Promoting healthy relationships and families: An exploratory study of the perceptions of resources and information and skill needs among couples, single adults, and parents

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Abstract:

As there is growing awareness of the importance of healthy relationships among helping professionals and the general population, there is a need to gain a greater understanding of the types of supportive resources and services that can help people build and maintain healthy relationships across different areas of life. This article addresses the findings from an exploratory research study that utilized a mixed-methods approach to examine couples, single adults, and parents' perceptions of what resources are needed to promote healthy relationships and what barriers currently hinder them from seeking and obtaining such services. Results are discussed in context of the study's limitations, and implications for practice and future researchers are addressed.

Keywords: healthy relationships | relationship resources | relationship programming | parenting resources | single adults | couples resources

Article:

Healthy relationship programming—defined here as counseling services, educational programs, and other resources that foster healthy relationships and families—can be beneficial for individuals' mental health and overall well-being. Researchers have demonstrated that the quality of people's relationships is closely linked to their quality of life (Fincham & Beach, 2010; Myers & Sweeney, 2004). Healthy relationships and positive communication skills also have been shown to improve mental health (e.g., decreased stress and depression; Grossman, Sarwar, Richer, & Erkut, 2017; Kernis, Brown, & Brody, 2000; Kramer, Arbuthnot, Gordon, Rousis, & Hoza, 1998; Minor, Pimpleton, Stinchfield, Stevens, & Othman, 2013). As there is growing awareness of the importance of healthy relationships among helping professionals and the general population, there is a need to gain a greater understanding of the types of supportive resources and services that can help people build and maintain healthy relationships across different areas of life.

People may utilize a range of resources and supportive services in order to build healthier relationships. These resources may include "low-touch" options, such as self-help books and online articles and blog posts, as well as more "high-touch" resources, such as face-to-face or online educational programs and individual, couple, or family counseling. Different types of resources may be more appropriate and relevant for certain types of relationships. For example, services like counseling have traditionally been focused on couples and families, and parent education programs are often available to help parents learn skills like discipline and parent–child communication. Other types of relationships, such as workplace relationships and friendships, are less frequently the focus of formal interventions, but people may seek guidance for these relationships through online articles or even through informal approaches, like talking over their concerns with a friend or family member.

The U.S. National Institute of Mental Health (NIMH, 2016) report that almost 45 million Americans experience a mental health issue each year, and less than half of those affected by mental health concerns actually seek services to improve their mental health and well-being. Help seeking for relationship concerns also appears to be low. For example, research by Dr. John Gottman suggests that the typical couple waits an average of 6 years from the time they begin experiencing problems before they seek couples counseling (Gaspard, 2015). In order for professionals and organizations to effectively promote healthy relationships and families in communities, it is important to gain a deeper understanding of the types of resources and services that community members need to build healthier relationships, as well as identify potential barriers that may prevent people from being able to access those resources and services. To that end, the purpose of the current study was to conduct a survey to learn about community members' perceptions of various relationship-building resources and how they would make decisions about seeking support from these resources. Following a literature review on the importance of healthy relationships for healthy lives and communities, this article will present the findings of this survey and discuss the implications of the findings for community-based healthy relationship-promoting programming.

Healthy Relationships: A Foundation for Healthy Lives and Communities

Positive interpersonal relationships and social support, along with other adaptive coping skills (e.g., self-care, stress management, mindfulness), impact individuals' mental health and overall well-being (Caldwell & Shaver, 2013; Davis, Morris, & Drake, 2016; Hattie, Myers, & Sweeney, 2004; Minor et al., 2013). Healthy relationships also impact individuals' mental health and well-being. Although definitions for "healthy relationships" may vary, according to the Guilford County Healthy Relationships Initiative (2017), which hosted the current study, "the core of healthy relationships is built on respect, trust, safety, acceptance, freedom of choice, positive communication and conflict management, and fun…[E]ven healthy relationships encounter challenges and conflicts. In healthy relationships, these challenges become opportunities for growth and learning" (p. 90). It is beyond the scope of this article to provide a comprehensive review of the vast body of research literature documenting the importance of healthy relationships in peoples' lives, but a few key findings will be highlighted to illustrate some of the ways that healthy relationships contribute to a positive quality of life and healthy communities.

One way that healthy relationships and positive social support contribute to mental health and well-being is by serving as a buffer to stress from challenging life experiences (Falconier, Nussbeck, Bodenmann, Schneider, & Bradbury, 2015). For example, healthy support systems can decrease the risk of health issues (Minor et al., 2013; Rybak, 2013), and supportive couple relationships can reduce signs of depression and contribute to positive mental health (Thomas, 2016). Cross-cultural research shows that positive couple and family relationships are satisfying for individuals from various cultural backgrounds (Sharlin, Kaslow, & Hammerschmidt, 2000). Thus, there appear to be important links between individual well-being and the quality of intimate relationships (Fincham & Beach, 2010), and these links appear to be found across different cultural groups.

Similar to the positive effects of social support for individuals and their partners, positive parent–child relationships also are important. Researchers have shown that parent–child relationships that utilize skills such as clear communication have been linked to less child conflict (Kramer et al., 1998), higher levels of self-esteem (Kernis et al., 2000), and more positive communication regarding sexuality (Grossman et al., 2017), while lack of parent–child communication has been linked to behavioral and emotional issues (Ackard, Neumark-Sztainer, Story, & Perry, 2006) among other things. Having services or programs readily available that teach skills such as communication may promote healthier relationships in families.

Researchers document that positive parent–child communication can lead to more positive outcomes for children and adolescents (Grossman et al., 2017; Kernis et al., 2000; Kramer et al., 1998) as well as shows that positive coping skills and communication skills can lead to improved intra- and interpersonal relationships (Algoe, Gable, & Maisel, 2010; Fatima & Ajmal, 2012; Fincham & Beach, 2007; Fincham, Beach, & Davila, 2004; Gottman & Gottman, 2008; Kornfield, 2008; Luskin, 2003; Lyubomirsky, King, & Diener, 2005; Fredrickson, 2009). However, Johnson (2011) pointed out that established relationship programs appear to be also underutilized. In addition to the underutilization of relationship programs, there appears to be a dearth in the literature pertaining to how individuals perceive and access mental health and relationship-related resources that may improve their well-being (e.g., mental health, relationships). Despite the underutilization of relationship programs, there appears to be positive benefits that can be obtained through the development of knowledge and skills that foster healthy relationships, such as through counseling and educational programs.

Evidence for the Value of Developing Relationship Knowledge and Skills to Promote Healthy Relationships

Over the years, researchers have shown the importance of various relationship skills commonly taught within counseling sessions and educational programs. These skills have been linked to improved relationship satisfaction and overall mental health (Driver & Gottman, 2004; Fredrickson, 2009; Gottman, 2007; Rehman & Holtzworth-Munroe, 2007; Robinson & Price, 1980; Sharlin et al., 2000).

Effective Relationship Skills

Skills, such as effective communication and the expression of positive emotions and sentiments such as appreciation, gratitude, and admiration, appear to be vital to relationship satisfaction (Fredrickson, 2009; Gottman, 2007; Rehman & Holtzworth-Munroe, 2007; Robinson & Price, 1980; Sharlin et al., 2000). Additionally, Demir (2008) found that emotional security and companionship were the strongest features of romantic relationships that predicted happiness during emerging adulthood. Another relationship skill that appears to have a positive impact on relationship satisfaction is "turning towards" (Driver & Gottman, 2004). Driver and Gottman (2004) describe the concept of "turning towards" as the process of alternating "bids and turns" for positive attention and reciprocity of affection between partners—a process which ultimately leads to positive balances in the couple's "emotional bank account." According to Driver and Gottman, when the emotional bank account is full, couples are less likely to experience the detrimental impacts of conflict, stress, and other life hardships. Additional research studies have been conducted that confirm Driver and Gottman's concept of "turning towards" with findings that suggest specific behaviors such as *approach*-oriented behaviors, "associated with a desire for future relationship incentives and rewards" (Strachman & Gable, 2006, p. 118), and *capitalization*, "telling others about positive events in one's life" (Gable, Reis, Impett, & Asher, 2004, p. 229), lead to greater happiness and satisfaction in relationships (Gable et al., 2004; Strachman & Gable, 2006).

In conjunction with the spirit of "turning towards," couples who possess a positive perspective, especially when confronted with challenging situations and experiences, tend to maintain higher levels of relationship satisfaction and happiness. Namely, Gottman (1999, 2007) described several specific behaviors as characteristic of the positive perspective in relationships—positive sense of humor, positive sentiment override, and softened start-up—behaviors that are essential to relationship satisfaction. Regarding positive sense of humor, researchers suggest that infusing humor in stressful situations has mutual benefits for both partners in the relationship (Fredrickson, 2009; Lyubomirsky, 2007), such as greater sense of intimacy and closeness (Gottman & Silver, 2000). In a study on the spontaneous attributions in happy and unhappy dating relationships, Grigg, Fletcher, and Fitness (1989) found that individuals in happy relationships have a more positive attribution level to their partner's behavior, whether positive or negative, and associate their partner's behavior with true internal characteristics that are grounded in their love for their partner not just short-term or situational contexts that only apply in the moment.

Although no relationship is immune from conflict, partners who have learned to control their emotional reactivity, even in distressful situations, appear to be happier (Gottman, 1995). Fredrickson (2009) found that individuals in healthy relationships react less intensely to negative situations and are able to return to a positive emotional state more quickly than those in unhealthy relationships. Furthermore, Gottman (1999) found that happy couples approach conflict in a calmer fashion, utilize humor, diffuse strains in the relationships at low negativity levels, and avoid the four horsemen (i.e., criticism, defensiveness, contempt, and stonewalling), all of which are relationship skills which can be taught to individuals and couples in an effort to increase their intra- and interpersonal satisfaction. Additionally, Levitt et al. (2006) found the category of "maintaining ease: communicating acceptance and respect" was a vital component to relationship success—denoting behaviors such as an "ease in togetherness," "conflict resolution and acceptance of other," "deep levels of communication increases intimacy," and "respectful

cooperation when working together" as key behaviors to overall relationship satisfaction. Similarly, Fatima and Ajmal (2012) found that "spouse temperament," "communication," and "compromises" were key factors to sustaining happiness in marital relationships.

Other relationship skills that can be taught throughout counseling and educational programs that can improve relationship satisfaction are forgiveness and gratitude. Researchers found that the ability to seek and offer forgiveness and express gratitude are essential components of maintaining happiness in relationships, especially over long periods of time, as hurt and pain are inevitable parts of life and relationships (Algoe et al., 2010; Fatima & Ajmal, 2012; Fincham & Beach, 2007; Fincham et al., 2004; Kornfield, 2008; Luskin, 2003). Additionally, empathic attunement, or the ability of one partner to put themselves in the other partners' shoes without defensiveness, judgment, or blame, significantly increases relationship safety and helps regulate negative emotions, both individually and interpersonally, through positive limbic resonance (Hanson & Mendius, 2009).

Overall, there is a plethora of research available that indicates relationship skills can improve both intra- and interpersonal relationships and have a positive impact on mental health (e.g., Driver & Gottman, 2004; Fredrickson, 2009; Gottman, 2007; Rehman & Holtzworth-Munroe, 2007; Robinson & Price, 1980; Sharlin et al., 2000). At the same time, researchers also suggest that healthy relationship programming is underutilized (Johnson, 2011). In order to begin to identify opportunities for making these sort of programs and resources more readily available and accessible, the current study was designed to offer an exploratory analysis of the factors that people in three different relationship categories (i.e., adults in couple relationships, single adults, and parents) consider when making decisions about whether to engage in relationship-related resources (e.g., counseling, educational programing) as well as to identify potential needs they may seek to address through these resources.

Method

This exploratory study was part of a larger community needs assessment conducted during the planning phases of a community-based initiative to promote healthy relationships. One aspect of this community needs assessment involved an exploratory study to identify the perceptions of three groups of community members (i.e., adults in couple relationships, single adults, and parents) with respect to their needs to a variety of resources and services that they may seek to address relationship concerns in their lives. The main types of resources addressed in this study were counseling and relationship/family education programming. The study involved an electronic survey that included both qualitative and quantitative items. Although the three categories of adults in couple relationships, single adults, and parents will be described separately below, it is important to note that there was some overlap among the groups, specifically related to people who were parents who were also either single or in couple relationships. For each subpopulation, the following research questions were explored: (a) What are this group's perceptions of the most common barriers to achieving healthy relationships? (b) What timing, delivery format (i.e., online vs. face-to-face), and financial costs would group members prefer for healthy relationship programming? (c) What factors are most influential on this group's choices about whether and which services (e.g., counseling or an educational program) to seek if they were facing a relationship problem? and (d) What skills or information

would be most useful to support members of this group in achieving healthy relationships? In addition, each subpopulation was asked to rate their agreement with a series of population-specific questions that can inform their needs in healthy relationship programming, and these will be described for each group below.

Participants

Participants were recruited electronically (i.e., via e-mail and social media postings) as well as through a press release that was distributed through local media in a single county in a state in the southeastern United States. As an incentive for participation, participants had the opportunity to enter a drawing for one of two US$100 store gift cards after they completed the survey. Because the survey was anonymous (i.e., it did not collect any identifying information), participants' drawing entries were entered on a form that was separate from their survey responses.

Demographics. The total sample included 88 participants. This included 47 participants who identified as currently being involved in an intimate/romantic couple relationship, 14 participants who identified as single, and 35 participants who were the parent or guardian of any children. Among the 35 parents in the study, 29 indicated that they were involved in a current couple relationship, and 6 indicated that they were single.

Based on the demographic data provided, the following characteristics describe the total sample. Of the 88 participants, 55 identified as female, 8 identified as male, 1 identified as transgender, and 29 did not share their gender. Regarding ethnicity, majority of the participants identified as Caucasian/White ($N = 51$), followed by African American/Black ($N = 3$), African American/Black and Caucasian/White ($N = 2$), Caucasian/White and Native American ($N = 2$), African American/Black and Native American ($N = 1$), Caucasian/White and other ($N = 1$), and 28 participants chose not to answer this question pertaining to their ethnicity. When asked about their sexual orientation, the majority of participants identified as heterosexual ($N = 50$), while others identified as bisexual ($N = 5$), gay ($N = 1$), lesbian ($N = 1$), other ($N = 1$), and 29 chose not to answer. Regarding participants' household income, 17 participants selected the income range US$60,000–$100,000, 15 selected the income range over US$100,000, 12 selected the income range under US$30,000, 9 selected the income range US$30,000–$59,000, and 18 participants did not answer this question pertaining to their household income range.

Procedures

A new study-specific survey instrument was developed by the researchers to be used for this study. It included a demographic questionnaire, along with a series of quantitative and qualitative questions assessing a variety of aspects of participants' perspectives of healthy relationship programming. Skip logic on the electronic survey platform (i.e., Qualtrics 2016) was used so that participants were only shown sections of the survey that were relevant to them (i.e., only single adults were presented the section for singles, and likewise for the sections for people in couple relationships and those who are parents). The initial draft of the survey instrument was developed based on existing research on relationship-focused programs and services as well as to reflect the areas of focus for the broader community needs assessment for which this study was a

component. To assess the face validity of the survey, the draft was reviewed by approximately 20 community leaders working in a variety of organizations that serve individuals and families in the target community, such as family-focused nonprofits, social service agencies, and counseling agencies. These community leaders were members of the advisory group for the community-based initiative to promote healthy relationships that conducted this study. Additional revisions were made to the survey questions based on input from this group of community leaders before the survey was finalized.

Approval to collect data was obtained by the host university's institutional review board (IRB). Once IRB approval was complete, recruitment for the study took place. The survey took approximately 15–20 min to complete and was administered electronically via Qualtrics, which is a secure, online electronic survey program. Prior to starting the survey, participants were asked to read the study's informed consent document. The informed consent portion informed participants that their participation was voluntary and that they may skip any questions they did not wish to answer for any reason, and they were welcome to leave the study at any time. If participants completed the survey, as mentioned above, they were offered the option to enter an anonymous drawing for a chance to win one of two gift cards. To analyze the data, descriptive statistics were used for the quantitative data, and basic content analysis procedures were used to analyze the qualitative data. The content analysis procedures involved two coders and achieved interrater reliability of at least 80% for each of the question responses that were coded in order to identify the major themes and categories that emerged from the qualitative data.

Results

Perceptions of Healthy Relationship Programming Among Adults in Couple Relationships

Barriers to achieving healthy relationships. Among the participants who identified that they were in a current intimate/romantic couple relationship ($N = 47$), when asked what barriers or challenges prevent people from achieving healthy relationships, 45 of the participants responded via the quantitative question. The biggest barrier participants identified to seeking services was "they don't have time to participate in counseling, educational programs, or other services" ($N = 18$), followed by the barriers, "they are embarrassed to admit that they are having problems" ($N = 8$), "they are afraid to admit that they need help" ($N = 7$), "they do not think that their relationship partners and/or family members would also be willing to seek help" ($N = 6$), "they don't think they can afford services" ($N = 4$), and two stated "other."

When asked to identify barriers to achieving healthy relationships via qualitative questions, 46 of the partnered participants provided responses. The major themes that emerged through the content analysis regarding the barriers to achieving healthy relationships were as follows (a) financial issues and economic challenges, (b) lack of healthy relationship education and positive role models, (c) lack of resources and/or lack of access to resources, (d) communication issues, (e) lack of time, and (f) stress.

Regarding financial issues and economic challenges, one participant stated, "economic challenges are one aspect that prevent people from having healthy relationships," while another stated, "low paying jobs. Many people have to work two jobs to make ends meet…With people

having to work more, their relationships/home life will most likely suffer. If families are struggling to put food on the table/to eat, this is going to affect everything." Similar to other participants' responses, another stated, "cost of living and shifting demographics of what it means to be middle class. I live in a two-income household making over US$80,000 a year, and we struggle to make ends meet with childcare, house bills, health care, and cost of living…All of this leads to issues in happiness and finding peace within the family." In addition to these barriers, participants identified other barriers such as lack of relationships education and modeling.

Regarding responses related to *lack of healthy relationship education and positive role models*, many participants identified this as an issue. For instance, one participant stated, "Poor education from childhood about how relationships should be. Bad role models in the home." Another stated, "being in communities or families that do not value positive family relations," which further supported the notion that lack of models impact relationships. Similar to lack of education and positive role models, lack of resources and/or lack of access to resources appeared to be another large barrier for couples. One participant stated, "Not enough resources for school-aged children/teens who are at risk or are demonstrating signs of problems such as isolation, depression, etc." while another stated, "There are a lot of resources already, but many are not affordable."

In addition, participants identified barriers related to communication issues, with one participant stating, "a lack of communication and honesty," while another who also identified communication as barrier added time as an additional barrier by stating, "one of the biggest barriers against healthy relationships can simply be a lack of time. If someone spends too much time working or involved in any activity that is not quality time communicating with loved ones, that person will find it very difficult to maintain healthy relationships." Furthermore, participants who identified *stress* as a barrier appeared to identify barriers that also related to other identified categories by starting things such as "stress financial, emotional, mental health–related work" and "the role of stress in blocking communication or fostering misinterpretation of actions."

Decisional factors that influence choices about whether and which services to seek if they were facing a relationship problem. When participants were asked to identify decisional factors related to seeking services, 43 responded to the quantitative question, indicating the top decisional factor as "whether you knew anyone else who used that resource" ($N = 12$), followed by "how serious you viewed your problems to be" ($N = 9$); "the cost" ($N = 8$); "the time commitment required" ($N = 6$); "the credibility of the professionals involved" ($N = 5$); "how close the resource is to your home, work, and/or child's school" ($N = 2$); and one participant selected "other."

Preferences for timing, delivery format, and financial costs for healthy relationship programming. When participants were asked to select all options that apply regarding, how much time would you be willing to commit, the option with the highest frequency was "a series of weekly meetings, lasting 1–2 hr each," followed by the options "up to 1 hr; up to 2 hr; a series of weekly meetings, lasting 1–2 hr each; and a series of monthly meetings, lasting 1–2 hr each" and then "up to 2 hr; a series of weekly meetings, lasting 1–2 hr each; and a series of monthly meetings, lasting 1–2 hr each."

Regarding preferred delivery format, participants were asked to select from the following options: online, face-to-face, and either online or face-to-face. Face-to-face was the preferred format ($N = 24$), followed by either online or face-to-face ($N = 18$) and online ($N = 5$). When asked about the maximum amount of money participants would spend toward fostering healthy relationships, 25 of the 47 participants in coupled relationships, who responded, indicated that "the amount I would spend would depend on the features of the program," while six indicated US$21–$40, four indicated US$80–$100, four more indicated that they would only attend of the programming was free, three marked US$41–$60, three others put US$1–$20, one indicated US$21–$40, and finally, one indicated the price of the program would not be a concern.

Perceptions of most useful skills and information to address in healthy relationship programming. Participants who identified as being in a couple relationship were asked: What skills or information do you think could help you and your partner strengthen your relationship currently? The major themes that emerged through the content analysis regarding the skills or information needed were as follows: (a) communication skills workshops, (b) programing with information pertaining to executive functioning skills (e.g., budgeting, time management, planning for the future), (c) couples counseling, (d) individual counseling, and (e) family counseling/parenting skills workshops.

Regarding the top theme that emerged, *communication skill workshops*, participants stated responses such as "I think there can never be enough education on healthy communication and ways to effectively listen and respond to your partner," "learning to communicate without fear" and "fighting fairly…nonviolent communication skills." Other responses, related to other themes that emerged such as executive functioning were "time management," "budgeting," and "planning," and responses related toward various forms of counseling were "we are trying to get in to see this couple's counselor," "parenting classes," and "resources for step families."

Perceptions of Healthy Relationship Programming Among Single Adults

Barriers to achieving healthy relationships. Among the 14 participants indicating they were single, 13 responded and a variety of combinations were indicated as barriers to achieving healthy relationships, with all options being selected at least once. However, the response options with the highest frequencies were "they don't know where to turn for help," "they don't think they can afford services," "they are afraid to admit that they need help," and "they are embarrassed to admit that they are having problems."

Decisional factors that influence choices about whether and which services to seek if they were facing a relationship problem. Regarding decisional factors single adults consider most important, "whether you knew anyone else who used that resource" was identified as the most frequent response with six participants selecting that option. The other options single adults indicated as decisional factors that influence whether and which services they seek were as follows: how serious you viewed your problems to be ($N = 3$), the time commitment required ($N = 3$), and the credibility of the professionals involved ($N = 1$).

Preferences for timing, delivery format, and financial costs for healthy relationship programming. When single adults were asked how much time would you be willing to commit, a variety of combinations were selected by the 13 participants who answered. Although all options were selected, the selections with the highest frequency were "a series of monthly meetings, lasting 1–2 hr each" and "up to 2 hr" and a series of monthly meetings, lasting 1–2 hr each." Although the times varied for single adults, a majority of them indicated that they preferred the face-to-face setting ($N = 9$), with the remainder of participants indicating that they prefer either online or face-to-face ($N = 5$). Regarding cost, the majority of single adults indicated that "the amount I would spend would depend on the features of the program" ($N = 7$). Other single adults selected various monetary options which included: US$60–$80 ($N = 2$), US$1–$20 ($N = 2$), US$41–$60 ($N = 1$), and US$21–$40 ($N = 1$).

Perceptions of most useful skills and information to address in healthy relationship programming. Participants who identified as single were asked: Currently, as a single person, what skills or information do you think would be most helpful to you and any types of relationships in which you are involved (including friendships, family relationships, workplace relationships, etc.)? The two major themes that emerged from the data through the content analysis were a need for (a) friendship and relationship advice (e.g., tips for dating online and face-to-face, learning ways to foster friendships, and how to sustain relationships) and (b) personal counseling and wellness-oriented workshops (e.g., ways to improve self-esteem, communication skills). Related to the themes that emerged for single adults, one participant stated the need for "groups or information that make 'being single' at an age where many adults are getting married and with a partner seem less out of the norm," while another participant indicated the need for "…interest groups and groups of young adult singles postgraduation of college." Thus, the responses of the single adults suggested that more information about communication skills and workshops that foster relationships are needed at this time.

Perceptions of Healthy Relationship Programming Among Parents

Barriers to achieving healthy relationships. Among the 35 participants indicating they were a parent or caregivers, in addition to all options being selected, a variety of combinations of the barriers were identified by participants. The response options with the highest frequencies were "they don't know where to turn for help," "they don't think they can afford services," "they are afraid to admit that they need help," "they are embarrassed to admit that they are having problems," "they do not think that their relationship partners and/or family members would also be willing to seek help," and "they don't have time to participate in counseling, educational programs, or other services."

Decisional factors that influence choices about whether and which services to seek if they were facing a relationship problem. Of the 35 participants that indicated they were a parent or guardian, 31 participants responded to this question. The response with the highest frequency was "whether you knew anyone else who used that resource" ($N = 10$), followed by "how serious you viewed your problems to" ($N = 7$); "the credibility of the professionals involved" ($N = 5$); "the time commitment required" ($N = 4$); "the cost" ($N = 3$); "how close the resource is to your home, work, and/or child's school" ($N = 1$); and one indicated "other."

Preferences for timing, delivery format, and financial costs for healthy relationship programming. Regarding preferences for timing, all options were selected. The combinations of time preferences with the highest frequencies were "a series of weekly meetings, lasting 1–2 hr each" followed by "up to 2 hr and a series of monthly meetings, lasting 1–2 hr each" and "up to 2 hr, a series of weekly meetings, lasting 1–2 hr each; and a series of monthly meetings, lasting 1–2 hr each." When it came to parents' and caregivers' preference of delivery format, 17 indicated either online or face-to-face, 16 preferred face-to-face, and 2 preferred the online-only option.

When asked to indicate financial costs they would be willing to pay for healthy relationship programming, majority of parents and caregivers indicated that "the amount I would spend would depend on the features of the program" ($N = 20$). The remainder of parents and guardians selected: US$1–$20 ($N = 3$), US$21–$40 ($N = 3$), US$41–$60 ($N = 3$), US$80–$100 ($N = 2$), "I would only attend a program if it was free" ($N = 2$), and "the price of a program would not be a concern to me" ($N = 1$).

Perceptions of most useful skills and information to address in healthy relationship programming. Participants who identified as being parents or caregivers were asked: Considering your current role as a parent/guardian, what skills or information would be most useful to support you in being the kind of parent you would like to be? The themes in the major needs identified by parents and caregivers were as follows: (a) a need for parenting resources and tips (e.g., discipline, budgeting, time management) that address issues related to raising children at all ages, (b) programming that teaches communication skills, (c) information on how to access available information and resources, and (d) programming and resources geared towards navigating blended/step families.

When looking at the theme, "a need for parenting resources and tips (e.g., discipline, budgeting, time management) that address issues related to raising children at all ages," one participant specified wanting, "information and education for maintaining a positive relationship throughout different life stages," while another indicated needing "strategies for addressing behavior issues that do not involve spanking or time outs." Programming that teaches communication was another theme that emerged based on numerous participant responses. One participant stated needing tips pertaining to "how to talk to your child without being judgmental," and another participant had a similar response, "how to talk to your adult children." Again, the responses from the parents in this study indicated a need for communication workshops and skills.

Discussion

Although many factors impact community well-being and healthy relationships, one important factor is the availability of resources, information, and services to help community members build knowledge and skills that foster healthy relationships. The results of this study highlight a need for counseling and educational programming that reflects the unique needs of specific community subpopulations based on their unique relational contexts. One key finding of this study was that, regardless of relationship and family status, community members often face barriers to accessing relationship programs and services in the community. Across all three subpopulations in this study (i.e., adults in couple relationships, single adults, and

parents/caregivers), a variety of barriers to accessing services were noted, including that people may not know where to turn for help or be afraid to admit a need for help, a lack of time or financial resources, feelings of shame or embarrassment for needing help, and concerns that family members and/or partners would not be willing to seek help. For professionals planning community-based programs and services for relationship and family concerns, it is important to understand how to develop resources that are accessible and responsive to these potential barriers.

One way to foster greater accessibility of services and programs is to understand how prospective clients and participants make decisions about help seeking and the features they would look for in potential resources they may seek. Across all three subpopulations within this study's sample, participants indicated that they were more likely to seek a service if they knew someone else who had done so, followed by how serious they viewed their problems to be. Although this study's sample was small, this finding suggests that community members may be most likely to seek help if they know someone else who sought similar types of support and if they believe their problems are very serious.

Other practical matters, such as the time commitment, geographic proximity, and financial cost, also impact people's decisions about which services to seek. In the current sample, the participants who were in couple relationships and those who were parents/guardians indicated a greater willingness to commit to weekly meetings of up to 1–2 hr each for a relationship program or counseling, whereas single adult participants were more likely to indicate a preference for monthly meetings of that same time frame. Across all three subpopulations, participants were most likely to indicate that the maximum amount of money they would spend on a program or service would depend on the features of the program, but it is important to note that participants varied widely in the amount they were willing to spend. Although cost is not a factor for some people, many people likely are limited in how much they can afford to spend for these sorts of programs and services, which is consistent with the points above about costs being a potential barrier to seeking help.

One possible strategy for increasing access to relationship resources and services is to deliver them online, such as through online relationship, education programs, and webinars or through Internet-based counseling. The results of this study show a growing acceptance for online delivery of these services and programs, although some participants still prefer a face-to-face interaction for the delivery of healthy relationship-promoting programming and services.

Perhaps the greatest variability in participants' responses based on their subpopulation groups was found in their input regarding the most useful skills and information they would like to see address in healthy relationship programming. For adults in couple relationships, the major themes in the responses to this question were as follows: (a) communication skills workshops, (b) programing with information pertaining to executive functioning skills (e.g., budgeting, time management, planning for the future), (c) couples counseling, (d) individual counseling, and (e) family counseling/parenting skills workshops. The two major themes that emerged for single adults included (a) friendship and relationship advice, including dating guidance, and (b) personal counseling and wellness-oriented workshops. The themes in the major needs identified by parents and caregivers were as follows: (a) parenting resources and that address raising

children at all ages, (b) communication skills, (c) information on how to access available information and resources, and (d) programming and resources geared toward navigating blended/step families. Thus, although it appears that basic relationships skills, such as effective communication, appear to be relevant across all groups, the relationship and family concerns among community members are likely to vary based on relationship and family status.

Limitations

As with any study, this study is not without limitations. The most significant limitations relate to the small, relatively homogeneous sample size that was drawn from one community. As such, the findings of this study should be considered exploratory, and future research is needed to further explore the extent to which the findings of this study are consistent with larger, more demographically and geographically diverse samples. Given that the study was conducted using survey data, there also are limitations regarding the results based on those who had access to the survey and those who completed the survey (i.e., responders vs. nonresponders) as well as self-report bias of the participants. Although a mixed-methods approach was used, it is also important to note that biases associated with self-report surveys is also a limitation of this study, and although qualitative methods can help to minimize self-report biases, it should be noted that subjectivity cannot be fully removed when deciding on a coding system to use when utilizing content analysis. Despite the limitations of this study, the findings offer preliminary evidence for the need for continuing to develop a greater knowledge base to support future research and program development of different types of healthy relationship promotion programming.

Implications for Practice and Future Research

Although there are limitations associated with this study, there are also many potential benefits and implications for counselors, community program coordinators, and community members, among others. Recognizing that all three subpopulations (i.e., single adults, couples, and parents) indicated a preference for face-to-face and/or either face-to-face or online, counselors, community program coordinators, and community members may want to consider implementing additional face-to-face programming options. However, online programming offers potential ways to reduce accessibility barriers, such as by removing transportation barriers and allowing participants to engage in programs and services at times that are convenient to them. Therefore, this form of service and program delivery warrants further consideration, especially as access and comfort with technology continues to grow in the general population.

Workshops and programming that targets healthy communication skills (across all three groups) also should be considered as a high priority, although it is important for counselors and community program coordinators to consider the unique needs among different subpopulations based on relationship and family status. Although single adults were the smallest subsample within this study, it appears that their needs for relationship programming may be the most unique, and therefore, their needs for guidance regarding friendships and online dating may currently be unmet by existing programs.

As counselors and other community-based professionals develop programming and services to foster healthy relationships among the populations they serve, it is important to consider the

program design factors that may impact whether people will seek those services. One important preliminary finding of this study was that people were most likely to seek services when they knew someone else who had used that service and when they viewed their problems to be more serious. Many counselors and program developers likely underestimate the significance of word-of-mouth promotion of their services. However, it is important to keep in mind that this can be both positive, when others they know had positive experiences, but also negative, when they hear negative feedback about programs and services. As such, counselors and program developers should pay close attention to the reputation that their services and/or programs gain, as well as be responsive to feedback and input provided by former clients and program participants.

The finding that participants' willingness to seek services is also impacted by their views of the severity of their problems is also consistent with previous research showing that people are often hesitant to seek help for mental health (NIMH, 2016) and relational (Gaspard, 2015) concerns. It is likely that many people are not willing to seek help for problems until after they have been experiencing them for a very long time, and this may also relate to the stigma or embarrassment that people may feel when they need help that was noted by participants in this study. Again, although the findings of this study should be interpreted with caution due to the small sample size, these points further affirm the need for additional research to further understand how community members make decisions about the services they seek to foster healthy relationships as well how to make those services most accessible to the people who need them.

To further expand on this study, future researchers may benefit from using additional data collection methods that are not exclusively Internet-based sources (e.g., Qualtrics surveys), especially to be more inclusive of people with limited Internet access. This may include focus groups and structured interviews with current and former counseling clients and relationship education program participants as well as with individuals who have no previous experience using these resources. Of particular interest for future research is a focus on determining effective strategies for supporting people in reaching out for help earlier in the development of their relationship problems. Relatedly, it will be important to continue to use research to further understand the stigma that people face with respect to different relationship concerns and how this stigma may make it difficult for them to reach out for help.

Overall, the findings of this exploratory study highlight the unique needs that people may bring to healthy relationship programming, including counseling and relationship education programs. The findings also illustrate the factors that community members may consider when deciding whether, when, and how to seek healthy relationship programming as well as how a variety of potential barriers can limit people's access to potentially beneficial services and resources. Thus, although the overall value of healthy relationships for healthy lives and healthy communities is well-documented in the research literature, there is an ongoing need for continuing research and practice developments that will help people have the best chance of achieving those healthy relationships throughout their lives.

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