

**Assessing the Landscape of Relationship Help and a Pilot Adaptation  
of Relationship Checkups for Christian Churches**

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## Dedication

I dedicate this dissertation to my family:

To my wife, **Christin**, you are the most passionate, fun, and committed partner, and you sacrificed more than anyone to make this happen.

To my younger son, **Ian**, I hope I approach everything in life with the same obsessive, relentless joy as you.

To my older son, **Josiah**, I hope I can be as good a friend to you as you are to everyone. I love watching you grow.

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“If I speak in the tongues of men or of angels, but do not have love, I am only a resounding gong or a clanging cymbal. If I have the gift of prophecy and can fathom all mysteries and all knowledge, and if I have a faith that can move mountains, but do not have love, I am nothing. If I give all I possess to the poor and give over my body to hardship that I may boast, but do not have love, I gain nothing. (New International Version Bible, 2011, 1 Corinthians 13:1-3)

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## **Abstract**

The health and stability of adult romantic relationships and the health of a society are deeply intertwined. This two-part dissertation aims to highlight the potential to bridge the gap between effective interventions and couples who need them most. The first section reviews the literature concerning relationship health, relationship help-seeking, and relationship assistance. A few important findings are revealed. Effective relationship help exists. People often do not seek help for their relationship. When people do seek help for their relationship, the methods they seek have varying degrees of effectiveness. People prominently seek religiously mediated help for their relationship. These findings led the researcher to assess the potential to intervene with an evidence-based intervention adapted for religious contexts. The second section attempts to assess a pilot adaptation of the Relationship Checkup for Christian Churches. This pilot study found that church leaders highly desired an effective model for brief intervention in couples' relationships and found the Relationship Checkup to be an important tool. They were able to deliver the intervention as thoroughly in some areas as trained clinicians and perceived the intervention to be effective for couples. The study also pointed to the need for more refinement in the training in and supervision of the adapted protocol to increase effectiveness of providers who are not clinically trained. Together, these sections paint a picture of the need and potential for collaboration between clinicians and religious leaders to address the major societal issue of relationship health.

## Table of Contents

Introduction.....	1
Chapter 1: A Review of Societal Relationship Health, Relationship Help-Seeking, and Relationship Assistance: Effectiveness, Reach, and Future Consideration.....	3
Abstract.....	4
A Review of Societal Relationship Health, Relationship Help-Seeking, and Relationship Assistance: Effectiveness, Reach, and Future Consideration.....	5
Relationship Help-Seeking.....	7
Relationship Assistance.....	11
<i>Couples Counseling</i> .....	12
<i>Relationship Education</i> .....	14
<i>Innovative Interventions</i> .....	17
Discussion and Implications.....	19
Chapter 2: Implementing the Relationship Checkup Adapted for Christian Churches.....	22
Abstract.....	23
Implementing the Relationship Checkup Adapted for Christian Churches.....	24
The Relationship Checkup.....	26
Purpose of the Study.....	30
Method.....	31
<i>Adaptation</i> .....	31
<i>Participants</i> .....	32
<i>Procedures</i> .....	33
<i>Measures</i> .....	35
<i>Data Analysis</i> .....	36
Results.....	37
<i>Acceptability, Appropriateness, and Feasibility</i> .....	37
<i>Fidelity Coding of Videos</i> .....	40
Discussion.....	41
<i>Limitations</i> .....	44
<i>Implications for Research</i> .....	45
<i>Implications for Practice</i> .....	48
Chapter Summary.....	50
Conclusion.....	52
References.....	53
Appendices.....	64
Appendix A.....	64
Appendix B.....	65
Appendix C.....	66
Appendix D.....	69
Appendix E.....	73
Appendix F.....	78
Appendix G.....	82
Vita.....	87

## List of Tables

Table 1: RE-Eval-Ministers' Survey Results .....	64
Table 2: Video Coding.....	65

## **List of Attachments**

Attachment A: *Relationship Checkup Provider Handbook*

## Introduction

Healthy romantic partnerships offer many benefits to the individuals involved in them, the children who live with them, and society as a whole, whereas unhealthy romantic partnerships contribute to a host of negative issues. Children of parents with healthy parental relationships experiences fewer stressors and more attentive caregiving (Goldberg & Carlson, 2015). They attain higher levels of education than peers in similar racial and SES cohorts (Ghazarian & Buehler, 2010). Healthy relationships appear to have a causal effect on physical health promoting behaviors while physical health also appears to have a selection effect for entry into marriage (Cortez et al., 2020). Though there are many contextual factors to consider, poor childhood outcomes have a robust correlation with parental relationship distress (Fomby & Cherlin, 2007). Distressed parental relationships appear to contribute to behavioral and academic issues in children (Harold et al., 2007). The importance of this issue has led to broad efforts in the public and private sector to increase parental relationship health and stability (Hawkins et al., 2022).

The first manuscript in this dissertation aims to review the landscape of these efforts to increase relationship health and stability. Most couples never seek professional help for their relationship (Hubbard & Harris, 2020). Lower-income couples are even less likely to seek help (Williamson et al., 2016). Higher levels of religiosity correlate with higher levels of relationship help seeking (Williamson et al. 2019), with Black and Latinx individuals viewing religious leaders as their primary relationship help providers (Espinosa, 2008; Hurt, 2012; Marks et. al, 2012). Religious leaders, however, are generally less effective in helping couples than professional clinicians (Hook & Worthington, 2009). Couples therapy is highly effective at helping couples with significant and durable effects (Roddy et al., 2020), yet barriers of cost and stigma keep many people from seeking this help (Doss et al., 2009). Relationship Education,

another form of relationship assistance, increases access by using a larger classroom group format, but does not achieve as significant nor as durable as effects as couples therapy (Hawkins et al., 2022). Some more innovative interventions have shown promise, with the Relationship Checkup, a brief two session intervention, achieving significant positive results in helping couples (Cordova et al., 2014)

The literature review led the researcher to conceptualize a plan to assess the implementation of a brief intervention adapted for a religious milieu. The second manuscript in this dissertation conducted a pilot study of a Relationship Checkup adapted for Christian Churches. The Relationship Checkup was deemed appropriate because it had shown effectiveness in both a randomized control trial (Cordova et al., 2014) and a community setting (Gordon et al., 2019). The intervention was effective in one study, even with clinicians with very limited training (Gordon et al., 2019), thus making it a good potential match for church leaders who have less training than clinicians on average (Hook & Worthington, 2009). The researcher conducted surveys with providers after attending the training and had them submit video recordings of implementing the training with couples for fidelity coding. Though a lack of survey responses prohibits drawing conclusions, those who did complete the survey indicated a higher level (4.71) of appropriateness, acceptability, and feasibility than a previous study of clinicians (4.35). Only two videos were coded for fidelity, but they showed that religious leaders were as thorough as clinicians in addressing couples' relationship histories and strengths but might need more help to address couples' concerns.

**Chapter 1: A Review of Societal Relationship Health, Relationship Help-Seeking, and Relationship Assistance: Effectiveness, Reach, and Future Consideration**

## **Abstract**

A large body of literature points to the critical importance of relationship health and stability for a myriad of mental, physical, and social outcomes for adults and their children. Because of their importance, researchers, counselors, and policymakers have made extensive efforts to understand and intervene in fostering healthy relationships and preventing their deterioration. Religiously mediated relationship assistance plays a prominent and yet poorly understood role. Few researchers have explored support within religious settings, the context where most relationship intervention occurs naturalistically. This lack of integration has left potentially effective interventions unexplored within an important context. This literature review points to the power of relationship interventions and the possibility for researchers, counselors, and religious leaders to engage in work to understand, develop, and evaluate relationship interventions within religious settings.

*Keywords:* relationship education, couples counseling, marital therapy, religious, relationships

## **A Review of Societal Relationship Health, Relationship Help-Seeking, and Relationship Assistance: Effectiveness, Reach, and Future Consideration**

Healthy relationships offer societal value across a myriad of outcomes for individuals, children, and society. Individuals in healthy relationships, especially men, have more positive physical health outcomes (Kiecolt-Glaser & Newton, 2001), heal faster from minor ailments (Kiecolt-Glaser et al., 2005), and have significantly lowered mortality rates (Johnson et al., 2000). More recent research suggests that healthy cohabiting relationships offer similar, though perhaps not quite as robust, longevity benefits (Drefahl, 2012). Healthy relationships seem to have causal impacts on health-promoting behaviors while physical health also increases entry into marriage (Cortez et al., 2020). Married men tend to earn more income over their lifetime than single men, even when earnings prior to marriage are considered (Gorman, 1999).

Researchers have cautioned against the major error in the history of family research of idealizing the two-parent household including some of its classist and patriarchal assumptions (Coontz, 2015). Open debate exists around whether pre-existing individual characteristics leading to marriage cause more of the outcomes for children or whether instability of adult romantic relationships, rather than the structure of the family itself, serves as the primary contributor to poor childhood outcomes (Fomby & Cherlin, 2007). Policy experts have warned against the often classist and racist assumptions held in government marriage promotion efforts (Weaver, 2012), and more emphasis has moved towards promoting families as they choose to exist, in all their diversity (Coontz, 2015). The health of adult romantic relationships appear to have significant downstream effects on outcomes for children in households with those adults. Healthy parental relationships decrease the incidence of toxic stressors for children who also experience more attentive caregiving (Goldberg & Carlson, 2014). Children who grow up in homes with stable co-parenting relationships are less likely to exhibit unhealthy externalizing

behavior than peers in less stable homes, even when controlling for parent characteristics (Fomby & Cherlin, 2007). Children in homes with healthy co-parenting relationships also attain higher levels of education on average than peers in similar racial and SES cohorts (Ghazarian & Buehler, 2010; Williamson et al., 2016).

Unhealthy parental relationships appear to contribute to a host of negative outcomes for adults, children, and society even when controlling for many of the characteristics of race, SES, and other psychological traits that correlate highly with family structure status, (Ribar, 2015). There exists a well-validated correlation between experiencing relationship distress and depression (Bradford et al, 2014). Likewise, distressed parental relationships contribute to externalizing, internalizing, and academic issues in children (Harold et al., 2007). Further, researchers and public policy experts have paid increasing attention to the detrimental impact of Adverse Childhood Experiences (ACEs) on long-term outcomes. Adverse Childhood Experiences include several occurrences that occur within the context of unhealthy co-parenting relationships: exposure to domestic violence, persistent family conflict, and separation or divorce (Ribar, 2015). A broad array of couples are not developing and maintaining healthy romantic relationships. Constituents from public policy experts to clergy have recognized the crisis of relational deterioration and instability and have attempted to intervene in a variety of ways (Hawkins et al., 2022). Religious organizations have been at the forefront of efforts to increase relationship health, yet little is known about the strategies they use and their effectiveness (Hook & Worthington, 2009), perhaps due to complexities in effective and sustained dialogue between religion and psychology (Hodge et. al., 2020). Couples seek help in a variety of ways, especially from these religious organizations (Doss et al. 2009). This manuscript explores relationship help-seeking behaviors, prominent types of relationship assistance, and the effectiveness of relationship assistance, with special attention to the prominent role of religiously mediated

relationship assistance. This manuscript concludes with suggestions for future research and intervention.

### **Relationship Help-Seeking**

Most couples do not seek formal help for their relationship problems. When they do seek help, that help is informal and overwhelmingly influenced by or completely mediated by religion (Doss et al., 2009). One study of over 200 couples revealed that 36% of couples sought some form of relationship assistance in their first five years of marriage (Doss et al. 2009). Couples mostly sought self-help books for relationship assistance. Most of these books had a religious foundation and were not rooted in sound psychological research; none of the books had been independently evaluated to determine if they had any effect on couples' relationships (Doss et al., 2009).

Many couples hold strong beliefs that relationship help should be sought from friends and family and not from external professional help (Ramm et al., 2010). Couples often seek out friends or religious leaders for relationship help. Religiosity serves as the greatest influencer of couples attending marriage workshops with more religious couples attending relationship workshops at significantly higher rates than less religious peers (Doss et al., 2009). This sample (Doss et al., 2009) was primarily recruited through religious organizations, but this fits other community findings in which 78% of those who sought relationship help were married through a religious organization (Stanley et al. 2001).

Most couples, including couples who eventually divorce, never seek professional help (Hubbard & Harris, 2020). Researchers sought to understand the landscape of formal and informal relationship help-seeking and discovered a few important findings in their review of the literature (Stewart et al., 2016). In one statewide sample in Oklahoma, only 37% of 900 individuals who divorced had ever sought marital therapy (Johnson et al., 2002). In Utah, another

state with even stronger expectations around marital commitment and longevity, only 48% of couples sought counsel before divorce (Schramm et al., 2003). Again, most of that counsel came from religious leaders; only 22% of the counsel sought before divorce was professional therapeutic help. One recent study in the military showed that couples wait about five and a half years before seeking professional help (Jarneck et al., 2020), though another recent study suggested that a more representative sample of military couples might seek help in roughly half that time (Doherty et al., 2021).

Although couples usually divorce without seeking any professional therapeutic help, they do seek help in preparing for marriage. Participation in premarital education has more than quadrupled in the past half-century, going from around 10% in the 1950s to over 50% of couples that married in the 1990s (Doss, 2009). In one survey, 87% of individuals seeking premarital education and 80% of those seeking therapy did so in religious settings (Williamson et al., 2019). However, even when broadly disseminated and marketed in a region, only about 30% of couples utilize relationship education services, and those most at risk for relational deterioration use them even less (Halford & Hayes, 2012).

Lower-income couples are even less likely than the general population to seek professional relationship assistance despite being at increased risk for relational deterioration related to contextual stressors (Williamson et al., 2016). Because of the high co-occurrence of relationship distress and lower-income status, the U.S. government has viewed supporting the stability of lower-income couples as a part of its poverty alleviation strategy (Hawkins et al., 2022), though research has pointed to at least a bidirectional relationship between relationship distress, with poverty likely being a substantial or primary contributor to relationship distress (Johnson, 2012). A group of researchers attempted to understand lower-income couples' relationship help-seeking behaviors by surveying 231 couples who were within one year of their

wedding and discovered some critical findings (Williamson et al., 2019). In this study, 32% of husbands and 47% of wives considered seeking therapy during the relationship, but just 15% of couples attended therapy.

Patterns of relationship help-seeking among couples of color also merits special attention (Williamson et al., 2016). In this broad study, researchers discovered that one-half of Black individuals considered seeking couples therapy, whereas only 23% of Latinx individuals considered seeking couples therapy (Williamson et al., 2016). Despite racial disparities in considering couples therapy, there was no difference in actual help-seeking between these groups, meaning there was a significant gap between thinking about seeking relationship help and actually seeking that help. The top reasons for not seeking help were structural barriers including cost and lack of knowledge of where to seek help. Even if they did know where to seek help and could afford it, another study showed that many African Americans did not view marriage professionals as trustworthy to help with their marriage problems given that these professionals often lacked attention to religious aspects they deemed central to healthy marriages (Vaterlaus et al. 2015). Williamson and colleagues discovered that couples who attended premarital education were more likely to seek therapy later in their relationship compared to couples who did not attend (Williamson et al. 2019). However, religiosity mediated this distinction with couples' self-reported religiosity correlating highly with both awareness of help and actual help-seeking behavior. Thus, religious couples seek help in preparing and preserving their marriage at higher rates than their nonreligious counterparts. Despite this finding, Williamson et al. (2019) made no recommendations regarding religious-based services or cooperation with religious institutions, endorsing instead two evidence-based, secular interventions, one of which being the Marriage Checkup, a brief two session therapeutic intervention for couples.

The preponderance of religiously mediated relationship help-seeking merits special consideration. Religious institutions place a high value around the marriage and family life of their congregants, often viewing marriage as a sacred means of experiencing the divine (Mahoney et al. 2019). Before couples therapy or relationship education entered the scene, religious institutions and religious leaders were at the forefront offering interventions for distressed couples' relationships (Helmeke & Bischof, 2011). Nearly one-half (47%) of people surveyed who sought any form of relationship assistance consulted solely with their religious leaders (Johnson et al. 2002). In this way, "clergy are on the front line of mental health and the gatekeepers to formal help-seeking" (Stewart et al., 2016, p. 790), particularly for marginalized populations (Hodge et al., 2020). Black and Latinx individuals are even more likely than the general population to view their religious institution as their primary provider of relationship care and support (Espinosa, 2008; Hurt, 2012; Marks et. al, 2012). Thus, marginalized communities who indicate a higher level of need for relationship help and the religious institutions that value helping optimize these relationships have complementary goals.

Although they share similar goals in many ways, there is a strained relationship between the worlds of psychology and religion. Both seek to increase the health and vitality of people they serve and hold in high regard virtuous ideals of love and beneficence. Historical figures in psychology have often harshly criticized religious institutions and viewed religion as detrimental to individual mental health (Hodge et al., 2020). Religious leaders have often held psychology with skepticism or disdain for its perceived history of devaluing the traditional family, encouraging sexual practices outside of religious norms, and acting in direct opposition to many of the values of religious institutions (Hodge et al., 2020).

A shift has occurred in recent years with more psychological research indicating the beneficial aspects of religion, more psychologists expressing a softer stance towards religion, and

increased dialogue and partnership (Hodge et al., 2020). The American Psychological Association (APA) formed Division 36, the Society for the Psychology of Religion and Spirituality to explore the role of religion in psychology. The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) exists as one of the American Counseling Association's (ACA) oldest divisions. Both organizations hold missions to integrate and honor the role of religion and spirituality in mental health. Research shows that church leaders are increasingly viewing psychology and church ministry as either somewhat or highly compatible (Hodge et al., 2020). The partnership between religion and psychological services has both great barriers and possibilities.

### **Relationship Assistance**

Although religious leaders are primary providers of relationship intervention, their effectiveness at intervening remains an open question as little research has focused on the most common context in which relationship assistance occurs. Most religious leaders are less well-equipped than couple therapists to help ameliorate and remediate couples' distress (Hook & Worthington, 2009). They fulfill many different roles within their communities and have little time to focus on sustained intervention with couples or sustained oversight and continuous training of their interventions with couples to ensure effectiveness. Thus, couples who meet with their religious leaders for counseling are less likely to encounter treatment rooted in evidence-based theories than they would if meeting with mental health professionals (Hook & Worthington, 2009).

Although few studies have examined outcomes of religiously mediated relationship interventions, reasons for optimism exist. One exploratory study highlighted the promise of a church-based marital education program, with participants highly rating their satisfaction with

the program and its effect on their relationship (Hook et al., 2011). Another longstanding empirical outcome study showed promise in utilizing religious leaders to deliver PREP, an evidence-based religious education workshop (Stanley et al., 2001). When they assessed couples' outcomes, religious leaders were as effective as trained mental health professionals (Stanley et al. 2001). The relationship education approach leans on the strength of religious leaders as orators to large groups, but also contains the limitations of some poor theoretical assumptions, including a heavy focus on communication skills and cognitive understanding of relationship dynamics as key factors in change (Larson & Halford, 2011) and a struggle to get people to attend a full workshop (Hawkins et al., 2022).

People are seeking relationship assistance in a variety of ways, and different aspects of that assistance have received attention by researchers. The following segments review successes and limitations of couples counseling, relationship education, and innovative relationship interviews with particular attention to potential for adaptation and implementation in religious settings. The manuscript concludes with a vision for future clinical and research directions.

### ***Couples Counseling***

Couples counseling is the most researched and discussed method of psychological relationship assistance. Couples counseling traditionally involves intensive weekly or bi-weekly interaction between one counselor and one couple. These interactions focus on working through communication difficulties, fostering dialogue, and deepening understanding. Although there are many forms of couples counseling, all involve some sort of experiential or behavioral interventions focused on developing healthier communication patterns (Gurman et al., 2015). This section contains a review of research on couples therapy along with strengths and limitations of this approach.

Meta-analysis of couples therapies across theoretical orientations shows very promising results (Roddy et al., 2020). The largest and most current meta-analysis to date surveyed the landscape of couple therapy inclusive of the major models of couples therapy: Behavioral Couple Therapy (BCT), Integrative Behavioral Couples Therapy (IBCT), Cognitive-Behavioral Couples Therapy (CBCT), Enhanced Cognitive-Behavioral Couples Therapy (ECBT), Emotionally-Focused Couples Therapy (EFCT), Insight Oriented Couples Therapy (IOCT), and Imago Couples therapy. The meta-analysis discovered large gains in relationship satisfaction (Hedge's  $g = .91$ ); medium changes on self-reported communication (Hedge's  $g = .76$ ), observed communication (Hedge's  $g = .57$ ), and partner behaviors (Hedge's  $g = .60$ ); and small changes in emotional intimacy (Hedge's  $g = .39$ ) and relational cognition (Hedge's  $g = .35$ ). This study found no between-groups differences between BCT and other treatment orientations, contrasting with some other research (Beasley & Ager, 2019; Wood et al., 2005) showing EFCT to be superior yet consistent with common factors research on couples therapy (Benson et al., 2012). Promisingly, the initial distress level served as a significant moderator of outcomes, with more distressed couples achieving larger gains, paralleling previous research on couples therapy (Baucom et al., 2009) and relationship education (Hawkins et al., 2022). Decades of research have validated the robust effectiveness of couples therapy.

Stigma, cost, and time all serve as significant barriers to couples counseling. The stigma of seeking counseling, especially couples counseling, exists in many communities and creates a barrier for all forms of psychological intervention (Doss et al., 2009). Couples therapy requires significant, intensive training of master's and doctoral practitioners who bill for their specialized services. Although health insurance and community mental health treatment centers have lowered the cost of mental health treatment, payors generally require a mental health diagnosis and exclude couples therapy as a billable service. Thus, participants often pay providers out of

pocket, making services often unattainable for lower-income couples (Georgia Salavar et al., 2018). Therapy itself can be time-intensive with even optimistic research suggesting significant change does not occur before 8-20 sessions, and many studies showing the need for more lengthy treatment (Beasley & Ager, 2019).

Some of the most frequently cited criticisms of couples therapy have been related to cultural issues. From design to dissemination, couples counseling interventions have been designed by and for white, middle and upper SES, heterosexual couples in western European cultures; this lack of diversity in the recent meta-analysis stands out as a limitation (Roddy et al, 2020). Though current research suggests more commonalities than differences between same sex and opposite sex couples (Joyner et al., 2018), couple interventions require modifications to adjust for heteronormative assumptions to be more culturally relevant for same sex couples. Counseling in general has been critiqued for resting on hegemonic white European values (Sue & Sue, 2012). Black men have often viewed the church and religious values as central to the maintenance of healthy relationships (Collins & Perry, 2016), and yet these are rarely integrated into couples counseling practice. Interestingly one study showed that Black Americans did not express strong preference for a Black counselor *except* when dealing with relationship issues and/or racial issues (Townes et al., 2009). Overall, there is a clear picture that relationship interventions required modification to reach diverse populations, and that for Black Americans in particular, this modification probably requires attention to black identity factors and religion.

### ***Relationship Education***

As marriage rates declined and divorce rates increased, the federal government founded the Healthy Marriage Initiative to attempt to intervene in this issue at a broad level (Hawkins et. al, 2022) through Relationship Education (RE). RE differs from couples therapy in modality and theoretical focus (Burr & Hubler, 2019). Many different providers with many different

approaches offer RE, and the most prominent models heavily emphasize skill-building and knowledge (Burr & Hubler, 2019). These interventions predominantly seek to increase couples' skills relating to each other, even if many in the field have criticized this as a change process because they rarely exhibit those skills outside of the workshop (Johnson, 2012). RE occurs in a classroom setting and tends to rely on workshops that mix lecture with practice time applying skills and concepts, often with the aid of mentors or coaches. Time spent varies across curricula, but most RE programs are within the range of 4-20 hours (Hawkins et al., 2008). These activities are highly structured and attempt to avoid eliciting intense emotional reactions within the classroom setting.

RE has succeeded at a few different aims. The most recent meta-analysis to date reviewed all RE programs from 2006 and arrived at a few important findings (Hawkins et al., 2022). The report revealed modest but significant findings in effect size ( $d = .114$ ) on relationship quality, relationship skill ( $d = .132$ ), mental health ( $d = .74$ ) and , co-parenting ( $d = .33$ ) across all experimental designs. The samples generally lacked racial, ethnic, and SES diversity, and unfortunately those samples with more diverse couples and lower SES couples revealed no significant improvement (Hawkins et al. 2022) contrary to previous findings showing even larger effect sizes across more diverse participants (Hawkins et al. 2008). Another analysis focused on outcomes for lower-income couples and revealed similar small but significant findings for relationship quality and communication skills alongside a decrease in relational aggression (Hawkins & Erickson, 2015). Other studies have validated the effectiveness of RE for ethnically diverse and lower-income couples (Carlson et. al., 2014). Although RE was designed as a preventative intervention, a growing body of analysis has revealed that many distressed couples experienced greater gains in relationship quality than non-distressed couples (Bradford et al. 2014; Hawkins & Erickson, 2015; Quirk et al. 2014).

RE has a few shortcomings and criticisms. One group of researchers discovered no significant correlation between communication behavior and relationship quality (Williamson et al., 2016). Other researchers found a one-session awareness exercise consisting of movies and a question sheet achieved the same results as lengthier and more cost-intensive RE workshops (Rogge et al., 2013). For lower-income couples, RE had no significant effect on relationship stability, a major rationale for the funding of these initiatives (Hawkins & Erickson, 2015). Johnson (2012) highlighted that many of these interventions had iatrogenic effects with diminished relationship quality and stability, criticizing the design and implementation of RE programs as rooted in poor theoretical assumptions around the potential for relationship skills for couples enduring toxic stressors related to poverty and racism.

Cultural and theoretical assumptions play an important role in the design and dissemination of RE interventions, with variable impact. Recent research on RE reveals heteronormative assumptions, specifically around gender stereotypes and sexual behavior patterns, underlying the design of RE and the exclusion of same sex couples from many of these studies (Spengler et al., 2019). This research revealed no substantial difference in relationship outcomes for same sex or opposite sex couples participating in heteronormative RE (Spengler et al., 2019), perhaps suggesting that despite differences, same sex and opposite sex couples might have similar core relational issues. One of PREP's core skills, the speaker-listener technique, was little utilized after the workshop, and frequency of its utilization was not associated with improved outcomes for couples (Carlson et al., 2014). Other researchers noted that general assumptions underlying RE, like the need for relationship skills or cognitive perception checking, do not match well with many couples' presenting issues, suggesting a targeted model would work better (Larson & Halford, 2011). RE had similar problems as did couples therapy such as difficulties in getting couples to register for and attend the full workshop (Hawkins &

Erickson, 2015). Some researchers have pointed to the lack of significant dosage effect as suggestive that some of the aims of RE might be accomplished in a more compressed format to increase engagement (Hawkins & Erickson, 2015).

### ***Innovative Interventions***

The strengths and limitations of both couples counseling and RE have led researchers and clinicians to develop an array of innovative, brief interventions to address couples' issues. Many of these more recent interventions integrate best practices from teaching and counseling theories in a brief, accessible format. This review contains some of the more promising innovative interventions.

The promising research surrounding PREP led some interventionists to develop ePREP, an online intervention rooted in PREP RE principles and processes (Brathwaite & Fincham, 2011). This online intervention pairs self-directed content engagement and homework with brief coaching to encourage completion of material. Brathwaite and Fincham found that ePREP participation resulted in a small but significant increase in couples' dedication (.21) and constructive communication (.27) and significant decreases in alternative partner monitoring (-.25) and depression (-.29). In a meta-analysis of self-directed interventions not including ePREP, researchers found that they did not generate significant effects in participants across most outcomes (McAlister et al., 2012). However, one study did find very small yet significant effects in some highly structured interventions similar to ePREP (Braithwaite & Fincham, 2011). These findings were not enough to warrant widespread adoption, but efficiency with which participants can utilize these interventions highlight the need for more research and design.

Several researchers and clinicians noted the lack of effectiveness in RE and the lack of reach in couples therapy, and developed a hybrid 8-hour web-based program that utilized core

principles of Integrative Behavioral Couples Therapy (IBCT, Christensen & Doss, 2017) and enlisted the help of brief coach contact to walk couples through the program. Doss et al. (2016) discovered significant effects across all four domains of couples functioning (Cohen's  $d = .69$  for relationship satisfaction,  $.47$  for relationship confidence,  $.15$  for relationship positives,  $.57$  for relationship negatives). The intervention aimed to provide great depth and intensity in a brief format, but follow-up assessments showed the positive effects had more significant attrition over time than comparable hybrid interventions (Doss et al. 2016). Attrition rates correlated much more closely to higher rates in RE interventions than lower rates with counseling interventions.

Other innovators developed a brief intervention rooted in IBCT to address distressed couples in a brief in-person format. The Marriage Checkup, now known as the Relationship Checkup (RC), was designed as a brief two-session assessment and feedback for relationship health behaviors (Cordova et al., 2014). This design attempts to achieve a deeper and more lasting impact than RE with a more cost-efficient and accessible approach than therapy. Cordova et al. discovered significant effects for all domains of relationship functioning (Cohen's  $d = .29$  for relationship satisfaction,  $.21$  for intimacy,  $.36$  for women's acceptance, and  $.38$  for men's acceptance). RC was also given at one-year follow-up, and a climbing effect was discovered with couples entering the second intervention at a slightly improved level from initial entry and receiving even more benefit from the intervention ( $d = .39$  for relationship satisfaction,  $.55$  for intimacy,  $.44$  for women's acceptance,  $.40$  for men's acceptance). The brief and personal nature of this intervention led to a significantly higher rate of completion than other interventions. After completion of the initial randomized controlled trial in the lab, the RC has been implemented in a broad-based community setting targeting a more diverse sample (Gordon et al., 2019) and with a military behavioral counseling service (Cordova et al., 2017). In both settings, the RC maintained similar small but significant effect sizes across multiple important domains of

couples functioning. The brief nature of this intervention along with its implementation with a variety of practitioners makes it incredibly efficient and accessible for couples.

### **Discussion and Implications**

Couples relationships are connected to a myriad of important mental and physical health outcomes, and they are under historic strain (Currie et al., 2015). Lower-income couples under the strain of toxic stress created by systemic inequities struggle to establish and maintain healthy relationships (Williamson et al., 2016). Racially diverse couples are less likely to seek formal help for their relationships (Williamson et al., 2016) but just as likely, if not more likely, to need and desire help (Kennedy & Ruggles, 2014). Many of these couples seek relationship assistance from religious leaders who offer services with unknown degrees of effectiveness (Hook & Worthington, 2009).

Effective evidence-based couples interventions exist to help these couples in their relationships. These interventions have received modification for delivery in ways that are efficient in both cost and time (Gordon et al., 2019; Cordova et al., 2017; Doss et al., 2016). Despite limitations, they also offer potential if delivered at a broad level. As the world's largest and most extensive network of relationship assistance providers, religious institutions have indicated more openness to the integration of the findings of psychology than at any point in their history (Hodge et al., 2020). These findings hold important implications for counselors in their work within the consulting office and the community.

Couples counselors should see both challenges and possibilities in this review of the literature. Couples counseling works in robust and durable ways. Counselors would benefit from seeking advanced training in the most recent effective modalities based on research of their effectiveness. The challenge lies primarily in the context of delivery. Couples who need help will rarely ever find themselves in a couple counselor's office; by the time they do, they may have

been in distress or sought ineffective help for years. Couples counselors have a variety of innovative interventions at their disposal to provide to the community, whether as ongoing workshops or brief periodic interventions to ameliorate couples' distress.

Counselors are committed to serving diverse populations. In recent history, religious diversity has received far less attention. Counselors could increase dialogue with religious leaders and communities in which people seek out relationship assistance the most. This literature review suggests that increasing partnerships with religious communities will also increase service to lower-income couples as well as racially and ethnically diverse couples. Counselors who network with religious leaders and seek to integrate their services within religious settings may expand their clientele. Religious leaders might be keen to use knowledge and skills gained from counseling research and apply them to the care of their congregants. For example, counselors might offer training and ongoing consultation to religious leaders who serve couples in distress, and those religious leaders might offer counselors deeper insight into the spiritual lives of their clients and the language of religion that shapes their worldview.

Religious settings offer an important context for the implementation of effective relationship interventions, and yet little research has examined the implementation of interventions within these settings. Couples' help seeking trends need updating to account for the rapid growth of technology and complexities of both access and misinformation. Researchers might explore modifications needed to existing evidence-based interventions to bring them to religious communities. Using an implementation science lens (Proctor, 2011) they could assess organizational readiness to deliver these interventions. This involves assessing both the readiness and capacity of religious institutions and religious leaders to deliver evidence-based interventions. Efforts would also include understanding the language and interventions best suited for religious leaders and their congregants. Though Hook and Worthington (2009)

described the landscape of interventions occurring in religious settings, no current outcome study exists to examine the effect of these interventions. Though randomized controlled trials remain the gold standard, enough is known about the natural course of couples' relationships and existing interventions that researchers could focus on tracking outcomes in naturalistic settings without a control group and arrive at meaningful conclusions (Roddy et al, 2020). Researchers could pursue the question of how to effectively equip pastoral leaders to assist couples within their current pastoral counseling roles.

## **Chapter 2: Implementing the Relationship Checkup Adapted for Christian Churches**

## **Abstract**

Healthy and stable romantic relationships exist as a major societal good and churches are often well positioned to help foster these relationships. This study investigated the potential to equip church leaders with a well validated brief intervention for couple relationships. The study recruited church leaders from a variety of denominations within a mid-size southern town. The study captured participant perception of the acceptability, appropriateness, and feasibility of this approach through a survey and open-ended feedback and found participants rated the intervention even more highly than a previous study. The study also captured fidelity through video recordings of participant interventions that were manual coded, and the limited sample of videos found mixed results. The study shows the potential usefulness of the Relationship Checkup within church settings and points to the need for more inclusion of overtly Christian resources and the need for continued research of implementation and outcomes for church leaders.

*Keywords:* Relationship Education, Couples Counseling, Marital Therapy, Religious, Relationships.

## **Implementing the Relationship Checkup Adapted for Christian Churches**

Healthy and stable romantic relationships contribute to a host of positive outcomes for the individuals involved, those immediately around them, and society as a whole. Enduring romantic commitments contribute to longer life spans (Drefahl, 2012), less absenteeism at work (Markussen et al., 2011), and faster physical healing (Kiecolt-Glaser et al., 2005). A variety of people have not developed or sustained enduring romantic commitments, and this lack of stability has significant health consequences. Relational instability contributes to a host of negative outcomes including depression (Bradford, 2014), occupational instability (Markussen et al., 2011), and poor physical health (Cortez et al., 2020). When parents experience relational instability, their children are at risk for increased exposure of adverse childhood events (Ribar, 2015), diminished childhood educational achievement (Williamson et al., 2016), and increased externalizing behavior (Fomby & Cherlin, 2007).

Many people hold strong beliefs that relationship help should be sought by friends and family rather than professionals (Ramm et al., 2010), and most couples who divorce never seek professional help for their relationship (Stewart et al., 2016). Only 36% of all newlywed couples sought some form of relationship assistance in their first few years of marriage, and the majority of help-seeking was through self-help books (Stewart et al., 2016). Most self-help books have little grounding in sound psychological research, and none of them had received empirical validation of their effects on couples' relationships (Doss, 2009). Lower SES and racial minority couples are even less likely to seek professional relationship assistance than their higher SES and racial majority counterparts, and yet they are more likely to need assistance due to contextual stressors (Williamson et al., 2016).

Religious institutions tend to hold high values around marriage and family stability, often viewing marriage as a sacred means of experiencing the divine (Mahoney et al., 2019).

Religiosity serves as a primary variable in relationship help-seeking with a robust correlation between religiosity and relationship help-seeking (Doss, 2009). Clergy often serve on the frontlines of relationship assistance and act as gatekeepers towards more formal help-seeking for their congregants (Stewart et al., 2016). In one sample, 87% of those who sought premarital education and 80% of those who sought therapy did so in religious settings (Williamson et al., 2019). Black and Latinx individuals are even more likely than white individuals to view their religious leaders as their primary guide for relationship help (Espinosa, 2008; Hurt, 2012; Marks et. al, 2012; Vaterlaus, 2015). In all, pastors and Christian lay leaders seem ideally situated to serve couples for whom the cost of therapy or the secular nature of couples' interventions might prohibit their engagement.

Although many couples seek relationship help within religious contexts, that help is rarely well-informed by scientific research (Hook & Worthington, 2009). The fields of psychology and religion have long held a strained relationship, creating barriers to collaboration in helping couples (Sullivan et al. 2014). More recent history reveals a shift where counseling and psychology have softened their critique of religion, and religious leaders have increasingly viewed psychological findings as compatible with their ministry work (Hodge et al., 2020). Still, people who seek out their religious leaders for relationship assistance are far less likely to encounter the same skill or knowledge base as a therapist trained in helping couples (Hook & Worthington, 2009).

When couples do seek formal professional help with their relationship, the two most researched vehicles for that help are couples therapy and relationship education (RE). Couples therapy is effective, with often large effect sizes and durability of effects across theoretical orientations (Roddy et al., 2020). However, couples rarely seek this help due primarily to cost (Georgia Salavar et al., 2018) and stigma (Doss et al., 2009). Couples therapy also tends to be

time-intensive, taking 8-20 sessions or more depending on the severity of issues (Beasley & Ager, 2019).

RE offered in larger group settings is often more accessible in terms of cost and time (Hawkins & Ooms, 2012). The most recent meta-analysis to date of RE revealed small but significant effects for several critical relationship health variables (Hawkins et al., 2022). RE does not exhibit the same strength and durability of effects as couples therapy and has even shown to have no clinical effects in some studies (Wood et al., 2010). Both couples therapy and RE have received criticism for the lack of diversity in both the research and design of interventions (Johnson, 2012). Couples' relationships require an intervention that balances the dual needs of accessibility and effectiveness in equal measure. This study assessed the implementation of the adaptation of one promising intervention, the Relationship Checkup, that appears to balance both needs well.

### **The Relationship Checkup**

A group of researchers saw the need for more accessible and effective relationship assistance and developed the Relationship Checkup (Cordova et al., 2014). They designed the Relationship Checkup as a two-session checkup rooted in the amalgamation of Integrative Behavioral Couples Therapy, a well-validated theory of couple therapy, and Motivational Interviewing (MI), a well-validated approach to brief interventions. They designed this two-session intervention utilizing the metaphor of an annual physical or dental checkup as a secondary intervention to assist couples prior to or in the early stages of distress.

The first session begins with a facilitator leading a couple through an Oral History Interview (OHI). The facilitator uses the OHI as a pathway to reconnecting partners with positive sentiment towards each other and a sense of hope. The facilitator also conducts a focused interview around the couple's relationship strengths and concerns. The facilitator celebrates the

couple's existing strengths and attempts to elicit compassion by uncovering understandable reasons, softer emotions, and interactional patterns driving their concerns. The second session involves a review of the information gleaned in the first session in the style of MI, along with a MI influenced behavioral suggestion feedback portion intended to activate couples towards positive relationship behaviors.

To offer the Relationship Checkup, a facilitator must engage in a minimum of twelve hours of manualized training and follow-up supervision (Arammu RC Provider Handbook, 2016) that involves conceptual, experiential, and skill-building components. The manualized training has proven effective with counseling students early in their clinical training (Gordon et al., 2019) and military counselors (Cordova et al., 2017). The training involves teaching the underlying theories of change driving the Relationship Checkup including Integrative Behavioral Couples Therapy and Motivational Interviewing. The training also involves reviewing each stage of the process for the two sessions. Training for the first session includes preparation for the formal pre-session assessment, the OHI, the Strengths Assessment, and the Concern Assessment. Training for the second session includes preparation for the Oral History Review, Strengths Review, Concerns Review, Brief Motivational Feedback, and Behavioral Activation. The training also involves the technical aspects of formal assessment administration, website logistics, and client management. Training should equip all participants with the requisite knowledge and skills to conduct the checkup and offer feedback.

The Relationship Checkup has been empirically tested in both lab and community settings. Cordova et al. (2014) discovered significant effects for couples in relationship satisfaction ( $d = .29$ ), intimacy ( $d = .20$ ), and acceptance ( $d = .37$ ) after the first checkup intervention. This study utilized the original developer and nine doctoral students as therapists and found similar effect sizes across practitioners as they worked with 215 heterosexual couples

from a racially homogenous (i.e., 93.9% white) northeastern city with an average annual income in the \$75,000-99,000 range. Couples' average age was 46 for men and 44.5 for women, and they had been together as a couple an average of 15.2 years. The researchers also followed couples and offered booster checkups after one year, finding a robust climbing effect with couples entering the intervention at a slightly improved level from initial entry and receiving even more benefit from the intervention (Cordova et al., 2014). Couples scored significantly higher immediately following the initial checkup ( $d = .29$  for relationship satisfaction,  $.20$  for intimacy,  $.36$  for women's acceptance,  $.38$  for men's acceptance), and even higher after the booster checkup (satisfaction ( $d = .39$ ), intimacy ( $d = .55$ ), women's acceptance ( $d = .44$ ) and men's acceptance ( $d = .40$ ) (Cordova et al., 2014).

The success with a homogenous, middle-upper SES sample led some researchers to pursue studying the Relationship Checkup with a more diverse sample of the general population (Gordon et al., 2019). This study utilized first year masters and doctoral students and community mental health professionals (i.e., social workers, counselors, both licensed and pre-licensed), with similar findings across practitioners. In attempts to lower barriers of transportation and childcare, the Relationship Checkup was also utilized as an in-home intervention with couples (Gordon et al., 2019). Finally, Gordon et al. (2019) tested the checkup in a community-based setting with lower-income couples and found significant positive effects for relationship satisfaction ( $d = .29$ ), constructive communication ( $d = .37$ ), and intimacy ( $d = .11$ ) with decreased relational aggression ( $d = .27$ ). Although further empirical testing is needed to track changes, the intervention was also piloted in a military behavioral counseling service and was well-received (Cordova et al., 2017).

The Relationship Checkup has never received adaptation or utilization within the community religious context in which most couples are most likely to seek help. Preliminary

findings from all these studies suggest that practitioners with little formal therapeutic education can be trained to deliver the Relationship Checkup effectively. These studies utilized facilitators from varied mental health disciplines (i.e., social work, marriage and family therapy, professional counseling, and psychology) with varied levels of training (i.e., first year graduate students, licensed practitioners with years of couples' experience) and military counselors (Cordova et al., 2014; Cordova et al., 2017; Gordon et al., 2019). One study (Gordon, 2019) did not find a significant difference in outcomes based on level of therapeutic training. Pastors have rarely received extensive clinical training (Hook & Worthington, 2009), so an intervention that has shown effectiveness even with inexperienced clinicians seems especially appropriate. If an evidence-based couples' intervention can be appropriately adapted for Christian churches, it will have the possibility of greater reach into lower-income and racially and ethnically diverse populations whose contextual stressors often lead to greater need for these interventions (Hubbard & Harris, 2020).

Researchers have developed effective interventions for couples in laboratory settings, and those interventions have received effective adaptation in other community settings (Cordova et al., 2017; Gordon, 2019). Broad dissemination of effective interventions requires overcoming the barrier of implementation. Implementation science has highlighted the role broader systemic contexts have in hindering or assisting in the effective implementation of evidence-based interventions (Romney et al., 2014). Poor implementation of an evidence-based intervention can be less effective than no treatment at all and at a much higher cost than effective implementation (Romney et al., 2014). The lack of research around training pastors in evidence-based couples interventions led me to conceptualize this as a pilot study to explore the capacity of this service context.

## **Purpose of the Study**

This pilot study utilized an Implementation Science methodological framework (Proctor et al., 2011) to assess the adaptation and implementation of the Relationship Checkup for Christian Churches with particular focus on implementation outcomes as an intermediary to treatment outcomes. Implementation Science aims to assess the uptake of evidence-based interventions within community settings (Proctor et al., 2011). Proctor et al. (2011) identified eight critical implementation outcomes: acceptability, adoption, appropriateness, costs, feasibility, fidelity, penetration (or reach), and sustainability. Implementation Science often involves both quantitative measures to track effectiveness and qualitative measures to understand effects within context.

Acceptability, appropriateness, and feasibility are conceptually similar and of special concern for the sake of this project, so they require further definition. Acceptability is concerned with provider satisfaction with the intervention itself. Acceptability correlates with other implementation and client outcomes, and lack of acceptability serves as an important barrier to effective implementation (Davis, 1993). Appropriateness tracks whether providers deem the intervention appropriate for their clientele. Although appropriateness tends to have a high degree of conceptual overlap with acceptability, some providers may find an intervention to be acceptable for treating a condition but perhaps not appropriate for their role or setting (Proctor et al., 2011). Feasibility relates to both concepts above but also takes into consideration the training and service requirements. Providers might rate an intervention highly and find it appropriate for their context and mission but find it not feasible due to logistical constraints.

This pilot study tracked the effectiveness of training implementation as a precursor to further study regarding outcomes of implementation of the evidence-based Relationship Checkup

in Christian religious settings. This study aims to answer the following questions regarding these outcomes:

1. To what degree do Christian religious leaders experience the Relationship Checkup for Christian Churches as acceptable, appropriate, and feasible for implementation in their context as evidenced by the RC Eval-Ministers and researcher observations?
2. To what degree do Christian religious leaders demonstrate fidelity for conducting the Relationship Checkup for Christian Churches after training as measured by live session recording review and researcher observations?
3. What observations emerged from the researcher's involvement with the training and supervision of Christian religious leaders in delivering the Relationship Checkup for Christian Churches?

## **Method**

### ***Adaptation***

To explore the possibility of an adaptation for the Relationship Checkup within Christian religious settings, the student researcher conducted focus groups with pastors and religious leaders. The brief focus group of local pastors affirmed that the Relationship Checkup philosophy had a high level of congruence with theological values and virtues. Pastors mentioned that the Relationship Checkup focus on celebration of strengths combined with compassion for vulnerabilities was highly congruent with their own approaches to pastoral counseling. Review of the pastor focus group discussion revealed several important themes. Pastors held no disagreement with any components of the intervention, unanimously agreeing that nothing was inherently incongruent with their values or work with couples. They made several suggestions which centered around themes of the inclusion of spiritual inquiry and the addition of the overt presence of Scripture and a theological framework throughout. The student

researcher, who has a background in theological education and ministerial work, took this feedback and integrated the suggestions into the initial pilot adaptation. The training and manual for this contains religious adaptations informed by the above process and included in Attachment A (*Relationship Checkup Provider Handbook*).

### ***Participants***

Training participants were ministers and lay-leaders ( $n = 6$ ) from a variety of local Christian denominations from a medium-sized city in the southeastern United States. Participants were recruited from within a local network of churches engaged with Healthy Connections Knoxville (HCK), a relationship help initiative of the University of Tennessee-Knoxville College of Education, Health, and Human Sciences. Healthy Connections Knoxville has successfully partnered with over 20 local churches in implementing religiously adapted evidence-based relationship education workshops. To qualify for inclusion in the study, participants had to be over 18, nominated by their church to participate in the Relationship Checkup for Christian Churches training, have completed the free training and follow-up supervision, and willing to video record a session with a couple from their ministry.

Participants ranged in age from 42-63 with an average age of 53.5 years. All participants identified as White or Caucasian. Four participants identified as male, and two participants identified as female. One participant identified as United Methodist, three identified as Christian, one identified as Church of Christ, and one identified as protestant. Participants varied widely in their experience counseling couples, with two indicating no experience, one indicating two years of experience, one indicating 12 years of experience, and two indicating 30 or more years of experience. For educational background, three indicated Bachelor's degrees as their highest level of education, two indicated Master's degrees, and one indicated an MDiv. Four participants studied theology/ministry, one did formal schooling in engineering/math related fields, and one

had formal medical schooling. Two identified as primarily conducting lay counseling/support and four identified as conducting pastoral counseling. Those who indicated they conducted pastoral counseling reported working with 1-2 couples a month and spending from 3-12 hours over a two-month period actively involved in counseling couples.

## ***Procedures***

### ***Participant Recruitment***

Following Institutional Review Board approval, participants were recruited from a pool of 12 individuals who had completed the Relationship Checkup for Christian Churches training. To reduce appearance or experience of coercion given the student researcher's relationship with potential participants, the dissertation advisor emailed participants who attended the training with an invitation to join the study. The advisor provided an informed consent form (refer to Appendix C) and was available to answer questions about the study.

Couple participants included volunteer couples referred by training participants. To qualify for inclusion in the study, couples must have been over the age of 18, proficient in English, indicate absence of any intimate partner violence in the past year, and in a committed relationship for at least six months prior to the study. After confirming study participation, training participants were asked to identify a volunteer couple from their ministry context to conduct a Relationship Checkup with and share their email contact with the dissertation advisor. The advisor emailed referred couples to share the informed consent (Appendix D) and address any questions about the study. After both members of the couple consented, the advisor provided training participants with instructions for recording and submitting recordings for analysis.

In all, 11 of 12 potential participants consented to the study, and 10 of 11 consented participants completed follow-up supervision. Six participants completed the RC-Eval Minister

following conclusion of follow-up supervision. Only two participants recruited a couple and submitted a video recording for coding.

### Training and Supervision

I lead the training of the Relationship Checkup for Christian Churches. I have received training to offer the Relationship Checkup and to offer training to other providers. I have conducted five prior training sessions in the Relationship Checkup for over one hundred providers. I am an approved supervisor for the Relationship Checkup, an American Association of Marriage and Family Therapy approved supervisor, an Approved Clinical Supervisor, a Tennessee Licensed Marriage and Family Therapist #993, and a Tennessee Licensed Professional Counselor- Mental Health Services Provider #3721.

Ongoing supervision is standard procedure for ensuring and assessing fidelity in service delivery (Cordova et al., 2017). I am an approved supervisor for the Relationship Checkup and have led five prior supervision groups in delivering the Relationship Checkup. I provided ongoing weekly supervision groups for religious leaders. All leaders attended weekly supervision in 4-6 person cohorts. This supervision followed the current supervision procedure (Cigrang et al., 2016), which includes case consultation on facilitating the Relationship Checkup along with review of videos of experts facilitating the Relationship Checkup. Supervision commenced one month after completion of the training and lasted for four sessions.

### Data Collection

Immediately after consenting to participate in the study, participants completed the Provider Information Form (Appendix F). Participants who recruited a couple who consented to the study submitted recordings directly to an encrypted email system and deleted the video from their device after confirmation of receipt by the dissertation advisor. Dr. Erica Mitchell, the

program evaluation director of Healthy Connections Knoxville, coded videos for fidelity according to the Relationship Checkup adherence coding manual (Cordova et al, 2014).

### ***Measures***

#### **Participant Information Form**

The Participant Information Form collected demographic information. Specifically, it prompted participants to provide their age, gender, ethnicity/race, religious affiliation, number of years spent counseling couples, prior level of education, field of study, number of couples counseled in an average month, number of hours typically spent serving couples in an average month, and types of service provided to couples. This form is provided in Appendix F.

#### **Relationship Checkup Adherence Manual**

Fidelity was measured via the Relationship Checkup Adherence Manual (Cordova et al, 2014) contained in Appendix G. The Relationship Checkup Adherence Manual includes attention to all core components of the protocol. The manual includes a detailed description of coding procedures and 30 items rated for extensiveness of therapist behaviors on a five-point scale from 1=not at all to 5=extensively. Average adherence rating was 4.67 in a previous Randomized Control Trial (Cordova et al, 2014). Dr. Erica Mitchell conducted analysis of the videos according to this manual for comparison and discussion.

#### **C-EVAL-Ministers**

The RC-EVAL-Ministers (Appendix E), an adaptation of The Marriage Checkup Evaluation-Therapist (MC-EVAL-T; Cordova et al., 2017) assessed the acceptability, appropriateness, and feasibility of the Relationship Checkup for Christian Churches. A prior study utilized the MC-EVAL-T to assess provider satisfaction for an adapted version for military couples in a medical setting (Cordova et al., 2017). The MC-EVAL-T contained 10 items on a 5-point scale, one binary yes/no question, and one open-ended section for brief elaboration.

Questions one through three addressed acceptability, questions four through eight addressed appropriateness, and questions nine through eleven tracked feasibility. The MC-EVAL-T had an acceptable internal reliability in the initial sample ( $\alpha = .86$ ) and had an average score of 4.35 for the scale responses. I edited wording on the MC-EVAL-T from “clinicians” to “minister or lay leaders” and added two binary yes/no questions and six open-ended questions to sensitize the survey to more specific feedback around the inclusion of Christian worldview and principles into the adaptation.

I piloted six open-ended questions in addition to the original MC-EVAL-Therapist: 1) How did the training and supervision prepare you to offer the Relationship Checkups? 2) How could the training and supervision have been improved? 3) What about the Relationship Checkup worked well? 4) What might you add, remove, or change to make the Relationship Checkup more aligned with a Christian worldview or principles for marriage? 5) What constraints or barriers, if any, will influence whether you continue to offer Relationship Checkups to couples within your ministry? and 6) What support do you need to continue offering Relationship Checkups to couples?

### ***Data Analysis***

All assessments were administered and stored electronically. Analysis included full and partial participant data sets. Three years following completion of the study, all electronic files of data will be destroyed.

To answer the first research question, “To what degree do religious leaders experience the Relationship Checkup for Christian Churches as acceptable, appropriate, and feasible for implementation in their context as measured by the RC Eval-Ministers and brief qualitative feedback?” I ran descriptive statistics on the RC-EVAL-Ministers after the training and supervision to gain a 1-5 score for each individual item, and a mean score across all items.

The original analytic plan intended to utilize Consensual Qualitative Research-Modified (Spangler et al. 2012) to highlight themes in open-ended feedback that would give deeper context and meaning to the scores. Unfortunately, the open-ended questions did not yield sufficient responses to warrant more in-depth analysis. Responses to those questions will be shared within the context of the survey data and researcher observations.

To answer the second research question, “To what degree do religious leaders demonstrate fidelity for conducting the Relationship Checkup after training as measured by the coded video session?” Dr. Erica Mitchell coded videos utilizing the Relationship Checkup fidelity adherence manual (Cordova et al, 2014). Dr. Erica Mitchell is the program evaluation director for Healthy Connections Knoxville, and is trained to offer and train others to offer the Relationship Checkup. To address the third research question, the researcher also included observations from the supervision.

## **Results**

### ***Acceptability, Appropriateness, and Feasibility***

Six RCEVAL\_Minister surveys were submitted with five complete and one incomplete. Incomplete items were related to conducting the Relationship Check-up with a couple. (Table 1 in Appendix A).

Responses to open-ended questions indicated that participants generally found the training helpful. One participant noted, “The training was a good blend of information and role play.” Another stated, “The training and supervision were excellent, giving me much confidence in administering the Relationship Checkups.” Participants described the training as “thorough” and “comprehensive.” One quote seemed to capture a participant’s total learning experience:

At first, I felt extremely underqualified and unprepared when considering giving a check-up. I feared that my lack of training and practice in couples therapy could cause more

damage than harm. Soon into the training, these fears dissipated. The training gave me the tools and confidence to go into a check-up situation with joy and competence.

[Trainer] did an excellent job providing information, answering questions, and giving space to practice techniques. One of the biggest tools I picked up from the training was learning how to build intimacy bridges. The section on identifying soft emotions was particularly enlightening. Looking for and being able to gently state “where the hurt is” and “what are they wishing for” is something I was not previously trained to do. I feel more confident and trained to spot these important details. I left the training optimistic and excited to implement check-ups in my ministry context.

Results were more mixed in the surveys and open-ended feedback on follow-up implementation beyond the training. Although most applicants still rated the Relationship Checkup favorably, participants were not unanimous ( $M = 4.6$  for Q2, Q3, Q4, Q6, and Q8) in strongly agreeing that the Relationship Checkup was helpful or effective with couples overall. In applying the training, participants described several ways they used supervision to enhance their work with couples. For example, one stated, “The follow up sessions were particularly helpful to answer questions and give wise counsel in several situations that came up in my first meetings with couples” Another participant stated, “The supervision was excellent to answer the questions I didn't know I had until I was actually applying what I learned.” Another participant stated, “The supervision follow-ups were great. Meeting with others and hearing about their experiences, mistakes, and successes was invaluable.” From my perspective, the follow up supervision sessions were filled with questions and conversation as participants were administering the intervention in real world settings. Anecdotally, I observed several fears expressed around capturing couples’ concerns, although participants unanimously assigned the

highest rating to item Q5: “Do you think the Relationship Checkup effectively captured the concerns of the couples that you saw?”

Other items that emerged from the open-ended feedback surrounding technological administration seem important to note. Participants generally found the technological administration of Relationship Checkup questionnaires and feedback reports useful and easy to use. One participant stated, “Tools—emailed questionnaire is simple process. Auto generated report for 2nd meeting essentially does work for you.” One participant stated, “Auto generated report to go over with couples is great roadmap to follow, simple.”

Likewise, participants mostly reported that the Relationship Checkup for Christian Churches aligned with a Christian worldview. One participant stated, “The checkup is very aligned with a Christian worldview. I was never uncomfortable or suspicious of the material.” Some others stated that they wanted “more verses (of Scripture)” and more “Christian books” added into the feedback reports. However, another participant stated, “I felt some of the content that is added following the entry of the data from the first visit seemed a little less than Christian worldview. But we are able to omit—so not a problem at all.”

Feasibility was a key interest of this study, and some participants noted common barriers with one responder noting the barrier of “The stigma of couples talking about their relationship with someone else.” Another highlighted the role of the church in “Setting up culture that makes it an organic connection to approach me for check-ups.” These quotes were gathered from lay leaders rather than vocational ministers, highlighting a differential feasibility barrier between lay and vocational ministers. One vocational minister noted barriers of “time” and “schedule” for offering the Relationship Checkup, with one participant adding, “Their lives get in the way. This only reinforces the need for the checkup.”

### *Fidelity Coding of Videos*

Although ten participants consented to recruit a couple and video record engagement in the Relationship Checkup, only two participants referred a couple for recording to the study. In both cases, the couples consented, and videos were submitted. Thus, there is not enough data for a statistical comparison. The results of those codings are displayed and discussed within the context of other data and observations. The average adherence score for the first session (3.67) was much lower overall than in a previous study (4.67)(Cordova et al, 2014). A caveat to this score is that pastors did not engage in two of the eleven items related to formal inquiry about why couples were seeking help. These items make more sense in a clinical context where this is the first interaction between clinician and client, but they make less sense within the context of a pre-existing pastoral relationship. Even without those items, pastors still scored slightly lower overall (4.20) than clinicians from the previous study (4.67) (Cordova et al, 2014). They tended to score highly in thoroughness around revisiting a couple's oral history and asking about strengths, but they tended to score lower overall around utilizing strategies to explore concerns and facilitate acceptance (see Table 2 Appendix B).

During training and supervision, the researcher made several observations about provider fidelity. Providers expressed varying levels of anxiety around their capacity to implement the Relationship Checkup for Christian Churches. One person reported feeling enthusiastic after the training but then anxious after they received their first questionnaire back from a couple. The provider had selected this couple thinking of them as a healthy couple that would be easy to work with and became anxious when the questionnaire indicated a variety of areas of concern. After the initial meeting with this couple, those concerns were allayed; and similar to other providers, they reported that offering the Relationship Checkup for Christian Churches felt more like a conversation and more natural than they expected. Providers had many questions about

how to approach the concerns section and were able to readily brainstorm ideas as a group relative to the three core strategies of uncovering soft emotions, discovering understandable reasons, and identifying patterns.

Anecdotally, ministers expressed enthusiasm for learning the Checkup model and its relevance to their work. Those with many years of experience counseling couples mentioned that the Checkup model and skills were better suited to their pastoral counseling work than previous models they had utilized. One even stated that they believed this needed to be rolled out more broadly within affiliated churches as it fits well within their work. Some respondents varied in their ease of use with the technological application of the Checkup with some reporting ease and others reporting difficulty. Supervision sessions mostly highlighted the congruence of the adaptation with a Christian worldview, but one provider expressed concern about how to address “spiritual warfare” within the context of the Relationship Checkup. The supervisor deferred to group discussion and theological expertise around this matter, which ultimately led to an acknowledgement that participants cannot control the outcomes or all factors at play, but they can productively focus on offering the wisdom of the Checkup.

## **Discussion**

The interaction between laity and priests exists as one of the oldest, most sacred, and most influential interactions throughout human history. This interaction has great potential to influence, for better or for worse, outcomes for individuals and couples, and by extension, society as whole. This study aimed to understand the potential to equip this interaction with a well-validated psychological model for change that was adapted for the ministry context. Although the scarcity of data makes drawing conclusions difficult, some interesting findings emerged suggesting the need for more investigation for the first research question concerning the

acceptability, feasibility, and appropriateness of the Relationship Checkup for Christian Churches.

There exists the potential that the Relationship Checkup model is rated as highly acceptable, feasible, and appropriate for the ministry context. Those who completed the RC-Eval-Minister quantitative items had a higher average score (4.71) than was reported in a previous adaptation of the protocol (4.35) (Cordova et al., 2017). Participants were unanimous in strongly agreeing with questions regarding their satisfaction with the model and their likelihood for recommending the checkup to other ministers or lay leaders.

On average, ministers gain much less training in clinical skills and scientific research than clinicians (Hook & Worthington, 2009), and it is possible that this disparity between this ministry cohort and a previous clinical cohort reveals how highly ministers value training in these skills and concepts. The researcher observed higher levels of enthusiasm and intrigue when encountering these concepts relative to novice student clinicians the researcher has supervised, affirming the researcher's sense of the Relationship Checkup as a desirable tool for ministers. Anecdotally, a regional church leader stated that two sessions were the standard for pastoral counseling, making the length of the Relationship Checkup even more appropriate for pastoral counseling length expectations than clinical length expectations.

The researcher believed that the Relationship Checkup required adaptation for the ministry context to increase its acceptability, feasibility, and appropriateness, and that was partially affirmed by the feedback. Participants generally received the adaptations in the manual favorably and rated the Relationship Checkup adapted for Christian Churches as highly appropriate for their context. Participants also affirmed this inclination because the only area where they requested more integration of a Christian worldview was in the feedback section of the Relationship Checkup. The researcher left this section less developed in part due to time

constraints, but also out of a desire for pastoral contributions to feedback reports to inform future adaptations. Pastors regularly added their own insights from Scripture that they felt spoke directly to couples' concerns.

Although providers can speak to their perceptions of the feasibility of the Relationship Checkup, some open-ended feedback and anecdotal observations reveal some reason for optimism and some similar barriers to help seeking in the church context. Some providers continued to find stigma of help seeking as a barrier, hoping to create more organic pathways to that within their church community. Those within a formal vocational ministry role had a significantly easier time in recruiting couples than did lay ministry leaders. Those within a formal vocational ministry role recruited more couples and recruited them more easily than did lay leaders. Though this study included in its recruitment a diversity of providers in recognition that some churches rely more on lay helping than others, this barrier serves to highlight the important role of the vocational minister in couples help-seeking. Though pastors expressed intent to gain a couple for recording and review, only two recordings were submitted. Only one provider reported inability to recruit a couple during the study timeline, and a few reported seeing multiple couples, so this may primarily present as a research barrier rather than a service barrier. For future research, the researcher might help with proactive recruitment of couples for providers to serve, especially if providers are recruited who do not typically conduct pastoral counseling within a formal role. Another prior study had contracted therapists focus on conducting the intervention, while student assistants took care of recording and consent for the research participation (Gordon et al., 2019).

For the second research question concerning the fidelity of pastors to the Relationship Checkup model, the lack of a sample size for the videos precludes any significant statistical conclusions around fidelity. In this initial inquiry, a few items suggest the potential for more

exploration. For the Oral History Interview and Strengths section of the Relationship Checkup, the two videos scored showed equal thoroughness to that of doctoral level clinicians in a previous study with highly effective outcomes (Cordova et al, 2014). The lower scores around utilization of therapeutic strategies to address couples' concerns suggest a potential need for more training and supervision to focus on these areas. Utilizing sophisticated psychological strategies to address couple's concerns might require more ongoing practice and consultation for ministers compared to therapists who already have baseline preparation for working with emotionally charged material. Although the Relationship Checkup for Christian Churches training was highly desired by the ministers and delivered as thoroughly as clinicians in some regards, more training and supervision might aid in bridging the gap of knowledge and reflective listening skill that the average minister has with an average clinician as noted in a previous study (Hook & Worthington, 2009). It is important to note that these videos were the pastors' first attempts at conducting a checkup. The previous study had a cohort of 9 doctoral clinicians who had seen an average of 12-18 couples (Cordova et al, 2014), of which a sample (24.8%) from each therapist was coded. Prior implementations required ongoing weekly supervision for all providers over the course of the multi-year project (Gordon et al., 2019) and future work with pastors and lay leaders might benefit from a similar model.

### ***Limitations***

Several important limitations of this study should be noted for future research and program development. Data collection, from survey completion to video recording submission, had a low completion rate. Much of this relates to constraints within the study design timeline limitations and lack of incentivization for survey completion. Pastors lead busy lives with many demands on their time, and participating in a study can present another burden. The researcher conceptualized the inclusion of more cultural and racial diversity within the training and eventual

service delivery as a prominent rationale for the study, but the provider sample was highly homogenous. Although there was more diversity in initial stages of recruitment into the training, some of those leaders dropped out shortly before the training. Recruitment was somewhat hindered due to some concerns raised around conflict of interest that caused a significant delay from initial inquiry to actual recruitment into the study. The conflict of interest concerns also caused a restriction in communication between the student researcher and the participants. Engaged community research requires relationships of trust, and distance created by human protection constraints needs creative solutions, perhaps monitoring and fidelity checks, rather than restrictions on communication in recruitment and follow up.

### ***Implications for Research***

The struggle to recruit ministry leaders and couples into this study highlights some important issues for future research. Initial study design aimed to have participants receive the training for free as an incentive to participate in the study, but the researcher had pre-existing relationships with the local nonprofit, Healthy Connections Knoxville and the Relationship Checkup creators at Arammu, causing concerns about conflict of interest and delays in study approval. Conflict of interest management remains a critical component of maintaining integrity in research, and community-based research requires a deeper understanding of the real world settings where service occurs; relationships of trust and open communication are critical pieces of bridge building (Barrio Minton et al., 2021). Future researchers might more proactively develop management plans in consultation with IRB to manage these concerns more efficiently. For example, IRB might create a platform to record researcher communication with participants for later review to protect against undue influence without unnecessarily restricting the flow of communication necessary for trusted community relationships. Others have noted the importance of maintaining a consistent goodwill presence within a community by offering the resources

yielded by research, via articles or workshops, to the benefit of the communities served (Barrio Minton et al., 2021).

Building relationships of trust with churches remains a critical task for anyone seeking to bridge the gap between the university and the church. The limitations of diversity in both ministry leaders and couples who consented to the study presents an important implication for research. Anecdotally, despite the homogenous sample of pastors, participants reported service delivery to participants who identified as racial, ethnic, and sexual minorities. Healthy Connections Knoxville has developed some partnerships with Black church leaders, but has had less connection with more progressive mainline denominations and almost no contact with Latinx congregations. Future studies and trainings might build better partnerships within these communities to increase diversity of service and research samples. The student researcher, as a white male from an evangelical background, more easily partnered with churches with similar background characteristics and future researchers might consider collaboration with more diverse lead researchers who reflect the diverse communities with whom they seek to understand and partner. The Relationship Checkup also requires more adaptation to fit the worldview and cultural values of different groups, and a deeper dive into select focus groups might gain more information to inform future adaptations. These focus groups should include more historically underrepresented populations and ask questions specifically about barriers to research participation so future studies can be adapted. The lead researcher also led the focus groups, potentially resulting in similar barriers due to racial and background characteristics. Focus groups also might productively partner with lead interviewers from diverse background who notice the nuances in meaning and have a background in understanding their church and community contexts. They should also ask specific questions about the modality of delivery,

points where the clinical model of the Relationship Checkup might appear most congruent with service delivery in diverse religious contexts.

Fidelity of service delivery and objective outcomes for participants remain open questions for future research. More research is needed on the fidelity of service delivery itself, potentially getting a larger number of ministers involved and a sampling of their work across couples to assess if they are delivering the protocol as intended. This study showed promise in some areas, and future research might track how facilitators' skills develop over time. If participants in larger samples continue to struggle with facilitative skills and addressing concerns, researchers may need to adapt training and supervision protocols to create strategies for bolstering the focus on facilitative skills and protocols for addressing concerns. Because of the difficulty in gaining sessions under video recording, future explorations might use mock skills sessions where common couples' dialogues are imitated, and skills are demonstrated in a less intrusive setting. This might allow for an approximate assessment of skills that while not as robust, might serve to gain a clearer understanding of fidelity with less intrusion.

Future research should focus on couples' outcomes and barriers to recruitment. This study design did not include participant outcomes, and future researchers could track couples' outcomes with ministers for statistical significance. Future studies might productively include a control group receiving treatment as usual from ministers while another group receives the Relationship Checkup. Future studies should also seek to gain clarity on the greatest barriers to ministers participating in the Relationship Checkup training and recruiting couples. The interaction between congregant and ministry leaders remains a sacred one and future researchers should work collaboratively with ministers to design assessments that are not overly intrusive into that interaction and yet capture essential data for the future equipping work of ministers.

### *Implications for Practice*

A few implications arose out of this training for future partnerships with pastors and churches. First, although participants found the core components of the Relationship Checkup for Christian Churches highly compatible with their own religious values and practices, they wanted the addition of more Christian book resources. Ensuring these resources are consistent with sound psychological models of relationship functioning would be a tremendous addition for ministry leaders. The Relationship Checkup currently cites from a wide variety of literature to communicate critical points, and future developers might spend more time in communication with exegetical experts to find Biblical passages that are consonant with core psychological concepts of the Relationship Checkup.

The researcher pursued the adaptation of the Relationship Checkup and assessment to implement interventions in naturalistic settings where they might reach more diverse participants. Unfortunately, this study failed in recruiting a diverse sample of pastors. Anecdotally, the pastors reported service delivery to participants who identified as racial, ethnic, and sexual minorities, slightly affirming the researcher's inclination that pastors might serve a more diverse milieu. Future practitioners might seek to form more collaborative partnerships within minoritized populations. Although the researcher included a more diverse sample in initial focus groups, these participants dropped out before the training. One cited a health concern, another cited the demands of nonprofit work, and others simply did not respond. It was possible that the Relationship Checkup itself was simply not a good fit for their work in a variety of different ways. Future collaborations should involve more dialogue to assess for issues of fit that might not have been thoroughly attended to in this adaptation. Future practitioners might foster more longstanding partnerships and perhaps reduce time barriers for minority leaders. Future partnerships should work more collaboratively than this student-initiated dissertation project by

beginning with collaborative dialogue and development with denominational hierarchies around their needs. Future trainings would reduce the time barrier on pastors through becoming a certified pastoral education unit, thus fitting more neatly within their professional development requirements and not serving as an additional requirement.

When asked for the additional support they would need, providers regularly referenced the ongoing availability of the trainer as a critical piece. The value the group placed on consultation groups and ongoing trainer access highlighted the need for more than a train and release model for future implementation within churches. The researcher also recognized that ministers vary widely in their level of experience and comfort interviewing couples. Future adaptations might offer more supplemental assistance via supervision or skills practice to help manage the anxiety level and increase competency for less seasoned practitioners. Based on pilot results, the protocol may need more adaptation to aid religious providers in focusing their conversations in the concerns section through the lens of the three strategies. Future trainings might devote more extensive time to skills practice and feedback alongside more videos illustrating the three strategies. Supervision also might devote more time to skills practice. A previous study held weekly supervision groups to review recordings for the entire multiple year duration of the study (Coop Gordon et al., 2019), and this might aid ministry leaders as well.

Participants continued to need help in creating a culture within their communities that prioritizes relationship health and relationship help seeking to increase utilization of the Relationship Checkup. Organizational readiness was a critical factor to assess and improve in a previous implementation study (Romney et al., 2014), and churches appear to need this sort of systematic readiness development as well. Healthy Connections Knoxville has found in their work partnering with churches that they need direct and specific buy in from senior leadership for effective implementation. Healthy Connections Knoxville has noted the importance of a lead

pastor who can communicate the importance of seeking help for healthy relationships and to communicate this in a way that is normalizing and important. Lead pastors have productively accomplished this through direct communication about relationship help services in their sermons, alongside social modeling of their participation in these services for their own relationship. It seems important that future implementations of the Relationship Checkup and other interventions facilitate that same direct message to a congregation from lead pastors about the Checkup itself.

### **Chapter Summary**

This study investigated the implementation of an adapted version of the Relationship Checkup for Christian Churches. Relationship Checkups are already a well validated tool to prevent and ameliorate couples' distress (Cordova et al., 2014, Cordova et al., 2017), but this initial pilot study of a novel adaptation for Christian churches reveals some important findings. Although 11 of 12 training participants completed the initial participant survey form, only 6 completed feedback surveys, and only 2 submitted a recording of their work with a couple. With those limitations taken in context, the initial pilot's findings show some encouraging reasons for further study and need for further refinement of training. Through surveys and verbal feedback, ministry leaders indicated that the Relationship Checkup model is highly acceptable and appropriate for their ministry context. They generally found the Relationship Checkup to work well within their pastoral counseling. However, they encountered some recruitment issues, especially if they were not regularly in a prescribed pastoral counselor role within their church. The initial findings regarding fidelity show the possibility and challenge of implementing Relationship Checkups in churches. Ministry leaders could implement some aspects equally thoroughly as their clinical counterparts but might need more focused training on reflective listening and facilitation of couple's concerns. Future research and practice might further

increase the depth of partnership with local churches while also attending to more focused training and support for their ministry leaders in hopes that all people might have access to assistance in maintaining healthy and stable relationships.

## **Conclusion**

Relationship health and stability are critical foundation pieces to a thriving society. Decades of research and clinical activity have produced robust relationship interventions with significant and durable effects, but these interventions rarely reach those who need them most. Universities and churches have a common social ill that is critical to their communities and that might increase their impact exponentially through partnership. Though this study does not offer proof of the potential impact of Relationship Checkups delivered through religious leaders, it does point to the need for further investigation. Because of the cost to society of relationship instability and unhealth, and because of the robust effectiveness of evidence-based relationship interventions, any potentially effective relationship intervention adaptations that increase reach are worth exploring. If religious leaders can achieve even a fraction of trained clinicians' effect in delivering adapted evidence-based relationship interventions, implementing these interventions demands serious consideration. Religious leaders' increased efficiency of delivery and increased reach into communities of need highlight a tremendous opportunity for research and development to overcome barriers to effective and lasting implementation.

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## Appendices

### Appendix A

**Table 1: RE-Eval-Ministers' Survey Results**

Item	<i>M</i>	<i>SD</i>	<i>Frequency</i>						
			1	2	3	4	5	N / A	
How Satisfied are you with the Relationship Checkup model?	5.00	0.00	0	0	0	0	6	0	
Did the Relationship Checkup seem to help the couples that you saw learn strategies to improve their relationship health?	4.60	0.55	0	0	0	2	3	1	
Do you think the Relationship Checkup was helpful to the couples that you saw?	4.60	0.55	0	0	0	2	3	1	
Do you think the Relationship Checkup effectively captured the strengths of the couples that you saw?	4.60	0.55	0	0	0	2	3	1	
Do you think the Relationship Checkup effectively captured the concerns of the couples that you saw?	5.00	0.00	0	0	0	0	5	1	
Do you think the Relationship Checkup effectively captured each couple's overall relationship?	4.60	0.55	0	0	0	2	3	1	
Would you recommend the Relationship Checkup to other ministers or lay leaders?	5.00	0.00	0	0	0	0	6	0	
Do you think that the Relationship Checkup was effectively administered in the allotted time?	4.67	0.52	0	0	0	2	4	0	
Do you think that the Relationship Checkup fits well within your ministry setting?	4.67	0.82	0	0	1	0	5	0	
Did you enjoy administering the Relationship Checkup?	4.40	0.89	0	0	1	1	3	1	
Will you continue to offer Relationship Checkups within your ministry?	4.83	0.41	0	0	0	0	5	1	

## Appendix B

**Table 2: Video Coding**

Question	Video 1	Video 2
Introductory question	1	1
Both parties asked	1	1
Oral History Interview	5	5
Both parties asked	5	5
Strengths	4	5
Both parties asked	4	5
Paraphrase and clarify	3	5
Emphasis and celebration	3	5
Areas of concern	3	5
Both parties asked	4	5
Paraphrase and validate	5	5
Acceptance strategies used?	2	1

## Appendix C

### Informed Consent for Research Participation: Providers

**Research Study Title:** Study of the Implementation of Relationship Checkups Adapted for

#### Why am I being asked to be in this research study?

Church Settings

**Researchers:** Adam York, University of Tennessee, Knoxville  
Dr. Casey Barrio Minton, University of Tennessee, Knoxville

We are asking you to be in this research study because you recently participated in a Relationship Checkup training adapted for pastors.

#### What is this research study about?

The purpose of the research study is to understand the potential to integrate brief evidence-based relationship interventions within church settings.

#### Who is conducting this research study?

This study is being conducted by researchers at the University of Tennessee, Knoxville in collaboration with Healthy Connections Knoxville.

#### How long will I be in the research study?

If you agree to be in the study, your participation will last for approximately 2.5 hours over the course of a month. You will fill out one survey and conduct a video recorded 1-2 hour session with a volunteer couple.

#### What will happen if I say “Yes, I want to be in this research study”?

If you agree to be in this study, we will ask you to

- Invite a volunteer couple for whom you will provide a Relationship Checkup
- Conduct a Relationship Checkup session in a private setting and submit a recording to the researchers
- Complete one brief survey.

#### What happens if I say “No, I do not want to be in this research study”?

Being in this study is up to you. You can say no now or leave the study later. Either way, your decision won't affect your relationship with the researchers or the University of Tennessee. You will not incur any cost for not participating in this study.

#### What happens if I say “Yes” but change my mind later?

Even if you decide to be in the study now, you can change your mind and stop at any time.

- If you decide to stop before the study is completed, Contact the Faculty Researcher, Casey Barrio Minton, at [cbarrio@utk.edu](mailto:cbarrio@utk.edu)
- Your information will be destroyed if you wish or maintained up through the point you leave .

### **Are there any possible risks to me?**

- This study will collect audio/video recordings of your work. These will be confidential, and strictly used by investigators on the project who are experienced with handling confidential information. However, it is possible for you to be identified.
- By serving couples you may be exposed to their relational distress from the therapeutic nature of the intervention. You will have access to consultation to process any distress and receive support. We do not believe this risk is any greater than your routine risk of discomfort serving couples within your role in your church.

### **Are there any benefits to being in this research study?**

There is a possibility that you may benefit from being in the study, but there is no guarantee that will happen. We hope the general knowledge generated by this study will contribute to improvements in interventions for pastors to utilize. Even if you don't benefit from being in the study, your participation may help us to learn more about helping couples in churches in the future.

### **Who can see or use the information collected for this research study?**

We will protect the confidentiality of your information by:

- Securely storing all data and only giving access to sensitive data to the research team.
- Because he provided your training, Adam York will not be able to see if you consented to participate in this study; he will not be able to link your survey or video responses to you.
- Videos will be coded for fidelity without use of names or identifying information by Dr. Erica Mitchell.
- If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.
- We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information we collect about you. These include:
  - People at the University of Tennessee, Knoxville, who oversee research to make sure it is conducted properly.
  - Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research.
  - If a law or court requires us to share the information, we would have to follow that law or final court ruling.

### **What will happen to my information after this study is over?**

We will not keep your information to use for future research. Your name and other information that can directly identify you will be deleted from your research data collected as part of the study.

### **Will I be paid for being in this research study?**

You will not be paid to complete this study.

### **Will it cost me anything to be in this research study?**

It will not cost you anything to be in this study.

### **What else do I need to know?**

About 10 to 15 people will take part in this study. Because of the small number of participants in this study, it is possible that someone could identify you based on the information we collected from you.

We use procedures to lower the possibility of these risks happening. Even so, you may still experience problems or injury, even when we are careful to avoid them. Please tell the faculty researcher, Casey Barrio Minton (865-974-8382), about any distress or other problems that you have during this study.

The University of Tennessee does not automatically pay for medical claims or give other compensation for injuries or other problems.

Adam York has worked in the past for Aramm, who developed the Relationship Checkup; and he may work for them again in the future.

### **Who can answer my questions about this research study?**

If you have questions or concerns about this study, or have experienced a research-related problem or injury, contact the researchers, Adam York, ayork12@utk.edu, 865-235-3057, or Dr. Casey Barrio Minton, cbarrio@utk.edu.

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact

Institutional Review Board  
The University of Tennessee,  
Knoxville 1534 White Avenue  
Blount Hall, Room 408  
Knoxville, TN 37996-1529  
Phone: 865-974-7697  
Email: utkirb@utk.edu

### **STATEMENT OF CONSENT**

I have read this form, been given the chance to ask questions and have my questions answered. If I have more questions, I have been told whom to contact. By clicking the “I Agree” button below, I am agreeing to be in this study. I can print or save a copy of this consent information for future reference. If I do not want to be in this study, I can close my internet browser.

## **Appendix D**

### **Informed Consent for Research Participation: Couples**

#### **Research Study Title:**

**Study of the Implementation of Relationship Checkups Adapted for Church Settings**

**Researcher(s): Adam York, University of Tennessee, Knoxville**

**Dr. Casey Barrio Minton, University of Tennessee, Knoxville**

#### **Why am I being asked to be in this research study?**

We are asking you to be in this research study because you have expressed a desire to receive a Relationship Checkup from your ministry leader and to contribute to general scientific knowledge that will aid other providers to help couples in their relationship.

#### **What is this research study about?**

The purpose of the research study is to understand the potential to integrate brief evidence-based relationship interventions within church settings.

#### **Who is conducting this research study?**

This study is being conducted by researchers at the University of Tennessee, Knoxville and researchers at Healthy Connections Knoxville.

#### **How long will I be in the research study?**

If you agree to be in the study, your participation will include attending an approximately one hour session of the Relationship Checkup with your ministry leader.

#### **What will happen if I say “Yes, I want to be in this research study”?**

If you agree to be in this study, we will ask you to participate in a Relationship Checkup with a provider under recording.

#### **What happens if I say “No, I do not want to be in this research study”?**

Being in this study is up to you. You can say no now or leave the study later. Either way, your decision won't affect your relationship with the researchers or the University of Tennessee.

#### **What happens if I say “Yes” but change my mind later?**

Even if you decide to be in the study now, you can change your mind and stop at any time.

If you decide to stop before the study is completed, contact the Student Researcher, Adam York, at [ayork12@utk.edu](mailto:ayork12@utk.edu)

Your information will be destroyed if you wish or maintained up through the point you leave the study if the data has not already been de-identified.

### **Are there any possible risks to me?**

This study will collect video recording of your session with your ministry leader. These will be confidential, and strictly used by investigators on the project ensured to handle information sensitively. However, it is possible for you to be identified.

By engaging in the Relationship Checkup, you might share sensitive details about your relationship that could cause some level of distress.

### **Are there any benefits to being in this research study?**

There is a possibility that you may benefit from being in the study, but there is no guarantee that will happen. You will gain access to a free Relationship Checkup from a trained provider. The Relationship Checkup has helped many couples improve their communication and overall relationship satisfaction. You will hopefully gain a better and more compassionate understanding of your partner and your relationship dynamics. Even if you don't benefit from being in the study, your participation may help us to learn more about helping couples in churches in the future. We hope the knowledge gained from this study will benefit others in the future.

### **Who can see or use the information collected for this research study?**

We will protect the confidentiality of your information by doing the following:

- Securely storing all data and only giving access to sensitive data to the research team.
- If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.
- We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information we collect about you. These include the following:
  - People at the University of Tennessee, Knoxville who oversee research to make sure it is conducted properly.
  - Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research.
  - The staff and students directly involved with this research project through University of Tennessee, Knoxville and Healthy Connections Knoxville.
  - If a law or court requires us to share the information, we would have to follow that law or final court ruling.

### **What will happen to my information after this study is over?**

We will not keep your information to use for future research. Your name and other identifying information will not be collected as a part of this study. The video recording of your session will be deleted after it is reviewed for fidelity.

### **Will I be paid for being in this research study?**

You will not be paid to complete this study. However, choosing to participate in this pilot study means you will receive the Relationship Checkup for free.

### **Will it cost me anything to be in this research study?**

It will not cost you anything to be in this study. If you withdraw from the study, nothing will be required of you.

### **What else do I need to know?**

About 10-30 people will take part in this study. *Because of the small number of participants in this study, it is possible that someone could identify you based on the information we collected from you.* We use procedures to lower the possibility of these risks happening. Even so, you may still experience problems or injury, even when we are careful to avoid them. Please tell the researcher in charge, [Adam York, 865-235-3057], about any distress or other problems that you have during this study.

The University of Tennessee does not automatically pay for medical claims or give other compensation for injuries or other problems.

### **Who can answer my questions about this research study?**

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers, Adam York, ayork12@utk.edu, 865-235-3057 or Dr. Casey Barrio-Minton, cbarrio@utk.edu.

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board  
The University of Tennessee, Knoxville  
1534 White Avenue  
Blount Hall, Room 408  
Knoxville, TN 37996-1529  
Phone: 865-974-7697  
Email: utkirb@utk.edu

### ***STATEMENT OF CONSENT***

I have read this form and the research study has been explained to me. I have been given the chance to ask questions and my questions have been answered. If I have more questions, I have been told who to contact. By signing this document, I am agreeing to be in this study. I will receive a copy of this document after I sign it.

---

**Name of Adult Participant**

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**Signature of Adult Participant**

**Date** \_\_\_\_\_

*The researcher signature section below is not required, but is recommended for research studies involving an in-person consent procedure, especially when consent may be obtained by multiple members of the research team.*

**Researcher Signature (to be completed at time of informed consent)**

I have explained the study to the participant and answered all his/her questions. I believe that he/she understands the information described in this consent form and freely consents to be in the study.

\_\_\_\_\_

**Name of Research Team Member      Signature of Research Team Member**

**Date**\_\_\_\_\_

**Appendix E**  
**RCEval-Minister**

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Start of Block: Default Question Block

Q10 Name:

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	Not at all (1)	_ (2)	Somewhat (3)	_ (4)	Very Much (5)
1. How Satisfied are you with the Relationship Checkup model? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Did the Relationship Checkup seem to help the couples that you saw learn strategies to improve their relationship health? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you think the Relationship Checkup was helpful to the couples that you saw? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you think the Relationship Checkup effectively captured the strengths of the couples that you saw? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you think the Relationship Checkup effectively captured the concerns of the couples that you saw? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Do you think the Relationship Checkup effectively captured each couple's overall relationship? (6)

7. Would you recommend the Relationship Checkup to other ministers or lay leaders? (7)

8. Do you think that the Relationship Checkup was effectively administered in the allotted time? (8)

9. Do you think that the Relationship Checkup fits well within your ministry setting? (9)

10. Did you enjoy administering the Relationship Checkup? (10)

11. Will you continue to offer Relationship Checkups within your ministry? (11)

Q2 How did the training and supervision prepare you to offer the Relationship Checkups?

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Q3 How could the training and supervision have been improved?

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Q4 What about the Relationship Checkup worked well?

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Q5 What might you add, remove, or change that would make the Relationship Checkup more aligned with a Christian worldview or principles for Marriage?

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Q6 What constraints or barriers, if any, exist to you continuing to offer relationship checkups to couples within your ministry?

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Q7 What support do you need to continue offering relationship checkups to couples?

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Q8 How many couples have you utilized the checkup with?

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**Appendix F**  
**Provider Information Form**

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Q9 Thank you so much for your willingness to consider participating in this study to help equip ministry leaders to strengthen couples' relationships.

---

Q10 Please read the following informed consent and click "I agree" if you would like to participate in the study or "no" if you would like to decline participation: [Consent for research participation providers](#)

I agree (4)

No (5)

*Skip To: Q15 Please read the following informed consent and click "I agree" if you would like to participate i... = I agree*

*Skip To: Q13 Please read the following informed consent and click "I agree" if you would like to participate i... = No*

---

Q15 Name:

---

Q1 Age:

---

Q2 Gender:

---

Q3 Ethnicity/Race:

---

---

Q4 Religious Affiliation:

---

---

Q5 How long have you been counseling couples?

---

---

Q6 What is your highest level of education (indicate one)

- Doctorate (1)
  - MDiv (2)
  - Master's (3)
  - Bachelor's (4)
  - Associate's (5)
  - High school graduate (6)
  - Less than high school (7)
-

Q7 In what field is your training? (indicate those that apply)

- Marital/Family Therapy (1)
  - Psychology (2)
  - Counseling (3)
  - Social Work (4)
  - Theology/Ministry (5)
  - Other: (6) \_\_\_\_\_
- 

Q8 What type of couples counseling do you conduct? (indicate one):

- Clinical Counseling (1)
  - Pastoral Counseling (2)
  - Lay Counseling/Support (3)
- 

Q9 How many couples do you counsel in a typical month?

\_\_\_\_\_

---

Q10 How many hours do you typically spend counseling each couple over a two-month period?

\_\_\_\_\_

*Skip To: Q14 If Condition: How many hours do you typic... Is Not Empty. Skip To: Thank you for filling out this survey....*

---

Q13 You have declined participation in this study. Please reach out to Healthy Connections Knoxville if you would like to learn more about ways of being equipped to help couples within your community.

*Skip To: End of Survey If you have declined participation in this study. Please reach out to Healthy Connections Knoxville... Is Displayed*

---

Q14 Thank you for filling out this survey and for your willingness to participate in this study. Once you and your volunteer couple have consented to meet together, someone will reach out to get their consent for recording. Don't hesitate to reach out to me at [cbarrio@utk.edu](mailto:cbarrio@utk.edu) if you have any questions.

**End of Block: Participant Information Form**

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## **Appendix G**

### **Relationship Checkup Adherence Manual**

#### **Introduction to Rating**

The purpose of this project is to accurately describe therapist behavior during the Relationship Checkup (RC). It is expected that therapists have their own unique style that is expressed with every client. In addition, it is expected that therapists may modify their own unique style according to the personality and needs of each client.

Although most of the codes are distinct from one another, some are not mutually exclusive; therapist behavior may be an example of more than one code at a time. The following guidelines should ensure accuracy of your ratings.

#### **Rate Therapist Behavior**

The codes reflect therapist behavior only. Therefore, it is necessary to rate only therapist behavior, not client behavior. The client's response or the success or failure of what the therapist attempts to do is not considered in the code. The coder should only consider what the therapist attempted to do.

#### **Rate Extensiveness, Not Quality**

The codes are meant to reflect the extent to which the therapist engaged in the given behavior, not the quality with which the coder thinks those behaviors were performed. Although extensiveness and quality are not completely independent, the coder should not consider quality of the therapist behavior per se when making a rating.

#### **Frequency vs. Intensity**

Most of the codes involve behavior that the therapist either will or will not do, such as asking questions about the couple's relationship history. In rating for acceptance strategies, however, coders should consider the extensiveness of the behavior. Extensiveness includes a combination of the frequency and intensity of the behavior displayed.

Some acceptance strategies take little time within the session but may vary in the intensity with which the therapist engages in them. A less explicit behavior is usually considered less intense. No fixed rules exist for determining the equivalence of a behavior done intensely for a short period of time versus a behavior not done intensely but done frequently. It is up to the coder to weigh the frequency and intensity in the given situation to make a rating. So, less frequent but more intense = more frequent but less intense.

#### **Avoid Haloed Ratings**

Haloed ratings based on what the coder thinks OUGHT to have happened should be avoided. Instead, the coder should rate what is actually observed. The coder should rate what is observed, not what he or she thinks should have occurred, regardless of

- 1) what other behaviors the therapist has engaged in during the session;
- 2) what ratings were given to other items;
- 3) how skilled the coder believes the therapist is;
- 4) how much the coder likes the therapist;
- 5) whether the coder thinks the behavior being rated is a good or bad thing to do.

### **Use of Guidelines**

The descriptions of behavior included in this manual are not meant to encompass all possible behaviors and should be considered guidelines and not rules. Coders are expected to use their best judgment when rating all behavior including behavior not explicitly outlined in this manual.

### **Wording of the Questions**

It is not necessary for the therapists to ask the questions in the manual word for word, if the question has been asked and the meaning has not been altered. Therefore, the rating should not be decreased if she or he did not use the exact same words, if he or she conveyed the same meaning in the question or comment.

### **Specific Instances Required for Rating**

The starting point for each code is “1”, not at all. In order to give a rating greater than “1”, the coder must hear a specific example of an item under the code being rated. It is important to avoid rating behavior as occurring if the coder thinks it probably did occur but cannot think of an example.

### **Additional Instructions**

- § Listen carefully to the entire session.
- § Rate as you are watching, stopping the tape if needed.
- § Go back and watch a section again if you’re not sure about a code.
- § Take notes if necessary.
- § Attend to the manual instructions.
- § Always rate every code.
- § Fill out the coding sheets clearly and correctly.

**Directions:** For each item, assess the therapist’s adherence on a scale of 1 to 5.

Use the general scale below to rate each behavior or set of behaviors:

1	2	3	4	5
Not at all		Somewhat		Extensively

## Part 1: Assessment Session

### *Reasons for Seeking an RC Interview:*

\_\_\_\_\_ Does the therapist obtain answers to all the following questions?  
(Rate this group of questions as a whole, since many couples will answer some of them without being explicitly asked).

- *“Tell me a little bit about why you would like to get a Relationship checkup at this time.”*
- *“Tell me a little bit about how, logistically, you decided as a couple to get a Relationship checkup.”*
- *“How do you hope to benefit from your Relationship checkup?”*

\_\_\_\_\_ Does the therapist give both partners an opportunity to answer each question?  
(Rate 1 if the therapist doesn't give both partners the *opportunity*. If the partner refuses to answer, that isn't an adherence issue).

### *Oral History Interview*

\_\_\_\_\_ Given the opportunity, does the therapist ask all the following questions?

- 1) *Why don't we start from the beginning...tell me how the two of you met and got together...what were your first impressions of each other?*
- 2) *Tell me about how you decided to get married...of all the people in the world, what led you to decide that this was the person you wanted to marry?*

\_\_\_\_\_ Does the therapist give both partners an opportunity to answer each question?

### *The Therapeutic Interview*

#### *Strengths:*

\_\_\_\_\_ Does the therapist interview about strengths using some form of the following questions?

- *Remember how you completed a questionnaire that asked you to identify the top three strengths in your relationship? You nominated x, y, and z as the top three strengths in your relationship. Which one of those would say is your principal strength as a couple?”*
- *“Tell me a little bit about x as a strength in your relationship. Why do you consider it one of your major strengths and how does it work to keep your relationship strong and healthy?”*
- *Turn to the other partner and ask him or her, “How do you experience this strength and how it helps keep your relationship strong?”*

\_\_\_\_\_ Does the therapist repeat this process with the other partner?

- Then ask that same partner: *“You nominated x, y, and z as the top three strengths in your relationship. Of the three things that you nominated, which one would you say is your biggest strength as a couple?”*
- *“Why do you consider that one of your major strengths? How does it work to keep your relationship strong and healthy?”*
- Then ask the other partner, *“How do you experience that strength?”*

\_\_\_\_\_ Does the therapist paraphrase and clarify the couples’ two principal strengths?

\_\_\_\_\_ Does the therapist emphasize and celebrate the couples’ two principal strengths?

### ***Areas of Concern:***

\_\_\_\_\_ Does the therapist interview about areas of concern using the following script?

- *“Now that we have a broad sense of the strengths in your relationship, I’d like to switch gears and talk with you a little about those areas of your relationship that you have identified as areas of concern. It looks like you have chosen x, y, and z (so not doing/having those) as areas of concern for you. (Turning to the chosen partner) Which one of these would you say is your biggest concern, or is there something else that’s not on here that you would say is your biggest area of concern?”*
- *“Okay, so you would say (e.g., money) is the biggest area of concern for you in your Relationship. Tell me a little bit about that issue. How would you describe what the issue is?” (Paraphrase and validate).*
- Turning to the other partner, *“And how would you describe this issue?” (Paraphrase and validate).*

\_\_\_\_\_ Does the therapist repeat the process with the other partner?

\_\_\_\_\_ Does the therapist paraphrase and validate both partners?

### ***Acceptance Strategies:***

\_\_\_\_\_ Does the therapist use at least one of the following acceptance strategies? (See treatment manual for detailed descriptions of these strategies).

**1) KICK-STARTING INTIMACY: UNCOVERING SOFT EMOTIONS.** An example is: *“So that made you feel sad?”* Or *“What were you feeling right before you said that?”*

**2) Building mutual acceptance:** Discovering understandable reasons and identifying themes/patterns. Examples are:

*“If you think back into your family history, do you have ideas about where you may have learned that from?”*

Or

*“Is there anything in your history that you think has influenced the way you feel or act?”*

Or

*“The role you find yourself playing in your arguments, is there anyone in your upbringing who has that style?”*

Or

*“In what ways do you think what you learned as a child about what to do when you’re feeling sad, lonely, worried, or like you’ve just had the rug pulled out from under you has followed you into your Relationship?”*

**3) Building a collaborative set: Mutual traps, same page, “It”ifying.**

Examples include: *“You both seem to be on the same page in terms of struggling with this friction point. Can you look at this problem and ask how you can tackle it together?”*

## **Vita**

Adam York was born in Collingwood, Ontario, Canada on July 30, 1984, as the son of Moira and David York. He graduated from Johnson University with a Bachelor of Arts in Bible and Youth Ministry/Preaching and returned to Johnson to receive his Master of Arts in Professional Counseling and Marriage and Family Therapy. He is the co-owner, alongside Dana Vince, of Healings Hearts Counseling, a group counseling practice focused on Emotionally Focused Couples Therapy. He also serves on the board for Healthy Connections Knoxville, a nonprofit initiative in partnership with the University of Tennessee Knoxville, whose mission is to increase the health and stability of couple's relationships. When not counseling couples, he can be found trying really hard to get his wife and kids to laugh at his jokes. He currently resides in Knoxville, TN with his wife, Christin York, and two sons, Josiah and Ian York.