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Couple Counselling Outcomes in an Australian Not for Profit: Evidence for the Effectiveness of Couple Counselling Conducted Within Routine Practice

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Over 30 randomised controlled trials have shown the efficacy of couple therapy under controlled conditions. However only four studies explore effectiveness of couple therapy as commonly practised in the community (i.e., routine practice). These studies suggest effectiveness is about half that reported in randomised controlled trials. Further, there are no published couple therapy effectiveness data currently from Australia or New Zealand. This is troubling because (1) couple distress has negative effects on individual adults, couples, and families; (2) funders increasingly want proof of return on financial investment; and (3) clients want hope that their emotional investment in therapy is worthwhile. The first aim of this paper is to report the outcomes of a milestone multi-centre study of over 1,500 Relationships Australia clients attending couple counselling. It outlines a simple, intuitive method for assessing effectiveness of couple counselling in routine practice that may motivate others to conduct effectiveness studies. The study used a cross-sectional design and assessed current couple satisfaction and retrospective recall of couple satisfaction before attending counselling. Results revealed a moderate effect size improvement in relationship satisfaction. The results support previous published studies of couple therapy effectiveness in routine practice. The second aim of the paper is to increase interest in others doing similar research by addressing key barriers to the implementation of effectiveness studies within routine practice. These barriers include administrative burden, integration across services, and conceptual buy-in by practitioners. The use of the retrospective measure of 'pre counselling' couple satisfaction measure overcomes these barriers in part. The paper concludes with a discussion of design limitations and suggestions for counselling agencies seeking to conduct their own effectiveness studies.

Keywords: couple counselling, effectiveness, not for profit/non-government organisations, routine practice

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This research was conducted by staff within the academic or research departments of the organisation delivering the clinical service being evaluated.

Key Points

1 Published evidence currently shows couple counselling/therapy is slightly less effective in routine practice than in clinical efficacy studies.
2 Efficacy trials use carefully controlled designs such as randomisation of clients and strict exclusion criteria for entering the trial and receiving a service, which are unacceptable in routine practice.
3 This first large scale published Australian study of couple counselling in routine practice demonstrates it is as effective as that reported in international research.
4 More research is needed to build the evidence base for the effectiveness of couple counselling in routine practice.
5 A simple and easily implemented research method to assess couple counselling effectiveness involves retrospective recall by clients of how serious their couple relationship problem was before starting counselling compared to current relationship functioning.
6 Community organisations implementing effectiveness research of couple counselling in routine practice are advised to consult with staff at many levels to develop and gain approval/acceptance of the study; embed data collection into routine practice; make outcome measures useful to practitioners and clients; identify a research team (within the organisation or outside) whose responsibility it is to complete research tasks; sanction time to analyse and write up the data in peer reviewed journals.

Whilst most couples report high relationship satisfaction in the beginning of their relationship, 20% of couples are distressed at any one time, and relationship satisfaction follows an average declining trajectory over the first decade of marriage (Bradbury, Fincham & Beach, 2000). Couples actively respond to distress in multiple ways including self-help books and therapy/counselling, which is provided by private practitioners, community-based services, or Not-for-Profit/Non-Government Organisations (NFP/NGO) (Doss, Rhoades, Stanley & Markman, 2009).

When couples approach practitioners for professional help, the outcome data supporting the couple therapy they receive is weighted towards evidence gained from clinical research trials, which employ *randomised controlled trial* (RCT) methodologies. Currently, there is no published Australian outcome data of couple therapy conducted in routine practice. There is, however, some evidence that couple therapy in routine practice is slightly less effective than that delivered to couples in clinical research trials (Pepping & Halford, 2014). This raises important questions, such as: Is couple therapy really less effective in routine practice relative to RCTs? What can practitioners say to clients who – quite reasonably – may ask: 'Is this likely to make my relationship better?' This article reports the outcomes of the first Australian multi-centre study of couple counselling outcome. A second aim of the paper is to outline a method for assessing effectiveness of couple counselling in routine practice that may motivate others to conduct similar effectiveness studies.

The Consequences of Couple Distress

Relative to mutually satisfied couples, distressed couples report poorer health and well-being (Diener, Suh, Lucas & Smith, 1999; Waite & Gallagher, 2000), lower resilience to the negative effects of life stresses (Coie et al., 1993; Halford, Kelly & Markman, 1997), higher rates of diagnosed psychological disorder (Gotlib & Beach, 1995; Halford, Bouma, Kelly & Young, 1999), lower life expectancy (Friedman et al., 1995; Waite & Gallagher, 2000), poorer social role functioning (Whisman & Uebelacker, 2006). They are also less productive at work, have increased absenteeism

and lower job satisfaction than employees who are in stable and mutually satisfying couple relationships (Begg et al., 2007; Forthofer et al., 1996; Rogers & May, 2003; Whisman & Uebelacker, 2006; World Health Organization, 2008).

Further, relationship distress impacts on children. Whilst there are numerous factors that influence child outcomes, research generally shows children of parents in distressed relationships are at higher risk of poorer psychological, health, social and academic outcomes (Amato, 2001; Gottman, 1999; McIntosh, 2003). The negative effects of couple relationship distress on individual adult partners, their work performance, and child outcomes, highlights the importance of having effective interventions available to assist distressed couples.

Responding to Couple Distress in the Australian Context

In recognition of the significant negative consequences of couple distress, the Australian Government has committed $1.5 billion over 5 years to fund over 250 service providers to work with family and relationship distress (Department of Social Services, 2014b). The Australian Government is also trialling a $20 million scheme to assist couples and parents to access relationship education and early intervention for relationship distress (Department of Social Services, 2014a). This funding stream comes with an increased expectation, however, of collaborating with service providers to show return on investment (see 'Partnership Approach to reporting outcomes;' Department of Social Services, 2014c).

The Efficacy and Effectiveness of Interventions for Couple Distress

The following section examines the outcomes of couple therapy in terms of outcomes reported by two different types of studies: efficacy studies and effectiveness studies. Efficacy studies report treatment outcomes found in RCTs, whereas effectiveness studies report treatment outcomes found in routine practice.

Couple therapy has a strong empirical base for its efficacy. There are more than 35 efficacy studies (RCTs) of couple therapy, eight meta-analytic studies (Lebow, Chambers, Christensen & Johnson, 2012), and five different couple therapies have at least one RCT demonstration of their efficacy in reducing relationship distress. The grand mean effect size of couple therapy ranges from $d = .59$ to $d = .84$ (Johnson, Hunsley, Greenberg & Schindler, 1999; Shadish & Baldwin, 2003; Wood, Crane, Schaalje & Law, 2005), suggesting that a couple receiving treatment is on average better than 70–80% of untreated couples. What this research demonstrates is that couple therapy efficacy using the 'gold standard' RCT methodology results in medium to large effect size improvements in relationship functioning.

By contrast, only four couple therapy effectiveness studies have been conducted. In all studies couple counselling improved relationship satisfaction (Doss et al., 2012; Hahlweg & Klann, 1997; Klann, Hahlweg, Baucom & Kroeger, 2011), communication skills and general well-being (Lundblad & Hansson, 2005). An Australian couple therapy effectiveness study is underway and the protocol has been published but not yet the results (Schofield et al., 2012). The effect sizes reported in the four published effectiveness studies range from small to moderate ($d = .37–.52$), and are about half

the size of those reported in the meta-analyses of couple therapy efficacy trials (Pepping & Halford, 2014).

Reasons for Different Outcomes in Efficacy and Effectiveness Couple Therapy Studies

There are several possible reasons why effectiveness studies report smaller intervention effects relative to RCTs. Firstly, the two types of studies use different methodologies (i.e., study design) and answer slightly different research questions. Efficacy studies answer the question: 'What is the efficacy of the intervention compared to a control/comparison intervention, and which client does it work for, under what conditions?' A RCT is considered the most suitable research methodology to test the efficacy of an intervention, which takes repeated samples of data over time and randomly allocates clients to different conditions. Efficacy research maximises internal validity – the extent to which the experimental findings represent the true effect in study participants (Hébert, Cook, Wells & Marshall, 2002). To achieve this efficacy, studies often have restrictions on the client sample (i.e., highly selected, homogenous, well-defined participants), control of the practitioner skill set through standardised treatment protocols (e.g., essential intervention components versus proscribed intervention components), specified treatment outcomes (e.g., measured using detailed outcome assessments), and elimination of concurrent treatments (Fritz & Cleland, 2003; Hébert et al., 2002). Due to the methodological requirements of efficacy studies, the evidence for couple therapy has been gathered largely by specialist clinics attached to universities and research centres and may not generalise to routine practice settings (Carr, 2010).

Effectiveness studies on the other hand answer the question: 'Does the intervention work in routine practice, under usual care conditions with all clients who are offered the intervention?' These studies are often pre-post cohort studies, administering outcome assessments to clients across time. They include most clients in the service, examine existing interventions with few or no controls and employ easily measured outcomes considered important to the client or organisation. As a consequence, effectiveness research has high external validity – the extent to which the research findings represent the true effect of the intervention in the target population (Hébert et al., 2002).

Aside from these methodological differences, effectiveness studies also differ from efficacy studies in that they often have differences in practice (i.e., assessment, therapeutic intervention(s) used, clinical training, supervision) that may account for differences in outcome. For example, in routine practice counsellors often have less supervision and larger caseloads (Carr, 2010; Griffin, 2003), less routinely use systematic multi-modal assessment of individual partners (Pepping & Halford, 2014), and more often report using various therapeutic approaches according to expertise and experience. In effectiveness studies ambivalent couples seeking therapy to help them separate may be evaluated alongside couples seeking to rebuild their relationship. However, these two groups of couples are very different and we recommend evaluating counselling outcomes separately for the two groups. Lastly, couple therapy in efficacy studies is more intensive, typically involving 15–20 sessions (Halford & Snyder, 2012) compared to 3–14 sessions in effectiveness studies.

The Barriers to Effectiveness Research in Routine Practice

Many organisations struggle to conduct an efficacy study within their existing operational procedures because of the methodological demands of a RCT. Effectiveness studies have fewer of these methodological demands and are therefore more feasible within existing procedures. However, the ideal prospective longitudinal effectiveness study collects baseline data (i.e., a pre-assessment conducted before counselling commences), tracks clients through counselling, and re-administers the same assessment measures at future intervals (i.e., a post-assessment after couple counselling finishes, and sometimes a follow-up assessment sometime later). Longitudinal effectiveness studies therefore collect data several times across time and even this type of study requires considerable organisational planning (Hatry, Lampkin, Morley & Cowan, 2002), extra time, resources, knowledge, and dedicated research personnel to support implementation, manage data collection, data analysis and report results. For some organisations even this level of commitment can be too great, particularly if it is their first attempt at data collection.

A cross-sectional study with a retrospective recall of pre-counselling functioning, whilst not as robust as a longitudinal prospective effectiveness study is a simpler alternative to begin to answer the question about counselling effectiveness. A cross-sectional study only collects data (e.g., a client survey) at one point in time. This paper outlines how such a cross-sectional effectiveness study was conducted and may serve as a template for other community organisations seeking to understand more about the effectiveness of their couple counselling. The method for conducting the effectiveness study is presented next, followed by results of the effectiveness study. The paper concludes with a discussion of the couple counselling outcomes found in the study, and a discussion of how other organisations may plan and conduct their own effectiveness study.

Method

Procedure

This survey was conducted in combination with an annual *Performance Outcome Survey* (Mecca, Rivera & Esposito) required by the Australian Federal Government Department of Families and Housing, Community, Support and Indigenous Affairs (FaHCSIA; now the Department of Social Services, DSS), which subsidises the provision of Relationship Counselling services in many Australian organisations including Relationships Australia (RA).

DSS funding brings a contractual obligation for service providers to invite relationship counselling clients attending Family and Relationship Counselling Services (FaRS) or Family Law Services (FLS; e.g., family mediation) to complete a brief 4-item service evaluation during a 1 month period each financial year. RA federation Chief Executive Officers (CEOs) approved for at least one member in each state and territory to become part of a National Research Network (NRN), and the NRN was encouraged to use the data collection opportunity afforded by the annual POS to research individual and couple functioning. The additional measures and procedures for this study were approved by the RANSW Ethics Committee. The survey was conducted from 23 April 2012 to 22 May 2012. All clients received an information sheet about the study and signed a consent form before completing the survey. Clients were

informed that the survey was voluntary, anonymous and that all results would be reported as group level data. Most participants completed the survey at the venue at which they received couple counselling, however, a small proportion of clients took the survey home after their session and posted it back upon completion.

Measures

To assess pre-counselling satisfaction a 1-item pre-counselling satisfaction question adapted from Owen, Tao, Leach and Rodolfa's (2011) study was used. Clients were asked to respond to the question: *When you first started counselling at this service, how was your relationship with your partner?* Responses were rated on a 5-point scale ranging from '1 = very poor' to '5 = very good' – a retrospective recall of pre-counselling distress or satisfaction with each individual acting as his/her own control by reflecting on how satisfied they feel now compared to when they first arrived at counselling.

The 4-item *Couple Satisfaction Index* (CSI4; Funk & Rogge, 2007) was used to measure relationship satisfaction in the past 4 weeks. The CSI4 has high precision and power to detect differences in couple distress and satisfaction (Funk & Rogge, 2007). A 6-point (item 1) and 5-point (items 2–4) scale is used and scores range from 0 to 21 with higher scores indicative of higher relationship satisfaction. Example items from the CSI4 include: *How rewarding is your relationship with your partner*? and *How satisfied are you with your relationship in general?* (Note: all items can be accessed from the original article; Funk & Rogge, 2007). A score of 13 and below is indicative of relationship distress. The Cronbach's alpha for the CSI4 in this study was high (alpha = .95).

The survey also included demographic questions, session attendance and individual functioning, however, individual functioning questions have been reported in a different publication (see Petch, Murray, Bickerdike & Lewis, 2014).

Participants

Participants were drawn from a larger study of 4,544 clients accessing an eligible face-to-face FaRS or FLS at RA (68.9% client response rate from a possible pool of 6,589 attending these services during that time period). Inclusion criteria were: (1) Over 18 years of age; and (2) sufficient ability to read and write English to complete the survey. Thirty-six percent (n = 1,649) of the 4,544 clients were clients attending couple therapy. These participants are reported on in the current article.

Results

Of the 1,649 clients, 52.4% of participants were female and 46.1% were male. The mean age of the participants was 39.7 (SD = 10.5) and men were slightly older (M = 41 years; SD = 10.7) than women (M = 38.5 years; SD = 10.3). English was the main language at home for 98.6% of participants. A small percentage (1.3%) of participants identified as Aboriginal or Torres Strait Islander.

Session attendance

The mean number of sessions completed was 5.34 (SD = 7.22) with a range of 1–83, and median of 3. A third (30.5%) of clients said this was their first session of couple counselling.

Couples stated presenting problem

The most common presenting issues were: 'relationship' (94.0%), communication/conflict (32.2%), parenting (12.3%), individual (10.0%), separation (9.6%), personal (8.4%), children (6.3%) and other (2.0%). Over half (54.6%) of clients named only one presenting issue, 26.5% named two, 11.7% named three and 7.3% named more than three. Using Spearman non-parametric correlations, number of presenting problems negatively correlated with pre-counselling relationship satisfaction (rho = −.13, $p < .01$) but not with current relationship satisfaction (rho = −.03, $p = .19$), suggesting that clients who named more presenting issues were more distressed initially. Number of sessions attended showed a small positive correlation with number of presenting issues (rho = .21 $p < .01$), small negative correlation with pre-counselling relationship distress (rho = −.23, $p < .01$) and very small positive correlation with current relationship distress on the CSI4 (rho = .09, $p < .01$).

Validation of the pre-counselling satisfaction measure

The proxy measure for pre-counselling couple satisfaction was linked to current couple satisfaction to explore convergent validity. There was a very high positive correlation between the proxy measure and current CSI4 relationship distress or satisfaction (Pearson $r = 0.75$) for first session clients. This is a higher correlation than that reported by other researchers between proxy measures of pre-counselling satisfaction and other standardised satisfaction measures conducted at intake (e.g., Nielsen et al., 2004; Seligman, 1995). This shows that the proxy measure of pre-counselling satisfaction was valid even though it relied on retrospective recall by clients. Figure 1 illustrates how first session clients' average ratings of their couple satisfaction (as measured by the CSI-4 raw score) were meaningfully different depending on how they recalled their pre-counselling satisfaction.

Table 1 also shows the pre-counselling satisfaction measure converging with the CSI4. All differences were statistically significant, $F(4) = 146.2$, $p < 0.01$.

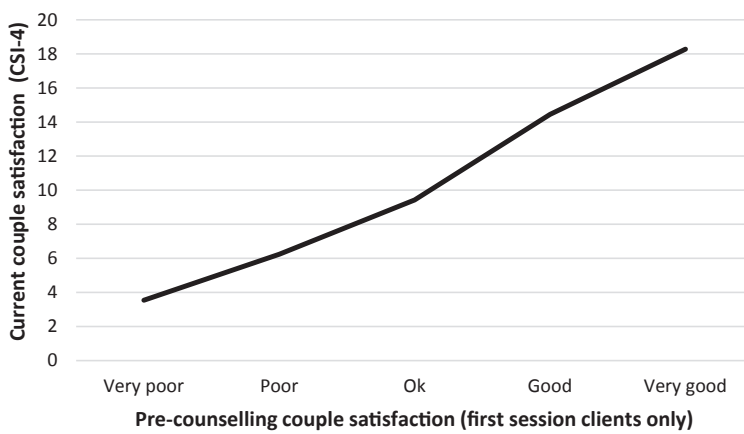

FIGURE 1

Convergent validity of pre-counselling satisfaction measure with CSI-4 for first session clients.

Couple satisfaction before counselling

The mean proxy score of pre-counselling couple satisfaction for the whole sample was 2.31 out of 5, indicating on average a 'poor' level of couple well-being (See Table 2), and 61.9% of clients reported pre-counselling relationship distress on this proxy measure.

Females reported lower pre-counselling relationship satisfaction than males, $t(1575) = 3.42$, $p < .01$. This gender effect was evident across number of sessions attended, with the exception of clients attending 6–9 sessions (see Figure 2). There were no significant differences in mean pre-counselling couple satisfaction between Aboriginal and Torres Strait Islander clients, vs. non- Aboriginal and Torres Strait Islander clients, and non-English/multi-language groups vs. English-only speaking groups.

Current couple satisfaction

Means and standard deviations of CSI4 scores are presented in Table 2. Close to 80% of clients (79.4%) reported current relationship distress. Females reported lower CSI4 relationship satisfaction than males, $t(1555) = 4.289$, $p < .05$. First session couple counselling clients also showed lower CSI4 relationship satisfaction levels compared to non-first session clients, $t(1554) = -1.988$, $p < .05$. There were no significant differences in mean CSI4 relationship satisfaction between Aboriginal and

TABLE 1
Convergent Validity of Pre-counselling Satisfaction Measure with CSI-4 for First Session Clients

Pre-counselling Satisfaction (Rating by Client)	CSI4 Mean (SD)	Sample Size
Very poor	3.5 (3.86)	59
Poor	6.2 (3.34)	142
Ok	9.4 (3.46)	148
Good	14.4 (3.26)	72
Very good	18.3 (3.13)	22

TABLE 2
Relationship Satisfaction Scores

	CSI4 Mean (SD)	Pre-counselling Satisfaction Mean (SD)	Sample Size
All clients	9.26 (5.03)	2.31 (1.01)	1579
All females	8.74 (5.20)	2.23 (1.02)	822
All males	9.86 (4.76)	2.40 (.99)	732
First session clients	8.87 (5.22)	2.66 (1.05)	449
First session females	8.18 (5.20)	2.56 (1.04)	239
First session males	9.65 (5.15)	2.78 (1.06)	209
Later session clients	9.43 (4.94)	2.16 (0.95	1106
Later session females	8.96 (5.18)	2.09 (0.97)	604
Later session males	9.96 (4.60)	2.25 (0.92)	529

Torres Strait Islander vs. Non-Aboriginal and Torres Strait Islander and non-English/multi-language groups vs. English-only speaking groups.

Figure 3 illustrates how clients rated their couple satisfaction before counselling compared to their current couple satisfaction, with a split on number of sessions received. Clients attending more sessions reported lower pre-counselling satisfaction and higher current satisfaction. Though this is a cross-sectional (i.e., a client survey administered only once) and not a longitudinal sample (i.e., tracking the same clients over time through the service), the results imply that clients with more serious initial problems stayed with counselling and seem to be receiving a benefit from their attendance.

Effectiveness of couple counselling

To conduct analyses on counselling effectiveness both the CSI4 total score and proxy measure of pre-counselling couple satisfaction were transformed to similarly weighted

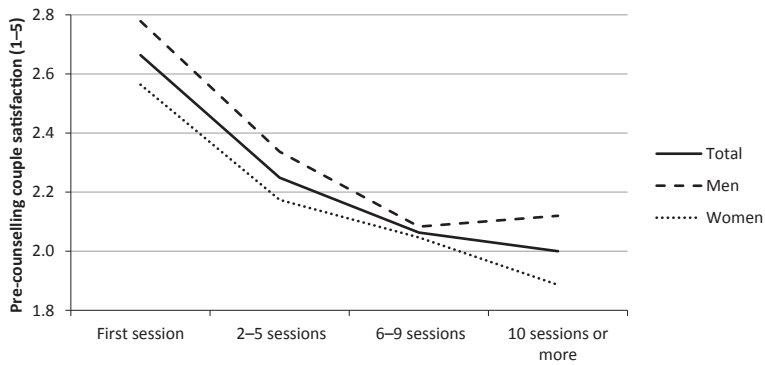

FIGURE 2

Pre-counselling Satisfaction for all clients and for men and women separately.

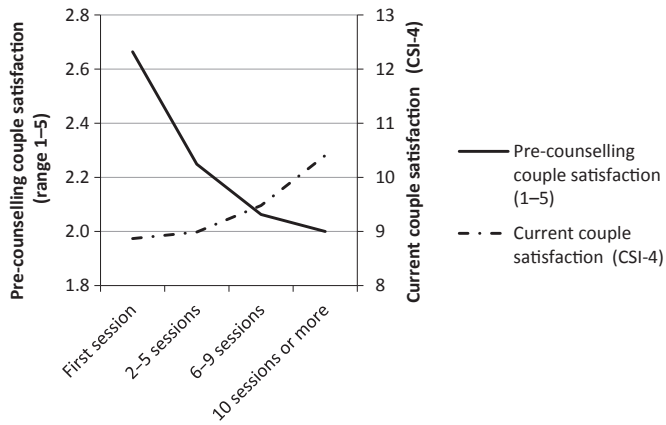

FIGURE 3

Pre-counselling and current couple satisfaction by number of sessions received.

metrics (scores were transformed as in Nielsen et al., 2004; exact details can be requested from the primary author). Paired-sample T-tests showed clients who had attended more than 1 couple counselling session reported significantly higher current relationship satisfaction relative to pre-counselling couple satisfaction, $t(1098) = -23.002$, $p < .001$, which was a medium effect size improvement, $d = 0.67$. Figure 4 shows a comparison of this effect size with published examples of efficacy and effectiveness studies.

The finding of increased relationship satisfaction over time was also true for each gender. Males and females who attended more than 1 couple counselling session reported significantly higher current relationship satisfaction relative to pre-counselling relationship satisfaction (for males $t(518) = -16.82$, $p < .001$; for females $t(576) = -15.74$, $p < .001$).

Discussion

The study evidences the successful collaboration of a group of researchers within community-practice across Australia in undertaking a simple cross-sectional research design to collect preliminary evidence of Australian couple counselling effectiveness. In this discussion the results of the effectiveness study are presented first, followed by suggestions for how other organisations may seek to conduct their own effectiveness study.

Effectiveness of routine couple counselling in Australia

Almost all couples attending couple counselling initially reported relationship distress. Further, clients who named more presenting issues were more distressed initially, and those with more presenting issues attended more sessions. This suggests that counselling was delivered where it was needed – to clients who reported higher pre-counselling distress and a greater number of presenting issues. As found in previous effectiveness studies, couple counselling attendance significantly improved relationship

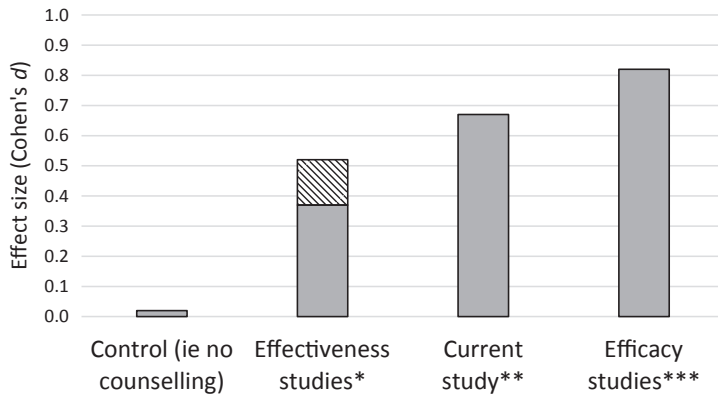

FIGURE 4

Comparison of effect sizes for different studies and methodologies.

satisfaction. Specifically, the medium effect size of $d = .67$ in this study was slightly larger than those reported by international effectiveness studies to date ($d = .37–.52$; Pepping & Halford, 2014) and indicates that clients receiving couple counselling at RA were on average better than 73% of untreated couples. In comparison to previous efficacy studies the medium effect size improvement reported in this study is slightly smaller than the medium to large effect sizes reported in meta-analytic estimates in efficacy trials of couple therapy (e.g., $d = 0.82$; Baucom et al., 2003).

This is the first Australian published study to report on couple counselling effectiveness in routine practice and the results provide preliminary evidence of the effectiveness of community-based couple counselling in Australia. This data will be of interest to clients, counsellors, organisations, and funders of Australian NGOs/NFPs that seek to know how effective routine relationship counselling services are in Australian NGOs/NFPs.

Differences in effect size outcomes between previous couple counselling effectiveness studies and this study, and between effectiveness studies and efficacy studies (RCTs) more generally, may be the result of several differences. Compared to previous effectiveness studies, this effectiveness study had different types of clients (e.g., catholic couples in the German study Hahlweg & Klann, 1997; Klann et al., 2011); veterans in the US effectiveness study (Doss et al., 2012). Further, comorbid psychological problems were notable in these US and German studies. While the prevalence of psychological disorder in clients at RA is yet to be established, previous research has identified that 80% of clients attending RA couple counselling typically do not evidence elevated psychological distress that is suggestive of psychological disorder (Petch et al., 2014). Lower rates of comorbid psychological disorder in the RA sample relative to the US (Doss et al., 2012) and German (Hahlweg & Klann, 1997; Klann et al., 2011) sample may mean that couple counselling in this Australian study was found to be more effective due to less complicated client presentations.

There also appear to be provider differences, in particular with respect to the fee charged for service. Most effectiveness studies charged no fee (e.g., US Veteran Affairs Medical Centres (Doss et al., 2012); Catholic Counselling Agencies across Germany (Hahlweg & Klann, 1997; Klann et al., 2011); Scandinavian free Government-subsidised family counselling agency (Lundblad & Hansson, 2006)). In RCTs treatment is typically provided for free, and sometimes couples are even reimbursed for completing assessments. RA uses a sliding fee structure based on income and most clients pay some fee. Fees could lead to clients valuing the service more or being more motivated to work on their relationship, which translates into greater service effectiveness.

A notable difference between efficacy studies and effectiveness studies is treatment length. In this study the average number of sessions of couple counselling was lower (mean 5 sessions) than that reported in most efficacy trials (15–20 sessions). In routine practice practitioners may be less likely to outline and negotiate the treatment length recommended for a clients' number and severity of presenting problems, whereas efficacy studies tend to be very clear about the number of sessions couples are expected to attend to benefit from treatment. In RCTs practitioner ability and skill to negotiate treatment length is a standard part of the training and monitoring inherent in its procedure. Previous authors have also noted that the difference may be due to methodological differences in the two designs and differences in practice, particularly that in routine practice there is often less intense supervision, larger caseloads, less

robust use of multi-modal assessments, and use of various therapeutic approaches (Wright et al., 2007).

Suggestions for planning and conducting future couple counselling effectiveness studies

Couple counsellors generally, and government-funded couple counselling NGOs/NFPs in particular, have a vested interest in demonstrating couple counselling effectiveness. To assist organisations to conduct their own effectiveness studies we provide a list of suggestions below that may help others plan and conduct future effectiveness studies (note: Some of these build on suggestions made by Hebert et al., (2002) and Carr (2010)).

- Obtain executive approval to implement the data collection method.
- Communicate the benefits of knowing effectiveness, along with the procedure used to obtain the results, to the organisation and work to achieve organisational understanding of the requirements of the research.
- Specify the study population, interventions used, and all major study outcomes.
- In choosing primary study outcome, focus on client-oriented outcomes, or outcomes important to the organisation or funders.
- If compromises in choice of outcome measures are required, choose to answer the question(s) that most clinicians consider important.
- Use valid and reliable measurement tools.
- Determine the responsibilities of each research member, and key organisational staff who will implement and manage data collection.
- Invite experienced researchers to be involved in the research team. The support of a research network will greatly enhance the chances of successful completion of a large effectiveness trial.
- Identify and use appropriate statistics to answer the research question(s).
- Identify where you will publish the findings and sanction the time to prepare publications. We encourage publication in peer reviewed journals as this will help disseminate knowledge and prevent the 'file drawer effect' (Rosenthal, 1979).

What is evident in the above list is that organisations need to *invest* in research. There are particular skills required by even simple cross-sectional research studies that are more commonly found among trained researchers rather than practitioners, administrators, project managers or management staff. The expertise of researchers is predominantly in study design, data management and analysis, and reporting of results. Research, therefore, will incur a cost however this need not be prohibitive, especially if the research expertise comes from collaborations between organisations and university researchers. In such collaborations each party benefits; universities benefit because they often seek industry partners for collaborative research projects that answer important national and international research questions; and organisations benefit through demonstrating the impact of their services on client outcomes.

An alternative model is for organisations to invest in internal research staff, such as evidenced in this research study where each RA state and territory has purposefully hired research staff to assist with organisationally-driven research needs. Expertise, titles, and hours of employment differ among members, and some members have completed research or clinical psychology PhDs, others Masters level degrees, and other bring more an interest and dedication to research rather than high level expertise. Some members work full-time as researchers in their organisation, while others

work part-time in a research role. The RA research network collaborates through monthly teleconferences, and offers suggestions for research projects and the potential benefit of research projects, to the national RA CEO network. CEO endorsed research projects are then planned out more thoroughly by the RA research network, including which member(s) will take primary project management responsibility; which members will enter data, collate data across sites, analyse data, and write reports and publications, along with the timeline for each research milestone.

An emerging body of work, drawn largely from the public sector, also provides some guidance to inform community NGOs/NFPs when implementing effectiveness studies (Australian-Health-Ministers, 1992; Robinson, 2013; Pirkis et al., 2005; Trauer et al., 1999). For implementation to be successful, for example, some have recommended that data collection be embedded within usual practice, and that the aim of the study needs to be useful to practitioners and clients (Trauer et al., 1999). Others have noted the importance of consulting with staff to: (1) organise additional training; (2) provide a space to discuss their concerns (Aoun, Pennebaker & Janca, 2002; Crocker & Rissel, 1998); (3) prevent a study being perceived as threatening; d) overcome confidentiality issues; (4) plan implementation processes with them to overcome the challenges and to bolster their commitment (Callaly & Hallebone, 2001). The recommendations support findings of research undertaken in the relationship and family counselling sector in the UK and the US (Mecca, Rivera & Esposito, 2000; Mistral, Jackson, Brandling & McCarthy-Young, 2006; Neuman, 2002; Ristau, 2001), particularly the importance of working with staff to prevent data collection adding a burdensome level of work (Mistral et al., 2006). Simple, practitioner and client friendly outcome measures are therefore typically employed in effectiveness studies. Given the importance of staff consultation, we recommend internal research departments as an ideal way to position an organisation to facilitate data collection for organisational effectiveness studies.

We would also welcome the establishment of a *Counselling Effectiveness Trials Registry*. Proposed clinical trials for new investigational drugs, novel medical procedures and randomised controlled trials of psychological interventions are currently published on publicly-accessible websites outlining the protocol and proposed timelines (e.g., *Australian and New Zealand Clinical Trials Registry*, www.anzctr.org.au). This enables other researchers to see if similar trials are underway. In the same way, NGOs providing counselling could pre-register studies on counselling effectiveness.

Limitations of study

Though the cross-sectional study was relatively easy to implement, the use of a 1-item proxy measure of pre-counselling relationship distress is not as robust a measure of baseline counselling distress as that which would be gathered in a true prospective longitudinal effectiveness study. Retrospective assessments rely on client perception of pre-counselling functioning, which is a process of memory recall. Whilst there is some support for this method of retrospective assessment (Nielsen et al., 2004; Seligman, 1995), we acknowledge retrospective recall can be biased. To this end, Relationships Australia NRN has recently completed a second national study of counselling effectiveness, adopting a prospective longitudinal design that includes a subset of 140 couples doing couple therapy who have completed surveys at three time points across 6 months. This study, alongside the Schofield et al. (2012) study, will likely be eagerly received by practitioners and agencies across Australia and New Zealand.

By requiring participants to complete written surveys, data on the experience of clients with poor English literacy, including those from culturally and linguistically diverse (CALD) backgrounds, was not collected. Therapy with couples from CALD backgrounds requires a willingness in the therapist to discuss cultural adjustment difficulties, gender roles and work through language barriers (Dupree, Bhakta, Patel & Dupree, 2013). It is likely these additional concerns would have an impact on the effectiveness of couple therapy. In order to gain effectiveness data from clients with poor English literacy in future research, it would be ideal to have translations of surveys into languages other than English, or to allow potential participants the option to respond to surveys orally.

Conclusion

This paper contributes to what is known about couple counselling effectiveness and is the first Australian published study of this kind. It demonstrates the use of a simple proxy measure of couple satisfaction to establish a pre-counselling baseline for comparison to current couple satisfaction. The outcomes compare favourably with international effectiveness studies of couple counselling and contribute to the evidence-base which may influence policy-makers and funders of couple and family counselling services. The study also provides advice for other community organisations seeking to implement an effectiveness study. We hope this encourages Australian organisations to develop the research capacity they require in order to undertake their own research into the effectiveness of couple therapy in routine practice.

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