

The Impact of Healthy Marriage Programs on Low-Income Couples and Families:

Program Perspectives From Across the United States



U.S. Department of Health and Human Services
Administration for Children and Families
Office of Family Assistance

**Real Families
Real Strengths**

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FOREWORD

The Deficit Reduction Act of 2005 (DRA) reauthorized the Temporary Assistance for Needy Families (TANF) program. The DRA also authorized \$100 million to fund discretionary grants to support programs designed to help couples form and sustain healthy marriages. The Administration for Children and Families (ACF), Office of Family Assistance (OFA) funded demonstration grants that would be designed to strengthen existing marriages and to prepare unmarried couples for successful marriages. The mission of ACF's Healthy Marriage discretionary grant program is to help couples that choose to marry gain greater access to marriage education services that enable them to form and sustain healthy marriages.

This monograph will highlight the outcomes and accomplishments of 21 Priority Area 6 and 7 grantees that participated in the healthy marriage demonstration grants. The target population served by these grantees were low-income, unwed couples who were either expecting a baby or who had an infant age 3 months or younger. This very specific and early time of the child's life is generally a period where the parents are romantically involved and even have hopes of having a life together. Therefore these demonstration grants provided healthy marriage and relationship education and skills training to these couples at a critical juncture when obtaining such skills could prove very beneficial to the couple and their child's long-term relationship as a family.

Priority Area 6 and 7 grantees faced many challenges in doing this work. The target population itself proved to be challenging primarily due to a myriad of life stressors at a very trying time in a couple's life, the advent of a pregnancy or an infant. The implementation of these programs required creativity in the areas of marketing, recruitment, and retention. The successes that these programs experienced were in large part due to their ability to create comfortable and supportive environments for participants, assess what was working well and what was not and address those issues, and to keep the focus on how to best provide services that meet the needs of the participants and would benefit them and their families. This group of organizations showed great insight about the population they served. They also showed flexibility and sensitivity in recognizing that they had to meet the participants where they were in order to serve them. Finally, these grantees maintained a commitment to doing this work, in many cases under very trying circumstances.

It was my pleasure to participate in this great work with such a formidable group of grantees, recognizing that because of these programs hundreds of couples' across this nation reported improved relationships, changed behaviors and restored families. The ultimate determination of what these programs accomplished cannot be captured in this monograph, but we are hopeful to see the positive impact realized in the lives of the participants and their families.

Rosalind L. Ginyard, MSW
Federal Project Officer
Office of Family Assistance

The 21 Priority Area 6 and 7 grantees are:

Bethany Christian Services, Inc. (GA)
Bethany Christian Services, Inc. (VA)
Catholic Charities of Orange County (CA)
Child and Family Resource Council (MI)
Curators of the University of Missouri (MS)
Cuyahoga County Board of Commissioners (OH)
Fathers and Families Center (IN)
Healthy Families Counseling and Support (MO)
Healthy Family Initiatives (TX)
Imperial Valley Regional Occupational Program (CA)
Jewish Family and Children's Services (FL)
Parents Plus, Inc. (WI)
Pittsburg Preschool and Community Council, (CA)
Project SOS, Inc. (FL)
Public Strategies, Inc. (OK)
Research Foundation of SUNY at Stony Brook (NY)
Sacramento Healthy Marriage Project (CA)
SGA Youth and Family Services (IL)
Trinity Health Michigan (MI)
University of North Carolina at Chapel Hill (NC)
Youth Development, Inc. (NM)

The Impact of Healthy Marriage Programs on Low-Income Couples and Families: Program Perspectives from Across the United States

This paper is an endeavor to look at healthy marriage education programs funded by the Office of Family Assistance (OFA) designed specifically to meet the needs of unmarried couples expecting a child or co-parenting a newborn. We will look at the unique challenges of the participants, varied program designs and service delivery strategies, as well as outcomes related to a specific group of healthy marriage grant programs. The intent is to continue the conversation around the question, "Do healthy marriage programs work?" raised and addressed in the Building Strong Families Study (Wood, McConnell, Moore, Clarkwest & Hsueh, 2010) by examining other programs operating in the field that are designed to serve the same target population and achieve similar goals.

Background

Characteristics of family structure in the United States have changed dramatically over the last 50 years. In a recent report, Time Magazine and Pew Research Center stated, "decades of demographic, economic and social change have transformed the structure and composition of the American family." The number of adults over the age of 18 who are married has dropped from 72% in 1960 to 52% in 2008. According to the Pew Research Center, the percentage of children born to unmarried mothers has grown from 5% in 1960 to 41% in 2008 and the number of children being raised by single mothers has grown from 9% to 25% (Pew Research, 2010).

Another notable trend in the United States over the past 50 years has been one of racial and ethnic diversification. While the general population has become more diverse, the proportion of births to unwed parents varies across racial and ethnic groups. In 2008, 72% of African American women giving birth were unmarried, 53% of Hispanic women were unmarried, and 29% of white women were unmarried (Pew Research, 2010). Hummer and Hamilton (2010) conclude that unmarried mothers face significant barriers to self-sufficiency such as lower educational achievement, lower likelihood of owning a car, and a higher likelihood of living close to, or in, poverty, and thus reliant on public assistance. Not surprisingly, children born to these unwed mothers are at greater risk of poorer outcomes than children born into two-parent households (McLanahan, Haskins, Garfinkel, Mincy, & Donahue, 2010).

In an effort to slow these negative trends, the Federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 was designed to reduce welfare dependence by raising awareness regarding the correlation between marriage and societal outcomes. In addition, PRWORA introduced time-limited benefits to encourage transition to self-sufficiency and required cooperative agreements to broaden regulatory reach regarding financial responsibility by noncustodial parents. As part of that effort, Congress announced the following findings¹:

- Marriage is the foundation of a successful society.
- Marriage is an essential institution of a successful society which promotes the interests of children.

Although support of marriage was encouraged, it was not until the Deficit Reduction Act of 2005 was passed that funding in the form of \$150 million each year for five years was specifically dedicated to promote and engage parents in healthy marriage and responsible fatherhood programming. Key requirements of the law specify that:

Funds may be used for competitive research and demonstration projects to test promising approaches to encourage healthy marriages and promote involved, committed, and responsible fatherhood by public and private entities and also for providing technical assistance to States and Tribes. Applying organizations must commit to incorporate specific components into their program:

- Applicants for funds must commit to consult with experts in domestic violence; applications must describe how programs will address issues of domestic violence and ensure that participation is voluntary.
- Healthy marriage promotion awards must be used for eight specified activities, such as marriage education, marriage skills training, public advertising campaigns, high school education on the value of marriage and marriage mentoring programs.
- Not more than \$50 million each year may be used for activities promoting fatherhood, such as counseling, mentoring, marriage education, enhancing relationship skills, parenting, and activities to foster economic stability.

¹ <http://www.acf.hhs.gov/healthymarriage/about/mission.html#background>

In an effort to clarify the mission and intent of the Healthy Marriage Initiative, the following mission statement and definition of healthy marriage was posted on the Administration for Children and Families' website:

Mission Statement

To help couples, who have chosen marriage for themselves, gain greater access to marriage education services, on a voluntary basis, where they can acquire the skills and knowledge necessary to form and sustain a healthy marriage.

What is a “healthy marriage?”

There are at least two characteristics that all healthy marriages have in common. First, they are mutually enriching, and second, both spouses have a deep respect for each other.

- It is a mutually satisfying relationship that is beneficial to the husband, wife and children (if present).
- It is a relationship that is committed to ongoing growth, the use of effective communication skills and the use of successful conflict management skills.

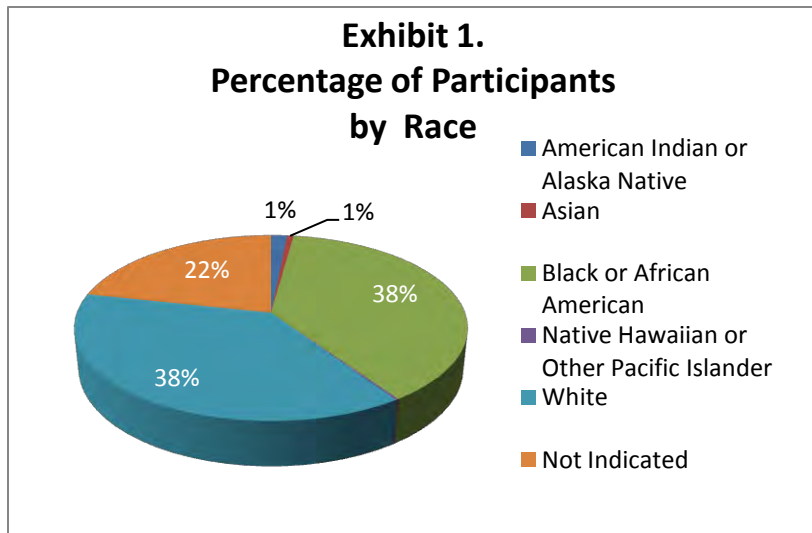
Targeted Effort

The healthy marriage programs were designed to provide services based on the eight specified priority areas and target specific populations. Each of the grantees reflected in this review are Priority Areas 6 and 7 targeting unmarried couples expecting a child or having a newborn under the age of three months. Although this target is narrow, it is strategic based on research that indicates an increased interest in marriage, particularly by the father, at or around the time of birth. Researchers have long argued that interventions focused on the “magic moment” – the time of a child’s birth – can serve as a critical lever for strengthening unwed couples’ relationship and ability to co-parent. (McLanahan, Garfinkel & Waller, 1999; McLanahan, 2003; McLanahan, Garfinkel, Mincy & Donahue, 2010). In a 1999 paper reporting baseline survey data collected from unwed parents in Oakland, California, McLanahan et al write:

“Given that mothers want the fathers’ assistance in raising their children, and given that fathers want to be a part of their children’s lives, policies and programs should facilitate, build

upon, and maintain the commitment that unmarried fathers articulate at the “magic moment” of their children’s births (p. 7).”

The research also indicates that only 35% of couples who remain unwed will be together five years later. While the research suggests an increased interest during this window, there is little data to suggest what approach is most effective in moving unwed couples from interest in marriage to action.



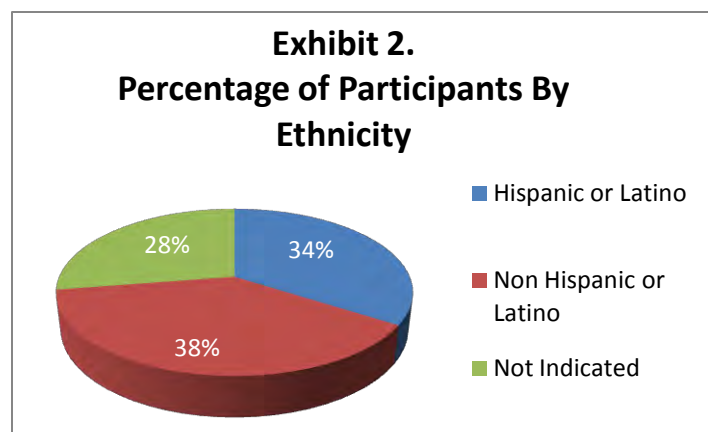
The intent of these demonstration initiatives is to deepen the conversation and provide insight into various types of interventions and their potential for informing and impacting the decisions of couples to marry – or where marriage is not the best option – providing relationship skills that allow for low conflict,

effective co-parenting. This review looks at 19 programs (that provided updated information) serving this target group.

The Participants

Collectively, these programs have served over 7,000 couples during the snapshot period of October 1, 2005 through September 30, 2009.

Exhibit 1 reflects that 38% of the participants who identified race are Black or African American and an equal amount identified as White. Although that may be accurate collectively across



programs, the analysis can be misleading if mistaken as reflective of racial representation within

each individual program. When looking at specific programs, we see that both racial and ethnic makeup vary widely from program to program making comparison difficult. For example, four of the programs have a participant population that is more than 70% Black or African American while another program reports only 4% Black or African American participation.

Likewise, there are four programs indicating a primarily White population. Catholic Charities of Orange County, Inc. reports that 100% of their participants are White, with 98% of their participants also Hispanic or Latino.² These population variances from program to program often require individual program modifications to be culturally appropriate. Not only does this refer to making allowances for different languages, but also adjusting program activities and examples to be relevant and considerate of cultural beliefs based on participant background. For example, many Hispanic cultures practice machismo, a philosophy that includes more rigid gender roles; men are the providers, while women are the caretakers of the home and children. Program staff need to be sensitive when offering assistance to a father who is unemployed and unable to properly provide for his family to the level of his expectations.

Although participants differ from program to program, here are some commonalities that appear in the data:

- 70% of the couples currently cohabitate.
- Approximately 80% of the participants are at or below 200% of the poverty rate.
- Over 50% of the participants indicate being employed, although some are employed only part time or as seasonal workers.
- Approximately 50% of the participants have a GED, high school diploma or higher educational attainment.
- Approximately 40% of the couples have children from a previous relationship.

Taking a closer look at each of these characteristics provides insight into some of the assets and challenges associated with the couples participating in the program.

- The fact that 70% of the couples are living together indicates at least some baseline level of commitment to each other and/or the child.

² The Hispanic/Latino ethnicity is not reported with Race.

- To put the participant income level in perspective, the 2011 Poverty Guideline is set at \$18,530 for a family of three.³ That said, many of the programs serve only those at or below 100% of the poverty level and given the high unemployment rate, it is likely based on the data that the majority of the couples have very little earned income, if any. This suggests that many of these couples are facing financial challenges already, which will be compounded by the birth of a child.
- Interestingly, the group is split 50/50 on education with as many having greater than a GED as those who have not completed high school or its equivalent. The education split is across programs, but not indicative of educational attainment within each program. For example, Parents Plus reports that 94% of its participants have a high school diploma or better, while Imperial Valley Regional Occupational Program indicates only 21% of its participants completed high school.
- Unemployment is clearly an issue with only 50% of the participants employed. Underemployment is equally challenging considering that of those who are employed, many of them are only part-time or seasonally employed. Today's economy is challenging for many people with fewer job opportunities available and high unemployment rates. With the job to applicant ratio at 1 to 5⁴, low educational attainment and literacy issues limit their ability to compete for even low wage jobs.
- Of these participants, 40% of the couples have a child from a previous relationship. Although these couples may have an advantage in knowing what to expect with a new baby, blended families can create unique challenges for couples, especially early in the relationship. For the other 60% of the couples who are new parents, there may be some anxiety around the idea of having a baby; most new parents will freely admit that they were not fully prepared for the lifestyle impact of a newborn.

Research on "fragile families" – a term used to describe families that begin when a child is born outside of marriage – reveals a picture of at-risk couples in need of supports to form and maintain healthy unions. Approximately 50% of parents are living together and 32% are dating at the time of their child's birth (McLanahan & Beck, 2010). While the structure of some fragile families is

³ <http://aspe.hhs.gov/poverty/11poverty.shtml>

⁴ www.epi.org/publications/entry/20101110JOLTS

similar to a child born to married parents (i.e., there are two adults in the home at the time of the child's birth), research shows that cohabitating parents have less education, earn less income, report poorer relationship quality, and experience more mental health problems than married couples bearing a child. Additionally, parents in fragile families are younger than their married counterparts while having an increased incident of multiple partner fertility. Fragile families also face a host of barriers to sufficient employment. Fathers in fragile families are typically young and uneducated and 42% have spent time in jail. Only 12% have associates or bachelor's degrees and only one in four earns more than \$25,000 a year (Lerman, 2010).

Collectively, this information creates a couple profile that suggests these couples are facing many challenges unrelated to the birth of their child such as poverty, unemployment and limited education. Coincidentally, these are also factors that pull at the fabric of the couple relationship.

The birth of a child, while exciting, comes with its own stressors; physically, emotionally and financially. These stressors can often be overwhelming even for experienced parents. For couples already facing multiple barriers to success, life can feel like a Jenga game – the next move could be the one that brings all the blocks crashing down.

The Programs

Ideally, programs offered through the Healthy Marriage Initiative can help families better cope with these stressors, develop a stronger bond with their partner and learn new tips and techniques for parenting. Given the target population, much emphasis is placed on parenting and/or co-parenting. Typically a program includes exposure to healthy marriage relationship curriculum for a prescribed number of sessions, information about other resources in the community, possibly ancillary services, and a variety of incentives as a reward for participation. As these are demonstration initiatives, much latitude is allowed with regard to approach and service delivery format.

- **Curriculum.** Eleven different curricula are offered through these programs; of these, fourteen programs use an existing curriculum, three programs modified an existing curriculum and two programs created their own. Those serving Hispanic couples also offer versions in Spanish.
- **Contact Hours.** Workshops must be a minimum of eight contact hours and participants must attend a minimum of 75% of the workshop to be considered completed. The contact hours for the workshops vary from program to program, but range from 11 hours in one program to 44

hours in another. The average is 23 hours with 6 programs requiring less than 20 and 5 requiring more than 30 hours.

- **Facilitators.** Workshop facilitators are most often staff or contracted partners. Depending on curriculum used, facilitators may attend a formal certification process. Most of the programs reviewed used a male/female co-facilitation model and culturally reflective presenters where appropriate.
- **Session Format.** Workshop schedules vary as well, with programs offering weekday, weeknight, Saturday and Weekend Retreat options. Weekday and weeknight sessions may range from two to three hours and Saturday sessions typically run from four to six hours each.
- **Length of Commitment.** The length of commitment for program participation can be as short as a Friday/Saturday Weekend Retreat or as long as 15 weeks. The average length is seven weeks, with the most common commitment length at six weeks.
- **Program Supports.** All of the programs offered supports such as meals, child care and transportation to remove barriers to participation. These supports varied from program to program with some offering on-site child care while others provided vouchers. Some programs offered bus tickets while others sent a van to pick up participants.
- **Incentives.** All of the programs offered incentives to the participants who attend the program. The incentives are advertised as part of the recruitment process. The variations appear in the type, value and timing of the gifts.
- **Intake.** One program offered a goody bag with pens, chocolates and other small items while another offers \$20 for completion of the assessment form. One program offered a financial incentive at other data collection points throughout the program.
- **Attendance.** Many of the programs offer baby gifts, free diapers, gift cards, and cash and prizes at various predetermined attendance markers as an incentive for continued participation.
- **Completion.** Rewards for completion range from \$50 gift cards to an accumulated incentive package valued at \$800.
- **Case Management.** Thirteen of the programs offer some form of case management to assist couples in connecting to other resources that may be needed to remove barriers to success. While some programs offer other services internally or through their partner organizations, others provide referrals to service providers in the community.

Program Snapshots

The table below details specific program information from the 21 OFA grantees. (Note: We received updated data from 19 of these grantees, which is summarized previously.)

Grantee	Primary Race/ Ethnicity Served*	Current Curriculum	Curriculum Dosage
Bethany Christian Services (GA)	Black	Relationship Enhancement The Magic of Love; Love's Cradle	14 hours
Bethany Christian Services (VA)	Black	Connections	12 hours
Catholic Charities of Orange County	Hispanic	The Strongest Link: The Couple	12 hours/6 mod.
Child and Family Resource Council	Multiple	Within Our Reach	24 hours
Curators of the University of Missouri	Multiple	Modification of Love's Cradle and Connecting for Baby	34 hours
Cuyahoga County Board of County Commissioners	Black	Better Together for Couples	24 hours
Fathers and Families Counseling and Support	Black	PREP: Within Our Reach	20 hours/9 mod.
Healthy Families Counseling and Support	White	Loving Couples Loving Children	28 hours/14 mod.
Healthy Family Initiatives	Hispanic	Love's Cradle	44 hours/22 mod.
Imperial Valley Regional Occupational Program	Hispanic	PREP: Within Our Reach	20 hours/13 units
Jewish Family and Children's Services	White	Love's Cradle	20 hours
Parents Plus	Multiple	As One: A Healthy Relationship and Marriage Curriculum	11 hours
Pittsburg Preschool and Community Council	Multiple	Love's Cradle	22 hours
Project SOS	Multiple	The Strongest Link: The Couple	20 hours
Public Strategies	Multiple	Becoming Parents	30 hours
Research Foundation of SUNY at Stony Brook	Multiple	Couple CARE	11 hours
Sacramento Healthy Marriage Project	Multiple	Together We Can: Bringing Home Baby; Happiest Baby on the Block	15 hours
SGA Youth and Family Services	Black	PREP	16 hours/14 mod.
Trinity Health Michigan	Multiple	Loving Couples Loving Children; Healthy Start Caring Couple	38 hours
University of North Carolina at Chapel Hill	Multiple	Love's Cradle	24 hours
Youth Development, Inc.	Hispanic	Loving Couples Loving Children	28 hours/14 mod.

* All grantees, specified by grant funding, serve low-income couples, who are expecting a child or have a child 3 months or less.

We have discussed the Healthy Marriage Initiative and the programs funded under the grant program. The following section details outcomes of the data that has been collected by these grantees.

Outcomes

Data collection is another program aspect that varies from organization to organization. The OFA healthy marriage demonstration initiatives were not funded for rigorous evaluation. Although grantees are required to track basic data related to participants served, a standard template related to outcome data was not specified due to the varying interventions provided.

Individual level outcome data was solicited from 21 grantees serving unmarried couples expecting a child or having a newborn under the age of three months. Though 18 grantees provided some type of data, only seven were able to provide individual response level pre and post data, making it possible to conduct an analysis of change over time. In addition, while all grantees offered specific activity services, not all of them provided participant data assessing these activities. Of the seven grantees included in this evaluation, the analysis was complicated by the fact that all of the surveys were developed independently and designed to measure the outcomes of their specific programs. Because of differences in program components and survey design, many instruments lacked similar questions or asked similar questions in different ways. Most surveys were delivered on a pre-post basis using Likert scales. Using the constructs developed through the grantee performance measurement process⁵, we tried to determine whether programs changed (a) attitude toward marriage, (b) communication, (c) conflict resolution, (d) budget/finance skills, (e) abuse prevention, (f) relationship with co-parent, and (g) relationship with significant other. These concepts were developed to be the basic measures that most healthy marriage programs should be affecting.

After reverse-scoring negatively coded items, the data were analyzed using Wilcoxon signed rank sum test as the non-parametric version of a paired samples t-test. The Wilcoxon test is appropriate for use with ordinal (rank-ordered) data.

⁵ Performance measures were developed for healthy marriage grantees in 2008-2009 with input from Federal Project Officers, OFA administration, subject matter experts and grantees to illustrate improvements in the following constructs: communication skills, conflict resolution skills, abuse prevention skills, budgeting and financial skills, attitudes towards marriage, and relationship with co-parent.

Effectiveness of Healthy Marriage Curricula on Selected Participant Outcomes

Outcome	UNC Chapel Hill	Cuyahoga County	The Research Foundation of SUNY	Child and Family Resource Council	Catholic Charities of Orange County	Trinity Health Michigan	Parents Plus
Attitudes Towards Marriage	—	↑↑	—	↑	N/A	N/A	N/A
Communication Skills	↑↑	↑↑	↑↑	↑↑	↑↑	↑	N/A
Conflict Resolution Skills	↑↑	↑↑	↑↑	↑↑	↑↑	N/A	↑↑
Abuse Prevention Skills	—	↑↑	↑↑	N/A	N/A	N/A	N/A
Budgeting/Financial Skills	—	↑↑	N/A	↑↑	N/A	N/A	↑↑
Relationship Improvement (Co-Parent)	N/A	↑↑	N/A	↑	↑↑	N/A	↑
Relationship Improvement (Significant Other)	—	↑↑	N/A	N/A	N/A	N/A	—

KEY:

↓ -- Perceived Negative Changes

— -- No Perceived Changes/Neutral

↑ -- Positive Changes Perceived

↑↑ -- Strong Positive Changes Perceived, with Evidence of Impact

N/A – Grantee did not have questions corresponding to this category

Single arrows indicate that change was in the positive direction but not statistically significant. Double arrows indicate that at least half of the items associated with an outcome were statistically significant⁶. Using a one-tailed test for significance because we hypothesize that participants will improve post-intervention, we find strong positive changes especially in the areas of communication skills (5 of 6 grantees) and conflict resolution skills (6 of 6 grantees)⁷. Significant improvement was also seen in abuse prevention skills (2 of 3 grantees), budgeting/financial skills (3 of 4 grantees), relationship improvement with co-parent (2 of 4 grantees), and relationship improvement with significant other (1 of 3 grantees). Only 1 of 4 grantees showed a significant improvement in attitudes towards marriage.

⁶ Statistical significance indicates that it change was unlikely to have been caused by chance. In this case, statistical significance is reported at the .05 level.

⁷ A one-tailed test of significance tests the statistical significance in one direction of interest. A one-tailed test provides more power to detect an effect in one direction by not testing the effect in the other direction. A one-tailed test is appropriate because we believe participants' skills will improve (not deteriorate) as a result of the program.

Grantees that show the most positive impacts have similarities: their curricula are less than 24 hours in duration, and they offer incentives to encourage attendance and participation. However, some grantees provide their services at multiple locations throughout the neighborhoods while others deliver services in home visits, and still others deliver the curriculum in weekend retreats. These grantees also use a variety of curricula to provide their relationship training. Overall, it is clear that not one program is effective for all participants, and programs need to work to develop a program that best meets the needs of its clients.

The previous discussion provides specific information from the OFA grant program. The following section discusses information from evaluations of other similar programs.

Healthy Marriage Program Evaluations

In *Marriage and Fatherhood Programs*, Cowan, Cowan and Knox (2010) discuss the lack of evaluation of marriage and fatherhood programs, especially those designed to serve fragile families, for which there are only two such evaluations. One evaluation was of the Young Parenthood Program, targeted at unmarried African American teen couples, each of whom visits a therapist over a period of ten to twelve weeks. Initial findings indicate working with a therapist during the transition to parenthood reduces intimate partner violence and increases the quality of the couple relationship and the father's co-parenting competence (p. 216).

The second program, Building Strong Families (BSF), is the only large-scale couples' intervention specifically designed for fragile families. Although direct comparisons between the programs reviewed in this paper and those involved in the BSF study cannot be made because of program variations, we can look to some of the similarities for guidance. The BSF evaluation examined relationship status (i.e., romantically involved, living together – married or unmarried, and married) and relationship quality (i.e., relationship happiness, support and affection, use of constructive behaviors, avoidance of destructive behaviors, and fidelity).

The Building Strong Families evaluation project has reported findings in both an implementation report and an early impacts report. In the 2006 *Implementing Marriage Programs for Unmarried Couples with Children: Early Lessons from the Building Strong Families Project*, the

Attendance

Both BSF and OFA grantee programs experienced challenges in participant attendance, particularly where the program model was longer than 6 weeks.

authors concluded that programs for unwed couples had indicators of positive outcomes but certain steps were necessary for successful implementation (Dion, Avellar, Zaveri, & Hershey, 2006). Attendance was of particular concern, and the researchers stressed that extra care should be taken to provide encouragement to couples needing extra incentives. Attendance also proved to be a challenge for the OFA healthy marriage programs, especially where the service delivery model was extended more than six weeks. In addition, like the OFA programs, the BSF study concluded that, “the group format in all programs was useful in that it appeared to reduce feelings of isolation, encourage friendships, and normalize the type of struggles often associated with the birth of a new child” (p. 71).

Across all eight program sites, researchers report that “BSF improved the relationship quality of African American couples” who were offered the opportunity to participate in relationship education programming in comparison to couples who were assigned to a treatment group (Wood et al., 2010). All OFA healthy marriage programs are based on voluntary participation, and all participants received services.

While researchers report most BSF programs “had little or no effect on relationships,” multiple overall positive impacts were experienced by couples who participated in treatment in the Oklahoma program. Specifically, 81 percent of couples assigned to the treatment group were still in a romantic relationship at the 15-month follow-up compared to 76 percent of couples assigned to the control group. Additionally, couples who participated in treatment were more likely to report increased levels of relationship happiness; support and affection; fidelity; better conflict management; higher co-parenting; and improved father involvement such as living with the children and provision of substantial financial support.

Numerous variables were at play that may have contributed to the outcomes seen in the Oklahoma program. A few of the variables made possible by multiple funding streams that may have played a factor in the retention of couples increasing the curriculum dosage provided and completion rates include:

- Participant incentives of approximately \$800 per couple over the period of the program may have proved helpful considering the economic needs of the couples.
- Staff incentives were also provided as motivation to engage and retain participants.
- Mix of married couples with unmarried couples. The peer-to-peer modeling of healthy couple interaction may have been encouraging to unmarried couples.

This is in contrast to the Baltimore site where couples started off in less committed relationships than those in other BSF programs, and where the couples, particularly the men, came from more disadvantaged backgrounds, a negative effect on relationship status was found (Wood et al., 2010). Couples assigned to treatment groups in Baltimore were less likely than couples assigned to control groups in that city's BSF program to remain romantically involved at the 15-month follow-up. Also at the 15-month follow-up, couples reported being less

supportive and affectionate toward each other and more likely to report being severely physically assaulted by a romantic partner in the last year. Fathers assigned to the Baltimore treatment group were less likely to provide financial support or spend time with the children than control group members. Finally, treatment couples reported less co-parenting. Although attitudes toward commitment data were not consistently collected by OFA grantees, it is reasonable to assume based on demographics served that *some* of the program participants are similar to those of Baltimore in that they were in less than committed relationships to begin with.

Focus group participants reported positive experiences with the BSF program (Dion et al., 2006). Couples reported the program helped them handle conflict, control their anger, and benefited in their relationship with each other as well as with their children. Even still,

researchers note that attendance was a problem, albeit program staff identified some creative ways to encourage attendance such as allowing participants to attend different treatment groups by switching which nights of the week they attended. While family illness or a general lack of time were sometimes cited, the most common reason for lack of attendance was related to unstable work schedules, possibly due to the nature of low-income jobs or job changes throughout the program period. Both the general positive experience and the attendance challenges are consistent with the findings for the OFA programs.

In attempting to understand the wide variation in outcomes across the BSF sites as well as the OFA sites, it is important to note the unique characteristics of programs that may explain the outcomes and serve as lessons learned for future program design. As noted, Oklahoma BSF

Attitudes toward Commitment

The data from the OFA grantees is similar to that reported for the Baltimore BSF program: at least some of the program participants were in less than *committed* relationships at the beginning of their participation in the program.

Experience with Program

Both the BSF and OFA program participants reported a positive experience.

couples were more likely than those in other programs to receive the most curriculum. Additionally, while BSF researchers applied sophisticated analytical techniques to control for group differences, Baltimore suffered from unusually high attrition and therefore the treatment and control groups could not be considered equivalent.

The BSF evaluation relied on a frequently used intention-to-treat (ITT) analytical technique which includes all participants in the data analyses, regardless of how much curriculum they were exposed to. Because ITT analyses included all program participants, including those who drop out (even those who drop out after one session), it is used to address policy-relevant questions related to the full costs of operating a program. ITT is based on the idea that participants who drop out of a program may be harder to treat. By analyzing study data “as randomized” and ignoring anything that happens after randomization such as dropping out or receiving minimal exposure to a treatment, researchers are more likely to conclude that a program does not work when in fact it does (Shaya & Gu, 2007).

It is important to clearly understand what conclusions may be accurately drawn from public statements about the BSF evaluation (i.e., “BSF had no effect on relationship status”⁸). In light of the ITT analytical technique used to analyze the BSF evaluation data, it would be premature – and inaccurate – to conclude that the relationship status of participants who regularly attended relationship education classes is not impacted by program participation. The BSF evaluation did not seek to measure the impact of the program on persons who regularly attended the classes – what social scientists call the effect of *treatment on the treated*. Rather, the BSF evaluation sought to measure the effect of *being offered the opportunity to participate in a program* – that is, the intention-to-treat.

Articles Submitted by Select Grantees

Select grantees were asked to submit articles about their programs. These articles served as summaries about the project, services offered, and evaluation findings. A total of 8 grantees submitted articles, which are presented in the next 82 pages. Implementation Insights, Recommendations and Conclusion follows these articles.

⁸ Wood et al. (2010). PowerPoint (slide 5).

FRAME-Works: Relationship Enhancement for Unmarried Parents

Bethany Christian Services

Authors: Jane S. Wimmer, Ph.D.; Andrea Gibbs

Abstract:

*Bethany Christian Services' program FRAME-Works (**F**amily **R**elationships **A**nchored in **M**arriage **E**ducation-**W**orks), is designed to help unmarried, low-income, expectant or new parents strengthen their relationships and prepare for parenting. The goal of FRAME-Works is to improve the social welfare of low-income unwed expectant or new parents, and to strengthen the well-being of their newly-born children through relational skill-building and marriage education.*

The FRAME-Works program includes two-day weekend seminars offered every 4-6 weeks using the IDEALS' (Institute of Developmental and Emotional Life Skills) Love's Cradle Curriculum. The 14 hour, 12 module curriculum includes information on strengthening relationships, improving communication, problem solving, trust, marriage, financial compatibility, resolving conflicts, and domestic violence. Five different instruments were used to evaluate the effectiveness of the program curriculum. Evaluations of the FRAME-Works program, participant comments, and the interrelatedness of all sources of research data point to the positive impact of the program on couples. Although the program cannot be credited with increasing the rate of marriage among the participants or with raising them from low-income status, it can claim to have increased their knowledge of tools for improved communication and conflict resolution. As these couples parent together for the rest of their lives, this improvement is anticipated to increase child and family well-being, perhaps for generations to come.

FRAME-Works: Relationship Enhancement for Unmarried Parents

"My baby's father and I are not together anymore, but because of FRAME-Works we are closer than ever!" "I was already committed to my girl and our kids and never thought marriage would make a difference after 11 years and 2 kids, but it did! We got married less than a month after attending FRAME-Works and our third child was born to married parents!" These quotes are reflective of what some FRAME-Works clients share after attending the program.

FRAME-Works (**F**amily **R**elationships **A**nchored in **M**arriage **E**ducation-**W**orks) is designed to help unmarried, low-income, expectant or new parents strengthen their relationships and prepare for parenting. Funded by the U.S. Department of Health and Human Services Administration for

Children and Families Office of Family Assistance (Grant 90-FE-0057), FRAME-Works serves parents who reside in the 10-county metropolitan region of Atlanta and in Columbus, Georgia. Clients are either pregnant or have a child under 3 months of age at the time they register to attend the program. Two-day events focus on relationship enhancement. The grant period is from October 1, 2006 to September 30, 2011 and, after curriculum development and staff training, the first FRAME-Works training of couples took place in March, 2007.

Program Description

The overarching goal of FRAME-Works is to improve the social welfare of low-income unwed expectant or new parents, and to strengthen the well-being of their newly-born children through relational skill-building and marriage education. The FRAME-Works program includes two-day weekend seminars offered every 4-6 weeks using the IDEALS' (Institute of Developmental and Emotional Life Skills) Love's Cradle Curriculum. The 14 hour curriculum includes information on strengthening relationships, improving communication, problem solving, trust, marriage, financial compatibility, resolving conflicts, and domestic violence. The program includes six months follow-up support, including home visits and group activities, which address each couple's specific needs including parenting skills, identifying family support through Family Group Conferencing, and practicing relationship building skills. Couples who require additional resources are referred to professionals within the community.

Need for the Program

At the time of the FRAME-Works grant application in the summer of 2006, current data showed that one out of every three young women became pregnant by the age of 20. About 50% of all first out-of-wedlock births were to adolescent-aged teens and over 25% of teen births represent second or repeat births (Henshaw, 2004). The vast majority of these pregnant teens (72%) remain unmarried for either birth (Klerman, 2004). Over half of the births to women in their early 20s were to unmarried women (Hamilton, Ventura, Martin, & Sutton, 2005). These high rates of too-early pregnancy produce serious long-term social implications for the welfare of these women and their children. According to Whitehead and Pearson (2006) "only 30% of unwed teen mothers who later married are still in their first marriages at age 40" (p. 7).

The profile of needs exhibited by young unwed parents in the State of Georgia provided a compelling justification for a Healthy Marriage award in the state. The *2004 Georgia Vital Statistics Report* (Georgia DHR, 2005) indicated that 54,276 children were born to unmarried mothers in

Georgia that year, 39% of all children born. The rate of births to unmarried mothers in the metro-Atlanta target area was 35% with 65% of all births to women under age 25 being out-of-wedlock. In Columbus the rate was even higher, at 45% over all ages and 84% under age 25. In 2004, Georgia's adolescent pregnancy rate was 27% higher than the national rate (53.3 births per 1,000 vs. the national rate of 41.6 for girls 15-19 years).

Demographics of Clients Served

From March 2007 through December 2010, 948 individuals participated in FRAME-Works research. All clients served in the FRAME-Works program attended as couples; however, in 20 cases only one partner consented to participate in the research. The largest group of parents were between the ages of 20 to 25 (45%) with age ranges from 18 to mid-thirties. Blacks accounted for 88% of the participants, with 2% Whites, 3% identified as multi-racial, 3% Latino, and approximately 3% with no race identified.

Outcomes of the Program

Evaluation of the FRAME-Works program took five forms. Quantitative pre and post test scores on cumulative instruments were used from March 2007 through March 2009 with 206 couples, and specific pre and post data on curriculum objectives were used from April 2009 thru December 2010 with 268 couples. Throughout the program brief Likert Scale results on the impact of the program were gathered and qualitative data in the form of comments were obtained. Longer term data was collected via telephone interviews or in-person surveys with at least one partner from 96 couples with follow-up times ranging from 3 to 15 months.

The following two goals reflect the "End Outcomes" that were reported in pre and post tests and guided the research for the first two years of data collection: Goal #1: 80% of the couples will demonstrate gains in the Love's Cradle curriculum skill-based relational competencies; Goal #2: 70% of the couples will report increased understanding of marriage responsibilities.

Regarding Goal #1, *FRAME-Works Pre/Post Test #1*, a 16 item skills assessment instrument, was developed by the program evaluator (Wimmer, 2007) and was specifically designed as a pre and post test for FRAME-Works to measure skill-based relationship competencies taught in the Love's Cradle curriculum. Possible scores range from 16 to 80 with *decreased* scores reflecting increased competencies. From March 2007 through March 2009, 72.9% of the mothers showed improvement in skills (145 of the 199 mothers for whom there were scores). Of 189 fathers with completed scores 126 (66.7%) had improved skill scores. The resulting rate of skill development as

measured in Goal #1 was 70%, and therefore did not meet the program goal of 80% but was achieved by considerably higher than half of the participants.

Regarding Goal #2, the *Locke-Wallace Marital Adjustment Test* (Locke & Wallace, 1959) adapted for unmarried couples was used as a pre and post test to measure participants' change in commitment to the parent of their child with a score range of 0 to 158. A *higher* number represents a more satisfactory relationship. During these first two years of training 141 of the 186 mothers (75.8%) who had complete Locke-Wallace Inventory scores showed an increase in satisfaction with their relationship and commitment to their partner. Similarly, 186 fathers completed the instrument and 142 (76.3%) showed gains. In contrast to the outcome for Goal #1 which was set to be achieved at 80%, Goal #2 was set at 70% and was met at 76%.

In order to more closely measure the Healthy Marriage skill data elements that are a focus of the program, analysis of the pre and post tests was modified in April 2009 to look more specifically at change in skill areas. Components of the evaluation included pre and post test measurements of changes in communication, conflict resolution, abuse prevention, financial management, attitude towards marriage, and overall satisfaction with the current relationship. Components of both pre and post tests were reviewed and combined by the FRAME-Works program director and the evaluator to measure related concepts. The number of components ranged from one (*Locke-Wallace* global "happiness, everything considered, of your present relationship") for change in overall satisfaction with the relationship with the co-parent to 10 from combined instruments for communication.

The changes recorded between pre and post tests are listed below. Note that in all scales except the last, a reduced score (a negative number) indicates an improvement in the skill. Change was statistically significant with medium or above effect size (*d computation*) in women's communication, women's and men's conflict resolution, and women's money management. Note: there was no comparison group and an effect size of $d = .65$ was deemed medium (Lipsey, 1990).

○ Communication: Possible score range 9 to 55, 46 points

Women: 213 scores compared: Mean Change -5.04, Range -32 to +19

Men: 195 scores compared: Mean Change -3.93, Range -31 to +23

- Conflict Resolution: Possible score range 8 to 50, 42 points

Women: 213 scores compared: Mean Change -6.02, Range -31 to +10

Men: 198 scores compared: Mean Change -4.61, Range -32 to +16

- Abuse Prevention: Possible score range 2 to 10, 8 points

(Note: Participants were screened out before the program if there was an indication of intimate partner violence.)

Women: 216 scores compared: Mean Change -1.25, Range -8 to +5

Men: 206 scores compared: Mean Change -1.06, Range -8 to +5

- Financial Management Agreement: Possible score range 1 to 10, 9 points

Women: 167 scores compared: Mean Change -1.37, Range -9 to +7

Men: 156 scores compared: Mean Change -0.96, Range -8 to +4

- Attitude towards Marriage: Possible score range 2 to 10, 8 points

Women: 217 scores compared: Mean Change -0.46, Range -6 to +8

Men: 204 scores compared: Mean Change -0.18, Range -6 to +5

- Overall Satisfaction with Relationship: Possible score range 7 to 1, 6 points

(Positive number indicates improvement)

Women: 164 scores compared: Mean Change +0.65, Range +4 to -3

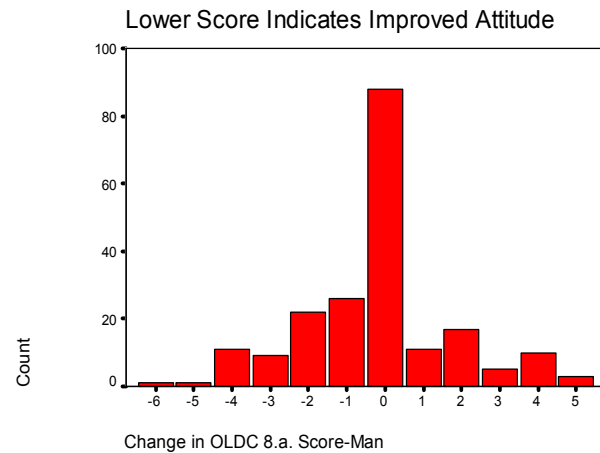
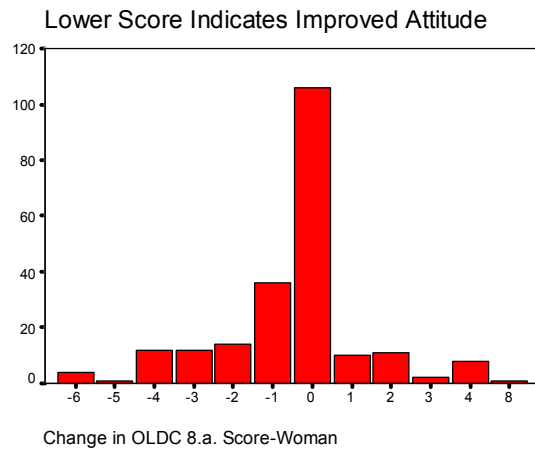
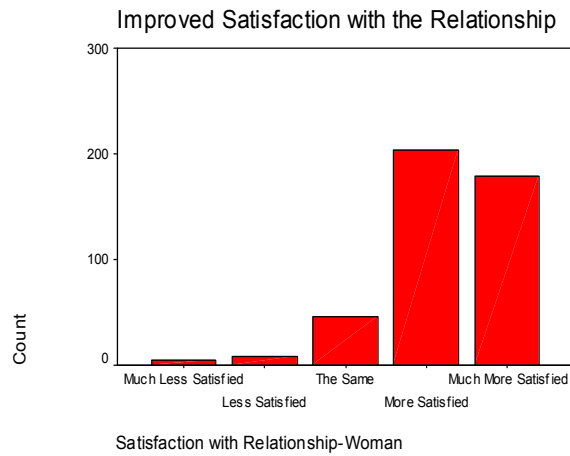
Men: 133 scores compared: Mean Change +0.62, Range +4 to -5

Since the attitude towards marriage and the overall satisfaction with the relationship with the co-parent both showed small mean change, a closer look was made at these variables. These are variables that might be assumed to be related to the stability of the parenting dyad and to the probability of their marriage. Usefulness of FRAME-Works and a change in satisfaction with the relationship was measured for all couples using two straight-forward questions on a 1 to 5 Likert scale at the time of the post test: Did you find the training useful? and Do you feel differently about your relationship as a result of the weekend experience? Both of these scores consistently showed an improvement. Scores for the first 48 months of the program are reflected on Table 1.

Table 1. 48 Month Post Test Survey Data

Training Useful: Women	Training Useful: Men	More Satisfied with Relationship: Women	More Satisfied With Relationship: Men
388 of 402 (97%)	358 of 371 (96%)	315 of 404 (87%)	338 of 374 (90%)

The following graphs depict the variation between improved satisfaction with the relationship and change in attitude towards marriage for women and for men. Note that the most frequent finding was no change in the attitude towards marriage for women or men.



Qualitative data received from comments on evaluations made at the end of the training indicate a very high level of satisfaction with the training. The overall theme was that couples improved their communication skills, conflict resolution, and relationships. Typical of the comments were:

- "My partner and I can talk and have understanding now without fussing all the time."
- "I finally learned how to communicate with my partner. The good and the bad. I understand him as a person more. Our problems can and will be solved."
- Most helpful was "just being able to express my thoughts and feelings as a man, a father, and as a partner with my mate by using understanding, discussion and positive problem solving."

Long-term follow-up data has been difficult to collect over the period of the grant. This is not unusual for a program that provides services to a low-income, high-risk group of clients. FRAME-Works has made a variety of efforts over the years to collect data through a Post-Services Survey and a One Year Follow-Up Survey. After the first two years of project activity (March 2007-March 2009), the One-Year Follow-Up Survey was merged into other follow-up data. This was done primarily because the Post-Services Survey, originally planned to be completed at 3 months, was expanded to be done whenever after 3 months a family could be contacted to respond to that survey. This has been successful primarily at Alumni Events, and Post-Services Surveys might now reflect data from 3 months to 15 months post-service.

Long-term data has been collected from a convenience sample of couples who attended Alumni Events or were available and willing to respond to telephone surveys. From a possible population of 394 couples, 96 participated (24.4%). Based on the low mean change of couples' attitudes towards marriage after the training, it is not surprising to find that only 10 of the couples have married (10.4%). However, improvement in the relationship between partners has reflected stability in most cases with 69 % of the mothers and 88% of the fathers reporting this. The fathers' data should be viewed with caution since it can be assumed that fathers who are not committed to their child or to their relationship with the mother of the child would frequently be unavailable for follow-up and thus missing from this data.

New to the follow-up data collection in 2010 is the question as to whether public financial assistance is being received by any member of the family. It is clear that the families continue to be low income and to need some level of financial assistance. Of the 35 families on which this data is available, 31 (89%) were receiving Medicaid for the child and/or the mother and 21 (60%) were receiving Food Stamps or WIC. None were receiving TANF.

Strengths and Limitations of the Research

The trustworthiness of the program evaluation was assured by several methods. The work was done by an experienced outside evaluator with no direct relationship to the program implementation. The evaluator was engaged from the time of the writing of the grant proposal and is a social worker with a clear understanding of the program and knowledge of the agency and of the population and issues. Data were gathered with informed consent and confidentiality was maintained with code numbers assigned by the evaluator.

Several limitations to the data collection instruments need to be noted. Only face validity of the *FRAME-Works Pre/Post Test #1* and the measurement tools for the skill element scores was established. Although the *Locke-Wallace Marital Adjustment Test* has good reliability and established validity, the adaptation made for the use of unmarried couples in this program does not. Additionally, the large range of responses to most questions and the small increment of change in some cases leave the interpretation of the practical significance of change in doubt in all skill areas except communication and conflict resolution.

Concluding Summary

Evaluations of the FRAME-Works program, participant comments, and the interrelatedness of all sources of research data point to the positive impact of the program on couples. Although the program cannot be credited with increasing the rate of marriage among the participants or with raising them from low-income status, it can claim to have increased their knowledge of tools for improved communication and conflict resolution. As these couples parent together for the rest of their lives, this improvement is anticipated to increase child and family well-being, perhaps for generations to come.

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Catholic Charities of Orange County

Contributor: Teresa “Tita” Smith, MSW, LCSW; Ann Ronan, Ph.D.; David Frost, M.A.

Abstract:

Catholic Charities of Orange County, Inc. (CCOC) was established in 1976 to reduce poverty, strengthen families and build healthy communities. The majority of those served by Catholic Charities are low-income, “at-risk” members of the community dealing with numerous social barriers that result from and contribute to their struggle with poverty. CCOC programs promote economic opportunity, educational achievement, family enrichment, and community health.

The curriculum used is titled “Couples: The Strongest Link”. Seven full-time and three part-time staff direct, manage, and deliver the program. The curriculum is divided into 6 weekly sessions for a total of 12 hours. Analyses of pre/post data show that participants increased their knowledge of healthy relationships and grew in their preparedness and confidence in using the new skills they learned to promote and maintain healthy relationships. These results indicate that the curricula implemented by CCOC had a positive, real-world impact on the participant’s ability to communicate with each other, manage conflict, and increase relationship satisfaction.

Organization Description

Catholic Charities of Orange County, Inc. (CCOC) was established in 1976 to reduce poverty, strengthen families and build healthy community. CCOC's strength lies not only in the effectiveness of the services it provides, but in its ability to access the hard-to-reach populations in need of services. Their long-standing presence in the community has made CCOC one of the most trusted social service centers in Orange County.

The majority of those served by Catholic Charities are low-income, “at-risk” members of the community dealing with numerous social barriers that result from and contribute to their struggle with poverty. CCOC programs promote economic opportunity, educational achievement, family enrichment, community health, as well as assist those in need to meet basic needs and stabilize in times of crisis.

Project Description

Catholic Charities of Orange County partners with “MOMS Orange County” (a nonprofit organization that provides access to prenatal care, health screenings, health education, and referral service), Coastal Communities Hospital, resource centers, and churches to provide

relationship education programs to non-married, pregnant women and non-married expectant fathers.

The curriculum used is titled "Couples: The Strongest Link". To date, the project has served 408 couples over four years. In Santa Ana, California, where many of the classes are delivered, 79% of the population is Latino with 83% speaking a language other than English at home. Given the population's needs, all classes are conducted in Spanish and all program materials are translated into Spanish.

Due to the narrow parameters required for participation (unmarried couples who are expecting a baby or have a child less than 3 months old, with low income, 18 and older) staff has to work creatively and diligently to find qualified couples. Outreach is conducted throughout Orange County at sites such as family resource centers, prenatal clinics, WIC programs, and at churches as well as events such as health fairs, United Way kick-offs, and fiestas. Prenatal clinics, in particular, offer qualified leads. Approximately 6,000 flyers and brochures were distributed to disseminate information about relationship education workshops for unmarried pregnant couples.

Seven full-time and three part-time staff direct, manage, and deliver the program. Staff members originate from four countries: Colombia, Mexico, Peru and the United States of America. Eight of the ten speak English and Spanish.

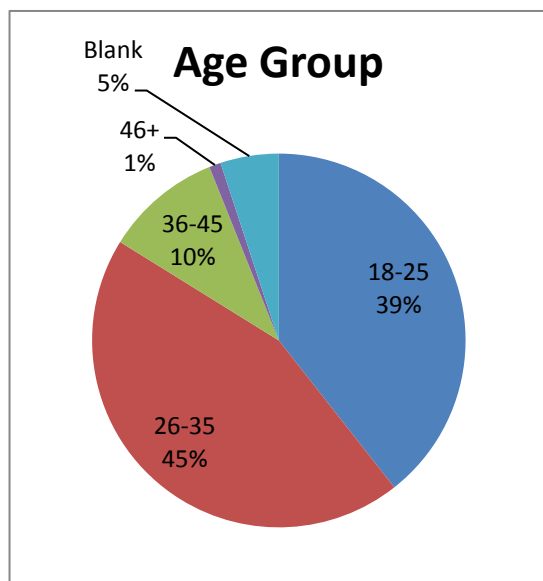
There were barriers to overcome in successfully delivering the program to the target population. In the first year of the program, CCOC anticipated that churches would be the primary source of referrals to the program; however, it was found that churches were reluctant to promote the program to unmarried couples. New referral sources and marketing strategies were implemented and by the second year the program surpassed its participation goals. The economic recession presented a barrier for participants to complete the entire program. Many were seeking jobs and would take any work schedule offered them, leading to absences from the program. Incentives were provided to increase retention and information gathered from participant surveys was used to make program changes with regard to food served, locations, and hours. These adjustments were made in order to make it as easy as possible for participants to complete the program.

Outcomes

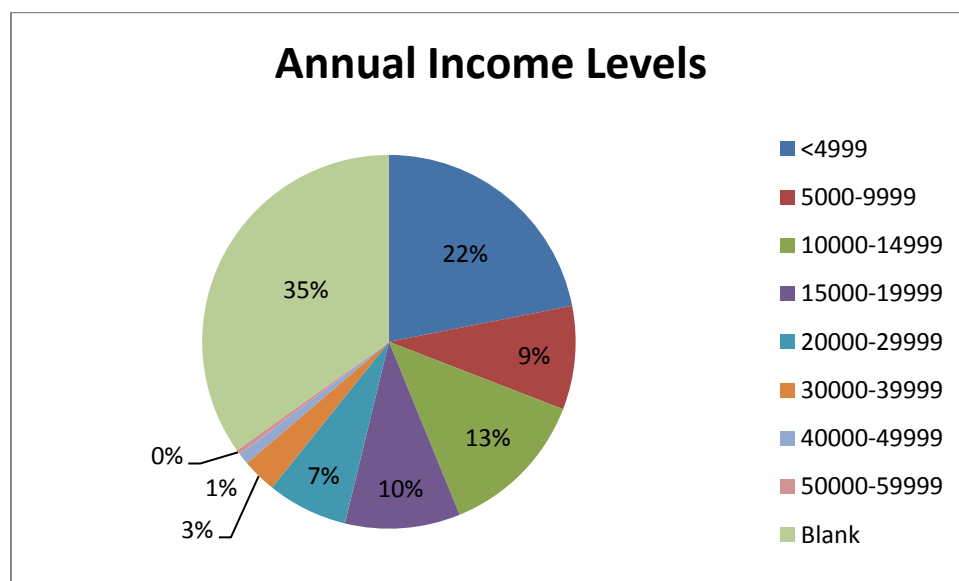
This "Couples: The Strongest Link" program served 408 couples over a four year period. Nearly all participants identified themselves as Hispanic (97%) with 82% stating they spoke Spanish only, emphasizing the importance of presenting the program and its materials in Spanish. All were

unmarried with 53% being engaged. Twenty-three percent (23%) had not completed high school, 11% had completed 2 years of college, and 11% completed 4 years of college. Fifty-four percent (54%) had income levels of less than \$20,000 per year.

1. Participant Ages



2. Participant Annual Income



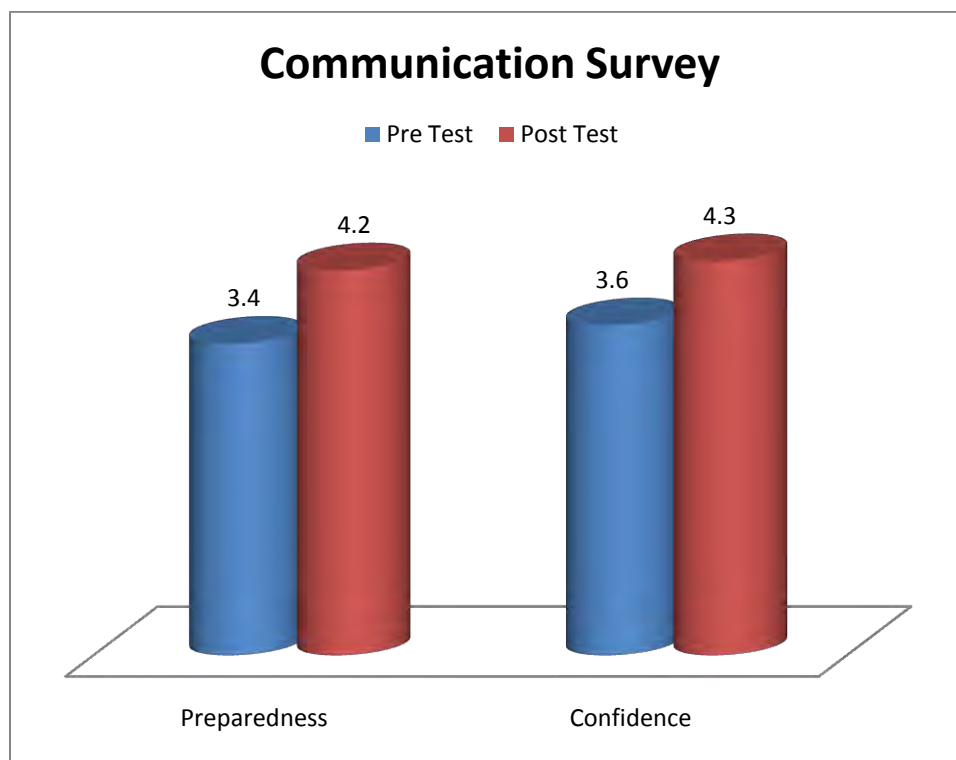
A Program Evaluation Form was used to determine satisfaction with the length and delivery of the program, location, presentation times, meals, and incentives. More than 70% agreed that the time

and location of the program was convenient and that the classroom was comfortable. Eighty-three percent (83%) liked the incentives offered and 80% were satisfied with the class topics.

From the inception of the program, a communications skills survey (pre and post) was used to measure preparedness and confidence in communication skills. In 2009, at the recommendation of the project director, a second pre/post relationship survey was added, consisting of ten questions measuring the top 10 strengths of a happy marriage as determined by the National Survey of Marital Strengths.

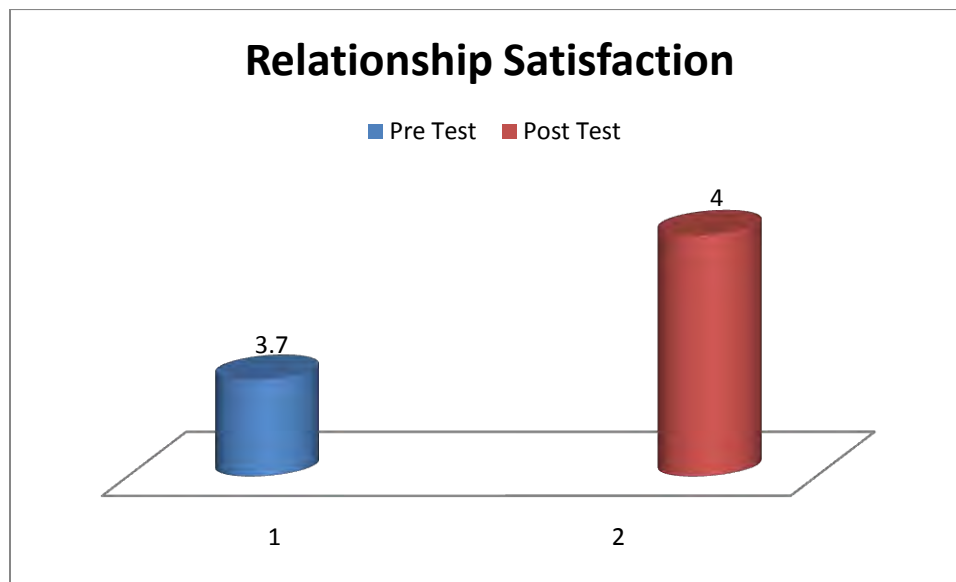
The Communication Survey assessed participant's communication perceptions of how prepared they felt to use communication skills, including conflict resolution skills, and how confident they felt using communication skills at the beginning of the program (pre-test) and at completion of the program (post-test). Results showed statistically significant changes at the $<.0001$ level.

3. Communication Skills Survey Results



To determine relationship improvement, the couple's inventory contained 10 statements taken from the Top 10 Marital Strengths from the National Survey of Marital Strengths. Some of the areas assessed measured how satisfied the couple was with how they talk with each other, how differences are handled, and how they spend money. Results were significant at the $<.0001$ level.

4. Couples Inventory/Relationship Satisfaction Results



Analysis of pre/post data show that participants increased their knowledge of healthy relationships and grew in their preparedness and confidence in using the new skills they learned to promote and maintain healthy relationships. These results indicates that the curricula implemented by Catholic Charities of Orange County had a positive, real-world impact on the participant's ability to communicate with each other, manage conflict, and increase relationship satisfaction.

Success Stories (Please be aware that for confidentiality purposes, names have been changed)

- One couple said at the last session; "We were really amazed. In six sessions we actually learned how to know each other. We could not do this during the three years of our relationship. At the beginning of the program we thought that the teachings were too obvious, but when the instructors asked us to go in front of the group and practice the skills of speaking up, listening to each other, and showing cooperation, we couldn't do it. We know that it will take us time to make these skills part of our relationship but it is worth it and we are very motivated due to this program. Thank you!!!"
- Maria reported a month after completion of the program; "At the beginning of the program my partner was stressed out and angry. We already have two girls and a boy was on his way. The situation was not good. But after the training, things changed. Juan was now excited

when I gave him a baby boy. The teaching helped us become emotionally stable and happy with each other, even if our money situation is still bad. Thank you Catholic Charities for your training and kindness.”

- Roberto and Linda have been partners for many years. They have two children living in San Salvador and a baby living with them here. They left their country looking for better opportunities in America. Linda stated; “One of the biggest gifts we have received in our lives is the chance to participate in these classes. We learned to talk and to listen to each other. Before, we always finished with angry mood and pain in our hearts. We lived together but we walked in different ways.” Roberto said; “The love I feel for my partner, I now express every day. I listen to her without saying a word and I am trying to learn to communicate better. I am trying not to be afraid to show my feelings.”

Instructor Luz Vela recalls: “During the fifth session we separated the couples and asked each partner to bring something they would like to share with their partner. Some of the ladies thought this would not work well because men are not romantic, detail oriented, or meticulous. These women ended up being surprised by the sensitivity of their partners”:

- -One brought a beautiful bouquet of roses
- -Another brought two poems written about his daughters
- -One brought a romantic card personally made by him
- -Another expressed his admiration for her for giving birth to their child

“It was such an emotional moment to see these men acting in this way”, said Luz.

More Participants’ Comments:

- Sonia and David; each expressed that they feel happy with this training which is changing their lives in a very positive way. Sonia reported that she is learning to listen and David said that he has learned to ask his partner for help. Both are more supportive of each other and are practicing skills they have learned with their children.
- Ana and Luis; Ana stated that before attending the workshop she was jealous, impatient, and “I yelled a lot”. But due to the training she received she said that she “has learned to listen and to trust more in her partner”. Anna commented that she was putting herself in Luis’ shoes. She

says she is now able to sit down with Luis, have a nice conversation, and resolve their problems together.

- Lucia and Pedro; Pedro said that he learned to listen to Lucia when she wants to express her feelings and needs. Lucia commented that after this training she was able to be less emotional and more understanding when Pedro made visits to his son from a previous relationship.

Final Observations:

Positive outcome measures and encouraging anecdotal evidence indicate that Catholic Charities of Orange County's involvement in this program was an unqualified success.

But these indicators do not portray the entire picture with regard to the success of the program. Intangible results also need to be highlighted. Obviously, the entire family benefits when positive changes occur among the participants. For example, the female partner and her children will certainly feel more loved and secure when the male partner changes from a distant and aloof "macho man" to an emotionally available father who has learned to express his feelings. Also, broken relationships and divorces appear less likely to happen among couples who begin the program acting like strangers and upon completion of their training are hugging and relating like newlyweds. Societal costs are reduced as families stay intact. Fewer divorces mean less juvenile delinquency, less crime, and increased educational excellence. These are positive results that benefit us all.

When looking beyond improving a couple's relationship as the focus of the program, it is likely that the relationship strategies that participants learn can also help them to deal with extended family, supervisors and coworkers, and the general public. All things considered, it appears evident that CCOC's presentations of "Couples; The Strongest Link" program was a generally positive and beneficial experience for those involved.

Curators of the University of Missouri

Authors: Lawrence Ganong, Ph.D.; Marilyn Coleman, Ed.D.; Richard Feistman

Abstract:

The Connecting for Baby (CFB) project at The Curators of the University of Missouri is a relationship education program for unmarried, low-income couples who have an infant younger than three months of age or are expecting. The main goal for the CFB project is to help couples learn skills needed to have a healthy couple relationship, which will not only benefit the couple themselves but their children as well.

The 34-hour CFB program consists of one weekend retreat (12 instructional hours) followed by 11 two-hour sessions. CFB retreats use an abbreviated version of the Love's Cradle curriculum and the CFB sessions are based on a curriculum designed specifically for this program. CFB addresses skill development and understanding about communication, conflict resolution, budgeting, and other aspects of healthy relationships. Couples are screened for domestic violence, so domestic violence prevention is a minor part of the curriculum. A variety of teaching methods are used including videos, role-plays, discussions, self-reflections, homework activities, and brief lectures. Nearly half of CFB participants leave the program with a higher commitment towards their partner than the amount they came in with and most of the rest maintained their initial high commitment to their partner. When participants themselves report on the impact of CFB, they find that the program has been beneficial to their relationships and families.

Connecting for Baby Short-Term Evaluation

CFB provides relationship education for unmarried, low-income expectant or new-parent couples. The 34-hour CFB program consists of one weekend 'retreat' (12 instructional hours) followed by 11 two-hour sessions. CFB retreats use an abbreviated version of the Love's Cradle curriculum (Guerney and Ortwein, 2008) and the CFB "sessions" are based on a curriculum designed specifically for this program. CFB addresses skill development and understanding about communication, conflict resolution, budgeting, and other aspects of healthy relationships. Couples are screened for domestic violence, so domestic violence prevention is a minor part of the curriculum. A variety of teaching methods are used: Videos, role-plays, discussions, self-reflections, homework activities, and brief lectures.

The program is offered in urban, suburban, and rural areas in Missouri. Groups are led by male-female pairs, some of whom are married or engaged to each other. Originally, CFB couples were required to attend a weekend retreat as their entry into the program, followed by the monthly or bi-monthly sessions. To enhance flexibility and increase enrollments we now allow couples to attend the first available session after they enroll in CFB. This means they may attend one or more monthly sessions before experiencing a more intensive weekend retreat training.

Methods

Sample

A total of 645 individuals have enrolled in CFB. All were from Missouri – 70.1% were from either Kansas City or St. Louis, 22.3% were from Columbia (population, 100,000), and 7.6% were from rural areas in southern Missouri. Still active in CFB are 169 individuals, 79 have finished the program, and 397 are inactive (i.e., it has been 6 months since last attendance).

Participants mean age was 22.7 years. Approximately 52% self-identified as White, 41% as Black, and 5.3% as American-Indian. About one-third (34%) had not completed high school, 46% had completed high school, and 20% had some education beyond high school. Most were not employed (57%); of those employed fewer than 48% worked more than 35 hours a week.

Procedure

Prior to beginning the program, CFB participants were orally administered a 139-item survey that included items related to communication, conflict resolution, budgeting, and other aspects of healthy relationships. The interview was adapted from the Fragile Families Study (Bendheim-Thoman, 1998) and included items from the Relationship Rating Form (Davis, 1996). Couples also were screened for domestic violence, and those indicating any evidence of domestic violence were not admitted to the program.

Approximately 3-6 months after entry into the program a random sample of participants were interviewed over the phone by evaluation staff members using an open-ended interview guide. These interviews took an average of 55 minutes to complete. Interviews were recorded and transcribed verbatim and later coded and analyzed by program evaluation staff.

After ending their involvement in CFB a sample of participants was again administered the 139-item questionnaire, either in person or by phone. For this paper, we report only data from these final interviews from 91 CFB participants who were interviewed within 6 months after they exited

CFB. These individuals left CFB after attending from 2 to 34 hours of instruction. The mean number of hours of the program in which they participated was 29.27.

The dependent variables in this report were scale scores from the final interview. These scales were derived from exploratory factor analyses we conducted of items from the lengthy intake and exit interviews. The relationship variables yielded by these factor analyses were: (a) attitudes toward marriage, (b) commitment to the relationship, (c) communication intimacy, (d) relationship quality, and (e) evaluations of conflict resolution behaviors. Means for the summed scale scores are shown in Table 2. We also asked respondents about their commitment to their partner with a single item.

Because we did not have a true control or comparison group we decided to use the number of hours of CFB instructions as the independent variable in these analyses. If hours of instruction are related to participants' attitudes and self-reported behaviors then we have some evidence to suggest that CFB contributed to those attitudes and behaviors.

Measures

Attitudes toward marriage. A brief, two-item scale measured positive attitudes to marriage compared to cohabitation. The items were: "It is better for a couple to get married than to just live together"; "It is better for children if their parents are married." Responses on the items ranged from 1 = strongly disagree to 5 = strongly agree. Coefficient alpha was .64.

Commitment to the relationship. A 9-item scale was used to assess commitment to the relationship (e.g., "How often do you feel committed to staying in the relationship?"; "How often do you wish that your relationship will be permanent?"). Responses on the items ranged from 1 = strongly disagree to 5 = strongly agree. The internal consistency of this scale was good (coefficient alpha = .87). Higher scores on this summed scale indicated greater commitment to remaining with the partner.

Commitment to the partner also was measured with an item asked at both the intake and exit interviews. Participants were asked to pick from 7 statements that described their relationship ranging from 'We love each other and are committed to staying together' to 'We are just friends.' We compared the responses to this question from the initial and exit interviews to see if commitment to the partner changed or remained the same

Communication intimacy. Respondents' perceptions of the intimacy of their communications were measured with a 5-item scale (e.g., 'How often do you openly discuss personal matters with your partner?'; 'How often do you confide in him/her?'). Responses on the items ranged from 1 = strongly disagree to 5 = strongly agree. The internal consistency was acceptable (coefficient $\alpha = .73$). Higher scores indicated more intimate communication between partners.

Relationship quality. Perceptions of relationship quality were assessed with an 8-item scale (e.g., "How often is there tension in your relationship with him/her?"). Responses on the items ranged from 1 = strongly disagree to 5 = strongly agree. Responses were coded so that higher scores meant higher relationship quality as perceived by the participants. The coefficient alpha for this scale was .84.

Evaluations of conflict resolution behaviors. Evaluations of their conflict resolution skills as a couple were assessed with 7 items. Example items included: "We need to improve the way we settle our differences"; "Overall, I'd say we're pretty good at solving our problems." Responses on the items ranged from 1 = strongly disagree to 5 = strongly agree. Higher scores indicated a more positive assessment of one's conflict resolution behaviors. Coefficient alpha for this scale was excellent ($\alpha = .94$).

Results

Analytic Plan for Continuous Relationship Variables

Pearson correlation coefficients were calculated to analyze the bivariate relations among the total number of hours of CFB instruction the participants attended, the relationship measures, and demographic characteristics of the sample (e.g., gender, race, age, education, number of children). We then put hours of instruction and the demographic variables into a series of multiple regression models (not shown). Gender and race were the only demographic variables significantly related to relationship variables in the Pearson correlations.

Attitudes toward Marriage

In the bivariate correlations, the number of hours of CFB instruction was not related to seeing marriage as better than cohabiting. None of the variables in the multiple regression was significantly related to seeing marriage as more advantageous than cohabiting. CFB apparently has little effect on participants' views about marriage compared to cohabitation.

Commitment to the Relationship

The bivariate correlations showed that hours of CFB instruction were significantly related to how committed the participants felt to the relationships with their partners ($r = .27, p < .01$). Race was also related, with people of color showing less commitment to the partner than whites ($r = -.41, p < .0001$). These two variables also were significantly related in the multiple regression model. The predictor variables explained nearly 20% of the variance commitment to the relationship (adjusted $R^2 = .193$).

Commitment to the partner also was measured with an item asked at both the intake and exit interviews. Participants were asked to pick from 7 statements that described their relationship ranging from 'We love each other and are committed to staying together' to 'We are just friends.' We compared the responses to this question from the initial and exit interviews to see if commitment to the partner changed or remained the same. Overall, 42.6% of the participants increased their commitment towards their partner, 46.5% did not change their stated commitment, and 10.9% reported lower commitment at the end of the program. Over half (52%) stated that they expected to marry their partner, however, and 48 were married or engaged after participating in CFB. It appears from these data that CFB instruction is related to increasing participants' commitments to the partner and to staying in the relationship.

Communication Intimacy

Hours of instruction was positively related to communication intimacy with the partner ($r = .30, p < .01$) in the bivariate analyses, as was race ($r = -.27, p < .05$). The multiple regression analysis found that hours of CFB instruction was significantly related to frequency of communication, as was race (adjusted $R^2 = .14$). People of color rated their communication intimacy lower than did white participants.

Evaluations of Conflict Resolution Skills

Perceptions of conflict resolutions skills were not significantly related to hours of instruction in either the bivariate correlations or the regression models. Among bivariate correlations, only race was significant ($r = -.39, p < .0001$). In the regression model, the only predictor that approached significance was race; people of color evaluated their conflict resolution skills less positively than did whites.

Relationship Quality

Total hours of instruction were not related to perceived relationship quality in either the bivariate correlations or the multiple regression models. Relationship quality was correlated with race in the bivariate analyses ($r = -.20$), indicating that people of color thought their relationships were not functioning as well as white participants rated their relationships.

Race and CFB Benefits

In both the simple Pearson correlations and the multiple regression models, the race of the participants was significantly related to relationship outcome variables. Race was correlated with 4 of the 5 relationship variables. Compared to white participants, people of color were more likely to indicate less commitment to the relationship, less intimacy in their communications with their partners, lower evaluations of conflict resolutions skills, and poorer relationship quality. There were no racial differences in the amount of time participants spent attending CFB meetings. These findings suggest that CFB may have a different impact on people of color than on whites. We intend to examine this more carefully in future exit interviews. We also have collected qualitative interview data that have yet to be analyzed; it is our hope that we can discern what, if anything is contributing to these racial differences. It should be noted that leader pairs consist of black and white couples, although more pairs are white.

Conclusions

It appears that in the short-term, CFB instruction may have an effect on how often couples communicate and on the commitment they have to remaining in their relationships. Taken together, these findings suggest that CFB is useful preparation for teaching couples the skills necessary to communicate in a deep and meaningful way (i.e., self-disclosing, listening, sharing feelings), and to stay involved with each other as they raise their new baby. Finally, nearly half of CFB participants leave the program with a higher commitment towards their partner than the amount they came in with and most of the rest maintained their initial high commitment to their partner. When participants themselves report on the impact of CFB, they find that the program has been beneficial to their relationships and families.

Table 2. Short Term Evaluation Relationship Variables, Hours of instruction, and Demographics (N = 91)

Variables	1	2	3	4	5	6	7	8
Hours of instruction	–							
Evaluation of conflict resolutions skills	.134	–						
Relationship quality	.146	.748**	–					
Communication quality	.304**	.348**	.555**	–				
Marriage as better	-.007	-.019	-.107	.099	–			
Commitment to partner	.269**	.613**	.645**	.693**	.059	–		
Gender	.009	-.1	-.032	.236*	.021	-.051	–	
Age	.131	.089	.026	-.040	-.106	-.039	.257*	–
M	28.7473	24.0080	28.6757	18.7394	5.2173	38.3657	1.5165	22.092
SD	7.46933	5.66531	6.06839	3.9785	1.87307	6.1591	.5024	5.2354
Alpha		.939	.826	.731	.642	.871		

*p < .05, ** p<.01

References

Bendheim-Thoman. (1998). Fragile Families and Child Well Being Study, from

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Guerney, B. G., Jr., & Ortwein, (2008). Love's Cradle Curriculum: The Relationship Enhancement® (RE) Program to Build Strong Families (BSF). Referenced February 17, 2011:

<http://www.skillswork.org/mml-curriculum/mastering-the-mysteries-of-love/loves-cradle-materials/>

Cuyahoga County Board of County Commissioners

Contributors: Christian Tobin, Program Manager; David Miller, Ph.D.;

Marlene Boas, Ph.D.

Abstract:

Strong Start for Cuyahoga's Families was developed to address the unique needs of low-income, unwed, expectant or new parents (with a child up to three months of age). Strong Start of Cuyahoga County addresses delinquency, poverty, violence, school failure, depression, substance abuse, father absenteeism, and poor health to name a few. In the City of Cleveland where two-thirds of all births are to unwed parents, Strong Start provides couples the opportunity to learn and apply skills that will improve communication between parenting partners, improve their ability to resolve conflict, and strengthen their commitment to achieving stability in their relationship.

The core offering of the Strong Start program is the 8-week, 24 hour, "Better Together for Couples" curriculum, offered by the Center for Families and Children. Better Together is activity-based and cross cultural. This curriculum is taught by two trained facilitators, one male and one female; the "dynamic duo" provides interactive role play exercises to open and begin dialogue with the couples. This method has been highly successful and the curriculum has had great accomplishment in building stronger relationships and families. When asked if they would recommend Strong Start to friends with similar circumstances, the participants' responses appeared to indicate that they would recommend the program, but that they would tell them that the couple had to be receptive and want to work on their relationship. When asked how the program could improve recruitment, participants stated that the program needed to go outside the traditional sources (e.g., flyers in hospitals) to places such as high schools, juvenile detention centers, and interestingly, child support enforcement offices. Participants indicated that the couples who drop out of the program are not really ready to be together as a couple. It was stated that it is important for the couple to realize their relationship had to be at "50-50" in order for the lessons and content to be useful.

Program Information:

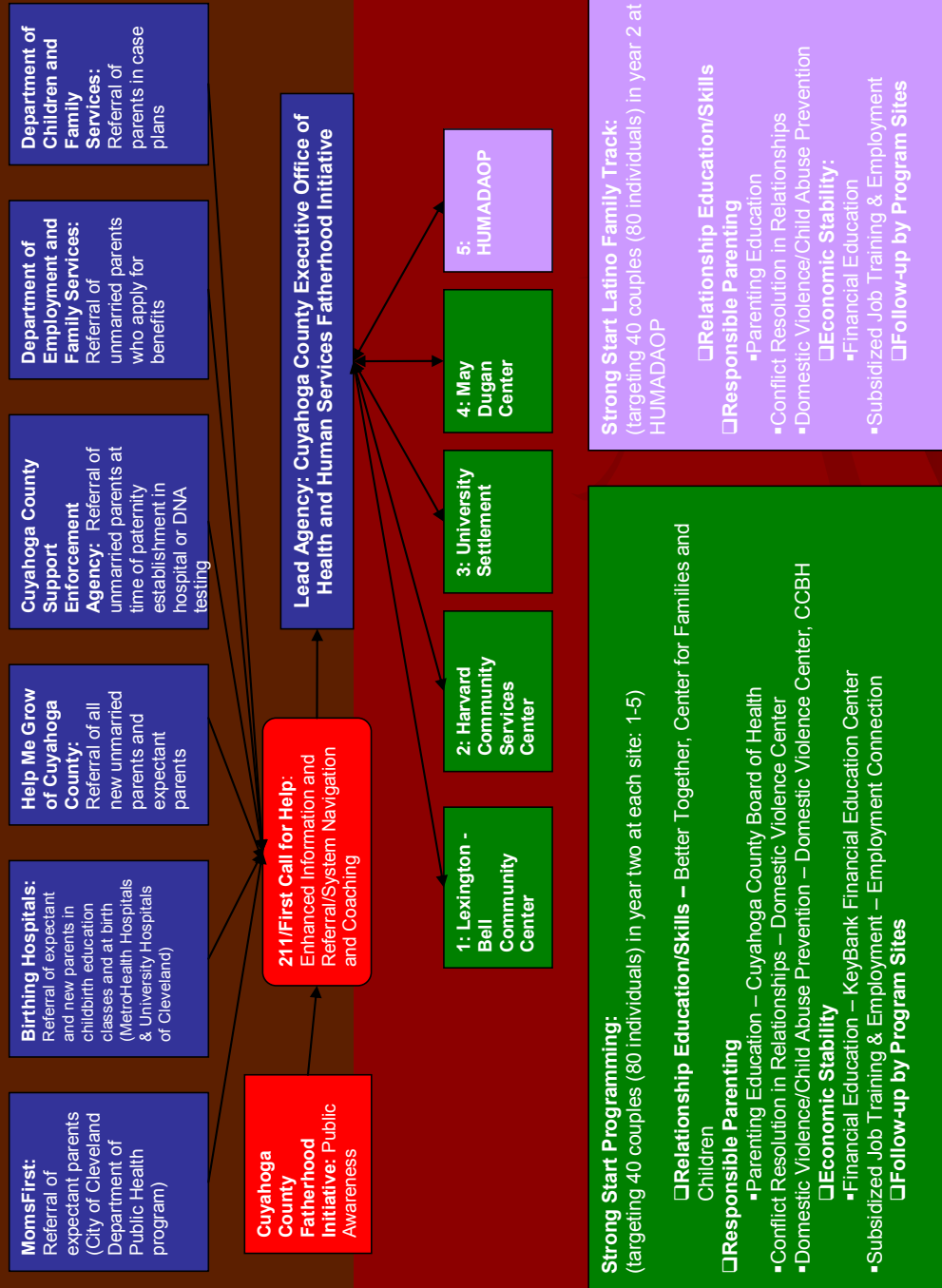
Strong Start for Cuyahoga's Families ("Strong Start") was developed to address the unique needs of low-income, unwed, expectant or new parents (with a child up to three months of age), at or below 150% of the US Poverty Threshold. In the City of Cleveland where two-thirds of all births are to unwed parents which is twice the national average; Strong Start provides couples the

opportunity to learn and apply skills that will improve communication between parenting partners, improve their ability to resolve conflict, and strengthen their commitment to achieving stability in their relationship. Strong Start addresses many of our alarming problems in Cuyahoga County including: delinquency, poverty, violence, school failure, depression, substance abuse, father absenteeism, and poor health to name a few. By reaffirming that a stable two-parent household is the healthiest environment for children and families, Strong Start has provided the community with an opportunity to have stronger father involvement, greater wealth and ultimately more stability. In essence, the program has helped couples provide their child with the strongest possible start in life.

Strong Start is offered quarterly at 5 community agencies (Harvard Community Center, Lexington Bell Community Center, May Dugan Multi- Cultural Facility, and University Settlement) with one site, Hispanic Urban Minority Alcoholism & Drug Abuse Outreach Program, offering the Healthy Marriage component with a culturally competent orientation. This model has produced sustainable outcomes by addressing core issues in the community. Strong Start participants receive 12 weekly training sessions at one of 5 neighborhood centers. Under the guidance of the Site Coordinator, these centers also provide a “one stop” experience of family support, education and resources for couples who participate in the program. The core offering of the Strong Start program is the 8-week “Better Together” curriculum, offered by the Center for Families and Children. Better Together is activity- based and cross cultural. This curriculum is taught by two trained facilitators, one male and one female; the “dynamic duo” provides interactive role play exercises to open and begin dialogue with the couples. This method has been highly successful and the curriculum has had great accomplishment in building stronger relationships and families.

The Strong Start model uses the team based approach to address various barriers that participants may be facing while attending the 12 week training sessions. While we specifically chose agencies in the community who will adopt the model; we also understand that building strong partnerships is integral to longevity and success. Many of the referral agencies we’ve partnered with provide one-on-one, in-home care, providing them with a unique opportunity to outline “Strong Start” services in full.

Strong Start for Cuyahoga's Families Program Design



Strong Start for Cuyahoga's Families Logic Model

Goal: To promote healthy relationships of new and expectant parents as a means to improve child well-being.

Objective: To increase knowledge, skills, and the ability of couples to form and sustain healthy relationships, co parent effectively, and develop self-sufficiency.

Assumption (Healthy Marriage): 1) A decline in healthy marriages has negatively impacted child well-being. 2) "Magic Moment" theory suggests the most opportune time to strengthen a couple's relationship is in the first three months following the birth of a baby.

Target population: Strong Start helps expectant or couples with infants < 3 months old who live in Cuyahoga County who would benefit from the development and use of skills that will improve communication between parenting partners, improve their ability to resolve conflict, and strengthen their commitment to achieving a healthier relationship and financial stability.

Inputs	Activities	Outputs measures	Outcomes
<ul style="list-style-type: none"> ○ Healthy Marriage Funding ○ Project Staff ○ Better Together Facilitators ○ Grassroots Agency Partners ○ Better Together Curriculum ○ Domestic Violence Prevention, Daddy 911 ○ Financial Education & career development ○ Wraparound Services/case management/auxiliary services ○ Unwed expectant/newly parented couples via referral sources 	<ul style="list-style-type: none"> ○ Conduct relationship enhancement training to improve communication, conflict resolution, ability to co parenting, financial and career stability. (4 cohorts annually) ○ Ongoing support through alumni activities ○ Offer wraparound/service coordination to increase couple's support system. <p>Program/Process</p> <ul style="list-style-type: none"> ○ Recruit/promote Strong Start ○ Refine activities based on outputs ○ Strengthen agency partnerships ○ Strengthen community partnerships 	<ul style="list-style-type: none"> ○ ENRICH (change in knowledge re: healthy relationships, co-parenting) ○ Focus groups (changes in behavior) ○ # of hours of couples classes offered (PART) ○ # of individuals recruited, served, graduated (PART) ○ Retention and attendance rates ○ # of referrals from agencies 	<p>Short Term</p> <ul style="list-style-type: none"> ○ Couples increase communication and problem solving skills ○ Couples improved financial and career development skills ○ Couples increase understanding and capacity to deal with stress in the family ○ Couples gain skills in effective co parenting <p>Long Term</p> <ul style="list-style-type: none"> ○ Couples' relationships improved ○ Couples co parent more effectively ○ Improved child well-being ○ Stronger families ○ Stronger more stable families

Initially, during Fiscal Year 1 of the Healthy Marriage Demonstration Grant, the Strong Start Evaluators plan consisted of both quantitative and qualitative modes of data collection and analysis. The ENRICH Couples scale is a 35 item self-report inventory with 4 subscales: Couple Satisfaction, Couple Communication, Conflict Resolution, and Idealistic Distortion. The ENRICH subscales are scored based on norms from a national sample of over 43,000 people and are reported on 5 levels; very low, low, moderate, high, very high. It is desirable to have high scores on Couples Satisfaction, Couple Communication, and Conflict Resolution. While the Idealistic Distortion scale is inverted and lower scores indicate a more reasonable view of the relationship.

The ENRICH was given to Strong Start participants as a pretest prior to the Better Together Curriculum being delivered, right after the completion of the curriculum (post test), and then again 90 days after the completion of the curriculum (follow up). A total of 18 Strong Start participants from cohorts 1 & 2 (2007) completed both the pre and posttests. Those who only completed either the pre or posttest could not be included in the analysis. At the time of this report the posttest for cohort 3 had not yet been completed nor had the 90-day follow up.

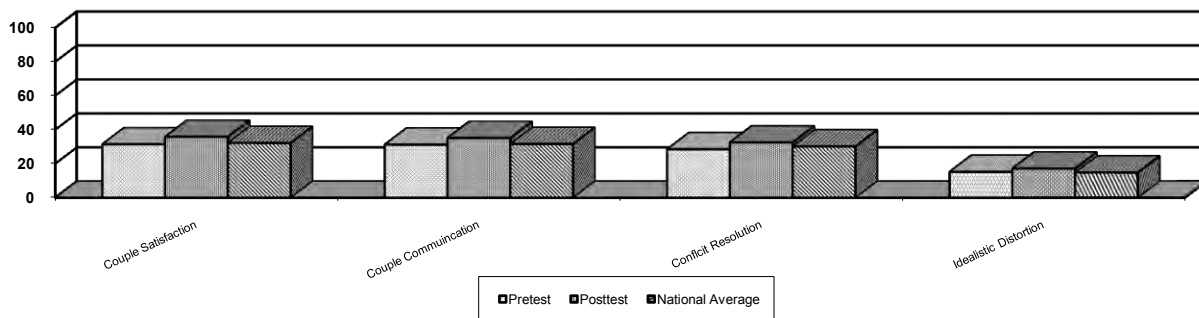
The table below shows the mean score of the participants' pre/post tests as compared to the national average in each subscale.

Subscale	Pretest Mean	Posttest Mean	National Average
Couple Satisfaction	31.4	35.8	32.2
Couple Communication	31.2	35.1	31.6
Conflict Resolution	28.5	32.5	30.2
Idealistic Distortion	15.2	17.1	14.8

There were improvements for Strong Start participants in the first three subscales; couple satisfaction, couple communication, and conflict resolution. Each of these subscales showed improvement that brought the mean from below to above the national average. However, the Idealistic Distortion subscale did not show improvement. As stated earlier, this scale should decrease as the relationship improves. In this case it did not change in that direction. However, the change from 15.2 – 17.1 did not affect the overall rating. Both scores fall into the moderate category. It is not clear at this time why this subscale does not reflect the improvements the other subscales do. One hypothesis is that in the formal “Better Together” class couples may be learning things about each other that enhances their views of the potential of their relationship. Question 12 of the ENRICH is *“Every new thing I have learned about my partner has pleased me”*. Perhaps in

this couple directed learning situation that is true since the class is designed to build on strengths. There are 3 other questions that comprise the Idealistic Distortion scale: *My partner and I understand each other completely*, *My partner completely sympathizes with my every mood*, and *My partner has all the qualities I've always wanted in a mate*. These too may indicate a better understanding of each other and a more supportive role.

Below is a graphic representation of the pre/posttest and national average comparison.

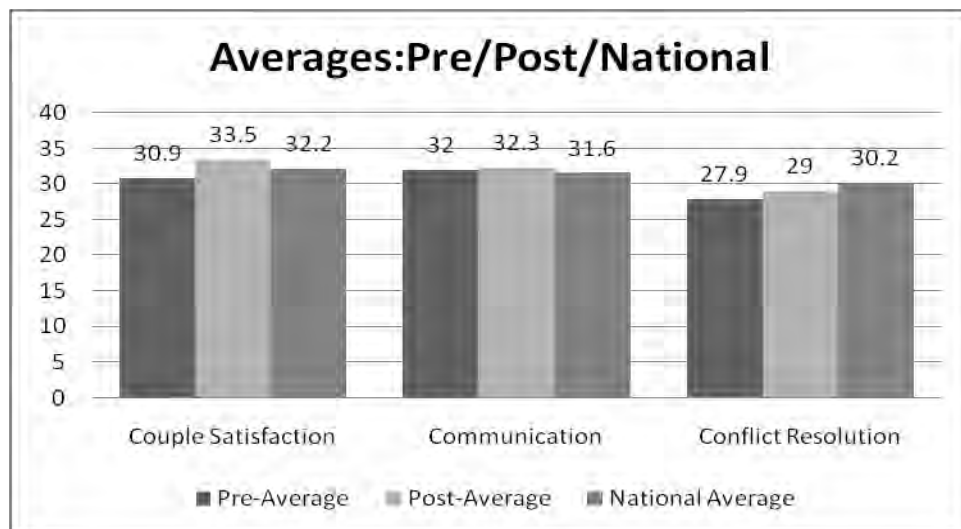


During Fiscal Year 2, a Client Satisfaction Survey was added to the post-test. Both content and process questions were included to further identify changes in knowledge and behavior of participants and also to elicit information useful for program development and refinement. A total of 65 participants completed the survey. The results are shown below with actual responses (not percentages). As can be seen in the graph below, the vast majority of participants enjoyed the program and reported improved relationships and parenting skills.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I enjoyed participating in Strong Start	5	0	2	26	32
I learned Things that will help in my relationship	4	0	5	24	32
I will be a better parent since participating	4	0	5	25	31
It was easy to sign up	4	0	4	27	30
The facilitators were effective	2	0	6	25	30
I was offered other services	4	0	4	32	24

Fiscal Year 2 Enrich Results

A total of 22 Strong Start participants completed both the pre and posttests with “matchable” data. Those who only completed either the pretest or post test could not be included in the analysis. The table below shows the pretest/post test averages for Strong Start Participants who completed both pre/posttests along with the national averages.



Fiscal Year 3 Enrich Results

During Fiscal Year 3 data from couples were only available from 32 participants. Far more than that completed the program; however, it was impossible to accurately match pre and post tests. The data below represent the findings from these 32 participants. The table below highlights the change in mean of the three subscales for the 32 participants. In every subscale there was a positive increase in the mean from pre to post. On two of the subscales the increased mean exceeded the national norms. The couple satisfaction subscale measures the couples’ perception of their individual level of satisfaction with their relationship. The increase in satisfaction from pre to post-survey suggests that the curriculum enabled and facilitated the couples’ ability to recognize partner strengths thus leading to a stronger sense of satisfaction. The increase in the mean scores of the communication and conflict resolution subscales also suggest an overall benefit to participants from their involvement in Strong Start.

Average scores of 32 participants in 3 subscales (n=32):

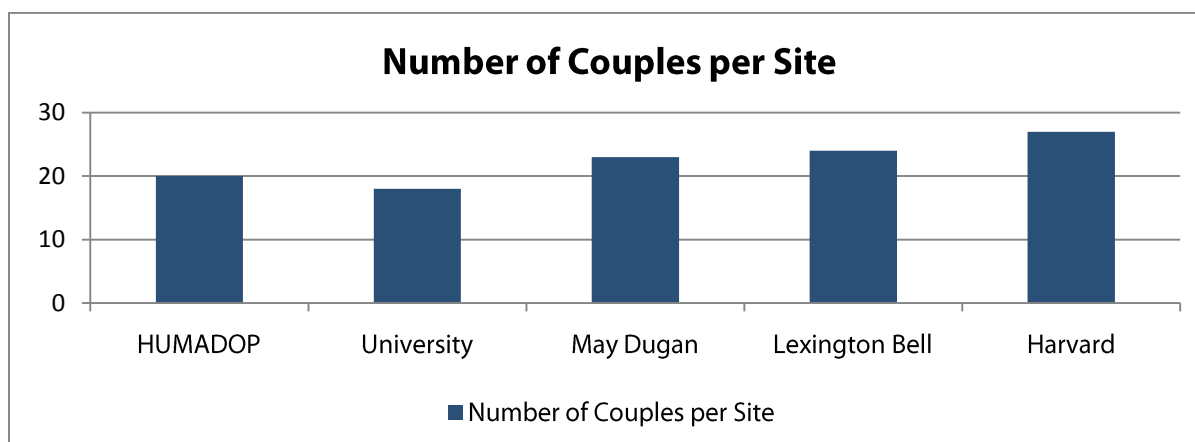
Category	Pre	Post	National Norms
Couple Satisfaction	33.19	35.38	32.2
Communication	29.58	31.31	31.6
Conflict Resolution	28.13	30.09	30.2

Fiscal Year 4 Evaluation Results

Year four marked the implementation of a new evaluation instrument specifically developed for Strong Start (SS) of Cuyahoga County. The original intent of using the ENRICH and FACES IV instruments proved impractical and not very useful for gauging Strong Start's impact on couples. There were many obstacles that contributed to the evaluation plan revision. The pre/post test design of the original plan, the need for the instruments to be administered on two separate occasions and able to be matched, proved to be difficult for site managers. It was also determined that the subscales and content addressed in these instruments did not align closely enough with the "Better Together" curriculum to fairly assess a change in knowledge and behavior. The curriculum used in the training of Strong Start participants continues to provide couples with information and tools needed to be more effective parents and partners. Therefore, a new retrospective instrument was developed. This instrument is administered at one time, at the completion of the program, and asks the participants to reflect on what it was like "before" starting Strong Start as compared to "after" their participation. There are 15 different content items that also align with the Federal PARTS evaluation, along with open ended questions and a satisfaction survey. This mid-year evaluation is the first report to that utilizes the revised evaluation instrument. The 15 questions employed a format in which the participants were asked about their perceptions now as compared to when they began the program. A total of 56 couples completed the before and after questionnaire which provided for 112 respondents. Previously, using the original instruments, there were far less useable data due to inability to match pre/post test.

- Year one = 18 participants with valid data
- Year two = 22 participants with valid data
- Year three = 32 participants with valid data

- First half of year four = 112 with valid data using new instrument (see chart below)



Fiscal Year 4 Survey Results

All data were entered into the database Statistical Package for Social Sciences version 17. Given that the respondents were measured on their perceptions both "before" and "after" the program, the appropriate statistical test to use was a paired t-test. A reliability analysis was conducted on the questions for the retrospective survey. While the alpha levels found were at lower than expected ranges (i.e., $<.70$), those results provides the program administrators and evaluators with information to be used in refining the questions asked of program participants. The evaluators will be reviewing each of the items in order to further enhance the information from the participants regarding the program's content and usefulness. Questions were scored on a 5-point range with low scores indicating poor/negative perceptions/behaviors and higher scores indicting good/positive perceptions/behaviors for most of the questions. However, two questions (#4 & #7) were reversed, in that lower scores indicated good/positive perceptions/behaviors while higher scores mean the opposite. These items are italicized in this report. Means (i.e., averages) for each question were calculated for each question at "before SS" level. These averages are considered the baseline perceptions/behaviors of the participants when they started the program. The questions with the highest mean scores were:

- Question 8 (m=4.72): How important did you think your role was in your baby's life?
- Question 9 (m=4.24): How important did you think your relationship with the other parent was in your baby's life?
- Question 13(m=4.33): Is it ok to hit your partner if they made you mad?(4.3=not true)
- Question 14 (m=4.05): I believe extreme jealousy was a sign of love?

Because these means were very high at the start, there is very little room for marked improvement. Means were then calculated for each question at the post-test level. These means would be indicative of any change in perceptions/behaviors for the participants following the completion of the program. The questions with the greatest mean change at the end of the program were:

- Question 7 (m=2.42, change of 1.080): How many problems were there in your relationship?
- Question 11 (m=4.15, change of -1.313): My communication skills were/are?
- Question 12 (m=4.45, change of -1.446): If there was a conflict in the relationship, I thought there had to be a winner & loser.

Changes in all items proved to be statistically significant and in a positive direction. Note. Therefore, a decline in mean indicates an improvement. Areas identified by participants as the most important things learned during the program were:

(1) Communicating; (2) learning how to consider their partner's feelings; (3) patience; and (4) productive methods of resolving conflicts. These are consistent with the quantitative results from the retrospective survey. When asked if they would recommend Strong Start to friends with similar circumstances, the participants' responses appeared to indicate that they would recommend the program but that they would tell them that the couple had to be receptive and want to work on their relationship. When asked how the program could improve recruitment, participants stated that the program needed to go outside the traditional sources (e.g., flyers in hospitals) to places such as high schools, juvenile detention centers, and interestingly, child support enforcement offices. Participants indicated that the couples who drop out of the program are not really ready to be together as a couple. It was stated that it is important for the couple to realize their relationship had to be at "50-50" in order for the lessons and content to be useful.

Conclusion

Overall, the results indicate that participants experienced and reported improvement from participating in the Strong Start program. As the qualitative responses indicate, the couples perceived that the program enhanced their problem solving, communication, and parenting skills. The qualitative data, both from the open ended questions support the quantitative data that show couples who participate in Strong Start increase their knowledge and change their behaviors toward building a more stable parenting partnership.

Imperial Valley Regional Occupational Program (Project JUNTOS)

Authors: Elizabeth Diane Cordero, Ph.D.; Edwin Obergfell

Abstract:

Since 1981, the Imperial Valley Regional Occupational Program (IVROP) has been one of the lead educational, social, and workforce development agencies in Imperial County, CA. IVROP offers an array of services to both youth and adult participants, and collaborates with other local organizations (i.e., Imperial County Office of Education, Department of Social Services, and other workforce agencies).

PROJECT JUNTOS offers its participants a total of 65 hours of educational curriculum that consists of the following components: healthy marriage, conflict resolution, parenting, communication, financial management, behavioral health and physical health. The core of the program is the 20 hour (13 unit) PREP: Within Our Reach curriculum. Case management is also provided to participants beginning at program intake. The overall mission of the program is to assist in the improvement of the overall quality of life in Imperial County by fostering healthy marriages and families, healthy lifestyles, educational advancement, and economic independence. Statistically significant increases between pre-program and 8-hours post-program were found for relationship satisfaction, relationship quality, dedication to relationship, and confidence in relationship. Additionally, statistical trends were observed for increases in participants' conflict management, caballerosismo ("being a gentleman"), and parenting efficacy.

Community

To better understand our community, one needs to visualize a picture of the Imperial County (IC). IC is located in the extreme southeastern desert region of California. It is bordered by Riverside County to the north, San Diego County to the west, Mexicali, Mexico to the south and Yuma, Arizona to the east. San Diego, located west of Imperial County, is the nearest large metropolitan population in the United States.

The biggest employers by industry in the county are: 1) Government; 2) Agriculture; and 3) Trade, Transportation and Utilities. The latest State of California Employment Development Department unemployment figures (December 2010) state that Imperial County has a 28.3 percent unemployment rate compared to 12.3 percent in California and 9.1 percent in the nation during the same time period.

The U.S. Census estimated in 2009 that 166,874 people live within the boundaries of the 4,482 square miles of the Imperial County. Over 77 percent of the population in Imperial County identify themselves as of Hispanic/Latino origin compared to 37 percent in California and 15.8 percent in the entire USA. Per the U.S. Census, 21.5 percent of county residents fall below the poverty level compared to 13.3 percent in California and 13.2 percent in the nation. Per the 2000 Census, 32.2 percent of the Imperial County residents reported that they were foreign born compared to 26.2 percent in California. The same census information reports that 59 percent of county residents have completed high school as compared to 76.8 percent in California.

In March 2009, the New York Times ("Job Losses Show Breadth of Recession," March 3, 2009, David Leonhardt) called El Centro, CA the capital city of "The Great Recession of 2008." El Centro, CA is the county seat for Imperial County.

IVROP (Imperial Valley Regional Occupational Program)

Since 1981, IVROP has been one of the lead educational, social and workforce development agencies in the county. IVROP functions as an independent school district, affiliated with the California K-12 educational system providing community based services to Imperial County residents. IVROP offers an array of services to youth and adult participants. It also collaborates with other local organizations such as the Imperial County Office of Education, Department of Social Services, One Stop Employer and Job Seeker system, San Diego State University – Imperial Valley Campus, and other local educational districts.

Project JUNTOS (Together)

Project JUNTOS is funded through the Department of Health and Human Services, Administration of Children and Families – Healthy Marriage Initiative. This grant is funded in the HMI category of Priority Area 7, Allowable Activity. As a Priority Area 7 grant, Project JUNTOS serves low-income, unwed, expectant or new parents. The allowable activities under category 3 are: marriage education, marriage skills, and relationship skills programs that include parenting, communication, financial management, conflict resolution, and job and career advancement for non-married pregnant women and non-married expectant fathers. The mission of the HMI is to encourage marriage and promote the well-being of children through education. The project performance goals are to serve 50 couples on an annual basis.

Project JUNTOS offers its participants a total 65 hours of educational curriculum that consist of the following components: Healthy marriage, conflict resolution, parenting, communication, financial

management, behavioral health and physical health. Participants receive incentives for the successful completion of each educational component. At the intake point, participants are assigned to an Adult Development Specialist for case management. Trained Educators impart the curriculum in group sessions primarily at the IVROP location. The mission of Project JUNTOS is to assist in the improvement of the overall quality of life in Imperial County by fostering healthy marriages and families, healthy lifestyles, educational advancement, and economic independence.

Project JUNTOS staff consist of eight (8) full-time and one part-time (50%) employees. Four staff members are Educators. Two and one half (2.5) staff members are Case Managers. We also have one Clerk and a Project Director.

Project Evaluation

Since 2008, Project JUNTOS has been evaluated by Elizabeth Diane Cordero, Ph.D. Dr. Cordero is affiliated with the San Diego State University Research Foundation and has been contracted by Project JUNTOS as the third party evaluator. Project JUNTOS utilizes quantitative pretests and posttests for each learning component of the project-healthy marriage, communication, and parenting, physical, behavioral and financial management. Each pretest/posttest is given at the beginning and end of the corresponding learning component.

In addition, we compile a pre/post-program evaluation packet designed to assess change in areas targeted by Project JUNTOS: relationship satisfaction, relationship commitment, parent-child interactions, and endorsement of cultural values about gender roles. This evaluation packet was completed upon enrollment into the program (pre-program), after completion of eight hours ("8-hours post-program"), and at the completion of the entire program ("final post-program"). We incorporated several items and instruments used by the Alabama Community Healthy Marriage Initiative.

Additionally, we use the Traditional Machismo and Caballerismo Scale (Arciniega, Anderson, Tovar-Blank, and Tracey, 2008) to evaluate participants' endorsement of cultural values about gender roles, particularly values associated with Latino cultural definitions of being "macho" (*machismo*) and being a "gentleman" (*caballerismo*). As an additional measure of relationship quality, participants responded to the following questions using a 7-point Likert scale, with "1" indicating "Very Strongly Disagree" and "7" indicating "Very Strongly Agree;" these questions were added to the Norton (1983) scale to create a total score for relationship quality: "I view our

relationship as lifelong” and “My Partner and I get along well.” We also included questions that appear on the post-program survey utilized by the Alabama Community Healthy Marriage Initiative that asks participants to evaluate our program in our 8-hours post-program and final post-program evaluation packets. Participants responded to items about their satisfaction with the program, the case managers and the educators on a 5-point Likert scale, with “1” indicating “Strongly Disagree/Poor” and “5” “Strongly Agree/Excellent.”

Project Results

Fifty-two couples enrolled in Project JUNTOS between 10/01/2009 and 09/30/2010. We analyzed differences between participants’ pretest and posttest scores for each learning component using paired-subjects t-tests; we set our alpha at .05. Statistically significant increases in knowledge were observed between pretest and posttest for all three of the learning components: healthy marriage (n=69), communications and parenting (n=58), and holistic instruction (n=59), $p < .05$.

Fifty to seventy-nine participants completed the scales on the pre-program and 8-hours post-program evaluation packets (total number of participants whose data are in the analyses varies according to the scale). We analyzed data from the evaluation packet using repeated measures analysis of variance (ANOVA); we set our alpha at .05. A statistically significant increase ($p < .05$) between pre-program and 8-hours post-program was found for relationship quality. Our sample size resulted in low power for all of the other analyses, which decreased our ability to determine statistically significant differences between data collection. Regarding program ratings, participants reported favorable impressions of their experience with project staff.

Thirty-two to fifty-four participants completed the scales on the pre-program and final post-program evaluation packets (total number of participants whose data are in the analyses varies according to scale). Again, we analyzed data from the evaluation packet using repeated measures of variance (ANOVA) and set our alpha at .05. Although the sample size resulted in low power for most analyses, statistically significant increase ($p < .05$) between pre-program and 8-hours post-program were found for relationship satisfaction, relationship quality, dedication to relationship, and confidence in relationship. Additionally, statistical trends ($p = .05$) were observed for increases in participants’ conflict management, caballerosismo, and parenting efficacy. Once again, participants reported favorable experiences with Project JUNTOS and its staff when they rated the program.

Project Demographics (10/01/2009 through 09/30/2010)

During this time period, 50 percent of Project JUNTOS participants were female and 50 percent were male. Participants' ranged between 17 years-old and 48 years-old. Mean age was 23.27 years-old. The ethnic breakdown was as follows: 91.3 percent of our participants self-reported that they were of Hispanic/Latino descent, whereas 4.8 percent were Caucasian, and 1.9 were African-American; information was not available for 1.9 percent of our participants. Regarding country of origin, 76.9 percent of project participants reported that they were born in the United States, whereas 23.1 percent reported they were born in Mexico. The highest level of education of our participants is as follows: 1.9 percent finished less than 9 years of school, 26.9 percent completed some high school, 30.8 percent received their high school diploma or GED, and 26.9 percent completed some college; no information was available for 13.5 percent of our participants. For job status, 73.1 percent of Project JUNTOS participants reported that they were unemployed and 26.9 percent reported that they were employed. Almost half (48.1 percent) of project participants reported that they were expecting a baby and 51.9 percent reported that they were not expecting a baby, but they had a baby less than 3 months old.

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Parents Plus of Wisconsin

Contributors: Karen Graham; Brian Laatsch; Suzy Rodriguez

Abstract:

The Wisconsin Alliance for Healthy Marriage (WAHM) was awarded a five-year healthy marriage education grant from the Office of Family Assistance (OFA) to operate Parents Plus, Inc. Parents Plus is a nonprofit organization that also operates Wisconsin's Parental Information and Resource Center and provides statewide technical assistance for the Parents as Teachers program. The purpose of the grant project is to equip low-income expectant and new parents with the attitudes and skills to form and sustain healthy marriages. WAHM works with expectant and new mothers and fathers (i.e., parents expecting a child and parents with children less than 3 months old) to reverse the multi-generational decline of marriage.

The Parents Plus "As One: A Healthy Relationship and Marriage Curriculum" was designed to provide new and expectant parents with insights and skills that enable them to overcome these challenges. It encourages empathy between partners and teaches communication and conflict resolution skills, co-parenting skills, pre-employment, and personal finance skills. Based on qualitative and quantitative feedback, participants are learning positive, new attitudes towards marriage and long-term commitment as well as learning new healthy marriage skills. Participant feedback also confirms that the Parents Plus program's educators and training materials are well-received. Demographic information about participants shows that the Parents Plus program's services are being delivered to a racially diverse group of young, low-income new and expectant parents in several regions in Wisconsin. Looking to the future, Parents Plus program staff and educators are confident that the healthy marriage training they provide will continue to have positive impacts on the stability, safety, and health of new and expectant parents and their children.

Introduction

The Wisconsin Alliance for Healthy Marriage (WAHM), in collaboration with several community-based nonprofit organizations throughout Wisconsin, was awarded a five-year healthy marriage education grant from the Office of Family Assistance (OFA) in October 2006 for federal priority area 7. The grantee for the funding of the WAHM program is Parents Plus, Inc., of Wisconsin (PPI), a nonprofit organization that also operates Wisconsin's Parental Information and Resource Center and provides statewide technical assistance for the Parents as Teachers program.

The purpose of the grant project is to equip low-income expectant and new parents with the attitudes and skills to form and sustain healthy marriages. WAHM works with expectant and new mothers and fathers (i.e., parents expecting a child and parents with children less than 3 months old) to reverse the multi-generational decline of marriage.

As part of its grant application to OFA, WAHM identified three goals and ten objectives it expected to achieve through the project. The goals and objectives are listed in the table below.

Table 3. WAHM Project Goals and Objectives

Project Goals	
1.	Develop and strengthen the relationship between parents by providing healthy marriage education and training.
	2. Educate parents on financial management and pre-employment skills to support healthy marriage.
	3. Expand and strengthen parents' knowledge of early childhood development focusing on age appropriate expectations.
Project Objectives	
1.	Provide healthy marriage curriculum to groups in 6 counties.
	2. Provide in-home Healthy Marriage education including "As One" curriculum parents in Milwaukee County.
	3. Disseminate information on healthy marriage skills, conflict resolution, financial management, and parenting skills to parents living in 6 Wisconsin counties.
	4. Provide quarterly booster groups to reinforce key skills to families living in 6 Wisconsin counties.
	5. Jericho Resources, Inc., develops the "As One" curriculum.
	6. Provide financial literacy information to parents statewide.
	7. Create and disseminate "Understanding Money Matters" booklet to parents statewide.
	8. Provide pre-employment training to parents statewide.
	9. Create and provide "Tips for Job Seekers" booklet statewide.
	10. Provide "Parents as Teachers" program both in home and through monthly groups statewide.

These goals and objectives are directly related to the services WAHM provides to program participants. The following table shows the list of services and the location of those services.

Table 4. WAHM Services and Service Counties

Service	Service Counties in 2010
Healthy marriage training (for both English and Spanish speaking participants)	Eau Claire, Fond du Lac, Milwaukee, Outagamie, Sheboygan, Winnebago
In-home healthy marriage education	Milwaukee
Financial literacy workshops	Eau Claire, Fond du Lac, Milwaukee, Outagamie, Sheboygan, Winnebago
Quarterly healthy marriage support groups	Eau Claire, Fond du Lac, Milwaukee, Outagamie, Sheboygan, Winnebago
Pre-employment training and workshops ⁹	Eau Claire, Fond du Lac, Milwaukee, Outagamie, Sheboygan, Winnebago
Parents-as-Teachers (in home and monthly groups)	Eau Claire, Fond du Lac, Milwaukee, Outagamie, Sheboygan, Winnebago

Since launching the “As One” healthy marriage education curriculum, the WAHM program has graduated 350 couples, representing 700 participants from around the state. Feedback from graduates of the WAHM program indicates that they like the training and that the curriculum has impacted their attitudes towards marriage and relationship skill levels positively.

Participant Background Data

The WAHM program is unique among priority area 7 healthy marriage grants because it delivers services to a broad geographic area, leveraging PPI’s Parents as Teachers contacts with local service providers throughout the state. The bulk of WAHM’s services are delivered to young, low income adults within six counties. Combined, these six counties serve citizens in the northwest, northeast, and southeast quadrants of the state.

The following table shows the distribution by county of graduates from the “As One” curriculum since the start of the grant through November 10, 2010. It also shows the participants’ median age at the time of their respective graduations from the training.

⁹ Pre-employment training and workshops initially were conducted in Milwaukee County only. The statewide roll out of this service occurred in the summer of 2010. Because the rollout occurred recently, evaluative data are insufficient to report within this monograph article. Even so, it is important to emphasize that providing pre-employment training is a key strategy of the WAHM program to improve couple’s stability.

Table 5. WAHM Graduates and Median Age of Graduates

County	Graduates	Median Age of Participant on Graduation Date
Eau Claire County	58	23.2 years
Fond du Lac County	100	23.3 years
Milwaukee County	394	22.4 years
Outagamie County	44	20.4 years
Sheboygan County	50	20.4 years
Racine, Kenosha, and Walworth Counties ¹⁰	16	--
Winnebago County	38	18.7 years
ALL COUNTIES	700 (350 couples)	22.2 years

Programs operating under priority area 7 deliver services to low income parents. The following table shows the distribution of WAHM graduates by income level.

Table 6. Annual Income Levels of WAHM Graduates

Annual Income Level	\$0-\$11,999	12,000-14,999	15,000-24,999	25,000-49,999	50,000-74,999	75,000 and above	Graduates Reporting an Income Level	All Graduates
Count of Graduates	459	33	45	22	2	1	562	684
Percent of Graduates Reporting an Income Level	81.7%	5.9%	8.0%	3.9%	0.4%	0.2%		

With 81.7% of graduates reporting an annual income level of less than \$12,000, the WAHM program is delivering the bulk of its services to low income families.¹¹ Among the counties served by the WAHM program, Sheboygan County had the lowest percentage of graduates reporting

¹⁰ WAHM no longer has a service provider operating in these three counties. The count of graduates from these counties are included in the total for completeness of individuals served by the "As One" curriculum, but the data for these participants are not included in any of the other analysis within this article.

¹¹ The US poverty level for one person (for the 48 contiguous states and the District of Columbia) in 2010 was \$10,890.

annual income less than \$12,000 (60.4%), and Milwaukee County had the highest percentage (88.9%).

With WAHM's multi-county service delivery model, the program is able to serve a racially and ethnically diverse group of participants. The following table shows the percentage distribution of graduates by the racial or ethnic group they self-reported.

Table 7. Racial and Ethnic Characteristics of WAHM Graduates

County	African American	Caucasian	Hispanic	Asian	Native American	Multi-racial	Other
Eau Claire	3%	73%	2%	3%	5%	10%	3%
Fond du Lac	14%	58%	16%	0%	2%	2%	8%
Milwaukee	61%	9%	21%	1%	2%	5%	1%
Outagamie	4%	62%	29%	0%	0%	2%	2%
Sheboygan	18%	58%	20%	0%	2%	2%	0%
Winnebago	0%	59%	32%	0%	3%	5%	0%
ALL COUNTIES	39%	32%	20%	1%	2%	4%	2%

Participant Satisfaction Ratings

Educators administered satisfaction surveys to the participants following the end of the curriculum to evaluate how they initially received the training. The table below shows the results from this survey.

Table 8. Participant Satisfaction Results for Revised “As One” Curriculum

STATEMENTS 1 – Strongly Disagree, 2 – Somewhat Disagree, 3 – Somewhat Agree, 4 – Strongly Agree	Average	Responses of “4”	Responses of “1”	Count of Respondents
1. The trainer did a good job explaining the material.	3.91	147	0	161
2. The trainer made everyone feel welcomed at the session.	3.94	155	1	161
3. The trainer made it possible for us to have good discussions.	3.90	146	0	161
4. The trainer answered questions so I could understand the answers.	3.94	149	0	159
5. Materials and handouts were understandable and easy to follow.	3.92	147	0	160
6. The classroom was comfortable for learning the material.	3.83	136	0	160
7. I will be able to use and apply the information I learned in the session to my life.	3.78	127	0	161
QUESTION 1 – Poor, 2 – Fair, 3 – Good, 4 – Excellent	Average	Responses of “4”	Responses of “1”	Count of Respondents
8. How would you rate this session overall?	3.59	112	0	161

The data results indicate that on average the participants thought very favorably of the educators, the setting of the class, the format of the training materials, and the content of the training. Also, they gave a strong indication that they thought they would be able to apply the information they learned to their lives. It is noteworthy that very few respondents gave the most negative score for a given statement or question (a “1” for the first seven statements, a “1” for question 8). In contrast, the number of respondents that gave the most positive score for a statement or question was the overwhelming majority of the responses.

Participant Outcomes

The purpose of the “As One” curriculum is to improve the attitudes of participants towards marriage and long-term commitment and to equip participants with healthy marriage skills. The importance of this purpose is regularly confirmed by the positive effects that the educators and

“As One” curriculum have on the participating couples. Here is a story of a couple who recently completed the “As One” curriculum that illustrates the value of the WAHM program:

When Que attended the second session of WAHM’s healthy relationship class, the facilitator barely recognized him. His demeanor had changed from slouchy and apathetic to standing up straight with pride. The facilitator and Que spoke openly with his partner, Ebony, at his side with optimism in her eyes. Small positive changes are opening doors in this couple’s life. Que has a solid job prospect, and Ebony will be attending a local university in the fall. Que and Ebony are also a Parents as Teachers family and they never miss a home visit. Their beautiful baby is healthy and happy.

*“...after our first class, Ebony told me I had to change, so this is all for her and our daughter”
- Que, WAHM program participant*

In addition to documenting the stories of couples who graduate from the WAHM program, the program also measures the effectiveness of the curriculum by administering pre-test and post-test instruments to each participant. These tests then capture what the participants know about the curriculum’s topics before and after going through the curriculum. Comparing the before and after test scores gives an indication of what the participants learned and to what degree they learned it. Where the program staff believed a topic may not have been familiar to a participant beforehand, participants were asked to indicate retrospectively whether the curriculum led them to change their perspectives about various aspects of relationships or teach them something new. That is, the instruments asked participants (after being exposed to the curriculum) to use a Likert scale to rate the extent to which they believed the curriculum changed what they thought about a given aspect of relationships.

The following sections examine the data results measuring participants’ changes in attitudes and healthy marriage skills.

Attitudes towards Marriage and Long-Term Commitment

A positive attitude towards marriage and long-term relationships can help couples overcome the challenges they may face over time in their relationships. The WAHM program’s “As One” curriculum emphasizes the positive aspects that stability in a relationship has for both partners and the child. The following table shows the results from the retrospective post-test statements regarding attitudes towards marriage, long-term commitment, and parenting.

Table 9. Evaluation Data for Attitudes towards Marriage and Long-Term Commitment

STATEMENT Strongly Disagree-1, Mostly Disagree-2, Somewhat Disagree-3, Somewhat Agree-4, Mostly Agree-5, Strongly Agree-6	Average
As a result of the training, I have more empathy and greater respect than before for how my partner thinks and acts.	4.80
As a result of the training, I am more committed than before to help meet my partner's expectations for our relationship and satisfy my partner's desires.	4.98
As a result of the training, I am more committed than before to staying with my partner.	5.16
As a result of the training, my partner is more committed than before to staying with me.	5.03
As a result of the training, I am more committed to being a good parent to my child.	5.57

These averages, with scores tending towards the value of “mostly agree”, provide evidence that the training positively impacted participants’ attitudes towards marriage, long-term commitment, and parenting – with the average for the commitment to parenting even tending towards the value of “strongly agree”.

During the intake process for new participants, they were asked to rate on a scale of 1 to 6 the long-term prospect of remaining with their partner, where “1” indicated very unlikely to remain together for the long term and “6” indicated very likely to remain together. Eighteen graduates had rated the long-term prospect of the relationship at a 3 or lower at intake. After the training, the average rating of these participants’ agreement with the statement “As a result of this training, I am more committed than before to staying with my partner” was 4.1. That these individuals who had been pessimistic about the long-term prospects for their relationships became optimistic (on average) about their relationships after going through the WAHM program provides some evidence that the training has a positive impact on a partner’s long-term commitment to the relationship.

Healthy Marriage Skills

In addition to promoting positive attitudes towards marriage and long-term commitment, the “As One” curriculum offers skill development training in interpersonal communication, conflict resolution, personal finances, and relationship improvement.

Communication Skills

The key point of emphasis about communication in the “As One” curriculum is that a partner needs to share what they are thinking with the other partner. The other partner should not be expected to “read minds.” The skill of sharing feelings and thoughts was tested with the following pretest/post-test combination of statements.

Table 10. Evaluation Data for Communication Skills

STATEMENT Strongly Disagree-1, Mostly Disagree-2, Somewhat Disagree-3, Somewhat Agree-4, Mostly Agree-5, Strongly Agree-6	Average
My partner should know how I am feeling and what I am thinking without me having to tell him/her. (pretest)	3.23
My partner should know how I am feeling and what I am thinking without me having to tell him/her. (post test)	2.84

Interestingly, the pretest average of 3.23, indicating general disagreement with the statement, signals that before the training the participants appreciated the importance of sharing their feelings and thoughts with others. Even so, the material in the training prompted the participants to indicate a stronger level of disagreement with the statement. Although the post test average is not dramatically less than the pretest average, the difference between the averages is significant at a 99% confidence level. Among racial and ethnic groups, Hispanic participants showed the greatest change in averages with 3.8 for the pretest average and 3.1 for the post test average.

Conflict Resolution Skills

Conflict resolution skills are important for raising issues between couples, understanding the issues, and dealing with the issues in a constructive and safe manner. As with communication skills, WAHM program staff believes establishing a positive mindset about resolving conflict is the foundation for exercising specific conflict resolution skills. The following table shows participants’ results regarding conflict resolution.

Table 11. Evaluation Data for Conflict Resolution Skills

STATEMENT Strongly Disagree-1, Mostly Disagree-2, Somewhat Disagree-3, Somewhat Agree-4, Mostly Agree-5, Strongly Agree-6	Average
When I am involved in a conflict with another person, I want to be the only winner. (pretest)	3.74
When I am involved in a conflict with another person, I want to be the only winner. (post test)	3.19
When I am involved in a conflict with another person, giving in to the other person is a sign of weakness. (pretest)	3.28
When I am involved in a conflict with another person, giving in to the other person is a sign of weakness. (post test)	3.11
It is possible for two people to resolve a conflict where both people come out as winners. (pretest)	4.94
It is possible for two people to resolve a conflict where both people come out as winners. (post test)	5.06
As a result of this training, I have a better understanding than I did before of what my conflict resolution style is.	5.03

For the first combination of pretest/post-test statements, the average score of 3.74 indicated slight agreement with the pretest statement “When I am involved in a conflict with another person, I want to be the only winner”. Although the post-test average is not dramatically less than the pretest average, the average of 3.19 indicates general disagreement with the statement, which provides some evidence that the curriculum had a positive impact on changing participants’ perceptions about conflict resolution. Moreover, the difference between these averages is significant at a 99% confidence level. Among the subpopulations, the participants whose ages were less than 20 years old at the time of their graduation had the largest decrease from the pretest average (3.8) to the post test average (3.0) for this statement.

The other pretest/post-test combinations did not show statistically significant differences between the averages. Interestingly, the pretest averages indicate that before the training, participants generally had an appreciation for bringing a spirit of humility to conflict resolution and for finding win-win solutions to resolve a conflict.

Finally, participants on average mostly agreed that they had a better understanding of their current conflict resolution style. WAHM program staff believes this self-awareness helps

participants temper their tendencies that inflame conflict and utilize their tendencies that resolve conflict in a constructive and safe manner.

Budgeting and Financial Skills

In the midst of the economic downturn of 2008 and 2009, the Office of Family Assistance encouraged grantees to provide skill development training to couples in budgeting and personal finances. The following table shows the results from participants regarding budgeting and financial skills.

Table 12. Evaluation Data for Budgeting and Financial Skills

STATEMENT Strongly Disagree-1, Mostly Disagree-2, Somewhat Disagree-3, Somewhat Agree-4, Mostly Agree-5, Strongly Agree-6	Average
As a result of this training, I know better than before how to make a budget as a couple.	5.24
As a result of this training, I know better than before how to set financial goals.	5.11
As a result of this training, I will set financial goals that I have not set before.	5.28

These averages, with scores above the value of “mostly agree”, provide some evidence that the training gave participants additional skills for budgeting and setting financial goals. What is more, the participants’ indicated a willingness to apply what they had learned for setting financial goals.

Relationship Improvement Skills

The “As One” curriculum emphasizes that relationships need to be maintained and improved over time. As with the other skill areas, the training focused on establishing the mindset that relationships need to be maintained and improved and then provided the skills to do so. The following table shows the results from participants regarding relationship improvement skills.

Table13. Evaluation Data for Relationship Improvement Skills

STATEMENT Strongly Disagree-1, Mostly Disagree-2, Somewhat Disagree-3, Somewhat Agree-4, Mostly Agree-5, Strongly Agree-6	Average
In order to make life in the future better for me, my partner, and our child, I need to be willing to do things to improve myself (such as changing jobs or taking more classes), even if there is some risk that I may fail in these things. (pretest)	5.09
In order to make life in the future better for me, my partner, and our child, I need to be willing to do things to improve myself (such as changing jobs or taking more classes), even if there is some risk that I may fail in these things. (post test)	5.21
Once a relationship is broken, it cannot be repaired. (pretest)	2.52
Once a relationship is broken, it cannot be repaired. (post test)	2.55
Partners in a successful relationship need to keep working on their relationship in order to keep it strong. (pretest)	5.37
Partners in a successful relationship need to keep working on their relationship in order to keep it strong. (post test)	5.34

These three pretest/post-test combinations did not show statistically significant differences between the averages. Interestingly, the pretest averages indicate that before the training, participants generally had an appreciation for needing to better oneself in order to better the relationship, for healing a broken relationship, and for making the effort to keep a relationship strong.

Summary

The challenges that couples face – relationship issues, child rearing, unemployment of a partner, financial difficulties – can undermine the stability, safety, and health of families' home environments. The WAHM program's "As One" curriculum is designed to provide new and expectant parents with insights and skills that enable them to overcome these challenges. It encourages empathy between partners and teaches communication and conflict resolution skills. It teaches co-parenting skills. It teaches pre-employment and personal finance skills.

Stories from couples and feedback on pretests and post tests confirm that participants are learning positive, new attitudes towards marriage and long-term commitment as well as learning new healthy marriage skills. Participant feedback also confirms that the WAHM program's

educators and training materials are well-received. Demographic information about participants shows that the WAHM program's services are being delivered to a racially diverse group of young, low-income new and expectant parents in several regions in Wisconsin. Looking to the future, WAHM program staff and educators are confident that the healthy marriage training they provide will continue to have positive impacts on the stability, safety, and health of new and expectant parents and their children.

Sacramento Healthy Marriage Project

Contributors: Carolyn Rich Curtis, Ph.D.

Abstract:

In 2006, the Sacramento Healthy Marriage Project, now known as the Relationship Skills Center (RSC) was awarded a Healthy Marriage Demonstration Grant from the Administration for Children and Families (ACF) to provide relationship skills classes to low-income, unmarried, pregnant couples or couples with a baby three months old or younger. RSC's mission is to foster emotionally, socially, and economically healthy relationships through relationship skills training and marriage education programs throughout the lifespan. The program, named the Flourishing Families Program (FFP) was designed to teach participants how to create safe, stable, healthy families, learn healthy co-parenting skills, and stop intergenerational trauma. FFP was inspired by the Cleveland, Better Together Program, one of the pioneers in delivering relationship education to low-income, pregnant, unwed couples.

The Flourishing Families Program is a 15 hour, 6 module relationship building program specific to low-income, unmarried, couples who are expecting or parenting a child of 3 months old or younger. FFP focuses on conflict resolution, the importance of father involvement, co-parenting, financial management, goal setting, and communication skills. Community classes are available to individuals and couples in all stages of relationships, including singles, youth, couples and organizations seeking relationship enhancement, and individuals in distressed relationships. Immediately upon completion of the FFP, several participants already reported improvements in their employment, socio-economic status, education levels, and relationship status.

Sacramento Healthy Marriage Project:

During the 2003 Smart Marriage Conference, executive director and founder of the Relationship Skills Center (RSC), formerly known as the Healthy Marriage Project, Dr. Carolyn Rich Curtis, discovered the field of marriage and relationship education that was transforming families and communities across the nation. Dr. Curtis returned home to the Greater Sacramento Region with a passion to bring relationship education to her own community. Soon after her return she founded RSC. During the first two years of its existence, RSC partnered with faith based organizations around the community to bring relationship education to the Sacramento region. Dr. Curtis trained faith based organizations to deliver marriage and relationship education, and the faith based organizations delivered the programs. This grassroots effort reached over 400 couples during the next two years on a very limited budget.

In 2006, RSC was awarded a \$2.5 million Healthy Marriage Demonstration Grant from the Administration for Children and Families (ACF) to provide relationship skills classes to low-income, unmarried, pregnant couples or couples with a baby three months old or younger. The new program, named the Flourishing Families Program (FFP) was designed to teach participants how to create safe, stable, healthy families, learn healthy co-parenting skills, and stop intergenerational trauma. FFP was inspired by the Cleveland, Better Together Program, one of the pioneers in delivering relationship education to low-income, pregnant, unwed couples. RSC's underlying philosophy for this program was derived from the research of Kathryn Edin and Maria Kefalas, authors of *Promises I Can Keep*, and Kay S. Hymowitz author of *Marriage and Caste in America*.

The grassroots method that worked so well for RSC in the past was applied to FFP. However, FFP flailed for the first year and a half of the grant, the grassroots method was proving ineffective in reaching FFP's target population. Few couples were enrolling in class and even fewer were attending. RSC realized that it must drastically change its approach to be effective. The first lesson RSC learned was providing direct service was necessary for the success of this program, we could not rely on other organizations to recruit couples or simply train other organizations to instruct classes. The second discovery was the target population had multiple barriers that interfered with attending class. The third discovery was the necessity of community support and partnerships with organizations. RSC receives invaluable support from Oklahoma's Family Expectations, the National Healthy Marriage Resource Center, Department of Human Assistance of Sacramento County, Family Resource Centers and Women, Infants, Children (WIC). Another discovery was the amount of resistance we received from the community based on the name of our organization, Healthy Marriage Project. As a result, we recently changed our name to the Relationship Skills Center (RSC) with great support from our community.

After taking the lessons we learned and adjusting our program accordingly, our once struggling enterprise began to flourish and became recognized as an exemplary grantee site. In 2009, RSC was chosen as one of three from a total of 125 healthy marriage demonstration grantees to provide peer to peer training. RSC was selected to lead five workshops at the National Healthy Marriage/Responsible Fatherhood Grantee Conferences. Also in 2009, the United States Department of Health and Human Services and ICF International published a study where RSC was chosen as one of the top eight organizations in the nation serving Temporary Assistance for Needy Families (TANF) recipients for the implementation of innovative collaborations.

RSC has served over 640 couples to date through FFP. From the data from our independent evaluator, the exit survey and 3 to 6 month follow up interviews yielded a valuable measure of changes experienced by the couples who completed the classes. On all measures these participants acknowledged numerous positive changes for their relationship, families, and personal development. "Measures were universally positive and almost always extremely so." In open-ended interviews reveal that couples report the program impact has been greatest on improving their communication (e.g., talking more, arguing or yelling less); co-parenting (e.g., father more involved, participating as an equal partner); budgeting, and planning for the future. Many learned ways to relate to one another and to their children that depart from the way they were raised.

Mission

RSC's mission is to foster emotionally, socially, and economically healthy relationships through relationship skills training and marriage education programs throughout the lifespan. Over 6,000 children are born to unwed parents in Sacramento County each year, and 50% of cohabitating couples end their relationship within the first five years of their child's life and 25% of married couples divorce within the first five years. Researchers have demonstrated that in order to develop and maintain a healthy relationship, couples need certain skills, and these skills can be learned through relationship skills training. RSC uses research based programs that teach relationship skills, and these programs have a proven record of making a difference in the lives of couples and communities.

RSC provides three major programs. The Flourishing Families Program (FFP) focuses on relationship skills training to unwed, low-income couples who are pregnant or have an infant 3 months old or younger. FFP is funded by a federal Healthy Marriage Demonstration Grant, and encompasses over eighty percent of current activities and funding. The program serves those in most need within the Sacramento area who do not have access to marriage or relationship counseling. FFP teaches couple how to build safe, stable families.

Community Classes provides a wider range of relationship skills training to the community at large, and relies heavily on volunteer efforts and faith based and community based organizations that hold classes with RSC's support. Community Classes include classes for individuals and couples throughout the lifespan, including programs for youth, singles, couples in committed

relationships, new parents, and couples who are struggling to keep relationships together. The project focuses on creating healthy family relations and enhancing the well-being of children.

The RSC partners with the Consortium for Community Partnership to motivate success, re-connection, rehabilitation, leadership, learning, self esteem, self respect, motivation and responsibility of mentally ill parolees. The RSC provides relationship skills classes amongst many other support services designed to reduce recidivism.

Organization

Staffing: 6 full time employees, 5 part-time employees, 1 part time contractor, 4-8 Contract Instructors and 4-6 Play care Providers

Volunteers: 150 volunteers with over 3,100 hours of volunteering and an additional 500 hours donated by volunteer instructors

Annual Budget: \$600,000

History: Carolyn Curtis, Ph.D., closed her private clinical practice after 35 years of marriage and family therapy to form RSC. Dr. Curtis has extensive experience with relationship education, and is certified to train facilitators in three of the major relationship education curricula: PAIRS, Relationship Enhancement (Mastering the Mysteries of Love), and Bringing Baby Home. In 2004, Dr. Curtis recruited students and volunteers to help create a community program to offer relationship skills training. Volunteers contacted every church, synagogue, and mosque in the Sacramento region to determine if they would be interested in offering relationship education. 40 congregations led a *10 Great Dates* class in 2005, and many have become active, long term partners of RSC. Since then, others have joined the movement, including faith based organization from every major faith denomination in the Sacramento community.

A Board of Directors was established in 2005 in order to expand RSC's capacity to serve the greater Sacramento region, and lay the foundation for a sustainable organization. The board provides direction, leadership, and connections to diverse communities across faiths and ethnicities. Professionals in business, law, finance, the non-profit sector, private therapy practice, and many others have donated their time and expertise to support RSC's mission and develop a thriving organization.

In 2006, RSC received 501(c) (3) status and a Healthy Marriage Demonstration Grant to start the Flourishing Families Program. A grant from the California Healthy Marriages Coalition in 2007 provided the initial funding for the Community Classes Program.

Over the next two years, RSC grew to a staff of 12 with over 150 volunteers. Four of RSC part-time employees were hired at RSC through CalWORKs and are recipients of funds from Temporary Assistance for Needy Families (TANF). CalWORKs subsidizes these employees pay, which allows RSC to support a larger staff to reach more families. The four part-time employees are all parents who are going to school part-time. Work schedules are adjusted frequently to accommodate family and school obligations.

RSC has developed partnerships with a wide variety of community organizations, faith based organizations, local government, and community leaders. These partnerships are critical to RSC's success. Organizations and entities who have provided support in a variety of ways include the Sacramento County Department of Human Assistance (a TANF funded agency), Faith Based Organizations from all major religions, Professional Organizations (Rotary, 100 Black Men), Family Resource Centers, Women, Infant and Child Nutrition Program (WIC), OBGYN Medical Clinics, and many more.

Services

Target population: The Flourishing Families Program target population is low-income unmarried, pregnant couples or couples with an infant 3 months old or younger. Flourishing Families Program – a 15 hour relationship building program specific to low-income, unmarried, couples who are expecting or parenting a child of 3 months old or younger. FFP focuses on conflict resolution, the importance of father involvement, co-parenting, financial management, goal setting, and communication skills. The program includes extensive individual case management, play care for children during classes, transportation stipends, and meals for participants, and a completion incentive for couples who graduate.

Community Classes are available to individuals and couples in all stages of relationships, including singles, youth, couples and organizations seeking relationship enhancement, and individuals in distressed relationships

RSC serves the greater Sacramento region across county lines who are interested in learning relationship skills. Additional services are provided including:

- Educational outreach to the community at large, including extensive Spanish language radio exposure. For over a year, we participated in a weekly radio show related to family issues and promoted attending relationships education classes including FFP.
- Facilitator training for individuals wishing to lead relationship skills training programs
- Programs for individuals and couples in relationship skills, including *PICK a Partner, or How to Avoid Marrying a Jerk*, *Mastering the Mysteries of Love* (offered in Spanish), *Couplehood*, *The Third Option* (offered in Spanish), *10 Great Dates* (offered in Spanish)
- Online course and resource postings, registration, and referral
- Support for Faith Based and Community Based Organizations who hold relationship skills training courses, including outreach to new organizations, free materials (when available through grant funding), technical assistance, and training of facilitators.
- Referral to other community resources for individuals and families who need additional services

Partnerships

The key to the success of the RSC Flourishing Families Program (FFP) was the development of effective partnerships with community and government agencies, including those agencies who serve Temporary Assistance for Needy Families clients. Some of the program's significant partners include:

- CalWORKs which provides four part-time program specialist from the state's welfare to work program. The State subsidies cover 50% of their salaries for these staff members, many of whom have life experiences similar to the FFP participants.
- The Sacramento County Birth and Beyond Program refers clients to our program and provide classroom space.
- The Sacramento Rotary Clubs provided community contacts for free office space for the RSC.
- Women, Infants and Children Nutrition Program (WIC) allows RSC staff to present at the end of WIC nutrition classes and talk with clients in the waiting room about RSC services.

Twenty two other organizations also provide referrals, including Sacramento programs that work with low-income, unmarried, pregnant couples or couples with a baby three months old or

younger. These include Sierra Nueva School (for pregnant and parenting teens), Kaiser Women's Health, and the Black Infant Health Program.

One of the greatest challenges RSC faced was working successfully with low-income, unmarried couples. In our early days, we knew that we had qualified staff, a great curriculum, a strong message, and a role to play in a community with many households headed by single mothers. But, as officials noted, "marriage" sometimes seemed like a bad word to use in Northern California.

RSC developed a series of partnerships with public agencies in the greater Sacramento areas that focused on economic self-sufficiency, which resulted in partnerships with the Sacramento Department of Human Assistance (DHA) and CalWORKs (California's welfare to work program that trains welfare recipients for employment). The mutually beneficial partnership allowed RSC to hire CalWORKs recipients as recruiters and classroom hosts. Staff from the CalWORKs program brought valuable experience of understanding and relating to the FFP target population. These staff members understood client needs in areas such as transportation, child care, realities of public housing and crime ridden communities. In addition, these individuals had "living connections" to Head Start, WIC and other support offices that could serve as fertile recruiting ground for the program. A CalWORKs employee noted, "The RSC provides a positive career changing experience for the CalWORKs recipients they hire." Through our partnership with DHA, RSC provided DHA and CalWORKs:

1. Staff training on the benefits of relationship skills training for TANF recipients.
2. Training for clinical staff for working with couples.
3. A relationship skills class for CalWORKs staff.
4. A partner selection class for CalWORKs participants for the Los Rio Community Colleges.

RSC also partnered with Faith Based and Community Based Organizations by offering research based relationship education programs in their communities in the importance of healthy relationships and the need for relationship support services. The RSC has assisted in over 100 churches implementing relationship education programs. The existing partnerships with churches and community organizations are fluid and informal; support that RSC provides varies based on the needs of the individual organization. RSC's partners include:

- National Hispanic Evangelical Christian Association (part of a group of 120,000 churches nationwide) supports RSC's efforts to promote relationship education in faith based organization
- Association of Ministers for Empowering Neighborhoods (AMEN)

- The Interfaith Service Bureau supports RSC's efforts to promote relationship education in faith based organization
- Area Congregations Together (ACT)
- 100 Black Men & 100 Black Women
- Sacramento Fathers and Families
- Sacramento City Head Start

Through these partnerships with churches and other organizations, the project has forged strong links with the African American Community. One example is the groups organizing Black Marriage Day with co-sponsors with major community organizations such as the Urban League, 100 Black Men, 100 Black Women, and the AMEN (Association of Ministers Empowering Neighborhoods) Group. In addition, RSC with the Sierra Health Foundation sponsored *Healing the African American Family* Town Hall Meetings to create an effective route to build community investment to address the 72% unwed birth rate in the African American Community. With meeting such as this gives the community the idea of the need for this initiative to continue after the grant is completed. Following a similar model, Hispanic Marriage Day resulted in the RSC being selected as the 2011 Hispanic Chamber of Commerce Non-profit Organization of the year.

Overcoming Barriers

The Building Strong Families report indicated the greatest problem our programs face is overcoming barriers to participation in the program. RSC developed the following policies and procedures to overcome these barriers:

- *Location:* Classes are held at Family Resource Centers and faith based organizations who partner with RSC. The locations are in the communities of highest need and where participant routinely receive services.
- *Class Schedule:* Classes are held when participants have a greater chance for completion. Therefore, classes are held on Saturdays for 3-5 hr sessions or on a Weeknight for 5-3 hr session. Fewer sessions resulted in a greater completion rate.
- *Play Care:* While parents attend the program, the program provided play care for their children.

- *Incentives:* A transportation stipend, a meal, and a \$100 graduation incentive are critical to ensuring the success of the program. Our couples report that these financially supportive incentives remove barriers from them attending the program and serves as an acknowledgement that we understand the obstacles they experience. Many men report that “the completion bonus got me to class but the information kept me coming back.”
- *On-going Communication with RSC Staff:* Participants need the support of direct contact with staff to complete the program. Program Specialists contact participants an average of 17 times from enrollment to program completion. Program Specialist call to confirm interest, enroll couples in class, remind couples of class logistics, give couples direction or bus route, adjust class schedule if couple missed a class, and assist with connecting them to additional services.
- *Flexible Completion Schedule:* A flexible completion schedule was necessary to accommodate uncertain work schedules, participants giving birth, unreliable transportation, and other situations that impede the couple from attending class on a given day. The FFP program curriculum is divided into six segments. When a couple misses a class they can continue with the cohort they started with and make-up the missed session at a later date.
- *High Volume of Referrals:* Recruitment becomes a numbers game. We recognized that we needed to recruit 1,000 couples to have over 200 couples complete our program. Each program specialist is given a number of couples to recruit each month to reach these goals. Recruitment goals are posted on a white board in our office and updated weekly. A friendly competition between staff makes meeting these numbers fun.
- *Partnership with WIC:* WIC offices throughout Sacramento are key venues for recruiting participants. Families who receive WIC are often eligible for FFP.
- *Clarify Purpose of FFP:* Program Specialist often need to clarify the purpose of FFP to the community. Some people assume our organization is a dating service or that we want couples to stay in a relationship even if there is abuse. RSC staff, FBO and CBO partners act as ambassadors of relationship education, informing others that the goal is to provide skills to develop and maintain healthy relationships and to identify and avoid unhealthy relationships. RSC considers it a success when a person in an abusive relationship decides to leave their partner after going through a relationship skills workshop.

- *Spanish Speaking Staff:* It's necessary to have bilingual staff who can communicate with Spanish speaking participants.
- *Male Program Specialist:* RSC experience is that male recruiters have a higher success rate with getting couples to enroll in the program. Potential male participants some times need another male to talk with them about the benefits of the program before they are willing to attend class.
- *Ease of Enrollment:* Couples can enroll by: calling RSC office, fill out form on RSC website, at WIC with a RSC Program Specialist, or through one of our partnering agencies.
- *Encouragement:* Program specialists are given a script to couch couples through obstacles that interfere with couples coming to class. Program Specialist encourage couples who are enrolled by sharing stories and quotes from graduates, such as, "There is less stress in our relationship because we both take care of the baby now. We are more like a team; instead of 'you do it' we help each other." Another graduate quote that is often shared is "[Because of the class] I started appreciating all of [my partner's] individual qualities, all the things that she brings to our family, all the things that she's wrestling...I'm more careful about what I say to my kids...I also learned that I think it's important to tell your kids good, to let them see you do good because I never saw that {crying}...I don't know how I made it...Because of her, I learned that it's ok to be emotional...I love her so much and that class helped me know how much I love her." We recognize that recruitment is an on-going issue; therefore, the staff has regular meetings to discuss how to improve recruitment methods.

Curriculum

The Flourishing Families Program (FFP) is a 15-hour, research-based course on family formation. The FFP curriculum is the evidence-based *Together We Can: Creating a Healthy Future for Our Family*, developed by University of Michigan Extension, with segments from the *Bringing Baby Home* curriculum by renowned researcher John Gottman. *Together We Can* was selected because it was designed to improve parent relationships for at-risk families, especially blended families with children 0 to 5 years of age. *Together we Can* is an activity-based curriculum structured for optimum adult learning and addresses the following 5 goals: (1) Prepare parents to set goals to promote and create a healthy future for their children. (2) Help parents establish a positive co-parenting relationship that enables them to work together in raising their children. (3) Ensure the on-going and sustained involvement of both parents, especially the father, whenever possible in

their children's lives. (4) Develop a financial strategy that will allow parents to sustainably provide for their children. (5) Prepare parents to make healthy decisions, with their children's best interests in mind, about their romantic relationships. The curriculum is designed using many different learning styles which optimize our ability to meet the needs of parents with learning disabilities and special needs.

Our instructors continue to receive training regarding the special needs of the population that we serve. The RSC identified an often overlooked issue for program couples: post-traumatic stress disorder (PTSD). From witnessing acts of violence within the family to other adverse experiences in childhood, PTSD may have a profound effect on the lives of couples and how they approach and deal with relationships. Staff and instructors must recognize these issues in order to provide effective programming. They also receive annual training in Domestic Violence and Child Abuse detection.

Demographics of Population

FFP participants reflect the incredible diversity of our region. 33% Identified their ethnicity as Hispanic, 26% African American, 18% Caucasian, 4% Multi-racial, 3% Asian, 7% Other (including Native American, Hmong, Pacific Islander, Ukrainian, and Russian), and 9% declined to state.

Participants listed their primary language as English (74%), Spanish (17%), or Other/Not Specified (9%). Participant ages ranged from 17 to over 50, with most either between 17 and 24 (52%) or 25 and 29 (22%). The majority of our participants were unemployed when they participated in the program, and one third had not received a high school diploma or GED. Approximately half had 2 or more children.

Summary of Research Findings

The following findings from our independent evaluator, LPC Consulting Associates, provide interim results of the local evaluation study that has been underway since the RSC began implementation in FY06/07. This program is similar to the programs that participated in the Building Strong Families national program in that RSC employed a standardized curriculum designed to address relationship skills, provided support to couples throughout their participation in the "Flourishing Families Program (FFP)," and referred couples to other community based resources as needed. Importantly, the FFP focused on communication skills, conflict management, budgeting and financial management, and parenting. Importantly, the RSC has aligned many of the successful elements of its practice with lessons learned in Oklahoma City.

Among these are the duration of the FFP program, the use of financial incentives, and the provision of transportation, child care, and a family meal. The specific findings from the fourth year of the local evaluation study are summarized in the follow up interview responses, and post-FFP survey responses presented below.

"The tools in the class helped us so much. Our relationship was not good before we started the class. During the class a lot of problems we had were brought up. They were issues we had been having for a while and the class forced us to address them. After we graduated from the program we were both hurt and needed time and space. He moved out and we ended up breaking up. Once our son was born, it brought us back together. We remember what was important to us, our family. We decided to get back together and continue working on our relationship. We continued to do the work books we were given in the program and we finally got our relationship back to a good place. We are now engaged and planning our wedding. We couldn't be happier" FFP Graduate, 3-month follow up telephone interview

The following are selected findings in the areas that contribute toward healthier relationships and support the values associated with co-parenting.

Communication

Since completing the FFP:

- 90% of participants identified that their communication and problem solving with their partner regarding their child is better or much better
- 88% of participants reported their decision making regarding their relationship is better or much better

Conflict Resolution

Since completing the FFP:

- 91% of participants feel they can identify patterns of conflict in their relationship
- 81% of participants believe that they, along with their partner, can handle problems and disagreements better or much better

Abuse Prevention

Since completing the FFP:

- 78% of participants identified that they can manage the stress in their life better or much better
- 94% of participants recognized that their ideas of a having a healthy family relationships is better or much better

"This program helped him a lot with his drinking problem. It helped to explain to him how his drinking was affecting our relationship and our family."

"We don't argue in a very ugly way anymore, we do not yell at each other like used to be. I don't call the police on my boyfriend, we take the things in a very calm way now, and we talk and think before take a decision."

Budgeting and Financial Skills

3-6 months post-FFP:

"We learned a lot about budgeting and that was very helpful to us. We learned that we really should be saving more for our child's future"

"They helped us learn to balance our budget and it has helped us fight less. It was the main point of argument. "

"The best part of the program for us was the budgeting packet that they gave us. We use the packet all the time and we have been using it effectively and it has helped us so much. "

"This class taught use a lot about budgeting. We learned cheap ways to have fun with your partner and your baby."

Relationship Improvement

Since completing the FFP:

- 83% of participants were *completely committed* to their relationship at the end of the FFP, compared to 55% when they started;
- 56% of participants were *very likely or extremely likely to marry* post-FFP, compared to 44% who when they began the FFP;

- 79% of participants were very or extremely happy with their relationship at the end of the FFP, compared to 42% when they started;
- 90% of participants feel better or much better about their chances of making their relationship work for a lifetime;
- 85% of participants feel that they their overall relationship is better or much better; and
- 98% of participants acknowledged that the program contributed to positive changes in their relationship.

“The program was beneficial in every way. Our son will grow up seeing the different roles we play; we are demonstrating a healthy relationship. We are preparing him to be a good husband and father one day.” –FFP Graduate July 2010

Immediately upon completion of the FFP, several participants already reported improvements in their socio-economic status and relationship status.

- 28 participants who were previously unemployed got a part or full time job;
- 48 participants increased their education level;
- 84 participants increased their household income; and
- 88 participants changed their relationship status to “Engaged” or “Married”

Though these are modest gains for the 363 couples who completed the FFP and its evaluation, it is important to note that these changes occurred between the time they started and completed the curriculum, a matter of several weeks.

The evaluation of the FFP includes a combination of: (1) post-program feedback from 727 participants who completed the program (between January 2009 and September 2009; (2) 3- and 6-month follow-up telephone interviews with couples who completed the program; and (3) a comparison of status on selected indicators of stability pre- and post-program. Though the local program evaluation does not include a control group, the analysis of findings compares the status and quality of relationships before and since couples completed the FFP. Quantitative findings derive from the comparison of participant responses on the post-program survey, while qualitative findings come primarily from the follow up telephone interviews. The program also tracks milestones for outreach, enrollment, retention, and completion with targets set and maintained by all staff, demonstrating the full integration of data-driven program management.

Healthy Start/Healthy Families Oakland

Authors: Melissa Freel; Yobany Pardo, Ph.D.

Abstract:

Healthy Start/Healthy Families Oakland (HF/HSO), a program of Trinity Health Michigan, was established in 1994 as a collaboration between St. Joseph Mercy Oakland – a member of Trinity Health, the fourth largest Catholic healthcare system in the U.S. – and four other human service agencies located throughout the 900 square miles of Oakland County, Michigan. Oakland County is located directly north of the county in which the city of Detroit is located. Through HS/HFO's early work, 30 families from one municipality, Pontiac, were served with intensive home visits focused primarily on the prevention of child maltreatment. Today, this primary purpose, as with many home visiting programs, has expanded to include improving child health outcomes, preparing children for school, improving parental life outcomes, and, with the Healthy Marriage Initiative dollars, supporting healthy couple relationships and increasing father involvement.

The Healthy Start Caring Couples (HSCC) Curriculum was developed for education of couples during the home visiting component of the program. It integrates evidenced based relationship information and skills for couples in connection with information about children's development. The HSCC is implemented in 8 hours of home visiting with 8 core modules. The Loving Couples Loving Children (LCLC) curriculum is 30 hours (15 weeks long) and focuses on marriage and relationship education (MRE) in a group setting. HS/HSO staff determines who might be ready for the group-based setting of the program. Results indicate a statistically significant change in couples' emotional connection upon completion of group-based education. This measure of connection asked couples to rate not only how much they love their partners but also the amount of love received from their partners. Positive sentiment override creates in couples the ability to respond in a loving way when they feel loved by to their partners. Completion of group-based education also appears to strengthen positivity in couples and as a result, their emotional connection.

Integrating Marriage and Relationship Education into Home Visiting Programs

In 2006, through the federal Healthy Marriage Demonstration Initiative, Healthy Start/Healthy Families Oakland (HS/HFO)¹², a home visitation program, began blending marriage and

¹² Healthy Start/Healthy Families Oakland is not affiliated nor receives funding from the Healthy Start Federal Initiative. Healthy Start/Healthy Families Oakland (HS/HFO) was implemented prior to this federal infant mortality effort.

relationship education into its services for unmarried low income mothers and fathers. As a thrice-credentialed Healthy Families America program, HS/HFO's high quality home visiting practices were readily adapted to delivering effective marriage and relationship education programming.

In the last fifteen years, policymakers and researchers have supported home visitation services as a means to prevent child maltreatment, ensure healthy birth outcomes, and improve children's health status (Daro, 2006). There are a number of national models of home visitation including Healthy Families America, Parents as Teacher and the Nurse Family Partnership. Home visitation has demonstrated modest yet statistically significant effects in the promotion of positive parent-child interaction, improved childhood health outcomes, and the prevention of child abuse and neglect (ES range from .26 to .38, $p < .001$), (Geeraert, Van den Noorgate, Grietens, and Onghena, 2004; Sweet and Appelbaum, 2004; Harding, K; Galano, J; Martin, J, Huntington, L; and Schellenbach, C., 2007). With a greater emphasis on both quality and fidelity than when most early home visitation research was conducted, more than 700 communities serving more than 400,000 families throughout the U.S. are now utilizing one of these three models, continuing the concept that home visitation holds great promise in supporting vulnerable families (Wasserman, 2006; Harding et al., 2007).

HS/HFO was established in 1994 as a collaboration between St. Joseph Mercy Oakland – a member of Trinity Health, the fourth largest Catholic healthcare system in the U.S. – and four other human service agencies located throughout the 900 square miles of Oakland County, Michigan. Oakland County is located directly north of the county in which the city of Detroit is located¹³. Through HS/HFO's early work, 30 families from one municipality, Pontiac, were served with intensive home visits focused primarily on the prevention of child maltreatment. Today, this primary purpose, as with many home visiting programs, has expanded to include improving child health outcomes, preparing children for school, improving parental life outcomes, and, with the Healthy Marriage Initiative dollars, supporting healthy couple relationships and increasing father

¹³ As a suburban community of more than 1.2 million residents, Oakland County has more than 60 municipalities and more than 40 school districts (Oakland County Quickfacts, U.S. Census Bureau, 2009). Combined with its neighboring counties of Wayne and Macomb, 2/3 of the state of Michigan's population resides in southeastern Michigan. Annually, there are more than 15,000 children born in the county at one of four birthing hospitals of which 2000 are born at St. Joseph Mercy Oakland. Approximately 80% of the residents of the county identify themselves as White, 13% as African-American, and 3% as Hispanic or Latino. On average, the annual wage of county residents is \$47,000 and most are employed in the manufacturing industry. This average salary is almost \$10,000 a year more than the state average. The overall poverty rate for the county is less than that of the state of Michigan [8.6% versus 14.4%]. (Oakland County Quickfacts, U.S. Census Bureau, 2009)

involvement (Harding, et al., 2007). Close to 300 at-risk families regularly benefit from HS/HFO's intensive services, which are still provided in a collaborative fashion, each partner agency actively providing home visits, connecting families to additional services, and monitoring the quality of the program.

HS/HFO, similar to its sister HFA programs, is guided by 12 standards or critical elements of quality. These are not regulations but evidence-driven standards of practice, which all HFA programs strive to attain (Healthy Families America 2008-2011 Self Assessment Tool). All 12 standards are inter-related and necessary to overall continuous improvement of services to vulnerable families (Harding, et al. 2007); however, several of the standards were specifically related to HS/HFO's effective delivery of marriage education and relationship skill development to newly formed families. In an abbreviated format, these standards are:

- Initiating services pre-natally or at birth;
- Offering services voluntarily and use of positive, persistent outreach efforts to build family trust;
- Providing services that are culturally sensitive and respectful of cultural differences among families;
- Staff who are supported in being non-judgmental, compassionate, able to establish trusting relationships and work in culturally diverse communities;
- Education and ongoing training for staff that supports them in handling a variety of experiences they may encounter when working with at-risk families (i.e. domestic violence);
- Staff receive ongoing, effective and consistent supervision so that they are able to empower families and prevent stress-related burnout.

HS/HFO program leadership was able to use these standards as a guide for effectively delivering marriage and relationship education (MRE).

Building trust with families was the HFA standard that was most central to the integration of MRE into services. HS/HFO home visitors receive intense training on rapport and trust building with vulnerable parents as part of their initial and core training. This training includes such things as actively listening, being consistently available and on-time for home visits, and supporting parents in being the "experts" in both their own lives as well as those of their babies. With the introduction of MRE into HS/HFO, these trust building skills needed to be reinforced in staff with a

more directed effort towards fathers and the couple together. Many HFA as well as other home visiting programs carry the label of being mother-focused and not geared towards fathers (Harding, et al., 2007). This was only slightly true of HS/HFO. When HS/HFO submitted the application for Healthy Marriages Initiative dollars, the primary intent was to increase father involvement through MRE as anecdotally HS/HFO staff saw that families who accomplished program goals (i.e. healthy developing children and violence-free homes) were more likely to have equally engaged mothers and fathers. Four years into the integration process, staff are not only more proficient in orienting educational interventions to both members of the couple, but also to questioning and challenging matrifocal programming, and actively engaging in strengthening the fatherhood capacity of the program. Thus, a series of steps were taken by HS/HFO leadership to support staff in building trust with fathers and to engaging mothers in trusting that fathers should be involved. These steps included:

- Providing a two-day training for the HS/HFO home visitors, who examined views, values, and practices in the home visits that readily engage fathers or readily disengage them;
- Second, specific outreach strategies were developed to recruit both mother and father into MRE. While outreach and retention strategies were tailored strategically to each couple as a unit, a family systems perspective was used to inform those strategies. For example, a mother's report that a father may not be motivated to participate in the program was placed in the context of gate-keeping dynamics. Through the quality standard of regular supervision, HS/HFO supervisors and HS/HFO home visitors would regularly explore opportunities to support mothers in thinking about the role of the father in their babies' lives;
- Third, HS/HFO home visitors would establish readiness for MRE after successful connection with both partners, and as appropriate, with other members of the family; (HS/HFO offered two levels of MRE, an in-home MRE experience or a group-based MRE experience using the Loving Couples Loving Children curriculum.)
- Fourth, facilitating communication between HS/HFO home visitors and the marriage educators to support couples who were enrolled in group-based MRE in making progress through the MRE curriculum week to week, supporting couples' attendance, retention, and program completion.

In addition to these four steps, HS/HFO also took a unique trust-building approach with its group-based MRE by using an evaluation method of continuous feedback. Couples who were ready for

group-based MRE were actively supported in attending once-a-week sessions over 15 week periods to receive the Loving Couples Loving Children curriculum (LCLC). In addition to the expected topics of conflict resolution and building intimacy, LCLC was designed specifically for issues affecting low-income couples – i.e. trust and fidelity and avoiding violence (Dion, 2005). The continuous feedback method was adapted from a translational approach in psychotherapy – Continuous Client Feedback (CCF). CCF involves asking clients to rate their level of satisfaction with facilitation, workshop quality, group cohesiveness as well as the level of connection to each other and their children. CCF research has found that early client improvements predict not only gains at the end of treatment, but also if the client will stay in treatment (Sparks, Duncan, and Miller, 2008). Research with couples in counseling has shown that couples in the CCF condition had four times more clinical significant improvement compared to those where continued feedback was not available (Anke, Duncan, and Sparks, 2009).

While group-based MRE does not involve a therapeutic component and actively avoids therapizing couples, facilitators' empathy and optimal competencies to build group cohesiveness and trust in couples are common to psycho-educational interventions. Thus, real time measurement of progress made by each individual couple, their satisfaction with facilitation, and group cohesiveness was incorporated as a practical way to increase retention and outcomes. Follow up with couples was conducted immediately when a couple rated low levels of connection with partner and/or satisfaction with facilitators.

Several of the advantages of integrating marriage education into comprehensive services for families described here had already been anticipated in the Building Strong Families: Guidelines for Developing Programs (Hershey, Davaney, Dion, and McConnell, 2004). However, specific strategies for integration of those programs were yet to be developed and results of this integration, while promising, awaited evaluation. The following section summarizes outcome evaluation results of the LCLC program. The following hypotheses were evaluated:

- Overall retention rates will be greater for participants receiving home visiting and MRE than for participants receiving only home visiting services.
- Couples ratings of satisfaction with workshop quality and facilitation will be positive related to number of workshops attended and to completion status.
- Couples will report increased love for partner and their children after participating in at least 75% of the group-based relationship education program.

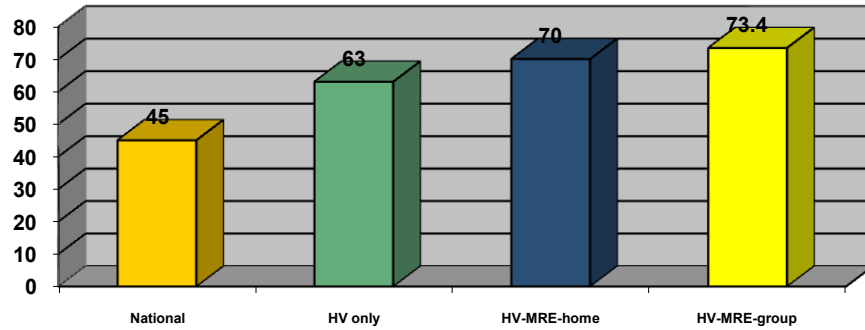
- Couples rating of satisfaction with workshop quality and satisfaction will predict increased connection between couples after adjusting for race, income, and educational status.

Retention Outcomes

Couples were invited to participate in the home visiting program if they had two or more stressors for regular HFA home visiting services, were unwed, 18 years of age or older, expectant or had a child younger than 3 months at the time of enrollment, screened negative for domestic violence, and reside in Oakland County. More than 500 couples were assessed for participation in MRE. Of these, 346 were eligible for services. Of those who were not, the reasons were due to being too young, father being incarcerated, father already being reported as not wanting to be involved in the relationship or domestic violence was present. Of these reasons, domestic violence was reported in 16% of the couples at the initial program intake. Participants who are not eligible for MRE were provided regular home visiting services.

All eligible couples had the opportunity to participate in the home-based intervention, which included 8 hours of marriage education. Additionally, couples who were deemed group ready were invited to participate in the Loving Couples Loving Children group component of MRE. A total of 95 couples enrolled in the group-based program. Completion of group-based relationship education consisted of participation in at least 75% (22 hours) of the total 30 hours/15 weeks workshop program. Exhibit 3 presents a comparison of mean retention rates between families who received only home visitation services, those who received home visitation services with a marriage education component in the home and those who received home visitation services with the group-based experience. Mean rates indicate incrementally higher rates for the blended component. These rates are on average higher compared to the national average rate of 45% reported in a recent national randomized trial with 5,000 couples (Wood, McConnell, Moore, Clarkwest, and Hsueh, 2010).

Exhibit 3. Mean completion rates based on program attended



The educational component at home tied relationship skills to educational parenting and development using a curriculum adapted by the program for this purpose. For the group-based education the program used the Loving Couples Loving Children curriculum, which was designed for paraprofessionals working with low income couples and integrates Gottman's solid relationship house theory (Gottman, 1999). All staff in the program received basic training in the Loving Couples Loving Children curriculum, but workshop facilitators attended an additional 3-day facilitators training. Table 14 shows demographic characteristics of couples eligible for marriage education comparing completers to non-completers for the group-based part of the program.

Table 14. Sample demographics and completion rate for each group

Demographics	Completers (N=128)			Non-completers (N=38)		
	%	Mean F	Mean M	%	Mean F	Mean M
Race						
Whites	29.2			36.4		
African American	5.2			21.8		
Hispanics	64.9			38.2		
Other	0			4.6		
Yearly Family Income		3.32	3.14		2.89	3.64
Less than \$5,000	10.4			12.7		
Less than \$20,000	27			34.5		
Less than \$30,000	32.5			27.3		
More than \$30,000	7.8			0		
Education		2.00	2.22		2.14	1.92
Less than HS	29.9			32.7		
HS or GED	32.5			34.6		
Some college	25.5			25.5		
College Graduate	5.2			0		
In school	2.6			0		

F=fathers; M=mothers

Hispanic couples and Caucasian couples were equally likely to participate in group-based services; however, Hispanic couples were more likely to complete the program. Overall racial differences were statistically significant ($X^2=36.83$, $p<.0001$). Building family cohesiveness is a central value to Hispanics; Sabogal, Marin, Otero-Sabogal, Marin, and Perez-Stable, 1987), which could have influenced retention. Ethnic matching between couples and facilitators could have also impacted higher retention rates for Hispanics. In regard to education and income, it appears that couples who had slightly more resources and education were more likely to complete LCLC but this difference was not statistically significant. The median income for non-completers ranged from \$10,00 to \$14,999 and from \$20,000 to \$24,900 for completers. This is consistent with the program's previous experience of working with low income families, the poorer a family, the less likely they seem to be able to "focus" on meeting higher order needs versus those related to survival.

Program Satisfaction

In order to measure satisfaction with services, the program used the Session Rating Scale (Duncan, Miller, Sparks, Cloud, Reynolds, Brown, and Johnson, 2003), which measures the strength of the

alliance with clients. Optimal reliability and validity indicators have been reported for this scale (Duncan, et al., 2003). Four additional questions were added to measure group cohesiveness, satisfaction with food and environment, and satisfaction with workshop quality.

The program also developed a scale to measure the level of connection between couples and their children. In this scale couples rate the level of love given or received by each partner in the previous week and their level of connection using a 0 to 100 scale. The scale follows Gottman's relationship theory, which proposes that positive or negative sentiment override is a state of emotional connection or disconnection regulated by positivity between partners (Gottman, 1999).

These questionnaires were given to couples during each workshop and were used to help make decisions about interventions needed based on ongoing progress reported. However, comparative analyses were performed for ratings collected during the first workshop as a base line and ratings given during the last workshop as a posttest. Couples ratings are the average of scores for each partner.

Descriptive statistics were used to explore normalcy of variables and to identify outliers, after performing data cleaning. Assessment of multicollinearity, assumptions, and exploration of multivariate outliers was performed estimating the Mahalanobis distance (Tabacknick, 2001). One outlier in the couples' connection posttest was adjusted adding one standard deviation to its value while two outliers in the pretest for the same variable and three outliers in each of the workshop satisfaction variable were eliminated from analysis. Transformation of couples' level of connection and workshop quality posttest did not improve skewness to less than twice its standard error. However, positive skewness was expected for the posttest as couples improve their connection.

Results

Table 15 displays a correlational matrix for covariates, predictors, and outcome variables. The relationship between race, education and income with quality of workshop and facilitation was close to zero and not statistically significant. It appears couples, regardless of economical, educational, and racial background, rated quality of workshop and facilitation high. The relationship between workshop quality/facilitation and couples connection was statistically significant. Couples connection increase significantly as satisfaction with workshop and facilitation increases.

Table 15. Correlational Matrix between covariates, predictors, and outcome variables for completers.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
(1)Race	1.0						
(2)Education	.23	1.0					
(3)Income	-.01	.08	1.0				
(4)Empathypre	.04	.06	.22	1.0			
(5)Empathypost	.08	.07	.18	.46**	1.0		
(6)Connectpre	-.17	.14	.17	.41**	.44**	1.0	
(7)Connectpost	.14	-.15	.23	.63**	.53**	.44**	1.0

**p.<.001

Hypothesis 1 predicted that the overall retention rate would be greater for participants receiving the integrated program, home visiting and MRE, than for participants receiving only home visiting services. Inspection of means for each group showed that the retention rate for participants in the blended program is higher at 70% compared to 63% for those in the home visiting only program.

Hypothesis 2 proposed that levels of satisfaction with workshop quality and facilitation are positively related to the number of workshops attended and completion status. A Person correlation between number of workshops attended and facilitation was not significant. A Logistic regression analysis between facilitation and completion status was not significant.

Hypothesis 3 predicted that participation in at least 75% of the group based relationship education program would increase couples level of emotional connection to each other. A correlated group t-test was used to compare the mean level of connection between partners and their children at the first workshop with the mean level of connection during the last workshop. The test was statistically significant, $t(64) = -5.40$, $p < .001$, suggesting increased connection between partners at the completion of the workshop.

Hypothesis 4 indicated a linear relationship between couples' ratings of workshop quality and facilitation with couples' level of connection after adjusting for income level. Racial background and education were omitted as covariates due to having a low correlation with facilitation variables. Table 16 shows results of the hierarchical regression analyses performed with couples' connection as a dependent variable and facilitation/workshop quality pre- and post-test as independent variables in separate analyses. Results indicate a significant association between

couples' connection at the posttest and quality of workshop and facilitation reported at the start and end of the workshop.

Table 16. Multiple Regression analysis results for workshop quality predicting couples connection.

Variable	B	SEB	β	R	R ²	ΔR^2
Model 1 Income	.63	.54	.18	.18	.03	.01
Model 2 Workshop quality pre	.48	.51	.13	.41*	.17	.01
Model 1 Income	.78	.57	.21	.22	.05	.02
Model 2 Workshop quality post	.31	.45	.09	.65**	.43	.39

*p<.01 **p<.001

Discussion

A relationship between emotional connection and quality facilitation with completion rate and number of workshops attended was not established. However, comparison of mean rates between the program that integrates MRE and the regular home visiting program indicate higher retention rates for the blended approach. The slightly higher rate for the group-based (73%) compared to the home visiting MRE program (70%) appears to indicate an added benefit for retention when group based education is incorporated into to the home visiting component. It is possible that higher retention rates for couples in the group based program also show the benefit of continued monitoring of progress and targeted outreach strategies. However, differences in racial background were statistically significant indicating that cultural values and ethnic matching could have impacted retention for Hispanics.

The statistically significant association between facilitation and emotional connection for couples suggests that workshop quality and facilitation may be also an important aspect of group-based programming with couples. This relationship may be better captured in the positive association between workshop quality and couples connection found in the correlational analysis between these variables. Those results show that emotional connection increases as satisfaction with workshop and facilitation increases ($r=.63$, $p<.001$). About 36% of the shared variability in couples emotional connection is related to workshop quality and facilitation. Further yet, workshop quality and facilitation were found to predict increased connection in couples, both at the start and at the end of the program. This pattern of higher retention rates and the association of facilitation with couples' level of emotional connection is consistent with research demonstrating

that client engagement and outcomes are related to the level of empathy and connection with the provider (Anker, et al. 2009).

Results also indicate a statistically significant change in couples' emotional connection ($t=-5.40$, $p < .001$) upon completion of group-based education. The measure of connection asked couples to rate not only how much they love their partners but also the amount of love received from their partners. Positive sentiment override creates in couples the ability to respond in a loving way when they feel loved by to their partners (Gottman, 1999). Completion of group-based education appears to strengthen positivity in couples and as a result, their emotional connection. While exploratory, these results partially confirm the anticipated benefits of integrating marriage education with quality family services to improve outcomes (Hershey, Devaney, Dion, and McConnel, 2004).

Conclusions and Limitations

Broad comparisons between mean retention rates for the different levels of the program need to be interpreted with caution. Participants receiving only home visiting services have different demographic characteristics and include those not eligible for marriage education. However, couples in the national average retention rate used the same eligibility criteria and were similar to those in the group-based program.

Other limitations in the generalizability of the outcome study include the attrition rate (27%) for couples in the group-based component, which limited posttest comparisons on the outcome variable. The measure of connection between couples requires further standardization, including test-retest reliability as it was used week to week to measure changes made by couples.

In conclusion, integrating marriage education into already existing high-quality home visitation programs has the potential to positively impact couples and retention outcomes. Standards of care, programmatic experience, and organizational infrastructure in the HFA model, for example, can be adapted and readily integrated.

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Implementation Insights and Recommendations

Given the obvious need for these programs, the supports available and incentives to encourage participation and completion, we are left to ponder why more couples don't take advantage of the opportunity and why those who do often don't complete. We consider this especially in light of the fact that when asked about the program directly, participants are very favorable and are often willing to recommend it to their friends. The following insights and recommendations may be helpful as we consider ways to more effectively provide services.

Recruitment. Some insight might be gained from the comments of a young father-to-be who attended a workshop in Grand Rapids. Midway through the Saturday session, he was asked what he thought about the program. He said he was surprised as he thought it was going to be just about parenting and there would be a "bunch of male-bashing" because they weren't married. When asked what he would tell his friends now about the program, he responded that he was already planning to tell one of his friends. He shared that his friend and girlfriend fight all the time and he thought the program might help them get along better.

Much of the program outreach focuses on the couple as new parents because of the target population identified for these priority areas. However if the community perception is that the program is a parenting class that will help couples be better parents, we may be missing out on expecting couples who just need help being a couple. A broader outreach approach may be needed to reach those couples who have children from previous relationships, but are first-time parents together as a couple.

Retention. The length of commitment to the program may be optimum for long-term relationship outcomes, but may be excessive for this targeted population at this point in their lifecycle. Given the identified challenges already faced by many of these couples when they walk in the door – coupled with the prenatal appointments, hospitalization for birth and well-baby visits to follow – a ten-week program may just be too much of a commitment for them to honor even though they enjoy the program. For fathers who are job hunting or taking odd jobs in an effort to support their family, the decision to work over attending the class may not be an indicator of lack of commitment to his partner or his child; it may simply be about survival.

Retention and completion rates appear higher with more intense dosage over a shorter period of time. Perhaps front-loading the program with a couples' retreat focused on relationship skills to help them bond more as a couple, then offering a menu of couple-based modules on parenting,

family finances, etc. without the expectation that they attend every week, would make it easier for more families to stick with the program.

Additional Resources. While many of the OFA programs offered case management or referrals to other services, it is not clear that these programs coordinated access to these additional resources in such a way that couples could realistically take advantage of the services needed (e.g., assistance in becoming financially self-sufficient, a key challenge to forming and sustaining relationships).

In 2003, Dion and Devaney of Mathematica Policy Research, Inc. (MPR) coined the term “magic moment”, a conceptual framework consisting of two main program components and a policy component designed to aid fragile families in strengthening their relationships. The program components consisted of relationship education and “improving marriageability” which means providing assistance with various aspects of finding and maintaining employment; referrals to outside services such as mental health or domestic violence; life skills; parenting and child development curriculum; and co-parenting education and responsible fatherhood services. At the time, Dion and Devaney noted that if programs for fragile families are to have a chance of succeeding, they “must take into account the direct and indirect factors that affect couples and their children.” The researchers highlighted the important role of assessing a couple’s interest in marriage and noted that “. . . efforts to encourage a healthy marriage will not be appropriate for all new unmarried parents (p. 4).”

Data Collection. Because of differences in program components and survey design, many instruments lacked similar questions or asked similar questions in different ways. Using the concepts developed through the grantee performance measurement process, we tried to determine whether programs changed (a) attitude toward marriage, (b) communication, (c) conflict resolution, (d) budget/finance skills, (e) abuse prevention, (f) relationship with co-parent, and (g) relationship with significant other. These concepts were developed to be the basic measures that most healthy marriage programs should be affecting.

As these were demonstration grants with various program formats and flexibility of program elements, it’s not possible to create a complete set of measures that would capture outcomes for every program. However, prescribing some core concepts, such as the seven mentioned above, as the basic set of concepts to be measured can add consistency to the data collection and measurement process. Within these concepts, providing grantees with a set of validated

questions that measure these core concepts would allow for more reliable and valid data analysis. Despite the limitations of the data, we were able to create a composite assessment of grantees providing data on each of the seven programs (that submitted client-level data) using the Wilcoxon signed rank sum test.

Conclusion

There are currently 116 healthy marriage programs funded by OFA and countless other non-federally funded programs throughout the country working to encourage and support couples. In the absence of uniformity across programs, even the best evaluation design is ill-equipped to answer the question "Do healthy marriage programs work?" Perhaps the better question is "What approaches are working?". The BSF study and this review not only offer answers to that question, but insights into why some approaches may be working better than others.

This view is in line with comments provided by David Hansell, Principal Deputy Assistant Secretary, Administration for Children and Families, U.S. Department of Health and Human Services in testimony provided to the Committee on Ways and Means Subcommittee on Income United States House of Representatives. Referring to the BSF study, Mr. Hansell stated:

the fact that relationship education services did demonstrate positive impacts in one of eight sites suggests that there may be lessons to be learned about how to deliver such services effectively (HHS, 2010).

McLanahan, Haskins, Garfinkel, Mincy and Donahue (2010) argue that the precipitous increase in nonmarital childbirths assures the "persistence of poverty, wastes human potential and increases government spending." While the cost to society of the increasing number of children being raised in fragile families has not been given a dollar figure, the evidence related to the likelihood of lower educational attainment, lower occupational status and less earnings suggest it is reasonable to deduce the costs to society are vast. The human toll too in terms of reduced cognitive, social, emotional, and health well-being of children is unacceptable. An increasingly clear picture is being formed about the conditions and capabilities of fragile families, the nature of the relationships between parents, and how children born into these unions fare. Even as scholars assert that, "nonmarital births and mitigating their consequences should be a top priority of the nation's social policy" (McLanahan, Haskins, Garfinkel, Mincy & Donahue, 2010), a dearth of knowledge on community-based relationship programs designed to strengthen exists (McLanahan & Beck, 2010, p. 5).

Through the funding of such grant programs, the Office of Family Assistance has helped to bridge the gap in serving fragile families.

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