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WHY DO COUPLES SEEK RELATIONSHIP HELP ONLINE? DESCRIPTION AND COMPARISON TO IN-PERSON INTERVENTIONS

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Couples are increasingly utilizing newly developed online adaptations of couple therapy; however, different presenting problems could drive couples to seek either online or in-person services. This study compared the presenting problems of 151 couples seeking an online couple intervention for relationship distress (OurRelationship) with responses from 147 couples seeking in-person couple therapy. Presenting problems were generally consistent across gender and whether or not the respondent was the initial help-seeker. Online and in-person samples frequently endorsed difficulties with communication and emotional intimacy; however, they differentially endorsed trust, time together, and child/parenting difficulties. Therefore, while basing online interventions on existing couple therapies is generally supported, efforts should be made to tailor online services to meet the unique needs of this population.

Relationship distress is common among romantic couples. Within the United States, just under half of first marriages end in divorce (Copen, Daniels, Vespa, & Mosher, 2012), and at any given time, about one-third of individuals in relationships are distressed (Whisman, Beach, & Snyder, 2008). Furthermore, relationship distress is robustly associated with mental (Whisman, 2007) and physical health problems (Robles, Slatcher, Trombello, & McGinn, 2014) cross sectionally, with evidence also indicating that relationship stress predicts poorer subsequent mental (e.g., Whisman, Uebelacker, & Bruce, 2006) and physical health (e.g., Schafer, Caetano, & Clark, 1998). Relationship difficulties can also have a profound impact on life satisfaction, parenting, and child development (Bernet, Wamboldt, & Narrow, 2016). Studies have repeatedly demonstrated that in-person couple and marital therapies effectively provide much needed relief from relationship distress (Fischer, Baucom, & Cohen, 2016).

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However, despite the frequency and impact of relationship problems, most couples do not seek couple therapy for their distress. In fact, it is estimated that only 37% of couples receive couple therapy before getting a divorce (Johnson et al., 2002). Furthermore, a study of newlywed couples revealed that, of the 36% who sought help within their first 5 years of marriage, only 38% of those couples sought couple therapy (Doss, Rhoades, Stanley, & Markman, 2009). Common barriers to treatment seeking such as geographical distance from services, mental health stigma, and lack of financial means may also hinder many couples from getting professional help (Fox, Blank, Rovnyak, & Barnett, 2001). These barriers are especially problematic for low-income and racial/ethnic minority couples, whose risk for relationship conflict, divorce, and separation is significantly greater (Helm & Carlson, 2013; Johnson et al., 2002; Luca, Blosnich, Hentschel, King, & Amen, 2015). As such, the development and dissemination of more accessible treatments for couples is of great importance.

Reasons for Seeking Couple Therapy

A better understanding of what draws individuals into treatment for relationship problems can help inform both recruitment and design of couple-focused treatment. In a two-site study of chronically distressed married couples, emotional intimacy, communication, concerns of divorce/separation, and conflict resolution were among the leading reasons couples reported for pursuing treatment (Doss, Simpson, & Christensen, 2004). The level of desire to seek services may also vary by individual factors and types of presenting problems. First, several studies have found significant gender differences such that women are more likely to seek couple therapy compared to their male partners (Doss, Atkins, & Christensen, 2003; Stewart, Bradford, Higginbotham, & Skogrand, 2016). In addition, there is mixed evidence for the possibility that types of presenting problems partners endorse differ by gender. In one study, men were less likely to identify drug use, communication, depression, interpersonal conflict, infidelity, and stress as necessitating professional help than women (Bringle & Byers, 1997). In contrast, Doss et al. (2004) found husbands and wives only differed on one of the 18 broad categories analyzed; women reported communication as a concern significantly more than men.

Moreover, the type of presenting problem may also factor into couples' inclination toward treatment. Indeed, men's sexual dissatisfaction was consistently predictive of more active treatment-seeking behavior across all three stages of treatment seeking (problem recognition, treatment consideration, and treatment seeking; Doss et al., 2003). Furthermore, in a longitudinal sample of newlywed couples, perceived communication issues and higher depressive symptoms were predictive of couples' likelihood of seeking couple therapy during the first 5 years of marriage (Doss et al., 2009).

Couples' reasons for seeking couple therapy also continue to be important after treatment starts, as they predict likelihood of attendance and therapy outcomes. A study of veterans and their spouses indicated that partners' agreement on their presenting problem(s) was predictive of greater likelihood of attending the minimum number of sessions of problem-focused couple therapy (Biesen & Doss, 2013). Furthermore, Owen, Duncan, Anker, and Sparks (2012) found that clients who presented to couple therapy with a desire to improve their relationship saw greater improvements compared to those who sought therapy to see whether their relationship was salvageable or workable (Owen et al., 2012).

Online Relationship Help

There is considerable interest among couples in completing an online program to improve their relationship, especially those who are highly distressed. In fact, couples indicate they are significantly more likely to seek an online program than they are to seek in-person couple therapy, individual therapy, self-help literature, and relationship workshops (Georgia & Doss, 2013). Furthermore, because couples tend to wait an average of 6 years before seeking face-to-face couple therapy (Notarius & Buongiorno, 1992, as cited in Gottman & Gottman, 1999), web-based services may also reduce barriers to services, allowing couples to seek help earlier on in the development of relationship problems.

However, the potential reach of online interventions to couples who have not traditionally sought relationship help poses possible challenges for researchers given that couples may

seek online interventions for different reasons than couples seeking in-person couple therapy. Thus, with the growing popularity of online couple services, there is a crucial need for researchers to understand the relationship problems that motivate couples to seek online programs. In doing so, we may assess whether online adaptations of existing in-person couple therapies will serve the needs of couples seeking online relationship help or whether new content ought to be developed.

While several online interventions for couples have been developed, the OurRelationship program is the only one that is designed specifically for distressed couples. The program allows distressed couples to select and subsequently work to improve one or two central relationship issues. Modeled after Integrative Behavioral Couple Therapy (IBCT; Jacobson & Christensen, 1996), the six- to eight-week OurRelationship program encourages both acceptance and behavior change. The program consists of online educational content and four brief videoconference sessions with a paraprofessional coach (Doss, Benson, Georgia, & Christensen, 2013; Doss et al., 2016). A recent nationwide trial of 300 distressed couples (Doss et al., 2016) found that the OurRelationship program significantly improved relationship outcomes (e.g., relationship satisfaction [$d = 0.69$], relationship confidence [$d = 0.47$], and negative relationship quality [$d = 0.57$]) as well as individual functioning (e.g., depression [$d = 0.50$] and anxiety [$d = 0.21$]) compared to a waitlist control group. Because couples have the opportunity to choose the presenting problem(s) they wish to work on, the OurRelationship program aims to ensure that treatment is targeted to the needs of individual couples and is ideally suited to better understand the relationship issues that cause couples to seek help online.

This Study

This study serves to explore why couples seek online interventions for their relationship distress in an effort to determine whether existing online programs meet those needs. To this end, we explored the relationship problems couples identified at the beginning of the OurRelationship program and compared them to the presenting problems reported in a previous study of in-person couple therapy. Significant disparities between reasons for seeking in-person and existing online couple services may indicate issues with generalizability of existing face-to-face interventions to online programs. In contrast, congruence between in-person and online services would further validate the adaptation of existing couple therapy approaches as the foundation of online relationship services.

Specifically, this study had four aims. Aim 1 sought to understand the frequency of presenting problems in the online sample. In Aim 2 we determined whether the type and frequency of couples' presenting problems were moderated by gender. Given that previous research is mixed on whether presenting problems vary by gender, we explored if there were gender differences in presenting problems within this sample. If men and women are indeed seeking help for different types of problems, program developers would need to be mindful to include program content or recruitment strategies that addressed these needs. Aim 3 determined whether the type and frequency of respondents' presenting problems would vary based on whether or not they were the one who initiated services. We hypothesized that the individual who initiated enrollment into the program would indicate different presenting problems than the following partner, which likewise could inform advertising and recruitment for future online programs. Finally, Aim 4 compared the online and in-person samples. We hypothesized that the samples would generally be in agreement regarding presenting problems.

METHOD

Participants

Online sample. As part of a larger study (Doss et al., 2016), 151 heterosexual couples (302 individuals) were randomized to receive the OurRelationship program. Couples were recruited to the program through a combination of paid online advertising and free referral sources such as media coverage, social media (e.g., Facebook), word of mouth, or organic search results. The program was described on the website as a self-help program based on Integrative Behavioral Couple Therapy. To be eligible for the study, couples had to be married, engaged, or living together for at

least 6 months. Couples also had to report moderate to severe relationship distress and not endorse any moderate or severe intimate partner violence, infidelity, or suicidal ideation in the last 3 months. Couples also had to not be currently attending couple therapy and agree not to start couple therapy for the next 6 months. Participants mostly identified as White Non-Hispanic (69.9%) with some individuals identifying as Black (18.5%), Asian (3.0%), American Indian/Alaska Native (1.0%), Pacific Islander (0.7%), and Multi/Other (3.6%). Approximately 10% of the sample identified as Hispanic. Participants were on average 35.85 years old (SD = 9.56) and had 14.87 years of education on average (SD = 2.42). The average score on the Couple Satisfaction Index, 16-item version was 36.58 (SD = 14.75), which was approximately 0.88 SDs below the cutoff of 51.5 for relationship distress (Funk & Rogge, 2007). More information in the sample can be found in Doss et al., 2016.

In-person sample. Responses from 147 stably distressed married heterosexual couples (294 individuals) who were enrolled in a trial of in-person couple therapy were used as a comparison group. Couples in this study were recruited through radio, newspaper, and TV advertisements as well as letters and brochures. The services provided were described as free marriage/couple counseling. They were on average 39.8 years old (SD = 9.10), had on average 16.1 (SD = 2.85) years of education, and were majority Caucasian (71.5%) with fewer Latino/a (7%), African American (8.5%), Asian American (4%), or Other (2.5%), whereas 6% preferred not to say. On the Global Distress Scale of the MSI-R (Snyder, 1997) the average score was 67.5 (SD = 6.70), which is approximately 1.5 SDs below the cutoff for relationship distress. These couples sought treatment in Seattle and Los Angeles as part of a larger study (Christensen et al., 2004); a full description of this sub-sample and their reported reasons for seeking in-person couple therapy is available in Doss et al., 2004.

Procedure

Online sample. To ensure maximum comparability across the in-person and online samples, the codebook for this study was adapted from the codebook used by Doss et al. (2004). The authors who served as coaches for the online intervention (LC and MR) worked with a three-member coding team to refine the codes to better match the prompt provided during the online program. As a part of the OurRelationship program, couples were asked the open-ended prompt, "*Please describe the problem [you want to work on during the program] in as much detail as you can. Please include a description of the problem, how it started, and why you think it occurs*." Once the codebook was finalized, the authors worked with the same three-member coding team to reach reliability during an initial training period. Once acceptable reliability was met on the 12 codes [mean Cohen's Kappa = 0.89; range 0.58–1.00, with all but one code indicating "substantial" or "almost perfect agreement according to Landis and Koch's (1977) guidelines], each coder read every response individually and indicated the appropriate codes. If at least two of three coders were in agreement, the codes they selected were used. If no two coders were in complete agreement, the written response was brought to the first author's attention and discussed in meeting with the coding team until consensus was agreed upon.

In-person sample. Couples in the in-person sample were asked in the open-ended prompt, *"Please list the main factors that led you personally to seek marital therapy."* Codes were divided into 18 broad categories. Doss and colleagues reported 86% occurrence agreement for broad categories on a randomly selected 20% of the entire sample. Because the prompt for the online program focused explicitly on relationship problems, comparisons between the online and in-person samples were done exclusively on relationship problem codes, not codes about improving the relationship. Thus, codes from the in-person sample assessing Seeking Help, Prevent Divorce/Separation, Positive Ideation, and Improve Relationship were not included in the comparison analyses. In addition, some codes used in the in-person sample were collapsed to create accurate comparisons. Specifically, the codes "Lack of Emotional Affection" and "Spouse Withdrawn or Distant" from the in-person sample were combined and compared to code "Lack of Emotional Intimacy" from the online sample. "Spouse Critical or Demanding" and "Spouse Problems" from the in-person sample were combined and compared to "Spouse-Specific" from the online sample. As a result, a total of 12 codes were compared across samples.

Measures

Coding system. Coders were blinded to participants' identity and responses were presented in random order such that the response of one member of the couple would not influence the other. The coding system consisted of twelve broad categories: Arguments, Communication Problems, Physical affection/intimacy, Emotional affection or distance, Infidelity, Trust, Social activities/time together, Abuse/violence, Self-specific (e.g., individual mental health or substance abuse problems), Partner-specific (e.g., spouse mood, mental illness, or substance abuse problems), Specific area of marriage (e.g., housework or in-laws), and Child/parenting. Each participant's response could be coded under multiple categories; for example, if a participant expressed they were having trouble trusting his/her partner after discovering a recent infidelity, the appropriate codes would be both Trust and Infidelity.

Demographics. Participants reported on a variety of demographics including their own gender which was used for eligibility and analyses below.

Initiator. The online survey software tracked date and time of survey completion. This variable was used to determine which member of the couple initiated seeking out the online program. Typically, a visitor to the site completed the eligibility survey during that initial visit; therefore, that first member of the couple can also be assumed to be the one who initially sought out the service (e.g., by entering relevant search terms into Google). Although it is possible the initiator sought services following an ultimatum from their partner, our clinical experiences suggest that individuals interested in our services typically first completed the eligibility survey (to ensure that participation in the program was a viable option) before mentioning our services to their partner. Therefore, even in cases of a general ultimatum from the partner (e.g., "I'm getting a divorce if things don't improve"), the initiator as defined here was likely the person who identified our online services as a good fit for their relationship needs. In the online sample, services were initiated by the woman in 77% of couples.

RESULTS

Aim 1: Description of Online Sample

Overall, 13.6% of participants did not write anything in response to the prompt, with slightly more responses missing for men (15.2%) than women (11.9%; $\chi^2[1] = 0.706$, $p = .401$) and slightly more responses missing for second completers (14.6%) than first completers (12.6%; $\chi^2[1] = 0.254$, $p = .614$). Participants in the online sample identified Communication Problems (27.2%), Emotional Intimacy (26.5%), and Spouse-Specific Issues (19.9%) as the biggest problems in their relationships (see Table 1). Trust ranked fourth for all participants followed by Arguments, Physical Intimacy, and Specific Area of Marriage in seventh.

Aim 2: Gender Differences in Online Sample

Women endorsed significantly more problem codes ($M = 1.60$, $SD = 0.99$) than men ($M = 1.28$, $SD = 0.88$; $t[300] = 2.941$, $p = .004$). The rank-order correlation for the 12 codes compared between genders was .79, suggesting men and women were generally in agreement on the biggest problems in their relationship. To test for gender differences in endorsement of specific problem codes, multilevel logistic regressions were run in HLM (HLM 7.01; Raudenbush, Bryk, Cheong, Congdon, & Toit, 2011). Due to the nested nature of the data, individuals were modeled at Level 1 and nested within couples at Level 2; gender was grand-mean centered and entered as a Level 1 predictor. In addition, because there was a significant difference between men and women on number of codes endorsed, number of codes was grand mean centered and entered at Level 1 as a control variable for subsequent analyses.

Men and women were equally likely to endorse 10 of the 12 codes. However, men were significantly less likely than women to endorse Spouse-Specific Problems including spouse disagreeable or spouse mood/behavior ($b = -0.959$, $SE = 0.289$, $t = -3.323$, $p = .001$, OR = 0.383) as problems they wanted to work on in the program. In contrast, men were significantly more likely than women to endorse Physical Intimacy including sexual activity and non-sexual physical closeness ($b = 1.298$, $SE = 0.371$, $t = 3.501$, $p < 0.001$, OR = 3.661) as a problem they wanted to improve in the program. There were no other significant differences in code endorsement by gender.

Table 1
Percent Endorsed and Rank Order for All Participants, Males, and Females in Online Sample

Code Name	Description	Total endorse		Male endorse		Female endorse	
		Percent	Rank	Percent	Rank	Percent	Rank
Communication problems	Partner does not see perspective; Do not discuss relationship problems	27.2	1	27.1	1	27.2	2
Emotional intimacy	We feel like roommates; Spouse does not confide in me or supportive of me	26.5	2	25.2	2	27.8	1
Spouse-specific	Alcohol/addictive behaviors; Mood/ personality	19.9	3	**12.6**	**5**	**27.2**	**2**
Trust	Dishonest with me; Invaded my privacy	17.5	4	14.6	3	20.5	4
Arguments	When emotions are high; Disagreements lead to arguments	11.3	5	9.9	6	12.6	5
Physical intimacy	Sexual activity; Hugs/kisses	10.3	6	**13.9**	**4**	**6.6**	**8**
Area of marriage	Housework; Financial/ employment	9.3	7	6.0	8	12.6	5
Self-specific	Alcohol/addictive behaviors; Mood/ personality	6.0	8	7.3	7	4.6	10
Infidelity	Inappropriate with opposite sex; Affairs	6.0	8	4.0	9	7.9	7
Social time together	No socialization outside marriage	4.0	10	4.0	9	4.0	11
Children/Parenting	Childcare; Co-parenting	4.0	10	2.6	11	5.3	9
Abuse	Physical/sexual abuse; Verbal/ emotional	1.3	12	0.7	12	2.0	12

Note. Bolded terms indicate significant gender differences in code endorsement.

Aim 3: Initiator Differences in Online Sample

There was no difference in number of codes endorsed between initiators and their partners (t[300] = 1.577, p = .116). The rank-order correlation for the 12 codes compared between initiators and non-initiators was .89, suggesting the partner initiating treatment and the subsequent partner were generally in agreement. The same multilevel logistic regression models as described in Aim 2 were re-run for Aim 3 with initiator status entered as a Level 1 predictor (in place of gender). There was only one significant difference in problem code endorsement; initiators were more likely to endorse Communication Problems (b = −0.457, SE = 0.205, t = −2.224, OR = 1.579, p = .028) than second completers.

Aim 4: Comparison between Online and In-Person Samples

Given the relative similarities in code endorsement across gender and initiator status, reasons for seeking therapy were compared across samples at the couple level rather than separately for each member of the dyad. If either member of the couple endorsed the code, it was counted as being endorsed by the couple. The rank-order correlation for the 12 codes compared between samples was .63, indicating that there were both similarities and differences in the rank order of codes across the two samples. Furthermore, the in-person sample endorsed significantly more codes (M = 4.05, SD = 1.53) than the online sample (M = 2.26, SD = 1.19; t[296] = −11.306, p < .001), perhaps because the online sample was encouraged in the prompt to describe a single problem whereas the in-person sample was encouraged to list the main issues (more than one). Given the difference in writing prompts, the number of codes was controlled for in all Aim 4 analyses.

Results revealed the online sample was significantly more likely to endorse Infidelity (OR = 6.613, p = .002), Trust (OR = 17.761, p < .001), and Spouse-Specific (OR = 7.071, p < .001) codes than was the in-person sample. The in-person sample was significantly more likely to endorse difficulties with Social Time Together (OR = 7.838, p = .002) and Child/Parenting (OR = 2.438, p = .038) than the online sample. Full results are reported in Table 2.

Table 2
Comparisons between Online and In-Person Samples

	Online		In-person					
Code Name	Percent	Rank	Percent	Rank	*b*	*SE*	OR	*p* value
Emotional intimacy	39.1	1	61.2	1	−0.249	0.301	0.779	.409
Communication problems	37.1	2	56.5	2	0.408	0.281	1.504	.146
Spouse-specific	**34.4**	**3**	**23.8**	**7**	**−1.956**	**0.383**	**0.141**	**< .001**
Trust	**24.5**	**4**	**7.5**	**10**	**−2.877**	**0.536**	**0.056**	**< .001**
Arguments	19.9	5	43.5	3	0.206	0.321	1.229	.520
Physical intimacy	16.6	6	27.9	6	−0.422	0.369	0.655	.252
Area of marriage	15.2	7	32.7	4	−0.197	0.366	0.821	.590
Self-specific	11.3	8	12.2	8	−0.878	0.473	0.416	.064
Infidelity	**10.6**	**9**	**6.1**	**11**	**−1.889**	**0.605**	**0.151**	**.002**
Social time together	**7.9**	**10**	**8.8**	**9**	**−2.059**	**0.652**	**0.128**	**.002**
Children/Parenting	**6.6**	**11**	**32.0**	**5**	**0.891**	**0.430**	**2.438**	**.038**
Abuse	2.6	12	3.4	12	−1.473	0.963	0.229	.126

Note. The sample size for the Online sample was 151 couples and 147 couples for the In-Person sample. Bolded values are statistically significant differences.

DISCUSSION

This is the first study to our knowledge to assess the most problematic relationship issues identified by couples in a web-based, self-help relationship program. As an increasing number of face-to-face interventions are being adapted to online formats (e.g., ePREP; Braithwaite & Fincham, 2007), it is important to understand what couples are looking for in these interventions so researchers can better design programs to suit those needs. While this study address what drew couples to one online relationship program, the variety of programs available, with regards to both program content and program structure, are vast and this study was limited to a single program. Initiator differences in the biggest relationship problem were minimal, indicating that the partner seeking services and the second partner are generally in agreement on the biggest relationship problem. The OurRelationship program encourages couples to pick one biggest problem to address during the program, though an option to work on two simultaneously is available. Results here indicate a couple can generally agree on the biggest problem. In fact, in the initial trial of OurRelationship, 76% of couples addressed one core issue during the program (Doss et al., 2016). Therefore, asking couples to engage with the biggest relationship problem at the start of the program may be unlikely to cause fights among couples because couples are generally already in agreement about what that problem is.

One exception to the general agreement between men and women was that men endorsed more problems with physical intimacy. Given that men's reports of sexual difficulties are also one of the strongest predictors of their willingness to seek relationship help (Doss et al., 2003), helping couples with their sexual intimacy will be especially important in online interventions. Furthermore, women endorsed more partner-specific problems. Women generally have greater relational awareness—including relationship problems—than do men (Acitelli, 1992), are typically the first ones to seek outside help for relationship problems (Doss et al., 2003), and tend to be less satisfied with their romantic relationships (e.g., Heiman et al., 2011). Indeed, in the present online sample, women endorsed more problems than men and the majority of initial help-seekers were women. As people become more relationally distressed, their relationship attributions tend to become more blaming of the partner (Murray, Holmes, Dolderman, & Griffin, 2000). Therefore, women may benefit from interventions early in online programs to help them adopt more mutual understandings of their relationship difficulties; in contrast, men may benefit from interventions to alert them to relationship problems their partners have identified.

Couples seeking help online and couples seeking in-person couple therapy have notable similarities and important differences. First, the top two problems (Communication Problems and Lack of Emotional Intimacy) were consistent across samples. Thus, many of the approaches developed for in-person couple therapy such as empathic joining, communication training, and problem-solving techniques will likely be applicable for couples seeking online self-help.

However, there were some notable differences between the samples. First, couples from the in-person sample were significantly more likely to endorse codes around social time together and child / parenting concerns. These couples were on average about 4 years older than online couples, and therefore may have been in a later stage of life where raising children and balancing a relationship was a more primary concern for them. However, an online program could be especially appealing to parents as it eases the burden of childcare in comparison to in-person treatment. Further research is needed on how parents, specifically, seek help for their relationship either online or in-person. Second, the online couples were significantly more likely to endorse codes around trust and infidelity. The online program may have been especially attractive to them because it offered a more private option than in-person help-seeking. Alternatively, the reduced barriers to online services (e.g., costs, logistics, travel) could have made it possible for lower-income couples to seek services—and lower income couples report more frequent difficulties with these type of relationship problems such as commitment and infidelity (Trail & Karney, 2012).

Therefore, online interventions will need to attend to the high number of participants endorsing problems of lack of trust and infidelity. Infidelity is one of the most frequently cited cause of divorce (Amato & Previti, 2003), in fact, it was cited by over half of divorcing couples as a "major contributor" to the divorce and was the most frequently cited "final straw" to ending the

relationship in the United States (Scott, Rhoades, Stanley, Allen, & Markman, 2013). In international samples, infidelity was ranked as the most common reason for separation of married or cohabiting relationships in young to middle-age Brits (Lampard, 2013). Likewise, it ranked as the second leading cause for divorce, behind violence, in a sample of Israeli-Palestinian women (Meler, 2013). Finally, about one quarter of Jewish Israeli couples cited an extramarital affair as the major reason for divorce; over half of participants cited problems inherent to the relationship (Cohen & Finzi-Dottan, 2012). Although other causes of divorce are prominent, infidelity continues to be a leading cross-cultural difficulty for relationships. Fortunately, models of couple therapy for healing after infidelity have been developed (e.g., Gordon, Baucom, & Snyder, 2005; Snyder, Baucom, & Gordon, 2008). Based on the results of this study, it appears that online adaptations of these interventions (or incorporation of some of these approaches into existing programs) is indicated to meet the needs of couples seeking online help for their relationship. Indeed, by including material specific to relationship dedication and rebuilding trust, researchers could continue to improve future iterations of web-based relationship self-help programs.

Limitations and Future Directions

Although the online sample and in-person sample had many similarities making them ideal for comparison, there are notable discrepancies. The prompts couples responded to were slightly different. The in-person sample was asked about reasons for coming to treatment, whereas the online sample was asked to describe a problem in their relationships. We expect that controlling for the number of codes endorsed partially controls for this difference but it may not fully address this limitation. Second, combinations across codes may have imperfectly represented what couples reported. Third, codes capturing desires to improve the relationship from the in-person sample were excluded because there were no corresponding codes for the online sample, as couples in the online sample were explicitly asked to focus on relationship problems. Therefore, it is possible that the two samples differ on motivation to strengthen the relationship. Fourth, codes with low endorsement had limited power to detect differences between genders or by initiator status. Finally, the in-person sample was collected about a decade prior to the online sample. Historical changes such as the acceptability of seeking treatment, attitudes toward treatment, or perceived efficacy of treatment for specific issues, such as infidelity, may have changed with time as these topics are increasingly present in mainstream media.

Despite these limitations, there is much to learn from this research. As researchers continue to develop and pilot online programs for couples, it is critical to carefully assess what exactly it is couples are seeking services for, rather than assuming online couples are identical to in-person participants. Tailoring the content of online programs based off of these and future results could help retain couples in the program and improve their experience. Although much of the material from in-person couple interventions seems to be applicable to couples seeking help online, supplemental materials that address commonly cited reasons for seeking online assistance would likely be beneficial. For example, under the IBCT model (Jacobson & Christensen, 1996), Spouse-Specific Concerns, such as blaming the spouse for being critical or causing the relationship problems, would likely be addressed through acceptance interventions. Therefore, including material to this effect in online interventions, and not solely providing behavioral skills around communication and problem solving, would likely be a critical component to online self-help programs for distressed couples. Second, the general lack of differences between initiators in biggest problem endorsement suggests researchers should target the biggest problems from the overall sample, communication, and emotional intimacy, when describing the program and recruiting participants.

More broadly, this study suggests several important directions for future research. There is much learn in this field about who benefits from online couple programs, both based on demographic factors such as education level, race and ethnicity, and socioeconomic status as well as initial presentation such as level of relationship distress, nature of the presenting problem, and comorbid diagnoses. In addition, although the program was implemented as a standalone intervention in this research, therapists could integrate it into their practices in several ways. For example, therapists could assume the role of the coach and utilize the standalone intervention to reach a broader client population who otherwise might be limited by time, distance, or other barriers to reach the therapist's office. Alternatively, the program could be used as a part of a stepped care

approach. Couples would initially use the program, and if at its conclusion they continue to report relationship distress or desired further assistance, they could meet face-to-face with a therapist. Finally, the program could be implemented in a blended approach where couples complete the program in tandem to in-person couple therapy. For example, the online activities could be completed as homework between sessions, likely shortening the total number of in-person sessions and perhaps even the total duration of therapy. While the clinical feasibility and efficacy of these integrations will need to be explored, they seem to offer exciting opportunities for therapists to reach more couples—especially minority, rural, low-income, and other underserved couples who have previously been unable to access couple therapy.

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