# Initial Relationship Goal and Couple Therapy Outcomes at Post and Six-Month Follow-Up

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The purpose of this study was to investigate the relationship between client initial goal for couple therapy (i.e., improve the relationship or clarify the viability of the relationship) and the outcomes (including their relationship status, i.e., separated or together) at posttreatment as well as at 6-month follow-up. Two hundred forty-nine couples ($N = 498$ individuals) seeking treatment for relationship distress in a naturalistic setting were treated by 20 therapists. Client initial relationship goal was attained by intake paperwork protocol, which included client initial goal for couple therapy and client perception of partner goal. Clients who reported that their goal was to improve the relationship reported better outcomes at post. Couples who reported their goal was to improve the relationship were less likely to break up at a 6-month follow-up. Of the 115 couples stating they wanted to improve the relationship, only nine (7.8%) couples were separated at 6 months. In contrast, of the 16 couples in which both partners wanted to clarify the relationship prior to therapy, nine (56%) were separated at follow-up. Therapist awareness of each individual's relationship goal prior to couple therapy could enhance outcomes, and treatment tailored according to initial goals could set the stage for positive outcomes however defined.

Keywords: couple therapy, relationship goals, outcomes, separation, commitment

Couple therapy is an effective way to improve relationship satisfaction and communication quality, with effect sizes ranging from 0.61 (Shadish et al., 1993) to 0.84 (Shadish & Baldwin, 2003). Not all couples, however, come to therapy to improve their relationship. Although it is often assumed in couple treatment and research that both partners seek to improve the relationship, one of the top three reasons for seeking couple therapy, representing as much as 46% of couples, is to clarify whether the relationship should continue (Doss, Simpson, & Christensen, 2004). Relationship ambivalence and demoralization may contribute to, or be products of, other pretherapy factors known to predict outcome, including initial relationship quality (Anker, Owen, Duncan, & Sparks, 2010; Crane, Soderquist, & Frank, 1995; Jacobson, Follette, & Pagel, 1986; Snyder, Mangrum, & Willis, 1993; Whisman,

Snyder, & Beach, 2009) and communication styles (Busby & Holman, 2009; Holman & Jarvis, 2003). In addition, couples bring disparate perceptions of what therapy will be and what will constitute a good outcome (Tambling & Johnson, 2010). However, the impact of client expectations regarding the viability of the relationship on couple therapy outcome is unknown.

Initial relationship goal can be conceptualized as a sign of commitment to the relationship. Models of commitment have their foundation, in part, within interdependence theory (Rusbult & VanLange, 2003). Couples form a sense of interdependence over the course of the relationship through prorelationship behaviors (e.g., sacrificing for one another and having a shared vision for the future of the relationship) as well as through constraints to the relationship (e.g., perceptions of the future if the relationship ended; Owen, Rhoades, Stanley, & Markman, 2011; Rusbult & VanLange, 2003). Interdependence can be cyclical, mutually influencing how each partner relates to the other and perceives the viability of the relationship.

Given the likelihood that couples enter therapy with differing expectations, motivations, and hopes, identifying each person's initial relationship goal may be an important first task. Negotiating mutually agreed-upon goals is a cornerstone of the working alliance (Bordin, 1979), as it fuels client engagement and informs decisions regarding the direction and methods of therapy. The alliance has been repeatedly shown to be a significant predictor in individual psychotherapy (cf. Horvath, Del Re, Flückiger, & Symonds, in press) as well as couple therapy (e.g., Anker et al., 2010; Knobloch-Fedders, Pinsof, & Mann, 2007; Symonds & Horvath, 2004), with some evidence suggesting that the alliance predicts

outcome in couple therapy over and above early treatment change (Anker et al., 2010). While the alliance speaks to the process of agreement between clients and therapists regarding goals for therapy, it does not address the specific content of those goals. The content of the goals seems particularly relevant for understanding outcomes in couple therapy given that it likely reflects commitment to the relationship and the couple therapeutic process. For example, a mismatch between partners in which one wants to improve the relationship while the other desires to terminate it would likely affect outcomes at both the couple and individual levels.

Most studies define couple therapy outcomes as improvement in relationship functioning (e.g., Christensen & Heavey, 1999; Snyder, Castellani, & Whisman, 2006); however, success in conjoint treatment should take into account a range of possible couple and individual outcomes (Christensen & Heavey, 1999; Sanderson et al., 2009). For example, a couple's separation may not be a negative outcome when clarification or separation is sought by one or both partners, and therapy helps reduce bitterness and conflict. Goal clarification at the beginning of treatment may well be pivotal to a positive outcome as idiosyncratically defined by each member of the couple. Although the relationship of the alliance, including agreement on goals, to couple therapy outcomes is well established, there are no empirical studies to our knowledge that have tested the specific association between client initial relationship goal (i.e., a content-specific aspect of the alliance) and individual or couple therapy outcome.

The current study sought to investigate the association of client and couple relationship goals with therapy outcome. We reanalyzed data from Anker et al., 2010 study on naturally occurring couple therapy and examined whether couple reports of relationship goals prior to therapy were related to outcome at posttherapy and separation status at 6 months. We posited that clients whose goals were to improve the relationship would be related to better outcomes for them and their partners (Hypothesis 1). We also expected that client and couple desire to improve the relationship would be related to lower incidence of separation at 6 months (Hypothesis 2).

## Method

### Participants

**Clients.** The sample included 249 couples ($N = 498$ individuals) who attended an average of 4.32 ($SD = 2.45$) sessions. Couples were White, Euro-Scandinavian, and heterosexual who were on average 38.54 years old ($SD = 8.47$, range from 22 to 72). Three hundred fifty-two (71.5%) participants were employed full time and 53 (10.8%) were employed part time, whereas 87 (17.7%) were unemployed or did not work outside the home. Eight individuals did not provide this information. Regarding education levels, 142 (28.9%) completed lower secondary school, 167 (33.9%) completed upper secondary school, and 183 (37.2%) completed university or college. Eight individuals left this question blank. The mean number of years the couples had been together was 11.8 years ($SD = 8.7$), ranging from 1–39 years.

Couples self-referred with a broad range of typical relationship problems, including communication difficulties, loss of feeling for

partner, jealousy/infidelity, conflict, and coping with partner's physical or psychological problem. Diagnosis was not required, nor was a routine convention in this setting. The mean intake score on the Outcome Rating Scale (ORS; Miller, Duncan, Brown, Sparks, & Claud, 2003; see below) was 19.01 ($SD = 7.80$), indicative of a clinical population and similar to distress levels of other clinical sites (Miller & Duncan, 2004). Similarly, the mean marital satisfaction score on the Locke Wallace Marital Adjustment Test (LW; Locke & Wallace, 1959; see below) was 74.24 ($SD = 24.55$), indicative of a dissatisfied relationship, well under the cutoff score of 100.

**Therapists.** The couples were seen by 20 therapists (13 female and 7 male) from two family counseling offices in Norway, 10 therapists from each. Ten were licensed psychologists, nine were licensed social workers, and one was a licensed psychiatric nurse. All therapists professed an eclectic orientation, using a variety of approaches (i.e., solution-focused, narrative, cognitive–behavioral, humanistic, and systemic). The average age of the therapists was 44 years ($SD = 12.6$ years); age ranged from 26–61 years. The mean years of experience with couple therapy was 6.7 years ($SD = 6.98$ years); experience ranged from 0–19 years. The number of couples treated by each therapist ranged from 4 to 27, based on availability. All therapists attended two days (8 hours total) of training before the study, and three 3-hr follow-up trainings during the investigation in the Partners for Change Outcome Management System (PCOMS; Duncan, 2010; Duncan, Miller, & Sparks, 2004: Miller, Duncan, Sorell, & Brown, 2005). PCOMS protocol includes feedback to therapists and clients regarding client progress as measured by the ORS (and an individual alliance measure not analyzed here). Although the procedures of this study strongly encouraged therapists to openly discuss the feedback with clients, the frequency or content of these interactions was not monitored.

### Measures

**Outcome Rating Scale (ORS).** Psychological functioning and distress was assessed at the beginning of every session using the ORS (Miller & Duncan, 2004), but the analyses were derived from pre- and posttreatments. The session that included the post-assessment was variable given that this was a naturalistic setting with no predetermined postsession. The ORS is a client-report, therapy-outcome measure designed to assess clients' general psychological functioning repeatedly (at the beginning of each session) throughout the course of therapy. The ORS is a 4-item, visual analog scale, reflecting key areas of client functioning: "individually" (personal well-being), "interpersonally" (family, couple, close relationships), "socially" (work, school, friendships), and "overall" (general sense of well-being). Clients put a mark on the line of each item nearest the pole that best described their experience, and therapists scored each 10-cm line using a centimeter ruler (each item was assigned a score ranging from 0 to 10). The scores were totaled, ranging from 0 to 40, with lower scores reflecting more distress.

The ORS has been used as a measure of therapy outcomes in two randomized clinical trials with couples (Anker, Duncan, & Sparks, 2009; Reese, Toland, Slone, & Norsworthy, 2010) and in several individual therapy studies (e.g., Duncan, 2011; Miller et al., 2003; Reese, Norsworthy, & Rowlands, 2009). Support for the

ORS as a measure of therapy outcome has been demonstrated with correlations to the Outcome Questionnaire 45.2 (OQ-45; Lambert et al., 1996) a commonly used measure of therapy outcome ($r = .74$, Campbell & Hemsley, 2009; $r = .59$, Miller et al., 2003). Thus, despite the brief nature of the ORS, it provides information regarding the psychological functioning consistent with longer instruments. Both the ORS and OQ-45 are utilized with two purposes: Measuring therapy outcomes and providing feedback to therapists about the clinical progress (or lack thereof) of clients. Further, the reliability of the ORS has also been supported in prior work (i.e., test–retest correlations, $r = .66$; Cronbach alphas = .93; Miller et al., 2003; Reese et al., 2009). In the current sample, the internal consistency of the ORS was .91. Further, women's and men's ORS scores correlated with their LW scores at pretherapy in the moderate range ($r$s = .33, and .35, respectively).

In regard to clinical significance, Miller and Duncan (2004) derived cutoff scores for the reliable-change index and for clinically significant change based on a sample of 34,790 participants. Utilizing Jacobson and Truax (1991) criteria, clients who change in a positive or negative (deteriorating) direction by at least five points are regarded as having made reliable change. This degree of change exceeds measurement error based on the reliability of the ORS and is one of the two criteria posited by Jacobson and Truax (1991) as indicative of clinically meaningful change. The second criterion requires movement from a score typical of a clinical population to one typical of a functional population. The cutoff on the ORS for marking the point at which a person's score is more likely to come from a dysfunctional population than a nondysfunctional population is 25 (Miller et al., 2003).

**Locke Wallace Marital Adjustment Test (LW).** The LW (Locke & Wallance, 1959) is a commonly used self-report measure to assess relationship functioning. The reliability and validity of the LW has been supported in prior studies, and it is still relevant to clinical practice and research (Freeston & Plechaty, 1997). It is highly correlated with the oft-used Dyadic Adjustment Scale ($r = .93$; Spanier, 1976). The LW cutoff score of 100, which differentiates satisfied from dissatisfied couples, is widely accepted (Christensen et al., 2004; Freeston & Plechaty, 1997). In the current study, the alpha for the LW was .75. The LW was administered at pretreatment and at 6-month follow-up. However, couples who were no longer in a relationship did not complete this measure at 6-month follow-up. Accordingly, we only used this measure as a control variable for our analysis of separation at 6-month follow-up.

**Separation status.** Separation status was assessed at 6-month follow-up (1 = *no longer a couple or in the process of separating*, 0 = *still in the relationship*). We included couples in which at least one partner responded about current separation status at the 6-month assessment, which included a total of 180 (72.3%) of the 249 couples.

**Relationship goals.** Two perspectives of the client's initial relationship goal were assessed as part of the routine intake process. Clients were asked to rate their perspectives of their own and their partners' relationship goals. This yielded two ratings for each partner in a couple. Clients were asked to select their initial relationship goals, choosing from the following options: 1 = *improve the relationship*, 2 = *clarify whether the relationship should continue*, 3 = *terminate the relationship in the best possible way*, 4 = *other*. Using the same options, each individual in a couple was asked to rate his or her perception of the partner's initial relationship goal (Anker, 2011).

Nine individuals reported that their initial relationship goal was to terminate the relationship. There were no couples in which both partners reported a desire to terminate the relationship. For the partners of these nine individuals, six reported wanting to clarify the relationship and three wanted to improve the relationship. At 6-month follow-up, six of the nine couples completed the follow-up assessment; five couples (of the six that responded) had separated. Given that only nine individuals reported their initial relationship goal was to terminate the relationship, we excluded these couples from our analyses. For the remaining couples, we dichotomized each rating (1 = *improve the relationship*, 0 = *clarify the relationship*; see Table 1). Client ratings that were marked *other* were omitted from the analyses ($n = 4$ for client relational goal and $n = 5$ for client perception of partner goal). The point biserial correlations between client goal, partner goal, and the perception of partner goal ranged from $r = .33$ to .58. There were larger correlations between client rating of initial goal and perception of partner goal ($r = .58$ and .57 for women and men, respectively). Within couples, the relationship between men's and women's goals was more moderate ($r = .33$) and a similar pattern emerged between men's and women's perceptions of partner goals ($r = .33$). The reliability estimates for the two items (personal goal and perception of partner goal) for women and men were .732 and .726, respectively. Further, both men and women who reported that they wanted to improve their relationship as compared to clarify the relationship had higher initial relationship adjustment, or LW-pre scores: Women-improve: $M = 76.72$ ($SD = 21.74$); women-clarify: $M = 59.49$ ($SD = 20.95$), $t(229) = 5.24$, $p < .001$, $d = 0.80$; men-improve: $M = 80.60$ ($SD = 24.21$); men-clarify: $M = 61.83$ ($SD = 25.65$), $t(230) = 4.92$, $p < .001$, $d = 0.77$. Similarly, both men and women who perceived that their partners wanted to improve their relationships had higher initial relationship adjustments: Women-perception improve: $M = 75.54$ ($SD = 22.68$); women- perception clarify: $M = 63.04$ ($SD = 21.85$), $t(229) = 3.48$, $p < .001$, $d = 0.56$; men- perception improve: $M = 80.52$ ($SD = 24.38$); men- perception clarify: $M = 62.41$ ($SD = 26.02$), $t(224) = 4.60$, $p < .001$, $d = 0.74$.

## Procedure

The study is described in detail in Anker et al. (2010). This was a naturalistic study conducted in community-based outpatient centers. Clients were invited to participate in a research study about improving the benefits of therapy. All participating clients gave

Table 1
*Number of Couples by Relationship Goal and Rater/Perspective*

| | Client ratings of personal goal[1] | Client ratings of partner goal[2] |
| --- | --- | --- |
| Both Partners Improve the Rel. | 64.3% (151) | 66.7% (154) |
| One Partner Improve the Rel. | 24.3% (57) | 22.9% (53) |
| Both Clarify Rel. | 11.5% (27) | 10.4% (24) |

*Note.* Rel. = Relationship. The numbers in parentheses reflect the number of couples per cell.
[1] $n = 235$ couples, 470 individuals. [2] $n = 231$ couples, 462 individuals.

their informed consent, and institutional review and approval was secured. Participant intake forms were assigned randomly and weekly to available therapist intake slots. Therapists could exchange one case for another if he or she felt uncomfortable with the couple's clinical presentation as depicted on the intake paperwork or had any previous nonclinical contact with the couple. Such an exchange happened 20 times over the course of the study, primarily because of previous nontherapy contact with the couples. Prior to each session, couples completed the ORS and their final session scores were utilized for their postassessment scores. Six months after the last session, each participant was mailed a packet containing a prepaid addressed envelope, the LW, ORS, and other questions about their experiences in therapy. If no response was received within three weeks, another packet was sent.

## Results

To examine the association between initial relationship goal and therapy outcome at posttreatment (post), we conducted a three-level, random intercept, multilevel model; wherein partners (Level 1) were nested within couples (Level 2), which were nested within therapists who treated them (Level 3). We utilized the Actor-Partner Interdependence Analytical Model (APIM; Kenny, Kashy, & Cook, 2006). Avoiding many of the complications of separate analyses for men and women, APIM models the relationships between individuals, accounting for the interdependence between partners' scores. In APIM models, an actor effect reflects the relationship between the client's score and his or her own outcome. A partner effect reflects the relationship between the client's score and his or her partner's outcome. For instance, a woman's initial relational goal to improve the relationship may be associated with changes in her distress or well-being at post; and her relational goal may also be associated with improvements in her partner. Specifically, we predicted ORS at post by client gender, client and partner relationship goal, and perception of partner relationship goal (at Level 1). We also controlled for clients' pretherapy functioning (pre; both actor and partner effects; ORS-pre at Level 1) and number of sessions (at Level 2). Analyses were conducted utilizing the statistical package Hierarchical Linear Modeling Version 6 (HLM6; Raudenbush, Bryk, Cheong, & Congdon, 2004).

The results from this analysis demonstrated that clients' relationship goal was a significant predictor of their own ORS scores at post (i.e., actor effect), after controlling for the variance in the other variables (see Table 2, Model 1). That is, clients who reported wanting to improve the relationship prior to therapy had greater changes in their own well-being or distress at posttherapy, as compared with clients who reported wanting to clarify the relationship. However, clients' relationship goals were not significantly related to their partners' ORS scores at post (i.e., partner effect), after controlling for the variance in the other variables. Said another way, client relationship goal did not contribute to partner outcome beyond what that partner's goal contributed. That is, clients' relationship goal was not significantly associated with their partners' well-being at post therapy. Further, clients' perceptions of their partner relationship goals were not statistically significantly related to their own therapy outcomes or their partners' therapy outcomes (i.e., both actor and partner effects). Although not shown in Table 2, we also tested whether client and partner

Table 2
*Summary of Fixed Effects Predicting ORS-Post*

| | ORS-post Coefficient (SE) |
| --- | --- |
| Intercept | 25.05*** (1.06) |
| Actor—ORS-Pre | 0.43*** (0.06) |
| Partner—ORS-Pre | 0.08 (0.05) |
| Gender | 1.11*** (0.32) |
| Number of Sessions | 0.60*** (0.15) |
| Actor—Personal Relationship Goal | 1.97* (0.92) |
| Partner—Personal Relationship Goal | 0.14 (1.06) |
| Actor—Perception of Relationship Goal | 0.24 (1.12) |
| Partner—Perception of Relationship Goal | −0.30 (0.97) |

*Note.* Gender was coded $1 = men$, $0 = women$. Relational goal was coded $1 = improve$ $the$ $relationship$ and $0 = clarify$ $the$ $relationship$. $N = 498$ individuals, 249 couples, and 20 therapists. ORS-post was the outcome variable.
* $p < .05$. ** $p < .01$. *** $p < .001$.

relationship goal predicted ORS-post consistently for men and women (i.e., an interaction between actor and partner relationship goals and gender). The two interaction effects were not statistically significant ($ps > .35$), suggesting that the effects of clients' relationship goals had consistent associations with men's and women's ORS-post scores.

Given that clients' perceptions of partner relationship goals were not significant predictors of outcome, we only provided ORS and LW scores at pre and post based on client relationship goal separated by gender (see Table 3). As seen in the table, couples in which both partners wanted to improve the relationship prior to therapy had higher pretherapy scores on the ORS and LW than did the other two groups ($ps < .05$). However, there were no statistical differences in ORS or LW pretherapy scores between couples in which both partners wanted to clarify whether the relationship could continue and couples in which one partner sought clarification ($ps > .05$).

To test our second hypothesis, whether relationship goal predicted separation status at 6-month follow-up, we conducted a two-level, random intercept, multilevel model (couples nested with therapists). The dependent variable was separation status ($1 = separated$, $0 = together$). The predictor variables were men's and women's relationship goals and perceptions of their partners' relationship goals, LW pretherapy scores (i.e., LW-pre for men and women), and number of sessions. There were no therapist variables. The results demonstrated that men's and women's relationship goals were both significant predictors of separation status, after controlling for the variance in the other variables (see Table 4). Similar to the above, clients' perceptions of partner relationship goals did not significantly add to the prediction of separation status. There was no significant gender difference in the prediction of separation status for relationship goals, ($p > .50$). The odds-ratio for relationship goals for men and women were 0.25 and 0.11 (95% Confidence Intervals for men = 0.07 to 0.90; women = 0.03 to 0.41). In other words, couples in which both partners reported wanting to improve the relationship were 75% to 89% less likely to separate than couples in which both partners reported their

Table 3
*Means (Standard Deviations) for ORS and LW by Couple Relationship Goal*

|  | LW-pre | ORS-pre | ORS-post |
|---|---|---|---|
| Both Partners Improve the Rel. |  |  |  |
| Men (*n* = LW 149/ORS 151) | 82.23 (23.59) | 21.03 (7.62) | 29.12 (8.00) |
| Women (*n* = LW 146/ORS 151) | 78.00 (21.90) | 19.33 (7.70) | 26.90 (8.85) |
| One Partner Improve the Rel. |  |  |  |
| Men (*n* = LW 56/ORS 57) | 63.52 (24.11) | 17.40 (7.82) | 24.63 (8.87) |
| Women (*n* = LW 55/ORS 57) | 61.09 (17.89) | 16.79 (6.31) | 25.61 (8.12) |
| Both Clarify Rel. |  |  |  |
| Men (*n* = LW 26/ORS 27) | 68.88 (28.65) | 19.19 (6.83) | 28.14 (7.46) |
| Women (*n* = LW 27/ORS 27) | 65.11 (26.09) | 15.89 (8.14) | 22.96 (8.99) |

*Note.* ORS = Outcome Rating Scale. LW = Locke Wallace. The standard deviations are provided within the parentheses.

relationship goals were to clarify the relationship. These results support Hypothesis 2.[1]

Table 5 reports the number of couples who separated or stayed together based solely on client relational goal. Of the 115 couples stating they wanted to improve the relationship prior to therapy, only nine (7.8%) couples separated at 6 months. For couples in which one partner wanted to improve the relationship and the other partner wanted to clarify the viability of the relationship (*n* = 40 couples), 45.0% (*n* = 18 couples) separated. In contrast, of the 16 couples in which both partners wanted to clarify whether their relationships should continue prior to therapy, nine (56.3%) were separated at 6 months.[2] We omitted six couples wherein one partner indicated that he or she wanted to terminate the relationship. Of these six couples, five separated at 6-month follow-up. There was only one couple who had differing relational goals at the outset, yet did not separate at 6-month follow-up: One partner indicated that he or she wanted to improve the relationship, while the partner wanted to terminate the relationship. Thus, when both partners express a desire to clarify or to terminate the relationship at the start of therapy (these two groups of couples combined) 66.6% were separated at 6-month follow up.[3]

## Discussion

In the present study, we sought to explore how client initial relationship goal for therapy was related to therapy outcome at

Table 4
*Summary of Fixed Effects Predicting Break-Up Status*

|  | Separation status |
|---|---|
|  | Coefficient (*SE*) |
| Intercept | 0.77 (0.55) |
| Women—Locke Wallace-Pre | −0.003 (0.01) |
| Men—Locke Wallace-Pre | −0.01 (.01) |
| Number of Sessions | −0.05 (0.07) |
| Men—Personal Relationship Goal | −1.40* (0.65) |
| Women—Personal Relationship Goal | −2.24** (0.68) |
| Men—Perception of Relationship Goal | −0.45 (0.50) |
| Women—Perception of Relationship Goal | 0.90 (0.67) |

*Note.* Separation status was coded 1 = *separated*, 0 = *together*. Gender was coded 1 = *men*, 0 = *women*. Relationship goal was coded 1 = *improve the relationship* and 0 = *clarify/terminate the relationship*. *n* = 171 couples and 20 therapists.
* *p* < .05. ** *p* < .01. *** *p* < .001.

post (i.e., individual well-being) and separation status at 6-month follow-up. We examined relationship goals based on client and partner initial relationship goal and perception of partner relationship goal through the Actor-Partner Interdependence Model. In doing so, we were able to test whether men's and women's relationship goals influenced their own well-being as well as their partner's well-being (or level of distress) at the end of therapy. For instance, we expected women who wanted to improve their relationships would have better therapy outcomes as compared with women who wanted to clarify their relationships, and their desires to improve the relationships would also have positive effects for their partners (and vice versa). However, we found only partial support for our prediction. Specifically, we found client initial relationship goal predicted client outcome at post, but did not significantly relate to partner outcome after accounting for partner relationship goal. Further, client perception of partner relationship goal was not a significant predictor of therapy outcome, after controlling for the variance in the other variables. Simply put, clients who reported that they wanted to improve the relationship prior to therapy had better outcomes at post, regardless of their partner's goal. In perspective, the difference between a client at post whose relationship goal was to improve the relationship and a client at post whose relationship goal was to clarify the viability of the relationship was a small-sized effect (*d* = 0.24).

[1] All of the results for the first two hypotheses were consistent when the nine couples wherein one partner indicated that they wanted to terminate the relationship were included in the analyses.

[2] We examined whether ORS at 6-month follow-up would relate to personal relational goals prior to therapy and separation status for men and women. However, due to missing data we no longer had couple-level data. Further, the number of clients in some cells was small (e.g., 9, 12). We ran two 2 × 2 ANCOVAs for men and women separately. ORS follow-up was the dependent variable, separation status and personal relational goals were the independent variables. We controlled for number of sessions, ORS-pre, and ORS-post. There were no statistically significant main or interaction effects for separation status or personal relational goals for men or women (*p*s > .05). However, given issues with sample size, we caution interpretation of these results.

[3] Men who separated reported a mean ORS score at pre of 19.24, at post of 25.35, and at follow-up of 27.44 (*N*s = 37, 37, 16). Women who separated reported that their mean ORS at pre was 20.67, at post, 29.74, and at follow-up, 29.21 (*N*s = 37, 37, 29).

Table 5

*Couple Separation Status by Relationship Goal*

| | Separated | Together | n (Couples) |
|---|---|---|---|
| Both Partners Improve the Rel. | 9 (7.8%) | 106 (92.2%) | 115 |
| One Partner Improve the Rel. | 18 (45.0%) | 22 (55.0%) | 40 |
| Both Clarify Rel. | 9 (56.3%) | 7 (43.8%) | 16 |
| n (couples) | 36 | 135 | |

Perhaps more importantly, couples whose goal was to improve the relationship were approximately 75% to 89% less likely to separate at 6-month follow-up as than were couples whose goal was to clarify the viability of the relationship. Looking at client initial goal alone (see Table 5) revealed that only 7.8% of couples separated at follow-up when both indicated that the goal was to improve the relationship while 56% of couples were no longer together who both marked that they sought clarification. These findings seem to reaffirm clinical wisdom. Couples in agreement about relational improvement enjoyed a low level of separation, and as agreement regarding relational viability moved along the continuum (*one wanted clarification* to *both wanted clarification*), the percentage of separated couples increased.

Our findings seem to support the importance of early assessment of client goals for couple therapy so that the direction of treatment can be mutually defined. Knowing that a couple desires to improve the relationship allows the therapist to conduct a treatment that actively engages clients around appropriate improvement strategies, such as communication, conflict-resolution skills, or emotional responsiveness. In those situations where clients are seeking clarification, the therapist can help facilitate movement toward working on the relationship, or, when that is not possible, negotiate the separation process. Similarly, Tremblay, Wright, Mamodhouseen, McDuff, and Sabourin (2008) identified three directions for couple therapy: (a) Couple interventions to improve the relationship by assisting couples to reduce negative interactions and patterns, (b) ambivalence interventions to address commitment issues by at least one partner, and (c) separation interventions to help couples separate in a constructive manner. Thus, it may be important to examine both individual outcomes (e.g., well-being) and a relationship outcome (e.g., separation status) to fully capture the unique outcomes that might arise from couple therapy.

Our study reinforces that therapists need to be responsive to both partners (Lebow, 2004; Stiles, Honos-Webb, & Surko, 1998) to ensure the best for the couple while respecting the autonomy of each partner. Our findings render no judgment regarding what a good outcome for any of the couples in our study might be. It is very possible that those couples who came to therapy for clarification and later separated believed that therapy was helpful and were satisfied with treatment. Couple clinicians play multiple roles in both strengthening and helping dissolve partnerships in constructive ways. Their assistance can be invaluable in either case. Table 3 supports this assertion. Regardless of whether one or both individuals desired an outcome of separation, higher distress during this tumultuous time was apparent and reflected by lower ORS scores. Couples in all three categories of goals realized significant reductions in distress pre to post, surpassing the reliable change index (5 points) on the ORS. Therapy appeared to be helpful regardless of goal, although those with the goal of improving the relationship fared better.

The current study provides evidence that relationship goals at the first session predict whether a couple is likely to remain together or separate 6 months beyond treatment termination. However, we believe that it would be unfortunate if our findings led to an unyielding conviction regarding a couple's viability. Hopefulness on the part of the therapist can provide a powerful incentive for couples to leave all options on the table, despite their goals at the outset (Coppock, Owen, Zagarskas, & Schmidt, 2010). Although the current study suggests that client initial relational goal is important to understand in order to tailor treatment accordingly, it does not rule out the possibility of shifting goals during the course of therapy generated within a hopeful therapeutic climate or changing circumstances in a couple's life. A continuous reevaluation of goals throughout treatment appears warranted. Goal assessment and the degree of agreement on goals can be readily obtained using brief, continuous client feedback measures at every session (e.g., Anker et al., 2010; Duncan, 2010; Pinsof, Zinbarg, & Knobloch-Fedders, 2008).

In a recent follow up study of couple therapy, 60% of clients found the use of brief feedback instruments measuring progress and the alliance at each session to be helpful (Anker, Sparks, Duncan, Owen, & Stapnes, 2011). However, this figure rose to 84% for those who desired to improve the relationship. The authors speculated that having an initial goal of improvement may have translated into greater openness in use of the measures than clients who did not have this goal. Clients who desired clarification may have perceived the instruments as measures of relationship improvement and therefore less relevant to their reasons for seeking help. Therapists may need to explain to clients that the feedback protocol is designed to measure client progress toward goals they define and to identify when there is a discrepancy between treatment strategies and client-defined goals. In any case, use of a continuous feedback system can provide an opportunity,at the first session and thereafter, to clarify and revise goals in a more transparent manner.

There are several limitations to this study. First, we do not know whether couples changed their relationship goals throughout the course of therapy. Thus, the finer points of how and why relationship goals change (or stay the same) are not known. While the current study provides evidence of the connection between initial goal and couple status at post and follow-up, it does not address the trajectory of goal changes during the course of couple treatment and how changes in goals were related to change in ORS scores. Additional studies are needed to more precisely delineate this process to provide therapists with more specific treatment guidelines. On a related note, we do not know how therapists approached treatment decisions based on the initial relational goals.

Second, our measurement of relationship goals was developed as a clinical tool, not as a research instrument. The initial evidence for the reliability and correlation with the LW-pre, however, is promising. More information is needed about this brief, clinically friendly measure of couple goals. Further, our assessment of separation status may be best thought of as a snap-shot of whether the couple was still in the relationship at that time. That is, we do not know whether couples reunited after the 6-months.

Third, the current study was a nonexperimental naturalistic study; thus, there was no randomization of therapists or couples to

any specified treatment, only feedback. Further, there was no monitoring of the sessions for specific in-session processes. Future studies may address, through experimental designs, how to treat couples when they have discrepant relational goals. We did not have information regarding other covariates (e.g., children, divorce history) for the couples. Future studies may want to consider how these factors influence relationship goals and couple outcomes. Fourth, we assessed psychological well-being/distress through the ORS every session, but we did not assess LW scores at post. Although the use of the ORS has been supported as a therapy-outcome measure and does contain an interpersonal domain, we do not know specifically how couples relationship functioning was impacted from pre- to posttherapy. Clearly, some information regarding relationship functioning was captured by separation status at 6-month follow-up. However, a larger issue is whether relationship adjustment is a viable outcome measure for many couples. For instance, a client may enter therapy with the goal of clarifying the relationship and then throughout therapy decide that ending the relationship is best. Thus, improving the relationship would not be a desired outcome; yet this client may still want to navigate the termination of the relationship in a way that does not significantly affect his or her well-being. Lastly, although we had a respectable response rate of 72% at 6-month follow-up, we do not know the impact of this missing data on the separation results.

To our knowledge, this study begins to fill a void in the literature regarding the role of early treatment goals and outcomes in couple therapy. Further replication and examination of this relationship can provide additional guidance for clinicians striving to best serve the needs of couples in distress. The complex intersection of varied hopes, goals, and expectations, occurring often within an emotionally charged atmosphere, requires that clinicians "dance" simultaneously with different partners. The findings of the current study provide some measure of guidance in negotiating a synchronous, purposive partnership. Determining and tracking goals from the outset appears likely to help ensure that the therapist does not step on too many feet too often.

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