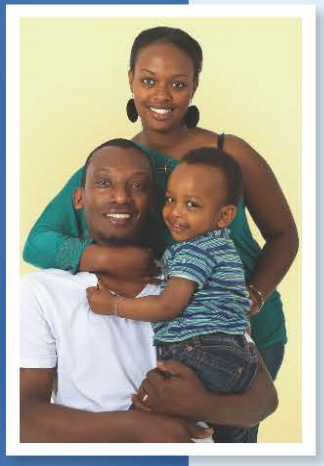
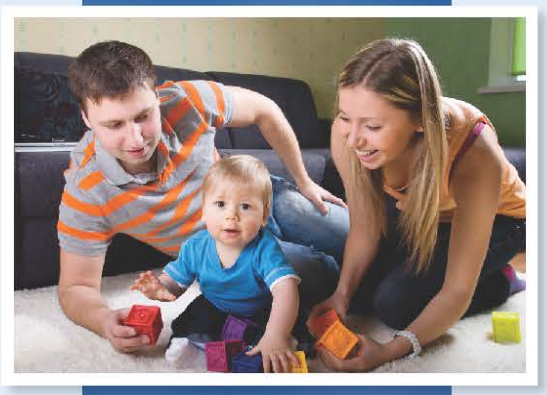


OPRE Report 2012-09

Catalog of Research: Programs for Low-Income Couples



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Catalog of Research: Programs for Low-Income Couples

July 2013

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CATALOG OF RESEARCH: PROGRAMS FOR LOW-INCOME COUPLES OVERVIEW

In the past few decades, research showing the advantages to children of being raised by both parents in healthy, stable relationships has led to an increase in couple-based programs designed to enhance relationship or co-parenting skills. In response to interest in such programming, the Office of Planning, Research, and Evaluation within the Administration for Children and Families, U.S. Department of Health and Human Services (HHS), engaged Mathematica Policy Research to conduct the Strengthening Families Evidence Review (SFER) to identify and review studies of family-strengthening programs. This catalog focuses on studies of programs that served low-income couples; a separate catalog presents studies of programs that served low-income fathers.

This catalog compiles information from 55 studies of 39 programs. Each study description provides details on the research, such as study design and characteristics of those included in the sample, and of the programs, such as structure, staffing and operations. The descriptions are based on the information provided by the study authors and may not include complete information on individual programs.

Most of the studies analyze participant outcomes—for example, status of and satisfaction with relationships—but vary in the strength of their evidence for determining whether the programs themselves caused the reported outcomes. To help readers assess the strength of the evidence on outcomes, we rated the studies based on the likelihood that the estimated effects are the result of the program rather than other factors, such as natural change over time. The ratings categories—high, moderate, low, and unrated—are based on each study's design, execution, and analysis.[1] Studies that only focus on aspects other than participant outcomes, such as program operations and implementation, are unrated.

A high rating means the study is well-designed and executed, and the estimates of effects or impacts reported can be attributed to the program. A study with a moderate rating is fairly well designed and executed but has some weaknesses, which means the authors have not been able to rule out definitively that the estimated effects are not due at least in part to factors other than the program. A study is assigned a low rating when there are weaknesses in the study design or analytical methods that mean the study cannot isolate potential effects of the program from other factors—that is, we do not know if the outcomes are a result of the program, participant characteristics, or other influences.

Of the 55 studies, 8 have high or moderate ratings, 18 have low ratings, and the remaining 29 are unrated studies, either because they do not include participant outcomes or they are additional sources and overlap with a rated study. Studies that received a high rating provide strong evidence that the program studied led to outcomes that can be attributed to program services and were different from what would have occurred without the program. Although there is no clear evidence that programs in studies with low ratings or those that are unrated led to outcomes of interest, the

[1] The ratings criteria are similar to those used in others evidence reviews conducted for HHS on home visiting and teen pregnancy prevention (see http://homevee.acf.hhs.gov and http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html, respectively). SFER, however, is more inclusive and includes research on program implementation or that reports outcomes in the absence of rigorous impact research methods.

studies provide information on services and approaches that have been implemented, and descriptive information about operational successes and challenges (e.g., those related to recruitment and retention). The programs they assess are potentially promising or innovative but have not yet undergone evaluations that establish the extent to which they result in positive outcomes for participants.

I. INTRODUCTION

Although many children thrive in single-parent families, research has repeatedly shown that children benefit, on average, from being raised by both parents in a healthy, stable relationship. Children growing up in single-parent households, on average, are more likely to experience negative outcomes such as poorer health, behavior problems, lower educational attainment, and teen parenthood (Amato 2005; Maier and Lachman 2000; McLanahan and Sandefur 1994; Waldfogel et al. 2010). The past few decades, however, have ushered in a dramatic increase in single-parent families as a result of divorce, nonmarital births, and cohabitation (Amato 2008). In 2010, over one-third of children lived with one parent, which included 24 percent of white children, 41 percent of Hispanic children, and 66 percent of African American children (Kids Count Data Center 2012).

Some research also shows that it is not only the presence of both parents that matters, but also the quality and status of their relationship. For both married and unmarried couples, relationship quality predicts subsequent parenting behaviors (Carlson and McLanahan 2006). Marriages in which parents are hostile to and often conflict with one another are associated with poor outcomes for children (Buehler et al 2007; Sturge-Apple et al. 2006; Troxel and Matthews 2004). In addition, children living with both unmarried biological parents tend to have worse outcomes than those living with married biological parents (Brown 2004). The difference may be driven, in part, by the greater instability of cohabiting relationships (Waldfogel et al. 2010) and potentially by the lower average quality of cohabiting relationships relative to marriage (McLanahan and Beck 2010).

In response to widespread interest in promoting child wellbeing through the stability and health of two-parent families, couples' programs have proliferated in the past few decades. Many offer skills-based relationship education, which is less expensive than marital therapy and may be less stigmatizing as it can be offered to all couples, not just to those in distress (Larson 2004). Initially, the programs and the research they spawned focused almost exclusively on white, middle-income, married or engaged couples (Carroll and Doherty 2003; Dion et al. 2003; Hawkins et al. 2008). More recently, funding has been available for marriage and relationship education programs designed for and offered to more disadvantaged couples. Governments in all 50 states and the District of Columbia have funded or partnered in programs to strengthen couples' marriages and relationships, many of which target low-income couples (Ooms et al. 2004). In 2006 and 2011, the Healthy Marriage and Responsible Fatherhood Grant Program, administered by the Office of Family Assistance in the Administration for Children and Families (ACF), Department of Health and Human Services (HHS), provided funds for hundreds of grantees to offer such programs. ACF also funded several large programs and evaluations. In addition, many smaller programs have been developed by researchers and practitioners committed to supporting interested families.

To provide information for practitioners, program providers, and researchers, ACF's Office of Planning, Research and Evaluation (OPRE) contracted with Mathematica Policy Research to conduct the Strengthening Families Evidence Review (SFER), a systematic review of impact, implementation, and descriptive studies of family-strengthening programs. Because SFER is an examination of the available research on programs, rather a review of all available programs, not all current or recent programs are represented in the review because not all have been the subject of a study.

This report catalogs the research on programs that target and serve low–income couples; an earlier report summarizes the research on programs for low-income fathers (Avellar et al. 2011). Similar to the prior review, this review documents the following:

- The research on the effectiveness or impacts of couple-focused programs and the degree to which the studies demonstrate that a specific program (and not some other factor) led to the results
- Key program elements—such as content, design, and staffing—as well as implementation and the challenges and successes experienced in recruiting and serving low-income couples (to the extent such information is included in the studies)

The following sections summarize our approach to the review; more detailed information is provided in the appendices. The rest of the document includes study descriptions summarizing the results of the reviews.

A. SEARCHING AND SCREENING RELEVANT LITERATURE

We searched the literature on family-strengthening programs expected to be relevant to the review by conducting a database search, drawing from references of extant reviews, and issuing a call for papers (see Appendix A for details on the search strategies). Our goal was to include published and unpublished research on established programs and up-and-coming models. In screening the studies for their relevance to the review, we excluded those that did not focus on a program, practice, or policy targeted to low-income couples; was conducted outside the United States; was not written in English; or was published before 1990. The reason for limiting the publication timeframe was to ensure that we focused on more recent research, since the population and contexts in older research may be less relevant in the current environment.

The catalog includes 55 studies of 39 interventions that represent a wide range of services. Some interventions consisted of curriculum-based group sessions, whereas others represented a community-wide approach and included curriculum-based group sessions as one of several components. The research on these programs reflects the diverse array of approaches to improving the relationships of low-income couples.

B. STUDY REVIEWS AND QUALITY RATINGS

After studies were identified and screened, we reviewed and rated them.[2] In part, this review follows the methodology used in two other evidence reviews conducted for HHS: reviews of studies on the effectiveness of home visiting and teen pregnancy prevention programs (see http://homvee.acf.hhs.gov/ and http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html, respectively). The home visiting and pregnancy prevention reviews include only studies that used rigorous methods to examine program effectiveness. SFER also includes these types of studies and uses similar criteria to rate all studies that attempt to examine the impacts or effectiveness of a program. The ratings are based on the ability of the study design or methods to provide unbiased estimates of the program's impact (see Section B for additional details). These are ratings assigned to studies, not ratings of programs.

[2] Studies for which staff at Mathematica Policy Research may have had a conflict of interest were reviewed by an external reviewer.

However, unlike these other reviews, SFER also includes research studies that describe program implementation or that report outcomes. We include studies that document and analyze program operations and studies that examine participants' outcomes but cannot causally link the program to the measured outcomes. Both types of studies can provide information about programs that are innovative or appear to be promising, but may not yet have been subjected to more rigorous impact or effectiveness evaluation. Practitioners may find this type of information useful because it allows them to build on lessons learned from prior program efforts.

Reflecting the different information that can be provided by each study type, the study descriptions are grouped into three categories: impact, implementation, and descriptive studies. For the review, we define impact studies as those that include a comparison or control group with characteristics that are initially similar to those in the treatment group. Implementation studies describe and analyze program operations and program-related outcomes, such as recruitment and retention. For the purposes of this review, the term "descriptive studies" is used to encompass studies that examine participant outcomes in the absence of a comparison or control group with characteristics similar to those in the treatment group and thus do not allow one to make causal conclusions with confidence. Both implementation and descriptive studies can provide rich information on the type of programs implemented, how they were designed and operated, and what challenges were encountered in such areas as recruiting, serving, and retaining participants, staffing the program, and establishing program partnerships. However, only impact studies use research designs that can determine the program's effectiveness on participants with confidence (see Appendix B for a more detailed explanation). It is important to note that just because a program has not been studied or was studied with a less rigorous research method does not necessarily mean the program is not effective; rather this means that the evidence does not exist to know one way or the other.

We assign a rating to every study that includes participant outcomes. This rating reflects the level of confidence that should be applied when assessing how well the research design can determine whether the program caused the reported outcomes. The rating takes into account such factors as the use of a comparison group, whether participants were randomly assigned, and similarities between the treatment and comparison groups before the start of the program. The rating indicates how confident the reader can be that it was the program rather than other factors that led to the differences in outcomes, given the parameters of the study. Additional detail on how the quality rating system was developed and implemented is shown in Appendix C.

As shown in Figure 1, there are four rating categories: high, moderate, low, or unrated. Only impact studies that used random assignment could receive a high rating; studies with a non-randomly assigned comparison group that was equivalent at baseline and studies that used random assignment but had other limitations could receive a moderate rating.[3] Studies that received a high or moderate rating are listed in the "Impact Studies" section. Studies that reported outcomes but did not use a comparison group and studies that had methodological problems with the study design were assigned a low rating and included in the "Descriptive Studies" section. Studies that did not examine participant outcomes were not given a rating ("unrated") and are included in the "Implementation Studies" section. Each study's quality rating is included in its profile.

[3] Regression discontinuity and single case designs also have strong internal (causal) validity, but we did not identify any relevant studies with these designs.

Figure 1. Quality Ratings

High–A high rating means the study is well designed and executed to estimate the effects or impacts of the program.

Moderate–A moderate rating means the study is fairly well designed and executed to estimate the effects or impacts of the program, but has some weaknesses.

Low–A low rating means the study design cannot establish whether the outcomes resulted from the program or from other factors.

Unrated–A study is not rated if it does not examine participant outcomes

C. INFORMATION IN THE PROFILES

The catalog presents the information available from identified research studies on an array of programs for low-income couples; it does not necessarily reflect all available information on a program. For example, the profiles that comprise the catalog do not include information from program websites or the program developers. Instead, reviewers extracted information on a standardized set of topics only from the research study, and noted any missing information as "not reported."

Within each study type (impact, implementation, or descriptive), profiles are arranged alphabetically by program name and are divided into eight standard sections to help the user quickly identify information of interest. Information is provided to the extent it was reported in the study. The sections are:

- **Study information**. Brief summaries of the program and the relevant study, along with the citation and the assigned rating. Most programs had only one identified study, but if multiple studies contribute to the profile this is noted in the citation field.
- **Study and sample characteristics**. Information on the study design and characteristics of the participants included in the study, such as demographic data.
- **Reported outcomes**. Participant outcomes, divided into domains (see Table 1). Differences between groups or changes over time are noted if they are statistically significant. Findings that are not statistically significant are described as showing no differences between groups or no changes over time.
- **Program model.** Description of the program, including theoretical framework, program content, and length.
- **Program structure.** Where and how the program is implemented, such as settings and the funding agency.
- **Staffing and operations**. Characteristics of the staff and program protocols.
- **Recruitment.** Enrollment into the program, including challenges and solutions.

- **Participation.** Retention of participants in the program and methods for sustaining participation, such as incentives.

Table 1. Domains for Outcomes

Area of Interest	Illustrative Examples
Couples' Relationship and Well-Being	
Relationship Status and Quality	Relationship status (for example, married, romantically involved) Residential status (cohabiting part time or full time) Length of relationship Relationship quality
Co-Parenting	Joint decision making Quality of co-parenting relationship Activities with both parents and children
Well-Being	Incarceration Drug/alcohol use Physical health Mental health (for example, depression, anxiety)
Economic Self-Sufficiency	Employment status Earnings or wages Hours worked Part- or full-time status Financial literacy Educational attainment
Domestic violence[a]	Violence reported by at least one partner Fear of partner Injuries from partner
Parenting	
Parenting Skills	Indicators of quality of parenting (for example, child maltreatment, cognitive stimulation, warmth, harsh discipline, monitoring), knowledge of developmental milestones
Responsible Fatherhood	
Fathers' Financial Support of Children	Paternity establishment Child support paid Compliance with court orders Other monetary or material support of children
Father Involvement	Frequency of contact with children Custodial status Residence with children Father-child interaction
Child Outcomes	
Child outcomes	Cognitive Social-emotional Physical health

[a] Although domestic violence outcomes may be included, the review is limited to programs with a primary focus other than domestic violence.

II. PROFILES

A. IMPACTS

BUILDING STRONG FAMILIES

Study Information

Program overview

Building Strong Families (BSF) was a voluntary marriage and relationship education and support program targeted to unmarried couples with children. The core component was weekly group sessions that provided instruction in such skills and topics as communication, conflict management, transitioning to parenthood, intimacy and trust, and children from previous partners. The group sessions followed one of three curricula—Loving Couples, Loving Children; the Becoming Parents Program; and Love's Cradle—and ranged from two to five hours per week, over a 6- to 22-week period. In addition to the group sessions, two other components were offered. First, families received individualized support from dedicated staff, called family support coordinators, who provided assessment and referrals for their needs, encouraged participation in the group sessions, and reinforced skills from the groups. Second, the program included supplementary support services, offered either in house or through referrals to other community agencies. Eligible couples had to be either expecting a baby together or parents of a baby who was less than three months old; romantically involved and unmarried at the time the baby was conceived; and both at least 18 years of age. BSF was offered at 12 locations in eight sites: Atlanta, Georgia (two locations); Baltimore, Maryland; Baton Rouge, Louisiana; Florida (Broward and Orange counties); Houston, Texas; Indiana (Allen, Lake, and Marion counties); Oklahoma City, Oklahoma; and San Angelo, Texas.

Study overview

This review includes two studies that, respectively, examined the effects of BSF at 15 and 36 months. Over 5,000 interested couples were randomly assigned to either the treatment group, whose members could participate in the BSF programs, or the control group, whose members could not. For the 15- and 36-month impact analyses, the authors generally found no effect of BSF on improving the couples' relationship. When results were averaged across all eight programs, couples in the treatment group were no more likely to get married than those in the control group, and the groups reported similar relationship quality. Further, at 36 months, couples in the treatment group were slightly less likely to be romantically involved or living together compared to those in the control group. At both follow-ups, results showed no differences in most measures of parenting, co-parenting, and economic self-sufficiency.

In general, the sites implemented BSF with one of three structures. Baltimore and Baton Rouge added BSF to an existing array of services; Atlanta and Oklahoma created a new infrastructure with BSF as the sole service; and the other sites (Florida, Indiana, and the two Texas sites) transformed or modified an existing program. Sites with existing programs typically could rely on an existing network of staff, recruitment sources, and providers. Sites that created the program from the ground up generally had a slower startup, but did not struggle with competing demands on staff or across programs.

Regardless of the structure, most sites had very limited or no experience working with couples or addressing marriage and relationships. Some staff were concerned about appearing to "push" marriage or disparage single parents, but most became more comfortable over time as they found couples were interested in the topic.

Generally, sites struggled with initial participation. On average, 55 percent of couples in the treatment group attended at least one session. Across sites, this ranged from 40 percent (Baton Rouge) to 73 percent (Oklahoma). Among those who attended at least one group, however, the average hours of attendance were 21.

Both studies used a randomized controlled trial with no confounding factors and statistical adjustments for selected baseline measures. Attrition was low at 15 months, and the study has a HIGH rating. Attrition was low for most outcomes at 36 months, and for those outcomes, the study has a HIGH rating. The study has high attrition for fathers' responsiveness, and for that outcome, receives a MODERATE rating.

Citation

Wood, R. G., S. McConnell, Q. Moore, A. Clarkwest, and J. Hsueh. "The Building Strong Families Project: Strengthening Unmarried Parents' Relationships: The Early Impacts of Building Strong Families." Washington, DC: Mathematica Policy Research, May 2010.

Wood, R. G., Q. Moore, A. Clarkwest, A. Killewald, and S. Monahan. "The Long-Term Effects of Building Strong Families: A Relationship Skills Education Program for Unmarried Parents." Princeton, NJ, Mathematica Policy Research, November 2012.

Additional sources:

Dion, M. R., S. A. Avellar, and E. Clary. "The Building Strong Families Project: Implementation of Eight Programs to Strengthen Unmarried Parent Families." Washington, DC: Mathematica Policy Research, May 2010.

	Dion, M. Robin, A. M. Hershey, H. H. Zaveri, S. A. Avellar, D. A. Strong, T. Silman, and R. Moore. "Implementation of the Building Strong Families Program." Washington, DC: Mathematica Policy Research, January 2008. Dion, M. R., S. A. Avellar, H. H. Zaveri, and A. M. Hershey. "Implementing Healthy Marriage Programs for Unmarried Couples with Children: Early Lessons from the Building Strong Families Project." Washington, DC: Mathematica Policy Research, July 2006.
Study and Sample Characteristics	
Study design	The authors used an experimental design to evaluate the impact of eight BSF sites. A total of 5,102 interested couples were randomly assigned to either the treatment group or the control group. Attrition at the 15-month followup was low, and the authors controlled for baseline measures in the analysis. For the combined results, attrition at the 36-month followup was low for all outcomes except father's responsiveness. The studies also included site-specific results, but those are not reported here in the interest of brevity.
Comparison condition	The control group could not participate in BSF services. In some sites in which BSF was offered as part of another program, such as Healthy Families (a program to reduce child abuse), the control group was also ineligible for those programs.
Conflicts of interest	Not reported
Sample size	At 15-months, the sample included 4,238 mothers and 3,685 fathers. Most information was reported at the couple level, representing 4,424 couples. At 36-months, the sample included 4,247 couples for most outcomes.
Race and ethnicity	White: 12 percent African American: 52 percent Hispanic/Latino: 20 percent American Indian: not reported Other: 16 percent
Gender	Male: 53 percent Female: 47 percent
Age	In 58 percent of couples, both partners were 21 years or older.
Relationship status	Not reported
Educational attainment	In 37 percent of the couples, both partners had high school diplomas.
Employment, income, or earnings	The couples' average annual earnings were $20,475.
Household income	Not reported

Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Data were collected at intake and two follow-ups, 15 and 36 months later.
Description of measures	Most outcome measures were collected with an intake form completed by all enrollees when they applied to the program and a follow-up telephone survey conducted separately with mothers and fathers. Measures of parental responsiveness and receptive language were collected via direct parent-child observation during an in-home assessment. **Relationship status and quality** *Relationship status.* Whether the partners were romantically involved, living together, or married *Attitudes toward marriage.* Agreement of respondents with two statements, including "it is better for a couple to be married than to just live together" *Relationship happiness.* Rating by respondents of their overall relationship happiness on a scale of 0 to 10, with 10 being completely happy and 0 being completely unhappy *Support and affection.* Twelve statements with which respondents indicated their agreement, such as "my partner shows love and affection for me" *Use of constructive conflict behaviors.* Eight items for which respondents indicated how frequently the described behaviors occurred, such as "my partner is good at calming me when I get upset" *Avoidance of destructive conflict behaviors.* Nine items for which respondents indicated how frequently the described behaviors occurred, such as "when we argue, I feel personally attacked by my partner" *Fidelity.* Whether parents were faithful to each other *Intimate partner violence.* Whether mother or father reported severe physical assault by her or his romantic partner **Parenting** *Engagement in cognitive and social play activities.* Five questions about the frequency of activities that support children's language and cognitive development, such as singing songs or reading books *Frequent spanking.* Whether the parent spanked the child at least a few times a week in the month prior to the survey

Parenting stress and aggravation. Four questions on the frequency of feeling stress and aggravation with children and parenting, such as "you felt your child is much harder to care for than most"

Parental responsiveness. Based on in-home assessments of semi-structured play that were recorded and coded to measure the quality of parent's positive regard towards child, sensitivity, cognitive stimulation, and level of detachment (reverse-coded)

Child regularly goes to bed on time. Whether parent reported that child has a regular bedtime and was put to bed at that time at least four nights of the previous Monday through Friday

Child regularly eats the evening meal with a parent. Whether parent reported that child eats the evening meal with at least one parent at least six days in a typical week

Co-parenting

Quality of the co-parenting relationship. Agreement with 10 statements based on the Parenting Alliance Inventory, such as "[other parent] and I are a good team"

Well-being

Depressive symptoms. Based on 12 items of the Center for Epidemiologic Studies Depression Scale

Father involvement with children

Father lives with child. Whether both partners reported that the father lived with the child at the time of the survey

Father spends time with child daily. Whether both partners reported that the father spent an hour or more with the child every day or almost every day of the prior month

Father's engagement with child. Frequency with which father engages in 12 activities with child during the past month. Activities included caregiving, cognitive and social play, and physical play

Domestic violence

Any severe physical assault. Whether the respondent reported any of the following assaults by any romantic partner: knife or gun, punching or hitting with something that could hurt, choking, slamming against wall, kicking, beating up, or burning/scalding

Child outcomes

Behavior problems. Frequency of child's internalizing and externalizing behavior problems as reported by parents on the Behavior Problems Index

Emotional insecurity amid parental conflict. Frequency of child's emotional dysregulated behaviors exhibited during parental conflict as reported by parents on the Security in the Marital Subsystem-Parent Report Inventory

	Receptive language. Direct assessment of child using the Peabody Picture Vocabulary Test 4 in which the child identifies the picture that corresponds to words spoken by assessor **Economic self sufficiency** *Employment in the past month*. Whether the respondent worked for pay in the month prior to the survey *Earnings in the past year*. Income from paid employment 12 months prior to the survey *Family income below poverty*. Whether monthly income was below the poverty threshold *Difficulty meeting housing costs*. Whether the family reported experiencing hardships, such as being unable to pay rent or mortgage or being evicted *Family receiving Temporary Assistance for Needy Families (TANF) or food stamps*. Whether the family received either form of public assistance in the month prior to the survey **Fathers' financial support of children** *Father provides financial support*. Whether the mother reported that the father was covering at least half the cost of raising the child *General health*. Whether parent reported child has very good or excellent health **Other** *Both parents have lived with child since birth*. Whether both partners reported that they have always lived with other parent and child since child's birth We describe outcomes for the full sample, aggregated across all eight sites. The studies also include site-specific results, which are not reported here.
Outcomes: Relationship status and quality	***HIGH rating*** At 15 and 36 months, there were no differences between groups in whether couples were married. At 15 months, there were no differences in whether the couples were still romantically involved or living together (married or unmarried), but at 36 months, couples in the treatment group were less likely to be romantically involved or living together than those in the control group. At both time points, there also were no differences in relationship quality (happiness or support and affection), conflict management (destructive and constructive conflict behaviors), or fidelity. At 15 months, there were no differences in attitudes toward marriage, but at 36 months, those in the treatment group had more positive attitudes about marriage.

Outcomes: Parenting skills	*HIGH rating* For mothers, there were no differences between groups on engaging in cognitive and social play (15 and 36 months) or parenting stress (15 months), but those in the treatment group reported less frequent spanking (15 months) and had greater observed responsiveness (36 months). *HIGH/MODERATE ratings* For fathers, there were no differences between the groups on any of those parenting measures. *HIGH rating* At 36 months, there were no differences between treatment and control groups on the percentage of children who regularly went to bed on time or ate an evening meal with a parent.
Outcomes: Co-parenting	*HIGH rating* There were no differences between treatment and control groups on the quality of the co-parenting relationship at either time point.
Outcomes: Partners' well-being	*HIGH rating* For both mothers and fathers, those in the treatment group had lower depressive symptoms than those in the control group at 15 months, but there were no differences at 36 months.
Outcomes: Partners' economic self-sufficiency	*HIGH rating* At 15 months, there were no differences between the treatment and control groups on employment and earnings (not reported as part of the main results at 36 months). At both time points, there were no differences between the treatment and control groups on having income below the poverty line, difficulty meeting housing costs, or receipt of TANF or food stamps.
Outcomes: Fathers' financial support of children	*HIGH rating* At 15 months, there were no differences between the treatment and control groups on whether the father provided financial support, but at 36 months, fathers in the treatment group were less likely to provide support than those in the control group.
Outcomes: Fathers' involvement with children	*HIGH rating* At 15 months, there were no differences between the treatment and control groups on whether the father lived with the child or spent daily time with the child, but at 36 months, fathers in the treatment group were less likely to spend daily time with the child.
Outcomes: Domestic violence	*HIGH rating* There were no differences between groups in reported domestic violence for mothers or fathers at either time point.

Outcomes: Child outcomes	*HIGH rating* At 36 months, there were no differences between the treatment and control groups on children's emotional insecurity, health, or receptive language. Children whose parents were in the treatment group had fewer behavior problems than those whose parents were in the control group.
Outcomes: Other	*HIGH rating* At 36 months, there was no difference between the treatment and control groups in the percentage of children who had lived with both biological parents since birth.
Program Model	
Theoretical framework	BSF grew out of research findings from multiple areas. First, family structure had changed substantially in the previous few decades, including increases in non-marital births. Second, although most children growing up in single-family households did well, on average, those raised by one parent were found to be at greater risk of negative consequences, such as living in poverty and experiencing academic problems. Third, research had shown that many unmarried parents were romantically involved at the time of the child's birth and hoped to marry, but few did so, suggesting the existence of a "magic moment" for intervention. Fourth, relationship education programs had been shown to be effective, although most work was conducted on white, middle-class families. These bodies of research suggested a need for services, as well as the potential for relationship education. The program was designed to affect the couples' relationships directly and thereby have indirect effects on the families, such as positively influencing father involvement and family structure, and, ultimately, the children's well-being, including their economic resources and cognitive and social-emotional development.
Participant eligibility	To be eligible for the program, couples had to be all of the following: 1. Biological parents, expecting or having a baby age three months or younger 2. In a romantic relationship 3. At least 18 years old 4. Unmarried at the time of the baby's conception 5. Available to participate in BSF and speakers of English or Spanish 6. Not engaged in domestic violence
Participant needs assessment	Family coordinators were responsible for assessing families' needs; no other information was provided.
Program components	The program included relationship skills group sessions, support from family coordinators, and other support services.

Program content	**Relationship skills group sessions.** The centerpiece of the program was the group sessions. Sites were allowed to select any curriculum that covered such topics as communication, conflict management, and emotional intimacy; were intensive and long-term; and were research-based. All sites selected one of three curricula: Loving Couples, Loving Children; Love's Cradle; and Becoming Parents for Low-Income, Low-Literacy Couples. Loving Couples, Loving Children included 21 modules, with such topics as preventing harmful fights; compromise; avoiding and healing violence; healing old wounds; and preventing and recovering from infidelity. Each session included a video with real couples discussing issues, followed by group discussion. Group leaders provided information, skills, and strategies for addressing issues and gave couples exercises to practice the skills. Loving Couples, Loving Children was used in five sites: Atlanta, Baltimore, Baton Rouge, Florida (Orange and Broward), and Indiana (Allen, Lake, and Marion). Love's Cradle consisted of 21 modules covering such topics as showing understanding for feelings; problem solving; managing emotions and conflict; rebuilding and maintaining trust; and financial challenges. The first half of the curriculum focused on specific skills, which were divided into steps to allow time for couples to practice and build on previous progress. Communication "coaches" attended sessions and offered couples individualized attention, as needed. The second half of the curriculum focused on topics designed to address issues common to the target population, such as trust, marriage, and blended families. Love's Cradle was used in two sites: Houston and San Angelo. Becoming Parents for Low-Income, Low-Literacy Couples included 31 modules, addressing such topics as the speaker–listener technique; hidden issues; problem solving; forgiveness; and taking a time out. The initial sessions focused on the speaker–listener technique and used coaches to help couples learn and practice. The program was designed to begin before the child's birth and start with building relationship skills. After the child was born, booster sessions were offered that focused on child development and parenting. Becoming Parents for Low-Income, Low-Literacy Couples was used in Oklahoma. **Support from family coordinators.** Each family was assigned a family coordinator who provided individualized support in various ways—for example, by providing assessment and referrals, encouraging participation in group sessions, and reinforcing skills learned in the group sessions. Sites used a mixture of telephone contacts and in-person meetings, which often occurred before or after group sessions. For sites with an established home visitation program, however, the meetings typically occurred in the couples' homes.

	Other support services. The programs provided linkages or referrals to other services the families needed, including employment services, such as job training or help with job placement; educational services, including general equivalency diploma (GED) preparation or a literacy program; treatment for mental health or substance abuse issues; child care; and housing services.
Program length	Loving Couples, Loving Children: 42 hours Love's Cradle: 42 hours Becoming Parents for Low-Income, Low-Literacy Couples: 30 hours Group sessions met weekly and lasted up to five or six months. Meetings with home visitors occurred two to four times a month, and the length of time varied by site, with some offering support for up to three years.
Targeted outcomes	Targeted outcomes included improved relationship quality, greater relationship stability for healthy relationships, favorable attitudes toward marriage, improved parenting and co-parenting, increased father involvement, and greater family and child well-being.
Program adaptations and modifications	Not reported
Available languages	English and Spanish
Fidelity measures	Not reported
Program costs	Estimated costs per couple who attended at least one group session: • Atlanta: $9,606 • Baltimore: $9,334 • Baton Rouge: $10,881 • Florida: $15,975 • Houston: $17,525 • Indiana: not reported • Oklahoma: $11,443 • San Angelo: $14,474

Implementation challenges and solutions	The sites implemented the program using three structures: adding services to an existing menu (Baltimore and Baton Rouge); creating a new infrastructure with BSF as the sole service (Atlanta and Oklahoma); or modifying an existing program (Florida, Indiana, and the two Texas sites). Each structure had its own strengths and challenges. Sites that modified or added services had existing networks of partners and staff for program recruitment and operations. Staff, however, were sometimes faced with competing demands across programs. In addition, intake staff in Florida and Indiana were sometimes reluctant to refer families to BSF with its random assignment requirement when other services were guaranteed. Staff who had typically focused solely on mothers and children also had to learn to include and encourage fathers by, for example, scheduling home visits when both parents were available. Sites that needed to create infrastructure often had slower startup, as they needed to develop partnerships for recruitment, as well as referrals and other services, and hire and train staff. Most of the sites had no or very limited experience working with couples and focusing on relationships. For some, conducting this kind of work required re-conceptualizing whom they were serving and how best they could work with both partners in a couple. Some staff also had to confront their discomfort with discussing couples' relationships or the topic of marriage. Some were comfortable discussing marriage if it was raised by the participants but were reluctant to broach it themselves; some were concerned about "pushing" marriage on families or being perceived as denigrating single parents. Over time, the staff generally became more comfortable discussing marriage and found that couples generally responded positively and were interested in the topic. Many sites struggled with implementing the family coordinator role. Family coordinators in the Healthy Family sites generally focused on parenting and education rather than the couple relationship. Although many of the family coordinators encouraged participation in the group sessions, fewer reinforced the relationship skills taught at them. Programs tried to rectify this by inviting the coordinators to group sessions or providing tools and materials designed for that purpose by the curriculum developers. Sites also varied in the frequency and intensity of contact between program participants and the family coordinators. In the Healthy Families sites, family coordinators conducted weekly home visits for the first six months, whereas in other sites, most contact between family coordinators and families was over the phone.
Program Structure	
Was there a planning or pilot phase?	Yes
Length of planning/pilot	February 2005 to February 2006

Timeframe for program operation	Generally began in 2006; ongoing at time of report under review
Sites and service-delivery settings	BSF was offered in eight sites: • **Atlanta, Georgia: Georgia Building Strong Families.** The host organizations were Georgia State University and the Latin American Association, a nonprofit community-based organization. The two organizations developed new infrastructure in which BSF was the primary service. • **Baltimore, Maryland: Baltimore Building Strong Families.** The host organization was the Center for Urban families, a community-based organization that provided services for area low-income families. The center added BSF to its existing menu of services. • **Baton Rouge, Louisiana: Family Road Building Strong Families.** The host organization was Family Road of Greater Baton Rouge, a nonprofit that offered services to new and expectant parents. In this site, BSF was added to the existing service options. • **Florida: Healthy Families Plus.** The host organization, Healthy Families Florida, integrated BSF services into its existing Healthy Families program, a national home-visiting program that focused on child abuse prevention with at-risk parents. The program was offered in Broward (Fort Lauderdale) and Orange (Orlando) counties. • **Houston, Texas: Healthy Families Initiative.** In this site, the host agency, Healthy Families Initiatives, transformed its existing home-visiting program into BSF by offering services only to couples eligible for BSF, adapting its home visits to fulfill the family coordinator role, and adding the group sessions. • **Indiana: Healthy Couples, Healthy Families Program.** As in Florida, the host organization, Healthy Families Indiana, integrated BSF into its Healthy Families program. SCAN, Inc., a non-state agency with the state's largest Healthy Families caseload, coordinated the program, which was offered in three counties: Allen, Marion, and Lake. • **Oklahoma City, Oklahoma: Family Expectations.** Public Strategies, Inc., the host organization, operated the Oklahoma Marriage Initiative, a statewide project to build capacity for offering marriage and relationship education (see profile for more information). The site developed new infrastructure to offer BSF and the Supporting Healthy Marriage program (see profile for more information).

	• **San Angelo, Texas: Building Strong Families Texas.** Like its Houston counterpart, the existing home-visiting program in this site was changed to BSF. The host agency, Healthy Families San Angelo, previously provided services that were similar to those of Healthy Families America, but not part of a certified program. In most sites, some services, such as group sessions or meetings with the family coordinators, were offered in the host organizations. In addition, some sites conducted home visits and offered services in other accessible locations, such as community centers.
Required facilities	Not reported
Community settings	Varied
Organizational partnerships	All of the host agencies had partnerships with other community organizations for reasons related to, for example, recruitment sources or support services.
Funding agency	The Office of Planning, Research, and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services, funded the demonstration and evaluation.
Agency certifications and national affiliations	Some of the sites were certified Healthy Families America programs.
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Most sites had a program director or manager, outreach and recruitment staff, family coordinators, and group facilitators. Some had additional staff, such as staff supervisors, van drivers, child care providers, and data specialists. Some also made a concerted effort to ensure that some frontline staff were male to help fathers feel welcome in the program. For intake, sites hired staff with characteristics and backgrounds similar to those of the target population. They also selected staff who were friendly and charismatic—qualities that were thought to be more important than education. In sites with existing home-visiting programs, family coordinators typically were experienced home visitors. In other programs, they were new hires. Many of the sites preferred staff with college degrees but tended to value experience over education. Most family coordinators were female but were sometimes accompanied by male staff, if that were determined to be important for meeting the families' needs. Most group sessions were led by a male-female pair of facilitators, of whom at least one had a bachelor's or master's degree in a related field, such as social work, family therapy, or public health.

Staff training	All staff involved in BSF operations participated in an orientation training, which covered the background of the program, goals and objectives of BSF, and program components. Staff who led the group sessions received training on the curriculum from the developers. Training included lecture, exercises and practice, and coaching. The length of training varied by curricula: • Loving Couples, Loving Children: five days, about 40 hours • Love's Cradle: two two-day sessions, about 32 hours • Becoming Parents for Low-Income, Low-Literacy Couples: four days, about 32 hours After the training, group facilitators received regular feedback from the developers. In several sites, facilitators videotaped their group sessions and sent the recordings to the developer for comment. Staff involved in intake received training on the procedures required by research, such as collecting informed consent, administering the baseline, and submitting participants for random assignment. Some of the sites with existing programs found that staff tended to focus solely on the mothers and children. Further, most staff had limited experienced discussing couples' relationships or marriage. Therefore, several sites offered a training called "Working with Couples," a three-hour session designed to discuss staff biases and identify solutions for supporting all members of the family.
Training materials	Not reported
Trainer qualifications	The developers of the curricula conducted the respective training. Training on working with couples was conducted by Nigel Vann, formerly with the National Practitioners' Network for Fathers and Families, and Gardner Wiseheart of Healthy Families San Angelo.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Most of the group sessions had two facilitators, but the recommended group size for these sessions depended on the curriculum. In Loving Couples, Loving Children, the group size was 4 to 6 couples; in Love's Cradle, it was 6 to 8 couples; in Becoming Parents for Low-Income, Low-Literacy Couples, it was 10 to 15 couples.
Staff supervisors	Sites varied in their staffing structures, but, generally, they had multiple supervisors for staff in different roles, with the program director or coordinator having overarching responsibility.
Staff supervision frequency	Not reported

Technical assistance	The developers provided technical assistance on the group sessions through ongoing consultation and by providing feedback to the facilitators and program staff.
Operations manual, forms, or protocols	All sites were required to develop protocols to detect and address domestic violence. The protocols were developed in collaboration with a local or state domestic violence coalition.
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	The sites recruited program participants from prenatal clinics or programs, hospital maternity wards, and public health clinics, and through street outreach. In addition, most sites received referrals from other agencies and programs, including the Women, Infants, and Children (WIC) programs, Head Start, Medicaid, the Supplemental Child Health Insurance Program, and TANF.
Recruitment method	Most sites used both a direct approach and referrals in recruitment. For a direct approach, staff would typically try to engage women who were pregnant or had just given birth by, for example, approaching them in a prenatal clinic waiting room. Once a potentially eligible couple was identified, staff would determine eligibility using a checklist (separate for the mother and father). The staff also conducted a private domestic violence screening. If the couple was eligible, the staff member would describe the program and obtain consent for the study. Eligible, consenting couples were then given the baseline forms.
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	A total of 5,103 couples were recruited for the program. The results by site were as follows: • Atlanta: 930 couples (814 by Georgia State University and 116 by the Latin American Association) • Baltimore: 602 couples • Baton Rouge: 652 couples • Florida: 696 couples (338 from Broward and 356 from Orange; note this sums to 694 couples, no other information was provided)

	• Houston: 405 couples • Indiana: 466 couples (109 from Allen, 88 from Lake, and 269 from Marion) • Oklahoma: 1,010 couples • San Angelo: 342 couples
Recruitment timeframe	Across sites, recruitment started in December 2005 and ended in March 2008. The enrollment period ranged from 22 to 33 months within sites.
Recruitment challenges and solutions	Most sites found that multiple recruitment sources were necessary to obtain enough participants, but the maternal health care system was the most common source. Since the sites were targeting parents around the time of their children's births, programs and locations such as prenatal clinics, childbirth education classes, and hospital maternity wards were most likely to be frequented by those eligible for BSF. Conversely, staff did not think that mass marketing techniques, such as flyers or presentations at community events, were productive for recruitment. Staff thought having both parents present during the initial contact increased the likelihood that the couple would enroll in the program. Some programs, such as Healthy Families, that had traditionally served women initially tried to integrate BSF into their existing intake by first meeting with the mother and then following up with her partner. However, some of the programs began to require that both parents be present at the meeting in an effort to boost enrollment. Sites in which BSF was offered in addition to other services found that intake staff were sometimes perplexed as to which program they should be encouraging families to join. In addition, sites in Texas that had transformed their existing programs found that intake staff tended to emphasize the features of the former program rather than those of BSF. To improve intake, sites provided additional training to staff.
Participation	
Participation incentives	Sites offered a variety of supports to increase participation, including child care (on site or reimbursed) and transportation (for example, cab fare, bus tokens, gas cards, or program pickup). Some sites also offered other tangible incentives: • Atlanta: Offered a $20 gift card for initial home visit, $50 gift card for attendance at first two sessions, $50 gift card for attending at least 75 percent of group sessions, $100 gift card for best attendance of group participants, and $100 gift card for perfect attendance.

- Baltimore: Offered a $25 gift card for attending 60 to 70 percent of sessions, $50 gift card for attending more than 70 percent of sessions, $100 gift card and overnight hotel stay for best attendance of group or perfect attendance.
- Baton Rouge: Offered Family Road Bucks (FRB) that could be redeemed for items in an on-site store. These included 140 FRB for 7 sessions (which could be redeemed, for example, for a stroller or $50 gift card to a baby supply store), 250 FRB for 12 sessions (e.g., dinner, $25 in cash, $75 gift card to mall), 340 FRB for 17 sessions (e.g., cake for a wedding ceremony or $150 in cash), 440 FRB for 22 sessions (e.g., weekend honeymoon trip, $200 gift card to local store).
- Florida: Broward offered a $25 gift card per partner for selected sessions (1, 2, 6, 12, and 18) and $10 per partner for home visits; Orange offered a baby gift at orientation, $50 for the initial session, $200 for the first five sessions, $50 for every additional fourth session, and a gift worth $100 for graduation.
- Houston: $100 for attendance at first three or four sessions.
- Indiana: All three counties offered a $10 gift card per person for each session and $100 for perfect attendance.
- Oklahoma: Offered a mixture of gift cards, cash, and crib cash (CC) to be redeemed in the on-site store, for gift cards or cash. This included 10 CC for each office visit, 10–25 CC for each group session, and 15 CC for completing goals with a family support coordinator; $20 gift card for intake, $50 gift card for completing a weekly menu, and $50 gift card for completing a budget; $100 cash for attending 6 hours, $50 cash for attending 30 hours, and $50 cash for attending 30 hours; and gifts for milestones, such as weddings or anniversaries.

Many sites (including San Angelo) that did not offer monetary incentives offered raffles or low-cost gifts to encourage attendance.

Initial engagement in services

On average, 55 percent of couples in the treatment group participated in at least one group session. By site, the percentages of couples who participated in any group sessions were as follows:

- Atlanta: 43 percent (44 percent Georgia State University, 41 percent Latin America Association)
- Baltimore: 49 percent
- Baton Rouge: 40 percent
- Florida: 48 percent (40 percent Broward, 57 percent Orange)

	• Houston: 60 percent • Indiana: 62 percent (56 percent Allen, 71 percent Lake, 62 percent Marion) • Oklahoma: 73 percent • San Angelo: 71 percent
Retention	Among those who attended at least one group, the average hours of attendance in group sessions was 21. Depending on the curricula used in the group sessions, sites varied in the number of available hours from 30 to 42. The average numbers of hours (which did not take into account the differences in available hours) attended by those who attended at least one session were as follows: • Atlanta: 25 hours (25 hours Georgia State University, 27 hours Latin America Association) • Baltimore: 17 hours • Baton Rouge: 21 hours • Florida: 16 hours (13 hours Broward, 18 hours Orange) • Houston: 15 hours • Indiana: 27 hours (30 hours Allen, 29 hours Lake, 25 hours Marion) • Oklahoma: 24 hours • San Angelo: 22 hours
Participation challenges and solutions	The sites noted that a long delay between enrollment and the first group session decreased the likelihood a couple would attend. To offer a quick entry into group sessions, sites would try to form new groups frequently (though this depended on intake volume) or offer an open-entry policy so that couples could join an ongoing group (though this sometimes negatively affected group cohesion). Staff also tried to provide couples with information on the group sessions to reassure those who were uncertain about what would happen in groups or what would be expected of them. Staff also persisted in trying to schedule couples for group sessions if initial sessions were missed.

The authors noted that characteristics of the couples and the programs were associated with participation. Couples who were married or living together all the time were more likely to attend at least one session than those who did not live together all the time. In addition, couples who were recruited during the first or second trimester of pregnancy were more likely to attend than those who recently had had the child. Other characteristics associated with a lower likelihood of any attendance were being African-American; neither partner having a high school diploma or GED; and the couple having known each other between one and three years. Once numerous participant factors were controlled, there were still significant differences in participation, suggesting that program characteristics also were related to attendance.

Sites also used strategies to encourage continued participation. These included ongoing contact with the family coordinator, keeping the family coordinator up to date on the couples' attendance and progress in the group sessions, offering make-up sessions, and providing incentives.

FAMILY EXPECTATIONS

Study Information	
Program overview	Family Expectations (FE) was designed to strengthen the relationships of low-income married and unmarried couples who were either expecting a baby or had an infant younger than three months of age. The core of the program was relationship education classes, which used the Becoming Parents Program (BPP) curriculum. BPP included communication and problem-solving skills and was largely based on the Prevention and Relationship Enhancement Program (PREP) curriculum (see profile for more information). It also featured information on infant development, self-care, the importance of fathers in the lives of children, co-parenting, and marriage. BPP included 30 hours of material and was offered in a 6-week format, in which classes met each Saturday for six hours, and a 10-week format, in which they met one evening a week for three and a half hours. Once the group sessions were complete, couples could participate in optional reunion sessions, which reinforced the skills taught in BPP and offered them an opportunity to reunite with their classmates. FE also included individual meetings with program staff, called family support coordinators, who provided the couple with referrals, engaged them in activities to help reinforce the BPP curriculum, and promoted participation in other services. Family support coordinators met with couples approximately 12 to 15 times on a tiered schedule, at first meeting every other week, then monthly, and finally quarterly. Other activities included in-house employment and training with career development specialists; moms' and dads' groups, which covered such topics as Boot Camp for New Dads (dads' group) and play dates; activities for couples, including workshops on such topics as home buying, family law, and infant massage; and large group social events, including couples' socials, date nights, and holiday parties. FE was one of 8 Building Strong Families (BSF) sites and one of 10 Supporting Healthy Marriage (SHM) sites (see profiles for more information) funded by the Office of Planning, Research, and Evaluation within the Administration for Children and Families, U.S. Department of Health and Human Services.

Study overview	Although FE was both a BSF and SHM site, the study reviewed here focused only on unmarried couples eligible for BSF. The authors used a randomized controlled trial design to evaluate the impact of FE, randomly assigning over 1,000 interested couples to either the treatment group, whose members could participate in FE, or the control group, whose members could not. For the 15-month impact analysis, the authors found that couples in the treatment group were more likely to be romantically involved than those in the control group, although there were no differences between the groups in whether couples were living together or married. Relative to the control group, couples in the treatment group had better relationship quality in terms of happiness, support and affection, conflict management, and fidelity; both partners expressed more favorable attitudes about marriage. Although there were no differences between the groups on measures of parenting, those in the treatment group had higher co-parenting relationship quality than those in the control group. The two groups did not differ on measures of economic self-sufficiency, although fathers in the treatment group were more likely to provide substantial financial support for their children than those in the control group. The 15-month impacts also showed that African American couples in the treatment group had a number of positive outcomes relative to those in the control group, including romantic involvement, living together, relationship quality, co-parenting, and father involvement. Further, the impacts on African American couples often were shown to be stronger than on couples of other races and ethnicities. Over three-quarters of treatment couples attended at least one BPP class, and average attendance for the full sample was 20 (out of 30) hours. The program used a number of strategies to encourage participation, including recruiting most parents during early pregnancy so classes could be completed before the baby's birth; providing participation supports, such as child care, transportation, and meals; offering a generous package of incentives of up to $800; having an attractive and family-friendly facility where services were provided; and offering numerous activities other than the group classes to keep couples engaged and in contact with the program. ***The study was a randomized controlled trial with low attrition, no confounding factors, and statistical adjustments for selected baseline measures. The study has a HIGH rating.***
Citation	Devaney, B., and R. Dion. "15-Month Impacts of Oklahoma's Family Expectations Program." Princeton, NJ: Mathematica Policy Research, August 2010.

Study and Sample Characteristics	
Study design	For the evaluation, a computer program randomly assigned 1,010 couples to two groups: 503 to the Family Expectations treatment group and 507 to the control group. At least one parent from each of 877 couples participated in the 15-month followup. The authors controlled for baseline measures in the analysis.
Comparison condition	The control group could not participate in FE services; no other information was provided.
Conflicts of interest	Not reported
Sample size	At the 15-month followup, the sample included 877 couples (435 in the treatment group and 442 in the control group).
Race and ethnicity	White: 29 percent (both partners) African American: 24 percent (both partners) Hispanic/Latino: 20 percent (both partners) Other: 28 percent
Gender	Male: 50 percent Female: 50 percent
Age	Both partners 21 years or over: 61 percent
Relationship status	Not reported
Educational attainment	Both partners with high school diploma: 40 percent One partner with high school diploma: 37 percent Neither partner with high school diploma: 24 percent
Employment, income, or earnings	Father employed: 78 percent
Household income	Couples' average annual earnings: $21,633
Receive public assistance	Family received Temporary Assistance for Needy Families (TANF) or food stamps: 50 percent Family received Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits: 72 percent
In child support system	Not reported
Reported Outcomes	
Timing	Data were collected at intake and 15 months later.

Description of measures	The outcome measures were collected in an intake form completed by all participants when they applied to the program and a follow-up telephone survey conducted separately with each partner. **Relationship status and quality** *Relationship status.* Whether the partners were romantically involved, living together, or married *Attitudes toward marriage.* Agreement of respondents with two statements, including "it is better for a couple to be married than to just live together" *Relationship happiness.* Rating by respondents of their overall relationship happiness on a scale of 0 to 10, with 10 being completely happy and 0 being completely unhappy *Support and affection.* Twelve statements with which respondents indicated their agreement, such as "my partner shows love and affection for me" *Use of constructive conflict behaviors.* Eight items for which respondents indicated how frequently the described behaviors occurred, such as "my partner is good at calming me when I get upset" *Avoidance of destructive conflict behaviors.* Nine items for which respondents indicated how frequently the described behaviors occurred, such as "when we argue, I feel personally attacked by my partner" *Fidelity.* Whether parents were faithful to each other *Intimate partner violence.* Whether mother or father reported severe physical assault by her or his romantic partner **Parenting** *Engagement in cognitive and social play activities.* Five questions about the frequency of activities that support children's language and cognitive development, such as singing songs or reading books *Frequent spanking.* Whether the parent spanked the child at least few times a week in the month prior to the survey *Parenting stress and aggravation.* Four questions on the frequency of items, such as "you felt your child is much harder to care for than most" **Co-parenting** *Quality of the co-parenting relationship.* Agreement with 10 statements based on the Parenting Alliance Inventory, such as "[other parent] and I are a good team" **Well-being** *Depressive symptoms.* Based on 12 items of the Center for Epidemiologic Studies Depression Scale

	Economic self sufficiency
	Employment in the past month. Whether the respondent worked for pay in the month prior to the survey
	Earnings in the past year. Income from paid employment 12 months prior to the survey
	Family income below poverty. Whether monthly income was below the poverty threshold
	Difficulty meeting housing costs. Whether the family reported experiencing hardships, such as being unable to pay rent or mortgage or being evicted
	Family receiving Temporary Assistance for Needy Families (TANF) or food stamps. Whether the family received either form of public assistance in the month prior to the survey
	Fathers' financial support of children
	Father provides financial support. Whether the mother reported that the father was covering at least half the cost of raising the child
	Father involvement with children
	Father lives with child. Whether both partners reported that the father lived with the child at the time of the survey
	Father spends time with child daily. Whether both partners reported that the father spent an hour or more with the child every day or almost every day of the prior month
Outcomes: Relationship status and quality	Couples in the treatment group were more likely to be romantically involved at the 15-month followup than those in the control group. There were no differences between the groups in the percentage living together or married.
	Relative to the couples in the control group, those in the treatment group expressed greater relationship happiness, support, and affection, use of constructive behaviors, and avoidance of destructive behaviors. Couples in the treatment group also reported less infidelity.
	Both mothers and fathers in the treatment group expressed more favorable attitudes towards marriage than those in the control group.
	Among African American couples, those in the treatment group were more likely to be romantically involved and living together (married or unmarried), but not more likely to be married than those in the control group. African American couples in the treatment group also reported better relationship quality (relationship happiness, support and affection, use of constructive behaviors, and avoidance of destructive behaviors) than those in the control group. There were no differences between the groups in reported infidelity.

Outcomes: Parenting skills	There were no differences between the groups in measures of parenting behaviors. Among African American couples, fathers in the treatment group were more likely to engage in cognitive and social play than those in the control group. No other differences in parenting were reported.
Outcomes: Co-parenting	Couples in the treatment group had higher co-parenting relationship quality than those in the control group. This was found for couples overall and African American couples.
Outcomes: Partners' well-being	Mothers in the treatment group had fewer depressive symptoms than those in the control group. There were no differences between groups in depressive symptoms of fathers. These patterns, for both mothers and fathers, were found for couples overall and African American couples.
Outcomes: Partners' economic self-sufficiency	There were no differences between the groups on employment, earnings, living below poverty, difficulty meeting housing needs, or receiving TANF or food stamps. Subgroup results were not reported for African American couples.
Outcomes: Fathers' financial support of children	Fathers in the treatment group were more likely to provide substantial financial support than those in the control group. This was found for fathers overall and African American fathers.
Outcomes: Fathers' involvement with children	There were no differences between the groups (overall and for African American fathers) in measures of father involvement (that is, whether the father lived with the child and spent time with the child on a daily basis).
Outcomes: Domestic violence	There were no differences between the treatment and control groups in reported severe physical assaults, for all couples or for African American couples.
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	The program grew from the interest of the Oklahoma Department of Human Services (OKDHS) in supporting at-risk families and from research suggesting that the time around childbirth was an opportunity for intervention. Research showed that a substantial proportion of couples experienced a decrease in marital satisfaction and relationship quality around the transition to parenthood. Research also showed, however, that they could be taught skills to smooth the transition to parenthood (although most previous studies focused on middle-class, married couples). The promise of the skills-based work coupled with research that suggested that most unmarried couples were still involved at the time of the child's birth and expected to marry in the future, seemed a "magic moment" for intervention. This prompted OKDHS, which also was involved in the development and implementation of the Oklahoma Marriage Initiative (see profile for more information), to contract with Public Strategies, Inc. (PSI), to develop FE. The logic behind the program was that providing relationship skills education and family support services would help parents learn to communicate and manage conflict better, which would strengthen their relationships and improve family outcomes and child well-being.
Participant eligibility	To be eligible for BSF services provided by FE, couples had to be (1) romantically involved, (2) expecting a baby or already parents of a baby younger than three months, and (3) unmarried or having married after the baby's conception. In addition, both partners had to be 18 years of age or over and agree to participate in the program. Couples were not eligible if the woman reported instances of domestic violence that could be aggravated by participation in the program.
Participant needs assessment	The program's family support coordinator (FSC) assessed the couples' needs during their first visit. FSCs used a "choices" tool, which covered 14 domains: housing, transportation, finances, child needs, nutrition, health care, employment, job training, education, identification (for example, driver's license or birth certificate), personal issues (such as substance use or depression), social support, spirituality, and parenting or family issues. Couples listed all of their needs and then prioritized their top three. FSCs then provided appropriate referrals, as needed.

Program components	The program services consisted of seven components: • Relationship education group classes • Working with assigned FSCs • Employment services • Reunion sessions • Moms' and dads' groups • Extended activities • Large group social activities
Program content	**Relationship education group classes**. The classes used the BPP curriculum, developed by Dr. Pamela Jordan. The curriculum focused on three areas: (1) communication, problem-solving, friendship, and fun; (2) self-care and anger management; and (3) infant care and development. To meet BSF requirements, BPP was adapted to include material relevant for low-income families. The information on communication, problem-solving, friendship, and fun was largely drawn from the PREP curriculum (see profile for more information). Skills included using a "speaker–listener" technique, establishing ground rules, identifying hidden issues, and maintaining friendship and fun in the relationship. The focus on self-care and anger management included such strategies as using time-out to prevent escalation. Material was adapted from the Stop Anger and Violence Prevention program and the Domestic Conflict Containment Program. Infant care and development information focused on understanding infant behavior and caring for infants to support their safety and development. Material was drawn from Keys to Caregiving, a series of booklets developed by the University of Washington School of Nursing; Kathryn Barnard's Sleep Activity Record; and The Teaching Loop, a four-step method for teaching (getting the child's attention, instruction, allowing the child to perform the task, and feedback). The material for low-income families included such topics as dealing with former partners, co-parenting, building trust and commitment, finances, and marriage.

Working with assigned FSCs. Each couple was assigned an FSC who would work with them. FSCs assessed the families' needs and provided referrals, helped families identify goals and track their progress using the SMART approach (Specific-Measurable-Attainable-Realistic-Time-Based), reinforced the BPP curriculum, and encouraged attendance in the extended activities and the moms' and dads' groups.

Employment services. Nine months after the evaluation began, FE developed and implemented an in-house employment and training component. Career development specialists helped participants with activities such as resume writing and interview techniques, employment search, and developing a job plan, and provided referrals to other community-based services.

Reunion sessions. The reunion sessions met after the BPP classes had ended and allowed couples to reunite with those who had attended the same classes. The first two such sessions focused on refreshing and reinforcing the curriculum. Activities included watching video clips from movies or television, discussion of the couples' behavior in the videos, and games to practice skills. The third session asked couples to discuss how FE had affected them and their families and provided them with an updated list of community resources.

Moms' and dads' groups. FE offered moms' groups as a social activity and an opportunity to reinforce the BPP curriculum. Topics included cooking healthy family meals, Pilates, managing stress during the holidays, and play dates. The dads' groups were initially similar and included topics such as family values, discipline, and play dates. After nine months, however, the dads' groups were transformed using the "Boot Camp for New Dads" curriculum, which focused on basic skills for parenting newborns.

Extended activities. FE offered numerous extended activities in house, covering a variety of topics such as fire safety, family law, home buying, money management, boosting your child's brain power, to spoil or not to spoil, and infant massage. Couples were mailed monthly calendars showing all the activities and events for that month.

Large group social activities. Activities included holiday parties, couples' socials, date nights, and movie nights.

Program length	BPP consisted of 30 hours of material offered in a 6-week format, in which classes met each Saturday for six hours (with an one-hour break), and a 10-week format, in which they met one evening a week for three and a half hours (with a half-hour break). Couples typically met with FSCs for an hour about 12 to 15 times. The frequency was based on a tiered system. During the first tier, meetings took place every two weeks; during the second tier, every month; and during the third tier, quarterly. Three reunion sessions were offered. The length of the other components was not reported.
Targeted outcomes	The program was intended to strengthen couples' relationships, improve relationship quality, support parenting and co-parenting, and increase father involvement.
Program adaptations and modifications	BPP was adapted to include topical material relevant for low-income families (see program content) and was revised to include less lecture material and reading and fewer written exercises to accommodate those with lower literacy or language fluency.
Available languages	Not reported
Fidelity measures	Educators who led the relationship education workshops were given a fidelity checklist, which included all the topics that were supposed to be covered. Educators were supposed to monitor each other using the checklist.
Program costs	Not reported
Implementation challenges and solutions	FE was built from the ground up, which required the development of infrastructure, staffing, and policies. The process was intensive and time-consuming, but did allow the program to tailor the structure and staff to its mission. As the program developed and expanded, it continued to evolve. For example, it went through several staffing configurations. At first, all staff performed every function. As new staff were hired, some felt disconnected (not described further). In the final stage, job roles were clarified and overlap minimized (see staffing and operations). Although FSCs were trained in BPP, the program did not have a well-defined strategy for them to reinforce the curriculum. The program eventually developed a set of relationship-focused activities, which was originally highly structured but later modified so that FSCs could better tailor the material to the couples' lives. Instead of reunion sessions, FE originally offered "boosters" that focused on child development and were based on the age of the couples' children. The staff found that couples preferred to participate with their former classmates rather than those with similarly aged children. Attendance was poor, so the sessions were re-conceptualized as reunion sessions.

Program Structure	
Was there a planning or pilot phase?	Yes
Length of planning/pilot	PSI began planning FE in 2005 and operated a four-month pilot in 2006.
Timeframe for program operation	At the time of the report under review here, FE had operated from June 2006 through March 2009.
Sites and service-delivery settings	Services were offered in an office building in Oklahoma City.
Required facilities	FE occupied several floors of an office building and had group space, as well as private rooms. The authors indicated that the facilities were a draw for many of the participants. The site was very attractive and family friendly, with details such as reclining loungers for pregnant women (and their partners) to elevate their feet.
Community settings	Urban
Organizational partnerships	OKDHS contracted with PSI, a private, for-profit project management firm that managed the Oklahoma Marriage Initiative (see profile for more information), to develop, implement, and manage FE.
Funding agency	The Office of Planning, Research, and Evaluation within the Administration for Children and Families, U.S. Department of Health and Human Services, funded BSF (of which FE was one of eight sites).
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	FE had 50 full-time staff, 25 part-time contract staff, and volunteers. Staff included the president of PSI and other upper-level administrators, up to four supervisors and frontline staff, among whom were the relationship educators, FSCs, and community recruitment and intake specialists. Trained educators led the relationship skills classes. The educators came from a variety of backgrounds, such as education, the military, and television production. FE hired educators who demonstrated empathy, passion for the topic, and a lively presentational style. Classes were led by male and female educators, all of whom were married.

	For sessions that focused on communication, the facilitators were assisted by communication coaches who circulated throughout the room and provided assistance to couples. Their characteristics were not described. FSCs included male and female staff, typically experienced in working with low-income populations. Many had college degrees, and some had a background in social work. FSCs saw themselves as mentors or life coaches rather than case managers and were encouraged to develop personal connections with the couples. Two male staff, both with experience offering fatherhood services, led the dads' groups. The authors did not indicate if they had other roles in FE. The community recruitment and intake specialists had to identify and cultivate referral sources and conduct intake and enrollment of couples. Typically these staff had bachelor's degrees, but this was not a requirement. Several were male, which was intended to make male partners more comfortable with and receptive to the program.
Staff training	FE developed a two-week orientation training for all program staff that focused on FE and PSI practices and philosophy. Staff also participated in trainings specific to their positions within two weeks of hire (for those working with couples) or three to six months for other staff. For example, the relationship educators participated in 40 hours of instruction over five days on the BPP curriculum, and FSCs were trained to use the SMART approach to family goal planning.
Training materials	Not reported
Trainer qualifications	The developer of BPP led the curriculum training. No other qualifications were reported.
Staff performance standards	FE instituted benchmarks for staff. FSCs had 17 benchmarks, including contacting 100 percent of new couples within two business days, conducting initial office visits with 75 percent of couples within two weeks, and completing all office visits with 75 percent of couples. Community outreach and intake specialists had 15 benchmarks (not described). When benchmarks were not met, staff were paired with more experienced staff, offered role-playing and training activities, or placed under closer observation from supervisors.
Staff-participants ratio or caseloads	On average, about 15 couples participated in the relationship education classes, which were led by two or three educators. FSCs caseloads comprised, on average, about 37 couples, weighted by the frequency with which they met.
Staff supervisors	FE had up to four supervisors for frontline staff, including supervisors for community relations/intake, relationship education, and research.

Staff supervision frequency	Supervisors observed educators for about 10 hours of their initial classes and periodically after that. All frontline staff and supervisors were required to receive a minimum of one hour of scheduled supervision each week. The program also developed a quality assurance process, which included supervisor observations of frontline staff and reviews of FSCs' case files. Supervisors completed monthly reports of team performance in areas such as training, community activities, team challenges, and team goals (not described).
Technical assistance	Not reported
Operations manual, forms, or protocols	FSCs had a manual that included materials for 12 to 15 meetings. To provide referrals to couples, FSCs used a manual that documented services in the community and was updated every two weeks. The program used a protocol for the FSCs designed to minimize the time spent on unresponsive couples. Couples designated "level X' were not engaged in the program, despite repeated attempts by the FSCs. "Level Z" couples were not engaged in the program either because they had moved or had explicitly expressed disinterest.
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	FE had about 150 referral sources including WIC clinics, childbirth classes, churches, day care centers, Head Start, home-visiting programs, military bases, and charitable organizations. Other sources were direct mailings to Medicaid recipients; word of mouth; mass media (for example, billboards, commercials, and public radio announcements); and an in-person approach at such locations as doctors' offices and hospitals, state fairs, or shopping areas.
Recruitment method	Within 24 hours of receipt of the referral or of making in-person contact, an intake specialist was to contact the interested couple, typically by phone. The specialist described the program and, if the couple was willing, set up an appointment in the FE office, at which the couple was given a tour of the facility and told more about the program. Interested couples completed intake and baseline forms, and the female partner was screened for domestic violence. In addition to intake, staff were expected to check in with the most productive recruitment sources two or three times a week and with the other sources monthly.

Recruitment incentives	The couple received a $20 gift card for completing intake and a $10 gas card for transportation to the program office. The worker with the most intakes in a given period received a bonus of up to $150.
Participants targeted	Not reported
Participants recruited	A total of 1,010 couples completed intake and were randomly assigned. This number refers only to couples eligible for BSF; some were also recruited for SHM, but those numbers were not reported in the study under review.
Recruitment timeframe	FE enrolled couples for BSF from June 2006 to February 2008 and for SHM from February 2007 to March 2009.
Recruitment challenges and solutions	The authors described two key recruitment challenges. First, couples were not familiar with programs like FE and, as such, did not always recognize their value; and, second, eligibility required that both partners consent. To address these issues, staff conducted intake at the facility with both partners together, both because it was more efficient and because they believed it conveyed the couples' motivation to attend services and work on their relationship. They also felt the couples had to see the facility to appreciate it, and emphasized that there were no commitments to take the tour. Almost 50 percent of couples were recruited from two sources: Medicaid (29 percent) and WIC clinics (20 percent). Close to 40 percent were recruited from clinics and doctor's offices (19 percent) and word of mouth (19 percent). The source most likely to yield enrolled couples was Medicaid; 39 percent of those who received information about the program from it enrolled.
Participation	
Participation incentives	FE provided participation supports such as taxi service or gas cards, on-site child care for children under the age of one year and compensation for child care for older children, and family meals. The program also had a generous incentive package; couples could receive up to $800 by participating in classes and FSC meetings. Incentives included gift cards and "crib cash," which could be redeemed at an on-site "store" for new baby items. For example, for attending relationship education classes, couples could receive $200 in cash and $150 in crib cash. Other examples include a $50 gift card for completing a menu of meals for the family, to help couples purchase the items on their menus; and $50 for completing a family budget, to encourage saving.

Initial engagement in services	Of those assigned to the treatment group, 76 percent attended at least one group class on relationship education. About 31 percent of fathers and 34 percent of mothers reported receiving any other support service, but participation in meetings with FSCs or in other components was not explicitly reported. The authors mentioned that the large group events were very popular; for example, the holiday event was attended by hundreds of families.
Retention	The average number of hours of relationship education attended was 20. Those who attended at least one session participated in an average of 26.3 hours.
Participation challenges and solutions	In addition to the incentives described above, FE used a number of strategies to encourage recruitment. These included the large group events and having FSCs make reminder calls to couples before classes and follow up when couples were absent. Management also reviewed attendance data on a regular basis and set performance benchmarks for staff (see staffing and operations). The program also targeted expectant couples early in the pregnancy (during which approximately 80 percent of all FE couples enrolled), allowing them to complete the relationship education classes prior to the birth of the child.

FATHERHOOD, RELATIONSHIP, AND MARRIAGE EDUCATION (FRAME)

Study Information	
Program overview	The Fatherhood, Relationship, and Marriage Education (FRAME) program was designed to provide skills for coping with stress, particularly stress resulting from economic hardship, and strengthening relationships. The program targeted low-income couples who had lived together for at least six months and were raising a child together. FRAME, which was based on the Responses to Family Stress Model, included 14 hours of curriculum material with three components. The first, relationship education, focused on using positive communication skills and avoiding negative ones (such as invalidation) and on conflict management. The second component, stress and coping skill training, focused on identifying stressors—with an emphasis on financial stress—and techniques for dealing with them, such as problem solving, social support, and progressive muscle relaxation. The third component, child-centered parent training, included identifying developmentally appropriate expectations for children and using positive reinforcement and non-corporal discipline, such as time-outs. Workshops were offered on three Saturdays (six hours each) or five weeknights (three and a half hours each), and in three formats: both partners attended, only the female partners attended, or only the male partners attended.

Study overview	The authors used a randomized controlled trial to test the effectiveness of the FRAME program. To be eligible for the program, couples had to be low-income, involved in a committed relationship, living together for at least six months, and co-parenting at least one child together. The 173 eligible couples were randomly assigned to one of four groups: a couples intervention group, a women-only intervention group, a men-only intervention group, or a control group. Both partners in each couple were asked to complete a pre-test two weeks before the program and a post-test two weeks after it on such measures as financial worries, coping strategies, stress responses, and depression. Non-attending partners of those assigned to the women-only or male-only groups were expected to participate in data collection assessments. For the main results, the authors restricted the analysis to those who attended at least one workshop (in the treatment groups) and completed the pre-test and post-test. The results showed that for those in the couples group, both men and women had less financial worry and disengagement, compared to those in the control group. Women in the couples group also had increased problem solving relative to those in the control group. For the women-only groups, both men and women expressed less financial worry and disengagement than those in the control group. Women in the women-only group also had increased problem solving and less involuntary disengagement, but their non-attending male partners had less problem solving and more involuntary disengagement, relative to the control group. There were no differences for men and women in the men-only relative to the control group. ***The study has two ratings. The comparisons using the couples group and the women-only group have a HIGH rating because this was a randomized controlled trial with low attrition, no confounding factors, and statistical adjustments for selected baseline measures. The comparison using the men-only group has a LOW rating because the study had high attrition and baseline equivalence was not established.***
Citation	Wadsworth, M. E., C. D. Santiago, L. Einhorn, E. M. Etter, S. Rienks, and H. Markman. "Preliminary Efficacy of an Intervention to Reduce Psychosocial Stress and Improve Coping in Low-Income Families." *American Journal of Community Psychology*, vol. 48, no. 3–4, 2010, pp. 257–271.

Study and Sample Characteristics	
Study design	The authors randomly assigned 173 couples to one of four conditions: 45 to the couples group, 47 to the women-only group, 39 to the men-only group, and 42 to the control group. Non-attending partners of those assigned to the women-only or men-only groups were expected to participate in data collection assessments. Of the 173 couples, 150 completed their post-tests. For the main analysis, the authors restricted the results to those who attended at least one workshop (treatment groups only) and completed pre- and post-tests. Attrition was low for comparisons of the couples group and women-only group to the control group, but high for the men-only and control comparison.
Comparison condition	Those in the control group participated in the study's assessments but could not receive FRAME services.
Conflicts of interest	The first author was co-director of FRAME.
Sample size	The post-test sample included 150 couples: 38 in the couples group, 43 in the women-only group, 31 in the men-only group, and 38 in the control group.
Race and ethnicity	White: 32.8 percent African American: 27.9 percent Hispanic/Latino: 23.5 percent American Indian: 5.9 percent Other: 9.9 percent
Gender	Male: 50 percent Female: 50 percent
Age	Mean: 31.0 years (women); 33.9 years (men)
Relationship status	Married: 66.7 percent Engaged: 14.6 percent Other relationship statuses were not reported.
Educational attainment	Average years of schooling: 12.78 (women); 12.40 (men)
Employment, income, or earnings	Employed: 57.6 percent (women); 65.3 percent (men)
Household income	Average family income: $23,219 Income-to-needs: 53 percent at or below the federal poverty line
Receive public assistance	Not reported

In child support system	Not reported
Reported Outcomes	
Timing	Pre-tests were administered up to two weeks before the workshops; post-tests for both the treatment and control groups were administered within two weeks of the end of the workshops. The authors also conducted a six-month followup and annual assessments, but results were not reported in the study under review.
Description of measures	The authors included several measures of the partners' well-being. **Problem solving.** A subscale from the Communication Skills Test (not described further) was used to assess problem solving. **Financial worries.** The 11-item Economic Hardship Questionnaire was used to assess financial worries in the prior six months and how often the respondent had to make changes or adjustments to make ends meet. **Coping efficacy.** This measure assessed the respondent's satisfaction with handling past and current stressors and anticipated satisfaction with handling future stressors. **Coping and involuntary stress responses.** This measure included 57 items from the Response to Stress Questionnaire, including primary control coping (such as an emotional regulation trend [not described further]), secondary control coping, disengagement coping (such as avoidance or denial), and involuntary engagement and disengagement coping (such as escape or emotional numbing). **Depression.** The 20-item Center for Epidemiologic Studies Depression Scale asked about depressive symptoms in the previous week.
Outcomes: Relationship status and quality	*HIGH rating:* For those in the couples and women-only groups, women reported greater problem solving. For men, there were no differences in problem solving (couples group) or unfavorable changes (women-only group), relative to the control group. *LOW rating:* For those in the men-only group, there were no differences from the control group on problem solving.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported

Outcomes: Partners' well-being	*HIGH rating:* For those in the couples group, both men and women reported less financial worry and disengagement than those in the control group. There were no differences between the groups in measures of coping efficacy, primary or secondary control coping, involuntary engagement, or depression. For those in the women-only group, both women and their partners reported less financial worry and disengagement than those in the control group. Women in the women-only group had less involuntary disengagement than those in the control group, but their non-attending male partners showed greater disengagement than those in the control group. There were no differences between the groups in measures of coping efficacy, primary or secondary control coping, involuntary engagement, or depression. *LOW rating:* For those in the men-only group, there were no differences from the control group on any assessed measures.
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	FRAME was based on the Responses to Family Stress Model, which expanded on the five steps of Family Stress Model by adding a sixth step. The original steps were as follows: (1) Economic hardship leads to (2) economic strain, which (3) disrupts parents' relationships and psychological functioning, which (4) interfere with effective parenting and positive parent–child relationships, all of which contribute to (5) negative consequences for children. The additional step in the Responses to Family Stress Model was coping, which is negatively affected by economic stress and can contribute to or protect against psychological distress. The theoretical foundation for FRAME was that providing coping skills to parents might break the link among economic strains, psychological stress, and negative family processes.
Participant eligibility	To be eligible for the program, couples had to meet the following criteria: • Have an income-to-needs level that is 200 percent or less than the federal poverty line • Be in an ongoing committed relationship • Be living together for at least six months • Be co-parenting a child or children younger than 18 years of age • Be able to read and write English fluently • Have no previous experience with FRAME material
Participant needs assessment	Not reported
Program components	FRAME consisted of workshops offered to couples, women only, and men only.

Program content	The FRAME workshops covered the following topics: • Avoiding conflict escalation and using time-outs • Using relaxation techniques • Learning the speaker–listener technique • Planning for family time and fun activities • Identifying relationship expectations and different communication styles • Avoiding negative interpretations of partners • Avoiding invalidation and withdrawal • Developing and strengthening social support • Recognizing how stress can trigger problems and conflict • Using problem solving, cognitive restructuring, and active acceptance • Making a positive commitment to the relationship • Parenting, including age-appropriate expectations, positive reinforcement, and age-appropriate consequences as an alternative to corporal punishment • Connecting to others in the community • Envisioning the family's future The workshops included activities, discussion, and practice. Participants were assigned homework after each, such as practicing skills or going on a date. The material was the same for all formats, with minor modifications for groups in which only one partner attended. In the women-only and men-only groups, the attending partners were instructed to talk to the non-attending partners about the material. Workshops included three to nine participants or couples.
Program length	FRAME included 14 hours of curriculum material. Workshops were offered on three Saturdays (6 hours each) or five weeknights (3.5 hours each).
Targeted outcomes	Not reported
Program adaptations and modifications	FRAME was based in part on the version of the Prevention and Relationship Enhancement Program (PREP) that was developed for lower-income and higher-risk couples (see profile for more information).
Available languages	Not reported
Fidelity measures	Independent observers listened to audio recordings of the workshops and used checklists to determine if specified topics were (1) not mentioned, (2) partially covered but with significant piece(s) missing, or (3) fully covered.

Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	Workshops were conducted at the University of Denver and two community agencies: a community college and a housing authority community center.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	Not reported
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Not reported
Staffing and Operations	
Staff characteristics	Each workshop was led by a team of leaders, one male and one female. The leaders comprised community service providers (all with bachelor's degrees), clinical psychology graduate students, and postdoctoral fellows. For larger groups, the leaders were assisted by trained coaches who helped participants learn the skills.
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported

Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Recruitment was done through the posting of flyers, newspaper advertisements, media interviews, in-person contact with couples in community settings, and collaboration with community leaders and organizations in the Denver area (not described).
Recruitment method	Interested couples were first screened for eligibility and informed about random assignment. Those who were eligible and verbally consented were scheduled to meet with assessment staff, who were not involved in delivering the program. Each partner privately completed a baseline form, which took one to two hours. No other information on recruitment was provided.
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	A total of 269 couples were recruited. Of those, 75 were excluded for not meeting the eligibility criteria, 13 declined to participate, and 8 were excluded for unspecified reasons. This resulted in a sample of 173 couples who were randomly assigned.
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported

Participation	
Participation incentives	Child care stipends of $20 to $30 were provided; the amount depended on the number of children the couple had. Couples were offered incentives for completing data assessments—$40 for baseline, $60 for post-test, and $70 for followups (results from follow-up data collection were not reported in the study under review).
Initial engagement in services	Not reported
Retention	The authors reported that a couple who was unable to attend a workshop would be invited to a make-up session. Almost 20 percent of couples were invited to make-up sessions, and 10 percent completed at least one. No other information on retention was reported.
Participation challenges and solutions	Two formats for the workshops were offered: six hours on three Saturdays or three and a half hours on five weeknights. The authors noted that 68 percent of participants completed workshops on the Saturday schedule.

PREP FOR STRONG BONDS

Study Information

Program overview

The Prevention and Relationship Enhancement Program (PREP) for Strong Bonds was a relationship skills education program designed for married couples in which at least one spouse was on active duty in the U.S. Army. Army chaplains led the 14-hour program delivered in two parts: (1) a one-day training during the week on post, and (2) a weekend retreat at a hotel off post. The group-based format included cognitive-behavioral strategies for handling such subjects as communication, affect management skills, relationship dynamics, fun and friendship, forgiveness, deployment/reintegration issues, and stress management. The program was adapted from PREP, which features instructions from a facilitator, videos with examples and demonstrations, group exercises, couples activities, and suggested practice outside of the group sessions (see profile for additional information). The authors noted that program content, examples, and images within distributional materials were modified to reflect the experiences of soldiers and their families.

Study overview

In this study, the authors used a randomized controlled trial design. To be eligible for it, couples needed to meet the following criteria: (1) be married; (2) be 18 years of age or older; (3) be fluent in English; (4) have at least one spouse on active duty in the army; (5) not have participated previously in PREP; (6) be willing to be randomly assigned into the treatment or control group; and (7) be available for one of the scheduled iterations of the intervention. No criteria were specified with respect to income; however, the modal annual income of husbands was between $20,000 and $29,000 and that of wives under $10,000 a year. Similarly, no criteria were specified with respect to parental status; however, 70 percent of couples reported having at least one child living with them at least part of the time. In 40 percent of couples, at least one spouse was from a racial or ethnic minority group.

The authors measured the divorce rates of couples in each group one year after the end of the intervention. Couples in the PREP for Strong Bonds group had a significantly lower divorce rate (approximately 2 percent) at one year post-intervention than couples in the comparison group (approximately 6 percent).

The study was a randomized controlled trial with low attrition and no confounding factors, but baseline equivalence was not established and statistical adjustments were not made. The study has a MODERATE rating.

Citation

Stanley, S. M., E. S. Allen, H. J. Markman, G. K. Rhoades, and D. Prentice. "Decreasing Divorce in Army Couples: Results from a Randomized Clinical Trial of PREP for Strong Bonds." *Journal of Couple and Relationship Therapy*, vol. 9, 2010, pp. 149–160.

Study and Sample Characteristics	
Study design	This study used a randomized controlled design to assess the impact of PREP for Strong Bonds on the divorce rate of married couples. Of the 476 couples recruited to participate, 248 were randomly assigned to be offered the PREP for Strong Bonds intervention, and 228 were assigned to a comparison group that was not offered relationship skills education. At the time of the followup one year after the intervention, the sample included 246 couples in the treatment group and 226 in the comparison group. These groups were not equivalent on relationship quality at baseline, and the variable was not used as a control in the analysis.
Comparison condition	The comparison condition was business as usual.
Conflicts of interest	Two authors of the study under review, Scott M. Stanley and Howard J. Markman, own a business that develops and sells the PREP curriculum.
Sample size	Sample characteristics were based on 476 couples, and outcome data one year post-assessment were obtained for 472 couples (246 in the treatment group and 226 in the comparison group).
Race and ethnicity	White: 71 percent (women); 70 percent (men) African American: 9 percent (women); 10 percent (men) Hispanic/Latino: 11 percent (women); 12 percent (men) Asian American: not reported (women); 1 percent (men) American Indian: 2.5 percent (women); 1.5 percent (men) Other: 5 percent (women); 6 percent (men) Note the percentages for women do not sum to 100; the authors did not provide an explanation.
Gender	Male: not reported Female: not reported
Age	Mean: 26.9 years (women); 27.6 years (men)
Relationship status	Married: 100 percent
Educational attainment	For 59.5 percent of women and 67.8 percent of men a high school degree was the highest level degree. No other information on educational attainment was reported.
Employment, income, or earnings	Women: 69.7 percent earned less than $10,000 per year. Men: 36.7 percent earned between $20,000 and $29,999 per year. No other information was provided.
Household income	Not reported

Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	This report focused on one outcome (divorce status) collected one year after the program.
Description of measures	Authors assessed divorce using a survey format.
Outcomes: Relationship status and quality	One year after the intervention, couples in the PREP for Strong Bonds group had a significantly lower divorce rate than couples in the comparison group.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	Military couples may face numerous stressors, such as deployment and post-traumatic stress disorder from combat exposure. Findings from previous studies suggest that couples education has had positive effects in strengthening marriages and relationships. The main goal in couples education is to promote the principles and skills that increase stability and satisfaction in relationships. PREP for Strong Bonds was an adaptation of PREP designed to address the needs of army couples.
Participant eligibility	To be eligible to participate, couples needed to meet the following criteria: (1) be married; (2) be 18 years of age or older; (3) be fluent in English; (4) have at least one spouse on active duty in the army; (5) not have participated previously in PREP; (6) be willing to be randomly assigned into the treatment or control group; and (7) be available for one of the scheduled iterations of the intervention.
Participant needs assessment	Not reported
Program components	Group sessions using the PREP for Strong Bonds curriculum
Program content	The curriculum focused on communication, affect management skills, relationship dynamics, commitment, fun and friendship, forgiveness, sensuality, deployment/reintegration issues, and stress management.
Program length	PREP for Strong Bonds consisted of 14 hours of material delivered in a one-day training and a weekend retreat.
Targeted outcomes	The intent of the PREP for Strong Bonds program was to stabilize relationships, strengthen marriages, and prevent divorce among U.S. Army couples.
Program adaptations and modifications	Developers of PREP for Strong Bonds adapted the program from PREP, a group-based, psycho-educational couples' program. PREP sessions include instructions from a facilitator, videos with examples and demonstrations, group exercises, couples activities, and suggested practice outside of the group sessions. The authors noted that the examples, images within distributional materials, and content of the PREP program were modified to reflect the experiences of soldiers and their families.
Available languages	English
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Not reported

Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	The authors stated that the recruitment and enrollment of couples and the PREP for Strong Bonds intervention took place in 2007.
Sites and service-delivery settings	Not reported
Required facilities	Group sessions required facilities conducive to group discussion and class instruction. Classes also required computers and projection screens for projecting PowerPoint slides and televisions and video components for viewing videos.
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	Not reported
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Not reported
Staffing and Operations	
Staff characteristics	Twenty-seven U.S. Army chaplains led the PREP for Strong Bond group sessions.
Staff training	Chaplains received training on the PREP curriculum as a part of their preparation to be chaplains. Frequency of trainings and topics covered in PREP trainings were not addressed in the study.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported

Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	All chaplains who conducted PREP for Strong Bonds group sessions received a manual, which included scripts for sessions as well as PowerPoint slides, exercises, and video examples.
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Sources included brochures, media stories, posters, and referrals from chaplains. All recruitment was conducted among soldiers and their partners from the Fort Campbell army installation in Fort Campbell, Kentucky.
Recruitment method	When potential participants inquired about the program, program staff contacted them and screened them for eligibility. Eligible participants were invited to complete an in-person pre-assessment one to 21 days prior to the beginning of the program. No other information was provided.
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	From the 1,102 individuals who expressed interest in the program, 478 couples were screened as eligible, consented to participation, and completed the pre-assessment.
Recruitment timeframe	The authors stated that recruitment was conducted in 2007.
Recruitment challenges and solutions	Of the 624 couples who expressed interest in the program but did not participate, 93 were not eligible, 20 were not interested once they learned more about the program, 134 did not respond to outreach, 65 had scheduling conflicts, 28 did not show up at the pre-program assessment, 254 were excluded because sessions were full, and 30 were categorized as miscellaneous.
Participation	
Participation incentives	Not reported
Initial engagement in services	Of the 248 couples assigned to the program, 43 did not participate. Two couples who were assigned to the comparison group participated in the program, but were included in the comparison group for analytical purposes.

Retention	Of the 248 couples assigned to the program, 205 received some or all of it.
Participation challenges and solutions	Not reported

SUPPORTING FATHER INVOLVEMENT (COUPLES-BASED)

Study Information	
Program overview	The Supporting Father Involvement (SFI) Prevention Intervention was designed to increase father involvement with their families and support positive child development. The requirements for eligibility were that the biological parents of a child no older than 7 were raising the child together, did not have mental illness or substance use that interfered with daily functioning, and did not have issues with violence (between partners or child abuse). SFI had 16 weekly two-hour group sessions that included a structured curriculum of exercises, discussions, and short presentations, as well as a discussion period to allow participants to talk about issues of their choosing. SFI also had case managers who maintained weekly contact with families. SFI was available in two formats, one for couples and the other for fathers only. This review focuses on the SFI couples group intervention.
Study overview	Nearly 500 couples were randomly assigned to three groups: SFI couples group (CG), SFI fathers group (FG), and a comparison. Data were collected at pretest and two followups after the completion of the group sessions (2 and 11 months). Comparisons of changes in outcomes between SFI CG members and comparison members showed differences favoring the SFI CG group on one measure of relationship status, one measure of co-parenting, and one measure of fathers' well-being. One difference in co-parenting favored the comparison group. There were no significant differences in 11 other measures (one measure of parenting skills, one measure of relationship status, two measures of co-parenting, six measures of child outcomes, and one "other" measure). ***The study received two ratings. The study is a randomized controlled trial with high attrition; treatment and comparison groups were shown to be equivalent on fathers' parenting skills, and relationship status, and quality. For these outcomes, the study has a MODERATE rating. The treatment and comparison groups were not equivalent on co-parenting, parenting stress, and child outcomes. For these outcomes, the study has a LOW rating.***
Citation	Cowan, P. A., C. P. Cowan, M. K. Pruett, K. Pruett, and J. J. Wong. "Promoting Fathers' Engagement with Children: Preventive Interventions for Low-Income Families." *Journal of Marriage and Family*, vol. 71, no. 3, 2009, pp. 663-679. Additional sources:

	Pruett, M. K., C. P. Cowan, P. A. Cowan, and K. Pruett. "Lessons Learned from the Supporting Father Involvement Study: A Cross-Cultural Preventive Intervention for Low-Income Families with Young Children." *Journal of Social Service Research*, vol. 35, no. 2, 2009, pp. 163-179. Cowan, C. P., P. A Cowan, M. K. Pruett, and K. Pruett. "An Approach to Preventing Coparenting Conflict and Divorce in Low-Income Families: Strengthening Couple Relationships and Fostering Fathers' Involvement." *Family Process*, vol. 46, no. 1, 2007, pp. 109-121.
Study and Sample Characteristics	
Study design	The study used a randomized controlled design to examine the impact of SFI. From among couples who expressed interest in the program and completed an initial survey, the researchers randomly assigned roughly one-third to the SFI couples groups (CG), one-third to the SFI fathers-only (FG) groups, and one-third to receive a low-dose comparison condition (comparison). This review focuses only on the CG and comparison group couples. Attrition from the study was high, but the authors established that the CG and comparison couples were similar at the study's onset for some outcomes (though not for others). At baseline, the groups were equivalent on (1) fathers' parenting skills, (2) relationship status and quality, and (3) other domains. The findings for outcomes in these domains receive a moderate rating. The groups were not equivalent at baseline on the following: co-parenting, parenting stress, and child outcomes. The findings for outcomes in these domains receive a low rating.
Comparison condition	The low-dose comparison condition was one three-hour group meeting for both parents. The content of the session was not reported. Members of the comparison group also received case management services for up to 18 months.
Conflicts of interest	The study authors developed the program and some of the assessment tools.
Sample size	SFI CG: 95 couples Comparison group: 98 couples The sample characteristics describe the entire sample (including the SFI FG).
Race and ethnicity	White: 27 percent Hispanic/Latino: 67 percent Other: 6 percent
Gender	Male: 50 percent Female: 50 percent
Age	Not reported

Educational attainment	Roughly half of the sample had completed high school or more.
Employment, income, or earnings	Most of the fathers (79 percent) and some mothers (39 percent) had worked during the week prior to baseline.
Household income	The median annual household income was $29,700. More than 67 percent of the sample fell below 200 percent the federal poverty line ($40,000 yearly household income for a family of four).
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	The authors conducted a baseline and two follow-up assessments (post 1 and post 2). Post 1 was conducted two months after the completion of the group meetings or 7 months after the one-session information meeting. Post 2 was conducted 11 months after the groups or 18 months after participants entered the study.
Description of measures	With the exception of psychological involvement, each of the nine outcomes was assessed by both fathers and mothers. For the mother-reported measures, we include only those related to the father, the relationship, or child outcomes. We omit mothers' reports of their own parenting or own parenting stress. Below are the outcomes in domains that receive a ***MODERATE rating.*** <u>Fathers' parenting skills</u> Authoritarian parenting: The authors measured this construct using items from multiple pre-existing scales. Parents indicated their level of agreement with each item as well as what they believed their partner would answer. <u>Relationship status and quality</u> Couple satisfaction: The authors used the Quality of Marriage Index (QMI) to measure each partner's satisfaction with the couple relationship. <u>Other</u> Psychological involvement in parenting: The instrument was developed by the authors to represent the centrality of being a parent as a role in respondents' lives. Other outcomes received a ***LOW rating***.

	Fathers' well-being Parenting stress: The authors used a 38-item revised version of the Parenting Stress Index (PSI). On this scale, parents indicated their level of agreement with statements describing themselves as stressed, the difficulty of managing their child, and discrepancies in their expectations of child behavior and their child's actual behavior. Co-parenting Fathers' share of parenting: The "who does what?" instrument, developed by the authors, asked parents to rate several tasks representing the division of labor for child care. Higher scores reflect more participation by the father. Conflict about discipline: This construct, measured by a single item developed by the authors, assessed the extent of disagreements between partners on child discipline. Child Outcomes Aggression, hyperactivity, shy or withdrawn, anxiety, or depression: The authors administered a 54-item adaptation of the Child Adaptive Behavior Inventory. The instrument contained positive and negative descriptors of cognitive and social competence and was factor analyzed into the four domains listed above.
Outcomes: Fathers' economic self-sufficiency	Not reported
Outcomes: Fathers' well-being	*LOW rating* Between baseline and 18 months after entering the program, SFI CG fathers experienced a greater average decline in parental stress than comparison fathers.
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Parenting skills	*MODERATE rating* Between baseline and 18 months after entering the program, there was no difference between the SFI CG fathers and comparison group fathers in changes in attitudes about authoritarian parenting.

Outcomes: Co-parenting	*LOW rating* Between baseline and 18 months after entering the program, mothers in the SFI CG group reported greater increases in fathers' share of parenting than did mothers in the comparison group. Between baseline and 18 months after entering the program, mothers in the SFI CG group reported greater increases in conflicts with the father about child discipline than did mothers in the comparison group. Between baseline and 18 months after entering the program, there was no significant difference between the SFI CG treatment group and the comparison group in changes in fathers' reports of (1) fathers' share of parenting or (2) conflicts about discipline.
Outcomes: Relationship status and quality	*MODERATE rating* Between baseline and 18 months, mothers in the SFI CG group reported a more positive change in relationship quality than did mothers in the comparison group. Relationship quality of mothers in the comparison group declined, whereas relationship quality of CG treatment group mothers remained stable. Over the same period, there were no significant differences between the two groups in change in relationship satisfaction as reported by fathers.
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	*LOW rating* Between baseline and 18 months after entering the program, mothers and fathers in the SFI CG group reported a smaller increase in their child's shy or withdrawn behavior than did counterparts in the comparison group. Between baseline and 18 months after entering the program, there was no significant difference between the CG and comparison groups in reports of change in the following child outcomes: aggression (fathers' and mothers' reports), hyperactivity (fathers' and mothers' reports), anxiety or depression (fathers' and mothers' reports).
Outcomes: Other	*MODERATE rating* Between baseline and 18 months after entering the program, there was no significant difference between the SFI CG fathers and comparison group fathers in changes in psychological involvement in parenting (the perceived centrality of parenting in fathers' lives).
Program Model	
Theoretical framework	SFI was based on the family risk model, which assumes that father involvement is affected by five characteristics of the family: (1) family members' mental health and psychological distress, (2) the intergenerational patterns of couple and parent-child relationships, (3) the quality of the parents' relationship, (4) the quality of the parent-child relationship, and (5) life stressors and social support outside of the family.

Participant eligibility	1. Expectant parents or parents had a youngest child ranging in age from infant to age 7. 2. The father and mother were biological parents of their youngest child and raising the child together, regardless of marital or residential status. 3. Both parents agreed to participate. 4. Neither parent had a mental illness or substance use issue that interfered with daily functioning at work or as parents. 5. There was no open child or spousal protection case with Child Protective Services or an instance of spousal violence or child abuse within the past year
Participant needs assessment	All eligible couples were interviewed for 1.5 hours by the group leaders, covering topics, such as family relationships, stressors, and social support.
Program components	1. Group sessions 2. Case management
Program content	1. Each group session included materials from a structured curriculum, such as exercises, discussions, and presentations, and an open discussion during which participants could bring up issues and concerns with which they were dealing. In each session, the curriculum focused on one of the five family-risk domains. For example, to work on strengthening a couple's relationship, a session included communication exercises, such as a game of "how well do you know your partner?" Of the 16 meetings, 2 were devoted to individual issues, 4 to parenting, 4 to the couple relationship, 2 to three-generational issues, and 2 to stresses and supports outside the family. Two sessions were conducted separately for mothers and fathers; each group met with a facilitator of the same gender. In these sessions, fathers focused on their relationship with their children; mothers focused on engaging fathers and sharing responsibilities. Note that SFI was offered in two formats, one for couples and the other for fathers only. The curriculum content was the same, with modifications in the fathers-only group for the absent mothers (for example, partner exercises became homework). 2. Participants had weekly contact with a case manager, who provided referrals for services, served as the "conduit" for those services, and followed up with participants who missed a session.
Program length	The father group and the couples group met weekly for two hours over 16 weeks (32 hours of material). Case management was offered for 18 months.
Targeted outcomes	The program was designed to improve five family domains: individual, couple relationships, parent-child relationships, family-of-origin relationships, and stressors/social support.

Program adaptations	The original curriculum was adapted for low-income Latino families, many of whom were Mexican American.
Available languages	English and Spanish
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	The project had high staff turnover. To minimize disruptions, hiring policies were established; for example, group leaders were expected to complete the group sessions before leaving.
Program Structure	
Was there a planning or pilot phase?	Yes
Length of planning/pilot	The planning stage lasted more than a year.
Timeframe for program operation	The program began full operation in 2004.
Sites and service-delivery settings	Four family resource centers, which served low-income families in four California counties (San Luis Obispo, Santa Cruz, Tulare, and Yuba)
Required facilities	Not reported
Community settings	Rural
Organizational partnerships	SFI was the result of a collaboration between university-based clinician/researchers and the California Department of Social Services, Office of Child Abuse Prevention
Funding agency	The California Department of Social Services, Office of Child Abuse Prevention
Agency certifications and national affiliations	Not reported
Was participation mandatory?	No
Staffing and Operations	
Staff characteristics	Each site had a project director, case managers, group leaders, a child care worker, and a data coordinator. Staff had, on average, three years of experience in multiple "skills areas," and were predominately Latino or white. The authors viewed project directors as critical to the program's success. Successful project directors were experienced leaders who could communicate their expectations and standards clearly to the staff.

	All groups were led by male-female pairs of mental health professionals. They were hired based on such factors as clinical experience, experience with couples and/or groups, and cultural sensitivity. Some sites initially hired less experienced or unlicensed facilitators, but found this was unsuccessful.
Staff training	Staff received orientation and ongoing training. For the group facilitators, the first year of training focused on the curriculum, followed by curriculum modifications in later years. Training for case managers targeted recruitment, retention, referral systems, case notes, and assessment procedures. Additional topics included team coordination, clinical problems faced by some families, and data collection procedures.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Each group had five to nine couples, and was led by male-female pairs of mental health professionals. No other information was provided.
Staff supervisors	On-site supervision was provided for clinical issues and crises. Conference calls were used so the research team could oversee the sites.
Staff supervision frequency	Not reported
Technical assistance	The research team conducted site visits of a day or more. These occurred twice a year in the first year of the project and then once a year. The visits focused on data collection procedures, sharing ideas for program modifications, resolving staff conflict, and meeting county liaisons with fiscal responsibility for the project. Staff from all four sites met in person twice a year to share ideas. They also participated in regular conference calls; during the first six months the calls were weekly, in year 2 they were bimonthly, and in year 3 they were monthly.
Operations manual, forms, or protocols	A manual describing the curriculum was developed. Forms used by case managers were standardized.
System for tracking program performance	Not reported
Recruitment	
Referral sources	Word of mouth, other programs in the family resource centers, county agencies, family fun days, information tables, and newspaper ads

Recruitment method	Project staff used a range of methods to solicit referrals, including talks at community organizations, advertising in the media, and information tables at public events where fathers would be in attendance. A case manager conducted a screening interview to determine whether those who expressed interest were eligible.
Recruitment incentives	Movie tickets, gift cards to local businesses, items with a SFI logo; no other information was provided.
Participants targeted	The authors estimated that 300 families would enroll in the study.
Participants recruited	A total of 550 families were recruited, of which 496 were eligible and randomly assigned.
Recruitment timeframe	Not reported
Recruitment challenges and solutions	The authors indicated that the most effective strategies were word-of-mouth referrals, attending social events at family resource centers and community events, and offering small incentives.
Participation	
Participation incentives	Group sessions were scheduled in the evenings and included food (refreshments or dinner). Child care was provided.
Initial engagement in services	Not reported
Retention	Among fathers, 11 percent had perfect attendance, 61 percent attended more than 25 hours, 81 percent attended more than 19 hours, and 95 percent attended more than 13 hours. The median level of attendance was 75 percent of sessions for fathers and 80 percent for mothers. The median level of attendance was close to 90 percent of sessions among those who attended the first or second meeting.
Participation challenges and solutions	Participation was related to personal characteristics; for example, couples with lower satisfaction or higher depression had lower levels of participation. The authors also reported that staff coordination positively affected participation; staff collaborated to engage families who had missed sessions, for example. Child care at the group meetings was deemed "essential" to boosting participation rates.

SUPPORTING HEALTHY MARRIAGE (SHM)

Study Information

Program overview

Supporting Healthy Marriage (SHM), implemented in 10 sites across the country, was designed to strengthen the marriages of low-income, married couples with children. The yearlong program involved three primary components: relationship and marriage education workshops, family support services to facilitate participation and refer couples to additional services, and supplementary activities to build on workshop content. The central component, a relationship and marriage education curriculum for three to five months, aimed to help couples understand expectations and commitment issues related to marriage; manage conflict; strengthen their relationships; and develop parenting skills. Program services were targeted to married couples with at least one child under the age of 18. Although the program had no income or public assistance criteria for participation, recruitment efforts were focused on low-income families and carried out through community organizations largely serving low-income couples. Spouses in each couple were expected to attend program sessions together.

Study overview

The authors evaluated the effect of SHM using a randomized controlled trial. Over 6,000 couples were randomly assigned, half to receive SHM program services and half to the comparison group, which could not receive SHM. Outcomes were measured 12 months after program enrollment. Out of 26 outcomes, 13 were shown to favor those in the treatment group, including greater relationship happiness, warmth and support, positive communication; and less psychological abuse and psychological distress. The remaining 13 measures showed no differences between the groups, such as percent married, infidelity, severe physical assault, and cooperative co-parenting.

The authors also examined the program design and operations of the Supporting Healthy Marriage program. They found that program providers focused on three main tasks in the first year of implementation: developing effective marketing and recruitment strategies, keeping couples engaged in the program, and building management structures and systems. The authors reported that after encountering initial challenges in recruiting participants, providers experienced more success when they changed tactics and visited community organizations to recruit them directly. To engage couples, the providers tried to offer services at convenient times and provide meals, transportation, and child care. Another important factor in engagement was providers' employment of staff who were culturally attuned to and maintained steady contact with couples throughout the duration of the program. Local managers built systems for tracking staff efforts, held one-on-one meetings, and conducted observations of staff to monitor program quality.

	Despite the initial challenges, the sites were able to meet their recruitment goals, and participation rates indicated that most recruited couples were engaged in the program services in the first six months of enrollment. Within this period, 81 percent of couples attended at least one workshop, 85 percent attended at least one family support meeting, and more than half attended at least one supplemental activity. On average, they participated in 20 hours of workshops and 4.5 family support meetings. ***The study was a randomized controlled trial with low attrition, no confounding factors, and statistical adjustments for selected baseline measures. The study has a HIGH rating.***
Citation	Hsueh, J., D. Principe Alderson, E. Lundquist, C. Michalopoulos, D. Gubits, D. Fein, and V. Knox. "The Supporting Healthy Marriage Evaluation: Early Impacts on Low-Income Families." New York, NY: MDRC, February 2012. Additional source: Gaubert, J. M., J. Knox, D. P. Alderson, C. Dalton, K. Fletcher, and M. McCormick. "The Supporting Healthy Marriage Evaluation: Early Lessons from the Implementation of a Relationship and Marriage Skills Program for Low-Income Married Couples." New York, NY: MDRC, September 2010.
Study and Sample Characteristics	
Study design	A total of 6,298 couples were randomly assigned, half to receive SHM program services and half to the comparison group. Attrition at the 12 month follow-up was low and the authors controlled for baseline measures in the analysis.
Comparison condition	Members of the comparison group could not receive SHM services, but could participate in other services in the community.
Conflicts of interest	Not reported
Sample size	The descriptive statistics were based on 6,298 couples. The sample size for the analysis varied by measure. For the observed outcomes, the sample size was 1,397 couples (695 in the treatment group and 702 in the comparison group).
Race and ethnicity	White: 20.5 percent African American: 11.2 percent Hispanic/Latino: 43.4 percent American Indian: not reported Other: 24.8 percent
Gender	Male: 50 percent (must be part of a couple to participate) Female: 50 percent (must be part of a couple to participate)
Age	The average age was 31.4 years.
Relationship status	Married: 80.9 percent

Educational attainment	In 50.3 percent of couples, both spouses had at least a high school diploma.
Employment, income, or earnings	Not reported
Household income	Income 100 to less than 200 percent of federal poverty line: 39.4 percent Income less than 100 percent of federal poverty line: 42.8 percent
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Outcomes were measured 12 months after enrollment in the study.
Description of measures	**Relationship status and quality** Married: both partners reported they were married or in a committed relationship Relationship happiness: The average of both spouses' responses to how happy they were in the marriage Marriage in trouble: Whether either spouse reported they thought the marriage was in trouble in the past three months Infidelity: Neither spouse reported they cheated on their spouse or believed that their spouse has "definitely" cheated on them in the past three months Warm and support: An average of seven items on warmth and support, such as "my spouse expresses love and affection towards me" and "I trust my spouse completely" Positive communication skills: An average of seven items on positive communication during arguments, such as, "we are good at working out our differences" or "during arguments, my spouse and I are good at taking breaks when we need them" Negative behavior and emotions: An average of seven items on negative interactions during arguments, such as "my spouse has yelled or screamed at me" or "my spouse was rude and mean to me when we disagreed" Psychological abuse: An average of six items, such as "have you felt afraid that your spouse would hurt you?" or "has your spouse tried to keep you from seeing or talking with your friends or family?"

	Physical assault and severe physical assault: The first is a measure of any physical assault in the past three months and the second captures whether a spouse used a knife, gun or weapon; choked; slammed; kicked; burned; or beat the other spouse in the past three months. A subset of couples was videotaped and raters coded their interactions using the Iowa Family Interaction Rating Scale (IFIRS). Observed warmth and support: The average value of five items from the IFIRS, including warmth/support, humor/laugh, positive mood, group enjoyment, and physical affection Observed positive communication skills: The average of seven items of the IFIRS, including assertiveness, listener responsiveness, communication, effective process and disruptive process (reverse coded), denial (reverse coded), and avoidant (reverse coded) Observed anger and hostility: The average of four items from the IFIRS, including hostility, contempt, angry coercion, and verbal attack **Well-being** Psychological distress: Items from the K6 Mental Health Screening Tool **Co-parenting** Cooperative co-parenting: Six items that measure concepts such as whether they get along with the other spouse when it comes to parenting and whether they come up with satisfactory solutions if there is a problem with the children
Outcomes: Relationship status and quality	The analysis indicated that those in the treatment group had more favorable outcomes than those in the comparison group on the following measures: • Couples' relationship happiness • Either spouse reports marriage is in trouble • Men's and women's report of warmth and support • Men's and women's report of positive communication • Men's and women's report of negative behavior and emotions

	There were no differences between the groups on: • Percent married • Infidelity • Men's and women's observed warmth and support • Men's and women's observed positive communication • Men's and women's observed anger and hostility Note that the authors' reported favorable outcomes for some observed measures (men's and women's positive communication and women's anger and hostility) that are classified here as no difference between the groups. This is because the authors used a cutoff of $p = 0.10$, whereas the SFER review uses a cutoff of $p = 0.05$.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	There were no differences between the groups in men's and women's report of cooperative co-parenting.
Outcomes: Partners' well-being	Both men and women in the treatment group reported lower psychological distress than their counterparts in the comparison group.
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Both men and women in the treatment group reported lower levels of psychological abuse than their counterparts in the comparison group. Men in the treatment group reported lower levels of physical assault than those in the comparison group. For women, there were no differences between the treatment and comparison group in reported physical assaults. There also were no differences between the treatment and comparison groups for either men or women in reported severe physical assaults.
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	The program was designed based on four primary principles derived from prior research and consultation with practitioners: 1. Strengthening marriages requires changes in behavior, habits, and assumptions. 2. Low-income couples "face deeper relationship stressors" than middle-class couples, including poverty, unemployment, substance abuse, and others. 3. Programs are more effective if they involve the couple as a unit. 4. Participants may benefit from a "strength-based approach," which focuses on assets of their relationships rather than problems.
Participant eligibility	To be eligible for participation, both spouses had to be interested in participating, 18 years of age or older, currently married, parents of a child under 18 who lived in their home at least half of the time, and able to understand one of the program languages (English; some sites also offered Spanish). They must have no indication of domestic violence in their relationship. Two programs targeted expectant parents, while the other eight targeted married parents with children of any age. There were no income eligibility requirements, but the program was targeted at low-income couples.
Participant needs assessment	All couples met with program staff during enrollment. Three programs (in Oklahoma City, Oklahoma; Wichita, Kansas; and Shoreline, Washington) administered a relationship inventory before services began to help structure one-on-one family support services. The inventory was completed separately by each spouse and included questions about their marriage, expectations for a romantic relationship, and personalities. After scoring and comparing spouses' survey responses, family support workers identified the couple's strengths and weaknesses and shaped the content of family support services around these findings.
Program components	The program included three components: relationship and marriage education workshops, individual family support from staff, and supplemental activities.

Program content	**Relationship and marriage education workshops.** The relationship and marriage education workshops had structured curricula designed to teach skills and concepts that had been found to be important in couple relationships. On average, each workshop included 10 to 12 couples (ranging from 3 to 20). Each of the 10 local SHM programs used one of four curricula: • Bethlehem and Reading, Pennsylvania; El Paso and San Antonio, Texas; and Wichita, Kansas used Within Our Reach. • Orlando, Florida, used For Our Future, For Our Family. • Bronx, New York, and Shoreline, Washington used Loving Couples, Loving Children. • Oklahoma City, Oklahoma and Seattle, Washington, used the Becoming Parents Program, which was based on the Prevention and Relationship Enhancement Program (PREP). All four curricula covered a common set of topics, including the following: • Understanding marriage: realistic expectations about marriage, long-term commitment, trust • Managing conflict: communication, conflict resolution, problem solving • Promoting positive connections between spouses: emotional connection, friendship, intimacy • Strengthening relationships beyond the couple: support networks, extended family • Coping with circumstances outside the couple's relationship: understanding how individual upbringing affects relationships, addressing joint challenges such as financial stress • Parenting: child development, discipline, parenting as a team **Individual family support from staff**. The family support services were provided individually to couples by a family support coordinator who stayed with the couple throughout the course of the program. The family support coordinators maintained steady contact with families to promote engagement and participation, linked couples to external resources, and reinforced skills and principles taught in the core workshops. In programs using the Loving Couples, Loving Children and the Prevention and Becoming Parents Program curricula, support staff used supplementary materials created by the developers to reinforce program content. These included curriculum reinforcement handbooks and activities.

	Supplemental activities. The supplemental activities complemented the core workshops with educational and social events. They were designed to keep the couples engaged in the program, reinforce skills, provide links to other resources in the community, and provide venues for couples to develop support networks with other couples. Supplemental activities generally included booster sessions that used core curriculum concepts, educational presentations that provided information about resources to help couples deal with stressors, curriculum refreshers integrated with social activities, and program-wide social events. Most local programs offered supplemental activities a few times per month on weeknights or weekends.
Program length	Couples participated for one year. The length of the educational component of the program varied by curriculum. The Loving Couples, Loving Children curriculum included 24 hours of workshops and up to 14 hours of supplemental sessions. The other three curricula included 28 to 30 hours of instruction time. Programs typically offered weekly sessions 2 to 2.5 hours long for 12 to 15 consecutive weeks. Five of the programs also offered longer Saturday sessions (5 to 6 hours) over 6 to 7 weeks, in addition to the weeknight sessions. Two programs offered an initial long Saturday session followed by a series of weekly weeknight sessions. The supplemental activities and family support services lasted for the whole year (in some cases, they overlapped with the education workshops; in others, they began after the workshops were completed).
Targeted outcomes	In the short term, the program aimed to help couples learn relationship and parenting skills and expand their social networks. In the intermediate term, the program aimed to encourage couples to think, feel, and behave differently in their relationships at home. In the long term, the program aimed to improve relationship strength and quality, spouses' mental and physical health, parent–child relationships, co-parenting relationships, families' economic well-being, and children's well-being.
Program adaptations and modifications	Not reported
Available languages	Five programs offered services in English and Spanish. A sixth program began offering services in both English and Spanish, but found that it was more efficient to offer services only in Spanish because of the size of the Spanish-speaking population. The other four programs offered services only in English.
Fidelity measures	Not reported
Program costs	The average operating cost per couple was $9,100, with a range of $7,400 (Wichita) to $11,500 per couples (Oklahoma City) across sites.
Implementation challenges and solutions	Not reported

Program Structure	
Was there a planning or pilot phase?	All 10 programs had a pilot phase that began in summer 2007.
Length of planning/pilot	The time period between the start of the pilot phase and the start of the evaluation was between one and seven months.
Timeframe for program operation	Not reported
Sites and service delivery settings	The type of agencies that hosted SHM programs varied. Six host agencies were nonprofit organizations that added SHM to a menu of other programs and services. Four of these six programs operated within non-faith-based, community-based service agencies. One program operated within a faith-based organization, and another had a faith-based organization as one of its two host agencies: • Bethlehem, Pennsylvania, hosted by Family Answers (non-faith-based, community-based organization) • Shoreline, Washington, hosted by the Center for Human Services (non-faith-based, community-based organization) • El Paso, Texas, hosted by the El Paso Center for Children (non-faith-based, community-based organization) • San Antonio, Texas, hosted by the Family Service Association (non-faith-based, community-based organization) • Wichita, Kansas, hosted by Catholic Charities (faith-based organization) • Reading, Pennsylvania, hosted by the Community Prevention Partnership of Berks County/Reading-Berks Conference of Churches (non-faith-based, community-based organization and faith-based organization) Two programs were hosted by for-profit organizations that primarily offered the relationship and marriage program. One was hosted by a for-profit public relations firm that managed a marriage initiative as part of Building Strong Families. The other had previously delivered fee-for-service relationship and marriage education services: • Oklahoma City, Oklahoma, hosted by Public Strategies, Inc. • Seattle, Washington, hosted by Becoming Parents Program, Inc. The two remaining local programs were hosted by a hospital and a university:

	• Bronx, New York, hosted by University Behavioral Associates (hospital) • Orlando, Florida, hosted by the University of Central Florida (university) Most programs offered services in the offices of the program operators. Three—in Bethlehem, Reading, and El Paso—combined public gatherings with home visits, typically conducting the majority of their family support services in couples' homes. Other programs occasionally included home visits to engage couples who had stopped attending workshops or to reach those who had trouble traveling to the program office.
Required facilities	Not reported
Community settings	The program settings were primarily urban.
Organizational partnerships	Not reported
Funding agency	The program was funded by the Administration for Children and Families, U.S. Department of Health and Human Services.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	The number of full-time-equivalent (FTE) staff managers ranged from 2.25 to 10. The number of outreach workers ranged from one to 5. The number of family support coordinators ranged from 2.5 to 16. Although the four sites in Pennsylvania and Texas served roughly half the population served by the other sites, they did not employ half of the family support staff (they each employed roughly 3). The number of relationship and marriage education facilitators ranged from 0.75 to 4.2. Most sites used contracted facilitators who were not part- or full-time staff. Two programs hired a combination of part- and full-time staff for these roles instead of contractors.
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported

Staff–participants ratio or caseloads	Not reported
Staff supervisors	Most programs had three to four staff managers.
Staff supervision frequency	Not reported
Technical assistance	Local programs received frequent, intensive technical assistance from the SHM project team, aimed to help each local program maintain high standards for management and supervision, as well as to support improvement in staff at all levels. Each local program worked with a program operations liaison from the SHM project team who conducted regular site visits, monitored progress, and advised on program operations. Most programs also received regular technical assistance from the developers of the core curriculum. This included individual feedback based on audio and videotapes of workshops and visits to the program.
Operations manual, forms, or protocols	During the enrollment process, program staff administered a domestic violence screening tool and response protocol. Staff referred couples who had experienced domestic violence in their relationship to a local domestic violence agency. During the first year of implementation, program staff developed written protocols to guide in-person meetings. The protocols outlined goals for each of the first five meetings. They aimed to allow staff to help couples address barriers to participation and to discuss what they learned in workshops and how they applied their new skills in their relationships.
System for tracking program performance	Staff used a management information system to track enrollment and engagement performance across sites, recording participation of couples, contacts with couples, and case notes from meetings.
Recruitment	
Recruitment and referral sources	Couples learned about the program either through brochures placed at local organizations, mass media advertisements, or through direct recruitment by program staff who visited community venues. Some learned about the program from participating couples. The proportion of couples who were recruited from specific referral sources were as follows: • Government/social service agencies (for example, WIC): 21.2 percent • SHM couples/family and friends: 16.4 percent • Hospital/health service providers: 13.5 percent

	• Staff recruitment efforts: 10.0 percent • Ads/media/flyers (for example, billboards, radio advertisements): 8.3 percent • Schools/colleges/education centers (for example, Head Start, community colleges): 6.8 percent • Local churches/faith-based organizations: 6.5 percent • Fairs/events (for example, back to school nights, community health fairs): 5.7 percent • Other (for example, retail stores, walk-ins): 4.2 percent • Military bases: 1.8 percent Results do not sum to 100; the authors did not provide an explanation.
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Each site aimed to enroll 800 couples (with the exception of the Pennsylvania and Texas sites, each of which split their targets among two sites, with a goal of enrolling 400 couples at each), for a total of 6,400 over a two-year period for the 10 sites.
Participants recruited	Across sites, 6,298 couples were recruited.
Recruitment timeframe	Recruitment began between June and September of 2007 for all sites, and recruitment outcomes were reported as of December 31, 2009. The approximate timeframe for recruiting was 2 to 2.5 years.
Recruitment challenges and solutions	SHM programs were required to enroll 800 low-income couples, which proved challenging since few social service agencies typically recruited couples. Approaches to increasing recruitment included developing relationships with community service providers for outreach and referrals; talking directly to couples about the program through referral partners or at community events; using mass media campaigns; and getting referrals from currently enrolled couples. After initial attempts to obtain referrals from community service agencies resulted in too few timely referrals to fill workshops consistently, SHM staff asked partners if they could visit the organizations' offices in person to contact interested couples directly. The authors reported that increasing opportunities to talk directly to couples was key to recruitment. In addition, this approach reduced the burden on partners while still allowing them to show support for the program.

	An approach for maintaining relationships with referral partners was to thank them with lunch gatherings, open houses, monthly newsletters with program updates, and personal visits to deliver baked goods or other tokens of appreciation. Most programs found that media campaigns did not yield many referrals, but in two (in Oklahoma City and El Paso), couples did respond to them. These programs were more successful when they launched two or more media campaigns at the same time to saturate the community.
Participation	
Participation incentives	Local programs offered a variety of incentives to encourage participation, including child care assistance (on-site or reimbursement); reimbursement for transportation to the program; emergency assistance payments for couples with financial problems that could interfere with participation; gift cards or small items for the family; and light meals before workshops.
Initial engagement in services	On average, 83 percent of couples attended at least one workshop; 66 percent attended at least one supplemental activity; and 88 percent attended at least one meeting with their family support worker.
Retention	Couples participated in an average 27 hours of program services across all three components. They participated in an average of 17 hours of the workshops, close to 6 hours of supplemental activities, and 4 hours of meetings with the family support workers. The authors do not indicate if these averages are across all couples or only those who attended at least once.
Participation challenges and solutions	Programs found it challenging to keep both spouses engaged, given constraints imposed by the couples' work and family obligations. The authors described six primary approaches used by sites to address this challenge: 1. Program staff were trained in customer service techniques to create an inviting and family-friendly atmosphere by making each couple feel valued and taking time to make personal connections. Staff also worked to create a welcoming physical space for couples, with bright colors and comfortable furnishings. One program created a lounge for teens where they could play games, do homework, and socialize while their parents attended workshops. 2. Services were made accessible by offering them at times convenient for working parents; offering them at convenient locations; providing transportation, child care, and emergency assistance; and providing meals before services offered in the evening.

3. Family support coordinators were utilized to maintain frequent contact with participants and to refer them to services to address their barriers to attendance. Coordinators contacted both husbands and wives, primarily by phone, but also using email, text, and mailings.
4. Programs offered incentives for participation, with some offering larger incentives for the first few workshops to encourage initial engagement. Some programs also offered incentives for participants to complete assignments at home.
5. Program staff found that participation in supplementary activities was low when the number of activities was limited because it was difficult to re-engage participants after long breaks. To avoid this problem, most programs began offering activities at least once a month, with some offering two or more a month.
6. Staff made extra efforts to engage men in the programs because participation of both men and women was essential. Some programs hired male staff, offered supplemental activities specifically geared toward men (such as father and baby playgroups, basketball games, or fathering workshops), and offered job search assistance (which was commonly requested by men).

YOUTH PARENTHOOD PROGRAM (YPP)

Study Information

Program overview

The Young Parenthood Program (YPP) was an eight- to twelve-week counseling program designed to improve the relationship skills of pregnant adolescents and their co-parenting partners, regardless of relationship status. YPP was intended to help the parents develop positive communication skills, manage challenges associated with unplanned pregnancy and early parenthood, and prevent intimate partner violence (IPV). The program was offered as a series with five phases: (1) introduction and engagement; (2) setting interpersonal and relationship goals; (3) developing relationship and communication skills; (4) negotiating roles with friends and family; and (5) summing up and looking forward. The counselor could tailor the length of each phase according to the couple's needs. Sessions were offered in a community-based clinic or in the home.

Study overview

The author used a randomized, controlled trial design to examine the impact of the YPP. Eligible participants were pregnant teens who would be first-time mothers, who were between 14 and 18 years of age and 26 or fewer weeks into the pregnancy, and whose co-parenting partners were the biological fathers of their children and between the ages of 14 and 24. The authors recruited 105 couples and randomly assigned 53 to the treatment condition (YPP) and 52 to the comparison condition.

The study included follow-up data on IPV at two points in time. The first occurred 2 to 3 months after childbirth and the second 18 months after childbirth. The authors did not find a significant difference in change in IPV between couples assigned to the treatment condition and those in the comparison condition at either followup.

The study was a randomized controlled trial with low attrition and no confounding factors, but baseline equivalence was not established and statistical adjustments were not made. The study has a MODERATE rating.

Citation

Florsheim, P. "The Young Parenthood Program: Preventing Intimate Partner Violence Between Adolescent Mothers and Young Fathers." *Journal of Couple & Relationship Therapy*, vol. 10, no. 2, pp. 117–134, April 2011.

Study and Sample Characteristics

Study design

The author randomly assigned 105 couples: 53 to the treatment group and 52 to the control group. The study had two followups; the first was 2 to 3 months after childbirth and the second 18 months after childbirth. The authors estimated the impact of YPP on IPV by using repeated measures ANOVA to test for changes in differences between the groups in IPV before and after the intervention.

Comparison condition	The comparison condition was treatment as usual, which included prenatal services and access to some psycho-social services, such as parenting classes. No other information was provided.
Conflicts of interest	The study authors were the developers of the YPP program.
Sample size	There were 89 couples at first followup: 46 in the treatment condition and 43 in the comparison condition. The second followup included 86 couples: 44 in the treatment condition and 42 in the comparison condition.
Race and ethnicity	White: 42 percent Hispanic/Latino: 45 percent Other: 13 percent (this included African American, Native American, and Pacific Islander)
Gender	Male: not reported Female: not reported
Age	Mean: 16.1 years (females); 18.3 years (males) Range: 14–18 years (females); 14–24 years (males)
Relationship status	Dating or living together: 95 percent
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Data were collected at three time points: (1) at baseline (which occurred during the second trimester of the mother's pregnancy) and before random assignment; (2) 2 to 3 months after childbirth; and (3) 18 months after childbirth.
Description of measures	IPV was measured through a semi-structured interview. Responses to questions regarding physical aggression were assigned scores on a scale of 0 to 3. A score of 0 indicated no violence, a score of one indicated less severe violence, a score of 2 indicated moderately severe violence, and a score of 3 indicated serious violence. An average IPV score was created using the individual scores of each partner at baseline and at the two followups.
Outcomes: Relationship status and quality	Not reported

Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	No differences in IPV were found between treatment couples and comparison couples at either followup.
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	YPP was based on attachment theory, interpersonal theories of adolescent development, and the theory of family systems. The authors stated that there were six guiding principles, but only five were listed: (1) relationships shape development; (2) behaviors serve developmental functions; (3) interactions between partners become self-reinforcing; (4) positive interpersonal behaviors can lead to positive developmental growth; and (5) working in the context of the relationship is an efficient way to produce change.
Participant eligibility	Pregnant women were eligible for the study if they (1) would be first-time mothers; (2) were between 14 and 18 years of age; and (3) were no more than 26 weeks into the pregnancy. Biological fathers had to be between 14 and 24 years of age at the time of the initial assessment. To be included in the study, both the mother and father had to agree to participate.
Participant needs assessment	Not reported
Program components	All participants received couples-focused co-parenting counseling. Couples with IPV issues that were not resolved by YPP were given referrals for additional counseling.

Program content	The program included five phases: 1. **Introduction and engagement** helped establish the couples' expectations for the program, such as the counselor's role and the flexibility to tailor the work to individual and culturally specific issues. 2. **Setting personal and relationship goals for the program** focused on how partners could support each other. 3. **Developing specific relational competencies and communication skills** included activities and exercises to develop communication skills, and, if aggression were identified as a concern, psycho-education about the consequences of IPV and strategies to manage conflict. 4. **Redefining and negotiating roles within the couple** helped the couple define roles for friends and family and identify sources of support. Family members could be invited to sessions. 5. **Summing up and looking forward** targeted the couple's specific parenting concerns and built on its strengths. Family planning was also discussed in phases 3 and 5, and counselors determined the pace of each phase based on the couples' goals and needs. No other information was provided on the referrals for additional counseling.
Program length	The YPP was designed as a 10-week program, with the flexibility to increase or decrease the length from 8 to 12 weeks.
Targeted outcomes	YPP had three targeted outcomes: (1) develop positive relationship skills for co-parenting; (2) increase positive father involvement; and (3) prevent or reduce intimate partner violence.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported

Implementation challenges and solutions	The authors learned that many of the adolescent participants had difficulty controlling their emotions. First, the young participants often had difficulty working through hostile emotions. Although they were encouraged to express feelings as part of the co-parenting process, the counselors often had to intervene during intense discussions to moderate conflict. In addition, many participants had difficulty expressing positive emotions and needed guidance, reminders, and positive feedback to do so. Based on their experiences in the pilot, the study authors offered four suggestions of ways in which the model could be improved: 1. The model should be more flexible to address differences in maturity between the younger and older adolescents. 2. The model should be more responsive to the challenges of substance abuse. 3. Case managers may increase the effectiveness of the counselor by providing assistance to program participants for common problems in school, work, and housing. 4. Although couples with serious IPV were excluded from the program, clear guidelines should be developed as to when YPP was appropriate for couples who engage in aggressive behaviors.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	The program was administered in a community-based clinic or in a couple's home if the couple was unable to travel to the staff offices.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	Not reported
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.

Staffing and Operations	
Staff characteristics	Five of the counselors were graduate students in clinical psychology, one was a marriage and family therapist, and one was the project director (qualifications not described). Counselors were selected based on previous clinical experience with adolescents and strong interpersonal skills. The program director worked with the couples at highest risk for IPV. The authors did not report how risk was determined.
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	The six counselors were supervised by the program director. They received weekly supervision sessions, during which they explored their own feelings and reactions, addressed crises, and received feedback about how to work effectively with couples while following the program's philosophies and strategies.
Staff supervision frequency	Counselors met weekly with their supervisor.
Technical assistance	Not reported
Operations manual, forms, or protocols	Each counselor was provided with a detailed YPP manual, which outlined the program guidelines and principles. Counselors were expected to use the manual as a reference and guide throughout administration of the program.
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	The sample was recruited primarily through medical clinics and schools that provided services to pregnant adolescents.
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported

Participants recruited	The authors reported that approximately 64 percent of eligible individuals who were approached agreed to participate; 105 couples were recruited to the study.
Recruitment timeframe	Not reported
Recruitment challenges and solutions	The authors noted that several steps were taken to encourage successful recruitment and retention, including the following: • Enrolling couples during the prenatal phase when the youth were most likely to be romantically involved and have more time to participate • Providing couples with incentives for their participation in both data collection and counseling sessions (see participation incentives) • Training staff to build relationships with the participants to make them feel appreciated and engaged • Obtaining detailed contact information to track couples over time
Participation	
Participation incentives	All research participants were paid $40 for each interview and $10 for each session they attended.
Initial engagement in services	A total of 105 couples participated in the initial interview.
Retention	Among the 105 couples included in the study, 5 miscarried or gave the child up for adoption, 6 declined treatment, and 10 could not be located for followup. No other information was provided.
Participation challenges and solutions	See recruitment challenge and solutions.

B. IMPLEMENTATION

BLUEGRASS HEALTHY MARRIAGE INITIATIVE

Study Information	
Program overview	The Bluegrass Healthy Marriage Initiative (BHMI) in Lexington, Kentucky, consisted of three strategies: (1) to build coalitions to develop community awareness and increase capacity for providing marriage education services; (2) to conduct a research study of the clients of the partner organizations to help the organizations tailor their services to meet the clients' needs; and (3) to offer healthy marriage and relationship education. Classes used the Mastering the Mysteries of Love or Love's Cradle curriculum were provided by the Institute for the Development of Emotional and Life Skills (IDEALS), a marriage education provider. BHMI did not set minimum hours for the classes, although the program staff encouraged offering the material for 16 hours over two days. Participants enrolled in the relationship education classes were low-income individuals, both married and single, from eight counties located in or adjacent to Lexington, Kentucky. Kentucky was one of 14 sites nationwide that participated in the Community Healthy Marriage Initiative (CHMI). Sponsored primarily by the U.S. Office of Child Support Enforcement (OCSE), CHMI awarded Section 1115 waivers to state child support enforcement agencies to support demonstrations involving a range of state and local community partner organizations and develop healthy relationship and marriage activities.

Study overview	The report under review focused on the implementation of demonstrations in five sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado. This review summarizes findings from the BHMI program implemented in the Kentucky site. The authors found that the BHMI model evolved over time. Initially, the program staff focused on securing partnerships with other organizations, which were supposed to design their own services and strategies. Although numerous agencies agreed to participate in the coalition, few marriage education services were offered. Next, the program staff adopted a train-the-trainer approach, in which partner agency staff received training on four different curricula: Mastering the Mysteries of Love (MML), PREPARE/ENRICH, the Facilitating Open Couple Communication Understanding and Study (FOCCUS), and Basic Training for Couples. A total of 125 professionals and clergy attended training, but none of the community agencies offered classes. Last, the program switched to a single service provider, IDEALS, to provide healthy marriage and relationship education for clients within partner organizations. Classes used the MML or Love's Cradle curriculum. Services began nearly two years after the grant award. The initial recruitment target was 5,000 participants, which was subsequently revised to 1,000. Over 500 participants attended at least one class over a two-year period. No consistent tracking of retention rates was reported. ***This study is UNRATED because it did not examine any participant outcomes.***
Citation	Joshi, P., S. Flaherty, E. Corwin, A. Bir, and R. Lerman. "Piloting a Community Approach to Healthy Marriage Initiatives in Five Sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado." Final report. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2010.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program operations.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Baseline demographic characteristics were provided for between 49 and 64 workshop participants (out of a total of 538), depending on the characteristic. Authors noted that initials provided in the class attendance rosters sometimes did not match identification provided in surveys. Therefore, BHMI could only match demographic characteristics for a limited subset of class participants.

Race and ethnicity	White: 69 percent
	African American: 18 percent
	Hispanic/Latino: 2 percent
	American Indian: 2 percent
	Other: 10 percent
Gender	Male: 25 percent
	Female: 75 percent
Age	Not reported
Relationship status	Married: 50 percent
	Single: 50 percent
Educational attainment	8th grade or less: 2 percent
	Some high school: 6 percent
	General equivalency diploma or high school degree: 40 percent
	Two-year degree or technical school: 19 percent
	Bachelor's degree: 17 percent
	Graduate or professional degree: 17 percent
Employment, income, or earnings	Not reported
Household income	Less than $10,000: 29 percent
	$10,000–$24,999: 14 percent
	$25,000–$49,999: 20 percent
	$50,000–$74,000: 12 percent
	$75,000–$99,999: 6 percent
	$100,000–$149,000: 14 percent
	More than $150,000: 4 percent
	Note that some of the categories reported by the authors exclude certain incomes (such as amounts greater than $149,000 and less than $150,000).

Receive public assistance	K-TAP (welfare): 13 percent General assistance: 0 percent Food stamps: 20 percent Women, Infants, and Children (WIC): 10 percent Medicaid: 15 percent Earned Income Tax Credit: 0 percent Supplementary Security Income (SSI), Social Security Disability Insurance (SSDI), or other disability insurance: 8 percent Unemployment: 2 percent Worker's compensation: 2 percent Subsidized housing: 7 percent Subsidized child care: 5 percent
In child support system	23 percent
Reported Outcomes	
Timing	Sites visits were conducted between November 2008 and June 2009.
Description of measures	Data collection centered on qualitative methods including semi-structured, in-person interviews conducted during site visits with program staff; ongoing documentation of implementation based on monthly phone calls with project staff; review of project materials; and focus groups conducted with project participants.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported

Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	BHMI was based on a "community saturation model," intended to build partner organizations' capacity to provide marriage education services while increasing the demand for services among clients of those organizations. A key component of the approach was the formation of a coalition of partner organizations that would develop strategies for strengthening marriage and parenting commitments.
Participant eligibility	BHMI sought to recruit low-income individuals from eight counties located close to Lexington, Kentucky. There were no requirements for relationship arrangements among participants.
Participant needs assessment	BHMI did not include a standardized intake form, needs assessment, or screening prior to enrollment in classes.
Program components	BHMI included three main components: community awareness and coalition building, survey of clients' relationships, and healthy marriage and relationship education.
Program content	**Community awareness and coalition building**. To promote community awareness of healthy relationship issues and services, the program built a network of partner organizations and hosted annual community outreach events and quarterly professional in-service trainings for their staff (see organizational partnership for more information). **Survey of clients' relationships**. The University of Kentucky's Department of Family Studies offered partner organizations the opportunity to participate in a research study about healthy marriage and relationships among clients. If the partner organization agreed, the university conducted a survey of marriage and relationships among its clients and provided an analysis of the survey results to the organization.

	Healthy marriage and relationship education. An earlier service model used a train-the-trainer approach in which partner organization staff who were expected to conduct relationship classes first received training in the following curricula: MML, PREPARE/ENRICH, FOCCUS, and Basic Training for Couples. However, there was little evidence that these organizations provided classes to their clients following their initial training. As a result, BHMI later contracted with IDEALS of Kentucky to provide healthy marriage and relationship training to clients at partner organizations that expressed interest in participating. IDEALS facilitators used two curricula, MML and Love's Cradle, developed in-house. MML focused on 10 relationship skills, including showing understanding, expression, discussion, coaching, conflict management, problem solving, self-change, helping others change, generalization, and maintenance. It included a participant book, videos, and a PowerPoint presentation. Love's Cradle, which was tailored to the needs of low-income couples, focused on basic relationship skills as well as on becoming new parents.
Program length	No minimum hours were required, but IDEALS facilitators typically delivered the material in 16 hours over two days.
Targeted outcomes	The program aimed to improve family stability and child well-being through (1) building a coalition of partner organizations that would promote community awareness of healthy relationship issues and services; (2) training community and faith-based service providers to focus on marriage and healthy relationships; and (3) providing healthy marriage and relationship education services for couples.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Federal funding totaled $1,000,000. In-kind support, such as faculty time and office space for the project staff and research assistants, was provided by partners to meet the state matching requirement.
Implementation challenges and solutions	The program faced a number of implementation challenges, leading to its temporary suspension, the duration of which was not noted. Initially, the two main partners of the program were the University of Kentucky's Department of Family Studies and the Bluegrass Healthy Marriage Partnership (BHMP), a small, community-based nonprofit organization that was staffed mainly by volunteers. The two main partners experienced communication difficulties and disagreed over responsibilities, staffing, and budget allocations. In addition, BHMI experienced staff turnover when the original principal investigator at the University of Kentucky, the executive director of BHMP (who also served as the initial project director), and additional staff left. Finally, for reasons not specified, institutional review board (IRB) approval for the research study was substantially delayed.

	After the suspension, some program services began, such as coalition building, but there were lags in providing healthy marriage and relationship education services for couples. Initially, BHMI secured a number of partners, which were expected to develop and provide their own services. Although these partner agencies participated in capacity-building events, they offered very few services. Therefore, BHMI adopted a train-the-trainer approach (described in program content). With still no evidence that partner organizations that received relationship training provided classes to their clients, however, the program then took the key step of contracting with IDEALS of Kentucky to provide clients with healthy marriage services. Service delivery began two years after the grant award. The program also faced challenges in finding funds to purchase curricula for partner organizations. Authors noted that some costs were later defrayed when the program contracted with IDEALS to provide classes. Because the curricula were developed by IDEALS, participants were allowed to use material during classes free of charge, but they could not keep the materials.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	The grant was awarded in 2005, but service delivery did not begin until fall 2007 and was scheduled to end in summer 2010.
Sites and service-delivery settings	According to the authors, the bulk of service delivery occurred in Fayette County, which encompasses the city of Lexington, Kentucky. The authors note that some classes were also conducted at the IDEALS offices located in the city of Frankfurt.
Required facilities	MML workshops each required a television and video equipment to show a video, as well as a computer and projector to show a PowerPoint presentation.
Community settings	Not reported

Organizational partnerships	Initially, BHMI was a partnership among the University of Kentucky's Department of Family Studies, the Kentucky Cabinet of Health and Family Services' (CHFS) Department of Income Support (DIS) Division of Child Support Enforcement (CSE), and BHMP. BHMP left the program in 2008 and was replaced by IDEALS. BHMI was intended to be a university–community partnership. The state CSE served as the primary federal grantee, which subcontracted service delivery to the University of Kentucky. The University of Kentucky managed the funding, conducted research, worked with organizational partners to develop relationship education classes, hosted professional development workshops for network partner organization staff, and subcontracted with facilitators to deliver marriage education services to the partners' clients. The BHMP executive director served as the initial project director of the program, and the BHMP advisory board oversaw coalition building and helped partners set strategies and activities to achieve service goals. BHMI's network of partner organizations was divided into two categories. "Participating partners" participated in BHMI activities, distributed information on family-strengthening activities to interested employees or clients, hosted workshops, and, if interested, participated in research activities, such as surveys. "Affiliate partners" signed a statement of support, had the opportunity to participate in BHMI in-service meetings and community events, and agreed to distribute information about the program to clients. Affiliate partners did not participate in the research or in marriage education. At the end of 2009, the BHMI community coalition included 43 organizations, comprising 25 participating partnership organizations and 18 affiliate partnership organizations. They included Head Start centers, nonprofit organizations, churches, the National Guard, local police, businesses, schools, and local courts.
Funding agency	CSE was awarded a Section 1115 child support waiver from the Administration for Children and Families, U.S. Department of Health and Human Services (DHHS). Section 1115 of the Social Security Act authorized DHHS to award waivers to state child support programs to implement experimental or pilot projects designed to improve the financial well-being of children and/or improve the operation of the child support program. In-kind funding, such as faculty time and office space, was provided by BHMI partners to meet the requirement of matching funds from the state.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.

Staffing and Operations	
Staff characteristics	The project included a principal investigator (PI), a co-PI, a full-time project director, two full-time staff, a program coordinator, two part-time research assistants, and, at various times, two other faculty members and research assistants. Two faculty members from the Family Studies Department at the university served as the PI and co-PI. The principal investigator oversaw the project and was responsible for the research component (responsibilities for the co-PI were not described). The project director oversaw program operations and community relationships and built partnership capacity. The project coordinator interacted with the partners to help organize the marriage education workshops and administer the research component. In November 2008, the project director left, and the project coordinator assumed the responsibilities of both positions. BHMP also included a volunteer advisory board made up of seven community stakeholders, including professional marriage and family therapists, a family law attorney, and directors of agencies providing employment services for Temporary Assistance for Needy Families (TANF) recipients. When IDEALS became involved with BHMI, two facilitators provided education services.
Staff training	The initial service model used a train-the-trainer approach, in which partner organization staff were trained on the following curricula: MML, PREPARE/ENRICH, FOCCUS, and Basic Training for Couples. BHMI also provided funding for community partners to attend the Smart Marriages Conference. However, BHMI modified its delivery model in 2008 by contracting with one provider, IDEALS, to deliver relationship classes.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported

Operations manual, forms, or protocols	A protocol was developed by BHMI and BHMP, outlining procedures to be followed in cases of domestic abuse. Screening for domestic violence was not conducted, but at the beginning of class, participants were given a brochure and shown a 10-minute video called "Building Bridges: Marriage Education and Domestic Violence Awareness."
System for tracking program performance	BHMI did not use a formal management information system; rather, it relied on activity rosters and surveys to track participation.
Recruitment	
Recruitment and referral sources	Potential partner organizations that would allow BHMI to gain access to clients were identified through county social service directories; Internet searches; professional and church networks of faculty, staff, students, and BHMP advisory board members; and other community partners, such as the police department and National Guard. The partner agencies served as recruitment sources for participants.
Recruitment method	Each partner organization used a different recruitment strategy. They first enrolled participants in the research study, and a subset of participants interested in relationship education then enrolled in the classes. BHMI did not include a standardized intake form, needs assessment, or screening prior to enrollment in classes. BHMI also created a flyer, advertised the class on the partner listserv, and wrote a newsletter piece.
Recruitment incentives	Not reported
Participants targeted	The initial project team set a target of serving a total of 5,000 individuals with classes. This target number was reduced to 1,000 individuals.
Participants recruited	Not reported
Recruitment timeframe	Recruitment and service delivery began in fall 2007 and continued through summer 2010.
Recruitment challenges and solutions	In an effort to compensate for the delayed service delivery and reach more potential participants, BHMI staff at the University of Kentucky conducted outreach in 2007 to the larger community outside of the partner organizations. Classes were publicized through flyers and web-based advertising. The response to these efforts, however, was limited.

Participation	
Participation incentives	Not reported
Initial engagement in services	From 2007 to 2008, BHMI recruited 204 participants from five partner organizations to participate in healthy relationship education classes. From 2008 to 2009, an additional 334 participants attended classes, totaling 538 participants during the two-year period.
Retention	No consistent tracking of retention rates was reported.
Participation challenges and solutions	Not reported

COLORADO HEALTHY MARRIAGE AND RESPONSIBLE FATHERHOOD COMMUNITY DEMONSTRATION INITIATIVE

Study Information

Program overview

The Colorado Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative was a first-time partnership between the Child Support Enforcement (CSE) Program, which was administered by the Office of Self Sufficiency in the Colorado Department of Human Services (CDHS), and the Family Resource Center Association (FRCA), a network of 24 community-based family resource centers (FRCs). The initiative spearheaded the Partner Up program, in which families already receiving case management and support services through five FRCs were provided with an additional set of healthy marriage and relationship educational services. The FRCs were given considerable flexibility in designing the programs for their sites. The classes ranged from a single session to a 10-week series and were based on one of three curricula: Fragile Families, Couple Communication I, and CORE Communication. Partner Up did not have any eligibility criteria, and participants included low-income individuals and couples, with and without children. Colorado was one of 14 sites nationwide in the Community Healthy Marriage Initiative (CHMI) Demonstration. Sponsored primarily by the U.S. Office of Child Support Enforcement (OCSE), CHMI awarded Section 1115 waivers to state child support enforcement agencies to support demonstrations involving a range of state and local community partner organizations for the purpose of developing healthy relationship and marriage activities.

Study overview

The report under review focused on the implementation of demonstrations in five sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado. The current review summarizes findings from the Colorado site.

During project startup, the initiative encountered several challenges, including lack of understanding across FRC sites of program expectations for services to be provided (for example, whether parenting education could be offered instead of healthy marriage and relationship classes); limited use of the management information system (MIS); and poor initial buy-in and high turnover among local FRC staff members. Partner Up addressed some of these challenges by providing ongoing training on program components and technical assistance with the MIS. Recruitment was conducted within the FRCs by, for example, making announcements and handing out flyers in existing FRC education classes and conducting outreach with other program case managers. The program aimed to serve 300 to 400 individuals and exceeded its target, recruiting a total of 581 participants between October 2006 and December 2008.

This study is UNRATED because it did not examine any participant outcomes.

Citation	Joshi, P., S. Flaherty, E. Corwin, A. Bir, and R. Lerman. "Piloting a Community Approach to Healthy Marriage Initiatives in Five Sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado." Final report. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2010.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program operations.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Baseline demographic characteristics were collected for 581 participants in Colorado.
Race and ethnicity	White: 58 percent Hispanic/Latino: 16 percent African American: 8 percent Other: 12 percent Note that these percentages sum to 94 percent; no other information was provided.
Gender	Male: 29 percent Female: 71 percent
Age	18–24 years: 12 percent 25–34 years: 36 percent 35 years and over: 52 percent
Relationship status	Married: 39 percent
Educational attainment	High school diploma or general equivalency diploma (GED): 38 percent Some college or higher: 44 percent Not reported: 18 percent
Employment, income, or earnings	Employed, full time: 35 percent Employed, part time: 24 percent Not reported: 41 percent
Household income	Less than $20,000: 60 percent $25,000–$40,000: 25 percent More than $40,000: 15 percent

Receive public assistance	Not reported
In child support system	23 percent
Reported Outcomes	
Timing	Sites visits were conducted between November 2008 and June 2009.
Description of measures	Data collection centered on qualitative methods including semi-structured, in-person interviews conducted during site visits with program staff; ongoing documentation of implementation based on monthly phone calls with project staff; review of project materials; and focus groups conducted with project participants.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	Given the high rate of non-marital births in Denver and the high rate of divorce in Colorado, the Partner Up program aimed to provide education to low-income individuals and couples to improve relationships by building on services already received by these families. The structure of the initiative allowed each FRC to define the target population it would serve and design the educational services to meet the families' needs.
Participant eligibility	Except for screening out couples experiencing domestic violence, the Partner Up program did not set specific eligibility criteria for participants. Partner Up participants included both individuals and couples, with and without children.
Participant needs assessment	At enrollment, Partner Up coordinators conducted needs assessments with individuals for 16 different categories, such as employment, financial assistance, housing, and health care.
Program components	This program contained three core components: healthy marriage and relationship classes, providing case management referrals to other needed services, and providing access to child support services, as needed.
Program content	**Healthy marriage and relationship education.** Each of the five FRCs in the program provided a combination of group or individual-level healthy marriage and relationship classes. Each FRC used at least one of the following curricula: Fragile Families, CORE Communication, and Couple Communication I. Fragile Families focused on healthy marriages and relationships for low-income, unmarried, African American parents who were single or in couple relationships. CORE Communication was aimed primarily at singles and covered eight topics, including communication styles, attitudes in relationships, talking skills, listening skills, behavioral reactions, conflict patterns, conflict management, and special processes for responding in fights. Couple Communication covered five topics, including collaboration in marriage, communication styles, awareness in relationships, listening cycles, and mapping relationship issues. **Case management and referrals to other services.** Participants were provided with FRC case management services by Partner Up coordinators or other FRC staff. Partner Up participants also were referred to services such as paternity referrals (not described), prenatal counseling, employment programs, Even Start programs, education classes, and parenting classes provided by FRCs and by outside organizations. **Child support services.** Connections between FRCs and child support enforcement (CSE) offices varied. Staff in two FRC sites reported using local CSEs as referral sources and establishing contacts in the offices to whom they could send clients in need of services, such as paternity establishment. Three sites had weaker partnerships with the local CSEs.

Program length	Developer recommendations for duration of the classes ranged from a total of approximately 6 to 8 hours for Couple Communication to 16 hours (2 hours weekly for 8 weeks) for Fragile Families. For CORE Communication, no minimum time was reported. In practice, the classes ranged from a single 3-hour class (CORE curriculum) to 2.5-hour weekly classes over a 10-week period (Fragile Families curriculum).
Targeted outcomes	The goals of the program were to strengthen marriages and improve family relationships; identify Colorado policies that discouraged marriage; provide technical assistance to community programs; document program effectiveness and disseminate information about successful practices; and support child support enforcement goals (including increasing paternity establishment and voluntary compliance with child support).
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	The Child Support Enforcement Section 1115 demonstration waiver provided $830,000 in federal funding. The waiver required a 34 percent funding match paid for by the FRCs. One FRC charged participants $25 to $35 to cover the cost of the curriculum.
Implementation challenges and solutions	During project startup, the initiative encountered several challenges. First, the sites were given considerable flexibility in designing their programs, but some misunderstood program requirements. For example, one site offered parenting education instead of relationship education, and another passed out materials with information on relationships rather than offering classes. Another difficulty was the limited use of the MIS designed to monitor participation and service delivery. Challenges were also presented by staff, many of whom were concerned about the focus on marriage and thought the program should instead target parenting. In addition, high staff turnover made implementation difficult. To address some of the implementation challenges, members of the FRCAs instituted some program changes after the first year of the grant. They clarified components of Partner Up through ongoing training on curricula, targeted technical assistance to motivate greater use of the MIS and to report more detail about the healthy marriage and relationship classes, and reviewed client records to help identify participants who received services. Although the FRCs were expected to form partnerships with local child support enforcement agencies, only two (both with existing connections) were able to do so. The remaining three did not develop relationships and thus did not offer child support education or receive referrals from the CSEs.

Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Recruiting for most sites began in October 2006. Partner Up delivered services for two years, until the Section 1115 demonstration waiver funding ended in December 2008.
Sites and service-delivery settings	The Partner Up demonstration program operated at 5 of the 24 local FRCs in the Denver metropolitan area and throughout the state. Partner Up services were delivered at one site in urban Denver (Focus Points FRC), one in suburban Denver (Lowry FRC), two in southwest Colorado (La Plata and Pinon FRCs), and one in the rural mountainous region (Mountain Resource Center).
Required facilities	Not reported
Community settings	Urban, suburban, and rural
Organizational partnerships	The Colorado Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative was a first-time partnership between the Child Support Enforcement (CSE) Program, which is administered by the Office of Self Sufficiency in the Colorado Department of Human Services (CDHS), and the Family Resource Center Association (FRCA). The Section 1115 demonstration waiver was awarded to the CDHS/CSE program, which subcontracted services to FRCA, a statewide network of 24 FRCs. The FRCs all provided early childhood education programs, youth development programs, parenting classes, and case management. FRCA established contracts with five FRCs for Partner Up service delivery.
Funding agency	The Administration for Children and Families' Office of Child Support Enforcement, U.S. Department of Health and Human Services, awarded Section 1115 demonstration waivers to state child support enforcement agencies that authorized federal funding as a match for non-federal funds. The waiver also required a match paid for by the FRCs.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.

Staffing and Operations	
Staff characteristics	Staffing for Partner Up was similar across FRC sites. The executive director at each FRC oversaw Partner Up operations and community outreach efforts. The Partner Up coordinators conducted intake and needs assessments with participants and served as facilitators for at least one healthy marriage and relationship curriculum. Most Partner Up coordinators were women. The authors noted that most FRCs dedicated a limited number of staff to Partner Up.
Staff training	Because of high staff turnover, not all facilitators were trained in the curricula. In addition, some of the training was conducted by staff who had been trained to teach the curricula but not to train other facilitators. Although the training difficulties were not fully addressed, the authors stated that some sites cross-trained other FRC staff, such as parenting class facilitators, in the healthy marriage and relationship curricula, and some also received a Responsible Fatherhood federal grant to train additional facilitators.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Partner Up used a domestic violence protocol that included assessments for domestic violence during intake and procedures for making referrals, as needed.
System for tracking program performance	CDHS used the web-based Colorado Knowledge-Based Information Technology (CO KIT) system, for collecting participation information. An advantage of the system was that it was used by other social service agencies in the state and could link data across agencies.

Recruitment	
Recruitment and referral sources	Each FRC recruited participants from existing in-house family support programs, such as classes on parenting and fatherhood classes, English as a Second Language (ESL), family nutrition, and health and wellness. Three FRCs also recruited parents in child visitation programs or parent mediation. On a more limited basis, FRCs conducted recruitment among faith-based and community-based organizations that provided referrals to their services. Additionally, the authors noted that two sites recruited participants using local media sources.
Recruitment method	To recruit for services, Partner Up coordinators made announcements and handed out flyers in existing FRC education classes and conducted outreach with other program case managers. Coordinators then contacted potential participants to describe the program and gauge their interest. Following initial contact, a coordinator would meet with a potential participant to complete an enrollment form and conduct a needs assessment.
Recruitment incentives	Not reported
Participants targeted	The program aimed to serve 300–400 individuals.
Participants recruited	The Partner Up program served a total of 581 participants between October 2006 and December 2008.
Recruitment timeframe	Recruiting efforts for the healthy marriage and relationship classes started in October 2006 and continued for two years until the waiver funding ended in December 2008.
Recruitment challenges and solutions	Initially, recruitment was focused on couples, but staff members were unclear about some families' eligibility, such as single parents, gay and lesbian couples, or couples in common-law marriages, and had difficulty meeting recruitment targets. To reach their goals, the program increased the target population from couples to include single parents interested in the healthy marriage and relationship classes.
Participation	
Participation incentives	As an incentive for this programming, all FRCs offered free child care and dinner during the classes.
Initial engagement in services	Not reported
Retention	Each FRC defined individual graduation requirements. Some had no formal requirements; others allowed participants to miss one or two classes; and still others required completion of all classes. Participation, however, was not systematically tracked.

Participation challenges and solutions	Not reported

COUPLES EMPLOYMENT

Study Information

Program overview

The Couples Employment project was a voluntary program for couples to address employment and relationship issues together. The target population was married or unmarried couples, employed or unemployed, who shared child-rearing responsibilities. The program model aimed to enhance couples' economic success and family stability through participation in group workshops, development of family-focused employment plans, and receipt of case management. Couples could participate in group workshops for three months after program enrollment and receive case management for up to six months.

Study overview

The authors conducted an implementation study of a couples-focused approach to employment services. They conducted interviews with program staff and focus groups with participants and analyzed enrollment and participation data provided by the implementing agency. Enrollment and participation data included information on 41 couples and 13 individuals who enrolled in 2008. Focus groups included 12 couples (24 individuals), representing 29 percent of couples enrolled in 2008.

The authors described several challenges encountered and modifications made during initial program operations. First, the program initially offered relationship support and employment services sequentially, but subsequently developed a curriculum for use in workshops and case management that integrated the focal areas. Second, the initial manager of the program lacked vision for the program, which stymied development. Third, the staff needed the capacity to address both employment and relationship topics, which required a broad skills set. To address this, staff met in teams and divvied up responsibilities. Fourth, the original eligibility criteria focused on relationship and child-rearing status, but Couples Employment learned that additional criteria were needed to identify couples who were ready to plan jointly for economic self-sufficiency. The most likely couples were in stable and committed relationships with at least one employed partner. Fifth, case management sessions were attended by couples, but often case management staff addressed partners' needs separately. Finally, in the first year of operation, 13 individuals enrolled, but their partners never joined. To prevent this from recurring, Couples Employment refined recruitment to enroll both partners simultaneously.

This study is UNRATED because it did not examine any participant outcomes.

Citation

Zaveri, H., and A. Hershey. "The Building Strong Families Project: Initial Implementation of a Couples-Focused Employment Program." Princeton, NJ: Mathematica Policy Research, 2010.

Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program design and initial operations.
Comparison condition	This study did not include a comparison group.
Conflicts of interest	The first author provided technical assistance to the program.
Sample size	Focus groups included 12 couples (24 individuals), representing 29 percent of couples enrolled in 2008. Enrollment and participation data included information on 41 couples and 13 individuals enrolled in 2008.
Race and ethnicity	White: 1 percent African American: 98 percent Hispanic/Latino: 1 percent American Indian: 0 percent Other: 0 percent
Gender	Male: 48 percent Female: 52 percent
Age	Mean: 28.9 years (27.3 years for females and 30.4 years for males)
Relationship status	Married: 22 percent Engaged: 14 percent Committed relationship: 50 percent Uncommitted or unsure: 14 percent
Educational attainment	Less than high school: 41 percent High school diploma or general equivalency diploma (GED): 45 percent Technical school certificate: 5 percent Associate's degree: 2 percent Bachelor's degree or higher: 6 percent
Employment, income, or earnings	Currently employed: 41 percent Ever employed: 96 percent Ever employed full time: 88 percent
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported

Reported Outcomes	
Timing	Not reported
Description of measures	Not reported
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	Not reported
Participant eligibility	Couples were eligible for Couples Employment, regardless of marital status, if they shared responsibility for raising a child.
Participant needs assessment	Staff worked with couples to identify short- and long-term goals related to career advancement, finances, and family and define the needs and steps involved in moving them toward these goals. Such steps might include, for example, providing referrals to available programs at the host organization and in the broader community.

Program components	Couples Employment consisted of three core program activities: family-focused employment plans, group-based workshops, and couples case management.
Program content	**Family-focused employment plans.** Couples worked with their assigned workforce development specialist, who also served as case manager, to develop collaboratively a plan that identified short- and long-term goals for each partner in the areas of career, finances, and family. Couples then determined how they would support one another in achieving these goals. **Group-based workshops.** Couples attended a weekly group workshop at the host agency's offices during the first three months of program participation. The first third of each workshop focused on relationship issues and the remainder on an economic self-sufficiency topic. Economic topics included career planning, entrepreneurship, financial literacy, education, and housing. Couples Employment did not use an established curriculum, as none existed that fit the program's needs and focus, although some relationship content came from the Exploring Relationships and Marriage Curriculum. Workshops were "open entry/open exit," such that attendance could start at any point and sessions could be attended in any sequence. Sessions were led by both Couples Employment staff, who facilitated the relationship portion of each session, and contracted facilitators, who led the economic topics to which their content knowledge related. For example, an independent financial planner led the financial literacy sessions. **Couples case management**. Couples Employment assigned a staff member to each couple to address specific circumstances facing the couple, identify needed resources, make referrals to available programs at the host agency and in the community, assist with emergency situations, and work with them to develop the family-focused employment plan. Case management could occur at the family's home, at the program office, or by telephone. Staff were to maintain at least one in-person contact each month and weekly telephone contact.
Program length	Couples were eligible to receive Couples Employment case management services for six months. They were expected to attend the group workshops during the first three months of enrollment.
Targeted outcomes	The long-term goals of Couples Employment were to enhance couples' economic success and family stability by increasing their knowledge of financial literacy, developing economic goals, supporting healthy relationship skills, and strengthening their collaboration through joint employment plans.
Program adaptations and modifications	Not reported
Available languages	Couples Employment was offered only in English.
Fidelity measures	Not reported

Program costs	Not reported
Implementation challenges and solutions	Couples Employment experienced five initial implementation challenges. **Defining an integrated program model.** The host organization sought to build on its experience in offering employment and family services. The plan was to integrate employment services with relationship support to help couples work together on couple-related goals. During initial implementation, Couples Employment presented both types of service in all program components, but did so sequentially. For example, a group workshop would start with relationship content and then switch to an economic topic. Subsequently, Couples Employment developed a curriculum for use in workshops and case management that integrated the focal areas. **Identifying strong management.** Some early challenges arose because the initial manager of Couples Employment lacked the vision and ability to develop and implement a new program. The authors did not provide additional details. A second manager was better equipped to lead the developing program. **Hiring staff with appropriate backgrounds.** Couples Employment needed staff with the capacity to address both employment and relationship topics. However, the needed skill set was broad, including abilities to handle couple dynamics and manage operational demands, and address employment, self-sufficiency, and financial literacy issues. For the group workshops, the program divided responsibilities across staff; the host agency's staff handled the relationship components and contract staff brought specialized content knowledge and group facilitation experience. Recognizing that the required skill set would be hard to find among individual staff members, in the short term the case managers met frequently as a team to share and brainstorm strategies. In the long term, Couples Employment provided training to staff in workforce development and relationship skills to address these gaps. **Defining eligibility.** Eligibility criteria for the program focused on relationship and child-rearing status, but Couples Employment learned that additional criteria were needed to identify couples who were ready to plan jointly for economic self-sufficiency. The most likely couples were in stable and committed relationships and interested in working collaboratively on economic success and sustaining their relationships. Couples Employment also learned that couples with at least one employed partner were positioned to take advantage of information on career advancement and financial literacy and seemed to benefit more from the program than those in which both partners were unemployed.

	Maintaining a focus on serving couples. To engage couples in each service component, Couples Employment case management required flexibility to address both joint and individual needs. Case management sessions were attended by couples, but often case management staff addressed partners' needs separately, with the intention of helping them meet their common needs. Case managers would conduct individual followup, as required, to address these needs.
Program Structure	
Was there a planning or pilot phase?	Yes
Length of planning/pilot	Approximately one year
Timeframe for program operation	Couples Employment operated for four years (2007–2010). The study reviewed here described the pilot (2007) and first year of program operations (2008).
Sites and service-delivery settings	Couples Employment was run by one community-based organization in Baltimore, Maryland, that provided a range of employment, fatherhood, and family services targeted to low-income families.
Required facilities	Not reported
Community settings	Urban
Organizational partnerships	Not reported
Funding agency	Administration for Children and Families, U.S. Department of Health and Human Services
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.

Staffing and Operations	
Staff characteristics	Couples Employment staff included the following personnel: • One full-time program director, with prior experience in managing a relationship and marriage program with low-income individuals • Three full-time employment development specialists (case managers and program recruiters), each with a varied background including, for example, case management advocacy and recruitment and administration • Three contracted, part-time facilitators with specialized knowledge, such as on real estate or financial planning • Contracted, part-time child care workers to support group workshops • One part-time van driver to transport couples to group workshops
Staff training	All employment development specialists received training in domestic violence services, workforce development, and relationship skills. No other information was provided.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Employment development specialists were expected (1) to enroll two couples per month; (2) to meet in person with each assigned couple for case management once per month; and (3) to talk with each couple weekly by phone.
Staff-participants ratio or caseloads	Staff-participant ratios or caseloads were not reported for case management, although the report mentions that each employment development specialist had a low caseload.
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	The host organization developed intake forms with which to gather background information at program enrollment, such as relationship status and employment history. The test completed at enrollment was also completed at program exit to capture changes that occurred during the participation period. The host organization also developed a family-focused employment plan template to guide couples in developing their individual plans.

System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Couples Employment received referrals from other programs offered at the host organization, including a couples-focused program for unmarried couples who were expecting a child or had a child less than three months old (see profile of Building Strong Families for more information) and an employment program. Couples Employment also received referrals from community organizations that had long-standing relationships with the host organization.
Recruitment method	Eligible couples who came to the host organization for any services received information about Couples Employment. Program staff also canvassed streets in the community to identify potentially eligible couples, whom they would approach and ask to complete a recruitment information card to facilitate subsequent contact.
Recruitment incentives	Not reported
Participants targeted	Couples Employment aimed to enroll 135 couples between January 2007 and December 2010: 15 during the pilot year and 40 in each implementation year.
Participants recruited	Between April 2008 and December 2008, the report's focal period for participation data, Couples Employment recruited 41 couples (82 individuals) and 13 individuals without partners.
Recruitment timeframe	Recruitment occurred between 2007 and 2010.
Recruitment challenges and solutions	Couples Employment faced recruitment challenges in identifying productive referral sources and enrolling couples. The program anticipated receiving a large share of its referrals from the relationship program already offered at the host organization. With time, however, it became apparent that not all couples in the other program were appropriate for Couples Employment because they were not ready to jointly plan their financial futures. Therefore, program staff lowered the expected number of referrals from that program and increased efforts to recruit through other sources, such as community outreach. The program staff intended to enroll couples, yet initially had not developed strategies to do so. In the first year of operation, 13 individuals enrolled, but their partners never joined. To prevent this from recurring, Couples Employment refined their recruitment approaches to have both partners move through enrollment simultaneously.

Participation	
Participation incentives	Couples Employment provided incentives to make attendance at group workshops easier. These included transportation to and from sessions and on-site child care by licensed providers during workshops.
Initial engagement in services	Among couples who enrolled in Couples Employment by November 30, 2008, 66 percent attended at least one group workshop as couples. For individuals who enrolled without their partners, 36 percent attended at least one group workshop.
Retention	Among couples who enrolled in Couples Employment by November 30, 2008, the average number of workshops attended by either one or both partners was about five. Among those who attended at least one workshop, either one or both partners attended eight workshops, on average.
Participation challenges and solutions	Couples Employment originally offered workshops on a monthly basis; the program increased the frequency to weekly after realizing that any interest the workshops built in pursuing goals waned if they occurred monthly.

FLOURISHING FAMILIES PROGRAM

Study Information

Program overview

The Flourishing Families Program (FFP) was administered by the Relationship Skills Center (formerly the Healthy Marriage Project) in Sacramento, California, between October 2006 and September 2011. Funded by the Administration for Children and Families, U.S. Department of Health and Human Services, the program aimed to improve marriage attitudes and knowledge, facilitate healthy choices in family formation and partner selection, help parents meet the developmental needs of their babies, and help couples develop financial management skills. FFP offered a 15-hour workshop series using the "Together We Can" curriculum in English and Spanish with unmarried couples who were expecting a child or had a child less than three months old. Workshops included presentations, group discussions, role playing, role modeling, and coaching and were delivered at community-based and faith-based organizations throughout Sacramento.

Study overview

The authors described the program components, recruitment methods, and participation rates of FFP. Recruitment was conducted through referrals from organizational partners and direct outreach. In the 2009–2010 fiscal year, 2,479 individuals were determined eligible for the program. Of those, 1,476 enrolled in the program, and 424 completed it. The majority of participants were Latino or African American and under 25 years of age. To maximize participation, classes were offered in what staff considered convenient locations—for example, close to public transportation and the freeway—and at convenient times, such as weekday evenings or weekend afternoons. In addition, a $100 incentive was provided for those who completed the program. As the authors collected data on participant outcomes at only one point in time, they were not able to measure change over time.

The study has two ratings. The implementation part of the study was UNRATED. For participant outcomes, the lack of a true pre-test and a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. This part of the study has a LOW rating.

Citation

LPC Consulting Associates, Inc. "Year Four Evaluation Report for the Relationship Skills Center: Summary of Process and Outcomes." Sacramento, CA: Relationship Skills Center, 2010.

Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program operations. The authors also included a post-only design for participant outcomes, with a "retrospective pre-test," for which participants were asked to recall their thoughts and behaviors before the program.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Sample characteristics were based on different groups of participants. In fiscal year 2009–2010 (between October 2009 and September 2010), 1,476 participants enrolled (that is, completed registration forms). The sample size was 381 for educational outcomes, 366 for employment outcomes, and 335 for income outcomes.
Race and ethnicity	White: 16 percent (of those who enrolled in 2009–2010) African American: 31 percent (of those who enrolled in 2009–2010) Hispanic/Latino: 35 percent (of those who enrolled in 2009–2010) Asian American: 7 percent (of those who enrolled in 2009–2010) Other: 9 percent (of those who enrolled in 2009–2010)
Gender	Male: not reported Female: not reported
Age	In a sample of 2,440 participants (this sample is larger than the number enrolled in 2009-2010; the authors do not specify who was included), ages were as follows: 18 years or under: 9 percent 19–25 years: 53 percent 26–35 years: 31 percent 36–45 years: 6.2 percent 46 years or over: 0.6 percent
Relationship status	Engaged and dating exclusively: 89 percent Dating non-exclusively: 4 percent Single: 8 percent

Educational attainment	In the sample of 381 participants who reported educational attainment on the exit survey in 2009–2010, educational attainment was as follows: Less than high school: 35 percent High school: 31 percent More than high school: 33 percent
Employment, income, or earnings	In the sample of 366 participants who reported employment on the exit survey in 2009–2010, employment status was as follows: Employed, full or part time: 31 percent Unemployed: 69 percent
Household income	In the sample of 335 participants who reported monthly income on the exit survey in 2009–2010, income was as follows: Less than $1,000 per month: 55 percent $1,000–$1,499 per month: 19 percent $1,500–$1,999 per month: 10 percent $2,000–$2,499 per month: 3 percent $2,500 per month or more: 8 percent
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	An exit survey was administered in the final class session of the program.
Description of measures	The exit survey included a "post-test with retrospective pre-test," with questions on such topics as co-parenting and relationship quality.
Outcomes: Relationship status and quality	The authors did not analyze change over time.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	The authors did not analyze change over time.
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported

Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	Not reported
Participant eligibility	The program targeted low-income, unmarried couples who were expecting a child or had a child less than three months old. Individuals had to meet these requirements at the time of intake but could choose to attend classes at a later date.
Participant needs assessment	Not reported
Program components	The Relationship Skills Center (RSC) provided a workshop series called FFP.
Program content	The FFP workshop series used the Together We Can curriculum, designed for unmarried, co-parenting couples. (At one point in the study, the authors stated that FFP was adapted from the curriculum, but no other information was provided.) Workshops included presentations, group discussions, role playing, role modeling, and coaching. Topics included the following: 1. Getting started overview and goal-setting 2. Who is my family? 3. What is a strong family? 4. An intentional family 5. Parenting together 6. Fathers and mothers 7. Building friendships: positive strokes

	8. Building friendships: avoiding discounting 9. Building friendships: listening skills 10. Listening to face, voice, and body 11. Managing my stress 12. Managing conflict: escalating and de-escalating 13. What a child needs 14. Obtaining child support for your children 15. Overcoming the barriers of paying child support 16. Making the most out of parenting time 17. The way I manage my money 18. Tracking expenses and paying bills 19. A healthy marriage is good for your health. 20. What are the barriers to a healthy marriage? 21. Is marriage in our future? 22. Becoming a step parent and step family 23. Planning the rest of your trip
Program length	FFP was delivered over a period of three to six weeks for a total of 15 hours.
Targeted outcomes	The program aimed to improve attitudes and knowledge about the value of marriage, assist non-married, expectant couples in making healthy decisions about family formation, facilitate healthy choices in partner selection, help parents meet developmental needs of their babies, and help couples develop financial management skills.
Program adaptations and modifications	Not reported
Available languages	Workshops were delivered in English and Spanish.
Fidelity measures	Not reported

Program costs	RSC received a grant of $500,000 per year for five years from the Administration for Children and Families, U.S. Department of Health and Human Services, to deliver the program; no other information on program costs was provided.
Implementation challenges and solutions	Initially, the program had difficulty establishing partnerships with other community agencies or funders. Staff believed other organizations were concerned that the program advocated marriage. To dispel this perception, the organization changed its name to the Relationship Skills Center (RSC) from the Healthy Marriage Project. In addition, the authors reported that once local site staff learned more about the FFP classes, they became more willing to refer clients to participate in the program.
Program Structure	
Was there a planning or pilot phase?	Yes
Length of planning/pilot	FFP planning began in October 2006 and continued through March 2007.
Timeframe for program operation	FFP planning began in October 2006; classes were first offered in April 2007 and were still in operation at the time of the study under review.
Sites and service-delivery settings	Over the first four years of the grant, a total of 120 workshops were delivered at 17 sites, including family resource centers, faith-based organizations, and other community-based organizations. The sites included the following: • New Hope Community Church (30 workshops) • North Sacramento Birth & Beyond Family Resource Center (25 workshops) • Dunlap House Birth & Beyond Family Resource Center (14 workshops) • North Highlands Birth & Beyond Family Resource Center (16 workshops) • Meadowview Birth & Beyond Family Resource Center (10 workshops) • Valley Hi Birth & Beyond Family Resource Center (7 workshops) • El Sendero Centro (3 workshops) • Mutual Assistance Network Family Resource Center (3 workshops) • Christian Worship Center (2 workshops) • Folsom Cordova Birth & Beyond Family Resource Center (2 workshops)

	• Sacramento Employment and Training Agency (SETA) Head Start (2 workshops) • California State University, Sacramento (CSUS)—Associated Students' Children's Center (1 workshop) • Kaiser Permanente, North Valley (1 workshop) • Sacramento Food Bank Services (1 workshop) • Sierra Nueva High School (for pregnant teens) (1 workshop) • The Effort, North Highlands (1 workshop) • The Sanctuary (1 workshop)
Required facilities	Not reported
Community settings	Urban
Organizational partnerships	The program was administered by the Healthy Marriage Project in Sacramento, renamed the Relationship Skills Center (RSC) in November 2010. RSC partnered with 17 local organizations to deliver services. Nearly two-thirds of workshops were delivered in Birth & Beyond Family Resource Centers, which targeted services—such as home visiting—to pregnant women and parents of infants. For recruitment efforts, the program also partnered with community-based organizations, churches, hospitals and clinics, Women, Infants, and Children (WIC) offices, and local welfare offices. Partnerships were established with local restaurants that offered in-kind donations of meals for participants.
Funding agency	The Administration for Children and Families, U.S. Department of Health and Human Services, provided funding for the program to operate for five years.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.

Staffing and Operations	
Staff characteristics	Program staff included (1) an executive director, who oversaw the organization; (2) a program manager, who coordinated classes; (3) a program analyst, who oversaw data collection; (4) a resource development specialist, who pursued funding opportunities; and (5) program specialists, who were responsible for recruitment, arranging meals for classes, supervising child care workers, and following up with participants who missed class. For the program specialist positions, the program hired staff with similar characteristics to the target population, such as WIC recipients, single parents, African Americans, and Spanish speakers. In 2009–2010, all program specialists were clients of California Work Opportunities and Responsibility to Kids (CalWORKS), receiving temporary financial assistance and employment. In 2010–2011, four out of five program specialists were CalWORKS clients. Classes were led by male-female teams, some of whom were married couples. There were no educational requirements for instructors, who received a stipend for delivering classes. The authors noted that there was no difficulty in recruiting for instructor openings, and the program had opened up trainings to community members to extend its reach.
Staff training	Instructors were trained in the FFP/Together We Can curriculum, adult education techniques, a protocol for domestic violence intervention, and identification of child abuse. They received eight hours of training, plus a chance to observe an FFP class.
Training materials	Training materials included information on marriage and family, teaching techniques and strategies, learning styles, classroom logistics, and detailed teaching modules for each lesson.
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	See staff characteristics
Staff supervision frequency	Not reported
Technical assistance	LPC Consulting Associates provided technical support to help program staff use data for decision making.
Operations manual, forms, or protocols	Not reported

System for tracking program performance	LPC Consulting Associates developed data collection forms, protocols, and a database for tracking program performance.
Recruitment	
Recruitment and referral sources	RSC received the majority of referrals from local WIC offices. Referrals also came from numerous organizations, including the University of California Davis Medical Center Baby Steps, Birth & Beyond Family Resource Centers, churches, and the California Department of Human Assistance welfare offices. RSC staff recruited additional participants at community events, such as Black Marriage Day and Hispanic Marriage Day, and conducted community awareness outreach through radio spots. RSC recruited participants through both partner organizations and direct outreach. Program specialists developed partnerships with local public agencies and community-based organizations that served low-income, unmarried, expectant, and new parents. They visited job clubs, community resource fairs, ethnic events, and neighborhood health fairs to meet representatives of such organizations, deliver presentations, and distribute flyers and enrollment materials to those interested in forming partnerships.
Recruitment method	Organizations that agreed to partner with RSC distributed informational brochures about FFP workshops to their own clients during regularly scheduled meetings. If a client were interested in participating, the partner organization completed an enrollment form and faxed it to RSC. Staff at RSC followed up with individuals for whom they received enrollment forms. Program specialists also recruited participants directly at community classes, such as WIC classes, or in one-on-one interactions. During community classes, program specialists began by asking potential participants if they met the program's eligibility requirements and informed them of the $100 incentive for completing the program. They also described the program and told the potential participants that they could enroll now while they were eligible and attend classes at a later date. Program specialists made follow-up phone calls three to five days after an FFP presentation to those individuals who had not yet enrolled. If the potential participant showed interest during the phone call, the program specialist attempted to identify a time and location for the person to begin workshops and discussed transportation options.
Recruitment incentives	The program did not offer recruitment incentives.
Participants targeted	The federal contract stipulated that 100 couples should be served per year, but there were no specific recruitment targets. During the first four years, the program received 4,530 referrals. Between October 2009 and September 2010, 2,479 individuals were determined eligible.

Participants recruited	Of the 2,479 determined eligible, 1,476 enrolled.
Recruitment timeframe	Not reported
Recruitment challenges and solutions	The authors identified two recruitment challenges. First, they reported that staff from partner organizations were not as effective at recruitment as RSC program specialists. Staff from the partner organizations had other services to offer and thus may have felt RSC's need for recruitment to be in competition with their own. Second, in some cases, one individual in a couple was interested in participating, but the other—typically the male—was not. Program specialists addressed this challenge by speaking to the male partners one-on-one. They tried to be friendly and familiar in this interaction, calling the individuals by name. They emphasized the $100 incentive, and they informed the male partners that one of the instructors would be male to make them feel more comfortable.
Participation	
Participation incentives	The program offered a $10 per class transportation stipend, child care, and a family-style meal from a local restaurant to all participants. Starting in mid-2008, an additional incentive of a $100 gift card was offered to couples who completed the program.
Initial engagement in services	The authors reported that most of the attrition occurred between enrollment and attending the first class.
Retention	In the third year of the program's operation, 424 out of 1,476 recruited individuals (29 percent) completed the program. In the fourth year, 218 out of 1,275 recruited couples (17 percent) completed it. Overall, 72 percent of participants who attended the first class completed the program. The authors reported that African American and Latino participants were more likely to do so than couples from other ethnic populations.
Participation challenges and solutions	The authors identified three participation challenges and solutions. First, program staff reported that some program locations were in less convenient locations than others and, as a result, had lower attendance. For example, workshops held in apartment complexes were difficult for non-residents to find and were not on public transportation routes. To make workshops convenient and easy to attend, staff stopped holding them in apartment complexes. They also tried to hold them in neighborhoods with high concentrations of targeted families. The site with the best attendance in South Sacramento was the one most easily accessible by public transportation. By the conclusion of the fourth year, workshops no longer experienced attendance problems.

Second, the program initially offered multiple two-hour weeknight sessions. To induce more participants to enroll and complete the program, the management shifted the schedule to offer three five-hour Saturday sessions or five three-hour weeknight sessions. Staff reported that English-language classes were better attended when they were held on Saturdays; Spanish-language classes were better attended on weeknights during summer months and Saturdays during winter months. Weeknight classes were better for both English- and Spanish-speaking working couples.

Third, to encourage participation, program specialists maintained contact with participants between workshop sessions through phone calls, and, as noted above, the program also began offering an incentive of a $100 gift card to couples who completed the program.

GEORGIA HEALTHY MARRIAGE INITIATIVE

Study Information

Program overview

The Georgia Healthy Marriage Initiative (GAHMI) was a partnership between the Division of Child Support Services (DCSS), within the Georgia Department of Human Services (DHS), and the Georgia Family Council (GFC), a nonprofit organization focused on family-related policy and advocacy. Based upon the theory that local community organizations best understand the specific needs of their communities, the goals of GAHMI were to build community coalitions and develop their capacity to provide a marriage and relationship educational program, My Thriving Family. GFC provided training on 14 different curricula, such as African-American Marriage Enrichment, Smart Steps for Adults and Children in Stepfamilies, and How to Avoid Marrying a Jerk(ette). Those who participated in trainings were expected to offer classes in their communities. GFC worked with 6 sites in Georgia, 3 of which were in the Atlanta metropolitan area. Georgia was one of 14 sites nationwide that participated in the Community Healthy Marriage Initiative (CHMI). Sponsored primarily by the U.S. Office of Child Support Enforcement (OCSE), CHMI awarded Section 1115 waivers to state child support enforcement agencies to support demonstrations involving a range of state and local community partner organizations and develop healthy relationship and marriage activities.

Study overview

The report under review focused on the implementation of demonstrations in five sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado. The current review summarizes findings from the program in Georgia.

GAHMI staff initially set a five-year goal of training 1,800 facilitators who would serve 14,000 participants. This was subsequently revised to a target of training 750 facilitators to serve 7,500 participants. By 2009, 658 facilitators were trained, and 2,113 participants had received services. The key challenge for GAHMI was that although facilitators each signed an agreement to deliver services to at least 10 participants, few did so. The initiative lacked incentives for the facilitators; did not provide classroom space or funds for supports, such as child care or transportation; and required participants to pay for their own materials, such as workbooks.

As of fall 2009, GFC had adopted several strategies to address these challenges, including free curriculum for certified trainers and class participants, incentives and additional training for trainers, and development of a website that facilitators were encouraged to use to promote their classes.

This study is UNRATED because it did not examine any participant outcomes.

Citation	Joshi, P., S. Flaherty, E. Corwin, A. Bir, and R. Lerman. "Piloting a Community Approach to Healthy Marriage Initiatives in Five Sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado." Final report. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2010.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program operations.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Baseline demographic characteristics were collected for 1,283 participants in Georgia.
Race and ethnicity	African American: 96 percent Other (included white, Hispanic/Latino, and American Indian): 4 percent
Gender	Male: 38 percent Female: 56 percent Not reported: 6 percent
Age	Under 18 years: 13 percent 19–25 years: 9 percent 26–35 years: 17 percent 36–45 years: 12 percent 46–55 years: 9 percent 56 years and over: 6 percent Not reported: 35 percent
Relationship status	Married: 17 percent
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	54 percent

Reported Outcomes	
Timing	Sites visits were conducted between November 2008 and June 2009.
Description of measures	Data collection centered on qualitative methods including semi-structured, in-person interviews conducted during site visits with program staff; ongoing documentation of implementation based on monthly phone calls with project staff; review of project materials; and focus groups conducted with project participants.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	GAHMI used a decentralized service delivery mode, reflecting the philosophy that "there is no one-size-fits-all approach" to relationship education delivery. The staff of GFC believed that local community organizations could most effectively tailor services to meet the needs of their communities. Therefore, the goals of the initiative were to build community coalitions and, from those coalitions, recruit and certify healthy marriage and relationship education trainers who would then provide educational training to members of their own communities. The sites were intended to become self-sustaining after the federal grants ended.
Participant eligibility	Although the initial GAHMI grant focused on married couples, local leaders broadened participation to include unmarried couples and singles. Stakeholders reported variation in groups served depending on the clients served by individual organizations.
Participant needs assessment	Not reported
Program components	The core activities for GAHMI included healthy marriage and relationship education, information on social service programs, and media campaigns to improve the public perception of marriage and healthy marriage programs and to aid in recruitment

Program content	**Healthy marriage and relationship education**. GAHMI's healthy marriage and relationship educational program, called "My Thriving Family," was intended to be flexible to meet the communities' needs. GAHMI began by helping each local site select appropriate curricula from among 14 choices: (1) Couple Communication; (2) Active Relationship Mastery Series, which included Active Communication, Active Money Personalities, Active Romance and Intimacy, and Active Living; (3) Facilitating Open Couple Communication Understanding and Study (FOCCUS) Inventory; (4) African-American Marriage Enrichment; (5) How to Avoid Marrying a Jerk (the authors do not indicate whether this differs from the How to Avoid Marrying a Jerk(ette) curriculum); (6) A Black Marriage Education Curriculum: Basic Training for Couples; (7) the PREPARE/ENRICH Inventory; (8) Practical Application of Intimate Relationship Skills (PAIRS)—Passage to Intimacy; (9) 10 Great Dates to Energize Your Marriage; (10) 8 Habits of a Successful Marriage; (11) Smart Steps for Adults and Children in Stepfamilies; (12) Survival Skills for a Healthy Family; (13) Lasting Intimacy Through Nurturing, Knowledge, and Skills (LINKS); and (14) 10 Rites of Passage. Each site offered at least three curricula to clients. The curricula and length of service delivery format varied in each of the six community sites. Often the classes were delivered in churches as part of couples' groups or at social service organizations as part of existing programs. For example, in one site, the No Jerks curriculum was offered through the Boys and Girls Clubs and a charter school, and to mothers who lived in public housing. A pastor in Thomasville also offered the Active Money Personalities curriculum to couples in a two-day weekend format. In one site, the No Jerks curriculum was delivered to teenagers during a summer camp session and through General Educational Development (GED) classes. **Information on social service programs**. GAHMI did not provide formal referrals to other social services. The project distributed a resource list for financial assistance to facilitators as part of their class materials on finance. GAHMI also organized a resource list focused on addictions. **Media campaign**. In 2007, GAHMI created a program brochure describing its services. The initiative also developed a website in August 2008 with resources on healthy relationships and details about upcoming classes. The program designed billboards and poster boards, flyers, bookmarks, and newspaper advertisements to disseminate information on healthy relationships and GAHMI services.
Program length	The length of the classes varied by curricula from a total of 6 to 18 hours, based on recommendations from the curriculum developers. GAHMI did not specify a minimum number of hours for service delivery until 2009, when the program set a requirement stating that at least 6 hours of material should be offered.

Targeted outcomes	The program aimed to achieve a 10 percent increase in reported healthy marriages between couples, a 10 percent decrease in the number of divorces (excluding domestic violence cases), and a 10 percent reduction in child support cases. The program also sought to improve compliance with child support obligations and increase paternity establishment and other child support enforcement goals.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	The authors identified a number of implementation difficulties. First, although facilitators agreed to provide classes in their communities in exchange for curriculum training, very few did so in the first two years of GAHMI. Some facilitators were discouraged from attempting to offer classes because of constraints that included lack of space to provide the classes; lack of funds for participation supports, such as child care and transportation; and having to charge participants for materials. Facilitators also were inconsistent in completing information on those participants in GAHMI's management information system (MIS), which limited the ability to track participation. GFC had positions available for staff to monitor sites' progress, but the positions were unpaid and often remained unfilled or inadequately staffed. As of fall 2009, GFC adopted six management strategies to address these challenges: 1. Offered free curriculum for certified trainers and class participants 2. Provided incentives to trainers, including a stipend of $10 for each student who attended at least six hours of classes and was fully documented in the MIS 3. Offered an additional five-hour training session for certified trainers (who had to take this class to receive stipends) 4. Hired a GAHMI systems specialist to oversee the data entry process and service delivery 5. Encouraged trainers' use of the GAHMI website 6. Hired an MIS specialist

Program Structure	
Was there a planning or pilot phase?	No
Length of planning/pilot	Not applicable
Timeframe for program operation	The waiver was approved in early spring 2005. Because of delays in startup, a no-cost extension was approved by the federal funding agency, which extended service delivery until 2011.
Sites and service-delivery settings	There were six GAHMI sites in Georgia, which were defined by distinct geographic areas within the state. They included the following: 1. The Neighborhood Planning Unit 5 Healthy Relationships Network, in Fulton County 2. North Atlanta, in Gwinnett and Fulton counties 3. The Southeast Metro Marriage and Family Network, in DeKalb County 4. The Macon Marriage Network, in Bibb County 5. Thomasville Family and MarriageNet, Inc., in Thomas County 6. The Columbus Marriage and Family Initiative in Muscogee County Service delivery setting varied, depending on the organization providing the training. Classes were often delivered in churches as part of couples' groups, or at social service organizations as part of existing programs.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	The primary partners were the Division of Child Support Services (DCSS) within the Georgia Department of Human Services (DHS) and the Georgia Family Council (GFC), a nonprofit research and advocacy organization. DCSS was the primary federal grantee and held fiscal oversight over the project. Initially, DCSS staff helped to establish agency partnerships for recruitment and to provide appropriate child support materials for the program, but their involvement diminished over time. GFC carried out the management and coordination of service delivery activities at the six sites. The two partners had not worked together previously.

	GFC helped create networks at the six local sites (see sites and service delivery settings). GFC staff recruited volunteers from participating organizations to form teams that were expected to lead the sites—for example, by organizing services and establishing the organizations as nonprofit. As of the time of the report under review here, each of the six sites had a leadership team in place, five had executive directors, and three had boards of directors.
Funding agency	The Administration for Children and Families' Office of Child Support Enforcement, U.S. Department of Health and Human Services, awarded Section 1115 demonstration waivers to state child support enforcement agencies that authorized federal funding as a match for non-federal funds. The program was awarded $960,000 in federal funding, with an additional match-funding requirement, which was donated by GFC.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Two GFC staff members played key roles in the implementation and management of the GAHMI project: the vice president of community strategies and the program coordinator for community strategies. The vice president was responsible for developing large-scale strategies, such as how to manage the initiative and communications. The program coordinator handled day-to-day activities, such as scheduling training and instructing trainers on the management information system (MIS). Both staff members also helped sites determine project goals, select curricula, and plan community events. To improve MIS use by trainers, a third GFC staff member was assigned later in the program to the role of systems specialist for the project. All of the healthy marriage and relationship service delivery components were provided by volunteers. Many GAHMI volunteer trainers were married and highly educated (nearly 80 percent having earned graduate degrees and nearly 41 percent professional degrees). More than 40 percent worked in service occupations, such as pastor or minister (18 percent), social worker (4 percent), counselor (15 percent), and other social services (6 percent).
Staff training	GAHMI offered the leadership teams and volunteers training to become certified in multiple healthy marriage and relationship curricula at reduced cost, as well as access to free curricula to provide to classes (although participants initially had to pay for materials). Volunteers who completed train-the-trainer healthy marriage and relationship curricula sessions were considered certified trainers and were responsible for organizing, recruiting, and facilitating classes.

Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Facilitators were with provided information about domestic violence for their own reference and to distribute to participants, and a list of organizations that addressed domestic violence. There were no screening criteria for domestic violence during intake, but the information and resources were available for those who disclosed violence.
System for tracking program performance	A monitoring system was created by each community site, managed by a member of its leadership team. While GAHMI successfully obtained information on facilitators, such as demographic characteristics and facilitation experience, many facilitators did not use the system to enter information about program participants. In response, GAHMI staff instituted monetary incentives and hired a systems specialist at GFC to increase use of the system.
Recruitment	
Recruitment and referral sources	Certified trainers were responsible for recruiting participants and securing meeting space for classes. Referral sources included word of mouth through the leadership team members and the board of the local organization, community events hosted by the program, newsletters, listservs, and mass emails to church members. The GAHMI website was also cited as a recruitment source. Some certified facilitators who worked in social services or counseling recruited among their own clients.
Recruitment method	Certified trainers did not use formal assessments or have specific screening criteria. During the first class, participants filled out enrollment forms containing basic demographic information and class enrollment dates. No other information was provided.
Recruitment incentives	No incentives were offered.
Participants targeted	GAHMI initially set a target goal to serve 14,000 couples over the five-year period. In 2009, the goal was revised downward to 7,500 couples.

Participants recruited	Of the 7,500 participants proposed to be served through the grant, 2,113 (417 couples and 1,279 individuals) received services, representing about 28 percent of the target goal.
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Facilitators noted the following challenges in the recruitment process: • Some individuals resisted outreach attempts until they had encountered serious problems in their relationships, a point at which relationship education might have been inadequate. • Facilitators had competing demands for their time, such as work and family obligations. • Facilitators had difficulty identifying spaces available free of charge for holding classes.
Participation	
Participation incentives	None were offered.
Initial engagement in services	The authors noted that 2,113 participants received services.
Retention	Not reported
Participation challenges and solutions	A couple interviewed by the evaluation team noted that the length of the weekend classes was "draining," particularly when combined with their work schedules. Facilitators and participants noted that the lack of child care and dinner services also created barriers to participation.

HEALTHY FAMILIES NAMPA DEMONSTRATION

Study Information

Program overview

The Healthy Families Nampa Demonstration was one of 14 sites in the Community Healthy Marriage Initiative (CHMI) Demonstration. Sponsored primarily by the U.S. Office of Child Support Enforcement (OCSE), CHMI awarded Section 1115 waivers to state child support enforcement agencies to support demonstrations involving a range of state and local community partner organizations for the purpose of developing healthy relationship and marriage activities. Healthy Families Nampa was planned, coordinated, and overseen by a coalition of approximately 50 members, including representatives of 20 churches of mixed denomination, city and state government, local community organizations, local media, and domestic violence service providers.

Healthy Families Nampa offered residents of Nampa, Idaho, a combination of services, including relationship education, in-hospital paternity establishment, and prisoner re-entry mentoring. The expectation was not that an individual would participate in all components, but that she or he would connect with appropriate services. First, to support relationship skills, Healthy Families Nampa selected Family Wellness, a curriculum that focused on teaching families healthy functioning, and PREPARE/ENRICH, a relationship assessment tool for premarital and married couples. The Family Wellness curriculum was presented in six two-hour sessions and PREPARE/ENRICH was administered and discussed during one-on-one sessions. Second, in Nampa's only hospital, Healthy Families Nampa developed a paternity acknowledgement program to educate unwed parents about establishing paternity and its benefits for children, and about other Healthy Families Nampa services. The program included having unwed parents view the U.S. Office of Child Support's video, *The Power of Two*, and providing additional paternity information. Third, through collaboration with the Idaho Department of Corrections and faith-based organizations, Healthy Families Nampa developed an offender re-entry and family reunification program. Trained mentors coached offenders, beginning six months prior to release and continuing for six months afterward.

Study overview	The authors focused on the development and implementation of Healthy Families Nampa, using methods, such as interviews of program staff, review of project materials; and focus groups conducted with project participants. Among the program's successes were the building of a large network of partners and providers, the engagement of local print and television media to provide free publicity, and the delivery of service components, such as the relationship classes. Some components, such as the re-entry monitoring, were still under development at the time of the study. The authors also noted several challenges to implementation. As a community initiative focused on training a large number of facilitators in the community to provide services, Healthy Families Nampa had little direct control over service delivery and difficulty monitoring fidelity and quality. Working with partners also introduced complexity to the message disseminated about marriage, relationships, and education. Faith-based organizations, for example, did not appear to have a consistent view of appropriate marriage education and counseling services. The coalition also had difficulty raising the matching funds required by the grant. Although the initiative was able to operate in the short term through partnerships with organizations that provided services free or at reduced costs, the authors noted that this might not have been a viable long-term strategy. ***This study is UNRATED because it did not examine any participant outcomes.***
Citation	Bir, A., N. Pilkauskas, and E. Root. "Piloting a Community Approach to Healthy Marriage Initiatives: Early Implementation of the Healthy Families Nampa Demonstration." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2005.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program design and operations.
Comparison condition	This study did not include a comparison condition.
Conflicts of interest	Not reported
Sample size	The sample included 365 individuals who were referred for services.
Race and ethnicity	White: 94.6 percent African American: 1.4 percent Hispanic/Latino: 23.6 percent (reported as a separate variable from race) American Indian: 2.7 percent Other: 1.4 percent

Gender	Male: 34 percent
	Female: 66 percent
Age	Mean: 31.3 years
	Under 15 years: 2.2 percent
	15–19 years: 5.5 percent
	20–24 years: 19.5 percent
	25–29 years: 20.3 percent
	30–34 years: 18.1 percent
	35–39 years: 14.5 percent
	40–44 years: 9.9 percent
	45 years or over: 10.1 percent
Relationship status	Married: 45.8 percent
	Divorced: 14.1 percent
	Separated: 11.4 percent
	Cohabiting: 13.5 percent
	Single: 15.3 percent
Educational attainment	Junior high school: 19.1 percent
	High school: 55.2 percent
	Vocational school: 9.7 percent
	College: 16.1 percent
Employment, income, or earnings	Employed, full time: 37.1 percent
	Employed, part time: 11.3 percent
	Seasonally employed: 0.6 percent
	Unemployed: 51.0 percent
Household income	Not reported
Receive public assistance	Not reported
In child support system	According to the Healthy Families Nampa data matched to Idaho Department of Health and Welfare Child Support (IVD) agency records, 56 percent of participants had child support records.
Reported Outcomes	
Timing	Not reported

Description of measures	Data collection centered on qualitative methods, including semi-structured, in-person interviews conducted during site visits with program staff; ongoing documentation of implementation based on monthly phone calls with project staff; review of project materials; and focus groups conducted with project participants.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	The overarching CHMI strategy was based on two concepts. The first was that community coalitions can effectively offer healthy marriage and relationship services, such as classes, public events, and media campaigns. Second, communities with widespread support and involvement in these activities may positively affect couples both directly, through the provided services, and indirectly, through interactions with others who have been involved in or influenced by services.
Participant eligibility	Individuals were eligible for classes or counseling offered through Healthy Families Nampa if they (or their partners or family members) were Nampa, Idaho, residents.
Participant needs assessment	Not reported

Program components	As a community healthy marriage initiative, Healthy Families Nampa relied on a coalition to plan, coordinate, and oversee all of its activities. The authors described the coalition as comprising approximately 50 members from a cross-section of the community, including representatives of 20 churches of mixed denomination, city and state government, local community organizations, local media, and domestic violence service providers. Healthy Families Nampa adopted a mixed service approach combining direct marriage, relationship, and parenting services with paternity acknowledgement and prisoner re-entry mentoring. The expectation was not that an individual would participate in all components, but that she or he would connect with appropriate services. The three primary components were the following: • Expanding existing relationship and parenting services • Offering a core relationship skills curriculum and instructor training • Offering fatherhood services, including in-hospital paternity acknowledgement, prisoner re-entry mentoring that complemented other services, a fatherhood initiative, and visitation services
Program content	**Expanding existing services.** The coalition networked with existing faith-based and secular service providers to identify individual and group programs. It also supported some providers in expanding services by suggesting new classes, training staff and volunteers, and developing a referral coordination system to increase participants' access. **Offering a core relationship skills curriculum.** Healthy Families Nampa selected a core curriculum, Family Wellness, and the PREPARE/ENRICH assessment tool. Family Wellness was presented in six two-hour sessions that focused on healthy family functioning. Sessions combined coaching, skill demonstration, and skill practice through role play and activities. Topics included strengthening, supporting, and empowering families; conflict resolution, problem solving, and supporting one another; effective discipline; building on family strengths; alternatives to physical punishment; encouraging self-esteem and confidence in children and parents; and marriage. Healthy Families Nampa provided train-the-trainer sessions to increase the number of trained facilitators. PREPARE/ENRICH was a premarital education and counseling tool focused on relationship issues facing premarital and married couples. A trained counselor, typically conducting one-on-one sessions, first administered a series of inventories and then provided four to six follow-up discussion sessions. The Healthy Families Nampa coalition provided training sessions to clergy, lay ministers, and counselors on the inventories and curricula.

Offering fatherhood services. Fatherhood services offered by Healthy Families Nampa included the following:

In-hospital paternity acknowledgement. In Nampa's only hospital, Healthy Families Nampa developed a paternity acknowledgement program to educate unwed parents about paternity establishment and its benefits for children and to inform them about other Healthy Families Nampa services. The program included having unwed parents view the U.S. Office of Child Support's video, *The Power of Two*, and providing additional paternity information.

Prisoner re-entry mentoring. Through collaboration with the Idaho Department of Corrections and faith-based organizations, Healthy Families Nampa developed an offender re-entry and family reunification program. Although the program was not in operation at the time of the report, the intention was for trained mentors to coach offenders, beginning six months prior to release and continuing for six months afterward. Participants were expected also to take Family Wellness classes and receive employment assistance.

Fatherhood initiative. At the time of the report, Healthy Families Nampa was in the early stages of collaborating with the National Fatherhood Initiative to engage local businesses in becoming more family- and father-friendly. No other information was provided.

Family visitation. Healthy Families Nampa worked with the family courts coordinator in Idaho to provide neutral meeting space for absent parents to visit their children in supervised or semi-supervised exchanges. The program targeted families in the midst of divorce.

Program length

Program length was reported for some program components. The Family Wellness course typically occurred in six sessions. PREPARE/ENRICH involved up to six sessions. Paternity acknowledgement comprised one in-hospital session. The offender re-entry program was planned to last about one year.

Targeted outcomes

Healthy Families Nampa identified marriage and family objectives and child support enforcement goals. Marriage and family objectives included the following:

- Build knowledge and skills for healthy marriages, fatherhood, and parenting
- Create a community coalition focused on healthy marriage
- Establish community norms focused on healthy marriage
- Reduce the number of divorces and out-of-wedlock births
- Provide professional premarital education

	• Develop community policy for clergy to encourage healthy marriage • Promote marriage enrichment and couple mentoring • Increase involvement of faith and secular communities in healthy-marriage promotion activities Child support enforcement goals included the following: • Improve compliance with support obligations for non-custodial parents • Increase paternity establishment for low-income children born to unwed mothers • Collaborate with court agencies to ensure that children for whom child support is requested receive it • Emphasize the importance of financial and emotional support for children
Program adaptations and modifications	Not reported
Available languages	Services were available in English and Spanish.
Fidelity measures	Not reported
Program costs	Healthy Families Nampa's federal grant was $554,000 for five years. For the program to draw funds, the grant required a two-to-one match from state or local governments or private organizations, which increased the total potential funds to about $830,000. The authors estimated, based on Healthy Families Nampa's 2004–2005 annual report, that $106,200 in federal dollars and $159,300 in federal and matching dollars were spent on classes, counseling, and related services between January 2004 and July 2005.
.	For this period, costs per participant depended on the total number of participants, which the authors described as difficult to determine due to incomplete use of the initiative's management information system (MIS) by participating organizations. The authors reported two cost estimates: • A low estimate relying on MIS data indicated that 117 individuals participated in at least one service. Based on low enrollment numbers, the cost per individual was about $900 in federal outlays and $1,362 in total outlays. • A high estimate combining MIS data and partner reporting suggested that 1,212 individuals participated in at least one service. Based on high enrollment numbers, the cost per individual was about $88 in federal outlays and $131 in total outlays.

Implementation challenges and solutions	Healthy Families Nampa faced implementation challenges associated with diffusing a community initiative, defining the core program components, and instilling a consistent message about marriage, relationships, and education. As a community initiative focused on training a large number of facilitators in the community to provide services, Healthy Families Nampa had little direct control over service delivery. The decentralized structure complicated the initiative's ability to monitor services, assure fidelity to services, and assess quality of service delivery. Defining the core program components presented challenges as Healthy Families Nampa added services and activities in a piecemeal manner, according to the authors. Some coalition members described a need to stop adding components and ensure existing components operated smoothly. Working with multiple faith partners of various denominations introduced complexity related to the message disseminated about marriage, relationships, and education. Denominations did not appear to have a consistent view of marriage education and counseling services. The coalition also had difficulty raising the matching funds required by the grant. Fundraising did not generate the needed revenue, and at the time of the report, the coalition was adding funding efforts, such as holding yard sales, soliciting donations, and running raffles. The initiative also moved toward lower-cost services, such as group classes rather than one-on-one counseling. Although it was able to operate without sufficient matching funds in the short term through partnerships with organizations that provided services free or at reduced costs, the authors noted that this might not have been a viable long-term strategy.
Program Structure	
Was there a planning or pilot phase?	Yes
Length of planning/pilot	The planning period was approximately nine months from May 2003, when Nampa received its waiver award, until January 2004, when the first referrals were received.
Timeframe for program operation	Program operations were rolled out between January 2004 and September 2005.
Sites and service-delivery settings	As of summer 2005, services were provided by approximately 15 faith-based and 3 secular providers.
Required facilities	Not reported
Community settings	Urban

Organizational partnerships	The Healthy Families Nampa coalition oversaw all initiative activities, including planning, coordination, and operations. This coalition included approximately 50 active members with representatives from the faith, civic, business, media, and social service communities. The Idaho Department of Health and Welfare was the lead administrative agency. An executive committee consisting of the initiative's executive director, program manager, and other coalition members governed the coalition. Two types of coalition members existed: (1) core coalition members, who provided services, attended trainings, and volunteered at events; and (2) broad coalition members, who attended monthly meetings and supported the initiative's activities but were not actively involved in ongoing activities.
Funding agency	The U.S. Office of Child Support Enforcement funded the Section 1115 waiver. The grant required a local match of $1 for every $2 of federal funds. Nampa's matching funding came from donations from churches, community organizations, businesses, and foundations, as well as other private sources.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	The initiative funded an executive director, a city government employee who managed daily operations. An employee of the Idaho Department of Health and Welfare served as program manager and provided guidance on all aspects of the initiative, including achieving the child support objectives. Another staff person from the Idaho Department of Health and Welfare served as a referral liaison. Services were provided by faith-based and secular partners. From faith communities, service providers included members of the clergy, trained counselors, and lay ministers. At one secular organization, providers were graduate-student interns enrolled at a local university's masters-level counseling program; at another secular organization, the provider was a licensed social worker. No other information was provided.
Staff training	The initiative aimed to extend the delivery of Family Wellness in the community by training instructors from coalition-member organizations. The content and duration of training sessions were not reported.
Training materials	Not reported
Trainer qualifications	The developer of Family Wellness provided at least one training session. The authors did not describe who conducted subsequent Family Wellness trainings.

Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	The Idaho Department of Health and Welfare provided technical assistance during the design and implementation phases; no other information was provided.
Operations manual, forms, or protocols	Healthy Families Nampa developed a protocol to address domestic violence. Three domestic violence service providers helped develop and review the plan. At the point of referral, applicants were screened for domestic violence and referred to one of the local providers, as needed. Applicants who reported domestic violence were not eligible for Healthy Families Nampa services. Participants who revealed domestic violence after intake were referred to the local providers.
System for tracking program performance	The initiative developed a tracking system for reporting the number and characteristics of participants and the extent of their participation. The authors reported inconsistent use of the system, however, as it was difficult to require facilitators in the community to provide the requested individual-level information.
Recruitment	
Recruitment and referral sources	Child support and Temporary Assistance for Needy Families (TANF) programs administered by the Idaho Department of Health and Welfare served as the primary referral sources. Private organizations, such as churches, and the child welfare program also provided referrals. Finally, participants could refer themselves after learning of the program from friends or the media. The local media also provided free publicity for Healthy Families Nampa.
Recruitment method	Case managers with the child support and TANF programs were trained to describe the initiative to all potential participants. The Healthy Families Nampa referral liaison and other case managers received the names of interested individuals and completed screening for domestic violence and substance abuse, assessed the type of service requested, and assigned individuals to faith-based or secular services, depending on preference.
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	According to MIS reporting, 365 individuals were referred for services.

Recruitment timeframe	Healthy Families Nampa received its first referrals from the child support program in January 2004. TANF began referring individuals in April 2004. Referrals continued to be received through June 2005, the end point of reporting for the report.
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	According to reported MIS data, Healthy Families Nampa received 365 referrals. Of the referred individuals, 117 (32 percent) participated in at least one Healthy Families Nampa service. The authors noted, however, that MIS data likely under-represented participation. Separate participation estimates provided by coalition members suggested that more than 1,000 individuals received at least one service through the initiative.
Retention	Not reported
Participation challenges and solutions	A low percentage of referred individuals participated in services. Based on available data, study authors identified different patterns in participation depending on the referral source. The lowest levels of engagement in services were for individuals referred from the child support agency or TANF office; staff may not have determined individuals' interest in the program before providing referrals. Another possibility is that, although these individuals were referred by governmental agencies, they received services from faith-based organizations, which did not report detailed participation information to Healthy Families Nampa. Initial participation by those referred by non-governmental agencies or those who were self-referred was higher.

HEALTHY MARRIAGES HEALTHY RELATIONSHIPS

Study Information	
Program overview	The Healthy Marriages Healthy Relationships (HMHR) project of Grand Rapids, Michigan was a community-based initiative designed to support parents' healthy relationships with each other and their children, and increase the financial well-being of children through the payment of child support. HMHR partnered with 10 faith-based community organizations in Grand Rapids to provide class sessions using the Family Wellness curriculum, a six-week relationship skills program for both parents and children. HMHR also offered coaching sessions following the program; an optional course, How to Avoid Marrying a Jerk(ette), on finding caring partners; referrals for child support and other services; and a CD-ROM module for individuals who were unable to attend the class. Grand Rapids was one of 14 sites nationwide in the Community Healthy Marriage Initiative (CHMI) Demonstration. Sponsored primarily by the U.S. Office of Child Support Enforcement (OCSE), CHMI awarded Section 1115 waivers to state child support enforcement agencies to support demonstrations involving a range of state and local community partner organizations for the purpose of developing healthy relationship and marriage activities.

Study overview	This implementation study involved documentation and analysis of program operations. Data collection included interviews conducted during site visits with HMHR staff; ongoing documentation of implementation based on monthly phone calls with project and HMHR staff; review of project materials; and focus groups with project participants. No data were collected on participant outcomes. The authors reported that HMHR recruited 687 participants from June 2004, when the first classes were conducted, through September 2005, with a long-term goal of recruiting 2,500 over five years. Recruitment relied upon referrals, primarily from the 10 partner organizations that served as sites for class sessions. Although it was successful, some service delivery locations reported a few challenges, including difficulty in recruiting male participants; the authors noted that 78 percent of participants were female. Sites used various strategies to keep participants engaged, such as offering transportation assistance and child care programs, providing food at meetings, and giving gifts to those who completed the program. Among other challenges to the program was staff and community resistance to child support material included in the curriculum. For example, staff were concerned that participants would think that the initiative was an extension of the child support enforcement system. To increase buy-in, HMHR worked to engage partner organizations in the development of the program to ensure they were aware of the various services available and understood how the services addressed needs within their constituencies. ***This study is UNRATED because it did not examine any participant outcomes.***
Citation	Bir, A., J. Greene, N. Pilkauskas, and E. Root. "Piloting a Community Approach to Healthy Marriage Initiatives: Early Implementation of the Healthy Marriages Healthy Relationships Demonstration—Grand Rapids, Michigan." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2005.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program operations.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Sample characteristics were based on samples of 608 to 1,293, depending on the particular characteristic.

Race and ethnicity	White: 25.5 percent
	African American: 63.9 percent
	American Indian: 2.7 percent
	Asian American: 1.8 percent
	Other: 6.2 percent
Gender	Male: 21.6 percent
	Female: 77.8 percent
	Not reported: 0.6 percent
Age	Under 20 years: 13.2 percent
	20–24 years: 9 percent
	25–34 years: 32.9 percent
	35–44 years: 26.5 percent
	45 years or over: 18.5 percent
Relationship status	Married: 75 percent
Educational attainment	Less than high school: 8.3 percent
	Some high school: 24.3 percent
	High school graduate: 30.5 percent
	Some college or trade school: 17.6 percent
	College graduate: 9.6 percent
	Post college: 1.9 percent
	Not reported: 7.7 percent
Employment, income, or earnings	Employed, full time: 22.7 percent (women), 31.8 percent (men)
	Employed, part time: 18.4 percent (women), 21.6 percent (men)
	Unemployed: 52.6 percent (women), 39.9 percent (men)
	Not reported: 6.3 percent (women), 6.8 percent (men)

Household income	$0: 5.0 percent $1–$5,000: 27.6 percent $5,001–$10,000: 14.9 percent $10,001–$15,000: 12.5 percent $15,001–$20,000: 12.1 percent $20,001–$30,000: 9.0 percent $30,001–$40,000: 3.1 percent Over $40,000: 6.0 percent Not reported: 9.5 percent
Receive public assistance	Temporary Assistance for Needy Families (TANF): 9.8 percent Cash assistance: 8.0 percent Food stamps: 23.1 percent Women, Infants, and Children (WIC): 12.8 percent Medicaid: 27.8 percent Earned Income Tax Credit: 0.5 percent Supplementary Security Income (SSI): 9.1 percent Unemployment insurance: 0.8 percent Worker's compensation: 0.4 percent Subsidized housing or housing voucher: 5.7 percent Subsidized child care: 1.9 percent
In child support system	Established paternity (self-report): 75 percent (yes), 25 percent (no) Support order for child (self-report): 68 percent (yes), 32 percent (no) Located in child support system: 44 percent (yes), 56 percent (no)
Reported Outcomes	
Timing	The main site visit was conducted in late 2004.
Description of measures	Data collection centered on qualitative methods, including semi-structured, in-person interviews conducted during site visits with HMHR staff; ongoing documentation of implementation based on monthly phone calls with project and HMHR staff; review of project materials; and focus groups conducted with project participants. The authors also collected data on demographic characteristics of participants from HMHR's management information system (MIS). No data were collected on participant outcomes.
Outcomes: Relationship status and quality	Not reported

Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	The U.S. Department of Health and Human Services initiated the Community Healthy Marriage Initiative (CHMI) pilot projects, which included HMHR, to teach couples the skills for healthy relationships based upon two key concepts. One was that coalitions can be effective in providing a range of services to strengthen marriages and families. The second was that such activities can have both a direct impact on participants and spillover effects on the non-participants who are influenced by them. CHMI emphasized the importance of the community role since the local context could affect the program's effectiveness.
Participant eligibility	Participant eligibility was not reported. However, the authors noted that the program targeted low-income couples and families in Kent County, which included the city of Grand Rapids.
Participant needs assessment	Not reported

Program components	HMHR of Grand Rapids provided six types of services: 1. A six-week class to build relationship skills entitled "Family Wellness: Survival Skills for Families," offered through 10 partner institutions 2. An optional series of four one-hour classes following the conclusion of Family Wellness sessions 3. An adapted version of How to Avoid Marrying a Jerk(ette), piloted in May 2005 4. A curriculum on CD-ROM, Parenting Wisely, provided to individuals unable to attend the Family Wellness class 5. Referrals to other community services, including child support services, through the Office of Child Support Friend of the Court (FOC) program and employment assistance 6. Referrals for domestic violence services, if needed
Program content	1. **The Family Wellness: Survival Skills for Families curriculum**, created by George Doub, consisted of a six weekly two-hour sessions. The program invited all members of the family, including both parents and children above the age of eight, to participate in class sessions focusing on such basic relationship skills as communication, negotiation, and conflict resolution. The modules covered the following topics: parents in healthy relationships, children in healthy families, adult relationships, changes in healthy families, solving family problems, and passing on values to children. The program was modified to increase the focus on marriage by adding a module called "The Strongest Link: The Couple." Only the last sessions focused on the couple, a "back-door" approach that the program staff deemed crucial for successfully recruiting and engaging families. 2. **Family Wellness follow-up classes** were designed as an extension of Family Wellness, comprising four one-hour informal group sessions added in fall 2004. Both couples and individuals could attend these classes. Prior to implementation, the follow-up classes was piloted and refined.

	3. **The How to Avoid Marrying a Jerk(ette) program**, created by John Van Epp, was a healthy relationships program focused on how to start a healthy relationship and choose a partner. The program emphasized a process of self-evaluation in considering past patterns of relationships and thinking about what characteristics participants would like in future partners. Classes were taught through role play, group exercises, and discussions and lasted 60 to 90 minutes. 4. **The Parenting Wisely** curriculum featured a self-administered CD-ROM for parents with children in early elementary through high school. Parents would view a scene of family problems, choose a solution, and listen to a critique. The curriculum focused on parenting skills such as effective communication, problem-solving, speaking respectfully, exercising discipline, ensuring chore compliance, dealing with single-parent issues, and preventing and responding to violence. The program required three to six hours to complete. 5. Additional services were provided by partner organizations or through **referrals to outside organizations**. Program staff, for example, established relationships with an in-hospital paternity program and with the local FOC to improve communication between HMHR participants and the child support agencies. 6. Developed as a guide for HMHR staff on how to respond to cases of domestic violence, the **Protocol for Domestic Violence** instructed those who suspected abuse to ask participants if they felt safe at home and, if they did not, to prompt them to seek help by providing referrals for services. It also encouraged staff to use a private office or room without the suspected abuser present to ask the participant if he or she felt safe in the relationship, and to take other measures to protect confidentiality and safety.
Program length	Family Wellness was a six-week program. Partner organizations also offered a series of four follow-up classes. Parenting Wisely was a three- to six-hour CD-ROM.
Targeted outcomes	HMHR delivered relationship support services to encourage healthy relationships between partners, decrease the divorce rate among married couples, increase the participation of non-custodial fathers in the lives of their children, improve relationships between parents and their children, improve child support payments among non-custodial parents, and increase paternity establishment for low-income children born to unmarried parents.
Program adaptations and modifications	HMHR maintained the key components of the How to Avoid Marrying a Jerk(ette) program—building a healthy relationship and choosing a potential mate—but modified the curriculum to target low-income, mixed-race and mixed-ethnicity participants living in an urban setting.
Available languages	The Family Wellness sessions were also available in Spanish.
Fidelity measures	Not reported

Program costs	The HMHR program received $990,000 in federal funds, as well as a required non-federal match of $510,000 from the Grand Rapids Community Foundation. The authors estimated that the cost of the program to the federal government was approximately $300 per participant, not including the matching funds.
Implementation challenges and solutions	According to the authors, the funding agency's focus on marriage and child support was not immediately compatible with views expressed within partnering community organizations. HMHR reported that many community members held negative perceptions of the child support system, which might have reduced program participation and compromised program goals. As a result, HMHR incorporated differing perspectives into the class sessions by having partner organizations help develop the material. Designers also determined that a voluntary referral pilot program with FOC would allow interested participants to address child support issues, as well as potentially change attitudes about the local child support system. HMHR also focused on collaboration between City Vision, an organization with experience in helping middle-class families improve their relationship skills, and 10 community organizations that worked with low-income constituents. The collaborative model was based on the theory that the best way to support change among low-income urban populations was by engaging local community organizations that understand what messages will resonate with their communities and what services were most needed. Applying this model was challenging in that it required organizations with little or no experience in marriage education and relationship skills training to deliver such community services, and it depended on establishing open communication and trust among organizations with little history of collaboration. The program also made the organizational partners responsible for recruitment and operational capabilities. To meet these challenges, City Vision worked in an intermediary capacity with organizations to foster collaborative relationships and provided technical assistance regarding ongoing program activities.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	According to the study authors, HMHR in Grand Rapids became operational in 2003 and was to receive federal funding for five years. The program continued to be in operation as of the writing of the report under review here in October 2005.

Sites and service-delivery settings	Class sessions for the HMHR pilot study were provided at 10 faith-based organizations in Grand Rapids. They were Brown-Hutcherson Ministries, Inc., Clancy Street Ministries, Colt Community CRC (acronym not explained), Jubilee Jobs, The Other Way Ministries, Grand Rapids (Reach Everyone Administer Care and Help (R.E.A.C.H.), Restorers, Steepletown, South End Community Outreach Ministries (SECOM), and United Methodist Community House (as of June 2005). HMHR also established a partnership with the Community Revitalization and Economic Development Center (CREDC), but replaced it with the United Methodist Community House because of CREDC's insecure funding and under-developed infrastructure.
Required facilities	The Family Wellness class sessions required facilities suitable for parents and children.
Community settings	Urban
Organizational partnerships	Prior to the implementation of HMHR, a similar marriage initiative, Healthy Marriage Grand Rapids (HMGR), had been implemented in Grand Rapids. HMGR, led by the executive director of the Family Institute of Pine Rest Christian Mental Health Services, was established in 1997 to raise awareness among civic organizations of the importance of marriage. Members of HMGR played a key role in the formation of the HMHR pilot. The core leadership team, which led the planning of HMHR, included the director of Pine Crest Mental Health Services (who was also the executive director of HMGR); the project director of HMHR; and City Vision, an intermediary community group with close ties to community leaders. HMGR was experienced in creating a network focused on healthy marriage, and City Vision had connections within the target communities. The core leadership team then recruited 10 faith-based organizations into the planning process and to serve as service delivery sites. Other organizational partnerships included the Family Independence Agency under the Michigan Department of Human Services, which provided public assistance; worked with the Section 1115 project officer (see below) to ensure that child support goals were addressed; referred participants to a liaison at the FOC program; and collaborated with Safe Haven Ministries and the YWCA of Grand Rapids to incorporate discussions on domestic violence into the class sessions.
Funding agency	HMHR of Grand Rapids was awarded a child support waiver from the Administration for Children and Families, U.S. Department of Health and Human Services (DHHS), under Section 1115 of the Social Security Act. Section 1115 authorized DHHS to award waivers of specific rules related to state child support programs to allow for the implementation of experimental, pilot, or demonstration projects designed to improve the financial well-being of children and/or improve the operation of the child support program. The program also received a matching grant from the Grand Rapids Community Foundation.

Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Staff for the pilot included a full-time HMHR project director, who oversaw management of the project and worked closely with the partner organizations. Other members of the core leadership team included the director of City Visions and the executive director of HMGR. To support the 10 partner organizations, 9 site coordinators (one of whom worked at two sites) were hired part-time for on-site management. HMHR also hired facilitators to conduct classes at the partner organizations. Class facilitators included teachers, social service professionals, and graduate students. After the first group of classes in summer 2004, HMHR began pairing male and female facilitators for all sessions. When possible, facilitators and participants were matched on race and ethnicity.
Staff training	Class facilitators were trained in the Family Wellness curriculum as well as other components of the program. George Doub, the developer of Family Wellness, provided four-day training sessions and one-day refresher sessions to the facilitators. The authors reported that by May 2005, HMHR had trained 20 facilitators. Project leaders also attended a training on domestic violence conducted by Safe Haven Ministries in May 2004, while organization staff and facilitators received training in September 2004 on identifying cases of domestic violence and providing referrals; the latter training was created by the project directors and led by a director of a local domestic violence shelter
Training materials	As part of their training, HMHR distributed to staff a booklet entitled "The Healing Path," which provided basic information on domestic violence. No other information was provided on training materials.
Trainer qualifications	Class facilitators were trained either by HMHR or by George Doub, the developer of the Family Wellness curriculum.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported

Technical assistance	City Vision provided technical assistance during the implementation of the project to help participating organizations navigate requirements for running a government-funded project. City Vision prepared organizations for accounting procedures, assisted them in preparing documents needed to receive government funds, aided them in internally monitoring implementation of the HMHR program, and provided referrals for other needed services.
Operations manual, forms, or protocols	HMHR created the Protocol for Domestic Abuse Assessment and Referrals in February 2005, which defined domestic violence and outlined the referral process that HMHR staff should follow for domestic violence cases.
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Potential participants were often clients of the partnering organizations who were referred for services. In other cases, information on the program spread by word of mouth. HMHR also planned to increase outreach through referrals from agencies like WIC and Head Start and through media outreach implemented by a private communications firm.
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	HMHR proposed to reach at least 2,500 participants.
Participants recruited	As of the date of the report, a total of 687 participants had registered for the program over a period of approximately 14 months.
Recruitment timeframe	October 2003 to October 2008
Recruitment challenges and solutions	The authors noted that men were less likely to be interested in the program and comprised only 22 percent of participants. According to project staff, however, men were sometimes motivated to participate when women with whom they were in relationships were recruited.

Participation	
Participation incentives	As an incentive for participation, food was served and child care for children under the age of eight was provided at each class session (children of eight years and older were allowed to attend the Family Wellness classes). Site coordinators also provided transportation to participants as needed. For those who completed the program, defined as attending four of the six Family Wellness classes, partner organizations provided prizes, including gift certificates to area stores. In the summer of 2005, the prize included a chance to win an air conditioner donated by an area business.
Initial engagement in services	As of September 2005, 645 of the 687 individuals who registered for classes had attended at least one session.
Retention	Fifty-seven percent of participants attended at least four of the six classes, although the authors noted that this might be an underestimate, as some participants included in the data were still attending and had not yet had the opportunity to complete four sessions.
Participation challenges and solutions	Barriers to participation included a lack of transportation to and from Family Wellness classes and the unavailability of child care services for children under the age of eight while their parents were attending them. HMHR provided both transportation and child care in response to these needs.

ILLINOIS HEALTHY RELATIONSHIPS AND MARRIAGE INITIATIVE

Study Information	
Program overview	The Illinois Healthy Relationships and Marriage Initiative (IHRMI) was a program based in Chicago that primarily served low-income unmarried couples with children. The centerpiece of the program was an eight-week series of two-hour workshops featuring the Exploring Relationships and Marriages with Fragile Families curriculum, led by a married couple. The workshops covered such topics as communication, expressing love, and conflict management. One session, led by staff from the Illinois Division of Child Support Enforcement (DCSE), focused on child support obligations, arrears, and paternity establishment. Those who attended at least three of the relationship education sessions were eligible for employment services, which included up to eight training modules focused on employment preparation, such as resume writing, career planning, and interviewing skills. Three modules on financial literacy were available once a participant was employed. Participants also could receive case management, which included referrals to other community services. IHRMI was one of 14 sites participating in the Community Healthy Marriage Initiative (CHMI) Demonstration, a national, multi-site demonstration that awarded Section 1115 demonstration waivers to state child support enforcement agencies to support the development of healthy relationship and marriage activities through the collaboration of state and local community partner organizations.
Study overview	The report focused on the implementation of demonstrations in three sites: Chicago, Illinois; Boston, Massachusetts; and Jacksonville, Florida. The current review summarizes findings from the Chicago site. IHRMI was managed by DCSE and the Catholic Charities of the Archdiocese of Chicago, Division of Community and Outreach Services, a nonprofit social service agency. Employment services were provided by the Chicago Area Project, a community-based, nonprofit agency; and the family ministries from the archdiocese provided facilitators for the relationship education workshops.

	The authors reported that IHRMI encountered some early implementation challenges, including a delay in securing matching funds (a requirement of the federal grant) because of changes in state leadership and the loss of the partner originally intended to provide employment services. Program operations began in 2005 in one site and expanded to a second in early 2006. Both sites were centers for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which also provided wraparound services. The first was in a predominantly African American neighborhood and had very successful recruitment, so that the staff had to create a waiting list for interested families. The authors attributed the success to such factors as the visibility of the IHRMI in the WIC center; couples visiting the center together to get access to the variety of services provided there; and other education programs offered there that targeted parents. Recruitment was less successful in the second WIC center, located in a predominantly Hispanic neighborhood. The authors cited reasons such as IHRMI staff not being fluent in Spanish; staff having to split their time between the two sites; less visibility of the IHRMI program (for example, access to program offices was through a separate, unmarked entrance); and the reluctance of Hispanic men to participate in workshops. To address recruitment challenges, the program planned to hire a Spanish-speaking recruiter, mail flyers, and work with local churches. The program aimed to provide services for 150 couples over a three-year period; as of 2007, 95 had completed the workshops. ***This study is UNRATED because it did not examine any participant outcomes.***
Citation	Joshi, P., N. Pilkauskas, A. Bir, and B. Lerman. "Piloting a Community Approach to Healthy Marriage Initiatives in Three Sites: Chicago, Illinois, Boston, Massachusetts, and Jacksonville, Florida." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families: Office of Child Support Enforcement, Office of Planning, Research, and Evaluation, 2008.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program operations.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Baseline demographic characteristics were collected for 157 participants (from 79 couples) who participated in the program between July 2005 and October 2006.

Race and ethnicity	White: 1 percent
	African American: 83 percent
	Hispanic/Latino: 16 percent
Gender	Male: 50 percent
	Female: 50 percent
Age	Under 20 years: 6 percent
	20–24 years: 34 percent
	25–34 years: 39 percent
	35–44 years: 17 percent
	45 years and over: 4 percent
Relationship status	Married: 21 percent
	Never married: 69 percent
	Separated: 1 percent
	Widowed: 1 percent
	Divorced: 8 percent
	Not reported: 1 percent
Educational attainment	Eighth grade or less: 3 percent
	Some high school: 17 percent
	High school diploma: 20 percent
	General equivalency diploma (GED): 4 percent
	Some college or two-year degree: 41 percent
	Technical or trade school: 8 percent
	Bachelor's degree: 5 percent
	Graduate or professional degree: 1 percent
Employment, income, or earnings	Employed, full time: 21 percent
	Employed, part time: 14 percent
	Unemployed: 65 percent

Household income	None: 4 percent $1–$5,000: 8 percent $5,001–$10,000: 5 percent $10,001–$15,000: 8 percent $15,001–$20,000: 15 percent $20,001–$30,000: 18 percent $30,001–$40,000: 11 percent Over $40,000: 9 percent Unknown: 20 percent
Receive public assistance	Not reported
In child support system	57 percent
Reported Outcomes	
Timing	Site visits took place in September 2006.
Description of measures	Data collection included semi-structured, in-person interviews conducted during site visits with project staff; ongoing documentation of implementation based on monthly phone calls with project staff; review of project materials; and focus groups conducted with project participants.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported

Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	In Chicago in 2002, the majority of births to African American women (77 percent) and 42 percent of births to Hispanic women were non-marital, compared to 20 percent of births to white women. Therefore, services were focused in areas that were predominantly African American and Hispanic.
Participant eligibility	The program targeted couples in two low-income neighborhoods in Chicago, one predominantly Hispanic and one predominantly African American. Eligibility requirements were not specified, but most couples served by the program were unmarried with children.
Participant needs assessment	IHRMI staff conducted both couples-oriented and individual assessments of needs, such as education, job training, substance abuse counseling, domestic violence services, social services, Head Start, and housing. Assessments were conducted prior to the beginning of relationship classes.
Program components	The core activities for the IHRMI included the following: healthy marriage and relationship education, employment and financial literacy classes, assistance with child support and paternity establishment, and case management and referrals to other services
Program content	**Healthy marriage and relationship classes.** The program used the Exploring Relationships and Marriage with Fragile Families curriculum (known as Fragile Families), which focused on healthy marriages and relationships among low-income, unmarried, African American parents, both partnered and not in relationships. Eight topics were covered by the classes:

1. Identifying qualities participants appreciated about their partners and problems in the relationship
2. Healthy relationships
3. Attitudes about marriage and its benefits
4. De-escalating and resolving conflicts
5. Causes of and solutions to common relationship problems
6. Positive communication
7. Expressing love and looking toward the future
8. Commitment

After the eight sessions, two additional sessions were conducted as make-up classes. Classes were facilitated by married couples who drew on their own marital experiences.

Employment and financial literacy services. Participants were eligible for employment and financial literacy services offered by the Chicago Area Project (CAP) after they completed the first three modules of the Fragile Families curriculum. To inform participants about the services, a CAP staff member made a presentation in the third week of relationship classes and provided referrals for one-on-one work with a counselor. The counselor administered a basic skills test and a personal assessment and developed individualized employability plans for participants. CAP then provided eight training modules on employment placement, which focused on building resume writing, interviewing, and other skills. (It was unclear whether the assessment and employability plan were considered part of the eight modules, and the authors did not indicate if the modules were offered one on one or as group sessions.) Once employed, participants were provided with ongoing support through mentoring and financial literacy modules based on the Your Money, Your Life curriculum. The modules focused on budgeting, employment taxes, and health insurance.

Child support services. One session of the relationship education classes focused on child support obligations, debt, and paternity establishment and was led by the staff from DCSE. IHRMI provided referrals to DCSE for services as needed.

Case management and referrals. A case manager conducted intake with each participant, developed a case plan delineating the needs of the participant, and provided referrals.

Program length	Relationship education for couples consisted of eight weekly two-hour classes. Starting in 2007, the project expanded the curriculum from eight to ten weeks (the authors did not indicate if the workshop materials were changed). Employment services consisted of eight modules, which began at the fourth week of the relationship education workshops. Participants could repeat modules, if needed. Financial literacy consisted of three modules available once a participant was employed. Case management was available on an as-needed basis while the participants were enrolled in other services.
Targeted outcomes	The program aimed to increase the number of children raised in stable married families and the number of healthy marriages in the Chicago area. The program also sought to improve compliance with child support obligations and to increase paternity establishment and the achievement of other child support enforcement goals.
Program adaptations and modifications	The Fragile Families curriculum was designed for African American families and had to be adapted for use with Hispanic families. The authors did not indicate how these adaptations were made.
Available languages	English and Spanish
Fidelity measures	Not reported
Program costs	Federal funds provided $819,009 to the project and were matched by $476,850 from the state.
Implementation challenges and solutions	The program faced a few challenges during implementation. Program startup was postponed because of delays in securing matching funding from the state, which was a requirement of the federal grant. The holdup resulted from a change in governor that resulted in new appointments for state human services leadership. The program also lost one of its initial partners, the Mayor's Office of Workforce Development, which was slated to provide employment services. It moved quickly, however, to replace this partner with another organization, the Chicago Area Project. Another challenge was that the selected curriculum, Fragile Families, was developed for African American families. When the second WIC site, which primarily served Hispanic families, began operations, the material had to be adapted culturally and linguistically.
Program Structure	
Was there a planning or pilot phase?	Planning activities included establishing program partners, determining service delivery structure, selecting the class curriculum, and selecting WIC locations to serve as sites for program operations.
Length of planning/pilot	The planning phase occurred from October 2004, when the Section 1115 waiver was awarded, until July 2005, when services were initially delivered.

Timeframe for program operation	IHRMI began offering services in July 2005 and, at the time of the study reviewed here, planned to submit a time extension waiver to provide services until June 2008.
Sites and service-delivery settings	The program was implemented in two WIC centers in Chicago. Both provided food distribution and wraparound services on site. One center was in Roseland, a predominantly African American neighborhood, and the other in Logan Square, a predominantly Hispanic neighborhood.
Required facilities	Not reported
Community settings	Urban
Organizational partnerships	IHRMI was a collaboration between the Illinois Division of Child Support Enforcement (DCSE), Illinois Department of Healthcare and Family Services, and Catholic Charities, Division of Community Outreach, a large social service agency. DCSE was the primary federal grantee, maintaining fiscal oversight of the program, and Catholic Charities provided oversight of program operations, which took place in two WIC centers. Although the Department of Human Services monitored WIC, it did not play a direct role in the IHRMI program. Other organizations also provided key services. The Chicago Area Project, a community-based nonprofit, served as an employment partner. Also, the Archdiocese of Chicago provided family ministries facilitators who helped tailor the healthy marriage and relationship curriculum to low-income minority couples.
Funding agency	The Office of Child Support Enforcement, Administration for Children and Families, U.S. Department of Health and Human Services, awarded Section 1115 demonstration waivers to the Illinois child support enforcement agencies. Federal funds were matched by the state from the general revenue fund.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.

Staffing and Operations	
Staff characteristics	Two key staff members were a project director and a project coordinator, both located at the Roseland WIC site. The project director managed day-to-day operations of the program and provided input to its overall direction. The project coordinator scheduled classes, provided case management services, and recruited participants. Both the project director and coordinator had experience delivering services within Catholic Charities prior to the initiation of the IHRMI program. Facilitators of the relationship education workshops were married couples. All were highly educated; several had master's degrees. One couple, who had taught marriage education through family ministries, was designated a mentor couple. It is unclear if this couple mentored other facilitators, participants, or both. The Chicago Area Project also dedicated staff to the program; their characteristics were not described.
Staff training	Facilitators were trained in the Fragile Families curriculum. The mentor couple was trained as trainers of the curriculum. The project director and project coordinator underwent 40 hours of training on domestic violence, and the mentor couple attended a day-long retreat on domestic violence.
Training materials	Not reported
Trainer qualifications	A lead mentor couple from the Archdiocese of Chicago provided training to new facilitators. These facilitators had previous experience in leading a premarital Catholic curriculum and other relationship curricula.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported

Operations manual, forms, or protocols	A domestic violence protocol, which was developed with experts in the field, provided a process for screening individuals who had previously been involved in domestic violence. In this process, two project staff interviewed the partners in the couple separately. In addition to collecting and screening for information during the intake process, the site also used domestic violence information contained in state child support data to screen for incidents of abuse. If reports of abuse were uncovered, the couple was referred to a domestic violence agency.
System for tracking program performance	The program recorded data on participants enrolled in the program, service activity information, and case-specific information in the client tracking management information system (MIS).
Recruitment	
Recruitment and referral sources	Recruitment for the IHRMI program mainly occurred among clients at the two WIC centers. Two organizations that operated through the WIC centers also provided referrals; these were the Roseland Community Hospital, which provided WIC coupons to families, and the Ford Center for Adolescent Parenting, which ran a program for adolescent parents. IHRMI staff provided training to staff at these locations on the IHRMI program. Other referral sources included word of mouth, the Department of Human Services, and local hospitals where families established paternity.
Recruitment method	Recruitment was primarily at the WIC centers where services were located. Project staff spoke with couples in the WIC waiting rooms regarding the program, which was also advertised through brochures and flyers within the centers. When one or both members of a couple expressed interest, an intake interview was scheduled at the center. Both partners were required to attend the interview, which lasted 60 to 90 minutes and included a needs assessment and domestic violence screening. If one member of the couple expressed hesitation during intake, program staff followed up by phone.
Recruitment incentives	Not reported
Participants targeted	The program set a goal of providing services to 150 couples over a three-year period.
Participants recruited	Not reported
Recruitment timeframe	Participants were recruited for classes from July 2005 to the time of the report under review here (2008).

Recruitment challenges and solutions	Recruitment in the Roseland site, which primarily served African Americans, was very successful. The authors noted several reasons for this success: • Men often visited the WIC center with their partners to participate in food shopping and appointments. • The couples were receptive to IHRMI staff in the waiting rooms. • The services at the WIC center, such as prenatal services and parenting education, attracted a population that was targeted by IHRMI. • The center was centrally located and visited frequently by clients. • On-site child care was available. • IHRMI offices were adjacent to the waiting room and were highly visible. • WIC staff were very supportive of the program. As the program expanded to the Logan Square WIC site, several recruitment challenges surfaced: • IHRMI staff did not speak Spanish fluently. • The project director and coordinators were split between sites. • Hispanic men were resistant to classes, which the staff thought reflected reluctance to discuss personal problems in a group setting. • The program was not as visible in this location, being accessible only through a separate, unmarked entrance. To address these challenges, the program developed several strategies. These included hiring a Spanish-speaking recruiter, hiring an additional case worker, mailing flyers to members of the Chicago Alliance for Latino Marriages, recruiting from a nearby WIC, and recruiting from local churches. The program was less successful in recruiting couples outside of the WIC centers. Numerous referral sources led to few families participating in the program.

Participation	
Participation incentives	Participation incentives included on-site child care, meals, small gift bags, and transportation subsidies, such as bus tokens. Program staff considered offering monetary incentives, but decided they were unnecessary. The employment services and financial literacy class were only available to participants in IHRMI and were considered an incentive.
Initial engagement in services	A total of 157 individuals (from 79 couples) enrolled in classes between July 2005 and October 2006.
Retention	Of the 157 enrolled, 109 individuals (from 59 couples) completed the program (having attended at least five relationship education classes), approximately a 70 percent graduation rate. By June 2007, 95 couples had completed the program (the authors do not report how many had started by that time).
Participation challenges and solutions	Relationship education classes were scheduled at 4:30 p.m. because the building closed at 7 p.m., but some participants were unable to attend at that time. The program had several retention strategies. One was delaying the start of the employment services with the hope that participants would complete the relationship education classes before they found employment. Program staff also called participants each week to check on barriers to attending. Retention was higher among couples 25 years of age and older, those with at least a high school education, and those who spoke Spanish.

JACKSONVILLE NETWORK FOR STRENGTHENING FAMILIES

Study Information

Program overview

The Jacksonville Network for Strengthening Families (JNSF) provided services to families in Duval County, Florida, designed to encourage healthy relationships, paternity establishment, and child support through relationship workshops. The core service was a class offering The 7 Habits of Successful Families in Jacksonville curriculum (known as 7 Habits), based on the book, *The Seven Habits of Highly Effective Families*. The class met for 10 hours—twice weekly for 2.5-hour sessions over a two-week period. Topics included taking control, prioritizing, putting family first, and working together. During one of the sessions, a video developed by the Office of Child Support Enforcement was shown. JNSF also offered courses called "The 8 Habits of Successful Marriages" and "Before You Tie the Knot." After participants attended the 7 Habits classes, they were asked to identify their needs for other services, and JNSF provided referrals and conducted monthly followups for a year. In addition to providing the direct services, JNSF conducted community events for families, such as health fairs, and a media campaign to promote positive family messages, such as the value of spending time with family. JNSF was managed by the Florida Department of Revenue Child Support Enforcement Program (DOR CSE) and the City of Jacksonville and included a large coalition of approximately 50 community agencies that recruited participants, conducted classes, and offered free or reduced-fee services to participants.

JNSF was one of fourteen sites participating in the Community Healthy Marriage Initiative (CHMI) Demonstration, a national, multi-site demonstration that awarded Section 1115 demonstration waivers to state child support enforcement agencies to support the development of healthy relationship and marriage activities through the collaboration of state and local community partner organizations.

Study overview

The report focused on the implementation of demonstrations in three sites: Chicago, Illinois; Boston, Massachusetts; and Jacksonville, Florida. The current review summarizes findings from the Jacksonville site.

Supported by funding from the Jacksonville mayor's office, program operations began in May 2004, a year before federal funding for the three-year grant was received. The approximately 50 partners in JNSF, including social service, faith-based, government, business, and education organizations, were primarily responsible for recruiting participants and conducting classes.

The authors noted that JNSF had strong community and political support. The start-up funding provided before federal funds were available was one example of the community's commitment to the program. The program did, however, experience some recruitment challenges:

- During early operations, partners had difficulty recruiting couples, and especially fathers, leading to an expansion of recruitment sources, such as athletic programs and local fatherhood initiatives.
- The program found that its descriptions of providing services to "at-risk" families deterred some potential participants, and thus the language was changed to emphasize a more positive approach, such as stating the program's objective as "making good marriages better."
- The engagement by a large coalition of a broad swath of organizations sometimes made it difficult to determine whether partners were meeting their obligations in terms of recruitment and class offerings.
- Some churches were unwilling to participate because of the use of a secular curriculum.

The program set a goal of providing services to 3,000 individuals in three years. From October 2005 to January 2007, there were 959 participants in the program, plus 400 who were served prior to the receipt of federal funds. Roughly 82 percent of participants completed the 7 Habits classes.

This study is UNRATED because it did not examine any participant outcomes.

Citation

Joshi, P., N. Pilkauskas, A. Bir, and B. Lerman. "Piloting a Community Approach to Healthy Marriage Initiatives in Three Sites: Chicago, Illinois, Boston, Massachusetts, and Jacksonville, Florida." Washington, DC: US Department of Health and Human Services, Administration for Children and Families: Office of Child Support Enforcement, Office of Planning, Research, and Evaluation, 2008.

Study and Sample Characteristics

Study design

This was an implementation study that included documentation and analysis of program operations.

Comparison condition

The study did not include a comparison group.

Conflicts of interest

Not reported

Sample size

Baseline demographic characteristics were collected for 464 participants who attended classes between October 2005 and September 2006.

Race and ethnicity	Hispanic/Latino (respondents also may be included in any race category below): 2 percent
	White: 27 percent
	African American: 64 percent
	Asian American: 3 percent
	Native American or Alaskan Native: 1 percent
	Other: 5 percent
Gender	Male: 52 percent
	Female: 48 percent
Age	Under 20 years: 18 percent
	20–24 years: 5 percent
	25–34 years: 16 percent
	35–44 years: 25 percent
	45 years and over: 36 percent
Relationship status	Married: 53 percent
	Unmarried couple: 5 percent
	Single: 42 percent
Educational attainment	Less than high school: 40 percent
	High school diploma or general equivalency diploma (GED): 43 percent
	Some college/two-year degree/technical program: 12 percent
	Bachelor's degree: 6 percent
Employment, income, or earnings	Employed, full time: 17 percent
	Employed, part time: 10 percent
	Self-employed: 33 percent
	Odd jobs on and off: 5 percent
	Unemployed: 35 percent
Household income	Not reported
Receive public assistance	Temporary Assistance for Needy Families (TANF): one percent
	Other benefits: not reported
In child support system	36 percent

Reported Outcomes	
Timing	A site visit was conducted in September 2006.
Description of measures	Data collection included semi-structured, in-person interviews conducted during site visits with project staff; ongoing documentation of implementation based on monthly phone calls with project staff; review of project materials; and focus groups conducted with project participants.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	JNSF took what staff referred to as an "inside-out" approach to strengthening families by first changing family members' attitudes through the classes and then connecting them with other community services. The program was designed to serve as a gateway to other services, and although initially targeted to parents, staff eventually viewed it as a more universal program for residents.
Participant eligibility	The target population included all families in the Jacksonville area, including unmarried couples, single individuals, married couples, and parents.

Participant needs assessment	On the last day of the 7 Habits class, participants filled out a Family Planning Tool, which included a checklist of services they could request. In addition, participants were asked to select the two services they felt were most needed. Facilitators collected the forms and gave them to JNSF staff, who followed up with participants to select services, sent a letter to each with the contact information for the services, and contacted the service providers.
Program components	The core activities for JNSF included: core healthy marriage and relationship education classes, supplementary family education classes, follow-up services and referrals, and a media campaign and public events
Program content	**Core healthy marriage and relationship education classes.** Group classes featured The 7 Habits of Successful Families in Jacksonville curriculum, an adaptation of the book and curriculum *The Seven Habits of Successful Families*, by Stephen R. Covey. Adaptations included making the curriculum appropriate for a sixth-grade reading level and the inclusion of supplementary material for health, education, economic, and relationship issues. The curriculum focused on seven healthy family habits: • Being proactive • Beginning with the end in mind (setting goals) • Putting first things first (prioritizing the family) • Thinking win-win (helping everyone win and doing kind things for a partner) • Listening first and talking second • Synergizing (working as a team) • Sharpening the saw (taking care of self and family) During the presentation of the third habit (putting first things first), participants were shown a video created by the Office of Child Support Enforcement, entitled "The Power of Two: Voluntarily Acknowledging Paternity," followed by a discussion of paternity establishment, child support, and father involvement. Classes included 10 to 12 participants and were guided by facilitators, with assistance provided in some cases by "table coaches," community volunteers who helped engage participants and provided support for class activities. While parents attended the relationship classes, their children ages 3 to 12 years could participate in JNSF's character-building program, which used the Six Pillars of Character curriculum. The pillars were trustworthiness, respect, responsibility, fairness, caring, and citizenship.

Supplementary family education classes. After participants completed the 7 Habits workshops, they were eligible to participate in two additional workshops: The 8 Habits of Successful Marriages and Before You Tie the Knot. The 8 Habits course was designed for couples who were interested in enhancing their relationships and included the seven habits listed above, plus an additional habit, "lifting yourself by lifting others," (that is, supporting your spouse). (The authors did not address the extent of overlap with the core 7 Habits curriculum.) The Before You Tie the Knot curriculum was tailored to couples who intended to marry and focused on the skills of communication, conflict management, financial responsibility, and parenting.

Follow-up services and referrals. During the first session, participants in 7 Habits received a packet describing services available in the vicinity. On the last day of class, participants were given the Family Planning Tool and asked to check off services they were interested in and prioritize the two most important services. Options included counseling, anger/stress management, the Before You Tie the Knot and 8 Habits workshops, child support assistance, substance abuse assistance, job readiness, housing and shelter, parenting classes, education and tutoring programs, and financial literacy programs. JNSF staff followed up with participants to select services, provided participants with a letter with contact information, and followed up with the service agencies. The staff person contacted families on a monthly basis for up to a year to determine the status of services received by each.

Media campaigns and public events. JNSF hosted citywide public events, such as health fairs, and engaged in a media campaign. From 2004 to 2006, JNSF hosted a "Family Summit," which consisted of workshops for families covering such issues as health, child well-being, and economic self-sufficiency. The event also included workshops intended for volunteers and service providers, such as "Dads Do Matter!" and "Building Capacity Through Volunteers." In 2007, JNSF hosted four smaller community events instead of the Family Summit. Other outreach efforts included staffing booths at community events such as the Black Expo, the Women's Ministry Conference, and the Hip Hop Symposium (events not described). JNSF's media campaign was designed to gain visibility for the program and promote positive family messages, such as the importance of spending time with family. The campaign included a range of outlets, such as brochures, public service announcements, and radio commercials.

Program length

The core 7 Habits relationship workshop classes met weekly for 2.5 hours for two weeks. Scheduling for the sessions was flexible, however, and based upon the needs of families. Before You Tie the Knot consisted of two sessions, while 8 Habits was offered once a quarter; the length of the latter was not specified. Staff followed up with families for one year to help connect them with community services.

Targeted outcomes	The main goals of the program were to foster healthy marriages and relationships, improve financial self-sufficiency, promote effective parenting and the involvement of non-custodial parents in the lives of children, and prevent domestic violence.
Program adaptations and modifications	The program used the 7 Habits of Successful Families in Jacksonville, an adaptation of the book and curriculum by Stephen R. Covey, *The Seven Habits of Successful Families*. The JNSF staff and its board worked with staff from FranklinCovey to make modifications, which were based upon findings from focus groups designed to assess community needs. Among the adaptations, the curriculum was modified to reflect a sixth-grade reading level.
Available languages	Not reported
Fidelity measures	Not reported
Program costs	The program was awarded $1 million in federal funding, with an additional match of $500,000 provided by the City of Jacksonville.
Implementation challenges and solutions	The program faced a few challenges during implementation. Initially, to connect families to follow-up services after the 7 Habits program, JNSF planned to have service providers inform it when the services were rendered. But they found that those organizations did not have enough staff time to support this effort. To address this, one JNSF staff member stayed later in the evenings to follow up with families to track their progress. It was sometimes difficult to track participants over time, however, because families were transient, and telephone numbers often were disconnected.
Program Structure	
Was there a planning or pilot phase?	JNSF was an outgrowth of a coalition formed in 2002 among 20 nonprofit organizations, which convened to address the issue of non-marital births in Jacksonville. The coalition promoted the use of The 7 Habits of Highly Effective People as a training program for families. In 2003, the city applied for the waiver to provide a community-wide program. The coalition met monthly until 2005 to develop its service delivery plan.
Length of planning/pilot	The planning stage lasted from 2002, when the initial coalition of organizations was convened, until 2005, when the grant award was received.
Timeframe for program operation	Service delivery began in May 2004, before the receipt of federal funding. A contract awarding federal funds for a three-year period was received in 2005.

Sites and service-delivery settings	JNSF was implemented in one geographic site, Jacksonville, Florida. Classes were provided by network partners in a variety of secular, educational, and nonprofit settings. Relationship education was also offered by individual facilitators in churches, community centers, schools, low-income housing developments, and correction centers. Follow-up services were provided by a variety of organizations that were members of the coalition.
Required facilities	The 7 Habits program utilized videos and therefore required access to televisions and video players.
Community settings	Not reported
Organizational partnerships	JNSF was a collaboration between the Florida Department of Revenue Child Support Enforcement Program (DOR CSE) and the City of Jacksonville. The DOR CSE was the primary federal grantee, maintaining fiscal oversight of the program. It subcontracted service delivery to the City of Jacksonville. Jacksonville's Faith and Community-Based Partnerships office initially housed JNSF, but the program moved to the Jacksonville Children's Commission in 2006. In its initial stages, JNSF established an advisory board of community organizations to help lead the development of the service model and set program goals. Board members belonged to Christ Tabernacle Baptist Church, Duval County Extension Service, the Florida Department of Children and Families, Crossroad Church, Project Reach, Freshministries, Florida Community College of Jacksonville, Lifeworks, Daniel, and JCC (no additional information was provided on the participating organizations). As a part of its service model, the JNSF program developed a broad community coalition with approximately 50 organizations to provide services and referrals to the program. Partnering agencies included schools, faith-based organizations, and social service organizations. The partnerships included network partners and agency partners. Network partners signed memoranda of understanding that stipulated that they agreed to recruit participants and host JNSF classes at their facilities. Staff at network partners were given time off to attend the 7 Habits training and led classes as part of their job duties. Agency partners recruited participants from among their clients to participate in the JNSF program but did not host the program within their organizations. JNSF initially also trained individual facilitators to lead classes, but discontinued this practice in 2006 because it was more efficient to work with agencies that could also conduct recruitment and host classes.

Funding agency	The Office of Child Support Enforcement, Administration for Children and Families, U.S. Department of Health and Human Services, awarded Section 1115 demonstration waivers to state child support enforcement agencies, which required a match that was provided by the City of Jacksonville. The Mayor of Jacksonville provided seed money to the program for planning purposes prior to the receipt of federal funds. In-kind support was provided by FranklinCovey to tailor the curriculum to JNSF's needs and train 100 facilitators.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Several key staff members coordinated JNSF. The executive administrator, who was an original member of the Jacksonville healthy relationship coalition established in 2002, oversaw the program and managed three other staff members. Two social service coordinators scheduled workshops, coordinated facilitators, and provided follow-up services. The administrative assistant managed the client database and prepared class materials for facilitators. The authors noted that each staff member was a highly qualified professional who had completed the 7 Habits classes. All facilitators of the 7 Habits program were volunteers, although those who were staff at network partners conducted classes as part of their regular duties. Individual facilitators (not from the network partners) came from the community and provided workshop services in churches, community centers, schools, and other settings. They received a stipend of $200 to help defray the cost of travel and other incidental expenses. The program also had an advisory board of community organizations that helped lead the development of the service model, set program goals, and provided ongoing guidance to the program.
Staff training	JNSF used a train-the-trainer approach, with an experienced facilitator training other facilitators in the 7 Habits curriculum at no cost. Facilitators were also trained on child support issues by Duval County CSE staff and received training on domestic violence referrals by a facilitator who worked at a domestic violence agency.
Training materials	Not reported
Trainer qualifications	An experienced facilitator from JNSF led training sessions.
Staff performance standards	Not reported

Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Section 1115 mandated that grantees put in place a domestic violence protocol to address issues of domestic violence disclosed by participants. JNSF worked with coalition organizations to develop its protocol. The protocol defined domestic violence—which included physical, mental, and emotional abuse—and outlined the process for screening individuals who had previously been involved in domestic violence and referring them to outside services.
System for tracking program performance	The program recorded data on participants in the client tracking management information system (MIS).
Recruitment	
Recruitment and referral sources	JNSF recruited participants primarily from network partners, including social service, faith-based, government, business, and education organizations. The project also recruited from staff member presentations, mass mailings, and community outreach work.
Recruitment method	Following referral to the JNSF program, interested individuals completed an intake form provided online or via fax or mail and returned it to the JNSF office. The intake form included background information and a checklist of issues that might have been stressors for the participant. JNSF staff followed up to confirm registration and provide referrals, if needed. On the first day of classes, participants also completed a family information form on services they were receiving, involvement with their children, and child support obligations.
Recruitment incentives	Not reported
Participants targeted	The program set a goal of providing services to 3,000 individuals.
Participants recruited	Not reported
Recruitment timeframe	Participants were recruited for classes beginning in May 2004 to the time of the report under review here.

Recruitment challenges and solutions	JNSF staff encountered the following recruitment challenges: • Initial difficulty recruiting couples, and particularly fathers • Resistance to a program described as being for families "at risk," which deterred participation • Difficulty keeping coalition partners accountable for recruiting participants • Anticipating that churches would be substantial recruitment sources, but finding that some refused to participate because the curriculum was secular To recruit more fathers, the organization began to work with local fatherhood initiatives and athletic programs. The program also modified recruitment language from "at risk" to more positive language, such as "making good marriages better," to attract more participants.
Participation	
Participation incentives	Participation incentives included meals provided at sessions, on-site child care, and transportation subsidies. Participants in Before You Tie the Knot supplemental classes were also offered a discount on marriage licenses. Monetary incentives were not provided.
Initial engagement in services	From October 2005 to January 2007, the program served 959 participants. This total excluded the 400 participants who attended classes before the federal grant was awarded.
Retention	From October 2005 to September 2006, the graduation rate was 83 percent (782 participants). To graduate, participants had to attend all 7 Habits classes.
Participation challenges and solutions	Not reported

LOUISIANA HEALTHY MARRIAGE AND RESPONSIBLE FATHERHOOD COMMUNITY DEMONSTRATION INITIATIVE

Study Information

Program overview

The Louisiana Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative was a collaboration between the Louisiana Department of Social Services in the Office of Family Support at the Support Enforcement Services, and Total Community Action (TCA) of New Orleans, a nonprofit, community-based agency providing a variety of services to low-income families. Louisiana was one of 14 sites that participated in the Community Healthy Marriage Initiative (CHMI). Sponsored primarily by the federal Office of Child Support Enforcement (OCSE), CHMI awarded Section 1115 waivers to state child support enforcement agencies to support demonstrations involving a range of state and local community partner organizations and develop healthy relationship and marriage activities.

Families Matter! (FM), the program launched under the Louisiana initiative, used a case management model to provide two primary services for parents and couples with incomes below the federal poverty line: healthy marriage and relationship education classes and access to other services. The education classes—offered to couples, fathers only, and mothers only—were conducted weekly for two hours over an eight-week period. Topics included communication, nurturing affection, and addressing conflict. Participants also had access to TCA's other services, such as mentoring, Head Start, dropout prevention, domestic violence prevention training, and housing assistance.

Study overview	The report under review focused on the implementation of demonstrations in five sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado. This review summarizes findings from the program implemented in the Louisiana site. Program operations began in spring 2005 but were disrupted by Hurricane Katrina that August. TCA facilities were destroyed, and a university hospital, one of the key partners, was closed for 18 months. The program shut down for over a year while its director focused on disseminating services and programs targeting the immediate and emergency needs of the families in the wake of the hurricane. Eventually, a new outreach and case management staff was hired and community partnerships re-formed. Other program changes followed Katrina. While participants were initially recruited from maternity wards, prenatal clinics, and in-hospital paternity establishment programs, their numbers were low. To address this, the program expanded recruitment sites to include well-baby clinics, public housing projects, and offices of the Temporary Assistance for Families (TANF) program, the Supplemental Nutrition Assistance Program (SNAP), and Support Enforcement Services in the Department of Social Services. In November 2009, 226 participants had graduated (that is, they had completed at least six out of eight classes) out of a total 623 families that had received services and had attended at least one class, for a graduation rate of 36 percent. ***This study is UNRATED because it did not examine any participant outcomes.***
Citation	Joshi, P., S. Flaherty, E. Corwin, A. Bir, and R. Lerman. "Piloting a Community Approach to Healthy Marriage Initiatives in Five Sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado." Final report. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2010.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program operations.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Baseline demographic characteristics were collected for 178 participants in Louisiana.
Race and ethnicity	African American: 96 percent Other (includes white, Hispanic/Latino, and American Indian): 4 percent
Gender	Male: 33 percent Female: 67 percent

Age	19–24 years: 21 percent
	25–34 years: 41 percent
	35–44 years: 23 percent
	45 years and over: 15 percent
	Unknown: Less than 1 percent
Relationship status	Married: 25 percent
Educational attainment	Less than high school: 87 percent
	High school diploma or general equivalency diploma (GED): 3 percent
	Some college: 10 percent
Employment, income, or earnings	Employed: 45 percent
	Personal income relative to the federal poverty line:
	0–50 percent: 24 percent
	51–75 percent: 13 percent
	76–100 percent: 7 percent
	101–125 percent: 5 percent
	126–150 percent: 2 percent
	151–175 percent: 3 percent
	176 percent and over: 3 percent
	Unknown: 43 percent
Household income	Not reported
Receive public assistance	Not reported
In child support system	71 percent
Reported Outcomes	
Timing	Sites visits were conducted between November 2008 and June 2009.
Description of measures	Data collection centered on qualitative methods including semi-structured, in-person interviews conducted during site visits with program staff; ongoing documentation of implementation based on monthly phone calls with project staff; review of project materials; and focus groups conducted with project participants.
Outcomes: Relationship status and quality	Not reported

Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	A 2000 needs assessment of low-income families found that New Orleans had the highest number of unmarried parents in Louisiana and a large percentage of fathers who had not seen their children in at least one year. Given these statistics, FM focused on increasing the number of low-income children raised in stable married families and supporting child support enforcement goals. Previous findings had shown that unmarried couples began parenthood with high aspirations of staying together, and that fathers were involved with mothers at the time of their children's births. Therefore, the FM program was based on a case management model that provided support to unmarried parents shortly after their children were born.
Participant eligibility	The initial target population included only unmarried couples with children. However, staff informed the study authors that both single parents and married parents needed relationship and parenting services, so the eligibility criteria were broadened to define an eligible family as a household with at least one parent with a child or expecting a child. Other requirements included being at least 18 years old, living in Orleans Parish or Jefferson Parish, and having a gross family income under 200 percent of the federal poverty line.

Participant needs assessment	FM services incorporated a family and individual assessment of needs, such as education, job training, substance abuse counseling, domestic violence prevention, social services, Head Start, and housing. All FM participants had to have a family assessment, which allowed them access to case management services.
Program components	Two core components were included in the FM program, healthy marriage and relationship classes and access to services through assessment, case management, and referrals
Program content	**Healthy marriage and relationship classes.** Group classes were held weekly for two hours over an eight-week period. They were offered to couples, fathers only, and mothers only. In each class, a representative from a social service agency discussed services available, after which participants could talk to the representative or make appointments for a later meeting. The information on services was followed by a class discussion of a key relationship topic. The program used the Exploring Relationships and Marriage with Fragile Families (known as Fragile Families) curriculum, which focused on healthy marriages and relationships among low-income, unmarried, African American parents. DSS funded the development of the curriculum, during which process they conducted focus groups in New Orleans. Class topics included affection, healthy relationships, active listening and communication, conflict management, marriage, and expressions of love. The classes also discussed access to a variety of services, including tax preparation, employment assistance, child care, medical assistance, child support enforcement, home funds, and identifying funds to go to school or start a business. Participants could join at any point during the eight-week session. After the eight sessions, two additional sessions were conducted as make-up classes. **Assessment, case management, and referrals.** A case manager conducted intake and a social assessment with each participant and developed a case plan delineating the participant's needs, as well as action steps for addressing them. Participants were referred to services including mentoring, Head Start, after-school tutoring, dropout prevention, drug court services, domestic violence prevention training, services for inmates, housing assistance, weatherization, and asset-building.
Program length	Two-hour classes met weekly for eight weeks.
Targeted outcomes	The main goals of the program were to increase the number of low-income children raised in families with healthy relationships; increase the number of healthy marriages in the New Orleans area; and increase paternity establishment and compliance with child support obligations.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported

Program costs	The Child Support Enforcement demonstration Section 1115 waiver provided $924,000 in funding and was matched by $476,000 from what the authors described as "pre-Personal Responsibility and Work Opportunity Reconciliation Act" (PRWORA) funds from the State of Louisiana. Because the Fragile Families curriculum was developed by DSS, all materials, including participant workbooks, were provided at no cost to the program or participants.
Implementation challenges and solutions	Following Hurricane Katrina, program activities ceased for over a year. TCA's main office, which housed the FM program, was destroyed, and many files were lost. Some staff and volunteers did not return. The program director focused efforts on disseminating services and programs that met the immediate and emergency needs of the families in the area in the wake of the hurricane. After about a year, a new outreach and case management staff was hired and community partnerships re-formed. As its services resumed, TCA staff expressed concerns that the program, which identified a couple's living arrangements, could have a negative impact on TANF. Also, stakeholders who believed that the program overlapped with services offered by Head Start and, since it was difficult to convince parents to attend classes, they focused on referring parents to attend Head Start parenting classes instead of the relationship courses. As a result, they had few parents left to refer to FM.

Program Structure	
Was there a planning or pilot phase?	The program underwent significant planning design changes between mid-2005, when the waiver was received, and 2007, when it was fully reopened following Katrina. These changes included increased recruitment at the DSS Office of Family Support and through referrals by other TCA programs, resulting in improved recruitment results; the institution of rolling admissions in FM classes, which encouraged families to join at any time during a class session; and the removal of the faith-based mentor component from the program, as faith communities lacked volunteer support following Katrina to implement this aspect of the program. Stakeholders also noted other key lessons learned during this start-up phase, including the importance of maintaining open dialogue and holding regular meetings with partner organizations and establishing community coalitions to help the program develop credibility with participants, especially in light of its sensitive subject matter.
Length of planning/pilot	The authors described the start-up phase as occurring between mid-2005, when the waiver was received, and fall 2007, when the program was again fully functional after Katrina.
Timeframe for program operation	The FM program began recruiting efforts in spring 2005. However, Hurricane Katrina brought the program to a halt for a year. Recruitment and service delivery recommenced in October 2006. Due to the delays, the program received an extension until mid-2010.
Sites and service-delivery settings	All services within the New Orleans site were delivered in Orleans Parish.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	The Louisiana Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative was a collaboration between the Louisiana Department of Social Services (DSS) in the Office of Family Support (OFS) at the Support Enforcement Services (SES), and Total Community Action (TCA) of New Orleans, a nonprofit, community-based agency providing multiple services to low-income families. DSS/SES was the primary federal grantee, maintaining fiscal oversight of the FM program. DSS subcontracted service delivery to TCA, an organization serving low-income families in Orleans Parish.

	The state SES played a key role in writing the grant and connecting TCA to local SES offices to conduct recruitment and participate in the development of curriculum. The state and local DSS/SES staff also contributed through other policy efforts. Using a federal Office of Child Support Enforcement Special Improvement Project (SIP) grant awarded in 2005, SES staff developed child support modifications that were offered to FM participants. State SES staff also developed links between FM and the local child support offices to aid in program recruitment and referrals, and DSS funded the development of guide books used as recruiting materials for FM. TCA conducted outreach efforts to other organizations in the community to increase referrals, including a group of 50 faith-based organizations, a university hospital, Head Start centers, the Salvation Army, and the Acorn Housing Corporation, among others. As of 2009, the coalition of participating organizations had grown to 30. The authors noted that following Katrina, faith-based organizations could not recruit a sufficient number of mentors, so this component was removed from program services.
Funding agency	The Administration for Children and Families' Office of Child Support Enforcement awarded Section 1115 demonstration waivers to state child support enforcement agencies that authorized federal funding as a match for non-federal funds. The demonstration Section 1115 waiver was approved in April 2004. Matched funding was provided by the pre-PRWORA incentive funds from the State of Louisiana.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	The FM program was staffed by six TCA employees who each served several roles. The project director conducted outreach efforts to develop the partnership base for recruitment, oversaw day-to-day program operations, and facilitated classes for mothers. The initial project director resigned in 2008, and a case manager/facilitator assumed this role. As of the time of the report, the former director was still involved in the project as a consultant. Two outreach specialists conducted recruiting efforts, one focusing on a university hospital and the other on a number of other locations. The second outreach specialist also co-facilitated classes for fathers. Two male case workers facilitated classes for fathers and couples as well.

	Other involved TCA staff included an administrative assistant, who provided clerical and data-entry support, and a management information system specialist who helped design the MIS and generated program reports.
Staff training	The initial project director trained all program facilitators. One newer facilitator was not formally trained but shadowed another facilitator. All TCA case managers and facilitators also had to attend a training on domestic violence.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Based on a study conducted in 2002, DSS funded the development of one guidebook on healthy relationships targeting a general audience and another targeting unmarried parents raising children together. These guidebooks were used in the FM program as marketing and recruiting materials and distributed to potential participants. TCA also followed a protocol on domestic violence. Couples with a history of domestic violence were discouraged from attending classes together and were referred for services.
System for tracking program performance	Not reported

Recruitment	
Recruitment and referral sources	In the year prior to Hurricane Katrina in August 2005, the program targeted unmarried parents from maternity wards, prenatal clinics, and an in-hospital paternity establishment program. FM staff set up cubicles in the waiting rooms of these sites. Following Katrina, parents were also recruited from well-baby clinics, public housing projects, TANF/SNAP offices, and SES. The authors noted that recruitment was also conducted at the offices of Healthy Start, Women, Infants, and Children (WIC), and Jobs Corps, though fewer participants joined from these programs. As of 2009, the authors reported that staff were cultivating relationships with faith-based organizations, two universities, and community-based organizations to expand recruitment. SES also sent mass mailings to families who had recently established paternity, though limited numbers of participants resulted from this effort.
Recruitment method	For in-person recruitment conducted at maternity wards, prenatal clinics, in-hospital paternity establishment programs, well-baby clinics, and public housing projects, FM staff typically began conversations with potential participants about the benefits of healthy co-parenting. FM staff would then determine eligibility based upon income, age, and children. If eligible, participants were then referred to case managers who fielded follow-up phone calls to schedule intake assessments and class enrollment. The social assessment included questions on employment, domestic violence, housing, safety, legal issues, child support, and child care. If individuals did not meet eligibility requirements, they could not attend classes, but they were still eligible for other TCA services.
Recruitment incentives	Not reported
Participants targeted	The program set a goal of providing services to 300 families.
Participants recruited	Not reported
Recruitment timeframe	The FM program began recruiting efforts for the educational and case management services in spring 2005. However, Hurricane Katrina brought program activities to a halt for a year. Recruitment and service delivery recommenced in October 2006 and continued through mid-2010.

Recruitment challenges and solutions	Staff faced a number of recruitment challenges. FM staff who attempted to recruit low-income fathers from waiting rooms at maternity wards found few present. The Health Insurance Privacy and Accountability Act (HIPPA) prevented staff from collecting contact information for fathers from medical facilities for followup. Staff also found that many mothers were uninterested in services following the births of their children, and that interest was greater among married than unmarried parents. Following the reopening of the program after Katrina, the program increased recruitment from the DSS Office of Family Support and boosted efforts to gather referrals from other TCA programs, such as Head Start. Katrina presented new challenges, including participants without telephones and higher rates of homelessness. Some staff also reported sensitivity to questions regarding income.
Participation	
Participation incentives	Parents who had participated in FM classes were given baby gifts at the conclusion of the session. In addition, staff offered free dinner and access to child care at classes and arranged for transportation for those who needed it.
Initial engagement in services	As of November 2009, a total of 623 families had received services and attended at least one class.
Retention	According to FM staff, all participants who received in-depth services participated in one or more healthy relationship education class. Individuals who completed at least six out of eight classes in addition to receiving case management were considered "graduates." In November 2009, 226 participants had accomplished this out of a total of 623 families who received services and had attended at least one class—a graduation rate of 36 percent.
Participation challenges and solutions	Staff found that couples were sometimes unable to make it to relationship classes. As a result, beginning in 2006, staff worked with them in their own homes if they were unable to attend. Also, TCA instituted rolling admissions to encourage parents to enroll immediately instead of having to wait until the end of a session. Thus, parents could begin attending at any point during the eight-week session.

MINNESOTA HEALTHY MARRIAGE AND RESPONSIBLE FATHERHOOD INITIATIVE

Study Information

Program overview

The Minnesota Healthy Marriage and Responsible Fatherhood Initiative Family Formation Project (FFP) targeted unmarried couples in committed relationships in which the partners were both 18 years of age or older, had recently had a child together, had established paternity, and lived in the greater Minneapolis/St. Paul metropolitan area. FFP service delivery included one year of in-home, individualized marriage and relationship coaching and education; monthly group educational events; and referrals to social service agencies to address multiple needs. Minnesota was one of 14 sites in the Community Healthy Marriage Initiative (CHMI) Demonstration. Sponsored primarily by the federal Office of Child Support Enforcement (OCSE), CHMI awarded Section 1115 waivers to state child support enforcement agencies to support demonstrations involving a range of state and local community partner organizations and develop healthy relationship and marriage activities.

Study overview

The report under review focused on the implementation of demonstrations in five sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado. This review summarizes findings from the FFP program implemented in the Minnesota site.

The program began as a mentoring model in which married couples would work with unmarried couples on their relationships. However, the program staff found that economic needs dominated the couples' concerns and sometimes interfered with attendance. The program then adopted university-based individualized coaching offered by graduate students, who tailored the services to meet the needs of the couples.

Initial recruitment was conducted in hospitals and hampered by staff's skepticism of marriage education and privacy rules. Staff increased the network of recruitment sources, including the addition of mailing lists from the state child support enforcement agency of parents who had recently established paternity. The recruitment goal was 100 couples, and the program recruited 114. Of those, 75 participated in the year-long program or broke up.

This study is UNRATED because it did not examine any participant outcomes.

Citation	Joshi, P., S. Flaherty, E. Corwin, A. Bir, and R. Lerman. "Piloting a Community Approach to Healthy Marriage Initiatives in Five Sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado." Final report. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2010.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program operations.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Baseline demographic characteristics were collected for 194 participants.
Race and ethnicity	White: 49 percent African American: 34 percent Hispanic/Latino: not reported American Indian: 7 percent Asian American: 2 percent Other: 9 percent
Gender	Male: 50 percent Female: 50 percent
Age	Mean: 26 years
Relationship status	Married: 0 percent
Educational attainment	8th grade or less: 1 percent Some high school: 18 percent General equivalency diploma (GED): 10 percent High school diploma: 23 percent Some college or two-year degree: 31 percent Technical school: 6 percent Bachelor's degree: 8 percent Graduate or professional degree: 3 percent

Employment, income, or earnings	Employment status: Employed, full time: 47 percent Employed, part time: 17 percent Unemployed: 36 percent Personal income: Less than $5,000: 22 percent $5,000–$9,999: 19 percent $10,000–$14,999: 7 percent $15,000–$19,999: 9 percent $20,000–$24,999: 14 percent $25,000–$34,999: 11 percent $35,000–$49,999: 11 percent $50,000–$74,999: 5 percent $75,000 or more: 3 percent
Household income	Family income: Less than $5,000: 5 percent $5,000–$9,999: 9 percent $10,000–$14,999: 7 percent $15,000–$19,999: 10 percent $20,000–$24,999: 10 percent $25,000–$34,999: 16 percent $35,000–$49,999: 19 percent $50,000–$74,999: 13 percent $75,000 or more: 11 percent
Receive public assistance	Public assistance, welfare, or food stamps in the past 12 months: 44 percent
In child support system	61 percent

Reported Outcomes	
Timing	Sites visits were conducted between November 2008 and June 2009.
Description of measures	Data collection centered on qualitative methods including semi-structured, in-person interviews conducted during site visits with program staff; ongoing documentation of implementation based on monthly phone calls with project staff; review of project materials; and focus groups conducted with project participants.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	Based on the Families and Democracy Model, a research model developed by family scientists at the University of Minnesota, the program engaged community stakeholders to foster community participation and approval. The stakeholders were involved from the initial planning phase and helped define the problem the program would address, as well as the structure of the program itself and methods of evaluation. The authors noted that two counties, Hennepin and Ramsey, were targeted by the FFP because of higher rates of out-of-wedlock births than all other Minnesota counties. Given these high rates of unmarried parenthood, the goals of the program included promoting child well-being by improving child support outcomes and building healthy relationships among unwed parents.
Participant eligibility	Eligible participants included unmarried couples in committed relationships in which the partners were both 18 years of age or older, had recently had a child together, had established paternity, and lived in the greater Minneapolis/St. Paul metropolitan area.
Participant needs assessment	After the first in-home meeting with a couple, the FFP staff conducted a needs assessment, called a resource inventory, which included questions on current and past service use. Staff also assessed unmet service needs, such as housing, food and clothing, education and job training, domestic violence services, medical care, mental health care, legal services, transportation, recreation, and other support services.
Program components	Three core components made up FFP's service delivery approach: in-home marriage and relationship education and coaching, group educational events, and referrals for services, such as employment, housing, couples counseling, domestic violence, or help with child support enforcement services In addition to the core components, FFP offered community events and celebrations.

Program content	**Marriage and relationship education and coaching.** Family formation coordinators (FFCs) provided individualized coaching for couples in their homes. FFCs tailored the information to the needs of the couples, drawing from curricula and materials including the Family and Democracy Model; the PREPARE/ENRICH inventory and assessment; components of the Prevention and Relationship Enhancement Program (PREP), such as the speaker-listener technique; and materials from John Gottman, such as the Sound Marital House and Love Maps. If the couple broke up, the FFC continued to meet with one or both partners, together or separately, to help them co-parent. **Group educational events.** In addition to receiving coaching, couples were invited to monthly "Couples Connection" group educational events and workshops facilitated by the principal investigator and FFCs. At each meeting, the principal investigator initiated a topic, such as finances, and the couples separated, with each partner going into a different discussion group led by an FFC. At the end of the small-group discussion, the groups reconvened for a full-class discussion. Another element of the session was "fishbowl" exercises, during which married couples visited the class and discussed how they managed conflict related to a given topic, and the unmarried participants asked them questions. **Linkages to other services.** Following completion of the needs assessment, a social worker contacted couples by phone to discuss services. Economic assistance included one-time cash assistance, federal housing assistance (Section 8), and help with eviction, car repair, and utility shutoff. The intake included questions on domestic violence. The assessments of couples who responded affirmatively to any such questions were reviewed by a safety team, comprising the principal investigator, an expert consultant, and an FFC experienced in working with couples reporting domestic violence. Couples deemed at high risk had to complete a domestic violence program before they could participate in the FFP services. If domestic violence issues were identified during services, the services were discontinued and the couple referred to the domestic violence program. **Events.** About halfway through the project, the initiative organized a community event to celebrate progress and engage stakeholders. At the end of the project, the program held a celebration for staff and couples.
Program length	Participants received in-home coaching services for up to one year; the length of the visits was not specified. Workshops were offered monthly.
Targeted outcomes	The outcomes targeted by the program included increasing paternity establishment and child support, promoting responsible fathering and improving relationships among unmarried couples who recently had had children together, and improving child well-being.
Program adaptations and modifications	Not reported

Available languages	English only
Fidelity measures	Not reported
Program costs	The funding amount was $989,999 (including federal and state funds).
Implementation challenges and solutions	The program was initially conceived under a mentorship model, in which married couples would meet with unmarried couples to give them support and guidance. The program staff found, however, that the economic needs and family crises of unmarried couples often were more pressing than the issues addressed by the mentorship and educational services and frequently led to inconsistent attendance at scheduled meetings with mentors. The authors also reported a shortage of identified mentor couples from churches and other neighborhood institutions. In response to these challenges, the staff eliminated the mentor model and changed to a university-based program in which graduate students met with unmarried couples for one-on-one coaching, with monthly group meetings facilitated by clinicians. The authors did not specify when these changes to the program were made. According to the authors, the coaching model was designed to be collaborative so that couples and FFCs would work together to identify issues and challenges to address. FFCs also had the flexibility to try different techniques, methods, and strategies with the couples. One challenge to using graduate students as FFCs was that their ties to the community were limited, and thus they were not as effective at developing community partnerships as the mentors had been.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	The program operated from 2004 through fall 2009.
Sites and service-delivery settings	Coaching was provided in the couples' homes. Group meetings were held at the facilities of a faith-based organization, Catholic Charities.
Required facilities	Not reported
Community settings	Urban

Organizational partnerships	The two key partners were the University of Minnesota's Department of Family Social Science and the Minnesota Department of Human Services' Child Support Enforcement Division (CSED). The Section 1115 demonstration waiver was awarded to CSED, which subcontracted service delivery to the University of Minnesota. Two other partners were Catholic Charities, which provided the space and child care facilities for the monthly couples' seminars, and the Tubman Family Alliance, which provided referrals if domestic violence were identified. The principal investigator sometimes conducted educational seminars at no cost for these organizations to help build relationships and motivate recruitment at the beginning of the project. As the program was intended to engage the community, staff also worked with a "partnership couples group" and a "participant leadership couples group." The partnership couples group, made up of couples from the community, met monthly with staff to provide suggestions and feedback on the program and mentor unmarried couples, as requested. The participant leadership group was made up of program couples who provided feedback about the program.
Funding agency	CSED was awarded a Section 1115 child support waiver from the Administration for Children and Families, U.S. Department of Health and Human Services (DHHS). Section 1115 of the Social Security Act authorized DHHS to award waivers to state child support programs to implement experimental or pilot projects designed to improve the financial well-being of children and/or improve the operation of the child support program. The program also received matching funds through the State of Minnesota.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	The graduate student FFCs who provided coaching and marriage education services were also social workers or licensed marriage and family therapists. All had prior experience working with couples. The authors reported turnover among FFCs as they moved through the graduate program, although some made a long-term commitment to FFP. At the University of Minnesota, the principal investigator was a licensed marriage and family therapist who provided overall direction for the project and led the research study. The project team also consulted with a licensed marriage and family therapist.

	The program coordinator was responsible for the day-to-day administration and management of program operations. A graduate research assistant was responsible for data input and management. A part-time social worker referred couples to social services available in the community. A CSED staff member attended weekly project meetings and answered couples' child support questions.
Staff training	Seven of the nine FFCs received training on the PREPARE inventory assessment, but they did not receive training on a specific curriculum.
Training materials	Not reported
Trainer qualifications	The training of FFCs was conducted by the principal investigator from the University of Minnesota. According to the authors, this was a national leader in parenting education and a licensed marriage and family therapist.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Staff developed a protocol for handling cases of domestic violence. FFCs were encouraged to work with couples with histories of domestic violence if they were willing to take responsibility for previous events and not at risk for further violence. FFCs presented key issues discovered in assessments or during meetings with couples to a safety team made up of the principal investigator, the expert consultant, and an FFC.
System for tracking program performance	A management information system (MIS) was developed by a technical assistance provider to track participation.
Recruitment	
Recruitment and referral sources	Initial recruitment began in hospitals and health clinics serving low-income neighborhoods in Minneapolis. Efforts expanded to include social service agencies, health departments, and churches in two zip codes. CSED also searched databases to generate address lists of unmarried couples who had established paternity. Staff sent direct mailings of FFP brochures to an expanded geographic area that included five counties in Minneapolis/St. Paul.

Recruitment method	The project coordinator and the FFCs conducted eligibility screenings in waiting rooms within hospitals and neighborhood clinics. Couples who received mailings contacted the project coordinator, who conducted screenings. After couples completed intake, the project coordinator matched each to an FFC based upon caseload and availability. The FFC would then conduct an in-person home visit to collect consent forms from both participants in the couple and would administer a survey regarding their relationship.
Recruitment incentives	Not reported
Participants targeted	FFP's target was 100 couples.
Participants recruited	A total of 114 couples was recruited.
Recruitment timeframe	Participants were recruited to the project between summer 2005 and fall 2009.
Recruitment challenges and solutions	The authors observed that few individuals were recruited at local health clinics and birthing hospitals, and that the specific eligibility requirements were formidable barriers to recruitment. Program staff noted challenges in recruiting from hospitals, including the lack of prior relationships with the organizations; new patient privacy rules through the Health Insurance Portability and Accountability Act (HIPPA) that precluded clinic staff from developing lists of unmarried couples to streamline FFP's recruitment efforts; and skepticism from hospital staff about marriage education. In response, the program began to recruit at social service agencies and health departments, expanded the geographic zone of recruitment to two zip codes, and loosened eligibility requirements. The authors reported that Catholic Charities suffered from high staff turnover and thus was not a productive recruitment source. The mailing lists generated by CSED were more successful and yielded 78 couples (out of 114 ultimately recruited), although this was only 3 percent of those who received the mailing. Because of concerns about the perception of promoting marriage, half of the addresses on the mailing lists were randomly selected to receive a brochure using language on "healthy relationships," and the other half were sent brochures with language on "healthy marriage." The respective responses were similar, and the staff decided to use language about "healthy marriage" in subsequent mailings. The authors also noted that many unmarried couples did not express immediate interest in educational services because of greater concerns over economic troubles.

Participation	
Participation incentives	Minnesota passed a law reducing the marriage license fee from $110 to $40 for couples who received at least 12 hours of premarital education from a licensed professional. To encourage couples to participate in group Couples Connections events, transportation and child care were provided. Couples were also given a $70 incentive to participate in the program. No more information was provided.
Initial engagement in services	The authors noted that 96 out of 114 couples initially participated in services.
Retention	The FFP had a drop-out rate of 22 percent (21 out of 96 couples dropped out of the project). The remaining 75 couples either participated in the year-long service delivery or broke up.
Participation challenges and solutions	Once couples enrolled in the program, the FFCs developed individualized approaches to retaining them. FFCs made multiple contacts with and follow-up visits to couples. FFCs typically tried to get in touch with family members or friends of couples whom they could not contact.

OKLAHOMA MARRIAGE INITIATIVE

Study Information	
Program overview	The Oklahoma Marriage Initiative (OMI), which began in 1999, was a statewide effort designed to strengthen families and support child well-being by reducing divorce and non-marital childbearing. The primary service included accessible marriage education offered to both single individuals and individuals in relationships. Based upon the theory that local institutions and community leaders best understand the specific needs of their communities, OMI aimed to develop their capacity to provide marriage and relationship services. Volunteers were trained to present the Prevention and Relationship Enhancement Program (PREP) curriculum (see profile for more information) or formally adapted versions of it tailored to the needs of specific constituencies. Those who participated in a training were expected to recruit their own participants and offer classes in their communities. The OMI program also aimed to build demand for services by raising public awareness of marriage education through advertising and community events.
Study overview	The authors focused on the development and implementation of OMI. Data collection involved interviews with OMI staff, curriculum developers, management, and research advisors; focus groups with workshop leaders and participants; analysis of administrative data on workshops and participants; and review of documents and records, such as research reports, recruitment materials, and curriculum materials. No data were collected on participant outcomes. OMI was created in 1999 by the governor in an effort to reduce Oklahoma's divorce rate, which at the time was the second highest in the nation. Oklahoma's Department of Human Services (DHS) partnered with Public Strategies, Inc. (PSI), a private organization, to manage the initiative. Over time, OMI developed the two-pronged approach of building capacity to deliver services and increasing demand for those services. To provide marriage education, OMI trained volunteers from community institutions, such as faith-based organizations, high schools, correctional centers, and welfare offices. To increase awareness of the services, OMI presented large-scale events in communities throughout the state offering an abbreviated version of PREP. The events were designed to increase the visibility of the initiative and pique participants' interest in the full 12-hour workshops.

During initial implementation of OMI, fewer workshops were offered than staff had hoped. Although many volunteers were trained to deliver the workshops, only about one-third went on to lead them. Community volunteers were sometimes unsure of how to market the workshops to recruit participants or find locations to hold workshops. OMI also faced challenges in implementing the program among both private and public institutions. In some cases, OMI found the curriculum misaligned with the needs of target groups, such as those not in relationships or juvenile offenders. Gaining buy-in from front-line staff also proved challenging; for example, staff from Child Guidance and Head Start were concerned about becoming involved with a program perceived as promoting marriage. Because Temporary Assistance for Needy Families (TANF) in Oklahoma was decentralized, OMI had to pay particular attention to collaborating with and ensuring buy-in from its local offices. Even gaining the necessary support of leadership did not ensure that local offices would implement the initiative.

Beginning in fall 2007, OMI implemented several strategies to address these challenges. To improve volunteer capacity and skills, PSI began screening applicants prior to training and providing technical assistance to volunteers offering workshops. OMI also worked to formally adapt curricula to meet the needs of specific groups, including incarcerated women and high school students.

By the end of 2007, over 1,000 volunteers had been trained in PREP or an adapted version of the curriculum. Further, OMI had reached 122,134 participants, representing approximately 5 to 10 percent of Oklahoma's population.

This study is UNRATED because it did not examine any participant outcomes.

Citation

Dion, M. R., S. A. Avellar, H. H. Zaveri, D. A. Strong, A. M. Hershey, T. J. Silman, and B. Santos. "The Oklahoma Marriage Initiative: A Process Evaluation." Final report. Washington, DC: Mathematica Policy Research, May 2008.

Study and Sample Characteristics

Study design

This was an implementation study that included documentation and analysis of program design and operations.

Comparison condition

The study did not include a comparison group.

Conflicts of interest

The first author was a member of OMI's Research Advisory Group, which provided research-based information to guide the development of the initiative.

Sample size

Not reported

Race and ethnicity

Not reported

Gender	Not reported
Age	Not reported
Relationship status	Not reported
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Qualitative data were collected through five site visits (in late 2005, April 2006, and October, November, and December 2007).
Description of measures	The investigators conducting this process evaluation sought to collect information on OMI's goals, activities, challenges, and achievements as of the time of report. The respondents interviewed included OMI management staff, OMI curriculum developers, participants in research groups, managers at public and private agencies that delivered OMI services, and workshop leaders and participants. Quantitative data recorded in the OMI management information system (MIS) was also analyzed to determine the extent of participation.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported

Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	In the late 1990s, Oklahoma's divorce rate—one of the highest in the nation—spurred the development of OMI. Underlying the initiative was the belief that improving individual relationships was the most effective way to enact large-scale change across the state. OMI decided to offer direct services, rather than simply using media campaigns, and selected PREP as a common intervention to be used across the state. To ensure the widespread use of OMI services, the initiative focused first on capacity-building across the state through the training of staff affiliated with partner organizations and volunteers. The program also aimed to build demand by raising public awareness of marriage education through advertising and participation in community events.
Participant eligibility	OMI workshops were open both to couples and single individuals of varying ages in Oklahoma.
Participant needs assessment	Not reported
Program components	OMI featured three core components: • Delivering marriage and relationship skills training workshops across the state of Oklahoma • Developing a statewide capacity for delivering relationship skills training by creating a network of individual and institutional volunteers • Building awareness of the importance of healthy relationships and the availability of services

Program content	**Marriage and relationship skills training.** OMI provided instruction in skills associated with healthy marriage. PREP, a research-based program, was selected as the core curriculum, covering such topics as effective communication, conflict management, and ways to improve commitment, friendship, and enjoyment in relationships (see profile for more details). Participants were taught the "speaker–listener technique," a key feature of the curriculum whereby they learned to be active listeners and avoid negative behaviors, such as withdrawal or escalation. They also learned skills during class that they were expected to practice at home. The curriculum was provided in a variety of formats, depending on the specific audience (see program adaptations for specific details on program modifications). **Capacity-building through training of individual and institutional volunteers.** To build capacity for providing relationship skills instruction across Oklahoma, the program facilitated the free training of workshop leaders and provided them with free curriculum materials. Volunteers included individuals in the broader community, and agencies and organizations encouraged staff to offer OMI training as part of their regular duties. **Building community awareness.** Over time, the program grew increasingly focused on building awareness of the importance of healthy relationships and the services available. To reach a broader audience, the program offered "Sweethearts' Weekends," free workshops held around Valentine's Day that provided a modified, one-day version of the PREP curriculum. OMI had a recruitment target of 1,000 participants for each event. In response to their popularity, OMI adapted "Sweethearts' Weekends" into "All About Us," a series of marriage education events held across communities of various sizes in Oklahoma. Such events garnered media attention and public interest in services available through the program.
Program length	The length of the program varied according the target audience of participants and the version of the PREP curriculum utilized within that setting. The standard PREP educational program was 10 to 12 hours long. Community events normally condensed the program into 7 to 8 hours; material used in high schools lasted about 18 hours. Some providers, however, further modified the material. For example, one prison required participants to attend PREP and one of the adapted versions of the curriculum (Within My Reach). Across workshops, the range was about 3 to 24 hours.
Targeted outcomes	OMI's main goal was to strengthen families, reduce the incidence of divorce, and decrease non-marital childbearing by improving the public's relationship and marriage skills. Improving relationship skills and providing information on healthy relationships were expected to raise the likelihood that marriages would succeed and that couples would raise their children in the context of healthy relationships.

Program adaptations and modifications	OMI modified the PREP program over time to make it more accessible to the various audiences participating in classes. Some modifications were made informally by the program leaders themselves; for example, some leaders working with African American families felt that changes in language or messaging were important to respect cultural sensitivity. In addition, PREP curriculum developers implemented three formal adaptations for single mothers, incarcerated individuals, and adoptive families: • **Within My Reach.** Created by the curriculum developers in consultation with PSI staff and experts on domestic violence, this program was developed for single, low-income women who might have faced domestic violence in their past. The program focused on helping participants recognize healthy relationships, strengthen and sustain relationships, and prepare for future relationships. The program was offered to women in the TANF program and incarcerated women. • **Connections+PREP.** Created by the curriculum developers in partnership with the developers of Connections, a relationship program for high school students, this formal adaptation was designed for young audiences. The two versions of the program were Dating and Emotions (a 17-hour program for grades 8 through 10) and Relationships and Marriage (an 18-hour program for grades 11 and 12). Dating and Emotions focused on helping teens identify healthy dating practices and recognize patterns of abuse. Relationships and Marriage focused on teaching older teens how to sustain healthy relationships through adulthood, marriage, and life. The program was offered to students in Family and Consumer Sciences classes in Oklahoma public schools. • **ENRICH and PREP.** This formal adaptation was developed by workshop leaders to serve the needs of adopted families. The program was modified to include examples specific to the lives of adoptive families and included ENRICH, an inventory assessment of couples' relationships. The program was offered to adoptive and other families who attended weekend retreats offered by the Oklahoma Department of Human Services.
Available languages	Spanish workshops were available in some sites.
Fidelity measures	Not reported
Program costs	In 2000, the DHS set aside $10 million to support the planning and implementation of the program. These funds originated from the $100 million in surplus that had resulted from dramatic declines in TANF caseloads following 1996 welfare reform in the state. The market value of the PREP training was $555 (in 2008), and volunteer leaders were provided with materials worth about $350. Workshops were free to participants.

Implementation challenges and solutions	During the initial planning stage, from 1999 to 2001, the initiative recognized that promoting marriage was a sensitive topic and was pro-active in engaging stakeholders to build credibility. For example, the director of DHS served on the steering committee, and researchers were retained to make conference presentations. As the initiative began to offer direct services, it faced new challenges. Although as a condition of training all volunteers agreed to offer at least four workshops per year, few did so. About 16 percent of trained volunteers held at least three workshops. Community volunteers were hampered by inexperience in public speaking and lack of knowledge on ways to market events or find locations to hold workshops. In institutions or organizations, misalignment sometimes occurred between the curriculum and target groups; for example, the emphasis on marriage did not meet the immediate needs of juvenile offenders. In some cases, OMI also found challenges in gaining buy-in from front-line staff, for example from Child Guidance and Head Start, who were concerned about advocating for marriage. In the case of working with TANF, OMI learned that although gaining the support of leadership was necessary, it did not ensure that local offices would implement the initiative. A number of solutions were developed to address these challenges. PSI began to screen applicants prior to training and provided volunteers with technical assistance on key responsibilities. OMI worked with the PREP developers to adapt the curriculum for specific populations, such as single, low-income women and high school students. OMI also learned to seek partners with which its mission and priorities were a good fit.
Program Structure	
Was there a planning or pilot phase?	Prior to implementing the program across the state, OMI underwent a planning stage in which developers defined its theory of change, designed an intervention strategy, developed public support, and initially implemented the intervention.
Length of planning/pilot	The planning stage and initial implementation of the OMI initiative occurred from 1999 to 2001.
Timeframe for program operation	OMI services were offered beginning in 2001. The program was still in operation as of the time of the report in 2007.
Sites and service-delivery settings	To ensure that capacity was developed across the state, OMI divided it into six geographic regions, around which it organized its work. In each region, services were offered within a variety of settings, including high schools, correctional centers, welfare offices, Head Start programs, businesses, universities, churches, and nonprofit organizations.
Required facilities	Not reported
Community settings	Urban and rural

Organizational partnerships	OMI was a complex initiative involving many partners, including curriculum developers, researchers, policymakers, agency staff, and volunteers. In 1998, the then cabinet secretary for Oklahoma DHS encouraged the development of OMI, which the governor announced in 1999. OMI was funded by the Oklahoma DHS and managed through a contract with a private firm, PSI. In its planning stage, the initiative established key partnerships by (1) engaging members of the faith community and experts in the development process; (2) establishing a steering committee that included experts from the Center for Relationship Development at Seattle Pacific University and advocates from the Center of Law and Policy; and (3) creating a research advisory group, consisting of scholars, university-based practitioners and researchers, and policy experts, to help guide program implementation. During initial stages of implementation in 2001, OMI partnered with three institutions to provide relationship training, each of which served low-income families: the Oklahoma State University Cooperative Extensive Service, which provided courses to local residents in topics such as agriculture, family and consumer science, 4-H, and community development; the Child Guidance Program at the Department of Health, which provided services for families with emotional problems; and DHS welfare system offices. In 2002, OMI extended its partnerships in an effort to reach a broader set of participants. The program formed partnerships with the Oklahoma Association of Youth Services, which operated a six-week First Time Offender Program for adolescents and pre-adolescents, and the Head Start program of Oklahoma, which provided early childhood education for low-income families. OMI also engaged two government institutions, the Family and Consumer Sciences division of the Oklahoma Department of Education, and the Oklahoma Department of Corrections. Finally, to target families who had adopted children, OMI partnered with the Oklahoma Department of Human Services Adoption Assistance Program.
Funding agency	The program was funded by DHS, which set aside funding from the $100 million in surplus that had resulted from dramatic declines in TANF caseloads following 1996 welfare reform. Additional public and private resources were provided by public agencies, institutions, nonprofit organizations, and community volunteers that had provided trainings and other services during the implementation of the OMI program.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Not reported

Staffing and Operations	
Staff characteristics	OMI was funded by the Oklahoma DHS and managed through a contract with a private firm, PSI, Inc. The cabinet secretary for DHS played a key role in heading the steering committee of experts and leaders who planned the initiative and advised on ongoing decisions related to its implementation. The project manager of the program, who was also the president of PSI, oversaw its day-to-day coordination. PSI also designated staff to monitor the activities of workshop leaders in each region and provide encouragement and assistance as needed. All of the OMI service delivery components were provided by volunteers. Some who provided OMI workshops were individuals from the community, including college students, faith leaders, social workers, business people, and educators. In addition to cultivating community volunteers, OMI worked with government and private organizations that would encourage their employees to participate in training and provide services.
Staff training	OMI initially used a three-tier approach to training agency managers, leaders, referral sources, and workshop leaders. One focus of initial trainings was the introduction of key decision makers and front-line workers to OMI. In 2001, tier I trainings presented selected lessons from the curriculum to community leaders and upper-level managers within public and private agencies to introduce the initiative to them and build their support. According to the authors, this approach was modified to provide more individualized information to high-level agency directors, based on their level of interest. Tier II trainings, which occurred mostly prior to 2002, served to build a network of public agency front-line workers and potential sources of participant referrals, such as faith-based organizations. Tier III trainings were provided to all those interested in providing workshops, including community volunteers and volunteers from public and private institutions. The training occurred over three days and provided research background on the curriculum and the curriculum itself. Volunteers were encouraged to personalize the curriculum in their own workshops.
Training materials	Curriculum materials and leaders' manuals were provided at no charge to volunteer trainers.
Trainer qualifications	Authors of the PREP curriculum provided free training to volunteers.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported

Staff supervision frequency	Not reported
Technical assistance	Workshop leaders were provided with technical assistance to promote workshop activity. After initial difficulties with implementation, PSI staff monitored the activities of workshop leaders in each region, especially those who were recently trained. Staff worked to build relationships with trained leaders, served as a sounding board for their ideas, and refined plans for locating facilities and supports, scheduling classes, recruiting, and delivering workshops. PSI staff also informed leaders about available referral sources, identified supports such as food and child care, and assisted with advertising.
Operations manual, forms, or protocols	Not reported
System for tracking program performance	PSI used a web-based management information system (MIS) for recording information about workshop leaders, participants, and the number of workshops held. Data were included on workshop leaders, completed workshops, and participant characteristics.
Recruitment	
Recruitment and referral sources	Workshop leaders were responsible for recruiting participants for their own classes. Some community volunteers, such as clergy members, and public or private institution staff recruited from their existing members or clients. Others solicited community members using such methods as flyers and posters. In some cases, the curriculum was a part of mandatory programming. Within TANF, career development specialists provided it as mandatory orientation for all new clients. It was also a mandatory component of the First Time Offender Program for adolescents in the Oklahoma Association of Youth Services. Many high school students received the curriculum as a part of their Family and Consumer Science classes, as it was made available free to Family and Consumer Science teachers across the state. For large-scale community events, such as "Sweethearts' Weekends," the OMI staff was substantially involved in recruitment activities, which included advertising on the radio and in newspapers and the distribution of informational material.
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Not reported

Recruitment timeframe	Participants were recruited for workshops between 2001 and 2007, the time of the report.
Recruitment challenges and solutions	Some workshop leaders had difficulty identifying participants. Community volunteers often were unsure about how to publicize the workshops. Staff at some private and public institutions, such as the Cooperative Extension Service, were not able to identify enough interested participants in their existing client bases. Some agencies, such as Child Guidance, had little budget to support recruitment efforts, which made the process stressful for staff. In response to recruitment challenges, OMI increased technical assistance to workshop leaders in locating referral sources. Also, to build demand for and interest in relationship workshops, the program began to host large-scale community events across the state, including the "Sweethearts' Weekend" and "All About Us" events. These workshops, which offered abbreviated versions of the curriculum, were supposed to stimulate interest in the longer workshops. Organizations with established enrollment processes and pre-existing classes, such as those on marriage and family life provided in high school or during the application process for TANF, tended to be most successful at recruitment and offering workshops.
Participation	
Participation incentives	Individuals who attended "All About Us" events were given door prizes (such as free wedding portrait packages) and other incentives. Attendees could obtain a marriage license at the discounted price of $5. No incentives for other workshops were reported.
Initial engagement in services	The authors reported that about 60 percent of couples who registered for a community event, such as "Sweethearts' Weekends" or "All About Us," attended the event.
Retention	A total of 122,134 participants, approximately 5 to 10 percent of Oklahoma's population, attended one of the OMI workshops. Participants were only reported when they attended at least 70 percent of curriculum offered, so this did not include those who did not meet minimum participation requirements.
Participation challenges and solutions	OMI staff noted that community events experienced some attrition on the second day and thus were shortened to day-long programs.

RELATIONSHIP ENHANCEMENT FOR REFUGEES AND IMMIGRANTS

Study Information

Program overview

The Relationship Enhancement for Refugees and Immigrants program, developed by the U.S. Committee for Refugees and Immigrants (USCRI), was a five-year demonstration funded by the Office of Refugee Resettlement in the Administration for Children and Families, U.S. Department of Health and Human Services. It was delivered by nonprofit refugee resettlement field and partner agencies at seven sites across the country with centralized support, technical assistance, and monitoring administered by USCRI. The main component of the program was group sessions. For them, the curriculum developer adapted the Mastering the Magic of Love Relationship Enhancement model to include content relevant to refugees' needs. The curriculum, translated into eight languages, included three eight-hour workshops: Introduction to Relationship Enhancement, Family Stress and Conflict Management, and Relationship Enhancement and Financial Literacy. In addition to the group sessions, sites could offer community events, marriage mentoring, and trainings for community leaders.

Study overview

The author of the study under review described the development and implementation of the Relationship Enhancement for Refugees and Immigrants program. The program materials were developed to meet the cultural and linguistic needs of refugees, with content focusing on building relationship skills as well as other aspects of the immigration experience. Much of the work involved in developing and finalizing the program materials related to piloting the curriculum with various ethnic groups and translating the materials into relevant languages for refugee populations.

Participants were recruited from resettlement orientation upon arrival, local ethnic community associations, ethnic businesses, community organizations, and schools, and by word of mouth. Participants included refugees, asylees, Special Immigrant Visa holders (Iraqis and Afghans), Cuban and Haitian entrants, and victims of trafficking. A total of 9,585 individuals attended eight hours of the group sessions between January 2007 and September 2011. The majority were married, although single individuals also participated.

There were some difficulties in implementation. Although the curriculum included three eight-hour modules, the sites only offered a total of eight hours per session. Therefore, most participants were offered and received only the first module, Introduction to Relationship Enhancement. Some sites also struggled to find coaches to attend the groups and assist in skill development.

	In addition to the implementation information, the author presented the results of an evaluation questionnaire, administered to a randomly selected subset of 422 participants. The questionnaire, administered at the completion of the first session of the program,, asked participants about their use of the program skills and their beliefs about the efficacy of the skills. The author found that the majority of participants reported using the skills learned in the workshop, but without a pre-test was unable to measure change over time. ***The study has two ratings. The implementation part of the study is UNRATED. For participant outcomes, the study has a LOW rating because the lack of a comparison group means it cannot establish whether outcomes were caused by the program and not by some other factor, such as natural change over time.***
Citation	Amin Bellinger, G. "Training Refugee Couples Post Resettlement with Skills to Negotiate and Redistribute Gender Responsibilities." Arlington, VA: U.S. Committee for Refugees and Immigrants, n.d.
Study and Sample Characteristics	
Study design	This was an implementation study that included documentation and analysis of program design and operations. It also included results from a post-test questionnaire administered to program participants, but the author did not analyze change over time or differences between program and comparison groups.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	The questionnaire sample included 422 individuals.
Race and ethnicity	Not reported
Gender	Not reported
Age	Not reported
Relationship status	Not reported
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported

Reported Outcomes	
Timing	Evaluation questionnaires were administered after the completion of the first workshop.
Description of measures	Evaluation questionnaires were administered to a random sample of 4 participants after the completion of the first workshop. In total, the questionnaire was administered to 422 randomly selected participants from 105 workshops between October 2010 and June 2011. The questionnaire included such items as whether the participants used the program skills, believed the skills strengthened their relationship, or could identify components of the core skills.
Outcomes: Relationship status and quality	The author did not analyze change over time.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	The Relationship Enhancement model, from which the program curriculum was adapted, was based on the idea that individuals are capable of resolving their own conflicts, and conflicts are best resolved in safe, empathetic, and accepting relationships. Because many refugees are isolated from their social support networks, the program was designed to strengthen the couple relationship so partners could rely on each other and solve problems together.
Participant eligibility	Eligible participants included refugees, asylees, Special Immigrant Visa holders (Iraqis and Afghans), Cuban and Haitian entrants, and victims of trafficking. Non-refugees and naturalized citizens were not eligible. Participants were eligible four weeks after their arrival in the United States.
Participant needs assessment	Not reported
Program components	Each site offered psycho-educational workshops based on the Relationship Enhancement model. Sites also offered community events, marriage mentoring, and trainings for community leaders.
Program content	The program was based on the Mastering the Magic of Love (now called Mastering the Mysteries of Love) Relationship Enhancement model. The three workshops were Introduction to Relationship Enhancement, Family Stress and Conflict Management, and Relationship Enhancement and Financial Literacy. A 28-page illustrated participant workbook included 10 core Relationship Enhancement skills and workshop exercises. The Introduction to Relationship Enhancement workshop covered four core Relationship Enhancement skills: showing understanding (receptive listening and empathy), expression (expressive speaking), discussion (structured dialogue), and problem solving. Details on the other workshops were not provided. No information was provided on the other program components.
Program length	The program included three eight-hour workshops.
Targeted outcomes	The program was designed to increase the expression of empathy to strengthen the couple's relationship.

Program adaptations and modifications	The Mastering the Magic of Love (MML) model, designed for low-income, low-education couples, was adapted by USCRI and the Institute for the Development of Emotional and Life Skills (IDEALS). The program content was adapted to focus on the immigration experience, challenges to gender roles, redistribution of gender responsibilities, maintaining culture, understanding U.S. family violence laws and resources, and generalization of skills to children and others. It was also adapted to focus not only on married couples, but on singles, widowers, and separated and divorced individuals. After the initial eight months of piloting in 2007, the curriculum was adapted and published in January 2008. Piloting continued, and, after further adaptations, a second edition was published in April 2009.
Available languages	After the English-language version of the workbook was finalized, a Spanish edition was developed in 2009. Additional translations were published between 2009 and 2011 in seven languages: Arabic, Burmese, Farsi, Karen, Nepali, Somali, and Tigrinya. The workshops were delivered in English, through an interpreter, or in the participants' native language.
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	The sites offered eight hours of the group sessions, so most participants completed only the first workshop series, Introduction to Relationship Enhancement. It is unclear whether the other two eight-hour workshops also were offered in the sites. Trained coaches were not always available to monitor skill practice sessions, which may have made it difficult for participants to learn and retain the skills. To address this challenge, coordinators and community leaders were trained as coaches.
Program Structure	
Was there a planning or pilot phase?	After the curriculum was adapted, it was piloted with the following ethnic populations: Afghan, Bosnian, Burmese, Burundi, Cuban, Eritrean, Ethiopian, Haitian, Karen, Liberian, Meskhetian Turk, Somali, Somali Bantu, Sudanese, and Vietnamese. During this time, each site was given the flexibility to modify the curriculum based on cultural knowledge, client response, feedback from cultural consultants, and trainings from other providers.
Length of planning/pilot	The curriculum was piloted for eight months.
Timeframe for program operation	The program was developed and delivered over a five-year period starting in October 2006.

Sites and service-delivery settings	The program was delivered by seven nonprofit refugee resettlement field and partner agencies in the following cities: • Colchester, Vermont • Albany, New York • Erie, Pennsylvania • Raleigh, North Carolina • Bowling Green, Kentucky • Kansas City, Missouri • Los Angeles, California
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	The program was developed by the U.S. Committee for Refugees and Immigrants (USCRI) and the Institute for the Development of Emotional and Life Skills (IDEALS).
Funding agency	The five-year demonstration project was funded by the Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Each site had at least one trained and certified Relationship Enhancement workshop leader. Workshop leaders, interpreters, and community leaders served as coaches to supervise skill practice. These coaches were trained to observe body language, monitor turn taking in structured dialogue with the use of an expression ball (not described), and prompt skill use with the workbook translations and illustrations. Staff were not required to have a minimum level of education or hold a professional license.
Staff training	Workshop leaders were trained and certified on the Relationship Enhancement curriculum. All interpreters were required to demonstrate competency in using the "showing understanding" skill. No other information was provided.
Training materials	Not reported

Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Technical assistance and monitoring were conducted by USCRI, IDEALS, and other consultants. Support was delivered through site visits, live or video observations, and bi-weekly peer conference calls.
Operations manual, forms, or protocols	The program used a 28-page illustrated participant workbook with translated editions.
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Participants were recruited through resettlement orientation upon arrival, local ethnic community associations, ethnic businesses, community organizations, and schools, and by word of mouth.
Recruitment method	Not reported
Recruitment incentives	The program did not offer recruitment incentives.
Participants targeted	Not reported
Participants recruited	Not reported
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	The program did not offer participation incentives.

Initial engagement in services	Between January 2007 and September 30, 2011, 10,484 individuals attended some part of at least one workshop.
Retention	The authors reported that 9,585 participants completed the eight hours (3,482 couples, 966 married participants who attended without their spouses, 839 single men, and 816 single women), whereas 899 did not complete the initial workshop or return for the additional workshop.
Participation challenges and solutions	Not reported

RELATIONSHIPS FOR REAL LIFE

Study Information	
Program overview	Relationships for Real Life (RRL) was a Boston-based program that encouraged healthy relationships, paternity establishment, and child support through relationship workshops. The series of eight two-hour classes featured the Exploring Relationships and Marriage with Fragile Families for Couples curriculum. Topics included communication, expressing love, and conflict management; one class covered child support. Classes were offered to different target populations and sometimes included all men, all women, or adolescents only. Participants had to be literate and could not have active restraining orders against them. The program was administered by the Father Friendly Initiative (FFI), a one-stop service provider that offered case management and other services to low-income fathers. Male participants in RRL could receive case management and referrals through FFI. Other RRL participants who were not a part of FFI were referred to services as needed. RRL was one of fourteen sites participating in the Community Healthy Marriage Initiative (CHMI) Demonstration, a national, multi-site demonstration that awarded Section 1115 demonstration waivers to state child support enforcement agencies to support the development of healthy relationship and marriage activities through the collaboration of state and local community partner organizations.
Study overview	This review summarizes two studies. The first was a report focused on the implementation of the CHMI demonstrations in three sites, of which the RRL program was one. The second report covered the RRL over a time period similar to that of the CHMI study. RRL program operations began in 2005 and continued through 2009. During that time, staff aimed to provide services for a total of 300 couples or 600 individuals. However, 364 individuals (196 women and 168 men) participated in at least one RRL class. Approximately 20 percent of the women and 23 percent of the men attended the classes with a partner. Of all participants who attended at least one session, approximately 78 percent of the women and 60 percent of the men completed between six to eight sessions and were considered to have graduated the program.

FFI, the organization that oversaw the program, recruited participants largely from its client base but also relied upon referrals from partner organizations, particularly to recruit women and youths not typically served by its programs. FFI worked with up to 13 other agencies for recruitment and to provide services. Given that the FFI program had been geared toward men, the organization found it challenging to incorporate women into its programming outside of the relationship education curriculum, having difficulty, for example, connecting to community resources. Program staff therefore developed a network of referrals for female clients outside of the organization. FFI also found that male participants continued to rely upon its services following the program, which increased the need for ongoing case management within the organization.

Evaluators based at the Center for Policy Research in Colorado conducted a pre-post study of the RRL program. Using surveys, telephone interviews, focus group discussions, and reviews of child support records, the authors collected data from 364 low-income male and female participants at three time points: baseline, post-program, and three months after program completion. The study examined changes in relationship status and quality from before participants received the RRL program to after completion; participants' perceptions and attitudes toward marriage and their plans for the future; and child support outcomes. The analysis showed no change in relationship status or plans to marry. When asked about their interest in marriage, the percentage of unmarried women who said they were unsure about marriage decreased, whereas the percentage of unmarried men who felt unsure about marriage increased. Women did not show changes in their rating of relationship quality, although the percentage of men who rated their relationships as "excellent" increased. There were no changes in child support payments or debt.

The first study (Joshi et al. 2008) was an implementation study and is UNRATED. The second (Pearson et al. 2009) has two ratings. The implementation part is UNRATED. The participant outcomes part has a LOW rating because the lack of a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time.

Citation

Joshi, P., N. Pilkauskas, A. Bir, and B. Lerman. "Piloting a Community Approach to Healthy Marriage Initiatives in Three Sites: Chicago, Illinois, Boston, Massachusetts, and Jacksonville, Florida." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families: Office of Child Support Enforcement, Office of Planning, Research, and Evaluation, 2008.

Pearson, J., N. Thoennes, and L. Davis. "Building Healthy Marriages and Family Relationships: A Collaboration for Boston Families." Denver, CO: Center for Policy Research, December 2009.

Study and Sample Characteristics	
Study design	The Joshi et al. study was an implementation study that included documentation and analysis of program operations. The Pearson et al. study also included information on implementation, plus a pre-post design. The authors collected data on relationships, marriage plans, paternity establishment, and child support payments at three time points: pre-program, immediately after the program, and three months after completion of RRL classes. They did not, however, always limit the analysis to those who had data at multiple time points, which means the sample sizes differed at pre-test and post-test.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	Baseline demographic characteristics were collected for 364 participants (196 women and 168 men) who enrolled in RRL classes. In the pre- and post-test analysis, the sample size varied by outcome.
Race and ethnicity	White: 8 percent (women); 9 percent (men) African American: 56 percent (women); 72 percent (men) Hispanic/Latino: 27 percent (women); 13 percent (men) American Indian: not reported Other: 9 percent (women); 6 percent (men)
Gender	Male: 46 percent Female: 54 percent
Age	Mean: 26.9 years (women); 29.8 years (men) Range: 18–56 years (women); 18–59 years (men)
Relationship status	Relationship status was presented separately by age group and gender. • Among those 17 years of age and under, 4 percent of women and no men were married. Of those who were not married, 25 percent of women and 26 percent of men were in romantic relationships. • For those 18–24 years, 9 percent of women and 4 percent of men were married. Of those who were not married, 14 percent of women and 11 percent of men were in romantic relationships. • For those 25–31 years, 4 percent of women and 18 percent of men were married. Of those who were not married, 33 percent of women and 14 percent of men were in romantic relationships. • For those 32 years of age and over, 14 percent of women and 21 percent of men were married. Of those who were not married, 25 percent of women and 18 percent of men were in romantic relationships.

Educational attainment	Of the 94 women who provided this information, 25 percent had completed less than high school, 49 percent had high school diplomas, 15 percent had associate's degrees or some college, and 12 percent had bachelor's degrees or higher. Of the 91 men who provided this information, 36 percent had completed less than high school, 43 percent had high school diplomas, 17 percent had associate's degrees or some college, and 4 percent had bachelor's degrees or higher.
Employment, income, or earnings	The authors reported employment status by age and gender: • Of women 17 years of age and under, 93 percent were unemployed, 6 percent worked odd jobs, and 2 percent had part-time employment. Of men 17 years and under, 67 percent were unemployed, 28 percent had part-time employment, and 6 percent had full-time employment. • Of women 18–24 years, 84 percent were unemployed, 13 percent had part-time employment, and 3 percent had full-time employment. Of men 18–24 years, 29 percent were unemployed, 8 percent worked odd jobs, 42 percent had part-time employment, and 21 percent had full-time employment. • Of women 25–31 years, 82 percent were unemployed, 4 percent were self-employed, 4 percent worked odd jobs, 4 percent had part-time employment, and 7 percent had full-time employment. Of men 25–31 years, 59 percent were unemployed, 6 percent were self-employed, 6 percent worked odd jobs, 6 percent had part-time employment, and 24 percent had full-time employment. • Of women 32 years of age and over, 71 percent were unemployed, 4 percent were self-employed, 4 percent had part-time employment, and 22 percent had full-time employment. Of men 32 years and over, 54 percent were unemployed, 5 percent were self-employed, 7 percent worked odd jobs, 7 percent had part-time employment, and 28 percent had full-time employment. On average, among the employed, women earned $542 per year, while men earned $20,328 per year.
Household income	Not reported

Receive public assistance	The authors reported a variety of public assistance benefits by age and gender of participants. • Food stamps: The percentages of women receiving benefits ranged from 46 percent (under age 17) to 78 percent (18–24 years); percentages of men receiving benefits ranged from 16 percent (18–24 years) to 46 percent (over 32 years of age). • Temporary Assistance for Needy Families (TANF): Percentages of women receiving benefits ranged from 8 percent (over 32 years of age) to 27 percent (18–24 years); percentages of men receiving benefits ranged from 4 percent (18–24 years) to 5 percent (over 32 years of age). • Unemployment insurance: Percentages of women receiving benefits ranged from 2 percent (under 17 years of age) to 3 percent (18–24 years); percentages of men receiving benefits ranged from 4 percent (18–24 years) to 12 percent (25–31 years). • Workers' compensation: Percentages of women receiving benefits ranged from 0 percent to 2 percent (under 17 years of age); percentages of men receiving benefits ranged from 0 percent to 4 percent (18–24 years). • Veterans' benefits: Percentages of women receiving benefits ranged from 0 percent to 2 percent (under 17 years of age); percentages of men receiving benefits ranged from 3 percent (over 32 years of age) to 8 percent (18–24 years). • Medical assistance: Percentages of women receiving benefits ranged from 12 percent (over 32 years of age) to 27 percent (18–24 years); percentages of men receiving benefits ranged from 20 percent (18–24 years) to 44 percent (25–31 years). • Supplemental Security Income (SSI): Percentages of women receiving benefits ranged from 12 percent (18–24 years) to 35 percent (over 32 years of age); percentages of men receiving benefits ranged from 8 percent (under 17 years of age) to 19 percent (25–31 years). • Housing (only reported for women): Percentages of women receiving benefits ranged from 4 percent (under 17 years of age) to 26 percent (over 32 years of age).
In child support system	Of the 182 of the 353 cases that could be matched in the child support system, 58 percent were in the system. Of these, 45 percent were non-custodial and 65 percent were custodial parents.

Reported Outcomes	
Timing	The authors collected data at three time points (pre-program, immediately after the program, and three months after completion of RRL classes) using surveys and phone interviews. Child support outcomes were measured 12 months prior to enrollment, and one to 12 months and 13 to 24 months after enrollment.
Description of measures	At baseline, the authors collected data using a pre-workshop assessment, which included questions about participants' background, employment history, race, and education. Male participants completed an FFI intake form, which asked them more detailed questions on their substance abuse experience, incarceration or criminal justice history, child support history, and living situation. At post-program and the three-month follow-up phone interviews, participants were asked questions about their perceptions of the RRL program as well as attitudes toward marriage, their current relationship status and quality, and future marriage plans. At the three-month followup, participants were also asked a series of questions about changes in their life experiences after they completed RRL classes, including employment status, public assistance benefits, substance abuse treatment, relationship status, and whether or not they had married or had a baby since the program ended. The child support outcomes were based on data from the child support system. The only outcomes included in this review were those measured at multiple points in time. None of the outcomes reported at the three-month followup were measured at multiple points in time.
Outcomes: Relationship status and quality	From pre-test to post-test, there was no change in relationship status or plans to marry. For unmarried women, the percentage who said they were unsure about marriage decreased, but for unmarried men, the percentage increased. For women, there were no changes in their rating of their relationship quality. For men, the percentage who reported their relationship was excellent increased.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Over time, there were no changes in the amount of child support due, the percentage of the child obligation that was paid, or the arrears balance.

Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	The FFI program worked with low-income fathers and men without children to provide case management and clinical services. The RRL program was developed because staff saw that many FFI clients had partners and might benefit from relationship programs.
Participant eligibility	The target population comprised those who lived in economically depressed neighborhoods in the Boston area, including Roxbury, Dorchester, Mattapan, Hyde Park, South End, and Jamaica Plain.
Participant needs assessment	At intake, case managers assessed participants' needs, such as health insurance, food stamps, and housing.
Program components	The core activities for RRL included (1) healthy marriage and relationship education; (2) assistance with child support and paternity establishment; and (3) case management and referrals to other services.
Program content	**Healthy marriage and relationship classes.** The program used the Exploring Relationships and Marriage with Fragile Families for Couples (Fragile Families) curriculum, designed by the Center for Fathers, Families, and Workforce Development for the State of Louisiana. Fragile Families focused on healthy marriages and relationships between low-income, unmarried, African American parents who were single or in couple relationships. Class topics included the following:

	1. Partners in couples expressing qualities they appreciated about each other and identifying problems in their relationships 2. Healthy relationships 3. Attitudes about marriage and its benefits 4. De-escalating and resolving conflicts 5. Causes and solutions to common relationship problems 6. Positive communication 7. Expressing love and looking toward the future 8. Commitment **Child support services.** FFI staff talked to participants regarding child support issues and paternity establishment during one of the relationship education sessions and provided referrals for services as needed. Boston Medical Center also provided paternity establishment services to participants free of charge. **Case management and referrals.** FFI staff conducted intake with each participant, including a needs assessment. Men who were a part of FFI received job placement, food stamps, financial counseling, substance abuse and mental health counseling, housing placement, and other services. Other RRL participants who were not a part of FFI were referred to services as needed.
Program length	The relationship workshop classes met weekly for two hours for eight weeks. The length of the other program components was not reported.
Targeted outcomes	The main goals of the program were to increase the number of low-income children living in married households, increase the number of healthy marriages, improve compliance with child support obligations, and increase paternity establishment.
Program adaptations and modifications	The program adapted contents of the Fragile Families curriculum to make it more applicable to young audiences and included material on child support and paternity establishment.
Available languages	English and Spanish
Fidelity measures	Not reported
Program costs	Federal funds provided $977,502 to the project and were matched by $503,562 from the state.

Implementation challenges and solutions	During initial implementation, the program encountered changes that delayed service delivery. First, the host agency, FFI, which had originally been part of the Boston Public Health Commission, was moved to the Substance Abuse Services Bureau, which meant the program was managed by a new supervisor. Second, the FFI director left the organization; and third, one of the original partners left the initiative. Program operations also introduced difficulties. Scheduling classes was difficult, in part because one staff person was responsible for all scheduling and also because the availability of facilitators and participants tended not to coincide. FFI found it challenging to incorporate women into its programming outside of the relationship education curriculum, such as in case management, and had to develop an extensive network of referrals for female clients outside of the organization. The program also found that male participants continued to rely upon FFI services following the program, which increased the need for ongoing case management within the organization. Initially, RRL used an additional curriculum, Marriage and Parenting, which lasted 10 sessions and cost $6,000, along with Fragile Families for a set of sessions. FFI decided to provide Fragile Families only, because it was shorter and free. Program staff expressed several concerns about the program. First, some facilitators thought it was not intensive enough to achieve long-term change. Some also felt that the participants, particularly women, could have benefited from a more tailored set of employment and counseling services. Generally, the program staff were concerned about costs and the program's sustainability after the grant ended. The partner agency staff were skeptical that they would be able to continue offering the program without another funding source.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	RRL classes were offered from January 2005 through September 2009.
Sites and service-delivery settings	The program was provided in multiple service delivery settings in the Boston area, including FFI, community-based organizations, faith-based organizations, and a community college (see organizational partnerships).
Required facilities	Not reported
Community settings	Urban

Organizational partnerships	RRL was a collaboration between the State Administration of Children and Families Child Support Enforcement Department and FFI. CSE was the primary federal grantee, maintaining fiscal oversight of the CSE program. CSE subcontracted service delivery to FFI. The Joshi et al. and Pearson et al. studies differed in the agencies listed as partners. Although there was some overlap in the listed agencies, the reason for the discrepancies were unclear. In the Joshi et al. study, the authors indicated that the program had 10 partners, falling into two categories: organization partners and facilitator partners. Organization partners recruited participants from among their clients to participate in the RRL program, which was facilitated by two RRL staff. Organization partners included the following: • Victory Programs, a multi-service agency • Casa Esperanza, a substance abuse service center • Project Hope, a faith-based, multi-service agency • Roxbury Youthworks, a nonprofit organization that combated juvenile delinquency • Smith Leadership Academy, a college preparatory program for middle school students • Roxbury Community College Facilitator partners agreed both to recruit participants and have facilitators (paid by RRL) co-lead classes with an RRL facilitator at their organizations. Facilitator partners included the following: • Harvard Street Neighborhood Health Center, a comprehensive health delivery organization • Entre Familia, a residential treatment program • MOM's project, a substance abuse program for pregnant women • Boston Medical Teens and Tots Program, a medical center In the Pearson et al. study, the authors mentioned 13 partners without differentiating among types. The listed partners that overlapped with the Joshi et al. study were the following:

	• Boston Medical Teens and Tots • Harvard St. Neighborhood Health Center • Casa Esperanza • Roxbury Youthworks • Project Hope • Smith Leadership Academy The Pearson et al. study did not mention Victory Programs, Roxbury Community College, Entre Familia, or the MOM's project as partners. Instead, the following additional partners were listed: the Substance Abuse Treatment and Prevention Division of the Boston Public Health Commission, which included residential and outpatient programs; the Log School, a community organization that offered adult education; St. Mary's Women and Children Center, an alternative residential facility for low-income pregnant or parenting teens; Boston Health Community Resources for Empowerment and Wellness, a program for young men between 18 and 25 years of age; Franklin Park Development, subsidized public housing; Catholic Charities, one of the largest social service providers in the state; and the Whittier Street Health Center, which provided primary and preventative care and social services.
Funding agency	The Office of Child Support Enforcement in the Administration for Children and Families awarded Section 1115 demonstration waivers to the state Child Support Enforcement Department. Federal funds were matched by the State of Massachusetts.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Several key members at FFI coordinated RRL. The project director managed day-to-day operations of the program and provided input into the its overall direction. Staff also included a program manager who coordinated classes and performed administrative duties, case managers who connected participants with needed services, and an employment coordinator who helped participants find jobs. All classes were co-led by a man and a woman. Facilitators included RRL and partner staff who were social workers and counselors with experience leading classes. Several also had experience with mental health or substance abuse counseling and had diverse racial and ethnic backgrounds.

Staff training	The program did not formally train facilitators in curriculum. Instead, new facilitators sat through an entire session prior to facilitating their own classes and were paired with more seasoned facilitators when leading their first classes. Staff also underwent domestic violence awareness training sessions that provided information on screening and addressing cases of domestic violence.
Training materials	Not reported
Trainer qualifications	An experienced facilitator led sessions that new facilitators attended.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Section 1115 mandated that grantees put in place a domestic violence protocol to address issues of domestic violence disclosed by participants. RRL's protocol, developed in 2006, defined domestic violence and outlined the process for screening individuals who had previously been involved in domestic violence and referring them to appropriate services.
System for tracking program performance	The program recorded data on enrollees in the client tracking management information system (MIS).
Recruitment	
Recruitment and referral sources	Recruitment primarily was done with existing clients at FFI and partner agencies. RRL also participated in select events, including fatherhood days and annual neighborhood parties.
Recruitment method	A RRL case manager conducted intake and needs assessments, covering such needs as health insurance, food stamps, and housing. Applicants were also screened for criminal background and domestic violence history. All applicants were asked to complete a pre-workshop assessment form, which gathered additional information on attitudes toward marriage and relationship quality. For those recruited at FFI, intake occurred during the first meeting. Those who were referred by partner organizations completed intake at the first workshop meeting.

Recruitment incentives	Not reported
Participants targeted	The program set a goal of providing services to 600 people (200 a year).
Participants recruited	Not reported
Recruitment timeframe	Participants were recruited for classes from late 2005 through 2009.
Recruitment challenges and solutions	FFI program staff first focused their recruitment efforts on existing or previous FFI clients who were eligible for the RRL program, and also advertised RRL classes to "walk-in" clients or those who were mandated or referred by the courts to receive other FFI services, such as employment services, child support, or food stamp assistance. FFI was successful at recruiting men for the program, but expanded the recruitment effort to other service providers serving low-income, vulnerable, and fragile populations to increase the numbers of participants from these groups and reach women and youth. The program focused recruitment within its own partner organizations based upon the assumption that existing clients would be more dedicated to the program. The authors reported that although the program did encounter some challenges in recruiting the targeted number of participants, staff considered their outreach and recruitment strategies effective and successful overall.
Participation	
Participation incentives	Participation incentives included meals provided at sessions and transportation subsidies (two bus tokens for each session and a bus pass after completing three sessions). Those who completed six sessions received a $20 gift card, and a $25 Stop and Shop gift card if they completed the three-month follow-up interview.
Initial engagement in services	A total of 364 participants completed at least one session.
Retention	The authors reported that of 8 sessions, women attended an average of 6.3 sessions while men attended 5.5 sessions. Approximately 78 percent of the women and 60 percent of the men completed at least 6 sessions and were considered to have graduated the program.
Participation challenges and solutions	Authors noted that attrition was a challenge for the program. Daytime class schedules did not permit attendance by those who worked. The facilitators were not always available to teach at times that were convenient for participants to attend classes, although eventually the program was able to offer evening classes. The program was unable to provide child care to participants attending classes, however, which staff felt may also have deterred those with young children from participating.

C. DESCRIPTIVE

ALABAMA COMMUNITY HEALTHY MARRIAGE INITIATIVE

Study Information

Program overview	The Alabama Community Healthy Marriage Initiative (ACHMI) was a five-year demonstration offering relationship and marriage education to provide skills and knowledge associated with stable and healthy marital relationships. ACHMI was a partnership that included Auburn University's Department of Human Development and Family Studies, 100 Black Men of America, and other community-based organizations. The program was funded by the Administration for Children and Families, U.S. Department of Health and Human Services.
Study overview	The authors conducted a pre-post analysis of outcomes for 3,302 participants who attended the program between April 2007 and January 2011. The majority of the sample was women (approximately 73 percent). For women, the authors found improvements or change on 25 measures of relationship skills, relationship quality, parenting, individual strengths, and gender-role attitudes. For men, the authors found improvements on 19 measures of relationship skills, relationship quality, parenting, and individual strengths. The authors did not report the outcomes that did not show change. ***The lack of a comparison group means that this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. This study has a LOW rating.***
Citation	Adler-Baeder, F., S. Ketring, T. Smith, E. Skuban, J. McLane, K. Gregson, A. Bradford, M. Lucier, and R. Parham. "Findings for Adult Participants in Marriage and Relationship Education (MRE) in Years 1–5." Auburn, AL: Auburn University, 2011. Additional source: Adler-Baeder, F., A. Anders, C. Russell, M. Lucier, A. Bradford, C. Kirkland, B. Lathem, A. Calligas, E. Parrett, J. Decker, B. Mathies, K. Malone, S. Ketring, and T. Smith. "Findings for Adult Participants in Marriage and Relationship Education (MRE) in Year 2." Auburn, AL: Auburn University, 2008.

Study and Sample Characteristics

Study design	This study had a pre-post design, with participants' characteristics measured before and after the program.
Comparison condition	This study did not use a comparison group.
Conflicts of interest	Not reported

Sample size	The baseline sample consisted of 4,804 participants who enrolled in the program and completed a pre-program questionnaire. The analysis sample consisted of 3,302 participants who completed the classes as well as a post-program questionnaire by January 2011.
Race and ethnicity	White: 50.0 percent
	African American: 46.5 percent
	Hispanic/Latino: not reported
	American Indian: not reported
	Other: 3.5 percent
Gender	Male: 26.6 percent
	Female: 73.4 percent
Age	Not reported
Relationship status	Married: 38.2 percent
	Engaged and living together: 6.8 percent
	Engaged and not living together: 3.3 percent
	Dating and living together: 10.7 percent
	Dating and not living together: 17.2 percent
	Single: 23.9 percent
Educational attainment	Less than high school: 22.8 percent
	High school diploma or general equivalency diploma (GED): 27.3 percent
	Some college: 21.8 percent
	Two-year college or technical degree: 12.1 percent
	Four-year college degree: 10.4 percent
	Advanced degree: 5.6 percent
Employment, income, or earnings	Employed, full time: 40 percent
	Employed, part time: 11.3 percent
	Unemployed: 48.7 percent

Household income	Gross household income (annual) Less than $7,000: 34.3 percent $7,000–$13,999: 12.2 percent $14,000–$24,999: 12.3 percent $25,000–$39,999: 14.4 percent $40,000–$74,999: 16.7 percent $75,000–$100,000: 6.2 percent More than $100,000: 3.9 percent
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	The authors collected data from participants before they began classes and after they completed the program between April 2007 and January 2011.
Description of measures	The authors stated that the pre- and post-program questionnaires included data on 131 items, including demographic characteristics and measures of individual and couple functioning. No other information was provided.
Outcomes: Relationship status and quality	Men showed improvements on 10 measures of relationship quality and 3 measures of relationship skills. Women showed improvements on 13 measures of relationship quality, including trust, confidence, stability and global satisfaction, and 5 measures of relationship skills, such as conflict management and positive interactions.
Outcomes: Parenting skills	The authors reported improvements on two measures of parenting for men (parenting efficacy and family harmony) and three measures for women (positive parenting, parenting efficacy, and family harmony).
Outcomes: Co-parenting	The results showed increases on a measure called "co-parenting quality" for both men and women.
Outcomes: Partners' well-being	From pre-test to post-test, men showed a decrease on a scale of depression and an increase on a scale of individual functioning.
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported

Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	From pre-test to post-test, men reported a decrease on a scale of violence. No information for women was provided.
Outcomes: Child outcomes	Not reported
Outcomes: Other	From pre-test to post-test, women showed a decrease on a scale of depression and an increase on a scale of individual functioning.
Program Model	
Theoretical framework	Not reported
Participant eligibility	Not reported
Participant needs assessment	Not reported
Program components	Relationship and marriage education classes
Program content	Not reported.
Program length	Not reported
Targeted outcomes	The program was designed to improve individual and couple functioning and parenting skills.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported

Timeframe for program operation	Not reported
Sites and service-delivery settings	Not reported
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	The authors stated that ACHMI was created as a partnership among several organizations and institutions. These included Auburn University's Department of Human Development and Family Studies, the Alabama Children's Trust Fund (CTF), the Montgomery chapter of the 100 Black Men of America, members of the Alabama Family Resource Center Network, and several other community-based organizations.
Funding agency	The ACHMI program was funded by the Administration for Children and Families, U.S. Department of Health and Human Services.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Not reported
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported

Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Not reported
Recruitment timeframe	April 2007 to January 2011
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	Between April 2007 and January 2011, 4,804 participants attended a class and completed a baseline questionnaire.
Retention	Of the 4,804 participants, 3,302 completed the classes and a post-test questionnaire.
Participation challenges and solutions	Not reported

BUILDING STRONG AND READY FAMILIES

Study Information

Program overview	The Building Strong and Ready Families (BSRF) program was designed for married couples with at least one spouse on active duty in the U.S. Army. The curriculum was an adaptation of the Prevention and Relationship Enhancement Program (PREP), which was designed to teach couples skills to reduce risks of and strengthen protective factors against relationship problems (see profile for more details). BSRF included the full version of PREP—which focused on communication skills and covered topics such as friendship, commitment, and sensuality—with additional components on health promotion and spiritual growth. The program was provided to participants in two one-day workshops and an overnight retreat, with each event spaced one week apart.
Study overview	The authors analyzed results from two separate pre-post studies. The first included 230 couples and the second 105 couples. In both, relationship satisfaction increased over time. In addition, other relationship measures, such as relationship confidence and use of time outs, increased over time in both studies. Changes were similar for couples in which both partners were white and those in which at least one partner was of a different race or ethnicity. Changes over time also were generally similar for men and for women in the studies. ***The lack of a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. The study has a LOW rating.***
Citation	Stanley, S. M., E. S. Allen, H. J. Markman, C. C. Saiz, G. Bloomstrom, R. Thomas, W. R. Schumm, and A. E. Bailey. "Dissemination and Evaluation of Marriage Education in the Army." *Family Process*, vol. 44, no. 2, 2005, pp. 187–201.

Study and Sample Characteristics

Study design	The study had a pre-post design, with couples' characteristics measured before and after the program.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	The first and third authors of the study developed PREP.

Sample size	In study 1, 380 couples provided pre-program data, 230 provided post-program data, and 60 provided data at the one-month followup. For study 2, 123 couples provided pre-program data, 105 provided post-program data, and 47 provided data at the one-month followup. For both studies, the sample characteristics were based on those of the couples who provided pre- and post-program data.
Race and ethnicity	*Study 1* White: 44 percent (males); 40 percent (females) African American: 20 percent (males); 19 percent (females) Hispanic/Latino: 11 percent (males); 18 percent (females) American Indian: 1 percent (males); 0 percent (females) Other: 12 percent (males); 12 percent (females) Not reported: 12 percent (males); 21 percent (females) *Study 2* White: 66 percent (males); 65 percent (females) African American: 8 percent (males); 7 percent (females) Hispanic/Latino: 15 percent (males); 14 percent (females) Asian American: 0 percent (males); 4 percent (females) American Indian: 1 percent (males); 1 percent (females) Other: 9 percent (males); 9 percent (females) Not reported: 2 percent (males); 1 percent (females)
Gender	Not reported
Age	*Study 1* Average age: 25.0 years (males); 24.0 years (female) *Study 2* Average age: 27.5 years (males); 27.0 years (female)
Relationship status	Married: 100 percent
Educational attainment	Not reported
Employment, income, or earnings	*Study 1* Males' modal personal income was $20,000–$30,000, and females' modal income was less than $5,000 per year. *Study 2* Males' modal personal income was $20,000—$29,999, and females' modal personal income was $0–$4,999 per year.

Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Couples were asked to complete 20- to 30-minute self-report assessments before participating in the program and then immediately after completing the program. Followup was conducted one month after they completed the program.
Description of measures	*Study 1* **Relationship satisfaction.** The Kansas Marital Satisfaction Index included three items assessing global satisfaction with the relationship and partner. **Danger signs.** The 11-item Relationship Dynamics Scale included questions on escalation, negative perceptions, swearing, shouting, yelling, withdrawal, loneliness, invalidation, and insults. **Invalidation, withdrawal, and time out**. These measures were assessed using questions from the Communications Skills Test. **Talk about army.** This was assessed with three items, such as "my spouse and I are able to talk about our concerns about army life." **Spillover.** One item was asked of active-duty personnel to assess the degree to which their work stress "spilled over" to their lives at home. The item read, "At home, I am so tired or preoccupied with my work that I don't have much time or energy left for my marriage or family." **Relationship confidence.** The Confidence Scale was used to assess individuals' level of confidence that they could handle what was in their future and stay together with their partners.

	Study 2 Some of the measures were modified in study 2, as follows. **Relationship satisfaction**. One item was modified (no other information was provided). **Danger signs**. Ten items were modified (no other information was provided). **Time out**. No information was provided. **Talk about army.** No information was provided **Spillover.** Wording was revised to "stress at work sometimes makes it harder to get along with my spouse," and the item was asked of all respondents; it is unclear if multiple items were assessed. **Relationship confidence**. This item remained identical to study 1. Couples also were asked if they had stronger relationships with other army couples after attending the program, and if they knew how to get support from army agencies as needed.
Outcomes: Relationship status and quality	*Study 1* From pre- to post-program, couples showed improvements on the following measures: relationship satisfaction, danger signs, validation, time out, talk about the army, spillover (men only), and relationship confidence. Measures of withdrawal and spillover for women were unchanged. Changes were similar regardless of the spouses' race or ethnicity or gender. At the one-month followup, relationship satisfaction, confidence, invalidation, time out, talk about the army, and spillover were unchanged. From post-program to the one-month followup, there was improvement on danger signs and withdrawal. *Study 2* From pre- to post-program, couples showed improvements on the following measures: relationship satisfaction, danger signs, time out, talk about the army, spillover, and relationship confidence. These changes were similar regardless of the spouses' race or ethnicity or gender, with the exception of confidence. Increases in reported confidence were greater for women than for men. At the one-month followup, relationship satisfaction, danger signs, confidence, talk about the army, and spillover were unchanged. From post-program to the one-month followup, there was improvement on the use of the time-out technique. These changes were similar for both genders.
Outcomes: Parenting skills	Not reported

Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	*Study 2* From pre- to post-program, couples showed improved knowledge on where to get help. Feeling close to other army couples was unchanged. At the one-month followup, awareness of army resources was unchanged. Follow-up information on closeness to other couples was not reported.
Program Model	
Theoretical framework	Army couples were seen as an important population for intervention because stress resulting from deployments and exposure to combat may place them at high risk for marital problems.
Participant eligibility	Married couples with at least one active-duty spouse were invited to participate. In both studies, recruitment was focused on young, newly enlisted couples, who might be more vulnerable to army-related stressors.
Participant needs assessment	Not reported
Program components	The program included workshops and a retreat.
Program content	BSRF included the full version of PREP, which focused on communication skills and covered topics such as friendship, commitment, fun, spiritual connection, and sensuality. At the request of the army chaplains and army community health nurses, the curriculum included additional components on health promotion and spiritual growth. The retreat was overnight; no other information was provided

Program length	BSRF was delivered in two one-day workshops and an overnight stay, each event one week apart.
Targeted outcomes	BSRF was designed to enhance couples' ability to manage stressors by increasing (1) the couples' conflict management skills; (2) the couples' ability to maintain positive connections; and (3) the availability of external support, such as chaplains and other army couples.
Program adaptations and modifications	BSRF was an adaptation of PREP (see program content for more detail).
Available languages	Not reported
Fidelity measures	Not reported
Program costs	The program was free to participants; no other information on cost was provided.
Implementation challenges and solutions	Program staff had difficulty organizing a follow-up event after the program had ended.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	Not reported
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	The study was commissioned by the U.S. Army through the Chief of Chaplains office; no other information was provided.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.

Staffing and Operations	
Staff characteristics	Most material was delivered by army chaplains; army community health nurses delivered the health component of the program.
Staff training	Train-the-trainer workshops were offered to selected army chaplains, who then trained other chaplains. The training provided the chaplains with an overview of the 14-module PREP program and information on presenting material, teaching skills, and providing appropriate examples. Attending chaplains were given a chance to practice their skills during the workshop.
Training materials	The chaplains received manuals, videotapes, and other materials on the program.
Trainer qualifications	Training was led by the developers of the PREP program.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	Brigade Unit Ministry teams recruited couples to the program. No information was provided as to the specific recruitment strategies used.
Recruitment incentives	Not reported
Participants targeted	The U.S. Army offered the program to couples in 11 brigades, each comprising about 1,800 to 3,000 soldiers. The ministry teams focused recruitment on young, newly enlisted couples.
Participants recruited	Not reported

Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Incentives for participation included three days off duty and an overnight retreat, promotion points (not described), and access to child care during the workshops and retreat.
Initial engagement in services	Not reported
Retention	Not reported
Participation challenges and solutions	Not reported

CARING FOR MY FAMILY

Study Information

Program overview

The Caring for My Family program was an intervention targeted at unmarried, low-income couples who either had a child together or were expecting a child. Through a series of 24 lessons organized in four thematic modules, it aimed to develop parents' skills in communication, conflict management, and family strengthening. The overarching goals of the program were to improve parents' well-being and communication skills to strengthen their relationships, help them develop a support network for their families, and encourage healthy father involvement and marriage. In the pilot phase, an abbreviated version was offered to parents through a six-week program with weekly two-hour sessions. After the pilot phase and study, the program was adapted and renamed Together We Can.

Study overview

The authors examined the impact of the Caring for My Family program, using a quasi-experimental design to compare the outcomes of participants to those who were recruited into the study but were not initially available to attend the six-week program. The sample included a total of 85 participants: 57 in the treatment group and 28 in the comparison group. Although the program was intended to serve couples, most participants and approximately 75 percent of the sample were women. Outcomes were collected from both groups with a written questionnaire one week after the treatment group completed the intervention curriculum.

The authors found that the treatment group improved significantly more than the comparison group on outcomes in the parenting skills and co-parenting domains, as well as on one of the three outcomes in the relationship status and quality domain. No statistical difference was found for the other two outcome measures in this domain.

The groups were not equivalent at the study's onset, which means the study's design cannot establish whether the outcomes were caused by the program or were the result of initial differences between groups. For this reason, the study has a LOW rating.

Citation

Cox, R. B., Jr., and K. A. Shirer. "Caring for My Family: A Pilot Study of a Relationship and Marriage Education Program for Low-Income Unmarried Parents." *Journal of Couple and Relationship Therapy*, vol. 8, 2009, pp. 343–364.

Study and Sample Characteristics

Study design

The authors used a quasi-experimental design to examine the impact of the Caring for My Family intervention, comparing outcomes of program participants to those of individuals who were recruited into the study but could not attend. The groups were not equivalent on race/ethnicity: 43.9 percent of the treatment group was white compared to 71.4 percent of the comparison group.

Comparison condition	Parents in the comparison group were put on a waiting list to participate in a future program. Researchers administered the pre-test to this group at the same time as the treatment group. They did not contact the comparison group again until after the six-week program was complete. Parents in the comparison group were then given the post-test at the same time as the treatment group.
Conflicts of interest	Not reported
Sample size	The initial sample included 82 participants in the treatment group and 57 in the comparison group. The authors excluded 43 participants after the pre-test because they did not meet eligibility criteria (that is, they were not in an ongoing relationship or did not have a child in common) and 11 participants who not complete the pre- and/or post-test. The analytical sample included 57 participants in the treatment group and 28 in the comparison group.
Race and ethnicity	White: 43.9 percent (treatment), 71.4 percent (comparison)
	African American: 36.8 percent (treatment); 21.4 percent (comparison)
	Hispanic/Latino: 7.0 percent (treatment); 7.1 percent (comparison)
	American Indian: not reported
	Other: 10.7 percent (treatment); 0 percent (comparison)
	Results do not sum to 100; the authors did not provide an explanation.
Gender	Male: 24.6 percent (treatment); 25 percent (comparison)
	Female: 75.4 percent (treatment); 75 percent (comparison)
Age	Mean: 21.92 years (treatment); 23.88 years (comparison)
Relationship status	Romantically involved: 61.4 percent (treatment); 64.3 percent (comparison)
	Married: 10.5 percent (treatment); 3.6 percent (comparison)
	Engaged: 26.3 percent (treatment); 21.4 percent (comparison)
	Divorced: 1.8 percent (treatment); 10.7 percent (comparison)
Educational attainment	Some high school: 49.0 percent (treatment); 42.9 percent (comparison)
	High school: 29.8 percent (treatment); 17.9 percent (comparison)
	College: 17.5 percent (treatment); 32.1 percent (comparison)
	Results do not sum to 100; the authors did not provide an explanation.

Employment, income, or earnings	$7,000 or less: 38.6 percent (treatment); 35.7 percent (comparison) $7,000–$13,999: 17.5 percent (treatment); 10.7 percent (comparison) $14,000–$24,999: 17.5 percent (treatment); 21.4 percent (comparison) $25,000 or more: 17.5 percent (treatment); 10.7 percent (comparison) Employed, full time: 22.8 percent (treatment); 32.1 percent (comparison) Employed, part time: 14 percent (treatment); 7.1 percent (comparison) Unemployed: 52.6 percent (treatment); 46.4 percent (comparison)
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	The authors collected baseline data before the intervention began. They collected outcome data one week after the treatment group participants completed the intervention curriculum.
Description of measures	The outcome measures were collected with a written survey instrument. Individual results were reported, regardless of relationship status. Three of the measures were developed from the literature and two were adapted from published measures. The outcomes were grouped into three domains: 1. **The relationship status and quality domain** included the following measures: *Relationship readiness.* The authors developed this measure from the literature and tested it on focus groups drawn from the community. The possible responses were on a five-point scale developed from Prochaska's trans-theoretical model of change (see theoretical framework). The measure included ten items and measured emotional reactivity and impulsivity in relationships. *Trustworthiness.* The authors adapted this measure. It included nine items and measured the degree to which respondents viewed their partners as trustworthy. *Negative communication.* The authors adapted the Negative Interaction Scale and included eleven items that measured the quality of each couple's communication.

	2. **The parenting skills domain** included a measure of family strengths. The authors developed this measure from the literature and tested it on focus groups drawn from the community. The possible responses were on a five-point scale developed from Prochaska's trans-theoretical model of change (see theoretical framework). The measure included six items (such as "I set goals for my family's future") and measured behaviors related to intentionality and family development. 3. **The co-parenting domain** included a measure of co-parenting. The authors developed this measure from the literature and tested it on focus groups drawn from the community. The possible responses were on a five-point scale developed from Prochaska's trans-theoretical model of change (see theoretical framework). The measure included six items and measured cooperative parenting behaviors.
Outcomes: Relationship status and quality	Relationship readiness: Between baseline and one week after completing the intervention, parents participating in the intervention increased their scores on the relationship readiness measure significantly more than those in the comparison group. Trustworthiness: Between baseline and one week after completing the intervention, there was no statistically significant difference on the trustworthiness measure between parents who participated in the intervention and those who did not. Negative communication: Between baseline and one week after completing the intervention, there was no statistically significant difference on the negative communication measure between parents who participated in the intervention and those who did not.
Outcomes: Parenting skills	Family strengths: Between baseline and one week after completing the intervention, parents participating in the intervention increased their scores on the family strengths measure significantly more than those in the comparison group.
Outcomes: Co-parenting	Co-parenting: Between baseline and one week after completing the intervention, parents participating in the intervention increased their scores on the co-parenting measure significantly more than those in the comparison group.
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported

Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	The intervention was designed based on Prochaska's trans-theoretical model of change. This theory outlines a series of stages people must go through to change their behavior, including pre-contemplation, contemplation, preparing, action, and maintenance. The model also postulates that change is affected by individuals' consideration of its relative pros and cons, as well as feelings of self-efficacy. The program also was designed to address issues likely to be salient to low-income, unmarried parents—specifically, co-parenting, trust, self-efficacy, and multiple-partner fertility.
Participant eligibility	The program included only participants who were involved in an ongoing relationship, such as dating or cohabiting, and who were the biological parents of a child or were expecting a child together.
Participant needs assessment	Not reported
Program components	The intervention included four modules of learning activities, each with 4 to 10 lessons, for a total of 24 lessons.

Program content	**Module 1. Road Map to a Stable Family and an Involved Father** Lesson 1. Getting Started Lesson 2. Building a Strong Family Lesson 3. Dads Are Important, Too Lesson 4. Is Marriage in Our Future? Lesson 5. Making Healthy Choices Lesson 6. Making Your Choice Lesson 7. Preparing for Action Lesson 8. Planning and Preparing for My Choice Lesson 9. Staying on Course Lesson 10. Planning the Rest of the Trip: My 18-Year Parenting Plan **Module 2. Caring for Myself** Lesson 1. Creating a Personal and Family Support System Lesson 2. Building My Self-Esteem—Self-Talk Skills Lesson 3. Dealing with Stress Lesson 4. Managing Anger Lesson 5. Powerful Priorities **Module 3. Relating to Others** Lesson 1. Listening Lesson 2. Words Matter—Positive Strokes Lesson 3. Values in Friendship Lesson 4. Resolving Conflicts and Anger—Improving Situations Through Communication **Module 4. Caring for Our Family** Lesson 1. Making Our Family Strong Lesson 2. Family Time Together Can Be Fun! Lesson 3. Co-Parenting—Tips for Special or Difficult Situations Lesson 4. Balancing Work and Family Lesson 5. Money Matters Each session included an introductory activity, a short lecture or group discussion, small-group discussions, and individual work on a scrapbook page relating to the topic.
Program length	For the study under review, parents participated in the pilot program for six weeks. The pilot program did not offer all 24 lessons; instead, 8 lessons were covered in six two-hour sessions (see program adaptations).

Targeted outcomes	The intervention aimed to provide unmarried parents with skills for decision making, goal setting, and considering future relationship options, such as marriage. Specifically, it aimed to provide skills to improve personal health and well-being, communicate effectively, manage conflicts, develop support networks, strengthen the family unit, and make healthy decisions related to fathers' involvement and marriage.
Program adaptations and modifications	The program was abbreviated for the pilot study because of time constraints. This abbreviated version covered lessons 1 through 5 and lesson 10 from module 1, and two lessons chosen by the facilitators from the other three modules. The authors adapted the intervention based on the results of the pilot study. They reformatted some of the program materials for easier use and added content on emotion regulation, communication, conflict management, step parenting, and building trust and commitment. The new version was called Together We Can.
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	There was a pilot phase of the program, which is the subject of this study.
Length of planning/pilot	Six weeks
Timeframe for program operation	Not applicable
Sites and service-delivery settings	Not reported
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	The state human services agency funded the development of the program with a grant to a university extension program.
Agency certifications and national affiliations	Not reported

Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Not reported
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	University extension programs in five counties in a Midwestern state distributed flyers to family service agencies and through direct mail.
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Initially, 139 participants were recruited.
Recruitment timeframe	Not reported

Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	Not reported
Retention	Of 139 individuals recruited, 128 completed pre-tests and post-tests, and 85 of these were selected for the study based on eligibility criteria. No other information was provided.
Participation challenges and solutions	Although the program was designed for couples, most participants were women who attended without their partners. The authors attributed this pattern to the dynamic nature of relationships of unmarried parents—some couples may not have been romantically involved throughout the program—as well as time constraints because of work. They also noted that women are typically easier to recruit into a program like Caring for My Family.

CREATING HEALTHY RELATIONSHIPS PROGRAM (CHRP)

Study Information

Program overview

The Creating Healthy Relationships Program (CHRP) was a training program in psycho-educational skills for low-income parent couples who were in conflict. The program focused on providing skills training to help couples manage conflict, create and maintain healthy relationships and friendships, and be emotionally intimate with their partners. The model included five content areas: managing stress, building emotional connections between partners and children, maintaining intimacy, creating shared meaning, and managing conflict. Pairs of male and female clinicians conducted two-hour intervention sessions weekly for couples. Sessions were conducted with groups of six to eight couples for 22 weeks (44 hours of programming). At the start of each session, the clinicians showed a video of diverse couples participating in a mock talk show on that week's topic. A discussion about the video followed, along with a skill-building segment that enabled couples to engage in exercises intended to help them build upon and practice relationship skills.

Study overview

To examine the effects of the program relative to other services, the authors randomly assigned 115 couples to participate in CHRP or to a comparison group that received referrals to alternative resources available in the community. To be eligible for the study, couples had to meet the following inclusion criteria: be at least 18 years old; speak English; have at least one child under age 12; have an income below the county's median; be in a committed relationship for at least one year; be experiencing situational (reciprocal) violence but not characterlogical (asymmetrical) violence; and have no significant substance abuse issues or anti-social personality disorders.

The results at the end of the program showed no difference between the treatment and comparison groups in the likelihood of ending the relationship. Women in the treatment group reported an improvement in relationship satisfaction and greater use of relationship skills, relative to the control group. Men in the treatment group also reported greater use of relationship skills and a decrease in conflict, relative to the control group.

This study was a high-attrition, randomized controlled trial in which the analyses did not control statistically for pre-intervention levels of the characteristics of interest. The study has a LOW rating.

Citation

Bradley, R. P. C., D. J. Friend, and J. M. Gottman. "Supporting Healthy Relationships in Low-Income, Violent Couples: Reducing Conflict and Strengthening Relationship Skills and Satisfaction." *Journal of Couple and Relationship Therapy*, vol. 10, no. 2, 2011, pp. 97–116.

Study and Sample Characteristics	
Study design	This study used a randomized controlled trial to assess the impact of CHRP on couples' reported relationship status and quality. Attrition was high between the baseline and follow-up phases, and the study authors did not establish baseline equivalence on or control for such variables as race or education level.
Comparison condition	Couples assigned to the comparison condition did not receive the program and, instead, were referred to alternative resources available in the community.
Conflicts of interest	Not reported
Sample size	The authors randomly assigned 115 couples, but after attrition the sample included 74 couples (42 in the treatment and 32 in the comparison group).
Race and ethnicity	White: 79 percent (male); 87 percent (female) African American: 16 percent (male); 13 percent (female) Hispanic/Latino: 4 percent (male); 7 percent (female) American Indian: 2 percent (male); 9 percent (female) Other: 8 percent (male); 11 percent (female) As respondents could select multiple categories, results may not sum to 100 percent.
Gender	Male: not reported Female: not reported
Age	Mean: 35 years (male); 34 years (female) Range: 27–43 years (male); 26–42 years (female)
Relationship status	The authors reported that most couples were married; no other information was provided.
Educational attainment	Less than high school: 9 percent (male); 6 percent (female) High school diploma: 35 percent (male); 27 percent (female) College degree: 19 percent (male); 33 percent (female) Master's degree: 16 percent (male); 14 percent (female) PhD or MD: 3 percent (male); not reported (female) Other professional degree: 19 percent (male); 3 percent (female) As respondents could select multiple categories, results may not sum to 100 percent.

Employment, income, or earnings	Employed, full time: 70 percent (male); 20 percent (female) Employed, part time: 5 percent (male); 19 percent (female) Self-employed: 7 percent (male); 18 percent (female) Unemployed: 10 percent (male); 11 percent (female) Disabled: 6 percent (male); 14 percent (female) Student: 2 percent (male); 4 percent (female) Homemaker: 1 percent (male); 53 percent (female) Other: 8 percent (male); 15 percent (female) As respondents could select multiple categories, results may not sum to 100 percent.
Household income	Average annual household income: $53,664.
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Time 1: Baseline, prior to random assignment Time 2: Zero to six months after treatment (or approximately six to twelve months after the baseline assessment), couples completed the intervention. The authors attributed the variability in followup to the difficulty of tracking down participants.

Description of measures	Four measures were used to assess the impact of the program on its participants: **Relationship dissolution.** A dichotomous variable was created to indicate if couples remained together or dissolved their relationships. **Relationship satisfaction.** The Dyadic Adjustment Scale (DAS) was used to evaluate the extent to which couples were satisfied in their relationships. The scale contained 10 items. Possible scores ranged from 0 to 50, with higher scores representing greater satisfaction. **Relationship skills.** The Reduced Sound Relationship House (RSRH) questionnaire that was used had three domains related to relationship skills: The *friendship domain* included 20 true/false items measuring knowledge of one's partner, fondness/admiration for the partner, and emotional connection between partners. Scores ranged from 0 to 20, with higher scores indicating more friendship. *Sex, romance, and passion* contained 28 items, each of which asked individuals to choose from two opposing statements the one they most closely identified with their relationship. Possible scores ranged from 0 to 28, with higher scores indicating more compatibility. The *shared meaning domain* consisted of 20 true/false items that assessed agreement between partners on goals, roles, and rituals. Possible scores ranged from 0 to 20, with the highest scores indicating a shared understanding and honoring of each other's dreams. The scores from all three domains were summed to create a "relationship skills" score for each person. **Relationship conflict.** This scale, also from the RSRH questionnaire, included 25 true/false items examining individuals' acceptance of spousal influence, their approach to arguments, and their ability to compromise, along with the levels of criticism, defensiveness, stonewalling, and general contempt in couples' relationships. Possible scores range from 0 to 25, with higher scores indicating more conflict.
Outcomes: Relationship status and quality	**Relationship dissolution.** Through both assessment periods, the majority of couples remained together. Of those who dissolved their relationships, a higher percentage were in the control group than the treatment group; however, this difference was not statistically significant. **Relationship satisfaction.** Relative to the comparison group, relationship satisfaction improved between the two assessment periods for females in the treatment group. No difference was observed in males. **Relationship skills.** Relative to males and females in the comparison group, greater use of healthy relationship skills was reported between the two assessment periods for both males and females in the treatment group.

	Relationship conflict. Relative to the comparison group, conflict decreased over time for males in the treatment group. No difference was observed for females.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	The Creating Healthy Relationships Program was based on the sound relationship house theory, which uses "floors" to represent characteristics associated with relationship satisfaction and duration. The foundation of the house (and relationship) is constructed of friendship, fondness, and admiration. Other levels include conflict management and skills to help couples develop shared values and beliefs.
Participant eligibility	Program participants had to be low-income couples involved in distressed or "situationally violent" relationships, in which both partners were violent. To be eligible for the study, they had to meet the following inclusion criteria: be at least 18 years old; speak English; have at least one child under age 12; have an income below the county's median; be in a committed relationship for at least one year; be experiencing situational (reciprocal) violence, but not characterlogical (asymmetrical) violence; having no significant substance abuse issues or antisocial personality disorder.
Participant needs assessment	Not reported
Program components	CHRP was made up of weekly group sessions.

Program content	The program addressed five content areas: 1. Managing stress 2. Establishing emotional connections in the family with partners and children 3. Maintaining intimacy 4. Creating shared meaning 5. Managing conflict Each session began with a video depicting couples on a mock talk show discussing a specific session topic. After watching the video, couples discussed their thoughts and feelings about the topic, and then facilitators shared information and research findings about it. Each session also included skill-building exercises, in which couples practiced their relationship skills (for example, practicing biofeedback methods to help stay calm before discussing a heated issue).
Program length	Each session was two hours, and the program lasted for 22 weeks.
Targeted outcomes	The program was designed to decrease relationship dissolution, increase relationship satisfaction, develop healthy relationship skills, and ultimately reduce conflict in couples' relationships.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	Not reported
Required facilities	Not reported

Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	This program was funded as part of the Healthy Marriage Initiative through the Administration for Children and Families, U.S. Department of Health and Human Services.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	A pair of male and female clinicians facilitated the sessions.
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Groups were made up of six to eight couples. No other information was provided.
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Couples were recruited from community-based organizations (CBOs) that offered services to low-income, distressed couples. Online and radio-based advertisements were also used to recruit. No other information was provided.

Recruitment method	Flyers, handouts, and other brochures were distributed at CBOs to health care workers and couples. Recruitment staff also attended classes that were thought to be of interest to low-income, distressed couples (such as classes on anger management or parenting) and provided information about the study. Interested couples were screened for eligibility into the study in a follow-up phone call.
Recruitment incentives	Not reported
Participants targeted	Not reported.
Participants recruited	A total of 115 couples were recruited to participate in the study; 62 were in the treatment group.
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Couples in the treatment group were provided with rewards, such as gift cards, for their continued participation in the sessions.
Initial engagement in services	Not reported
Retention	The study authors reported that 20 couples withdrew from the study, including 12 who ended their relationships. Of the 42 remaining in the treatment group, 41 participated in at least 50 percent of the sessions.
Participation challenges and solutions	Not reported

FAMILY BRIDGES

Study Information	
Program overview	Family Bridges was a workshop for couples and individuals. No other information was provided.
Study overview	The authors analyzed participants' responses to surveys at four points in time: at the beginning of the workshop; at the end of the workshop; in a six-month followup; and in an exit survey, which was typically administered about two years after the completion of the workshop. The analysis included 235 participants (194 couples and 41 individuals). Between pre-test and each followup, the results showed couples improved on five relationship measures, such as marital satisfaction and conflict resolution. Individuals improved on three measures of relationship knowledge. ***The lack of a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural changes over time. The study has a LOW rating.***
Citation	Venovic, E. "Family Bridges Exit Survey Analysis." Oak Park, IL: Family Bridges Program, 2011.
Study and Sample Characteristics	
Study design	This study had a pre-post design, with participants' characteristics measured before and after the program.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	The sample included 235 participants (194 couples and 41 individuals).
Race and ethnicity	Not reported
Gender	Not reported
Age	Not reported
Relationship status	Not reported
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported

Receive public assistance	At the beginning of the workshop, 11.9 percent of the couples reported receiving public assistance, such as food stamps or benefits from the Women, Infants, and Children (WIC) program. Information was not reported for individuals.
In child support system	Not reported
Reported Outcomes	
Timing	Surveys were administered at four different times. The first survey was conducted at the beginning of the workshop; a second survey was given at the end of the workshop; a "mentoring" survey was done six months following the workshop; and an exit survey was conducted two years after participants' engagement in the workshop. Only those participants who completed the mentoring survey were invited to participate in the exit survey.
Description of measures	The surveys at the end of the workshop and two years later included the same questions, on topics such as relationship quality, stressors and domestic violence. The exit survey included additional questions on parenting and finances. No other information on survey content was provided. Questions on changes over time were asked retrospectively in the exit survey; therefore, these results were not true pre-post findings. The authors presented results separately for couples and individuals.
Outcomes: Relationship status and quality	Relative to the pre-test, couples showed improvements on five measures of their relationships—such as marital satisfaction, communication, and conflict resolution—at post-test, the six-month followup, and two years later. Relative to the pre-test, individual participants showed improved knowledge on three of four relationship measures—such as communication, conflict resolution, and commitment—at post-test, the six-month followup, and two years later. However, the measures that showed improvement differed at each followup; for example, at post-test, the individuals showed improvements on conflict resolution, commitment, and parenting, but at the six-month followup, they showed improvements on communication, conflict resolution, and commitment (not parenting).
Outcomes: Parenting skills	The authors did not analyze change over time on measures of parenting skills.
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Compared to baseline, couples reported less stress in 13 areas at the six-month followup, such as parenting and infertility, and more stress in finances and work. Individual participants reported less stress in all 15 areas. The statistical significance of these outcomes was not reported.

Outcomes: Partners' economic self-sufficiency	Compared to baseline, fewer couples and individuals reported receiving a pay raise or promotion or moving to a better home or neighborhood at the six-month followup. The statistical significance of these outcomes was not reported.
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Compared to baseline, couples reported fewer incidents of violence at the six-month followup; the statistical significance of these outcomes was not reported.
Outcomes: Child outcomes	Not reported
Outcomes: Other	Compared to baseline, more couples reported that they were planning on purchasing a new home or refinancing their current home at the six-month followup. Fewer reported that they were planning on purchasing auto, life, or health insurance, and there was no change in the percentage who were planning on saving money in accounts, such as individual retirement accounts (IRAs) or mutual funds. The statistical significance of these outcomes was not reported. Results for individuals were not reported.
Program Model	
Theoretical framework	Not reported
Participant eligibility	Not reported
Participant needs assessment	Not reported
Program components	Participants attended a workshop. The program may also have had a mentoring component, but no other information was provided.
Program content	Not reported
Program length	Not reported
Targeted outcomes	Not reported
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported

Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	Not reported
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	Not reported
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Not reported
Staffing and Operations	
Staff characteristics	Not reported
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported

Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Not reported
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	A total of 10,000 couples and 7,000 individuals participated in the program. No other information was provided.
Retention	Not reported
Participation challenges and solutions	Not reported

FAMILY FORMATION PROJECT

Study Information

Program overview

The Family Formation Project provided couples relationship education (CRE) in the Minneapolis/St. Paul, Minnesota, area to unmarried couples who had one or more children and intended to stay together, with marriage as a possibility. Couples who indicated they had experienced intimate partner violence (IPV) were offered a home-based relationship and skills-building intervention, targeted to their specific needs by trained coaches, most of whom were marriage and family therapists. These couples were also offered a series of 10 optional group sessions with "mentor" couples from the community. Those who were judged to be at risk of ongoing IPV or in which either partner felt unsafe were excluded from the program and referred to a domestic violence treatment center. Couples who did not report past IPV were offered a separate year-long relationship education program.

Study overview

The authors of this exploratory study were interested in examining changes in the risk of intimate partner violence (IPV) in couples enrolled in a CRE program. The sample included couples who had previous experience with IPV and were enrolled in the home-based program and couples who had not experienced IPV and presumably were enrolled in the year-long program, although this was not explicitly stated. The authors analyzed a sample of 90 couples enrolled in the Family Formation Program, of whom 44 percent reported experience with some type of IPV prior to enrollment. All the couples were assessed at baseline and after one year of project participation, with 17 percent reporting IPV during project participation. Among those who had previously experienced IPV, 77.5 percent did not experience IPV during the project, compared to 88 percent of those who did not experience IPV prior to the program. This difference, however, was not statistically significant.

The groups were not equivalent at the study's onset, which means the study's design cannot establish whether the outcomes were caused by the program or were the result of initial differences between groups. For this reason, the study has a LOW rating.

Citation

Wilde, J. L., and W. J. Doherty. "Intimate Partner Violence Between Unmarried Parents Before and During Participation in a Couple and Relationship Education Program." *Journal of Couple and Relationship Therapy*, vol. 10, no. 2, 2011, pp. 135–151.

Study and Sample Characteristics

Study design

The authors examined two groups of program participants: those who reported IPV in the past and those who did not. They calculated risk for subsequent IPV using relative risk ratios.

Comparison condition	The comparison group consisted of program participants who did not report previous IPV in their relationships and may have received a different version of the program (this was implied in the program description but never stated).
Conflicts of interest	Not reported
Sample size	The sample consisted of 90 couples.
Race and ethnicity	The authors reported that 38 percent of the couples were bi-racial, while 62 percent were of the same race with the following distribution:
	White: 32 percent
	African American: 22 percent
	Hispanic/Latino: not reported
	American Indian: not reported
	Other: 8 percent
Gender	Male: 50 percent
	Female: 50 percent
Age	The mean age for males was 28 years and for females 26 years.
Relationship status	In a relationship: 100 percent
	Co-habiting: 88 percent
Educational attainment	Had not completed high school: 22 percent (men), 13 percent (women)
	Completed high school or general equivalency diploma (GED): 33 percent (men), 31 percent (women)
	Some college or technical/trade school: 32 percent (men), 40 percent (women)
	Completed a bachelor's degree: 12 percent (men), 16 percent (women)
Employment, income, or earnings	Earned income in past year
	None: One percent (men), 10 percent (women)
	Less than $20,000: 56 percent (men), 50 percent (women)
	$20,000–$34,999: 17 percent (men), 27 percent (women)
	$35,000 or more: 26 percent (men), 13 percent (women)
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported

Reported Outcomes	
Timing	Data on IPV were collected at intake (baseline) and after one year of program participation.
Description of measures	The authors collected data using the Fragile Families assessment protocol, augmented with three specific yes/no items to assess for previous experience with IPV. For those who answered "yes" to any of the questions, the protocol called for open-ended follow-up questions to determine the details of the incidents and to assess risk. IPV incidents during program participation were documented and reported informally by coaches delivering the intervention. The authors measured the risk of experiencing IPV during the program by comparing those who had previously experienced violence to those who had not.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	The authors found no statistically significant greater risk for IPV while participating in a CRE program for those had previously experienced IPV than for those who had not. However, they indicated that this finding should be interpreted with caution, since although the difference was not statistically significant, the risk was higher for those who had previously experienced IPV.
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	The authors indicated that the intervention was based on the Families and Democracy Model, developed by Doherty and Carroll. No other information on the model was provided.
Participant eligibility	Participants comprised unmarried couples with one or more children (including any from previous relationships) who intended to stay together, with marriage as a possibility in the future. Couples who indicated they did not want to marry were excluded.
Participant needs assessment	Program staff conducted an intake assessment with each couple at the time of enrollment (talking with each partner individually, in the couple's home). Couples who reported experience with IPV during intake were then reviewed by the project's domestic violence team, made up of the study's principal investigator, project coordinator, and a staff person with training and experiencing in addressing IPV. Those considered by trained counselors and staff to be at serious risk for future IPV were referred to a treatment center and screened out of the program.
Program components	The program consisted of a structured intake assessment at the time of enrollment (which included IPV screening), tailored home visits by relationship coaches over a one-year period, and 10 optional group education and support sessions with other couples from the community, who served as mentors to participants. Couples who reported incidents of domestic violence before or during the program were referred to a trained domestic violence team who reviewed and handled these cases as appropriate.
Program content	Trained relationship coaches provided tailored relationship education and skills training to participating couples during in-home visits, connected the couples to community resources, and offered advice on family budgeting and relationship building. Although the structure of the intervention remained consistent across couples, the content of each in-home session was designed to be flexible and targeted to each couple's needs. The authors cited specific resources used by coaches to determine and address the needs of the couples, such as "PREPARE" (a relationship assessment tool), the Prevention and Relationship Enhancement Program (PREP, see profile for more information), and material by Gottman and Fowers.
Program length	Not reported
Targeted outcomes	The Family Formation Program (FFP) was aimed at enhancing stability and building healthy relationship skills for fragile families.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported

Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	One year.
Sites and service-delivery settings	The intervention was delivered to couples in their homes or in group sessions in the Minneapolis/St. Paul urban metropolitan area.
Required facilities	Not reported
Community settings	Urban
Organizational partnerships	The authors stated that FFP was conducted in partnership with the University of Minnesota, community leaders, and intimate partner violence treatment centers and shelters in the Minneapolis/St. Paul area.
Funding agency	FFP was a Minnesota Healthy Marriage and Responsible Fatherhood initiative funded by the state and federal government. No other information was provided
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	The program was delivered by experienced coaches who were doctoral students in family science and either had training in assessing IPV or training in CRE, with teaching experience. All except one of the coaches were marriage and family therapists.
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported

Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment or referral sources	Referrals were obtained from social service agencies and local health clinics based in the Minneapolis/St. Paul metropolitan area or by direct mailing to unmarried couples who had recently filed to establish paternity.
Recruitment method	Project staff met with interested couples to educate them about the project and make sure both partners were willing to participate. Eligible and interested couples were scheduled for an intake assessment (see participant needs assessment).
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Program staff recruited 96 couples to the program, of whom 6 were dropped from the sample because of missing intake data or lack of contact with program and study staff. The final study sample included 90 couples.
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	Of the 96 couples recruited for the study, 4 did not participate in the intervention (2 were excluded from analysis because of missing data on IPV questions). One-third of the couples attended at least one optional group session with mentor couples.

Retention	The authors stated that the relationship coaches averaged 11 home visits and 17.1 hours with each couple. Of the couples who attended at least one optional group session, many attended multiple times.
Participation challenges and solutions	Not reported

FULL FAMILY PARTNERSHIP

Study Information	
Program overview	The Full Family Partnership (FFP), a couples-based program designed to help families improve their economic well-being, was offered through Jobs for Youth/Chicago (JFY), which provided employment and training services for low-income families. FFP included a 10- to 15-day workshop focused on goal planning, conflict resolution skills, self-assessment, understanding and exploring the job market, and job search skills. In addition to the workshop, FFP participants could participate in JFY's GED program and receive one-on-one assistance in job placement. To be eligible for FFP, (1) the partners had to be in a stable relationship, (2) both had to be low income and at least one receiving Temporary Assistance for Needy Families (TANF), (3) at least one of the partners had to be a parent, although the couple did not have to have a child together, and (3) at least one had to meet the JFY age requirement (17 to 24 years old). Although the program staff intended to enroll 300 couples, only 150 enrolled in the program.
Study overview	To examine the effects of the program relative to other services, the authors used two comparison groups created through propensity score matching. In both comparison groups, parents were served as individuals, rather than as couples. That is, participants did not have to be in a relationship to receive services and if the participants were in relationships, partners were not required to participate. In one comparison group, parents received the standard JFY services including an employment and training workshop, the GED program, and one-on-one assistance. The other comparison group was made up of parents receiving Job Training Partnership Act (JTPA) services in Chicago and Cook County. The study did not reveal any statistically significant differences in outcomes between the FFP group and the two comparison groups. ***The study has a quasi-experimental design and baseline equivalence of the treatment and comparison groups was not established. The study has a LOW rating.***
Citation	Gordon, R.A., and C.J. Heinrich. "The Potential of a Couples Approach to Employment Assistance: Results of a Non-Experimental Evaluation." *Review of Economics of the Household*, vol. 7, no. 2, 2009, pp. 133–158.

Study and Sample Characteristics	
Study design	The authors examined one treatment and two comparison groups. They restricted the JFY and JTPA comparison groups to equivalent age groups (18 to 24 years old for mothers, 18 to 30 years old for fathers) who enrolled in each program between July 1, 1997 and September 30, 1999. This review focuses on the analysis based on the authors' two-step propensity matching. In the first step, they estimated the probability of treatment based on a set of variables (marital status; age; number of children; race; education; and whether the parent expected to be successful in the program, in getting a job, and in a career). In the next step, the authors matched treatment group members to comparison group members with similar propensity scores. The groups, however, were not shown to be equivalent at baseline.
Comparison condition	Both comparison groups received employment services as individuals, rather than couples. In one comparison group, parents received the standard JFY services as individuals, and in the second, parents received Job Training Partnership Act (JTPA) services in the same local labor market area (Chicago and suburban Cook County).
Conflicts of interest	Not reported
Sample size	FFP: 111 fathers, 110 mothers JFY: 235 fathers, 1,286 mothers JTPA: 272 fathers, 1,156 mothers The sample characteristics are based on fathers and mothers; the analyses reported in this review include the fathers only.
Race and ethnicity	African American: 95 percent No other information was provided.
Gender	Male: 50 percent Female: 50 percent
Age	18 to 19 years: 20 percent (men), 39 percent (women) 20 to 21 years: 23 percent (men), 36 percent (women) 22 to 24 years: 34 percent (men), 24 percent (women) 25 years and older: 23 percent (men), one percent (women)
Educational attainment	High school graduate: 74 percent (men), 92 percent (women)
Employment, income, or earnings	Hourly wage (1998 dollars): $8.48 (men), $7.41 (women)
Household income	Not reported
Receive public assistance	Not reported

In child support system	Not reported
Reported Outcomes	
Timing	The authors included four quarters of data prior to the program (beginning in the second quarter of 1997), and eight quarters of data following the program (ending second quarter of 2001).
Description of measures	Earnings: The authors obtained quarterly earnings from the Illinois Department of Employment Security (IDES) for the Unemployment Insurance (UI) program. They adjusted earnings to 1998 dollars using the annual Consumer Price Index. Fathers who did not have earnings in a given quarter were included in the analysis, with a value of zero. Any UI Earnings: The authors included a dichotomous outcome indicating whether a father received any UI earning for that quarter.
Outcomes: Fathers' economic self-sufficiency	There were no statistically significant differences in earnings or employment between the fathers in the FFP group and either comparison group (JFY or JTPA) at program exit or two years after exit.
Outcomes: Fathers' well-being	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Relationship status and quality	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported

Program Model	
Theoretical framework	Although the program was not based in economic theory, the authors used the literature on the economics of marriage to frame the results. First, the authors reasoned that partners may motivate each other, which could increase productivity. Second, they hypothesized that when both members of a couple receive employment assistance, they may develop more efficient ways to allocate paid labor, child care, and housework.
Participant eligibility	FFP was designed with four eligibility requirements: 1. Both partners had to be low income, with at least one receiving TANF. 2. The couple had to report that they were in a stable relationship. 3. At least one of the partners had to be a parent, although the couple did not need to have a child together. 4. At least one partner had to be 17 to 24 years old to meet JFY's usual age requirement.
Participant needs assessment	Not reported
Program components	1. GED program 2. FFP workshop 3. Counseling
Program content	1. Those without a high school diploma or GED could first complete JFY's GED program. Members of the FFP treatment group and JFY comparison group were eligible for this component. 2. Those with high school credentials completed either a 10-day or 15-day FFP workshop. To enter the 10-day workshop, participants needed to read at the ninth grade level or above, the standard for workforce literacy in Illinois. Those who read at a lower level participated in the 15-day workshop. The FFP workshop focused on goal planning, conflict resolution skills, self-assessment, understanding and exploring the labor market, and job search skills, including practice interviews and resume and cover letter writing. The longer workshop also helped participants hone their test-taking, reading and math skills in preparation for pre-employment tests. To simulate the employment environment, the workshops had strict policies on tardiness, absences, and dress code.

	3. Each participant in the FFP treatment group and JFY comparison group was assigned to a youth services counselor who provided one-on-one assistance throughout the program. Participants could meet with their counselor to discuss personal challenges, particularly those related to employment. The counselor also would match participants with job opportunities. All members of the FFP group were assigned to the same counselor who helped address the family needs of the participants, such as managing the TANF system and making child-care or housing decisions.
Program length	The length of the workshop was 10 to 15 days depending on the reading level of the participants. The authors did not report the duration of the counseling or job-matching component of the program; however, the JFY services, which were the basis for FFP, were described as being short-term (one to three weeks).
Targeted outcomes	FFP was designed to improve the employment outcomes of young adults in low-income families.
Program adaptations	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Program staff found that both partners often did not need the same type of employment assistance. The program was modified so that partners with greater employment experience could skip the workshop and immediately receive assistance in looking for a better job. The authors reported that an asset of the JFY program was its network of nearly 600 employers who regularly hired the program's graduates.
Program Structure	
Was there a planning or pilot phase?	No
Length of planning/pilot	Not applicable
Timeframe for program operation	Not reported
Sites and service-delivery settings	The study was conducted in the Chicago and suburban Cook County labor market area. FFP services were offered by JFY; the number of sites was not reported.
Required facilities	Not reported
Community settings	Urban, suburban

Organizational partnerships	JFY hosted the program.
Funding agency	U.S. Department of Labor
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Not reported
Staffing and Operations	
Staff characteristics	Not reported
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	The JFY management information system allowed the authors to track FFP and JFY parents' progress using indicator variables of whether a participants completed the workshop, and if so, was placed in a job.
Recruitment	
Referral sources	Not reported
Recruitment method	Couples were recruited from the general JFY client pool and through outreach to welfare offices. Some couples were identified after one partner enrolled in JFY's standard program. In addition, each month, JFY staff members visited TANF offices to present the program to small groups of mothers and encourage enrollment.
Recruitment incentives	Not reported
Participants targeted	The program staff hoped to enroll 300 couples in FFP.

Participants recruited	A total of 150 couples enrolled in FFP.
Recruitment timeframe	July 1, 1997 to June 30, 2000
Recruitment challenges and solutions	The authors identified three primary challenges to recruitment. First, JFY clients and welfare recipients were not always willing to reveal a partnership, especially during their first meeting with staff. In interviews with the authors, clients reported fears that identifying a partner (1) might disqualify them from cash assistance or public housing and (2) lead to child support enforcement, which would reduce informal financial help from the partner. Second, some fathers were too old to meet JFY's standard eligibility criteria of 24 years of younger. To address this, the program allowed older partners to participate as long as the other partner met the age criteria. Third, the partners had different employment histories and education, and so did not need the same kind of employment assistance. The program was modified to allow more qualified individuals to skip the workshop.
Participation	
Participation incentives	To accommodate parents who did not have child-care, the program provided an on-site designated area with books and toys for children. No other information was provided.
Initial engagement in services	Not reported
Retention	Sixty-one percent of fathers completed the JFY workshop component. Of those, 95 percent found jobs.
Participation challenges and solutions	Not reported

GREATER PORTLAND HEALTHY MARRIAGE INITIATIVE

Study Information

Program overview	The Greater Portland Healthy Marriage Initiative promoted marriage values and skills through community information campaigns and classes. The program developed and provided public service announcements, radio talk shows, and presentations at community venues to promote the value of marriage and inform community members about the skills needed to increase marital stability. The program also provided marriage education classes to several different populations, including high school students, unmarried expectant parents, engaged people and those interested in marriage, teenagers at faith-based organizations, and married couples. Each population received a different curriculum, such as Within My Reach or FACTS/Datos, but classes generally covered such topics as communication, conflict resolution, commitment, and financial responsibility.
Study overview	The program began in the fall of 2007 and was operating in its fifth year at the time this study was published. The author did not explicitly report participation rates, but the results in the study suggest at least 4,000 individuals participated in services per year, for at least three of the reported years. The author stated that couples who participated were charged a small fee, which may have symbolized the value of the program and increased retention. Whether individual participants also were assessed a fee was unclear. The author collected data at one point in time and thus was not able to measure change over time. ***The lack of a pre-test and comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. The study has a LOW rating.***
Citation	Fuller, R. "Lasting Relationships from Marriage Education in the Community: Lessons Learned to Provide Foundation for New Efforts." Unpublished manuscript, n.d.

Study and Sample Characteristics

Study design	The study had a post-only design; after the program, participants were asked to report retrospectively on characteristics before the program and at the time of the post-test.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported

Sample size	Some demographic data were included from year 2 on 167 participants who responded to a follow-up survey after the program's completion (presented separately for the English- and Spanish-language samples).
Race and ethnicity	Not reported
Gender	Male: 40 percent in the English-language survey sample; 42.9 percent in the Spanish-language survey sample Female: 60 percent in the English-language survey sample; 57.1 percent in the Spanish-language survey sample
Age	Not reported
Relationship status	Not reported
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Surveys were administered at the last session of instruction. Respondents were asked to recall their attitudes before the program and at the time of the survey. During year 2, some respondents also were mailed a follow-up survey 5 to 14 months after program completion; however, no data were collected prior to program participation.
Description of measures	Post-program surveys were collected in years 1 to 5 of the program. Questions generally pertained to areas of improvement in relationship quality and knowledge.
Outcomes: Relationship status and quality	The author did not analyze change over time.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported

Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	Not reported
Participant eligibility	Not reported
Participant needs assessment	Not reported
Program components	Starting in the first year, the program included the following components: • Culturally specific community campaigns on the value of marriage and marriage skills • Healthy marriage classes at high schools • Marriage education for unmarried expectant women and men • Premarital education and marriage skills training for engaged people and people interested in marriage • Premarital education outreach and workshops for teenagers in African American and Latino community faith-based organizations In the second year, the program included an additional component: • Marriage education and marriage skills training for married couples

Program content	**Culturally specific community campaigns.** These included public service announcements highlighting marriage skills and values; talk shows on marriage on Spanish radio; a website of local and national resources for healthy marriage; and 150–200 presentations at colleges, businesses, faith-based communities, and neighborhood apartment complexes. **Healthy marriage classes for high school students.** The high school classes used the FACTS/Datos curriculum and the Connections curriculum. Topics included the value of marriage; relationships skills such as communication, conflict resolution, safe relationships, and commitment; and budgeting and financial responsibility. **Marriage education for unmarried expectant women and men.** These services used the Connections curriculum and the Within Our Reach curriculum. **Classes for engaged people.** Topics covered included parenting skills; financial management and career advancement; and relationships skills such as communication, conflict resolution, safe relationships, and commitment to the stability of marriage. **Premarital outreach for African American and Latino teenagers from faith-based organizations.** The author did not describe the content or curricula used in these efforts. **Marriage education for married couples.** These services used a curriculum that emphasized relationship skills in the areas of communication, conflict resolution, safe relationships (not described), and commitment.
Program length	Not reported
Targeted outcomes	Not reported
Program adaptations and modifications	Not reported
Available languages	Surveys were administered in English and Spanish. At least some of the program components (for example, the radio talk shows) were also delivered in Spanish. The author did not report the language of other program components.
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	During the fifth year, the program suffered from staff turnover, which the authors attributed to the recession and the staff's concern about job security as the grant period was ending.

Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	The program began in fall 2007, and the study included five years of implementation.
Sites and service-delivery settings	Some program classes were delivered in high schools and community faith-based organizations. The author did not report the service delivery sites of other program classes. Presentations were delivered at colleges, businesses, faith-based community organizations, and neighborhood apartment complexes. Some program content was also delivered through radio talk shows and public service announcements. The author indicated that four counties (not specified) in the greater Portland areas were targeted.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Northwest Family Services (NWFS) was the lead agency. NWFS partnered with the Multnomah County Health Department and Catholic Charities of Oregon.
Funding agency	The Office of Family Assistance in the Administration for Children and Families, U.S. Department of Health and Human Services, provided the grant for the program.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Not reported
Staffing and Operations	
Staff characteristics	Not reported
Staff training	The marriage educators were trained in the Prevention and Relationship Enhancement Program (PREP).
Training materials	Not reported
Trainer qualifications	Not reported

Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Not reported
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	Although the author did not explicitly report participation rates, the results suggest that at least 4,000 individuals participated each year, in at least three years of the program. For example, the authors stated that in year 4, 4,070 participants reported improvement on at least one measure of relationship skills.

Retention	Not reported
Participation challenges and solutions	The author reported that asking couples to pay a small fee to participate made it more likely that they would continue to attend classes than if the classes were free.

HISPANIC ACTIVE RELATIONSHIPS PROJECT (HARP)

Study Information

Program overview

The Hispanic Active Relationships Project (HARP), located in Cameron County, Texas, offered eight workshops covering different topics designed to strengthen marriage and romantic relationships. Six of the workshops were designed for couples who were married, engaged, or dating seriously and included such topics as communication, finances, and romance and intimacy. In addition, one workshop was designed for high school youth and young adults, and another was intended for their parents. The length of each workshop was about 8 to 12 hours. The project also offered special events, such as a holiday open house in December and a vow renewal ceremony. All workshops and events were targeted to Hispanics with low income and education who spoke Spanish as their primary language.

Study overview

The authors examined participants' outcomes from 2007, the second year of the project, through 2010. Multiple HARP workshops were offered in the community each project year: 64 workshops in year 2; 79 in year 3; 31 in the first half of year 4; and 31 in the first half of year 5. This review focuses on pre-post findings from year 3, the most recent year for which full annual data were available. The authors examined participants' outcomes from six of the topical workshops. Participants took a survey before and immediately after each workshop; the measured outcomes differed by workshop. The sample size ranged from 87 to 904 participants, depending on the workshop. Results were combined across workshops within each topic; for example, the sample of 904 participants represented 452 couples from 51 workshops on communication. The results showed favorable changes on most measures of relationship satisfaction and commitment. For example, participants in the couples' workshops on communication, money personalities, and romance and intimacy showed favorable changes on all five measures of relationship status and quality. Participants in the Active Relationships for Young Adults workshops showed favorable changes on 17 measures about relationship knowledge and attitudes, with no changes on 3 items.

The lack of a comparison group means that this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. The study has a LOW rating.

Citation	Dyer, P., K. Kotrla, and K. Stelzer. "Hispanic Active Relationships Project (HARP): Project Year 3 Annual Report: Evaluation Section." Waco, TX: Baylor School of Social Work, n.d. Additional sources: Dyer, P., K. Kotrla, and K. Stelzer. "Hispanic Active Relationships Project (HARP): Project Year 2 Annual Report: Evaluation Section." Waco, TX: Baylor School of Social Work, n.d. Dyer, P., K. Kotrla, and J. Galella. "Hispanic Active Relationships Project (HARP): Project Year 4 Semi-Annual Report: Evaluation Section." Waco, TX: Baylor School of Social Work, n.d. Dyer, P., K. Kotrla, and J. Galella. "Hispanic Active Relationships Project (HARP): Project Year 5 Semi-Annual Report: Evaluation Section." Waco, TX: Baylor School of Social Work, 2011.
Study and Sample Characteristics	
Study design	This study had a pre-post design, with participants' characteristics measured before and after the program.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	The sample size ranged from 87 to 904 participants who took the pre- and post-tests, depending on the workshop. Results were combined across multiple offerings within workshop topics; for example, the 904 participants included 452 couples in 51 communication workshops. Results were presented separately by workshop topic; whether participants could or did attend multiple workshops was unclear. In total, the sample was drawn from at least 137 workshops (the exact number was not reported). The reported sample characteristics differed across workshops.
Race and ethnicity	White: not reported African American: not reported Hispanic/Latino: 89.7–98.3 percent American Indian: not reported Other: not reported
Gender	Male: 10.3–49.1 percent Female: 50.9–86.7 percent
Age	Mean: 16.40–39.64 years Range: 14–87 years

Relationship status	Married: 4.8–81.6 percent Engaged: 12.2–40.6 percent Other: 2.0–9.5 percent The authors did not report relationship status for high school youth.
Educational attainment	Junior high school: 10–23 percent Some high school: 10.8–31.8 percent High school: 9.8–25.2 percent Some college: 1.7–31.7 percent Four-year college: 11.8–24.4 percent Graduate/professional: 4.3–6.1 percent
Employment, income, or earnings	Not reported
Household income	Less than $10,000: 1.4–27.0 percent $10,000–$19,999: 20.1–27.0 percent $20,000–$29,999: 14.3–22.8 percent $30,000–$39,999: 12.1–16.8 percent $40,000–$49,999: 7.9–10.1 percent $50,000–$74,999: 3.4–12.1 percent $75,000–$99,999: 1.6–9.5 percent $100,000 or more: 1.1–3.7 percent
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Surveys were given before and after each workshop. For some workshops, data were based on attendance in year 3; for others, they were based on attendance in years 2 and 3.
Description of measures	The content of the surveys differed by workshop, but most covered five topics: marital satisfaction, commitment, conflict resolution, communication, and negative interactions. Measures were answered with a Likert scale.

Outcomes: Relationship status and quality	Participants in the Active Communication, Money Personalities, and Romance and Intimacy workshops showed favorable changes on all five measures of relationship status and quality. Participants in the Active Relationships for Young Adults workshops showed favorable changes on 17 measures about relationship knowledge and attitudes. There was no change on three items. Participants in the Active Adults workshops showed favorable changes on 19 of the 20 items about relationship knowledge and attitudes. There was no change on one item. Participants in the Active Choices workshops showed favorable changes on 9 of the total 20 items about relationship knowledge and attitudes. There were decreases in two knowledge items (for example, "I have skills to solve disagreements in a respectful way") and no change on the remaining 9 items.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	Not reported

Participant eligibility	For most workshops, eligible participants were married, engaged, or in serious relationships. One workshop was targeted for military families. One was intended for high school students and young adults, and another included their parents (of high school students only). The target population was Hispanic individuals with low income and education who spoke Spanish as their primary language.
Participant needs assessment	Not reported
Program components	The program consisted of topical workshops.
Program content	The following workshops were offered to couples (married, engaged, or dating seriously): Active Communication, Active Money Personalities, Romance and Intimacy, Active Choices (only for engaged couples and those dating seriously and considering marriage), Active Living, and Active Military. One workshop, Active Relationships for Young Adults, was designed for high school students and young adults, and another, Active Adults, for their parents (of 9th to 12th graders only). No other information was provided.
Program length	Active Communication: 8 hours (up to 16 hours in year 2) Active Money Personalities: 12 hours Romance and Intimacy: 12 to 13 hours Active Choices: 8 hours Active Living: not reported Active Military: not reported Active Relationships for Young Adults: 13 hours Active Adults: 10 to 12 hours
Targeted outcomes	The workshops were intended to improve marital and relationship satisfaction.
Program adaptations and modifications	Not reported
Available languages	A large number of the participants spoke Spanish and, according to the authors, preferred to speak in Spanish. It was not reported which language(s) the workshops were offered in.
Fidelity measures	Not reported
Program costs	Not reported

Implementation challenges and solutions	The authors reported that the program struggled to find qualified individuals with time to facilitate it. For example, many potential facilitators had other leadership responsibilities in the community that limited their availability. To address this, the program staff continued to seek out individuals from community groups, such as churches and agencies working with youth, as well as referrals. According to program staff, one success of the program was that, by the third year, HARP had achieved name recognition in the county and was accepted by faith and community leaders and public officials. The program conducted a public awareness campaign (not described) and also benefited from word of mouth as people received services. The staff felt that participants' satisfaction encouraged others to seek out the program.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	At the time of the study, which is the focus of this review, the program was in its third year.
Sites and service-delivery settings	Services were offered in Cameron County, Texas. Multiple workshops were offered in each project year: 64 workshops in year 2; 79 in year 3; 31 in the first half of year 4; and 31 in the first half of year 5 (results were not presented for the second parts of years 4 and 5). No other information was provided.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	Not reported
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Workshop facilitators were members of the community recruited from churches and community agencies and by referrals of other facilitators. In year 3, 17 facilitators were trained to lead the workshops.
Staff training	Not reported

Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Participants were recruited through several methods, including radio and billboard advertisements, advertisements at movie theaters, word of mouth, community outreach, community fairs, presentations, and meetings with church and agency leaders.
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Not reported
Recruitment timeframe	Not reported

Recruitment challenges and solutions	According to the staff, the program struggled to overcome the perception that HARP was marriage education, which they felt was stigmatized in the community and made recruitment more difficult. To address this, they tried to educate the community about its mission and planned to increase their collaboration with other community agencies to build greater awareness. In general, however, the staff reported that recruitment went well and that the radio and billboard advertisements were particularly fruitful, leading to many calls and inquiries. In addition, recruitment was often successful when facilitators invited participants in person. In year 2, the authors noted, many participants were learning of the workshops at their churches.
Participation	
Participation incentives	Not reported
Initial engagement in services	Active Communication: 1,133 participants attended one of 51 workshops. Active Money Personalities: 459 participants attended an unspecified number of workshops. Romance and Intimacy: 342 participants attended one of 14 workshops. Active Choices: 89 participants attended one of 13 workshops. Active Living: not reported Active Military: not reported Active Relationships for Young Adults: 233 participants attended one of 10 workshops. Active Adults: 732 participants attended one of 49 workshops.
Retention	Not reported
Participation challenges and solutions	The authors noted that program staff had difficulty confirming the attendance of individuals, as well as following up with workshop participants.

JEFFERSON COUNTY HEALTHY MARRIAGE INITIATIVE

Study Information

Program overview

The Jefferson County Healthy Marriage Initiative (JCHMI) provided services to married men released from prison and returning to the Louisville, Kentucky, area. JCHMI offered classes featuring an adapted version of the Creating Lasting Family Connections (CLFC) curriculum in three different formats. The first format consisted of 18 to 20 sessions covering four modules: being a positive influence on children; raising resilient youth; communication; and HIV prevention. The other two formats—consisting, respectively, of 10 sessions or a weekend retreat—included two modules: raising resilient youth and HIV prevention. The classes were intended to increase the marital stability of men re-entering society after incarceration, thereby reducing recidivism. The CLFC sessions were implemented by COPES, Inc., in Louisville with funds from a Promoting Healthy Marriage grant from the Administration for Children and Families, U.S. Department of Health and Human Services.

Study overview

In this study, the authors examined two comparisons using a sample of 144 married men who participated in CLFC with their wives. In the first, they compared the husbands in CLFC to 113 men who participated in other programs typically available to those recently released from prison. In the second, they included pre-post results for the 144 married men and their wives. Results were measured at pre-test, post-test, and three to six months after the program.

For the first comparison, the authors found results favorable to the CLFC group on eight of nine relationship skills domains, such as communication and conflict resolution, as well as the overall average of relationship skills. No differences were observed between groups on the relationship commitment subscale.

For the second comparison, both husbands and wives showed improvements on all nine relationship domains and the overall average relationship skills scale from pre-test to post-test.

Both comparisons have LOW ratings. For the first, the groups were not equivalent at the study's onset, which means the study's design cannot establish whether the outcomes were caused by the program or were the result of initial differences between groups. For the second, the lack of a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time.

Citation	Pacific Institute for Research & Evaluation and McGuire & Associates. "Jefferson County Healthy Marriage Initiative: Final Evaluation Report." Louisville, KY: Pacific Institute for Research & Evaluation, May 2011. Additional source: Pacific Institute for Research & Evaluation and McGuire & Associates. "Promoting Responsible Fatherhood Initiative: COPES Final Evaluation Report." Louisville, KY: Pacific Institute for Research & Evaluation, April 2011.
Study and Sample Characteristics	
Study design	For the first comparison, the authors used a quasi-experimental design in which husbands who voluntarily participated in the CLFC sessions were compared to a sample of men who participated in other programs offered to recently released prison inmates as part of a similar study of the Jefferson County Fatherhood Initiative. The groups were shown to be equivalent on race and socio-economic status, but not marital status. In addition, the groups were not equivalent on 5 of the 10 baseline measures of relationship quality. For the second comparison, the authors used a pre-post design; husbands' and wives' outcomes were measured before and after the program.
Comparison condition	For the first comparison, members of the comparison group received programs typically offered to prisoners upon release. The details of these programs were not provided. For the second comparison, the study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	The sample included 401 individuals: 144 husbands and 144 wives in the treatment group and 113 men in the comparison group. Sample characteristics were reported for the combined sample.
Race and ethnicity	White: 46 percent African American: 51 percent Hispanic/Latino: 3 percent
Gender	Male: 64 percent Female: 36 percent
Age	Mean: 34.27 years
Relationship status	Living with relationship partner: 41 percent
Educational attainment	High school graduate or has general equivalency diploma (GED): 97 percent
Employment, income, or earnings	Employed: 54 percent
Household income	Not reported

Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	The survey was administered to all participants at pre-test and post-test and at followup three to six months after the post-test survey.
Description of measures	Participants were administered a 71-item questionnaire about various relationship skills at the three time points assessed in this study. Each item was rated on a scale from one (strongly disagree) to 5 (strongly agree). The questionnaire assessed the following nine domains: • Communication skills • Conflict resolution skills • Intra-personal skills • Emotional awareness • Emotional expression • Inter-personal skills • Relationship management skills • Relationship satisfaction • Relationship commitment The authors calculated scores for these nine domains by taking the average of responses to the items comprising each scale. They reported a low coefficient alpha for the conflict resolution skills scale and suggested that this domain's results be interpreted with caution. The authors also performed a principal components analysis to determine if these nine domains were measuring a single relationship factor. Based on the findings from this analysis, they created a single relationship skills aggregate of the nine domains to serve as a single summary measure. The authors reported results for each of the nine subscales as well as this total scale.
Outcomes: Relationship status and quality	Relative to the comparison group, favorable differences were observed for the CLFC group for communication skills, conflict resolution skills, intra-personal skills, emotional awareness, emotional expression, inter-personal skills, relationship management skills, and relationship satisfaction, and for the aggregate relationship skills overall scale. No differences were observed between groups on relationship commitment. From pre-test to followup, both husbands and wives showed improvement on all relationship quality subscale measures and the overall scale.

Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	Past research suggested that skills targeted by CLFC were related to increased commitment and lower likelihood of divorce. Therefore, teaching the skills to participants might increase the stability of their marriages.
Participant eligibility	The participants were low-income ex-offenders and their spouses. The men were all released from prison in Jefferson County between 2006 and 2011.
Participant needs assessment	Not reported
Program components	The program consisted of CLFC sessions.
Program content	CLFC had four training modules: **Developing positive parental influences.** This module covered substance abuse and family dynamics, using risk factors to create a personal family prevention plan, and setting clear standards for the family. **Raising resilient youth.** Topics included personal and family management practices, communicating one's expectations, child development, handling thoughts and feelings, and giving and receiving feedback.

	Getting real. This module focused on communication skills, including verbal and non-verbal communication, effective listening, refusal, negotiation and conflict management, and appropriate expression of emotions. **The ABC 3D approach to HIV prevention.** This module focused on knowledge about the transmission and prevention of HIV, hepatitis, and other sexually transmitted diseases. An abbreviated program consisted of two of the modules: raising resilient youth and HIV prevention.
Program length	The program was offered in three formats: 18 to 20 sessions, 10 sessions, and a weekend retreat. When offered in 10 sessions or a weekend retreat, the content included two of the four modules (see program content).
Targeted outcomes	The program aimed to increase communication skills, conflict resolution skills, intra-personal skills, emotional awareness skills, emotional expression skills, inter-personal skills, relationship management skills, relationship satisfaction, and relationship commitment
Program adaptations and modifications	Advisors from the Administration for Children and Families (ACF), which funded JCHMI, advised shortening the program, which initially consisted of 18 to 20 sessions. The shortened version was a strategy to address the difficulty of retaining returning offenders who may have been dealing with substance abuse or behavioral issues. The program developed three variations, as described above.
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	The grant was awarded in 2006 and was funded for five years.
Sites and service-delivery settings	The program served clients in Jefferson County, which included Louisville, Kentucky.
Required facilities	Not reported
Community settings	Urban

Organizational partnerships	COPES, Inc. implemented the program; no other information was reported.
Funding agency	The program was funded by a Healthy Marriage Initiative demonstration grant from ACF.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Not reported
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	Not reported
Recruitment incentives	Not reported

Participants targeted	The program aimed to enroll 450 individuals (90 each year for five years). This included both re-entry participants and their spouses.
Participants recruited	The study reviewed here included 288 participants in the treatment group.
Recruitment timeframe	The study recruited participants who entered the program starting in 2006 and ending in 2011.
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	Not reported
Retention	Not reported
Participation challenges and solutions	Not reported

KEEPING FAMILIES AND INMATES TOGETHER IN HARMONY (KEEPING FAITH)

Study Information

Program overview	Keeping Families and Inmates Together in Harmony (Keeping FAITH) was a program for incarcerated men and their partners. No other information about the program was reported.
Study overview	The authors examined participant data before and after the program. A total of 2,564 men and women completed the pre-test and 1,232 completed the post-test. The authors compared the change in responses on each of the 40 survey items between baseline and followup and conducted significance tests on the changes. They found that fathers showed statistically significant improvements on all three survey items related to involvement with children and two of three survey items related to parenting skills. Mothers did not show statistically significant improvements on survey items in either of these areas. Fathers also showed statistically significant improvements on 33 of 34 survey items related to relationship status and quality, and mothers showed statistically significant improvements on 27 of 34 survey items in this area. ***The lack of a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. The study has a LOW rating.***
Citation	Midwest Evaluation and Research. "Statistical Analysis of Client Data from the Keeping Families and Inmates Together in Harmony (Keeping FAITH) Program." Emporia, Kansas: Midwest Evaluation and Research, 2011.

Study and Sample Characteristics

Study design	This study had a pre-post design, with participants' characteristics measured before and after the program. However, the same sample was not used for the pre-test (2,564 individuals) and post-test (1,232 individuals).
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	The sample characteristics were based on the pre-test sample of 2,562 individuals (two were excluded because of missing data on gender). The post-test sample included 1,231 (one was excluded because of missing data on gender).

Race and ethnicity	White: 26.1 percent (males); 32.0 percent (females)
	African American: 66 percent (males); 59 percent (females)
	Hispanic/Latino: 5.8 percent (males); 5.9 percent (females)
	American Indian: not reported
	Other: 2.1 percent (males); 3.2 percent (females)
Gender	Male: 70.9 percent (1,817 out of 2,562)
	Female: 29.1 percent (745 out of 2,562)
Age	Mean: 33 years (males); 37 years (females)
	Range: 18–66 years (males); 18–63 (females)
Relationship status	Married: 22.1 percent (males); 10.7 percent (females)
	Living together: 23.4 percent (males); 7.1 percent (females)
	Divorced: 6.1 percent (males); 1.6 percent (females)
	Widowed: 0.3 percent (males); 0 percent (females)
	Separated: 2.9 percent (males); 0 percent (females)
	Never married: 32.9 percent (males); 5.1 percent (females)
	Missing: 12.3 percent (males); 75.4 percent (females)
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Couples participating in the program were surveyed before and after the intervention. The study did not indicate timing, other than specifying "pre-test" and "post-test."
Description of measures	Participants completed a survey with 40 items relating to relationship quality, parenting skills, and involvement with children. They responded to the same set of questions before and after the intervention.

Outcomes: Relationship status and quality	Between baseline and followup, out of 34 items on relationship status and quality, fathers showed improvements on 33 items and mothers showed improvements on 27 items. These items asked parents about their communication with their partners, their goals for the future of their relationships, and other issues related to relationship quality.
Outcomes: Parenting skills	Between baseline and followup, fathers showed improvements on two of the three survey items related to parenting skills. These items asked parents whether they told their children positive things (improvement), whether they raised their voices with their children (no change), and whether they could say "no" to their children (improvement). Mothers did not show change on any of the items.
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Between baseline and follow-up, fathers showed improvements on the three survey items related to involvement with children. These items asked parents whether their children talked to them about their friends, whether they had seen their children within the past 30 days, and whether their children knew they could talk to them.
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Between baseline and followup, no changes occurred in responses of mothers to the three survey items related to involvement with children.
Program Model	
Theoretical framework	Not reported
Participant eligibility	Not reported
Participant needs assessment	Not reported
Program components	Not reported

Program content	Not reported
Program length	Not reported
Targeted outcomes	Not reported
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	Not reported
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	Not reported
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Not reported
Staffing and Operations	
Staff characteristics	Not reported
Staff training	Not reported
Training materials	Not reported

Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Not reported
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	Not reported
Retention	Not reported

Participation challenges and solutions	Not reported

PLANNING FOR CHILDREN (PFC)

Study Information

Program overview

Planning for Children (PFC) was designed as a supplemental module to be offered as part of a more comprehensive relationship program. Developed for couples, it focused on planning pregnancies, including whether and when to have children and how far apart pregnancies should be spaced. PFC was available in two formats—three two-hour sessions or one five-hour session (with some activities eliminated)—that covered common obstacles to planning pregnancies, attitudes about childbearing, information about birth control, and guidance on developing a plan for preventing or delaying pregnancy. An optional session focused on sexuality and was designed for couples who had had at least one child together.

Study overview

The authors described two pilots that were conducted on PFC, the first in Baltimore, Maryland, and the second in Oklahoma City, Oklahoma. The Baltimore pilot used an initial version of PFC that was designed for low-income, urban, African American couples and was conducted with five couples as part of the Building Strong Families (BSF) comprehensive marriage education program. After the Baltimore pilot, PFC was modified to be relevant to a broader population. The pilot in Oklahoma City was conducted as part of the Family Expectations relationship education program (using both PFC formats) and analyzed using a pre-post study design. The authors examined data collected from approximately 20 participants who completed three surveys (at baseline, post-intervention, and two months after program completion) and reported on participants' knowledge of birth control methods, feelings about pregnancy, comfort discussing sex and birth control with their partners, level of agreement on future pregnancies and additional children, and current use of contraception. The authors found a significant increase in knowledge of birth control methods between baseline and the second followup. No other significant changes were reported.

The lack of a comparison group means that this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. This study has a LOW rating.

Citation

Wilson, P., and J. Antonishak. "Planning for Children Module Report." Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy, n.d.

Study and Sample Characteristics

Study design

This study used a pre-post design. Pre- and post-surveys were administered at baseline and twice after the program was delivered (at the end of program and two months later).

Comparison condition	The study did not include a comparison group.
Conflicts of interest	The program developer, Pamela Wilson, also was the lead author of the study.
Sample size	The baseline sample consisted of 36 participants who attended at least one session of the Oklahoma pilot and completed the pre-test survey. The final analysis was conducted on a subset of 20 of the 36 who completed the pre- and post-surveys at all three time points, although the sample size varied by question.
Race and ethnicity	Not reported
Gender	Not reported
Age	Mean: not reported Range: 19–30 years old
Relationship status	"Most" were unmarried; no other information was provided.
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Authors collected data at baseline, immediately after the participants completed the program, and two months after program delivery (at a "reunion" session).
Description of measures	Respondents were asked questions in three areas. First, they were asked to identify (from a list) methods of birth control they knew well and could explain to someone else. The items identified were summed and scores compared between baseline and first and second followup, respectively. Second, participants were asked how they felt about (a) another pregnancy, (b) talking to their partners about sex and birth control, and (c) their level of agreement with their partners on whether to have additional children. Third, participants were asked which method of birth control they were currently using. Additional details on measures were not provided.

Outcomes: Relationship status and quality	The authors reported on participants' feelings about another pregnancy, comfort talking with their partners about sex and birth control, and level of agreement with their partners on whether to have additional children. The study found no significant changes between baseline and two followups.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	The authors found no change in knowledge of birth control methods between baseline and the first followup, but a significant increase between baseline and the second followup. No significant changes were found in use of contraception between baseline and first followup.
Program Model	
Theoretical framework	Joe Jones, the CEO of the Center for Urban Families (CFUF), conceived the idea for PFC as a result of his interactions with a couple who had been doing well in CFUF's comprehensive relationship education and case management program, Building Strong Families, a program for couples who are expecting or have an infant (see profile for more information). When he learned the couple was already expecting another child and that the pregnancy was unplanned, he saw a need for a program supplement focused specifically on pregnancy planning, delay, and prevention.

	Meetings, interviews, and focus groups with advisors, couples, and other stakeholders produced suggestions for the curriculum, such as helping couples recognize that family planning affects goals, encouraging them to make a concrete plan for pregnancy planning, and providing them with referrals to clinics and targeted followup on contraceptive use. In addition, the couples indicated that language such as "family planning" was too vague.
Participant eligibility	Low-income expectant or parenting couples, regardless of marital status.
Participant needs assessment	Not reported
Program components	The PFC module consisted of group sessions to be implemented as part of a comprehensive case management program geared toward couples.
Program content	The module consisted of the following three sessions: (1) Let's Talk About Sex (optional), (2) Planning for Children I, and (3) Planning for Children II. The first session focused on improving communication skills around sex and increasing participant understanding of anatomy, physiology, and sexual response. The second session discussed ways of preventing unplanned pregnancies and identifying myths related to child-bearing. The last session focused on methods of birth control, communication and negotiation skills, and developing a shared plan to prevent or delay another pregnancy. After the program, participants were connected with a case manager for referrals to family planning clinics, assistance in making appointments, and overall support.
Program length	PFC was delivered through three two-hour sessions or one five-hour session (with some material eliminated).
Targeted outcomes	The overarching goal of the program was to enhance family stability and prevent unplanned pregnancies. The program specifically aimed to increase knowledge of birth control methods, improve communication skills around the use of contraception and family planning, and increase use of contraception.
Program adaptations and modifications	PFC was originally designed to be delivered in three two-hour sessions to low-income, urban, African American couples. It was adapted to be appropriate for a wider audience and to be offered in an alternate format of one five-hour session.
Available languages	Not reported
Fidelity measures	Not reported
Program costs	The curriculum was available as a free download from the website of the National Campaign to Prevent Teen and Unplanned Pregnancy.

Implementation challenges and solutions	In Oklahoma, the three-session format was offered to 31 couples, but this was determined to be too large a group. Thereafter, enrollment was limited to 10 couples.
Program Structure	
Was there a planning or pilot phase?	Yes
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	PFC was implemented as a pilot in two settings. First, the program was delivered to couples who participated in the Building Strong Families (BSF) program implemented by the Center for Urban Families in Baltimore, Maryland. Second, it was offered as a supplement to the Family Expectations program (also a BSF site), conducted in Oklahoma City, Oklahoma.
Required facilities	Not reported
Community settings	Urban
Organizational partnerships	The National Campaign for Teen and Unplanned Pregnancies partnered with the Center of Urban Families, with Pamela Wilson, an independent consultant, and with Public Strategies to develop and implement the PFC module.
Funding agency	Not reported
Agency certifications and national affiliations	Both the Baltimore and Oklahoma sites were part of the BSF demonstration.
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	The authors indicated that the program was delivered by staff already employed by the existing family and marriage education programs, such as BSF and Family Expectations, into which PFC was incorporated. Further details on their qualifications were not reported.
Staff training	The program developer provided a one-and-a-half-day training to family educators (the facilitators of the module) and family support coordinators (who provided follow-up services to participants) prior to program delivery in Oklahoma. Training information for the first pilot was not reported.
Training materials	Not reported

Trainer qualifications	The program developer provided the training to staff.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	The Baltimore pilot was delivered to 5 couples by one staff member. The Oklahoma pilot was delivered to up to 16 couples per family educator. The developer determined that sessions should have an enrollment cap of 10 couples.
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	The couples were recruited through existing programs in Baltimore and Oklahoma.
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	The authors reported that in Baltimore, five couples were recruited for the BSF pilot. In Oklahoma City, 31 individuals were recruited for the three-week Family Expectations sessions. Seven couples plus two wives (whose spouses were on military assignment) were recruited for the first Family Expectations one-day session, and four couples were recruited for a second one-day session.
Recruitment timeframe	Not reported

Recruitment challenges and solutions	The authors reported that in the Oklahoma pilot, staff recruited more participants than were manageable during the three-session format. Once the developer set a cap on enrollment, multiple one-day sessions were offered to serve all interested participants.
Participation	
Participation incentives	The Family Expectations program staff in Oklahoma provided child care, dinner, transportation, and a small monetary incentive to encourage attendance and participation in the program.
Initial engagement in services	The authors reported that in Baltimore, five couples participated in the BSF pilot. In Oklahoma City, 31 participants initially attended the first of the three-week Family Expectations sessions, 16 attended the first PFC one-day session, and 8 attended the second one-day session.
Retention	The authors reported that for the three-week Family Expectations program, 18 of the 31 participants attended the last session. No other information on retention was provided.
Participation challenges and solutions	Participation in the three-session format in Oklahoma began with 31 participants but ended with 18. The developer, however, thought the reduced size was better for implementing the intervention.

PRACTICAL APPLICATION OF INTIMATE RELATIONSHIP SKILLS (PAIRS) ESSENTIALS

Study Information

Program overview	The Practical Application of Intimate Relationship Skills (PAIRS) Essentials classes provided marriage and relationship training focused on emotional literacy, intimacy, and other skills for healthy relationships. The nine hours of training were offered in different formats, from one-day and weekend intensive classes to multi-week sessions lasting three to six weeks. Facilitators delivered classes in various service settings, including colleges, churches, hospitals, rehabilitation centers, and supportive housing communities. The classes varied in size from 8 to 150 individuals and included both married and single men and women. PAIRS Essentials classes were implemented in three sites in South Florida: Miami-Dade, Broward, and Palm Beach counties.
Study overview	The authors used a pre-post design comparing the characteristics for 168 low-income couples. Participants completed the 32-item Dyadic Adjustment Scale (DAS) prior to the start of the program and again six months after its completion. The authors found that most participants improved their DAS scores from pre-test to post-test; the statistical significance of this finding was not reported. ***The lack of a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. The study has a LOW rating.***
Citation	PAIRS Foundation. "Impact of PAIRS Essentials Marriage Education with Low-Income Couples." Weston, FL: PAIRS Foundation, 2010. Additional source: Eisenberg, S. D., P. R. Peluso, and R. A. Schindler. "Impact of Brief Marriage and Relationship Education Classes on Dyadic Adjustment." Weston, FL: PAIRS Foundation, 2011.

Study and Sample Characteristics

Study design	The study had a pre-post design, with participants' characteristics measured before and after the program.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	The sample included 168 participants.

Race and ethnicity	White: 7.1 percent African American: 11.9 percent Hispanic/Latino: 81 percent Asian American: not reported American Indian: not reported Other: not reported
Gender	Male: 45.2 percent Female: 54.8 percent
Age	21–30 years: 12.5 percent 31–45 years: 47.0 percent 46–60 years: 32.7 percent 61 years or over: 4.8 percent
Relationship status	Married: 94 percent Engaged or considering marriage: 4.2 percent Separated or considering separation: 1.8 percent
Educational attainment	Not reported
Employment, income, or earnings	All couples reported a combined income of $48,000 or less.
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Participants were asked to complete a DAS prior to the start of the program and again six months after its completion.
Description of measures	The DAS included 32 items measuring four key relationship components: dyadic consensus, dyadic cohesion, dyadic satisfaction, and expression of affection. The authors reported a total score for the DAS and DAS 7; they did not report the differences between the two formats.
Outcomes: Relationship status and quality	Relative to pre-test, a majority of participants improved on the DAS score and the DAS 7 six months after the program. The statistical significance of these findings was not reported.

Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	The PAIRS curriculum was developed using theories and methods from education, psychology, and psychotherapy. According to the designer, Lori Heyman Gordon, each partner must be able to identify his or her own feelings and successfully communicate them before couples' issues, such as maintaining intimacy and sustaining a positive marriage, can be addressed.
Participant eligibility	No criteria for participant eligibility were described. However, the authors stated that participants included both married and single men and married and single women.
Participant needs assessment	Not reported
Program components	PAIRS programs, including PAIRS Essentials, provided relationship skills training classes for individuals and couples.
Program content	PAIRS programs, including PAIRS Essentials, provided group-oriented relationship skills training classes. Built on a skills-based approach, PAIRS focused on emotional literacy, intimacy between partners, and developing strategies for positive marriage and family dynamics. The program was designed to provide couples with tools to improve communication, bonding, and conflict resolution.

Program length	PAIRS Essentials training lasted nine hours in all and was offered in a variety of formats, from one-day and weekend intensive classes to multi-week sessions lasting three to six weeks. Other PAIRS classes, not evaluated in the study under review, ranged from 4 to 120 hours.
Targeted outcomes	The program aimed to enhance self-knowledge and the ability of participants to build and maintain intimate relationships by developing empathy, bonding, and emotional literacy.
Program adaptations and modifications	PAIRS Essentials was one of the PAIRS relationship education classes, ranging from 4 to 120 hours, developed by Lori Heyman Gordon.
Available languages	English and Spanish
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	The authors noted that the grant for the study was received in 2006. No other information was provided.
Sites and service-delivery settings	PAIRS Essentials was offered in three sites in South Florida: Miami-Dade, Broward, and Palm Beach counties. Classes were delivered in various service settings, including colleges, libraries, churches, synagogues, hospitals, recreational organizations, rehabilitation centers, and supportive housing communities.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Not reported
Funding agency	The U.S. Department of Health and Human Services, Administration for Children and Families, awarded the PAIRS Foundation a multi-year grant to conduct the demonstration.
Agency certifications and national affiliations	Not reported

Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	Classes were led by a primary instructor, teaching assistant, or administrative or research support staff. All PAIRS instructors were professionals in fields other than mental health.
Staff training	All staff completed PAIRS Level One Training (32 hours). Staff who led the classes were required to be certified and licensed by the PAIRS Foundation on an annual basis.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	A primary instructor could lead a class of up to 20 individuals. A teaching assistant was recommended for every additional 15 participants after the first group of 20.
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Most participants learned of PAIRS Essentials through word of mouth, from a friend, colleague, family member, or professional. Some participants received information on the PAIRS Essential program through the distribution of flyers and brochures, the Internet, or news articles.
Recruitment method	The authors noted that most participants received at least one phone call, email, or in-person contact from PAIRS staff prior to enrolling in the program. Prior to the delivery of services, participants completed informed consent forms and intake forms containing demographic questions.
Recruitment incentives	Not reported

Participants targeted	Not reported
Participants recruited	Not reported
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	Approximately 5,000 couples and individuals participated in PAIRS Essentials classes as of July 2011.
Retention	Not reported
Participation challenges and solutions	Not reported

PREP INSIDE AND OUT

Study Information

Program overview	The Prevention and Relationship Enhancement Program (PREP) Inside and Out was a relationship enhancement program designed for inmates and their partners. PREP Inside and Out was an adaptation of PREP, which was intended to reduce marital stress and the incidence of divorce by teaching couples skills, such as communication, self-regulation, problem solving, maintaining friendship, and conflict management (see profile for more details). The 12-hour program could be attended by inmates with or without their partners. The Oklahoma Marriage Initiative worked with the Oklahoma Department of Corrections to implement PREP Inside and Out in 17 correctional facilities across the state.
Study overview	To strengthen relationships and marriages, the Oklahoma Marriage Initiative (see profile for more information) began working with the state correctional facilities to provide the PREP Inside and Out program. The authors examined the program using a pre-post design, with a sample of 254 inmates (116 men and 138 women) in 17 state correctional facilities. Data from the inmates' partners were not included. The results showed that the outcomes of relationship satisfaction, relationship dedication, relationship confidence, communication skills, and friendship increased between baseline and followup for male and female participants. Compared to baseline, male and female participants also reported a decrease in negative interactions and feelings of loneliness. ***The lack of a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. The study has a LOW rating.***
Citation	Einhorn, L., T. Williams, S. Stanley, N. Wunderlin, H. Markman, and J. Eason. "PREP Inside and Out: Marriage Education for Inmates." *Family Process*, vol. 47, no. 3, 2008, pp. 341–356.

Study and Sample Characteristics

Study design	This study had a pre-post design, with participants' characteristics measured before and after the program.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Two of the authors developed PREP; the study does not indicate whether any authors participated in the development of PREP Inside and Out.

Sample size	The sample included 254 inmates who participated in the program (the authors also stated that across outcomes, the sample ranged from 236 to 251). The authors reported that data were collected initially from 448 inmates, but they were unable to use data from 196 of them. Based upon this information, the reported sample size would be a total of 252 inmates, not 254; the reason for this discrepancy was not clear.
Race and ethnicity	White: 44.0 percent (male); 71.5 percent (female) African American: 31.0 percent (male); 9.5 percent (female) Hispanic/Latino: 6.9 percent (male); 2.2 percent (female) American Indian: 14.7 percent (male); 14.6 percent (female) Other: 3.4 percent (male); 2.2 percent (female)
Gender	Male: 45.7 percent Female: 54.3 percent
Age	Mean: 37.22 years (male); 34.25 years (female)
Relationship status	Married: 42 percent (male); 51 percent (female)
Educational attainment	Average was 11.82 years
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	The authors of the study collected data prior to program participation and following program completion. Prior to the program, inmates completed a questionnaire administered by the chaplain. Following program completion, participants completed the same questionnaire. Data from the inmates' partners were not collected systematically across all programs and were not reported in the study.
Description of measures	Participants completed a self-report questionnaire that contained scaled items designed to measure changes in relationship variables following program participation, including relationship satisfaction, relationship confidence, relationship dedication, friendship, positive communication skills, feelings of loneliness, and negative interactions.

Outcomes: Relationship status and quality	For male and female participants, the outcomes of relationship satisfaction, relationship dedication, relationship confidence, communication skills, and friendship increased between baseline and followup. Compared to baseline, participants also reported a decrease in negative interactions and feelings of loneliness.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	Findings from previous studies have found that family stability provides a number of benefits for incarcerated individuals and their families, contributing to adult and child well-being, economic opportunities, and positive life outlook. Strong family ties can help prison inmates face challenges more effectively and decrease recidivism after release. Skills taught in PREP, such as affect regulation, were considered particularly important for inmates, many of whom struggled to manage their emotions.
Participant eligibility	Not reported
Participant needs assessment	Not reported
Program components	The program comprised a series of class sessions for couples and individual inmates.

Program content	The program was offered in two formats: for couples and individual inmates. The couples-based format was attended by the inmates and their partners after visitation hours. Inmates were also given the option to attend classes administered to individual participants. The authors did not report the timing of the individual-based classes. The same concepts and skills were taught in both formats. The curriculum included the following key concepts: communication between partners; problem-solving strategies; developing and maintaining friendship and elements of fun in a relationship; managing unrealistic expectations; affect management; creating ground rules; and addressing escalation, invalidation, negative interpretation, avoidance, and withdrawal.
Program length	Classes met once a week for two hours during a six-week period and were offered three times a year.
Targeted outcomes	The intent of the program was to strengthen relationships by teaching skills to reduce risks and to increase protective factors that are associated with avoiding or addressing relationship problems.
Program adaptations and modifications	Developers of PREP Inside and Out adapted the program from PREP. Curriculum adaptations that were implemented to make the program more appropriate for inmates included increasing training on communication skills; providing additional examples, through video and other methods, that were relevant to the inmates' situations; modeling how to do homework; and, for trainers, incorporating group management techniques.
Available languages	Not reported
Fidelity measures	Not reported
Program costs	The Oklahoma Marriage Initiative provided all class materials at no charge. No other information was provided.
Implementation challenges and solutions	No challenges were reported. The authors noted that the inmates and staff reported high levels of satisfaction with the program.
Program Structure	
Was there a planning or pilot phase?	The Oklahoma Marriage Initiative piloted an adaptation of the PREP curriculum in one correctional facility in 2002.
Length of planning/pilot	Not reported
Timeframe for program operation	The authors reported that trainers began administering the program to inmates in 2004. Its end date was not reported.
Sites and service-delivery settings	The program was administered in one site, Oklahoma Department of Corrections correctional facilities, and delivered in 17 correctional facilities.
Required facilities	The program required sufficient space to hold weekly group instruction. A television and DVD player were also required.

Community settings	Not reported
Organizational partnerships	The Oklahoma Marriage Initiative worked with the Oklahoma Department of Corrections to implement the PREP Inside and Out program.
Funding agency	Not reported
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was not mandatory, with the exception that inmates who wished to marry were required to take the class.
Staffing and Operations	
Staff characteristics	The authors reported that 44 chaplains and other staff had completed training since 2004. In addition, program coordinators had enlisted one inmate, who worked as a chapel clerk, to co-lead classes.
Staff training	All class leaders received a three-day, standard training on PREP, and were also trained on adaptations for the PREP Inside and Out program.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Authors noted that participants who did not show up to any one of the six sessions were removed from the program unless they arranged a make-up class with the chaplain. Inmates who completed the program were given a certificate.

System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Participants received information about the program through referrals by chaplains and their assistants within the facilities; advertisements that ran on in-house televised broadcasts; presentations about the program made during various meetings; and word of mouth from other inmates.
Recruitment method	Not reported
Recruitment incentives	The Department of Corrections offered no recruitment incentives.
Participants targeted	Not reported
Participants recruited	Not reported
Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	The Department of Corrections offered no incentives for participation. However, the authors suggested that inmates may have joined the program based upon indirect incentives, such as the perception that participation increased chances at parole and the added opportunity to spend time with their partners.
Initial engagement in services	Not reported
Retention	Not reported
Participation challenges and solutions	Not reported

SMART STEPS

Study Information

Program overview

Smart Steps was a relationship education program for "stepcouples"—that is, couples who were married, co-habiting, or dating, in which at least one partner had a child from a previous relationship. The program was designed to increase the couples' skills in and understanding of areas associated with relationship instability in blended families, including co-parenting and step-parenting, conflict management, increasing commitment, and dealing with finances. Children between the ages of 6 and 17 years could attend the program with their parent(s). For the first 90 minutes, parents and children met separately and then came together for family activities during the remaining 15 to 30 minutes. The 12-hour program was delivered over six-week periods and offered in 11 sites in Utah through Head Start and community family service agencies.

Study overview

The authors conducted a pre-post study with 356 unmarried and married adults, who completed surveys immediately before and after the six-week program and one month after an optional booster session. The study measured changes in commitment, relationship instability, and agreement on finances, parenting, and ex-partners. The authors reported increased commitment scores for both men and women and increased agreement on finances, parenting, and ex-partners. There was no change in reported relationship instability.

The lack of a comparison group means that this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. This study has a LOW rating.

Citation

Higginbotham, B. J., and L. Skogrand. "Relationship Education with Both Married and Unmarried Stepcouples: An Exploratory Study." *Journal of Couple and Relationship Therapy*, vol. 9, 2010, pp. 133–148.

Additional sources:

Higginbotham, B. J., and F. Adler-Baeder. "Enhancing Knowledge and Agreement Among Ethnically and Economically Diverse Couples in Stepfamilies with the Smart Steps: Embrace the Journey Program." *Journal of Extension*, vol. 48, no. 1, 2010.

Higginbotham, B. J., and F. Adler-Baeder. "The Smart Steps, Embrace the Journey Program: Enhancing Relational Skills and Relationship Quality in Remarriage and Stepfamilies." *Forum for Family and Consumer Issues*, vol. 13, no. 3, 2008.

Higginbotham, B. J., and C. Myler. "The Influence of Facilitator and Facilitation Characteristics on Participants' Ratings of Stepfamily Education." *Family Relations*, vol. 59, 2010, pp. 74–86.

Higginbotham, B. J., L. Skogrand, and E. Torres. "Stepfamily Education: Perceived Benefits for Children." *Journal of Divorce and Remarriage*, vol. 51, 2010, 36–49.

Skogrand, L., L. Dansie, B. J. Higginbotham, P. Davis, and A. Barrios-Bell. "Benefits of Stepfamily Education: One-Year Post Program." *Marriage and Family Review*, vol. 47, 2011, pp. 149–163.

Skogrand, L., K. Reck, B. Higginbotham, F. Adler-Baeder, and L. Dansie. "Recruitment and Retention for Stepfamily Education." *Journal of Couple and Relationship Therapy*, vol. 9, 2010, pp. 48–65.

Skogrand, L., E. Torres, and B. J. Higginbotham. "Stepfamily Education: Benefits of a Group-Formatted Intervention." *Family Journal: Counseling and Therapy for Couples and Families*, vol. 18, no. 3, 2010, 234–240.

Study and Sample Characteristics

Study design	This study had a pre-post design, with couples' characteristics measured before and after the program. Authors also compared outcomes between unmarried and married participants who attended the same course.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Dr. Adler-Baeder developed the program.
Sample size	The sample included 356 married and unmarried participants who attended both the Smart Steps program and the booster session conducted four to six weeks after the program was completed.
Race and ethnicity	White: 53 percent (unmarried women); 55 percent (unmarried men) African American: 0 percent Hispanic/Latino: 47 percent (unmarried women); 45 percent (unmarried men) American Indian: 0 percent Other: 0 percent Not reported for married women and men
Gender	Male: not reported Female: not reported
Age	On average, unmarried women were 30.3 years old, and unmarried men were 32.6 years old. Married women were 32.7 years old, and married men were 34.1 years old.

Relationship status	Married: 65.2 percent Unmarried: 34.8 percent
Educational attainment	In the unmarried sample, women had on average 12.0 years of education while men had 11.9 years. In the married sample, women had 12.8 years of education, while men had 12.9 years.
Employment, income, or earnings	In the unmarried sample, 92 percent of the women made less than $30,000 annually, and 1.5 percent made more than $50,000; 61.7 percent of the men made less than $30,000, and 6.4 percent made more than $50,000. In the married sample, 91 percent of the women made less than $30,000 annually; among men, 57 percent made less than $30,000; and 12.7 percent made more than $50,000.
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	The authors collected data at the beginning and end of the six-week program, as well as one month after program completion.
Description of measures	The authors examined outcomes using self-reported measures of relationship quality, including the following: • A four-item scale on commitment • A four-item scale on relationship instability • Three single-item measures on major relational issues, such as handling of finances, dealing with ex-spouses and partners, and parenting
Outcomes: Relationship status and quality	The authors reported that commitment scores increased over time. There was no change in relationship instability. Agreement on finances and dealing with ex-spouses or partners significantly increased over time.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	The authors reported that agreement on parenting increased over time.
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported

Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	The authors noted the importance of tailoring the program to address the challenges of a low-income population and couples who were remarried and/or had children from previous relationships. The program was developed to address what the authors described as "key" areas associated with stability among stepfamilies and used a family systems approach. No other information was provided.
Participant eligibility	Eligible participants included those in married or unmarried relationships and single parents (since future relationships would create a "stepcouple").
Participant needs assessment	Not reported
Program components	The Smart Steps program consisted of weekly group classes. A booster session was offered four to six weeks after the end of the sessions.
Program content	The program covered a range of topics relevant to building and improving healthy relationship skills, including using communication, co-parenting and step-parenting strategies, identifying and using the external family support system, handling conflict and stress, and managing finances. Sessions were designed to be interactive and included lecture, discussion, media presentations, and activities. Parents and their children, ages 6 to 17 years, could attend the program. For the first 90 minutes, parents and children met in separate rooms and then came together for 15 to 30 minutes of a family activity. No information on the booster session was reported.
Program length	The Smart Steps program was 12 hours long, delivered over six weeks.
Targeted outcomes	The program aimed to improve healthy relationship skills, increase commitment, and decrease relationship instability.
Program adaptations and modifications	Not reported

Available languages	Spanish and English
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Some of the 40 participants who were interviewed mentioned several aspects of the program that they enjoyed or found beneficial, including the opportunity to learn from others, the experience that their situation or challenges were not unusual (normalization), the social support from other members of the group, and the opportunity to share so that others could learn from their experiences.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	The program became available for distribution in 2002.
Sites and service-delivery settings	The program was conducted in Head Start and other community agencies in Utah. In 2007, the program was offered in 11 sites. Authors did not provide additional details.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	The program was developed through a collaboration with the Cornell Cooperative Extension, the Stepfamily Association of America, and the Alabama Cooperative Extension System. In 2007, it was offered through a partnership between Utah State University and community agencies.
Funding agency	The program was supported, in part, by the Administration for Children and Families, U.S. Department of Health and Human Services. It was developed with support from Cornell University, the Stepfamily Association of America, Auburn University, and the National Stepfamily Resource Center.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Participation was voluntary.

Staffing and Operations	
Staff characteristics	A total of 48 facilitators led sessions offered between January 2007 and July 2008 (results for subsequent time periods were not reported). Of these, 52 percent were white and 48 percent were Hispanic or Latino. Over 85 percent (41 out of 48) were women, and most had at least 16 years of education (77 percent). One-third reported currently living in a stepfamily (either the facilitator or partner had a child from a previous relationship).
Staff training	Facilitators attended a two-day training, which covered the curriculum, facilitation skills, and the evaluation.
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Sessions were led by two facilitators, and the average session included seven couples. No other information was provided.
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	According to 40 participants who were interviewed, the most common ways that they heard about the program was through contact with a program facilitator or staff person; mass media, such as flyers, mailings, and public service announcements; and referrals from friends and family.
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Adults in married and unmarried relationships, with at least one partner having a child from a previous relationship
Participants recruited	Not reported

Recruitment timeframe	January 2007 to December 2009
Recruitment challenges and solutions	The authors reported that one of most effective recruitment strategies was personal contact and invitations from the facilitators or other program staff. Word-of-mouth recommendations from friends and family were also effective, as was local advertising, particularly flyers posted in places frequented by the target population, such as grocery stores, laundromats, and schools. Public service announcements and newspaper ads were less effective recruitment sources. The authors also recommended that, regardless of the recruitment source, the message include recognition of common problems experienced by stepfamilies, as well as the possibility of solutions. Some examples were "Are you struggling to keep everyone happy in your stepfamily? Let us help!" and "Not getting along with your ex? We've got some tips!"
Participation	
Participation incentives	The authors reported that participants were provided with meals at the beginning of each class, program supports, such as $10 to offset transportation costs, and prizes for children and parents. Child care was provided for children younger than six years of age.
Initial engagement in services	Between January 2007 and December 2009, 1,500 married and unmarried adults participated in the Smart Steps program.
Retention	The authors reported that 75 percent of the enrolled participants attended at least 9 of the 12 hours.
Participation challenges and solutions	The authors noted that the incentives were important to retention, as was the participation of children in the classes. The 40 participants who were interviewed suggested that children's enthusiasm for the program and excitement about receiving the prizes encouraged families' attendance. In addition, participants noted that ongoing contact with staff, through phone calls and home visits, helped keep them engaged in the program.

STRONG START–STABLE FAMILIES

Study Information	
Program overview	Strong Start–Stable Families was designed to enhance relationships between young, unmarried, expectant parents prior to their child's birth by supporting the stability of the relationship while promoting paternity establishment and reducing the likelihood of adversarial proceedings in cases where child support might be an issue. Developers of Strong Start–Stable Families adapted the program from the CenteringPregnancy curriculum, a group prenatal care program that combined health assessment with education and support. CenteringPregnancy featured two-hour group sessions beginning at 12 to 18 weeks of pregnancy, facilitated by nurse practitioners, midwives, and individuals trained in group processes, along with delivery of prenatal care and health assessments. The Baylor Teen Health Clinic modified this program by incorporating material on paternity establishment, child support, and healthy relationships selected from several sources: the Texas Office of the Attorney General's Parenting and Paternity Awareness (p.a.p.a.) curriculum and resources from the Office of Child Support Enforcement, including Parenting Two-gether, Maps for New Dads, and The Power of Two. The Texas Office of the Attorney General worked with the Baylor Teen Health Clinic to implement the program in one site, the Cullen Teen Health Clinic.
Study overview	The study used a quasi-experimental design to analyze three conditions: a high-level treatment group, a low-level treatment group, and a comparison group. The high-level treatment group was offered all the services described above and consisted of women and their partners who expressed an interest in participating in a group prenatal care program and attended at least one CenteringPregnancy session. During a 33-month period, program staff enrolled 211 women and 126 male partners. The low-level treatment group received limited services—participants were mailed informational materials and received traditional prenatal care—and consisted of women and their partners who expressed an interest in participating in a group prenatal care program but did not attend any CenteringPregnancy sessions. Program staff enrolled 240 women and 14 male partners in this group. The comparison group consisted of women and their partners who received conventional prenatal care. Staff enrolled 124 women and 12 male partners in this group. The study analyzed 122 women, 40 women from the low-level treatment group, and 18 women from the comparison group. Few men participated in data collection (25 in the high-level treatment group, one in the low-level treatment group, and 3 from the comparison group) and the authors did not present results separately by group.

	The study did not find any significant differences among the three groups of mothers on the reported outcomes including, the father's involvement with the baby's birth, established paternity, father's financial support of the child, the mother's relationship with the baby's father, and the mother's feelings about the future. ***The study, which had a quasi-experimental design, has a LOW rating for both sets of comparisons. First, it did not establish equivalence on baseline measures for the high- and low-level treatment comparisons. Second, the comparisons with the comparison group had a confounding factor—an aspect of the study design that lined up completely with the comparison condition—resulting in an inability to isolate the effect of the program.***
Citation	Pearson, J., and L. Davis. "Strong Start, Stable Families: Final Report." Denver, CO: Center for Policy Research, 2009.
Study and Sample Characteristics	
Study design	The authors initially intended to use random assignment to create high- and low-level treatment groups, as well as a non-randomly assigned comparison group from a different prenatal care site. They dropped the random assignment design because very few participants attended a CenteringPregnancy session. Under the modified plan, the high-level treatment group consisted of pregnant participants and their partners who agreed to participate in group-centered prenatal and educational sessions based upon the CenteringPregnancy curriculum and attended at least one session. The low-level treatment group consisted of pregnant women who agreed to participate in the group sessions but never attended a session. The comparison group consisted of women who had tested positive for pregnancy at another clinic in the area. The inclusion of women who all came from a single clinic that was not used to recruit participants into the high- or low-level groups was a confounding factor. The baseline equivalence of the three groups was not established.
Comparison condition	There were two comparison conditions: **Low-level treatment.** The low-level treatment group received traditional prenatal care at the teen health clinics. Its members were also mailed material regarding relationships, paternity establishment, and child support. **Comparison group.** The comparison group received traditional prenatal care and no additional outreach materials or services from the Strong Start–Stable Families program.
Conflicts of interest	Not reported

Sample size	The sample characteristics are based on 333 participants in the high-level treatment group (211 female and 122 male), 254 in the low-level treatment group (240 female and 14 male), and 136 in the comparison group (124 female and 12 male). The analysis sample included 122 women from the high-level treatment group, 40 from the low-level treatment group, and 18 from the comparison group. The analysis based on data from the child support system included 18 women: 11 from the high-level treatment group, 4 from the low-level treatment group, and 3 from the comparison group.
Race and ethnicity	White: 3 percent (female, high); 4 percent (female, low); 1 percent (female, comparison) 2 percent (male, high); 0 percent (male, low); 0 percent (male, comparison) African American: 55 percent (female, high); 63 percent (female, low); 64 percent (female, comparison) 49 percent (male, high); 79 percent (male, low); 55 percent (male, comparison) Hispanic/Latino: 40 percent (female, high); 32 percent (female, low); 32 percent (female, comparison) 46 percent (male, high); 21 percent (male, low); 36 percent (male, comparison) Other: 1 percent (female, high); 0 percent (female, low); 3 percent (female, comparison) 3 percent (male, high); 0 percent (male, low); 9 percent (male, comparison)
Gender	Male: 37 percent (high); 6 percent (low); 9 percent (comparison) Female: 63 percent (high); 94 percent (low); 91 percent (comparison)
Age	Mean: 19.1 years (female, high); 19.4 years (female, low); 19.2 years (female, comparison) 20.9 years (male, high); 21.9 years (male, low); 20.0 years (male, comparison) Range: 16–26 years (female, high); 16–27 years (female, low); 16–22 years (female, comparison) 16–34 years (male, high); 17–26 years (male, low); 17–24 years (male, comparison)

Relationship status	Romantic relationship with father/mother of baby: 83 percent (female, high); 87 percent (female, low); 93 percent (female, comparison); 92 percent (male, high); 100 percent (male, low); 100 percent (male, comparison) Romantic relationship with another person: 3 percent (female, high); 2 percent (female, low); 1 percent (female; comparison); 1 percent (male, high); 0 percent (male, low); 0 percent (male, comparison) No romantic relationship: 14 percent (female, high); 11 percent (female, low); 6 percent (female, comparison); 8 percent (male, high); 0 percent (male, low); 0 percent (male, comparison)
Educational attainment	Less than high school: 37 percent (female, high); 34 percent (female, low); 26 percent (female, comparison) 36 percent (male, high); 25 percent (male, low); 38 percent (male, comparison) High school or general equivalency diploma (GED): 51 percent (female, high); 54 percent (female, low); 57 percent (female, comparison) 51 percent (male, high); 58 percent (male, low); 38 percent (male, comparison) More than high school: 12 percent (female, high); 12 percent (female, low); 17 percent (female, comparison) 13 percent (male, high); 17 percent (male, low); 25 percent (male, comparison)
Employment, income, or earnings	Currently employed: Not reported for female participants 40 percent (male, high); 50 percent (male, low); 25 percent (male, comparison)
Household income	Not reported
Receive public assistance	Food stamps: 36 percent (female, high); 53 percent (female, low); 40 percent (female, comparison) 24 percent (male, high); 15 percent (male, low); not reported (male, comparison) Temporary Assistance for Needy Families (TANF): 5 percent (female, high); 16 percent (female, low); 5 percent (female, comparison) 6 percent (male, high); 8 percent (male, low); not reported (male, comparison)

	Medicaid: 43 percent (female, high); 64 percent (female, low); 48 percent (female, comparison) 24 percent (male, high); 23 percent (male, low); not reported (male, comparison) Supplemental Security Income (SSI): 15 percent (female, high); 25 percent (female, low); 12 percent (female, comparison) 11 percent (male, high); 8 percent (male, low); not reported (male, comparison) Section 8 housing assistance/public housing: 10 percent (female, high); 23 percent (female, low); 14 percent (female, comparison) 7 percent (male, high); 17 percent (male, low); not reported (male, comparison)
In child support system	Not reported
Reported Outcomes	
Timing	Each female participant in the high- and low-level treatment groups completed a pre-program assessment, which was administered by the project case manager at the first CenteringPregnancy class or when the mother came to the clinic to have blood drawn. Female participants in the high-level treatment group also completed a post-program assessment following the 12-session program. Because the low-level treatment group consisted of participants who never appeared for a group session, no post-program assessment was administered to its members. All participants in all groups were eligible to participate in a telephone interview approximately three months following the conclusion of the group sessions (for the high-level treatment group) and/or the birth (for the low-level treatment and comparison groups). Interviews were conducted by Northern Illinois University's Public Opinion Laboratory. Staff at the Texas Office of the Attorney General also searched automated child support records to determine if project participants were enrolled in the system, whether paternity had been established for children born following the Strong Start–Stable Families program, and whether payments had been made by the fathers of the children. Searches were conducted for the high-level and low-level treatment groups approximately nine months after the births and for the comparison groups approximately six months after the births. In many cases, participants provided limited identifying information, preventing the authors from finding matches in the support records.

Description of measures	The results were presented separately for the high-level treatment group that participated in group sessions, the low-level treatment group that received informational materials but did not participate in group sessions, and the comparison group that received neither informational materials nor group session treatment. **Pre- and post-program assessments** included questions regarding relationship status; information about the father; perceptions of marriage; emotional state; and public assistance support. **The telephone interviews** collected information regarding parents' knowledge of the child support system; establishment of paternity; the quality of their relationships; and actions taken in the months after the births of their children. **Data on child support** were obtained from administrative support records.
Outcomes: Relationship status and quality	The authors did not find differences among the three groups on whether the mother was married to the baby's father, the relationship status of unmarried mothers (such as, in a committed relationship, a casual relationship, or just friends), relationship quality, and mothers' attitudes about marriage.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	No differences in the paternity establishment rates among the three groups were indicated by searches within the Texas child support system or mothers' reports. There were no differences among the three groups in the percentage of fathers not making any payment towards child support or percentages of the total arrears that fathers paid toward child support in the months following the program. There were no differences among the three groups of female participants regarding the mothers' reports of overall level of financial support provided by the fathers.

Outcomes: Fathers' involvement with children	There were no differences among the three groups of female participants in terms of reports on whether the fathers were present at the births of their children.
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	The authors did not find differences among the three groups on the mothers' feelings about the future, in terms of her activities (such as, in school, employed, and marital status) and the father's involvement with the baby.
Program Model	
Theoretical framework	Previous studies have found that marriage may contribute to child well-being, the economic stability of families, and improved educational opportunities for parents. However, evidence suggests that of the many unmarried parents who express mutual support during pregnancy, many are no longer romantically connected and few have obtained a child support order a year after the birth of the child. This project sought to take advantage of the "magic moment" during pregnancy when the partners are mutually supportive to enhance relationships and promote stability within couples.
Participant eligibility	The project targeted unmarried women between the ages of 16 and 23 years who came to the Baylor College of Medicine Teen Health Clinics in Houston, Texas, while pregnant. All female participants in the high-level and low-level treatment programs reported non-adversarial relationships with the fathers of their babies, did not report domestic violence, and expressed interest in group services during pregnancy. Participants in the high- and low-level treatment groups were selected from four clinics: Ben Taub Hospital, LBJ Hospital, Cavalcade, and Cullen. Comparison group participants were selected from Lawn Teen Clinic.
Participant needs assessment	The pre-assessment, which was administered by a program manager, asked participants if they were interested in receiving referrals for additional services, among them help with job training, health care support, education services, getting the father's name on the birth certificate, housing, child care, and substance abuse counseling.
Program components	The high-level treatment program combined educational class sessions with prenatal care for expectant mothers. Women could attend sessions either with their partners or individually. The high-level treatment also offered mothers and their partners referrals to various resources offered both within the teen health clinic and at external locations. Participants in the low-level treatment group received traditional prenatal care and were mailed additional material regarding relationships, paternity establishment, and child support.

Program content	The high-level treatment program integrated prenatal care into a group-centered educational curriculum. As a core focus of prenatal care, nurse practitioners provided ultrasounds, identified medical issues that warranted additional attention, and helped mothers monitor their own weight gain and blood pressure. The curriculum offered by the high-level treatment program covered the following topics in 12 sessions: 1. Nutrition and pregnancy anatomy 2. Pregnancy relief measures and fetal development 3. Child care and sharing parenthood 4. Contraception and communication in relationships 5. The birth experience and paternity establishment 6. Early post-partum care and understanding domestic violence 7. Siblings, new baby care, and benefits of marriage 8. Post-partum issues and a formal child support presentation by the Texas Office of Child Support Services 9. Newborn care and choosing a pediatrician 10. Safe sleep and paternity establishment 11. Birth stories and post-partum adjustment 12. Birth stories, infant development, parenting skills, and goals for the future The format also provided opportunities for group discussion and peer support. Both mothers and their partners in the high-level treatment program also received referrals for additional resources, including assistance with Medicaid enrollment, referrals to the Women, Infants, and Children (WIC) program, medical services, assistance with other health care issues, employment and educational programs, and social services and benefits. The low-level treatment group received traditional prenatal care at the teen health clinics and were mailed additional material regarding relationships, paternity establishment, and child support. The information contained in the brochures was derived from the Texas Office of the Attorney General's Parenting and Paternity Awareness (p.a.p.a.) curriculum.
Program length	Sessions met every other week for 12 sessions, each lasting two hours.
Targeted outcomes	The intent of the Strong Start–Stable Families program was to strengthen relationships and improve parenting skills among young parents for the long term, promote financial security for children born to unwed parents, and prevent adversarial child support proceedings between parents following the births of their children.

Program adaptations and modifications	Developers of Strong Start–Stable Families adopted the high-level treatment program from CenteringPregnancy, a group prenatal care program that combined health assessment with education and support. The CenteringPregnancy program featured two-hour group sessions for women, beginning at 12 to 18 weeks of pregnancy, facilitated by nurse practitioners, midwives, and individuals trained in group processes; the delivery of prenatal care and health assessments; and an educational curriculum on the developmental stages of pregnancy. The authors reported discrepant numbers of sessions in the curriculum, 10 and 12. The Baylor Teen Health Clinic modified this program by incorporating material on paternity establishment, child support, and healthy relationships selected from several sources: the Texas Office of the Attorney General's Parenting and Paternity Awareness (p.a.p.a.) curriculum and resources from the Office of Child Support Enforcement, including Parenting Two-gether, Maps for New Dads, and The Power of Two.
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	The developers of the program designed sessions to be conducted with groups of women with similar due dates. The teen health clinics found it challenging to organize groups of women whose due dates and schedules were both similar.
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	The program began operation on June 1, 2005, and ended on June 30, 2009.
Sites and service-delivery settings	The high-level treatment prenatal care and educational group sessions were offered at the Cullen Teen Health Clinic. The low-level treatment group was mailed materials regarding relationships, paternity establishment, and child support to their homes and also received traditional prenatal care. The locations where prenatal care was administered to the low-treatment group were not identified.
Required facilities	The high-level treatment group required facilities conducive to group discussion and class instruction. Several classes required the use of televisions and video players during instruction. In addition, prenatal care delivered to mothers required blood pressure monitors, a weight scale, and other medical equipment.
Community settings	Not reported

Organizational partnerships	The Texas Office of the Attorney General worked with the Teen Health Clinics of the Baylor College of Medicine in Harris County, Texas, to implement the Strong Start–Stable Families program.
Funding agency	The program was funded by the Office of Child Support Enforcement in the Administration for Children and Families, U.S. Department of Health and Human Services.
Agency certifications and national affiliations	The Strong Start–Stable Families program was an adaptation of the CenteringPregnancy program, which was affiliated with the CenteringPregnancy and Parenting Association.
Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	The authors reported that a certified nurse midwife and a social worker/ case manager co-facilitated prenatal sessions for the high-level treatment group. To make participation for male partners more comfortable, each group was co-facilitated by a male as well as a female case manager.
Staff training	The certified nurse midwife at the Baylor College of Medicine participated in a two-day training in June 2006. In July 2006, a co-facilitator and other staff connected with the project attended a two-day training.
Training materials	Not reported
Trainer qualifications	Both trainings were conducted by the CenteringPregnancy and Parenting Association.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Each session of the high-level treatment group was supervised by two staff members (one certified nurse midwife and one social worker/case manager). Each session could include between 8 and 12 pregnant women and their partners as participants.
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Social workers and nurses completed an intake form for each pregnant adolescent with whom they spoke at Ben Taub Hospital, LBJ Hospital, or Calvalcade and Cullen Teen Health Clinics to determine her eligibility for the high- or low-level treatment group. The referral form gathered demographic, relationship, and contact information and information on whether the woman had experienced domestic violence with the father of her child. Mothers who reported violence were referred to a domestic violence service provider and excluded from the program.

System for tracking program performance	Project case managers maintained a log of attendance at group sessions and services by each participant. Project staff recorded visits by the mothers to the clinic following the births of their children in the same activity log.
Recruitment	
Recruitment and referral sources	Four clinics provided referrals to the high- and low-level treatment groups. The Baylor College of Medicine Lawn Teen Health Clinic provided referrals for the quasi-experimental comparison group.
Recruitment method	Although four clinics provided referrals, nearly all recruitment activities for the high- and low-level treatment groups occurred at the Cullen and Cavalcade Teen Health Clinics. Young women with positive results on pregnancy tests administered at four teen health clinics were approached by social workers or nurses and asked about their interest in learning about healthy relationships and participating in group-oriented prenatal care. Staff then completed intake forms for the adolescents with whom they spoke to determine their eligibility. Each woman was also asked to indicate whether the father of her baby might be interested in participating in the program. Male partners of pregnant women who came to the teen health clinics were directly approached by project staff as well and invited to participate in the project.
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Out of the 663 eligible female participants, a total of 211 attended at least one session of the group training; these participants were recruited for the high-level treatment group. A total of 240 women who attended intake but did not attend a group session were classified as members of the low-level treatment group. An additional 212 women never appeared for the initial intake session with project staff and were not included as participants in the project. The 124 pregnant adolescents recruited for the comparison group were not counted in the 663 recruited for the high- and low-level treatment groups. Women who completed the intake process were asked to give contact information for the fathers of their children during the intake process. Within the high-level treatment group, 60 percent of male partners (126 out of 211) were successfully recruited and participated in at least one session of the program. Approximately 6 percent (14 out of 240) in the low-level treatment group participated. Approximately 10 percent of men (12 out of 124) participated in the comparison group.
Recruitment timeframe	Recruitment efforts began in April 2006 and ended in October 2008.

Recruitment challenges and solutions	The staff of the teen health clinics noted several difficulties during recruitment. Some eligible participants rejected the group session high-level treatment option because they preferred traditional care, wished to have an ultrasound (which initially was not provided), and wished to deliver their babies at a private hospital rather than at the hospitals where the clinic had established relationships. In response to these preferences, the teen health clinics developed a relationship with St. Luke's so that participants could deliver in a private hospital and arranged for them to have routine ultrasounds. Staff also had difficulty enrolling male partners, although the partners were offered incentives and access to male facilitators.
Participation	
Participation incentives	Women and their partners in the high-level treatment group received incentives for attending group sessions. Participants were offered transportation and provided with a meal at each session. They also received a $20 gift card for every three sessions they attended (each couple could receive a total of $160 in gift cards during the program). Following completion of the program, a baby shower was held, and participants received additional gifts.
Initial engagement in services	Among those 663 women who expressed interest in the program and reported non-adversarial relationships with their partners, 210 attended at least one group session. A total of 126 of their male partners were in attendance. These attendees constituted the high-level treatment group.
Retention	The authors noted that of those female participants who attended at least one session (members of the high-level treatment group), 22 percent attended between one and two sessions, 22 percent attended between three and five sessions, 25 percent attended six to eight sessions, and 31 percent attended nine or more sessions. The authors noted lower attendance patterns for male participants (although attendance figures in the report for male participants were discrepant, with information provided for 92 in one location and 96 in another). The authors noted that 33 percent of men attended one or two sessions, 29 percent attended three to five sessions, 20 percent attended six to eight sessions, and 18 percent attended nine or more sessions.
Participation challenges and solutions	In the beginning months of the program, a number of participants in the high-level treatment group found it challenging to attend group meetings held from 1:30 to 3:30 in the afternoon. As a result, program administrators held subsequent groups in the evenings, on Mondays and Wednesdays, from 4:00 to 6:00, and a few groups from 6:00 to 8:00. Some participants also found it difficult to find transportation to the meetings. In response, the program began to transport participants by van, but this service was only sustained for two months.

TOGETHER WE CAN

Study Information

Program overview

Together We Can (TWC), a relationship and marriage education program, was designed to strengthen co-parenting skills and child outcomes for low-income, lower-literacy, married or unmarried couples. The curriculum consisted of six two-hour weekly sessions on a series of research-based topics, as well as discussions on and skills training in communication strategies. TWC was delivered through a partnership between Auburn University and a Head Start program in Alabama, by trained facilitators who were married couples.

Study overview

For this quasi-experimental study, parents whose children attended a Head Start program were asked to volunteer for the treatment or comparison group. Comparison group members were allowed to participate in the program at a later time. The study sample included 80 women (56 in the treatment group and 24 in the comparison group). Approximately 54 percent of women in the treatment group attended the program with their male partners, but the authors excluded males from the study analysis.

The authors collected data at four time points (baseline, 1.5 months, 4 months, and 12 months) on measures of co-parenting and parents' reports of children's social competence. The results showed no differences on co-parenting disagreements between the treatment and comparison groups at 1.5 and 4 months. At 12 months, the comparison group showed an increase in disagreements, whereas the treatment group remained relatively stable. Similarly, the results showed no differences on children's social competence between the treatment and comparison groups at 1.5 and 4 months. At 12 months, the treatment group reported a slight increase in children's social competence, whereas comparison parents reported decreases over time.

The groups were not equivalent at the study's onset, which means the study's design cannot establish whether the outcomes were caused by the program or were the result of initial differences between groups. For this reason, the study has a LOW rating.

Citation

Kirkland, C., E. M. Skuban, F. Adler-Baeder, A. B. Bradford, S. A. Ketring, T. Smith, and M. Lucier-Greer. "Effects of Parent Participation in Relationship/Marriage Education on Co-Parenting and Children's Social Skills: Examining Rural Minority Parents' Experiences." *Early Childhood Research and Practice*, in press.

Additional source:

Kirkland, C., F. Adler-Baeder, A. Bradford, L. Mallory-Lucier-Greer, S. Ketring, and T. Smith. "The Effects of Parent Participation in Relationship/Marriage Education on Co-Parenting and Children's Social Skills: Examining Rural Minorities' Experiences." Auburn, AL: Auburn University, 2009.

Study and Sample Characteristics	
Study design	The authors used a quasi-experimental design, in which parents with a child registered in a Head Start program were asked to participate in the study and could select either the treatment or comparison group. The authors showed that the treatment and comparison group members used in the analysis of outcomes at 1.5 months and 4 months were initially equivalent on race, ethnicity, education, and baseline measures of the outcomes. The groups used in the analysis of 12-month outcomes, however, were not equivalent on the baseline measures of the outcomes.
Comparison condition	Participants who did not receive the program were in the comparison group. No further details were reported.
Conflicts of interest	Not reported
Sample size	Baseline characteristics included 80 female participants, 56 of whom were in the treatment group, and 24 of whom were in the comparison group. For the analyses, the sample sizes were as follows: 40 treatment and 17 comparison (1.5 months); 31 treatment and 15 comparison (4 months); and 29 treatment and 10 comparison (12 months).
Race and ethnicity	White: 1.8 percent (treatment); 0 percent (comparison)
	African American: 94.6 percent (treatment); 91.7 percent (comparison)
	Hispanic/Latino: not reported
	American Indian: not reported
	Other: 3.6 percent (treatment); 8.3 percent (comparison)
Gender	Male: 0 percent
	Female: 100 percent
Age	Mean: 30.93 years
	Range: 19–65 years
Relationship status	Married: 35.2 percent (treatment); 40.9 percent (comparison)
	Cohabiting: 27.8 percent (treatment); 9.1 percent (comparison)
	Dating (not cohabiting): 24.1 percent (treatment); 45.4 percent (comparison)
	Single: 13.5 percent (treatment); 4.5 percent (comparison)
Educational attainment	Less than high school: 16.7 percent (treatment); 16.7 percent (comparison)
	High school diploma: 27.9 percent (treatment); 29.2 percent (comparison)
	Some post-secondary education: 55.6 percent (treatment); 54.1 percent (comparison)

Employment, income, or earnings	Annual income Under $14,000: 50.0 percent (treatment); 45.4 percent (comparison) $14,000–$25,000: 31.5 percent (treatment); 20.8 percent (comparison) Over $25,000: 18.5 percent (treatment); 31.8 percent (comparison)
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	The authors reported that data were collected from parents and teachers through classroom observation at four time points: pre-test and post-test (1.5 months) and two followups (4 and 12 months). However, only parents' reports of outcomes were used in the analysis.
Description of measures	Both treatment and comparison group participants completed surveys (each with over 300 items) at each time point. The authors reported on two outcomes: • **Children's social competence.** Seven items were assessed on a five-point scale ("never" to "almost always"), with higher scores indicating higher levels of children's general social competence when interacting with peers. • **Co-parenting disagreements.** Four items were assessed on a five-point scale ("never" to "almost always" or "not supportive" to "very supportive"), with higher scores indicating higher levels of disagreement.
Outcomes: Relationship status and quality	Not reported
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	The authors reported no differences on co-parenting disagreements between groups at post-test and the 4-month followup. At the 12-month followup, the level of co-parent disagreements increased from pre-test in the comparison group and remained constant in the treatment group.
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported

Outcomes: Fathers' financial support of children	Not reported
Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	The authors reported no differences on children's social competence between groups at post-test and the 4-month followup. At the 12-month followup, the treatment group reported a slight increase in competence scores compared to pre-test, whereas comparison parents reported decreases over time.
Outcomes: Other	Not reported
Program Model	
Theoretical framework	The authors reported that the program was based on Kolb's experiential learning theory, which posited that individuals transform personal experiences into knowledge. The program also used a risk/resiliency approach, which aimed to enhance protective factors and decrease maladaptive behaviors.
Participant eligibility	Participants were low-income married or unmarried parents with children from lower-literacy populations, enrolled at a Head Start center.
Participant needs assessment	Not reported
Program components	The relationship and marriage education program consisted of the Together We Can curriculum.
Program content	The Together We Can curriculum consisted of a series of seven research-based topics: 1. Choose—intentionally deciding whether to be in an intimate relationship 2. Know—learning about the partner, such as his or her personal interests and values 3. Care—showing kindness, affection, and support 4. Care for self—supporting individual well-being, including physical, psychological, and sexual health

	5. Share—developing friendship and connections with the partner 6. Connect—engaging support outside of the relationship, such as community ties and other social supports 7. Manage—using strategies to address partners' differences, stressors, or safety issues. The topics were covered in group discussions on and training in communication skills, such as listening and conflict management
Program length	The program was six weeks long, delivered in weekly two-hour sessions.
Targeted outcomes	The program was designed to strengthen co-parenting relationships and child well-being.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported
Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	The program was delivered as part of a Head Start program in Tuskegee-Macon county in Alabama.
Required facilities	Not reported
Community settings	Rural
Organizational partnerships	The program was conducted through a partnership between Auburn University and the Head Start program.
Funding agency	Not reported
Agency certifications and national affiliations	Not reported

Was participation mandatory?	Participation was voluntary.
Staffing and Operations	
Staff characteristics	The authors reported that the program was facilitated by two sets of trained married couples from the local community who had previously worked for local service organizations.
Staff training	The facilitators were trained in the curriculum by the curriculum developer. No other information was reported.
Training materials	Not reported
Trainer qualifications	See staff training.
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported
Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	Not reported
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	The authors indicated that program staff posted flyers about the program and the study in six local Head Start centers. No other information was provided.
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	A total of 80 participants were recruited.

Recruitment timeframe	Not reported
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Participants received refreshments and $10 gas cards for each session. Additionally, those in the program group received $100 for completing each of the surveys. Those in the comparison group received $50.
Initial engagement in services	Not reported
Retention	Authors indicated that 69 percent of the participants in the treatment group attended at least four sessions. Fifty-four percent of the women in the treatment group attended sessions with their partners; information on length of participation was not reported.
Participation challenges and solutions	Authors reported that transportation barriers and work schedule conflicts were the main reasons for lack of participation.

WHY KNOT?

Study Information	
Program overview	Why Knot? was a marriage preparation curriculum for men developed by the National Fatherhood Initiative. The curriculum included six two-hour sessions, which could be offered once or twice a week. Materials included an activities manual and facilitator's guide, which provided guidance and information on conducting the sessions and the philosophy of the program; and a Marriage Readiness Journal, a resource for participants. No other information on the curriculum was provided.
Study overview	Why Knot? was used as part of the TWOgether Pittsburgh marriage support initiative, which also included such activities as marriage enrichment, mentoring, and divorce reduction services. The author conducted a pre-post analysis of 22 fathers who participated in Why Knot? as part of TWOgether Pittsburgh. The study looked at the changes in men's attitudes, beliefs, and knowledge about marriage. The study found that 15 of the 22 participants changed their beliefs and increased their knowledge about marriage after participating in the program. ***The lack of a comparison group means this study's design cannot establish whether the outcomes were caused by the program and not by some other factor, such as natural change over time. The study has a LOW rating.***
Citation	Denton, S. "Why Knot? Program Evaluation: TWOgether Pittsburgh Pre and Post Assessment." Germantown, MD: National Fatherhood Initiative, 2011.
Study and Sample Characteristics	
Study design	The study had a pre-post design, with participants' characteristics measured before and after the program.
Comparison condition	The study did not include a comparison group.
Conflicts of interest	Not reported
Sample size	There were 22 participants in the sample (53 percent were fathers).
Race and ethnicity	White: 9.1 percent African American: 90.9 percent Hispanic/Latino: not reported American Indian: 0 percent Other: 0 percent

Gender	Male: 100 percent Female: 0 percent
Age	18–24 years: 31.8 percent 25–34 years: 22.7 percent 35–44 years: 18.2 percent 45–58 years: 27.3 percent
Relationship status	Not reported
Educational attainment	Not reported
Employment, income, or earnings	Not reported
Household income	Not reported
Receive public assistance	Not reported
In child support system	Not reported
Reported Outcomes	
Timing	Surveys were distributed before and after the program to men who participated between October 2008 and September 2009.
Description of measures	A survey was administered to the participants to ascertain their attitudes, assertions, and knowledge about marriage. Evaluators created a total score for each participant based on his answers to each question on the survey. No other information was provided.
Outcomes: Relationship status and quality	By the end of the program, participating men had significantly improved their scores compared to before the program.
Outcomes: Parenting skills	Not reported
Outcomes: Co-parenting	Not reported
Outcomes: Partners' well-being	Not reported
Outcomes: Partners' economic self-sufficiency	Not reported
Outcomes: Fathers' financial support of children	Not reported

Outcomes: Fathers' involvement with children	Not reported
Outcomes: Domestic violence	Not reported
Outcomes: Child outcomes	Not reported
Outcomes: Other	Not reported
Program Model	
Theoretical framework	Why Knot? was developed in response to three issues. First, the parents' relationship is a large factor in father involvement; fathers who are not married to the mothers of their children are less likely to be involved in their children's lives. Second, few programs had been designed for couples or individuals not in romantic relationships or already considering marriage. And, third, although men are typically the ones who propose marriage, no programs were available that focused on their issues or decisions when considering it.
Participant eligibility	All participants were single men and/or fathers. No eligibility requirements were reported.
Participant needs assessment	Not reported
Program components	Why Knot? was offered in group sessions.
Program content	For the facilitators, the curriculum included both an activities manual and a facilitator's guide, which provided guidance and information on conducting the group sessions and on the philosophy of the program. The Marriage Readiness Journal was provided to participants for their reference both during and after the completion of the program. No other information was provided.
Program length	Each of the six group sessions lasted about two hours. The author noted that the facilitator had the flexibility to conduct one or two sessions a week, but no more than one week was supposed to pass between sessions.
Targeted outcomes	The program was designed to provide men with tools to form and sustain happy marriages.
Program adaptations and modifications	Not reported
Available languages	Not reported
Fidelity measures	Not reported
Program costs	Not reported

Implementation challenges and solutions	Not reported
Program Structure	
Was there a planning or pilot phase?	Not reported
Length of planning/pilot	Not reported
Timeframe for program operation	Not reported
Sites and service-delivery settings	Five churches within the Pittsburgh area delivered Why Knot? to the men in the sample; whether additional sites delivered the program was not reported. The TWOgether Pittsburgh program, of which Why Knot? was one component, served five southwestern counties in Pennsylvania.
Required facilities	Not reported
Community settings	Not reported
Organizational partnerships	Why Knot? was the marriage preparation curriculum used as part of the TWOgether Pittsburgh initiative. No other information was provided.
Funding agency	TWOgether Pittsburgh was federally funded. No other information was provided.
Agency certifications and national affiliations	Not reported
Was participation mandatory?	Not reported
Staffing and Operations	
Staff characteristics	Not reported
Staff training	Not reported
Training materials	Not reported
Trainer qualifications	Not reported
Staff performance standards	Not reported
Staff-participants ratio or caseloads	Not reported
Staff supervisors	Not reported

Staff supervision frequency	Not reported
Technical assistance	Not reported
Operations manual, forms, or protocols	The facilitators were provided with two manuals. The activities manual was a guide to the activities to be included in the group sessions. The facilitator's guide described the background and conceptual development of the program and included suggestions for effective facilitation. Participants in the program were also given a Marriage Readiness Journal as a resource. No other information was reported.
System for tracking program performance	Not reported
Recruitment	
Recruitment and referral sources	Not reported
Recruitment method	Not reported
Recruitment incentives	Not reported
Participants targeted	Not reported
Participants recruited	Twenty-two participants were in the study. No information was provided about how many were recruited.
Recruitment timeframe	Participants in the study participated in Why Knot? over the 11 months from October 2008 to September 2009.
Recruitment challenges and solutions	Not reported
Participation	
Participation incentives	Not reported
Initial engagement in services	Not reported
Retention	Not reported
Participation challenges and solutions	Not reported

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APPENDIX A

SEARCH STRATEGIES USED IN THE SFER REVIEW

APPENDIX A. SEARCH STRATEGIES USED IN THE SFER REVIEW

To identify published and unpublished research, we used three search strategies:

- **Targeted keyword search.** We conducted a search of 15 electronic databases, including Academic Search Premier, EconLit, Education Research Complete, PsycINFO, SocIndex, and Dissertation Abstracts International (see table A1 for keywords used in the search) and the Google search engine.
- **Existing review and meta-analyses**. To supplement the keyword search, we checked the reference lists of past reviews of research on programs serving couples (Fawcett et al. 2010; Hawkins and Fackrell 2010; Reardon-Anderson et al. 2005). Studies of relevant programs that were not identified in the database search were added to the list.
- **Call for papers.** A key step in identifying the research was a public call for papers, which requested submissions of relevant research studies not yet published or not likely to be found through the search process. The call was sent to approximately 130 contacts, including research organizations, individuals, and listservs.

Table A.1 Search Terms Used in Keyword Searches

Category	Search Term
Search Restrictions	Studies published in English only Studies published 1990 or later
Target Group	(couple* or partner* or spouse* or parent*) and ("low income" or "low-income" or "lower income" or lower-income" or poor or poverty or disadvantage*) and
Programs	"marriage education" or "marital education" or "premarital education" or "couple* education" or "relationship education" or "relationship skills education" or "relationship skills training" or "marriage therapy" or "marital therapy" or "couple* therapy" or " couple* relationship therapy" or "premarital counseling" or "couple* relationship counseling" or "couple* intervention" or "premarital prevention program" or (couple* or relationship or marriage or marital and ("psychoeducation*" or "psycho-education*"))

Note: The asterisk (*) is a "wild card" that allows for any characters to follow.

APPENDIX B

IDENTIFYING PROGRAM IMPACTS

APPENDIX B. IDENTIFYING PROGRAM IMPACTS

To determine whether a program caused a particular outcome, a study's research design must be able to rule out alternative explanations. For example, a relationship education program for low-income couples may measure levels of conflict before and after participation in the program, but changes in conflict between the two points in time may be caused by factors other than the program. Couples who are motivated to attend the program are likely motivated to strengthen their relationship, so their relationship and conflict levels might improve over time, regardless of program participation. To measure the effects or impacts of the program, we must also understand the "counterfactual," what would have happened in absence of the program.

In the SFER review, only studies that used a comparison group are considered impact studies. The outcomes of the comparison group represent the counterfactual. Continuing the example above, a group of similar couples who did not participate in the program could be followed over the same period of time and used to establish what the program participants' outcomes would have been without the program. Thus, the differences at followup between the treatment group (who participated in the program) and the comparison group (who did not) may reflect the effects of the program on conflict, rather than other factors.

Not all comparison groups, however, provide equally credible counterfactual comparisons, and this review does not designate all studies with a comparison group as impact studies. In some cases, studies use comparison groups that differ in important ways from program participants. For example, if a comparison group is formed from couples who do not want to participate or simply never showed up for the program, they are likely to differ in important ways from the couples who choose to participate. The couples in the comparison group may be less motivated, for example, or may have more barriers in their lives that interfere with attending the program and stress their relationship. In that case, the comparison group is not a good representation of the counterfactual, because the program-group couples and comparison-group couples are different before the program begins.

A study design that randomly assigns participants to treatment or comparison groups is one of the best designs for establishing causality. In a randomized controlled trial, couples are assigned by chance to one of the two groups. The key advantage of this design is that couples in the treatment and comparison groups are similar, on average, in all characteristics, whether they are measured (such as education or conflict management) or unmeasured (such as intrinsic motivation to stay together or improve the relationship). If the treatment and comparison groups are very similar, on average, at the beginning of the study, the comparison group is an excellent representation of the counterfactual.

APPENDIX C

SUMMARY OF RATING CRITERIA

APPENDIX C. SUMMARY OF RATING CRITERIA

High Rating

For a randomized controlled trial to receive a high rating:

- Sample must be randomly assigned to at least two conditions (for example, treatment and comparison groups)
- Meets the What Works Clearinghouse (WWC)[a] standards for acceptable levels of overall and differential attrition
- Sample members not reassigned after random assignment was conducted (that is, those assigned to the treatment group were not switched to the comparison group or vice versa)
- No confounding factors, when one part of the design lines up exactly with either the treatment or comparison groups. For example, all members in the treatment group are from one county and all members in the comparison group are from another county. In this case, we cannot distinguish between the effect of the program and other county-related factors, such as access to other available services.
- Analysis includes statistical adjustments for selected measures (race/ethnicity, socioeconomic status, and baseline measures of the outcomes) if groups not equivalent at baseline

For a quasi-experimental design to receive a high rating:

- Not applicable; cannot receive a high rating because the sample was not randomly assigned.

For a pre/post or other designs to receive a high rating:

- Not applicable; cannot receive a high rating because there is no comparison group.

Moderate Rating

For a randomized controlled trial to receive a moderate:

- No reassignment after random assignment was conducted
- Meets the WWC standards for acceptable levels of overall and differential attrition
- No confounding factors
- Groups were not equivalent at baseline on selected measures (race/ethnicity, socioeconomic status, relationship status,[b] and baseline measures of the outcomes)and analysis does not include statistical adjustments

OR

- Has high rates of overall or differential attrition OR sample members reassigned after random assignment was conducted
- No confounding factors
- Baseline equivalence of treatment and comparison groups established on selected measures (see above)
- Analysis includes statistical adjustments for selected measures

For a quasi-experimental design to receive a moderate:

- No confounding factors
- Baseline equivalence of treatment and comparison groups established on selected measures
- Analysis includes statistical adjustments for selected measures

For a pre/post or other designs to receive a moderate rating:

- Not applicable; cannot receive a moderate rating because there is no comparison group.

Low Rating

- Includes participant outcomes but does not meet the criteria for high or moderate rating

Unrated

- Does not include participant outcomes

[a] The What Works Clearinghouse is an initiative of the Institute of Education Sciences in the Department of Education, which reviews and evaluates education research (see http://ies.ed.gov/ncee/wwc/).

[b] For a study of a couples' program to receive a moderate rating, the SFER review also required baseline equivalence on relationship status.

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