national healthy marriage resource center

What Works in Marriage and Relationship Education?

A Review of Lessons Learned with a Focus on Low-Income Couples

Research Report

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The authors wish to thank Mary Myrick, NHMRC Director for support of the research and writing of this Report. We are grateful to the following individuals for their helpful comments on the initial outline and drafts (however, the judgments and opinions expressed are ours alone): Paul Amato, Robin Dion, Kathy Edin, Ron Haskins, Norval Glenn, Sarah Halpern-Meekin, Galena Rhoades, Scott Stanley (members of the Oklahoma Marriage Initiative Research Advisory Group), as well as Nancye Campbell, Carolyn Cowan, Phil Cowan, Andrew Daire, Indivar Dutta-Gupta, Naomi Goldstein, Alan Hershey, Courtney Harrison, Tera Hurt, Virginia Knox, and Matt Weidinger.

I. Executive Summary

Economically disadvantaged children are more likely to grow up in unstable single-parent households and have much less access to the financial and emotional support of their noncustodial parent (typically the father). Family instability places children at risk for a number of negative outcomes and plays a large part in the growing disparities of income and opportunity in the United States.[1] Over the past decade, the federal government and a handful of states have begun to fund voluntary marriage and relationship education programs (MRE) as a new strategy to be added to existing efforts to strengthen families, reduce poverty, and promote child well-being.

MRE programs aim to teach interested couples and individuals in a group format the knowledge, attitudes, and relationship skills that research has shown to be associated with healthy, stable relationships and marriage. The government funding is thus helping low-income[2], racially, and ethnically diverse populations have access for the first time to the types of services which have historically been available primarily to middle-class, white populations.

This Report reviews and synthesizes the lessons emerging from evaluation research and practitioner experience to address two related questions: (a) What have we learned about the design and implementation of government-sponsored MRE programs? and (b) What do we know about the effects of these programs on participants, especially low-income populations? It is based on a 2009 meta-analysis funded by the National Healthy Marriage Resource Center and conducted by Alan Hawkins and Tamara Fackrell (see references).

Presented here are some key findings collected from recent research. This research is considered the "Second Generation" of MRE program evaluation research and is discussed further in Section V.

- **Marriage and relationship education programs—newcomers in social policy—are operating well throughout the United States**. Low-income couples (married and unmarried), as well as high school students, single parents, Head Start parents, refugee families, military couples, prison inmates, and others are participating in large numbers in MRE programs in many communities throughout the United States. As with other voluntary programs, recruitment and retention can be challenging. But those who engage in the programs learn new behaviors and relationship skills (e.g., communication, conflict resolution, cooperation) about the nature of commitment, what a healthy, non-abusive relationship is, how to manage their finances, how to nurture and sustain the positives in their relationships, and much more. Participants generally highly value and enjoy the educational experience and

1 The Twenty-Six Conclusions: A Snapshot. Why Marriage Matters: Twenty -Six Conclusions from the Social Sciences. Institute for American Values, 2005. http://center.americanvalues.org/?p=7.

2 In this Report, the term low-income generally refers to individuals and families who are below two times the poverty line (< 200% poverty), which includes a large group of economically stressed families who are not under the official poverty line (about $22,000 for a family of four). While these publicly funded MRE programs are not required to specifically target low-income families, those located in low-income communities generally do serve mostly disadvantaged individuals and couples. (One of the federally funded large-scale demonstration and evaluation projects limits enrollment only to low-income participants).

report that it helps them be better partners. Those who have children also report that MRE helps them become better parents.

- **Many MRE programs are successfully engaging low-income men/fathers in learning how to be more effective partners and parents.** Studies suggest that the programs' focus on improving relationships between partners is a very effective strategy for helping fathers become more actively and responsibly engaged with their children.

- **Investment in program development and program management is critical to helping these new types of government programs be successful.** In their start-up phase, programs faced and, with assistance, largely overcame many new challenges as they learned how to design and adapt MRE programs and curricula for diverse populations delivered in many different program settings.

- **MRE programs for low-income populations seem to work best when they create strong organizational partnerships.** Those programs that work closely with health, employment, domestic violence prevention, child support and related social service programs are more successful with recruiting participants and helping them get other services they need.

- **The emerging evidence suggests that MRE programs can work for low-income populations as well as for those who are economically better off.** The evidence from a new meta-analysis of 15 program evaluations (including three randomized control trials) shows that MRE programs can have positive, moderate-size effects on low-income couples' relationship outcomes, at least in the short run. However, the largest and most rigorous study of low-income, unmarried couples produced mixed results and shows there is still much to learn.

- **Across nearly all the studies reviewed for this Report, MRE improves communication—a core, essential relationship skill—as well as other measures of relationship quality**. There is also some initial evidence that MRE for low-income couples can decrease divorce rates, reduce aggression, and improve children's problem behaviors.

- **Much has been learned, but there is more to be studied.** During the next three years, the results of several large-scale, multi-site, federal demonstrations will provide more rigorous evidence of the long-term efficacy and viability of MRE programs and assess a wider range of potential benefits for low-income couples, their children, and their communities.

This Report begins with a summary of the key lessons that have emerged from implementation studies of MRE programs currently in the field. Next, it summarizes and synthesizes the evidence on program effects from strong evaluations conducted on the first generation of MRE programs (i.e., from the mid-seventies to the early 2000s, prior to substantial public funding). Results are then presented from a new meta-analysis of 15 evaluation studies, including three randomized control trials (many of them funded by the federal government), of second generation MRE programs serving low-income populations. The Report briefly mentions the Building Strong Families multi-site experiment which released its interim impact findings in May 2010. The conclusion summarizes the overall results to date and ends with a list of recommendations for future research.

II. Introduction

Voluntary marriage and relationship education (MRE) programs are new programs in the social services arena. In essence, the goal of MRE programs is to enhance current relationships and prevent future problems by teaching couples and individuals—generally in a group setting—the skills, attitudes, and behaviors needed to help them form and sustain healthy relationships and marriages. MRE differs from couple therapy or counseling, which is provided one-on-one to a couple by a licensed therapist and focuses on their particular, potentially deep-seated problems (Ooms, 2010). MRE is skill-based, educational, and delivered in a group setting (see text box on page 5 for more information).

MRE programs arose from growing public concern that high rates of single parenthood and family instability placed children at risk of poverty and a host of negative outcomes (Amato, 2005; Beck et al., 2010; Cherlin, 2009; Osborne & McLanahan, 2007). Among the many economic, legal, and cultural factors that are known to contribute to these changes in family trends, researchers also identified specific couple communication patterns, attitudes, and behaviors that were associated with marital success and failure. Importantly, studies show that these relationship factors are amenable to change by educational interventions (Hawkins, Blanchard, Baldwin, & Fawcett, 2008).

MRE began in the fifties and sixties as a few grassroots, faith- and community-based, privately supported programs designed and delivered by professional educators and religious groups. It has since mushroomed into a nationwide, loosely connected network of hundreds of programs, nested in a variety of public and private settings, some of which currently receive substantial amounts of public funding. MRE programs now serve much more economically and culturally diverse populations and are designed for individuals and couples across life stages in various circumstances.

Beginning in the late 1990s, several states began to fund healthy marriage and relationship programs (e.g., Oklahoma, Utah, Michigan, Florida, Louisiana, Arizona, Texas, and Alabama). In 2002 the Administration for Children and Families, Department of Health and Human Services, launched a federal Healthy Marriage Initiative and began to fund MRE demonstration programs. In 2005, the U.S. Congress passed the Deficit Reduction Act (DRA), which was signed into law by President Bush and implemented in early 2006. As part of the reauthorized TANF welfare program, DRA included $150 million a year for five years to fund healthy marriage and Responsible Fatherhood programs (National Healthy Marriage Resource Center, 2010).[3] Policymakers' expectation was that investing public funds in these programs would help spur public and private efforts to improve couple relationships, strengthen marriages, engage fathers, reduce divorce and non-marital childbearing rates, and thereby indirectly—and most importantly—reduce child poverty and improve child well-being.

This Research Report aims to respond to the broad interest in what is known about the effects of these kinds of programs. How successful are they? Do they achieve their goals and for whom? Can they be delivered effectively to economically disadvantaged populations at greater risk for relationship problems?

3 These federally funded programs are officially referred to as "healthy marriage" programs. However, since many offer instruction to high school students, single adults, or couples who are neither married nor engaged, we employ throughout this brief the more inclusive and accurate term "marriage and relationship education" programs (MRE).

What is Marriage and Relationship Education?

Marriage and relationship education (MRE) programs provide information and teach attitudes, skills, and behaviors designed to help individuals and couples achieve long-lasting, happy, and successful marriages and intimate partner relationships. This includes making wise partner choices and avoiding or leaving abusive relationships.

MRE is based on decades of research into risk and protective factors and laboratory studies identifying couple interactions associated with successful marriages. These led to the pilot testing of demonstration programs that showed relationship skills and behaviors can be learned. The evidence basis of MRE gains additional support from related neuroscientific studies that underpin the concept of "emotional intelligence." In these programs, couples generally learn and practice good listening and problem-solving skills and learn to manage their emotions better in conflict conversations. Many programs also help couples discuss and resolve different expectations about their relationship. Some programs also emphasize the importance of marital virtues such as commitment, loyalty, fairness, and forgiveness. Some address specific topics, such as balancing work and family demands, managing finances, or sexuality.

MRE programs are now being offered at no cost to large numbers of interested individuals and couples from economically disadvantaged populations and from diverse cultural, racial, and ethnic populations. Substantial efforts are being made to customize program design, setting, and curriculum content to be more effective with these diverse populations.

Most commonly, MRE refers to structured programs, classes, and workshops provided to groups of couples, offered on a voluntary basis in the community, churches, campuses, public schools, and social service agencies. The programs vary in intensity, ranging from one half-day meeting or weekend workshop/retreat to weekly two-hour meetings that continue for 6–18 weeks or even longer. However, MRE also can be provided to the general public through media campaigns, website fact sheets, DVDs, self-guided Internet courses, and other outlets.

MRE aims to be preventative in nature—to provide information to enrich, protect, and strengthen relationships before serious problems arise. However, MRE programs often attract couples experiencing stressful transitions and some programs specifically target distressed couples. MRE is generally distinguished from face-to-face, individualized couples counseling or therapy.

For further information, see Ooms (2005; 2007); Hawkins, Carroll, Doherty, & Willoughby (2004).

The answer to these questions requires an assessment of both the process of program delivery and the impact of the services. When a decision is made to invest in a major social experiment, both process and outcome/impact evaluations should be conducted in tandem (Rossi, Lipsey, & Freeman, 2004; GAO, 2009).[4] The following questions guided the development of this Report.

- **What has been learned about whether MRE programs are designed and implemented as intended?** Before a program is subjected to rigorous outcome evaluation, one needs to know whether it is in fact providing the services to the intended populations. Process evaluation studies, often referred to as implementation studies, are designed to answer this question. In addition, implementation studies can help unravel what aspects of the service delivery strategy may be contributing to the program's success or lack of success, as well as what kinds of improvements are needed to help the program work better in the future.

- **What is known about the outcomes and impacts of marriage and relationship education programs?** This question is best addressed through rigorously designed experiments. Randomized controlled trials (RCTs) are generally considered the "gold standard" in the social sciences. However, a recent government report acknowledges that "a variety of rigorous methods can help identify effective interventions" (General Accounting Office, 2009). Thus, as appropriate, this Report draws upon findings of other types of evaluation as well.

III. Implementation Lessons

Before attempting to rigorously assess the impact of any new type of social program, it is important to learn if the program is being implemented as intended. What resources are needed to deliver these programs well and who can best deliver these programs? Will couples and individuals be attracted to and come voluntarily to these programs? Do they complete the MRE course? And what do they report about their experience? What design elements and program practices are associated with successful programs?

Answers to these questions were obtained from three primary sources: (a) observations and information gathered by those providing technical assistance to the federally funded healthy marriage programs (see McGroder and Cenizal, 2009, and Office of Family Assistance, 2009); (b) the final report and a series of briefs from the federally funded process evaluation of the Oklahoma Marriage Initiative—the longest running and most comprehensive state healthy marriage initiative (Dion, et al., 2008; Hendrick, 2009); and (c) results of the formally designed implementation

4 See Appendix 1

(process) studies conducted as part of the overall evaluations of the multi-site federal experiments, Building Strong Families (Dion, et al., 2006, 2008) and Supporting Healthy Marriages (Gaubert, 2010).[5] These implementation studies draw upon detailed program report data (participant characteristics and attendance); semi-structured interviews and focus group discussions with a small number of participants before and after their participation; and again, observations by technical assistance providers.

Key lessons learned from the methods discussed above include:

- *Many programs have learned how to deliver MRE successfully to low-income participants.* Since MRE programs were new in most communities and not well known, recruitment was initially a challenge—especially recruitment of men and fathers—and remains so for some. But many programs have learned effective ways to recruit and retain participants, and men and women are attending in large numbers. Many have adapted program design and curriculum to better meet the needs of culturally and ethnically diverse populations they aim to serve. When barriers to their participation are appropriately addressed —for example, by providing child care, transportation, or food, or by holding sessions on evenings and weekends—low-income couples attend in significant numbers. However, as is the case in many other voluntary programs for low-income populations, regular attendance can be a significant challenge.[6] Retention efforts for married, low-income couples appear to produce sustained program engagement, but some programs have struggled to keep low-income, unmarried, expectant couples engaged in MRE. The programs have received considerable support in their communities and, after some initial skepticism, are generally well regarded by community leaders and other service providers.

- *The successful involvement of men/fathers in many MRE programs is a positive achievement as it helps them become more active and involved with their children.* MRE programs that serve married and unmarried parents of infants and young children are serving, in effect, as successful father-engagement programs, helping the father to connect better to the child and the child's mother (see Cowan, P. A., et al., 2009).

  Engaging men and fathers in voluntary health, education, and human service programs is something that few human service programs have done successfully in the past. Many of the MRE programs learned how to reach out into communities and market programs successfully to men by developing creative incentives for participation, offering a male-friendly physical environment, and using male/female teams as recruiters and workshop facilitators. (It is worth noting that MRE programs for the most part were **not** funded to address the major barriers many men experience when trying to be responsible and involved partners and fathers—such as low literacy, unemployment, low wages, high child support debt, etc.).

  Once men come and participate in the first activity, they frequently become fully engaged and comfortable with well-run programs. While some programs said that emphasizing to fathers

5 See Appendix 2 for more details about these large-scale, federally funded demonstration and evaluation programs.

6 Dion, et al. January 7, 2008. Implementation of the Building Strong Families Program. http://www.mathematica-mpr.com/publications/pdfs/bsfimplementation.pdf submitted to US DHHS ACF OPRE.

how their child will benefit from their participation was a key motivator, others found that it was the unique, primary focus on the couple relationship that was the major attraction because so few programs for low-income families consider the couple relationship, and there was a palpable hunger for these kinds of services.

- *MRE programs are popular and highly valued by participants.* In participant surveys, focus groups, and testimony at meetings, MRE participants who engaged significantly in the programs report that they benefitted from these programs in several ways. They are generally enthusiastic about the group sessions and especially appreciate their relationship with facilitators and interacting with other couples in similar situations. They report learning and using specific relationship skills such as communication, problem-solving, anger management, and valuing information about commitment and effective parenting. As a result, participants self-report improvements in their relationships with their partner and with their children. When asked what they would recommend to improve the program, the most frequent responses center on extending services: providing booster sessions and reunion events, covering even more content in classes, and making the program more widely available to others (Dion et al., 2006; Dion, Hershey, et al., 2008).

The following are some key principles and ingredients for success:

- *Investment in program development and management is critical.* As in any new field, programs can benefit from expert technical assistance and support up front. In their initial start-up phase, the large majority of grantees funded by ACF to deliver MRE services found themselves facing many new challenges. The recruitment and the retention of both men and women into the programs were difficult. Further, some grantees that were already established, government-funded health or human service programs were generally oriented to serving low-income mothers and their children. Their primary challenge was learning to recruit and serve men/fathers and to focus on the couple as their "client." They had to become familiar with relationship and marriage curricula and identify and train appropriate staff to be workshop leaders and facilitators. Grantees who already had experience in delivering marriage and relationship education, typically as independent operators, faced a somewhat different set of challenges—learning to operate an effective program "at scale" to serve more diverse populations and to manage federal grants and conform to government guidelines and expectations.

- *No one type of organization seems best suited to deliver MRE programs. Program sponsors and organizational settings vary, and each brings different strengths and assets to this field.* For example, ACF-funded MRE grantees are a highly diverse group of organizations based in the non-profit, for-profit, educational, and faith-based sectors, as are many of the programs funded by states. Some are partnerships between programs or agencies or are guided by broad coalitions of community groups. Some are embedded in an

established, multi-service agency or large church, many already serving low-income families (e.g., Head Start or the YMCA) or within a wider public service system such as a school, prison, or welfare agency. Others are "free standing" and operate autonomously. Some rely on professionally-trained staff while others draw upon trained paraprofessionals, often residents of the community. Each type of organization brings advantages and disadvantages.

Programs that are part of a larger agency or coalition may be more successful at referring couples to other needed services. However, the degree of fit between the mission of the host agency and the MRE program can, at least initially, be problematic. The Oklahoma Marriage Initiative found that obtaining the support and "buy in" of front-line staff in various agencies was critical to the success of its MRE workshops (Dion, et al., 2008).

Free-standing programs may have more flexibility to design and implement creative new approaches to MRE programming. However, they may struggle to link effectively to other service organizations.

In settings where there are multiple partners (such as a coalition) it is sometimes difficult to manage accountability and oversee the activities offered by partner organizations. The strength of the partnership model is the numerous MRE services offered throughout the community. Couples/individuals typically have the option to see services from a variety of providers.

- *Programs that develop collaborative partnerships with community-based service providers are more successful with recruitment.* Technical assistance providers have observed that successful MRE programs create cooperative relationships with key institutions, programs, and community groups that are helpful in recruitment. Programs working in low-income communities especially need collaborative, mutual-referral relationships with the agencies and programs that provide other services low-income couples and single parents need (e.g., employment, job training, child care, housing, health care). Some programs are also working closely with Responsible Fatherhood programs or unintended pregnancy prevention programs, and nearly all have created a consulting relationship with local domestic violence prevention services. (Note that consultation with domestic violence experts is a program requirement for federally funded programs.)

- *Creative recruitment and retention strategies are essential for voluntary programs.* Recruitment and retention initially presented major challenges and still do for some programs. Historically, low-income couples are generally less likely to seek either counseling or educationally oriented services and have had little exposure to marriage and relationship education. As a recruiting strategy to reach unmarried expectant couples, the Atlanta Building Strong Families site stationed recruitment staff at a prenatal clinic of a hospital. Recruitment workers assisted hospital staff by helping patients navigate the facility and were able to tell potential program participants about the program and study and assess their eligibility on the spot.

  To overcome barriers to participation, many programs provide child care and transportation, offer free meals and other forms of tangible incentives, and some structure enjoyable initial orientation sessions where participants get to know one another before committing to attend the program.

A strong focus on keeping participants engaged is needed for many couples to fully experience these programs. To effectively recruit and retain participants many programs have hired and trained recruitment staff and facilitators who are familiar with the culture and share a similar background to participants.

- *Programs can be successfully adapted to fit diverse populations and the needs and interests of agency clients by offering free programs (as opposed to charging a fee-for-service) and by adding new information to their curricula.* Federal and state MRE programs are now serving large numbers of economically disadvantaged individuals and couples in different life circumstances as well as from diverse racial, ethnic, and religious backgrounds. Some programs are offered for free; others charge a small fee of $5-20 to encourage commitment to attending the program, but some of these refund the fee upon successful completion of the program. Additional content modules are being added to core MRE curricula (e.g., budgeting and financial education, co-parenting for MRE partners). For example, the Hispanic Healthy Marriage Initiative (with funding from the federal government and the Annie E. Casey Foundation) developed three curriculum modules that address culture, gender, and communications that are specific to Latino culture but can be added to any MRE curriculum (www.healthymarriageinfo.org). While many of the core curriculum components of evidence-based MRE programs have universal applicability, curricula are being adapted to use the terms, stories, and examples that resonate with the particular minority or ethnic culture and incorporate specific cultural beliefs and acculturation experiences (Ooms, 2007). Also, curricula are now being adapted for single women and men making decisions about relationships, rather than those already involved in a committed relationship. (For example, see Within My Reach at www.withinmyreach.com, and Why Knot? at www.fatherhood.org). Alabama and Utah have adapted a variety of MRE programs for lower-income participants.

Domestic violence information can be addressed and integrated throughout the program.

- An initial concern about the expansion of MRE programs through federal funding was that low-income participants (who are more likely to experience higher levels of stress that may lead to relationship aggression) may find that the program stirs up or exacerbates any latent abusive or violent behavior. All federally funded grantees are required to ensure that program participation is voluntary and to collaborate with domestic violence experts; in many communities, these collaborations have worked well (NHMRC, 2010).
- The National Domestic Violence Resource Center has worked as a partner with the National Healthy Marriage Resource Center to prepare written information (guides and other tools) and offer technical assistance to help programs develop and maintain individualized domestic violence "protocols" or guidelines for assuring that domestic violence issues are appropriately addressed in programs (Menard, 2009). Increasing numbers of MRE program staff and instructors are more knowledgeable about the indicators of domestic violence and how to conduct screening at intake. In addition, they have learned how to create safe opportunities for disclosure and how to refer victims to the appropriate domestic violence services in the community. Also, information about domestic violence—what is an unhealthy, abusive relationship—is now more likely to be incorporated into the curricula. As a result, some

participants realize that their current relationship is unhealthy and may decide to end it and/or take steps to get help. These domestic violence awareness and prevention efforts appear to be "trickling down" to state, community, and private MRE efforts, as well (Whiting, et al., 2009).

- Many difficult and sensitive questions remain regarding a blending of Domestic Violence and MRE fields. Organizations from the two fields co-sponsored a meeting in May 2009 to review and discuss the research on different types of domestic violence and discuss implications for practice (Derrington et al., 2010). Emerging promising practices highlighted at this meeting are in *Making Distinctions Among Different Types of Intimate Partner Violence: A Preliminary Guide* (http://www.healthymarriageinfo.org/docs/Making-Distinctions_web2.pdf)

Trends. The MRE field can be expected to continue to evolve, change, and learn many new lessons as it serves more diverse populations at different stages of the life cycle and uses different formats and delivery methods. Here are some of the emerging trends:

- Providing MRE to single individuals and to youth—both in school and out—to teach healthy relationship skills to those who may be in dating relationships (Kerpelman et al., 2010; Rhoades, Stanley, & Markman, 2009).
- Adding a MRE component to services provided in different institutional settings—such as prisons, Head Start, job training, welfare and child support offices, child welfare agencies, and corporations, as has been done in the Oklahoma Marriage Initiative (Dion, et al., 2008).
- Integrating a relationship focus into health care programs and settings; for example, programs to help couples with the challenges of living with and managing a serious chronic illness or disability (Staton & Ooms, 2010).
- Exploring ways to add a relationship dimension to the services currently provided to disadvantaged youth (Wheeler & Harrison, 2010).
- Using internet/interactive technologies as a delivery strategy (Duncan, Steed, & Needham, 2009) and at-home, self-guided education (Halford & Wilson, 2009; Olson, Larson, & Larson-Sigg, 2009) to reach more people and those without access to (or a desire for) a face-to-face group setting model.
- Increasing efforts at broad public health education activities through distributing written materials to the general public. At least five states (Alabama, Louisiana, Oklahoma, Texas and Utah) now provide magazine-type guides to all marrying couples when they apply for their marriage license (see http://www.healthymarriageinfo.org/policy/state-guidebooks-on-marriage-and-divorce for sample guides available online). And several states and community initiatives employ ongoing media campaigns using public service advertising (for example, see www.twoofus.org, www.strongermarriage.org, and www.camarriage.com).
- Providing preventive educational services to couples who often are in highly distressed relationships. Previously, this population only had therapy/counseling as an option.

IV. Results from the First Generation of MRE Program Evaluation Research

While the practice of marriage and relationship education emerged in the first half of the twentieth century, scientific evaluation of the efficacy of these interventions did not begin in earnest until the mid-1970s. There was a relatively steady stream of studies from 1975 through the mid-2000s, when major public funding for MRE demonstration programs first became available. This period is referred to as the first generation of MRE program evaluation research. Over this 30-year period, there were nearly 150 evaluation studies (see Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Fawcett, Hawkins, Blanchard, & Carroll, 2010; Hawkins, Blanchard, Baldwin, & Fawcett, 2008). With only a handful of exceptions, however, these studies were based on predominantly middle-class, well-educated, non-distressed couples, and the samples often were quite small. Most programs were delivered in clinical or university settings, although some were delivered in a religious setting. About a third of these studies were randomized control trials (RCT), which provide the most rigorous test of program efficacy. Researchers generally chose to measure relationship quality or satisfaction and some indicator of communication or problem-solving skills as the outcomes most closely associated with healthy, long-lasting marriages. Many studies included follow-up assessments of outcomes, but only a handful followed samples much longer than six months after the program. The average "dosage" of the evaluated programs was about 12 hours of instruction. Most programs targeted either young

married couples (marriage enrichment) or engaged couples (marriage preparation).

What is known about the efficacy of these programs from this first wave of studies? A few researchers have conducted systematic syntheses of this body of evaluation research, known as meta-analysis (Blanchard et al., 2009; Butler & Wampler, 1999; Carroll & Doherty, 2003; Fawcett et al., 2010; Hawkins et al., 2008; Reardon-Anderson, Stagner, Macomber, & Murray, 2005). Meta-analytic studies systematically combine all studies on a particular topic to assess what the overall research findings suggest. (For more details, see the accompanying glossary of research terms.) For this Report, the three most recent meta-analytic studies are included (Blanchard et al., 2009; Fawcett et al., 2010; Hawkins et al., 2008) to summarize what was learned from the first generation of MRE program evaluation research.[7]

The most rigorous RCT-design studies showed that MRE programs were effective in improving relationship quality (d = .36) and somewhat more effective at improving overall communication skills (d = .44). In lay terms, those who had MRE were 40–50% better

7 The Butler and Wampler (1999) meta-analysis focused on only one particular brand of MRE program, *Couple Communication*. The Carroll and Doherty (2003) meta-analysis focused only on premarital education programs and had some methodological problems. The Reardon-Anderson et al. (2005) meta-analysis, which was funded by the Administration for Children and Families, Office of Planning, Research, and Evaluation, included both marriage education and marital therapy intervention studies, making it difficult to understand the independent effects of educational versus therapeutic interventions.

off overall in terms of relationship quality and 50–60% better off in terms of communication skills compared to those who did not have MRE (Hawkins, Blanchard, Baldwin, & Fawcett, 2008). The quasi-experimental studies overall showed a similar pattern of results. Both men and women appear to benefit roughly equally from the programs. So MRE programs in this first generation of studies appear to provide some benefits to participants.

When researchers examined those studies with short-term follow-up assessments, positive program gains were generally maintained, at least for 3–6 months. The few studies that looked at divorce rates found that MRE appeared to increase marital stability, at least in the first 2–3 years of marriage (Hahlweg et al., 1998; Markman et al., 1993), which are high-risk years for divorce. MRE programs demonstrated positive program effects at short-term follow-up assessments for somewhat distressed couples as well as preventative effects (i.e., prevented relationship deterioration) at longer-term follow-up assessments (greater than 6 months) for well-functioning couples (Blanchard et al., 2009). Premarital education programs for engaged couples appear to have strong effects on communication skills, especially if researchers assess these outcomes with observational measures (Fawcett et al., 2010). These modest, positive results helped to provide the rationale for government funding to expand access to MRE programs.

Despite these positive results from the first generation of MRE program evaluation research, there is ample room for improvement in this body of research. For instance, measurements of long-term effects of MRE programs on marital stability or divorce were rare. (Of course, studies of long-term effects are rare in nearly all intervention research.) Also, perhaps because this generation of programs did not focus on parenting issues, virtually no studies examined whether any improvements in couple outcomes translated into better outcomes for children. One exception was a program for couples with school-aged children that combined a couple focus and parent focus. In this randomized control trial, the positive effects on couple relationship quality and child outcomes remained statistically significant ten years later, as the children made a transition to high school (Cowan, Cowan, & Heming, 2005).

Foremost in the critique of the first generation of MRE research, however, is that these studies do not shed much light on whether MRE can help those in most need: low-income, less-educated, more-distressed couples (Ooms & Wilson, 2004). As mentioned earlier, only a handful of these first-generation studies included significant numbers of more disadvantaged couples, who have higher divorce rates than their middle-class counterparts (Cherlin, 2009). While there is some evidence—based on samples that have considerable range of income levels and race/ethnicity—that MRE effects are not increased or decreased by these differences (Stanley et al., 2005; Stanley et al., 2006), what has been lacking is research on programs that are focused specifically on low-income couples and individuals. Fortunately, a second generation of recent studies is beginning to address this.

V. Early Results from a Second Generation of MRE Program Evaluation Research

Beginning in about 2002, state and federal policymakers began investing significant funds in MRE demonstration programs, many of them targeted primarily to low-income, less-educated couples who are at higher risk for relationship problems and dissolution and who have the least access to MRE. Since then,

roughly three hundred MRE demonstration programs and initiatives have been funded by the federal and a handful of state governments. This total includes 125 five-year healthy marriage demonstration grants and approximately one-third (or 27) of the 98 Responsible Fatherhood grants which included MRE. All of these demonstration grants are administered by the Office of Family Assistance, funded under the Deficit Reduction Act of 2005. Programs are delivered in a variety of settings, including human service agencies, healthcare facilities, faith-based organizations, and community settings. These demonstration grants were competitively awarded to learn what it is possible to do in these programs and they were not expected to conduct formal outcome evaluations. Nevertheless, a few of these programs have been or are being formally evaluated, contributing to an emerging body of research on the efficacy of MRE programs targeted to more disadvantaged couples.

In the 2009 meta-analysis (Hawkins & Fackrell, 2010), researchers searched for MRE program outcome evaluation studies targeted primarily to low-income couples. They identified 15 studies that met their criteria.[8] These included several recently published studies, studies accepted for publication in peer-reviewed journals but not yet in print, and unpublished reports from various demonstration projects. Only three of these studies had the most rigorous experimental evaluation designs. Twelve of the studies employed a pre-post test design following a group of participants over time to assess potential improvement, but did not include a comparison or control group.

This meta-analysis found a statistically significant overall effect in the three experimental studies of MRE programs targeted to low-income couples, which used a set of outcomes that included relationship quality, commitment, relationship stability, and communication skills (d = .25). In other words, those who had received MRE were 20–30% better off compared to those who did not. In addition, when looking at the 12 less rigorous (one-group/pre-post test design) evaluation studies, there was a similarly modest, significant effect (d = .29). Notably, when looking just at the outcome of communication skills in these 12 studies, the effect was stronger (d = .41). Many researchers would consider these effect sizes to be moderate in magnitude.

There is some early, encouraging evidence, then, that MRE programs targeted to more disadvantaged couples can have small-to-moderate effects in improving couple relationships. Although the pre-post designs of most of these evaluation studies, by themselves, are considered weak, the fact that the three RCT studies were similarly positive suggests some degree of confidence in the results overall. However, much more research is needed.

It may be helpful to compare the strength of these program effects to other programs aimed at affecting family behavior. For instance, the National Evaluation of Family Support Programs meta-analysis found a nearly equivalent, short-term effect size of d = .26 on parenting behavior (Layzer et al., 2001). Other research has found relatively similar effect sizes for adolescent pregnancy prevention programs (d = .33), alcohol and drug abuse prevention programs (d = .30) (see Lipsey & Wilson, 1993, Table 1), and co-parenting education for divorcing parents (d = .39) (Fackrell, Hawkins, & Kay, in press).

Some scholars initially expressed considerable doubt that MRE programs can help more disadvantaged, distressed couples because the programs may not

8 This meta-analysis identified 12 reports; three of these reports included two independent studies. Thus, there were 15 independent studies for analysis.

deal adequately with the significant psychological, social, and economic challenges that these individuals often face in forming and sustaining a healthy marriage (Huston & Melz, 2004). However, in this recent meta-analytic study the effects observed for these more disadvantaged couples were similar to the effects seen in the first-generation programs for more advantaged, middle-class couples (Hawkins et al., 2008).

A more detailed look at three of the most rigorous studies of demonstration programs providing MRE to more disadvantaged couples may be instructive.

- One study followed a moderately sized sample (N = 371 couples) of low-income, mostly Hispanic couples in California for two years (Cowan et al., 2009). The study was designed to examine the effects of psycho-educational, group-delivered activities designed to promote fathers' engagement with their children and strengthen couples' relationships. Study participants were randomly assigned either to a fathers-only educational intervention group (32 hours of instruction), a couples group (mothers and fathers attended the program together, with almost the same program content as the fathers-only group), or a control group (one group meeting emphasizing fathers' importance to their child's development and providing limited written parenting information). Compared to the control group, both treatment groups showed modest but positive outcomes on father engagement, couple relationship quality, and children's problem behaviors. Also important was the finding that participants in the couples group also showed reductions in parent stress and increased stable marital quality. Additionally, participants in the couples group showed more consistent, longer-term, positive outcomes than those in the fathers-only group, suggesting the value of couple-oriented groups.

- There is some early, intriguing evidence that MRE for lower-income couples may decrease divorce rates and reduce aggression. In the first study to use a randomized controlled trial to assess effects on divorce, researchers recruited a moderately sized sample (N = 476 couples) of lower-income couples with one spouse in the Army and followed them for a year after completing the Prevention and Relationship Enhancement Program for Strong Bonds program (Stanley, et al., 2010). This program consisted of 14 hours of the PREP program as adapted for and by the Army, and included a one-day seminar occurring on a weekday on-post, followed by a weekend retreat at a hotel off-post. One year after completing the program, the researchers found that couples assigned to take the Army PREP program had a divorce rate that was one-third that of control-group couples. While statistically this was a moderate effect size, in real-life terms this indicates a potentially large and meaningful difference.

- Finally, in another study, there was some evidence that low-income individuals who participated in the PREP-based *Within My Reach* program reported less relationship aggression (or left violent relationships) six months after the

program, although this study did not include a comparison control group in its design (Antle et al., in press).

Over the next years, more will be learned about MRE program efficacy for low-income couples from several studies now in progress. Of particular interest are two large-scale, longitudinal, multi-site randomized controlled trials funded by ACF. One study, *Building Strong Families* (BSF) is designed to serve low-income unmarried, romantically involved parents who were expecting or who had recently had a baby. The second study, *Supporting Healthy Marriages* (SHM) is focused on low-income married parents[9]. *Community Healthy Marriage and Relationship Education Evaluation* (CHMREE) will test whether community saturation efforts to promote MRE can improve outcomes. (For more details about these forthcoming studies, see Appendix 2).

In late May, 2010, the 15-month interim impact results of the *Building Strong Families* evaluation were released.[10] The findings of this study were mixed. When the results were averaged across all eight program sites at about one year after the program, BSF did not make couples more likely to stay together or get married, nor did relationship quality improve.[11] However, the results differed between the program sites and across particular sub-groups. Across sites, African American couples were positively affected by BSF, although the reasons for this are not yet clear. The program increased constructive conflict management and decreased destructive conflict behaviors. African American BSF couples were more likely to be faithful to each other and less likely to experience abuse. These couples also were better co-parents.

One program site had numerous positive effects on couple relationships and father involvement for African American, Hispanic and White participants. This site was the most successful at keeping couples engaged in the program, with nearly half receiving at least 80% of instructional time (compared to only an average of 10% at the other sites). This site also used a different (and shorter) curriculum than most of the other sites. A second site, however, had seemingly negative effects, as it saw more relationship breakup, as well as poorer co-parenting in the treatment group. Also, there were more reports of domestic violence in the BSF couples at this site. However, it is unclear whether the program produced more incidents of domestic violence—which clearly would be a negative outcome—or whether individuals were more likely to recognize domestic violence (and other serious problems) in the relationship, report it, and terminate the relationship, which would be a positive outcome. These findings were interim results; final results when the study's target child is about three years old could be different.[12] Nevertheless, these initial results from the BSF study are important in understanding the potential for relationship education programs for disadvantaged, unmarried parents; the results also reveal numerous questions needing further analysis.

9 See http://www.mdrc.org/publications/495/full.pdf for recent SHM publications

10 The results of the BSF study were not included in the low-income MRE meta-analysis discussed in this report (Hawkins & Fackrell, 2010).

11 Note that researchers employed the most stringent and conservative analyses for detecting effects—intent-to-treat analyses which compares all couples assigned to the treatment group—regardless of whether they ever participated in the program or how much they participated—to all couples assigned to the control group. The rigorous intent-to-treat analysis is common in evaluations of large-scale demonstration programs. Overall, across all sites only about 10% of couples received a strong dosage (defined as 80% of intended treatment) of the intervention.

12 For the Executive Summary and full report—as well as the accompanying technical report of the BSF Impact Study—see http://www.acf.hhs.gov/programs/opre/strengthen/build_fam/index.html

Large-scale demonstration projects like these will provide valuable information about whether well-designed MRE programs for low-income couples can improve couple relationships and children's well-being. Although the programs being studied in these large-scale projects may not be scientifically representative of all MRE programs currently operating, still "the results will indicate what can be achieved by real-world community-based organizations that use research-based curricula, provide modest incentives for participation, and receive close monitoring and technical assistance along the way," as well as case management and limited additional support and referral services (Knox, Cowan, & Cowan, in press).

VI. Conclusion: What have we learned and what more would we like to know?

This Research Report has found modest, early evidence that low-income couples—despite the array of social, economic, and relationship challenges they face—will participate in well-designed marriage and relationship education programs when they are offered, will enjoy the educational experience, and will report that the program is helpful. Practitioners have been going through a fast and steep learning process to figure out how best to recruit and maintain participation, include male partners/spouses, and adapt curricula to meet unique needs and situations. The evidence from the early outcome studies provides some support for the notion that MRE programs can have positive, modest effects on low-income couples' relationships, at least in the short run. But much more research is needed to answer this question more definitively. The results of the large-scale impact evaluation studies (BSF, SHM and CHMREE) in the coming years will provide more complete and rigorous evidence of the longer-term efficacy and viability of MRE programs and their potential benefits for couples, their children, and the communities in which they reside. Studies that demonstrate positive findings for MRE, such as those reviewed in this report (and others that may be forthcoming), may create continued interest in funding support for some MRE programs at the federal, state, and community level.

Replication of free-standing MRE programs is only one approach for going forward. Building on some current demonstrations, another approach may be to explore and rigorously test different ways of integrating relationship education components into other kinds of health and human service programs providing services to families and children as well as youth. In addition, there is emerging evidence that attending to couple relationships in existing human service programs for adults may bolster the effects of these interventions (Knox, Cowan, & Cowan, in press; Staton & Ooms, forthcoming).

An additional strategy could be to pursue a preventive, developmental approach to strengthening family relationships (Hawkins, forthcoming). The ultimate goal would be, first, to have every young person graduate high school with a basic understanding of the relationships skills he or she will need to succeed in work and family life, including how to have a successful relationship with a partner and be an effective parent (Knox, Cowan, & Cowan, in press). In addition, this preventative, developmental approach would include state encouragement of wide participation in low- or no-cost positive relationship development education for young adults as they navigate the lengthening period of time between high school and marriage. Also, this approach would include significant support for premarital education to help engaged couples form a stronger foundation for their marriages (or decide that marriage may not be wise). Florida,

Texas, Maryland, Minnesota and Oklahoma provide premarital education incentives in the form of reduced marriage license fees (see http://www.healthymarriage-info.org/policy/legislation.cfm). Finally, this approach stresses the need for widely available early marital enrichment education opportunities for married couples during the high-risk early years of marriage.

This review also suggests that some additional thinking is needed about the relationship between MRE and father engagement (Responsible Fatherhood programs), especially for disadvantaged populations. These two new fields have separate origins and histories and until recently have developed along parallel tracks. These tracks, however, are beginning to converge. While there are significant differences in the populations served and range of activities offered by MRE and Responsible Fatherhood programs, MRE programs that serve low-income populations often serve in effect as successful father-engagement programs, as noted in this report. As three noted scholars conclude, "because the existing evidence suggests that couple-oriented programs also have a positive impact on father involvement, we believe there is good reason for closer integration of couple and fatherhood interventions to increase . . . children's development and well being" (Cowan, Cowan, & Knox, in press). Furthermore, a recent review of the efficacy of programs focused on non-custodial fathers finds that in addition to providing child support and employment services, programs are more likely to make headway in improving fathers' relationships with their children if they offer co-parenting or relationship skills programs (Knox, Cowan, & Cowan, forthcoming). Findings like these suggest that Responsible Fatherhood and MRE programs should collaborate and perhaps even join forces, and also that economic and relationship strategies should be better integrated to achieve the most positive results.

Marriage and relationship education targeted to low-income individuals and couples and the responsible, engaged fatherhood education fields are still relatively new. While this Report highlights the emerging evidence that MRE programs are producing some modest, positive effects, there are still many potential benefits of these kinds of interventions that remain unstudied by researchers. Thus, the authors provide the following recommendations for future evaluation research.

- Collect data on program outcomes over the longer term (especially marriage, separation, and divorce rates). Where possible, these family structure outcomes should be linked to measures of relationship quality, since a premarital breakup or separation and divorce may be a desirable outcome for particular individuals. As a first step it would be useful to support longer-term longitudinal studies of MRE participants in experimental programs.

- Collect outcome data in the short- and longer-term on a wider range of variables than relationship quality and communication skills. While these outcomes are good indicators of relationship health, other outcomes need to be addressed as well, such as child health and well-being, reductions in domestic violence (or increases in self-disclosures and referrals for domestic violence prevention services, which would be seen as positive outcomes), and if a parenting couple breaks up, use of child-support, co-parenting, mental health, and financial assistance services. Many believe that because MRE programs are so accessible and non-threatening, they may serve as a gateway to get help with other problems such as depression or substance abuse. Follow-up studies could try to document these positive use-of-service effects, as well as

whether program participants are more likely to seek help when their relationship hits a rough spot in the future.

- Make more systematic efforts to collect outcome data on participant couples' children. To date, there has been a lack of attention to child outcomes in MRE evaluation research, perhaps because there is already so much evidence that parents' relationship quality and stability is strongly *associated with* children's well-being. But researchers should undertake projects to determine if improvements in the parental relationship *directly improve* child well-being. If studies regularly confirmed such findings, it would provide perhaps the strongest rationale for the value of MRE.

- Conduct demonstrations on MRE programs targeted to youth and rigorously evaluate them. The potential of MRE to help young people make wiser mate choices, avoid unhealthy relationships, avoid unintended pregnancy, and prepare for more stable, healthy, married relationships is only now beginning to be rigorously tested. New MRE curricula and programs are increasingly targeting youth in high school, community colleges, and out of school (see http://www.healthymarriageinfo.org/curricula/youth.cfm). These programs may be especially valuable to disadvantaged youth such as those in the juvenile justice system, aging out of foster care, or in communities where teen pregnancy rates are high.

- Develop and use measures to assess positive outcomes that have been observed in the field but have not been systematically tracked to date, such as changes in attitudes (e.g., increased sense of hope, stronger commitment, more realistic expectations, better parenting), as well as spillover effects on workplace and other relationships. Anecdotal reports suggest, for example, that learning relationships skills helps improve relationships with supervisors, colleagues, and customers in the workplace.

- Systematically examine and analyze program characteristics (such as context, settings, and staffing) and components (such as teaching methods and curricula content) that may contribute to the success or failure of MRE programs.

- Examine benefits beyond the program participants. MRE programs provide relationship information and skills training potentially useful to many members of the public who don't actually participate in a program but who at one time or another are involved in an intimate relationship, make partner choices, marry, divorce, and/or become a parent. Thus, a more comprehensive assessment of the value of these programs to the public would include evaluating the indirect effects of MRE programs on the staff, volunteers, administrators, and program participants' extended family members who, through being exposed to the programs, may learn information that they use in turn to improve their own family and work lives. (These numbers are not insignificant. For example, in the Oklahoma Marriage Initiative nearly 2,500 volunteers have received training to be MRE workshop facilitators.) Evaluating multiplier, ripple effects such as these is a complex undertaking, as it involves attempts to measure cultural change, which is being attempted in the ongoing federal evaluation of community-wide healthy marriage initiatives.

- Finally, cost-effectiveness studies of MRE are needed. MRE programs are often touted as a low-cost educational intervention, yet there is little data available to document this claim. The costs per participant/couple can vary a good deal

depending on the length of the intervention, extent and variety of related services provided, the qualifications and training of staff, and efforts put into recruitment and removing barriers to participation. The "flagship" federal experimental MRE programs—which are more intensive, provide additional services and supports, and last longer—would be expected to cost considerably more than the average community-based program, in which participants are exposed to between 8–14 total hours of instruction over a period of 4–7 weeks. In these programs the group setting can allow for a high participant/staff ratio, the cost of equipment and supplies is minimal, the instructors/facilitators are often trained volunteers, and the workshops are often held in low-cost or free facilities. And when MRE services are offered to clients of an existing program or institutional setting—such as a workplace or welfare agency—the costs may be even lower.

This Report summarized what evaluation research is discovering about marriage and relationship education targeted to low-income couples. While there remains much to learn, the early findings provide promising evidence that MRE can be successfully implemented and generate positive results for couples and families.

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Appendix 1

New Emphasis on Evidence-based Government Programs

In the recent past, both Republican and Democratic administrations have made efforts to increase accountability in government and eliminate wasteful programs. During the Clinton administration, Congress passed the Government Performance and Results Act, which was designed to impose tough performance standards on government agencies.

The Obama administration took these efforts a major step forward when the U.S. Office of Management and Budget (OMB), which oversees all federal agencies, announced that they were launching a new initiative to apply rigorous evaluation standards in order to help the government "invest more in what works and less in what does not" (Orzag, 2009) and to encourage and help agencies conduct more rigorous program evaluations (Orzag, 2009; U.S. Office of Management & Budget, 2004). Too often, Orzag explained, some programs have persisted year after year without adequate evidence that they work, and dollars have been spent on weak evaluations that are not useful. "Whenever possible, we should design new initiatives to build rigorous data about what works, and then act on evidence that emerges—expanding the approaches that work best, fine-tuning the ones that get mixed results and shutting down those that are failing" (Orzag, 2009).

The Obama administration's FY 2010 budget included funds for an expansion of two types of social programs—home visitation programs and teen pregnancy prevention programs—some of which have been shown to be effective through rigorous evaluations (Haskins, Paxson, & Brooks-Gunn, 2009). OMB proposed and the Congress enacted a two-tiered approach to distributing these additional program funds. More money is allocated to fund program models within these two fields that generate positive results backed by the strongest evidence. Additionally, some monies are set aside to fund program models that have promising—but less definitive evidence—that they work, so as to support continued innovation, new ideas, and programs in early stages of evaluation.

The Coalition for Evidence-Based Policy (2010), a non-profit, non-partisan organization with a prestigious Board of Advisors, has been working with key public officials since 2001 to increase government effectiveness through the use of rigorous evidence about what works. The coalition has published a preliminary list of social interventions that meet their "top-tier" evidence standard. This surprisingly short list also includes those interventions found to be promising but which have not yet met the highest standard. OMB has issued guidance to federal agencies on what constitutes strong evidence of program effectiveness; this includes extensive discussion of experimental and non-experimental evaluation methodologies.

The U.S. Government Accountability Office conducted a study at congressional request to inquire into the validity and transparency of the coalition's process and to compare it with six existing federally supported initiatives (located in the departments of Health and Human Services, Education, and Justice) to identify effective interventions similar to that of the coalition. The report notes that whereas the top-tier standards are set out in specific legislative provisions, the "other efforts accept well-designed, well conducted,

nonrandomized studies as credible evidence" (U.S. Government Accountability Office, 2009). The report summary continued:

The main differences between the Coalition and these other initiatives was that the Coalition's choice of a broad topic (such as early childhood interventions), emphasis on long term effects, and use of narrow evidence criteria combine to provide limited information on what is effective in achieving specific outcomes. The (Coalition's) panel recommended only 6 of 63 interventions reviewed as providing "sizeable, sustained effects on important outcomes." The other initiatives acknowledge a continuum of evidence credibility by reporting an intervention's effectiveness on a scale of high to low confidence.

The GAO concluded that:

- requiring evidence from randomized studies as sole proof of effectiveness will likely exclude many potentially effective and worthwhile practices;
- reliable assessments of evaluation results require research expertise but can be improved with detailed protocols and training;
- deciding to adopt an intervention involves other considerations in addition to effectiveness, such as cost and suitability to the local community;
- improved evaluation quality would also help identify effective interventions.

(U.S. Government Accountability Office, 2009).

Appendix 2

Federally Funded, Large-Scale MRE Demonstration and Evaluation Studies

The Administration for Children and Families has funded three large-scale, multi-site MRE demonstration and evaluation projects, using random assignment—the most rigorous standard for policy evaluation—in two studies and a quasi-experimental design in the third. The results of these evaluation studies will become available over the next one to three years. These studies will add considerably to our understanding of what works in MRE, especially for low-income couples. The studies include:

Building Strong Families. The first study, the Building Strong Families (BSF) project, launched in late 2002, enrolled more than 5,000 low-income, unmarried parents recruited around the time of the birth of their first child across eight programs. Study participants were then randomly assigned to intervention and control groups. Intervention-group couples could receive up to 42 hours of group-based instruction over a period of six months, usually delivered in weekly sessions. Additional program components include individual and couple support received from family coordinators and referral to supplementary services in the community such as employment, child care, physical and mental health, or substance abuse services. Researchers are evaluating the impact of the program on the quality of the couple relationship, decision to marry, and children's well-being, among other measures. Study participants completed an initial baseline survey at the time they volunteered for the program and are surveyed again about 15 and 36 months later. For the 36-month data collection, researchers also are conducting in-home observations of the children and parent-child interactions. Findings on the interim impacts at 15-months following enrollment in the program were released in May 2010 with final results based on the 36-month follow-up available in 2012. (Mathematica Policy Research is directing the project. See Dion et al., 2006; Dion, Hershey et al., 2008).

Supporting Healthy Marriages. The second study, the Supporting Healthy Marriages (SHM) project, launched in 2003 and focuses on low-income, married couples with children enrolled in eight programs across the United States. Each program is recruiting about 800 married couples to be randomly assigned to control and intervention groups. The intervention has three components: 24–30 hours of weekly instructional workshops held over 2–4 months; extended activities over the course of one year (including booster sessions, group social events, date nights, and activities for the whole family); and family support coordinators who reinforce instructional information and facilitate referrals to needed outside services. Both spouses complete an initial baseline survey when they volunteer for the program and are surveyed again about 12 and 30 months later. Researchers are assessing the program's impacts on multiple domains of couple and family functioning, including direct assessments of child health and well-being. A report on interim impacts is expected in 2012, and longer term impacts in 2013. MDRC (2010) is directing the project.

Community Healthy Marriage and Relationship Education Evaluation. The third large-scale evaluation is the Community Healthy Marriage and Relationship Education Evaluation (CHMREE) program, and it has two components. The first involves implementation evaluations of 14 healthy marriage and relationship education services funded through the Office of Child Support Enforcement (Section 1115 waiver authority). The second component is an impact evaluation that will compare community level outcomes using a matched comparison-site design. Three low-income communities with federal grant funding to support community-wide healthy marriage initiatives are matched with three comparison sites with little or no special funding for similar activities. Findings from the impact evaluations will be available in 2011. RTI International (2010) is co-directing the project with the Urban Institute (2010).