corner stone to a healthy Family.

Government's endorsement of premarital counseling has nothing to do with a successful marriage. Only God does. Therefore if you (both male/female) have a relationship with God and you earnestly seek him then that will determine if you promote a healthy marriage thus reducing or even eliminating a divorce rate. Not Government but GOD!

I AM NOT TOO FAMILIAR WITH THE FLORIDA GOVER. ENDORSMENT...

Pre-marital counseling is very important whether it is governmental endorsed or not! I don't know the statistics; however I believe that counseling if entered into with good intentions is bound to help reduce the divorce rate. In the final analysis it is of course up to each couple as to what they will do with the help given.

Of the couples I have seen over the past several years most are only familiar with the governmental endorsement to the extent that it provides the discount on the marriage license. In our particular church there is a requirement for premarital counseling. We charge no fees for this service but the time commitment which includes individual homework couples homework and session time of approximately 12-15 hours may well exceed the monetary savings it provides. I am not familiar with the current research that links the government's position on premarital counseling to change in the divorce rate. However the government coupon does provide an opportunity for couples to consider the benefits of premarital counseling thus creating the opportunity for premarital counselors to expose couples to the long term benefits.

I am not sure that I can answer that question in light of any empirical evidence. However I believe that premarital preparation is very important and requires a commitment on the part of the couple and the pastor/counselor/educator to spend an optimum amount of time in the process. This may require
considerably more than the state has mandated. I am committed to at least six contact sessions each lasting 90 minutes. The entire process can last up to three months. Almost all the issues set out in this survey are addressed in the process. I am convinced that couples who are adequately prepared and are allowed time to reflect upon their decisions and actions are better prepared to proceed to the exchanging of vows. Being able to sustain a relationship while working out issues that are being raised in premarital preparation sessions is an indication of a promising commitment. The way the state's mandate is written allows for a couple to be married within one week of meeting each other. I do not think that helps in promoting healthy and sustainable marital relationships.

141. I have no idea
142. Somewhat effective but have not seen any published statistics to support this belief.
143. I think it is helpful for those couples that would otherwise get married civilly or in a church that does not require preparation. Everything we do in the Catholic Church we were doing before this law came into effect. If I could comment on question 18 these 6 hours represent the time I spend with the couple. There is also the Engaged Encounter Program (in Palm Beach Diocese -- 8 hours English; 16 hours Spanish Camino program) Foccus (2-5 hours with a trained couple).

144. I would say that it is neutral. Those who want to get married no matter what will do so with or without the endorsement. They will jump through the hoops just to get the license! Those who are looking at marriage on a bigger picture seem to benefit greatly from the experience. Up until about a year and a half ago I was able to claim that I knew of no couple I had worked with had divorced. I have since had two couples do so.

145. Even prior to FL's endorsement I required a couple to complete at least six sessions of counseling/education before I would do the wedding service. I applaud Florida for this program.

146. Anything that encourages couples to seek counseling even financial consideration helps marriage. Some couples don't realize the need they have of counseling until they come to my office. Often their is unresolved issues in their origin home and most have no idea what to expect in marriage.

147. I have not seen any of the research reports to make such an evaluation. The majority of the couples I see do not participate in premarital counseling to get a discount or because of the state's stance on marriage and divorce.

148. The divorce rate has not decreased since the gov. started endorsing counseling. However given time I believe there will be a great difference in favor of more healthy marriages.

149. I think a better job could be done in this area then maybe it would be a little more effective. Right don't think it's working that good or that it's very effective.

150. I practice in California
151. I feel as though it is very effective so many folks don’t have a clue about getting ready for spending their life together. Most folks are stuck on self.
152. It has not really made a difference for me since I insist that couples spend a minimum of four hours in pre-marital counseling with me or I will not officiate at their marriage. The divorce rate for couples I have married over the past 10 years is significantly LOWER than the national average--only 12%.

153. I think it's vital. We have more requirements for getting a drivers license than we do a marriage license.

154. It can't hurt.

155. I think it gets couples to consider premarital counseling that otherwise would pass on it.

156. Somewhat Effective

157. I believe that it can do much to promote a positive attitude toward the benefits of counseling so that as the marriage progresses couples may seek out the services of a professional when they hit a rough spot. It also helps to promote the need for skill building and hopefully the need for reflection and self evaluation. An added benefit that I have found is to hear from couples how much they appreciate knowing that their relationship is valued by the community. Engaged couples are the target of a huge commercial wedding industry that works at cross purposes with us in that the emphasis is on promoting the fantasy of the dream wedding. A community coordinated message to pay more attention to the relationship seems to be a necessary approach in affirming healthy realistic decisions before a marriage takes place.

158. I believe it is beneficial in developing credibility and desire for the counseling. I believe the certification should be more stringent to assure a uniform quality.

159. Every couple I have worked with were impressed that the State of Florida recognizes the process we use in this Diocese/Parish. They seem to believe that they are participating in something that might be helpful for their future together and are only mildly interested in the discount on the marriage license. I cannot quote stats on how effective the process is but I believe it does help. By participating in the process some have decided to cancel or postpone their marriage plans. To me this means the process is working.

160. I believe any effort to educate and counsel couples prior to marriage is worthwhile. How receptive they are will determine how effective the program is. However one can never be sure as to how effective efforts are.

161. Somewhat effective based on the individual couple’s needs as well as background.

162. I do not think anyone has come to me for counseling motivated primarily by the endorsement and/or discount. But most are aware of the endorsement and it seems that it has increased their willingness to participate.

163. Not sure. I haven't seen any comparative data.

164. It appears to me to be just another hoop for the couples to jump over. The Catholic Church has mandated premarital counseling for years!

165. I'm grateful for it. But it is really the couple who will drive the benefit from the sessions.

166. It is a worthwhile effort by the State to see that couples prepare themselves for marriage. But I have no way to evaluate its effectiveness. It is my
personal practice to only marry a couple after 6-8 hours of premarital counseling even before the State instituted their endorsement.

167. I support Florida's endorsement completely. I hope a pray that it will continue to promote happy and adjusted marriages and of course affect the children positively.

168. It is effective in getting couples into pre-marital counseling. The counseling and education found there may be effective in pro-moting healthy marriage and reducing the divorce rate but by the time couples are far enough along in their marriage planning and preparation to come for counseling few would take the advice to postpone the wedding or not go through with it at all which may be the counselor's best recommendation.

169. It is very difficult to determine. I believe any couple who receives pre-marital counseling and education potentially benefits greatly. The primary factor is the couple's motivation: If they are merely trying to get a financial discount the benefit will be minimal though there is always the possibility that they will be impacted with good basic principles in spite of themselves. That's the reason we offer this program to couples who are referred by the State.

170. At the very least the endorsement encourages increased thoughtfulness about the importance and commitments of marriage. To the degree that participants actively engage the process healthy marriages can be promoted and divorce rates reduced.

171. Premarital counseling is very effective even if it is mandatory. It has been mandatory in the church for years and even if the couples have been mandated to attend 99% reports the program as being better than expected; and they would recommend the program to others. However offering an incentive to disadvantaged couples to marry is not effective and I would question the motives behind this.

172. I think it has been somewhat effective however there is still room for improvement. I fear that some of the counseling on the part of some of the counselors is poor. I would like to see some training made available to all ministers and others.

173. Not very effective too little!

174. The divorce rate is still in low 50 percentile for average so it does not seem to have kicked in as of yet. The Catholic Church's program may have helped as our rate is in the upper 20 percentile. Still too high but we are working on it.

175. I don't know of any evidence which proves counseling will reduce the divorce rate. I do believe in giving couples a heads up on the kinds of issues they may face in married life so that perhaps they begin their life together a little smarter.

176. The reduced cost of a marriage license has proven to be incentive for many couples to receive premarital counseling. After counseling some couples have opted out of getting married thereby reducing the divorce rate. Some have reported how helpful the counseling was in preparation for problems experienced after the wedding. I believe all of this warrants the affirmation of Flor. govt's endorsement of premarital counseling.
177. Not very....
178. I require counseling of couples before performing the ceremony. But for those not using clergy or who otherwise would not have gone to counseling it has the potential of being a positive force for healthier marriages. At least couples will face some issues they would not have without the government endorsement and discount on the license.
179. OFTEN I HAVE FOUND PREMARITAL COUNSELING TO BE SUPERFICIAL UNLESS THE COUPLE IS EXPERIENCING SERIOUS RESERVATIONS ABOUT THE MARRIAGE. THE COUPLE GENERALLY IS GOING THROUGH THE MOTIONS TO DO THE RIGHT THING TO INSURE SUCCESS IN THEIR MARRIAGE. IT IS HARD TO DEAL WITH WHAT IS REAL UNTIL IT SURFACES IN THE RELATIONSHIP BEYOND THE CEREMONY.
180. Any pre-marital counseling requirements are helpful. Effectiveness depends on WHO is providing the counsel.
181. I believe that all couples should have premarital counseling before a license is issued. Very important. Marriage just like parenting is not cowards.
182. I think it serves a purpose in that it encourages people to seek premarital counseling who would not otherwise avail of it. Even those who take premarital counseling simply for the sake of the discount nearly all derive some benefit from the program provided by our diocese.
183. Though I have no scientific proof of this statement I have been told that the system used by the Catholic Church in Florida is appreciated and somewhat envied by the Protestant Churches. And I have also been told that the divorce rate among Catholics is lower because of our work. True? False? You guess!
184. Marriage should be enhanced when both partners have been educated in skills that effect marriages in a positive way. Those providing counseling must be careful to not view the service they provide as a means to an end but rather a life changing positive effect for the kind of marriage a couple may have.
185. The counseling brings many aspects to the table that may have not previously been considered. This, however, does not prevent couples from going through with their marriage plans even if you envision failure ahead. I do believe it provides the opportunity for directions to be altered and helps the couple to go into the marriage with eyes wide open and expectations more realistic.
186. In theory, it is great. The problem is in that people want a 30 minute film and a certificate. Premarital counseling is only effective when the couple desires to learn how to make it work. I would like to see "end of the first year" counseling instituted. We would have their attention then.
187. I think it is very worthwhile because I get to do premarital counseling to folks who would not normally have done any.
188. Extremely important--we must do everything we can to reverse the horrendous divorce rate.
189. Somewhat effective. It would be interesting to verify (if possible) whether there has been any decrease in the divorce rate since the state endorsed premarital counseling.
190. Very important!
191. It's just an attention getter. Most couples who seek my services are already living together or married. Couples seek counseling after the fact, when problems crop up. The endorsement makes people aware that they should look into it. However, seldom does anything to ensure that the couples enroll for the courses.

192. It is a band-aid on a larger societal problem. I'm glad they are trying, but as long as people would rather run away from problems instead of committing to work the problems out, I'm afraid the premarital counseling will have very little effect.

193. It is a good start, much more needs to be done.

194. I believe it helps couples to address potential problems before marriage, which is healthy.
LIST OF REFERENCES


BIOGRAPHICAL SKETCH


Christine’s graduate studies at the University of Florida were supported by a Presidential Fellowship, which was awarded by the Graduate School. During her time in graduate school, Christine taught an undergraduate course, Stress and Anxiety Management, at the University of Florida. She was also an adjunct faculty member in the Department of Student Development Instruction at Santa Fe Community College. Christine’s clinical experiences involved working primarily with children, adolescents, and young adults. The settings for these experiences were Teen Court, Westside Baptist Church, The Family Church, Meridian Behavioral Healthcare, and PACE Center for Girls. Christine’s primary research interests lie in the prevention of mental health disorders and relationship distress, and the promotion of holistic health.