



**national
healthy marriage
resource center**

June 2010 Webinar Transcript

**From Research to Practice, Examining New Findings on
Marriage and Relationship Education Programs**

Moderator: Rich Batten
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Operator: Good day, ladies and gentlemen. Welcome to the National Healthy Marriage Resource Center Webinar. Today's conference is being recorded.

At this time, I would like to turn things over to Mr. Rich Batten. Please go ahead sir.

Rich Batten: Thank you. Good afternoon and again welcome to the National Healthy Marriage Resource Center's June 2010 Webinar entitled From Research to Practice, Examining New Findings on Marriage and Relationship Education Programs.

My name is Rich Batten and I'm the new NHMRC Manager and will facilitate today's Webinar.

Our presenters today include Alan Hawkins, PhD, a Professor of Family Life at Brigham Young University.

Professor Hawkins will discuss the newly completed synthesis entitled What Works in Marriage and Relationship Education, A Review of Lessons Learned With a Focus on Low Income Couples.

We will also hear from Robert Wood PhD and Senior Economist with Mathematica Policy Research.

Dr. Wood will describe early impact findings from the Building Strong Families Program and the AFC - ACF excuse me, funded study of relationship skills building program that included over 5,000 low income unmarried parenting couples.

And then we'll hear from Jennifer Miller-Gaubert, Operations Associate with MDRC. Ms. Gaubert will present findings from the Implementation Study of the Supporting Healthy Marriage Program, an eight site relationship education program funded by ACF and is serving low income married couples.

A few housekeeping notes before we get started. This Webinar is being recorded. The recording, all presentation materials including the Q&A session from this Webinar will be posted on the NHMRC Web site within seven to nine business days following today's presentation.

In regards to questions with the Webinar technology, you will be able to submit questions during each presentation.

As a brief 101, Jillian Scollan will provide a few pointers to remind everyone how you can submit questions. Jill?

Jill Scollan: Thank you, Rich and good afternoon everyone. I would like to address your attention to the demonstration slide that's currently displayed on your screen.

You should find the Questions and Answer pane designated by the letters Q&A located at the top left portion of your screen.

You can click on that portion of the menu bar to open the pane or you can open and then drag the pane off the menu bar to display as a standalone box.

To ask a question this afternoon, we request that you type in your question into the top box and then click the Ask button.

You will automatically receive a reply thanking you for question and letting you know that your question has been forwarded to the facilitator. The automatic reply frees up your question and answer pane allow you to ask another question if you choose.

Thank you very much. Rich?

Rich Batten: You're welcome. And we will take - you can submit questions through each person's presentation. But we will not entertain or address the questions until the very end.

So we'll go about 20 minutes with each person's presentation and then entertain questions and the answers to those questions from about 2:05 to 2:25. So beginning we're going to start up with Dr. Hawkins. Alan?

Alan Hawkins: Thanks Rich. This is enjoyable. Thanks for the invitation and I'm pleased to be here to present.

As Rich mentioned, I'm a Professor at Brigham Young University in Utah. I'm also currently the Chair of the Utah Commission on Marriage which advises the State on its Healthy Marriage Initiative.

And I've worked with two other states on their healthy marriage initiative. I also worked in 2003 as a visiting scholar with the Administration for Children and Families and some of the early work on their federal healthy marriage initiative.

And for the past five years or so, I've been doing a comprehensive survey of all the evaluation research on marriage and relationship education.

And so my time today will be devoted towards trying to summarize and synthesize for you what I think we've learned from all that evaluation research.

Let me - okay now I'm going to see how - Jill, you may have to help me how we advance the slides here. There we go.

We - I've been able to identify about 150 roughly, 150 studies over the past 30, 35 years that have focused on evaluation of marriage and relationship education programs.

I'm going to divide those into kind of two phases. That first phase I'm going to say roughly a 30 year period from 1975 until 2005 and these were a large number of studies that were - had primarily middle income and white samples. These were engaged or married couples, usually quite early married couples.

Now interestingly the studies often were done with fairly small samples, not particularly large samples. And these studies overall we found generated moderate positive effects.

Relationship quality improved as a result of these programs. In addition we saw even stronger improvement in communication skills, sort of both positive communication and decline of some negative communication skills.

And, you know, these were fairly consistent and I think well-established the ability of these programs.

We saw this in the very rigorous experimental studies but we also saw this represented in less rigorous studies as well in that first phase.

I've given you there the references to some of those studies if you'd like to explore them further, these meta analytic studies that we've done. So that was the first phase.

You'll note that - let's go to the next slide too Jill, that in 2005 I think we made a shift.

A number of differences began to appear in studies. And so we're - I'm going to call this a second phase that we've been in for about five years where we find many more studies that are targeting lower income and more disadvantaged samples, also much more diverse samples in terms of their racial or ethnic composition.

Perhaps one of the most interesting aspects about these studies also is they have much more diversity in terms of their relationship status.

They often target even single young adults who are not in serious dating relationships but those in dating relationships, those who are cohabiting, married, remarried, and even a few studies now that are beginning to target youth, and some more generic relationship education that they're receiving.

So we see a much more diversity that are coming out in these recent studies. I would say trickling out. They're not coming out in the numbers, in great numbers, although the numbers are picking up just in the last year or year and a half.

These studies also have larger samples in them. I think some of that is attributed to the fact that these studies are attached to demonstration projects that have received significant funding particularly from the Administration for Children and Families.

Often these programs that are being tested now have what I call higher dosages whereas before about 12 hours was an average dosage for these middle income programs, programs for middle income samples.

They now seem to be considerably higher. Twenty-four, 32, even 40 hours of dosage is not or at least intended dosage is not uncommon now in these programs.

We also noticed that a number of these programs are now paying attention to a few other kinds of outcomes and also inserting into their curriculum issues around relationship aggression, awareness of those issues, prevention of those issues and where treatment might be available if there's aggression in the relationship.

These studies and these programs are also paying more attention to parenting issues and the interplay of both couple relationship and parenting issues, but also just how including the content around caring for our children better.

And the other thing we've noticed is that often these programs will integrate with some other services of value to lower income families, for instance childcare programs, or employment programs.

So that's what seems to be emerging. Now they're not a great number of those studies yet but there's - there is a number of studies that are starting to accumulate.

And before I get to talking about what we've seen in some of the outcomes of those studies, what I'd like to do is talk to you a little bit about some of the process evaluation research that has gone on. So let's go to the next slide Jill.

There are a number of preliminary studies that have looked at how these programs are being implemented particularly for lower income couples.

And we've seen studies done from the building strong families, federal demonstration and evaluation project, a very large scale and rigorous study that we'll learn a little bit more about in the next presentation.

The Oklahoma Marriage Initiative has also done some implementation and process evaluation studies.

We'll hear later on in this Webinar about I think this is one of the first times where MDRC will be talking

about their implementation study of the supporting healthy marriage study and demonstration project that's going on.

And there have been some other studies that have been published in academic journals looking at the implementation issues.

And while there's a lot of information there, let me just see if I could highlight a few points that I think are of particular interest perhaps to this group.

Not surprising there have been a number of recruitment challenges that have been reported particularly when they're trying to recruit lower income couples who these services, marriage education services have traditionally not been particularly available to them.

And so learning how to do that has been a challenge. But the idea of forming partnerships with other groups that have good strong connections and organizations that know these more, these lower income couples has proven to be very valuable.

And so building those partnerships has been an important way that they've been able to recruit larger numbers of couples to these programs.

Just recruiting them though is only half of the battle. Retention issues seem to be more difficult for lower income couples in these programs.

And so the successful programs are giving a lot of attention to this issue of retention, a lot of support for attendance and childcare assistance, sometimes incenting with nice meals when they come, transportation vouchers - a lot of different things - but just ongoing attention often at the individual or couple level to encourage and support their full engagement within the program.

Because one of the things we've come to learn is that it is difficult to get these couples fully engaged and retained within the programs.

But a number of these sites and these programs have had significant successes. And one of the things we've noted in these implementation studies is that they have been able to engaged men. Often a couple where a man is more at the periphery of the relationship that some people think of, but I think research is showing that they really are engaged in this family.

And so we've been able to engage men and fathers in these programs I think better than many people expected that we could with some of these implementation studies noting that if you can get them there they really relax some of their misconceptions about what might be there are set at rest. And they really enjoy and engage strongly in these sessions. And that's very encouraging.

Many of the couples that are attending these programs have expressed appreciation that they're attending something that's focused on them as a couple.

Many are used to receiving services but services as a single parent or just as an individual. And they're very pleased to see that others can recognize that they're a couple and they're a family and that that deserves attention.

In addition, they also often will express appreciation that there's some good information there about parenting as well as their couple relationship because that is often a very significant part of these individual's lives.

And the final point I'll make about that is that there's widespread expression of consumer satisfaction with the programs. They like them and they enjoy them.

One of the most common comments that is given by those who are finishing up these programs is we want more, and gee we'd like to hear more about this or could we have some booster sessions and come back again?

There are even a few reports of couples forming friendships and small groups that continue on after these programs end.

And so this process evaluation work has shown us that we can recruit. Retention is difficult, but with attention we can even get pretty good engagement in the programs.

Men are there and they enjoy the programs once they're there. And all of that is positive in that to get the kinds of effects or outcomes that are intended by these programs we need people to engage fully in the service that's being offered.

Well you're probably interested in seeing what's - what are the outcomes? And so that's my next slides.

We've identified in a study that I've done with a student of mine here - and it was funded by the National Healthy Marriage Resource Center - about 15 studies that have looked at the evidence for relationship and communication skills outcomes as a result of these programs. And let me divide that into kind of two categories.

So far there are only a small number of rigorous experimental or randomized controlled trial studies that have been done. And those are listed on that slide.

And so those - they have a large samples and they're very interesting program. And we do find evidence

looking at just those programs that they produce some significant, although I would say small, small to moderate effects, positive effects in terms of relationship quality.

The Stanley study that's listed there also was very interesting. And I think it was the first randomized controlled trial study that looked at the ability of a program to actually prevent divorce over the first few years of a relationship. And this was done with I think a low income mostly military sample.

And they found a rather significant reduction in the number of divorces in the first two years of the relationship or maybe it was just the first year. Yes, I think it was just the first year.

And so there are - there - even with these more rigorous studies we're beginning to see that it's possible to have some positive outcomes even when we're working with couples and individuals whose lives are more stressed and whose relationships are more complex. And so that's encouraging, at least it is to me.

As we were looking at those studies we noticed that there is an even larger group of studies that were not able to include a control group.

And as you're probably remembering from your schooldays, that's a little bit of a problem of - in evaluation research. You always want to compare them to a group with no treatment.

But a number of these studies have come out that just compare a treatment group over time. And many of these are funded grants, grantees from the Administration for Children and Families, others from states that have state funding.

And so they don't have large resources to do rigorous evaluation research but they've done what they could.

And there's even some reason to think that it's good to look at these studies in connection with control group studies to see if they show a similar picture and indeed we do find that we see the same pattern of positive effects on relationship quality, and particularly on teaching positive communication skills.

So again, I think what we see here is that although these studies are not as rigorously designed, they tend to show the same kinds of things that we see in experimental studies and so that's what we found in our meta-analysis of these emerging studies focusing on low income individuals and couples.

We'll next hear from Rob Wood. And he'll give us much more information on a very important study that was released recently, The Building Strong Family Study. And he'll share the results from that important study.

So anyway, just to conclude here, you know, there's a lot more work to be done particularly in this second phase as we look at the merits of marriage and relationship education for more diverse and more disadvantaged individuals and couples.

We certainly need to look at longer term outcomes. The studies that we've seen so far have short term and some have some kind of moderate, you know, one year outcomes.

We need longer term outcomes. Of course that can - that's true of phase one studies as well. But we seem to be headed in that direction. A number of studies we'll be looking at much longer term outcomes two, three years down the road.

In addition one of the things that I noticed is that we need to look at a wider range of outcomes. I think we need to look at more than just kind of relationship quality and communication skills but looking at issues around commitment and tracking divorce rates.

And even more - I was just reading a study yesterday that suggested that older couples involved in marriage education will often go and teach these skills to their own children or to their siblings. And so there seems to be a ripple effect going on.

I think there's a wider range of things that we could study as we look at this work that's going on.

I also think it's very important that we give more attention now to more generic relationship literacy education for youth as people are getting off track sooner and sooner, earlier and earlier in the life course in terms of their abilities to really get to a positive place in a relationship and build a strong foundation for a healthy marriage.

And then maybe a final note that I say as a - as somebody who's interested in the policy implications of this work, we need some more cost effective analyses. That has really not gone on and we need to see what does it cost to provide these programs and what does it yield in terms of payback for doing that?

There's reason to think that it's cost effective but we don't really know and that's something that we really need to pay attention to in the future. So I think that's what I had planned for the presentation. So Rich, I think I'm done. I'll throw it back to you.

Rich Batten: Thank you very much, Alan. And we have received a few questions, but as a reminder we will entertain questions at the end of everyone's presentation.

So now, we'll move onto Dr. Robert Wood who will describe the early impact findings from the Building Strong Families Program. Robert?

Robert Wood: Okay thank you, Rich. So today, I'm going to presenting interim impact results from the Building Strong Families Evaluation.

This is a large scale comprehensive evaluation that Mathematica is conducting for the US Department of Health and Human Services.

This is the first set of impact results from the project. And these results were just released last month. And the report is available at Mathematica's Web site if you'd like to read more details, so I think I may need help as well with advancing the slides. There we go. So let me turn now to just saying a little bit about what building strong families is.

BSF is a relationship skills education program for unwed parents. It serves couples who are romantically involved, who are expecting a baby or who have just had one, who were unmarried when their baby was conceived and who passed an intimate partner violence screen at - when they applied for the program.

Eight local organizations implemented the program following a set of guidelines that laid out the program model.

Okay. So next slide. So what is that program model? It has three key components. The core component is relationship skills education offered to couples and group sessions.

Sessions cover a standard set of topics including communication and conflict management, building a section intimacy and trust, considering marriage, the transition to parenthood, and the parent infant relationship.

These - the model also includes a family coordinator who provides individual support to couples including encouragement from program participation, the reinforcement of relationship skills that they'd be learning in the groups, and also ongoing emotional support.

And then finally the BSF program model provides assessment and referral to support services such as education, employment, mental health services, childcare, housing and legal services.

So I wanted to say a bit more about the core component of the model, the group sessions. So these are weekly sessions run by trained facilitators.

They're guided by one of three curricula that were developed and adapted for this study. The groups that meet range in size up to 15 couples depending on the particular curriculum that is used.

And also the BSF intervention was intended to be intense. Depending on the particular curriculum that was used, anywhere from 30 to 42 hours of group instruction was offered.

So eight local BSF programs were included in the study. These programs are listed here on the slide that you see.

And as you see BSF was implemented in a variety of geographic settings, both larger cities as well as smaller ones. Also the program was implemented by a variety of sponsor organizations.

And finally these organizations chose different curricula for their group sessions with five choosing loving couples, loving children, two choosing loves cradle, and one choosing the becoming parents curriculum.

Okay so now I want to give you a brief overview of the impact evaluation. So BSF uses a rigorous random assignment research design where couples who applied to BSF were randomly assigned either to a BSF group that was eligible for program services or a control group that was not and we estimate program affects by comparing the outcomes of those two groups.

More than 5,000 couples were randomly assigned over a period of about three years, half to the BSF group and half to the control group.

Data for the analysis come from surveys of both mothers and fathers. And we're conducting two rounds of data collection first at 15 months and then again at 36 months.

And the analysis that I'm going to be talking about today relies on data from the 15 month survey. And we achieved an 87% response rate to that survey.

We estimate the effects in two main ways. First we average effects across all eight programs to get an overall effect of BSF.

And second we examined the effects of each of the eight programs separately. And I'll be discussing both kinds of results today, both those kind of average results were we combine all eight programs and then looking at the eight program separately.

We also estimated impact for subgroups. And I'll talk a little bit about that at the end of this talk.

Okay so when designing the BSF impact evaluation we began with the conceptual model of how the program might affect the outcomes of participating families.

And as you look at this model it begins on the far left with the offer of BSF program services to couples who volunteer.

This should then increase the use of relationship skills education services but also the use of support services since the programs offered assessments and referrals to a variety of services.

Now as we move down the figure we see that these services aim most immediately and directly at affecting the couple relationship.

These are things like measures of relationships status, are they still together as a couple at follow-up, are they living together, are they married, but also measure their relationship quality since improving relationship quality was a central goal of the program.

So these couple relationship measures will be the outcomes of most interest for this analysis. And they really represent how we're going to gauge the success of the program at this point. Did it affect the couple relationship?

But we're also going to be looking at some other measures. In particular we look at measures of family outcomes. And those are listed here on the figure as well.

You see co-parenting, father involvement, parenting behaviors and other measures of well being that we also look at.

Now the ultimate aim of BSF services was to improve child outcomes, the rationale being that improving the quality and stability of the parental relationship will be good for children. So that's represented in that last box on the right.

However we're not going to be looking at child outcomes for this analysis since the children were still quite young at the 15 month follow-up, really only about a year old. So we'll be doing that at 36 months so I won't be talking about that today.

Okay so now let's turn to the impact findings on our key outcome measures. And I'm going to start with the pooled results where we average impacts across the eight programs.

Okay so let's start with the impacts on relationships status. Here you see that when we average across all programs BSF had no effect on relationship status.

The rates of romantic involvement, co-residents, and marriage are virtually identical across the two research groups.

The next slide. We see a similar story when we look at relation quality. We looked at five key dimensions of relationship quality.

We looked at relationship happiness, support and affection, the use of constructive conflict behaviors, the avoidance of destructive conflict behaviors as well as fidelity.

We also examined a few other related measures, in particular measures of intimate partner violence and co-parenting.

Now across all these measures we find no effects of the program when we average the results for the eight programs together.

Similarly we see no effect on measures of father involvement when we average results across all programs.

The likelihood that fathers are living with their children, spending time with them, or providing them with substantial financial support are basically the same for the two research groups.

We did find a few effects on some other less central measures. For example we found that the program had some effects on the parenting behaviors of mothers.

In particular, it led to a small reduction in the - in mother's use of frequent spanking as well as a small reduction in the stress they felt in their parenting role.

These results came primarily from one program, and that's the program in Houston which had large effects on these two measures.

We did not find effects on other parenting measures however, such as the parenting behaviors of fathers.

In addition we find that BSF reduced the prevalence of depressive symptoms at the time of the 15 month follow-up and we found similar effects on depressive symptoms for both mothers and fathers. We did not see effects on other well-being measures however such as measures of substance abuse and economic well-being.

Okay so now I want to turn to looking at the separate estimates of the effects of the eight local programs.

Each of these programs implemented that BSF model in a somewhat different way operated in a different context and served a somewhat different population of couples.

So it's informative to examine how each of these individual programs affected the key outcomes of interest and whether impacts vary across the eight programs.

So the figure that you see now provides an overview of the pattern of effects on key measures for each of the eight programs.

So across the top of the figure you see that the eight programs or the locations of those programs - Atlanta, Baltimore, Baton Rouge, and so on.

You see that we have our groups of outcomes or our domains that we look at there on the left, relationships status, relationship quality, and so forth.

And then these zeros and pluses and minuses tell you whether or not there was an impact on the particular measures we looked at within each of those domains with a plus representing a significant positive effect, a minus representing a significant negative effect and the zero representing no significant effect.

So there's a lot of information on those figures. And let me just kind of tell you the two things to kind of take away from this.

First most programs had few or no effects on these measures. You see a lot of zeros on this table.

Second there's two notable exceptions to this pattern. And those are highlighted in red. First there's Oklahoma with the - with multiple positive effects on these key outcomes. And then there's Baltimore with multiple negative effects.

So what I'm going to do now is give you a bit more detail on the effects of those two programs.

So let's turn now to Oklahoma and look at the pattern of effects there. First we see that the program in Oklahoma increased the likelihood that couples remained romantically involved.

81% of BSF couples were still together at follow-up, at the 15 month follow-up compared with 76% of control group couples. So that's a 5 percentage point impact on whether they stayed together.

The program also improved all five dimensions of relationship quality. We examined those dimensions I talked about earlier.

We also found positive effects on co-parenting and also father involvement. Fathers were more likely to live with their children at follow-up and provide substantial financial support to them; however, we saw in no effects on marriage at the 15 month follow-up in Oklahoma. 25% of both research groups were married at that point.

Okay so now let's turn to Baltimore and here we have a very different story. First we find that BSF reduced the likelihood that couples remained romantically involved.

At the 15 month follow-up 59% of BSF couples were still together compared with 70% of control group

couples. That's an 11 percentage point reduction in the likelihood of staying together, so a large negative effect on romantic involvement.

BSF also had a number of other negative effects in Baltimore. It reduced the rating the couples gave on their level of support and affection they felt toward each other.

It reduced the quality of the co-parenting relationship as reported by the parents. It also had negative effect on the level of father involvement with fathers being less likely to spend time with their children or provide financial support.

And finally we see that it also led to an increase in intimate partner violence with 15% of BSF mothers experiencing a severe physical assault by a romantic partner in the year prior to the survey compared with about 9% of control group mothers.

We did some additional analysis, determined which couples were most likely to experience these adverse effects. And we found that these effects were concentrated in a group of couples that were least committed initially.

In particular, the couples that characterized their relationships when they apply for the program as on-again, off-again.

In fact, we found that this adverse effect on intimate partner violence is limited to this on again, off again group. And we do not find adverse effects among couples in Baltimore that entered with more stable relationship.

Okay so the positive effects in Oklahoma and the negative effects in Baltimore lead to the question, you know, what's going on in these two sites, why do we see positive effects in Oklahoma when we're not seen them anywhere else?

Why are we seeing negative effects in Baltimore when we don't see this pattern elsewhere?

Now of course we can't answer that question definitively. We can't be certain of the reasons that one site was successful when another one wasn't.

So instead what we can do is look at what's distinctive about these programs and note that these factors may have played a role in the pattern of effects we observed but we can't know for sure.

So let's start with Oklahoma and what's distinctive about that program.

We'll first it's the only program that used the Becoming Parent's Curriculum.

Now sites used one of three curricula and Oklahoma was the only one to choose Becoming Parents. The curriculum all covered a similar mix of topics, but the emphasis did vary somewhat. In particular Becoming Parents placed a greater emphasis on the transition to parenthood which you might expect from its name.

It also was a shorter curriculum. It can be delivered in only 30 hours. The other two curricula took 42 hours to complete.

And it was also delivered in longer sessions. They had these long Saturday sessions that were five hours long. This made it possible to complete the curriculum much more quickly.

Couples in Oklahoma could complete the curriculum in either six or ten weeks depending on the particular format compared to the five months it took another sites. So that's a big difference.

Also Oklahoma use financial incentives to encourage attendance more than the other sites did. And these factors may have contributed to Oklahoma's greater success in getting couples to complete the program.

If we look at the percentage of couples that attended most of group sessions - and by most here for this particular set of numbers we define most as 80% or more - we find that 45% of Oklahoma couples attended at this level compared to only 9% of couples in other programs - so a substantial difference there.

Finally the Oklahoma program also served low income married couples in the same groups. Now no other BSF program did that.

These couples were not part of our research sample since they did not meet BSF eligibility rules. And they're actually part of the supporting healthy marriage study that you'll be hearing about in the next presentation, but our - but they did attend the same group session that our BSF couples attended and their presence may have influenced how effective these groups were for the BSF couples.

Okay so now let's turn to Baltimore and what's distinctive about that program. Baltimore used a curriculum that was used in several other sites so it's not distinctive in that way. And it operated its program in a way that was fairly similar to what other sites did.

So what's most distinctive in Baltimore is not the way they ran the program but who they serve.

In particular on average Baltimore couples had less committed relationships when they applied for BSF than couples in the other programs did.

For example fewer of them considered marriage likely. And they rated the quality of relationships lower than couples in other programs did.

In addition couples were from more disadvantaged backgrounds. This is particularly true of the men in Baltimore.

The fathers in Baltimore were less likely to be employed. They were less likely to have a high school diploma and they were more likely to have a criminal record than fathers in the other BSF programs were.

So the program served a distinctive population which may have influenced the pattern of effects that we observed there. But again we can't know for sure what factors led to the particular set of results that we found.

Okay so now let's turn briefly to subgroup results. And for these analyses we're back to combining data for all the programs.

Now before we began our analysis, we developed a list of relevant subgroups. And these represent measures of the quality and status of the couple relationship as well as various demographic and socioeconomic measures. In general we find few or no effects on key outcomes for these subgroups.

Now the full set of these results is included in a technical supplement to the main report that's again available at the Mathematica Web site as well as the Building Strong Families Project Web site. So if you're interested in those details you can look there.

And here I'll highlight the strongest subgroup pattern which is the results for African-American couples.

Now for couples in which both members considered - reported that they were African-American we find positive effects of BSF on relationship quality with statistically significant impacts on four of the five relationship quality measures we examined.

We also see effects on co-parenting as well as the intimate partner violence experienced by men. We did not see effects on relationship status however such as remaining romantically involved or getting married.

For non-African-American couples however, we find no positive effects. And in fact we find a significant negative effect on the likelihood of breakup for these couples.

Okay so let me end with a few conclusions from these interim results. First our result suggested it's hard to make this approach work.

The BSF model was implemented in eight local programs and seven of them did not achieve their primary objective of improving couples relationships.

Our results also suggested this approach may not be right for all unmarried parents. One of the eight programs, the program in Baltimore had a number of negative effects.

The Baltimore program served a distinctive population of unmarried parents, particularly those that were less committed, in less committed relationships than with couples with very economically disadvantaged fathers.

Now these results may suggest that this approach isn't appropriate for this group of unmarried parents.

And finally these results suggested the BSF model can work. One of the eight programs, the program in Oklahoma had a consistent pattern of positive effects.

We also found positive effects for African-American couples. These findings suggest that the BSF model can work in some circumstances and for some couples. Okay so thank you.

Rich Batten: Thank you very much, Robert. And again, we will entertain questions at the very end. We'll now transition to Jennifer Miller-Gaubert who will present findings from implementation study of the Supporting Healthy Marriage Program. Jennifer is with MDRC. Jennifer?

Jennifer Miller-Gaubert: Thank you. Hello everyone. I'm pleased to be here this afternoon. And today I'll be talking about some early implementation findings from the Supporting Healthy Marriage project.

I'll be referring it - to it as SHM throughout. And as has been noted before, this is the sister study if you will, to BSF with some important differences and that SHM is serving married couples who already have children and it's also significant that SHM began operating several years after BSF. So the study benefited greatly from BSF's implementation experiences.

Today, I'll be focusing on strategies that SHM sites used to address three of the main challenges they confronted in early implementation.

First was finding the right couples and enough of them to meet recruitment goals. Second was figuring out what it takes to keep couples coming over time and then finally how to set up management structures so that sites could meet the performance benchmarks that were put in place for quantity and quality of services. I'll also share some early participation data.

So Jill, I am back on slide two please.

Just going over quickly what SHM is. Unlike BSF this is a random assignment study of relationship and marriage education services.

It's being sponsored by the Administration for Children and Families and its operating in eight sites across the country.

The study includes both an impact and an implementation component. And I included details about both the sites and the evaluation in the appendix for those who are interested.

MBIC is the evaluator. And along with our partners who are listed on slide 2 including Abt Associates and Public Strategies we're also playing a significant technical assistance role in the project.

Moving on to slide three, I want to walk quickly through the model so that you know something about what the program is like, again many similarities to BSF.

There are three components. I'll spell those out in a minute.

I do want to note up front that SHM is a year-long model. This is in keeping with Alan made a note of this, but this is a model that is informed by research looking at studies of curricula with most SHM class couples that showed positive effects, but those positive effects declined over time.

So experts that were working with us in model development suggested that if we really wanted to train SHM for couples we may want to offer services over a longer period.

So the model was designed to give couples a lot of opportunities over time to practice new skills in a lot of different ways.

So this is done through three program components. The central one as in BSF is relationship and marriage education workshops. These are the core service with 24 to 30 hours of curriculum being delivered over roughly ten weeks.

On supplemental activities then sort of pick up where the workshops leave off. They stretch throughout the 12 month period and provide the bulk of the program content once the workshops end.

These are activities that in some cases resemble workshops but they're more one off kinds of events rather than series and things that they may be doing in these activities are reviewing workshop material covering topics that fall outside of the core curricula like financial planning and more specific information about parenting techniques and the like.

Other events may be more social in nature like date nights but all of them try to link back to basic concepts that are being covered in the curriculum.

Family support services are the third component. And these were put in place to really help face the participation challenge head on.

Couples are paired with a staff person whose job it is to maintain contact with families and to help them address barriers to participation that involve a whole host of things like distributing transportation and childcare assistance, referring couples to outside services.

And then in some sites the family support staff are also doing one on one activities with couples to help them practice and really incorporate the workshop skills into their own daily life. So it's another layer of curriculum reinforcement.

Slide four now, the sites are in their final year of operation. The services are set to end in December 31 of this year and the lessons I'll discuss today are based on implementation data from the pilot and the first year of operation.

This was a period of time when sites were heavily focused on getting basic operations up and running and then figuring out the combination of things that would yield participation and enrollments at the rates that we wanted and in this early snapshot enrollment and participation are pretty positive stories overall.

On slide five shows that recruitment is really a solid success story. As of December 31, 2009 sites have enrolled 6,300 couples. The original target for the whole study was 6400.

Most of the sites did reach their targets or came in slightly under. And other sites were doing so well that they recruited slightly more than they were originally targeting.

Once the couples enroll, so this is where we get into what they were doing, what the participation rates are that Alan pointed to, the important things to focus on.

So we know that for this early group just over 80% of them are showing up for at least one workshop within six months.

Then we wanted to look at what happens to the folks who just - who show up once. If you can get them in the door one time which a lot of service providers say is sort of the hardest step, if you can manage that then what happens to them afterwards? So we looked at that group.

So for couples who attended one workshop they - we know they go on to complete 20 workshop hours.

So depending on the curriculum like I said, programs are offering between 24 and 30 workshop hours. Couples are completing about 2/3 of what we hoped they would get as a core curriculum.

On slide six, you'll see that family support services are showing similar trends. We've seen more than 85% of all couples attending at least one, one on one meeting with their family support coordinator within six months.

And then all those who come once they go on to complete five meetings. We know that these meetings are lasting between 45 and 55 minutes. So it is a substantive meeting, more than just a casual check-in "hi, how are you doing kind of thing."

In the supplemental activities category these got off to a slower start in early implementation than the other components simply because it was more pressing for sites to get the workshops underway and to get family support mechanisms in place to deal with the participation challenges.

So supplemental activities had started during this phase that we're looking at but were not offered maybe with the frequency that they are being now.

So for this early example we're seeing about 50% of couples attending one event. And we expect - well we know those numbers are going up because we've actually focused quite a lot of technical assistance on working with sites there.

I do want to note that all of these numbers are for couples. Events where a spouse comes alone are not being counted.

So if you take all of the activities together, couples who show up once are going on to get about 26 hours of program content within six months.

These are aggregate numbers. And it is important to note that there's variation among the sites. But relative to other demonstrations of voluntary programs that MDRC has done, we do consider this pretty strong performance and how much people are getting of the core intervention.

So I'll turn to how sites - what kinds of strategy sites we're using to get to these numbers. This is slide seven now on recruitment.

I suspect that this is a familiar challenge to a lot of the folks on the call today. At SHM the recruitment goals were roughly 800 couples per site over 22 months, so 400 for the program group and 400 for the control group. So this came out to about 40 couples per month.

And I think that the important lesson from SHM about recruitment is that there's a lot of trial and error that went on in the sites.

Sites really had to learn the hard way that there isn't a single magic bullet not even, you know, a set of magic bullets that worked consistently in every single site.

So a lot of the sites started out very focused on marketing on developing brochures and flyers and banners. And they really needed to do this kind of media work because these were new programs.

But really more than anything we discovered that the sites that were really effective at doing this, they were getting out and talking to people about the services.

They were making connections - as Alan mentioned - established community organizations and above all using those community organizations as a way to find opportunities to talk with couples about the program.

So it was much more face to face work than I think we - any of us originally anticipated.

So this requires a certain kind of staff definitely on the extroverted end of the spectrum. That did seem a comment quality of folks who did this work well and liked it and also ones who like working toward goals because this was a very - ended up being a very performance based environment that they were working in which I'll talk more about in a minute.

Another thing that we did have to learn over time is that sites really had to develop a robust management strategy in order to do this volume successfully.

There was a full time supervisor in all of the sites overseeing a team of up to four to five staff. And this is what they did full time.

I think an interesting thing that we saw many sites doing was that the managers broke down that 40 number a month to individual targets for each one of the staff.

And then those staff had (to figure out) how many couples they would have to talk to and how many contacts they would have to make with community organizations in order to get to X number of enrollments.

And so some sites have reported to us that it's something on the order of you have to talk to ten couples in order to get three enrollments. So it's a pretty big number. It's a lot of talking and a lot of being out in the community.

And so because it was a lot of talking a lot of work went into training staff on messaging and talking about the program in terms of what it could help couples achieve or problems it could help couples solve to try and really relate it to something that was going on in their lives at the time rather than talking about this is a program, it has three components. This is 30 hours of curriculum, you know, those kinds of - kind of dry statements so they tried to really personalize it.

And then they really learned to talk in some depth with couples about they're willing to commit to a program of this length, you know, making clear upfront that it was a year long and going over the workshop schedules so couples would have a clear idea of what they were signing up for.

On slide eight, you know, once couples are in the door the emphasis turns to participation. In a study we care an awful lot about this.

That emphasis for us is not on how many services the staff are delivering but how many services each couple actually completes.

Alan also refers to this in an implementation letter the (surgeon general) refers to this as dosage. And while I don't care much for the medical sounding term it does get at an important concept that we've really kind of drilled into the heads of all the site staff by now which is that each person in the program has to get enough of the program in order to benefit because behavior change takes repetition and practice.

So we're shooting for a minimum number of activities that we want couples to complete. So how do sites do this?

Family support, this component that I mentioned above is - really has a model itself tries to tackle this. If a couple misses a session or a workshop, a family support staff calls them the next day. They check in. They try to immediately schedule a makeup session to sort of assess what might be going on with the couple.

The sites have really adopted a policy of the door's always open to come back and a friendly face will always welcome you.

So there's sort of a culture around family support that tries to really keep a close connection with each one of the couples especially during the workshop phase.

I think not a surprising things that we know that you have to have - programs have to have services that people want to come to. So there's a lot of tailoring of the program content to make sure that the topics were relevant and then delivering workshops in interesting ways that would appeal to diverse learning styles.

The sites are also serving a diverse group of couples in terms of their backgrounds. So making services culturally appropriate was also a big focus during this phase.

So things like translating materials and making sure that sites were hiring a diverse staff that reflected some of the characteristics of the folks they would be serving.

Using examples in the workshops in videos that reflected members of the community - those kinds of efforts.

We saw a lot of sites focusing in this phase because they were occupying in many cases new space. They were making that space as welcoming as possible.

And here we've seen quite a lot of creativity, people painting the workshop rooms fun colors, sewing curtains, installing couches and comfortable chairs rather than conference room tables and putting up posters to make the space look warm and inviting.

So the goal is really for it to look more like someone's family room rather than a classroom.

And then sites were also really focused on making the space welcoming for men as well. So you don't see a lot of pink, a lot of flowered wallpaper. But you do see men's magazines and Car & Driver in the lobby and then pictures on the wall that show dads as well as moms with their families.

On slide nine, we just tried to summarize four key operational strategies that seem to us the most important sites when - about encouraging participation.

I think the first thing is just going into it expecting that participation will be difficult, anticipating the reasons that that would be so and then having a plan, so really acknowledging that family's schedules change. It is kind of the rare couple that seem to be able to follow one workshop series from start to end especially when they're stretching out over ten, in some cases 15 weeks.

So all of these sites are doing makeup sessions and they're all calling people up to get those scheduled when they've missed a regularly scheduled workshop.

The workshops and supplemental activities and family support services are all being offered at times that work for participants who have jobs weeknights and Saturdays.

This is definitely not a regular 9:00 to 5:00 operation which was an adjustment for staff. And it was also an interesting twist to be managing contracted staff which a lot of the sites relied on especially for workshop facilitation and in some cases for supplemental activities.

So from the management perspective, it's probably a little more complicated than just figuring out how to open up an office during regular business hours and deliver services that way.

We did - all the sites did provide child care and transportation I think I mentioned and as well as modest incentives that may, you know, we're not sure at this point how much of an effect those may have had. But they all were offering those.

And finally there was a big push to hire male staff. And it was the case that it was difficult for some of the sites. But we know from experience that they are out there. You can find a male staff for all of these positions, even family support positions. So a lot - it took a lot of leg work but sites were able to do that

Lastly on slide 10, I'll just talk a bit about the environment in which SHM sites were operating in a underperformance based contracts.

All of the sites were contractually bound to benchmarks that were - that emphasize recruitment, getting couples engaged in workshops and family support and then participation in all of the components over time.

There were also quality measures and operational practices that we expected sites to follow.

Now, you know, the benchmarks are not new to the planet of course. What I think that we've learned in SHM is that having effective systems in place for monitoring the progress towards the benchmarks and then feeding back to staff how they're doing in relation to the benchmarks is what makes them effective.

So the benchmarks for us were really something more than an outcome that sites had to report at the end of the day.

In order to do this well, sites really had to have a system for tracking. In SHM we're using a common MIS that's assessable by the sites in real-time, collecting real-time data. And it's also assessable by MDRC.

So there's a lot of monitoring going on both from the manager side and from the technical assistance side and a lot of, you know, in addition to the MIS the managers were in some cases developing more simple spreadsheets to help them track, you know, more specific information.

So I think that whatever your budget there definitely - we've seen a lot of good examples in the sites of ways to track performance data in a meaningful way.

It's definitely a process that's required a lot of training with managers on using the data that we have to see how the program is running in the day to day as well as with the staff to get them on board and to get

comfortable with the level of monitoring and feeding back, and then to see that the data monitoring are good things not - and it's not to be afraid of.

I do - and it's not mentioned on the slide, but I do want to mention protocols and written operational guidelines. I just want to say we've relied very heavily on written documentation in this program.

And I think whether you're a supervisor or a TA provider these kinds of documents are really essential, because they're the ones that tell you what you should be looking for when you are out, you know, in the field as a TA provider visiting the site, or if you're a supervisor sitting in on a workshop observing your staff in action.

So for us the program model is sort of the bone of the thing. But the protocols are the meat of the day to day.

And the protocols were definitely, they were iterative. We developed them initially based on, you know, the best information we had about how we thought things could be run. But then they definitely needed tweaking as we put them in place and saw whether it actually fit the bill or not.

I'll make a few notes about just supervision. This was an important part of data collection, just having supervisors again doing, collecting data both through the MIS and collecting data through observation, so watching staff in action doing family support meetings, doing workshops and then sitting down with the staff after looking at that data and figuring out what was reflected in the actual staff effort.

Was it on track? Were they doing the right thing? Were couples getting exactly what they need and then mapping out with the staff whether if there was a plan for improvement.

So an important practice that a lot of the sites adopted was reviewing case files every month with the family support staff to make sure that couples were getting the services we expected them to be getting.

And in doing this the supervisor would pull a list of 12, ten or 12 cases. And then they would sit with the family support worker and they'd review them together and they'd be looking at things like, you know, has - where is the couple in their trajectory?

Have they - how many workshops have they completed? Which ones have they missed? Do you need to schedule any makeups? What did you cover in your last meeting? What follow-up needs to be done?

And over the course of the month then if this was done on a weekly basis which is what we encourage sites to do, they would eventually cycle through all of the couples who were active on the case load.

And I just point this out because it's what we noted sites really struggling with is that of course there are couples who are going to have many more needs than others.

And so family support workers in particular seem to focus, are sort of drawn naturally to spend more time with couples who need more things.

And while that is to an extent necessary, it - it's also the case that we're really concerned in this project to make sure that each couple is getting a minimum level of services.

So kind of spending the time each month to make sure that each couple is getting what they - what we expect them to get seems to be really important and sort of evening out and not just focusing on crisis management.

So those - that is the end of my slides for me. There's more information to come about SHM. We're currently working on implementation reports so do stay tuned. And I thank you.

Rich Batten: Thank you very much. We'll now go to the questions. We have about 20 minutes to entertain those. We - if we do not take your questions we will have all of the questions posted and answers on the FAQs with the subsequent posting of this Webinar.

We'll first go to a question to Dr. Hawkins. Basically when conducting studies that aren't able to have a rigor of control groups this person wants to know do you have any suggestions for submitting findings or journals that are friendly to those types of lower controlled studies?

Alan Hawkins: I might have a few suggestions about that. This might be better to do off-line. I would invite that individual to contact me directly at my email hawkinsa@byu.edu.

I think I could probably talk about a few journals that are interested. If there's a - some real interest an interesting innovation that's going on but being - but done not with a control group, there are still some journals that will look at that. But it's probably something I should talk to a person directly about.

Rich Batten: Okay. This is a question for Robert. In regards to the BSF studies they want to know what did the domestic violence screening include for purposes of that study?

Robert Wood: Each of the eight programs developed their own domestic violence protocol working with a local domestic violence organization, so each of them did something somewhat different.

So it was really up to them to do that. So they - and that protocol included both screening out couples that seemed to have a harmful type of domestic violence that could be exacerbated by the program as well as

a protocol to be put in place to - what do you do if a domestic violence issue emerges while the couple is in the program?

So each of those sites did have that protocol. They developed it in conjunction with the local domestic violence organization. But each of them did something slightly different.

Rich Batten: Okay thank you. Another question for you, Robert. How did you measure and control for control group access to other family support services?

And then secondly a follow-up to that, were there any significant differences at time one on outcome measures between the treatment and control groups?

Robert Wood: Okay so first about the kind of - so the question's sort of about what's the control group getting. Now in a random assignment evaluation of this sort, you know, you can't keep control group couples from having access to other programs out there, so it's true that some of them did participate in other kinds of relationship skills programs but that was pretty rare.

I mean these are not such common programs that happened with a large degree of frequency. And when they did happen they tended to participate at a much lower level than the BSF couples did.

And the BSF intervention in particular was in - was a particularly intensive intervention. So when the control group couples got something a little bit like this it was not something so intense.

So we didn't control for that or take that out in any kind of way. We wanted to preserve the random assignment framework and just sort of compare the - our BSF couples to what would have happened if BSF hadn't been offered which would have - what would've happened is they would have had access to those other programs as well.

So we don't adjust for that, only just to keep in mind that that wasn't that common, not that many control group members got that kind of service.

Rich Batten: Okay. And then the other one in regards to that was there a significant difference at time one on outcome measures?

Robert Wood: Oh right, it was a two-part question. There was not. We've looked at our, you know, baseline characteristics and they were very closely aligned and we do do some adjusting using the Cisco modeling to adjust for any small differences that were there. But there were really no large differences and that adjusting really doesn't make much difference.

Rich Batten: Okay. Here's an informed question on a little bit of the BSF work wanting a comment on the fact that it's hard to make Building Strong Families work. And it's the case that most sites had very low attendance in contrast with Oklahoma which had very high attendance, that it's perhaps they're wondering if it's an implementation - the implementation that failed rather than the programs?

Robert Wood: I think that's a reasonable comment. I mean I think you have to just sort of think about this model and does it work in terms of getting couples to come?

It could be that it's hard really with something that's supposed to last for five months to get couples to attend, I mean no matter how attentive you are to that issue. But I think we can't really separate that. I - it was pretty challenging particularly with the curriculum that had such long - so many hours that were specified to get couples to come kind of week after week for five months.

Rich Batten: Okay. Obviously a number of the questions going to the BSF study. This person says in a recent program evaluation study he found that the effects for the first cohort were very modest but the second cohort about a year later had quite significant effects.

Is there any data suggests that a more experienced program could produce more positive results?

Robert Wood: We did look at that and did not find substantial differences among kind of early and late enrollees in our sample and I don't know that, you know, that doesn't necessarily mean that that couldn't happen but we didn't see it in our data.

Rich Batten: Okay. Another question on the BSF, is it possible that the leaders at the Oklahoma site had more clinical experience or more regular consistent supervision or consultation?

This individual has found that in their intervention work that both can make a very large difference in the leader's ease of keeping up their enthusiasm managing difficult issues of participant couples and in keeping a model fidelity.

Robert Wood: Well I do think the atmosphere in Oklahoma was different. It's a place where they've been doing this a long time. And so I think that that did, you know, potentially play a role.

It also was just a program that was operating at a very large scale. It enrolled more couples than any of the other BSF programs and they're also enrolling these low income married couples as part of the supporting healthy marriage that are all being part of sort of the same program.

So you had, you know, a couple thousand couples that were recruited and about half that that are in the program during these studies.

And that's just a - it's such a - it kind of creates a excitement possibly, you know, just sort of there's just a lot happening and you're part of something big. And just wouldn't have been a very different kind of atmosphere there than in some of these smaller scale programs.

Rich Batten: More broader to you anyone, this person believes that marketing seems to be key to meeting the goals for participation.

Did the programs develop a marketing plan prior to starting their programs? And if they did was it a professional or marketing specialist involved? Do you have any insight or knowledge in regards to that?

Jennifer Miller-Gaubert: This is Jennifer. I'll say that in SHM sites did write marketing plans or an outreach and recruitment plan we called it in advance of beginning.

They were done in consultation with folks from Public Strategies who were, you know, in the mix of obviously the - had a lot of experience from BSF but also, you know, are themselves are public relations folks. So in that sense yes, they were expert advisors.

Rich Batten: Okay. I think this one goes to Dr. Hawkins. What is the modal number of workshops or hours attended by couples in your meta-analysis? And is there a point where couples deteriorate with too many hours of education?

Alan Hawkins: You know, interesting question. I'm not sure I have a modal number. The average hours varied quite a bit. But we did see on average they were getting more than the typical middle-class program would get of 12 hours.

So I would guess that programs tended to be closer to 20 hours was the intended dosage. The question about, you know, at some point do we see a, kind of a burnout effect?

The number of studies that have looked at lower incomes samples isn't enough for us to make a judgment about that. I'm actually in the middle of doing some analyses right now with all the studies that have been done over the last 35 years and trying to test that notion of is there kind of an optimal dosage? And it's a little too early to say.

But I do see the possibility that the highest dosage programs might actually tend to have lower impact.

Now that could be for a number of reasons but I - it's an intriguing possibility. And of course in the BSF study results we see that the program has had the most condensed and shorter, not short, but shorter curriculum seemed to do better.

And I think that researchers are going to need to pay attention to that in the future, and try and find out if there really is kind of this optimal range of dosage that really gives you the opportunity to learn and to practice and to really focus on something, but not so much that at some point it kind of burns you out and you tune out or something of that nature - important question.

Rich Batten: Another one in regards to facilitator factors, how that affects outcomes particularly level of empathy, ability to validate the couple being culturally competent. Is there any insights on that from the meta-analysis you've done?

Alan Hawkins: From my meta-analysis we weren't able to code enough of that programmatic information to be able to make a determination.

I'm looking at a few of those things in my broader meta-analysis and hope to have those results by the end of the summer.

Though I've seen a few studies recently that have suggested that some of the things that we thought would matter don't seem to be having a great effect.

For instance whether it's male or female or whether the individual is matched ethnically and racially, whether the facilitator is matched ethnically and racially didn't seem to have that much of an impact. And that's just one study that I've seen recently.

And so I mean it's - we're going to have to follow that more and one study won't give a definitive answer.

In terms of issues around empathy and those kinds of clinical characteristics of the facilitators I haven't seen any research on that. But everything that we've learned from the clinical research in that area suggests that those are important things to have.

And certainly the ability to relate and to entertain and to get people to smile and to really keep people engaged for a two hour or a three hour presentation, those I think we will find will be important skills.

But we've got a ways to go in our research to get a better sense of what those facilitator - what are those facilitator characteristics that are going to make a difference.

Rich Batten: Is there anything that would indicate that social education programs are more effective at a younger age? This person is wondering say like junior high school?

Alan Hawkins: I wish we had better research on that. One can make a case intellectually that we need to get there sooner and sooner.

But on the other hand that gets them farther and farther away from the - sort of the proximity of a close, intimate, romantic relationship, committed relationship or to marriage and so it may be more difficult to actually present a meaningful education the younger they get. And we don't have the answer to that.

So there are studies out there now that are beginning to focus more on youth and to see what differences we can make. But I think it'll be a while before we have good answers to that question.

Rich Batten: This person is curious if a particular intervention was used in any of the curriculums and that is journaling by the couples. Was that a technique that was used or not and if you're aware?

Jennifer Miller-Gaubert: Not in SHM. And there are four curricula in SHM. And I'm not - I don't think that was a major focus of any of them.

Robert Wood: I'm sorry I didn't catch the actual term. What was the...

Rich Batten: Journaling.

Robert Wood: ...term that they were asking about?

Rich Batten: Journaling, have the couples journal?

Robert Wood: Oh yes. I don't think that was part of any of the BSF curricula either.

Alan Hawkins: But I don't remember that being used in any of the curricula that I looked at, the 15 studies that were focused on lower incomes samples.

There are some middle class sample studies that have included that pedagogical technique within the curriculum but just a small number. And I don't know what - I don't really remember results specific to that that I could tell you about.

Rich Batten: Okay. And Alan this question is directed to you. And other than the dosage issue that you just mentioned, what is your theory on what may have led to the poor overall results of the treatment group, i.e. increased awareness of what makes for a good relationship and then what they may be missing?

Alan Hawkins: Just a point of clarification, is this referring specifically to the negative - to the seemingly negative outcomes in the Baltimore sites for the BSF study? Is that the question?

Rich Batten: That that would make sense to me. It does - so it could be good - geared more towards Robert but yes, either one of you if you have an answer to that.

Alan Hawkins: I - one thing that I would point out that I suspect - well I'd like to hear Rob - Rob's thoughts as well. But it may be difficult to know whether or not there - the program caused some of those negative effects, the termination of the relationship, some intimate partner violence and lower quality.

I think another possibility is that the educational experience for those individuals may have created more awareness of relationship problems or willingness to report them and more willing to terminate the relationship.

And one perspective suggests that those actually are positive outcomes for the program as opposed to negative. But it's hard to get a sense of that. I wonder what Rob's thoughts are about that?

Robert Wood: Well I guess I first I would say that I think we have to feel pretty confident that it is the result of the program because it's, you know, a random assignment study. But I guess it's kind of what you're thinking about is that - well there's a couple of things.

One is the issue about reporting if the moms in the program group were more sensitized to these issues and more likely to report them?

I don't feel like that explanation really works because we only saw this in one place and we didn't see it in all the sites.

So I don't think that really quite explains it. I think that you're right that it could have something to do with them just, you know, you're dealing with a set of couples that are in pretty tenuous relationships anyway. And you're getting them to focus on their quality of their relationship and the status of it and think about it.

You know, it may be that it encourages them to break up. That seems to be what has happened. And I think that there was some acknowledgment that that may indeed be the outcome of this kind of intervention in some cases.

So that may be part of what we're seeing. And it could be that these were relationships that may have broken up, you know, eventually anyway and perhaps we'll see a smaller effect on this at 36 months when we get to look again.

Alan Hawkins: Yes.

Robert Wood: We'll see. Yes we'll just kind of hold on and see about that.

Alan Hawkins: I think a point or a need when we're doing this kind of work to be a little - to define what a positive and what a negative outcome may be.

And it may very well be that some relationship breakups should be kind of seen in a more nuanced way as a positive outcome rather than a negative one. It - I mean it shows how difficult it is to really kind of get a sense of what the program effects really are.

Rich Batten: Well I thank you for all of your questions. We do have a few polling questions we would love for you to - so hang on and we'd like to have you interact with these.

So you should have a screen in front of you now. Please respond to this question.

I understand the major impact findings of the Building Strong Families Evaluation. Can you agree with that? Disagree, neutral, spend a few moments to respond to that question.

Give you just a few moments. Got about half of you have responded. Now it's jumping up.

Next question, I have a better understanding of some of the implementation challenges faced by staff running the Supporting Healthy Marriage program?

Thank you and one more. I have a better understanding of the research based looked at - looking at the effectiveness of marriage and relationship education program?

And then I have a better understanding of how marriage relationship education programs research findings can inform how current healthy marriage programs are run?

Thank you for your participation in those polls. That will help us craft the effectiveness of what we're doing.

A recording of today's Webinar will be on the (NHMRC) Web site within seven to nine business days. The Web site is www.healthymarriageinfo.org.

And finally if you have any - if you have other comments or suggested topics for future Webinars we are planning a Webinar in July and then again in September.

Please email those suggestions in care of myself Rich Batten at info@healthymarriageinfo.org or provide your feedback to your federal project officer.

Thank you and I hope you have a great afternoon.

Operator: Once again, ladies and gentlemen, that concludes our conference. Thank you all for your participation.

END