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Can Marriage and Relationship Education Be an Effective Policy Tool to Help Low-Income Couples Form and Sustain Healthy Marriages and Relationships?

A Review of Lessons Learned

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This review summarizes and synthesizes what researchers and practitioners have learned about the potential of public policy support for marriage and relationship education (MRE) to help lower income individuals and couples form and sustain healthy marriages and relationships. In short, this review documents modest, early evidence that low-income couples participate in well-designed MRE programs when they are offered, enjoy the educational experience, and report that the program is helpful. Practitioners have been going through a fast and steep learning process to figure out how best to recruit and maintain participation and adapt curricula to meet unique needs and situations. The evidence from the early outcome studies provides some support for the notion that MRE programs can have positive, modest effects on low-income couples' relationships, at least in the short run. However, much more research is needed to answer this question more definitively. Fortunately, more high-quality evaluation research will be coming over the next few years.

KEYWORDS family policy, legal issues, marriage, marriage and relationship education

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INTRODUCTION

Family instability places children at risk for a number of negative outcomes and plays a large part in the growing disparities of income and opportunity in the United States (Wilcox et al., 2011). Over the past decade the federal government and a handful of states have begun to fund voluntary marriage and relationship education (MRE) programs as a new strategy to be added to existing policy efforts to strengthen families, promote child well-being, and reduce poverty (Hawkins, 2011). The government funding is thus helping low-income, racially and ethnically diverse populations have access for the first time to educational services that have the potential to increase couple satisfaction and stability. Making services available to more disadvantaged populations seems particularly important now because research documents that divorce rates have been rising for the less-educated but falling for well-educated Americans and because nonmarital childbearing rates are much higher among lower income and less educated individuals than for their better off counterparts (Wilcox, 2010).

This review synthesizes the lessons emerging from evaluation research and practitioner experience to address two related questions: (1) *What have we learned about the design and implementation of government-supported MRE programs?* and (2) *What do we know about the effects of these programs on participants, especially low-income populations?*

This review begins with a summary of the key lessons that have emerged from implementation studies of MRE programs currently in the field. Next, we provide relevant background information on the evidence on MRE program effects from outcome evaluations conducted on the first generation of MRE efforts before substantial public funding (i.e., from the mid-1970s to the early 2000s). Results are then presented from a recent meta-analysis of government-supported MRE demonstration programs that collected basic pre–post outcome data on program participants. In addition, we summarize the results of a handful of more rigorous randomized control trials of second-generation MRE programs serving low-income populations funded by federal and state governments.[1] The conclusion summarizes the overall results to date, addresses concerns about government-supported MRE initiatives, and ends with a list of recommendations for future research.

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

Government-supported MRE programs arose from growing public concern that high rates of family instability were another important factor that placed children at risk of poverty and a host of negative outcomes (Amato, 2005; Beck, Cooper, McLanahan, & Brooks-Gunn, 2010; Cherlin, 2009; Osborne & McLanahan, 2007; Wilcox et al., 2011). Among the many economic, legal, and cultural factors that are known to contribute to these changes in family trends (Cherlin, 2009), researchers also have identified specific couple communication patterns, attitudes, and behaviors that are associated with relational and marital success and failure (Bradbury, Fincham, & Beach, 2000). Importantly, studies show that these relationship factors are amenable to change by educational interventions (Hawkins, Blanchard, Baldwin, & Fawcett, 2008).

MRE began in the 1950s and 1960s as a few grassroots, faith- and community-based, privately supported programs designed and delivered by professional educators and religious groups. It has since mushroomed into a nationwide, loosely connected network of hundreds of programs, nested in a variety of public and private settings, some of which now receive substantial amounts of public funding. With recent public support MRE programs now serve much more economically and culturally diverse populations and are designed for individuals and couples across life stages and in various circumstances. The reach of MRE programs to disadvantaged communities, however, remains limited despite the recent growth.

Beginning in the late 1990s several states began to fund healthy marriage and relationship programs (e.g., Oklahoma, Utah, Michigan, Florida, Louisiana, Arizona, Texas, and Alabama). In 2002 the Administration for Children and Families, U.S. Department of Health and Human Services, launched a federal Healthy Marriage Initiative and began to fund MRE demonstration programs primarily focused on serving low-income populations. In 2005 the U.S. Congress passed the Deficit Reduction Act, which was signed into law by President Bush and implemented in early 2006. As part of the reauthorized Temporary Assistance to Needy Families (TANF) welfare program, the Deficit Reduction Act included $150 million a year for 5 years to fund healthy marriage and responsible fatherhood programs, $100 million of which were for a wide variety of healthy marriage programs (National Healthy Marriage Resource Center, 2010).[2] Although there was no requirement to serve economically disadvantaged populations with these funds, services provided were free, and lower income couples and individuals were targeted and have been served. In 2011 federal funding for MRE demonstration programs was renewed for 3 years but reduced to $75 million a year (while funding for responsible fatherhood demonstration programs was increased to $75 million a year) and programs were encouraged to make stronger, integrating connections to employment and other social services. Policymakers' expectation was that investing public funds in these programs would help spur public and private efforts to improve couple relationships, strengthen marriages, engage fathers, reduce divorce and nonmarital

childbearing rates, and thereby indirectly—and most importantly—reduce child poverty and improve child well-being.

This review aims to respond to the broad interest in learning what is known about the effects of these kinds of programs. How successful are they? Do they achieve their goals and for whom? Can they be delivered effectively to economically disadvantaged populations at greater risk for relationship problems? The answer to these questions requires an assessment of both the process of program delivery and the impact of the services. When a decision is made to invest in a major social experiment, both process and outcome/impact evaluations should be conducted in tandem (Rossi, Lipsey, & Freeman, 2004; U.S. Government Accountability Office, 2009).

The following questions guided the development of this review: (1) *What has been learned about whether MRE programs are designed and implemented as intended?* Before a program is subjected to rigorous outcome evaluation, one needs to know whether it is in fact providing the services to the intended populations. Process evaluation studies, often referred to as implementation studies, are designed to answer this question. In addition, implementation studies can help unravel what aspects of the service delivery strategy may be contributing to the program's success or lack of success, as well as what kinds of improvements are needed to help the program work better in the future. (2) *What is known about the outcomes and impacts of marriage and relationship education programs?* This question is best addressed through rigorously designed experiments. Randomized controlled trials are generally considered to be the gold standard in the social sciences. However, a recent government report acknowledges that "a variety of rigorous methods can help identify effective interventions" (U.S. General Accounting Office, 2009). Thus, as appropriate, this review draws on findings of other types of evaluation studies as well.

LESSONS FROM IMPLEMENTATION STUDIES

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

Data to these questions were obtained from three primary sources: (1) observations and information gathered by those providing technical assistance to the federally funded healthy marriage programs (see McGroder & Cenizal, 2009; Office of Family Assistance, 2009); (2) the final report and a series of briefs from the federally funded process evaluation of the Oklahoma

Marriage Initiative—the longest running and most comprehensive state healthy marriage initiative (Devaney & Dion, 2010; Dion et al., 2008; Hendrick, 2009); and (3) results of the formally designed implementation (process) studies conducted as part of the overall evaluations of the multisite federal experiments targeted to low-income families, *Building Strong Families* (Dion, Avellar, Zaveri & Hershey, 2006; Dion et al., 2008) and *Supporting Healthy Marriages* (Gaubert et al., 2010). (See Appendix 1 for more details about these large-scale, federally funded demonstration and evaluation programs.) These implementation studies draw on detailed program report data (participant characteristics and attendance), semistructured interviews and focus group discussions with a small number of participants before and after their participation, and observations by technical assistance providers.

We summarize eight key lessons learned from the methods discussed above.

1. Many Programs Have Learned How to Deliver MRE Successfully to Low-Income Participants

Because MRE programs were new in most low-income communities and not well known, recruitment was initially a challenge—especially recruitment of men and fathers—and remains so for some. But many programs have learned effective ways to recruit and retain participants, and men and women attend in large numbers. Many have adapted program design and curricula to better meet the needs of culturally and ethnically diverse populations they aim to serve. When barriers to their participation—such as child care, transportation, providing food, holding sessions on evenings and weekends—are appropriately addressed, low-income couples attend in significant numbers. However, as is the case in many other voluntary programs for low-income populations, regular attendance can be a significant challenge. Retention efforts for married, low-income couples appear to produce sustained program engagement, but some programs have struggled to keep low-income unmarried couples engaged in MRE. (Of course, family life education programs for middle-class, White individuals struggle with recruitment and retention challenges as well [see Halford, 2004].) The programs have received considerable support in their communities and, after some initial skepticism, are generally well regarded by community leaders and other service providers.

2. The Successful Involvement of Men/Fathers in Many MRE Programs is a Positive Achievement as It Helps Them Become More Active and Involved with Their Children

MRE programs that serve low-income married and unmarried parents of infants and young children are serving, in effect, as successful father-engagement

programs, helping the father to connect better to the child and the child's mother (Cowan, Cowan, Pruett, Pruett, & Wong, 2009). Engaging men and fathers in voluntary health, education, and human service programs is something that few human service programs have done successfully in the past. Many government-supported MRE programs learned how to reach out into communities and market programs successfully to men by developing creative incentives for participation, offering a male-friendly physical environment, and using male–female teams as recruiters and workshop facilitators. (It is worth noting that MRE programs, with a few exceptions, were *not* funded to address the major barriers many low-income men experience when trying to be responsible and involved partners and fathers, such as low literacy, unemployment, low wages, high child support debt, etc. However, the current Obama Administration is placing greater emphasis on integrating MRE with employment and other social services.)

One study suggests that contacting male partners may be a more efficient way of recruiting and retaining couples than contacting women because men need more convincing than women (Carlson et al., 2012). Once men come and participate in the first activity, they frequently become fully engaged and comfortable with well-run programs. Although some programs said that emphasizing to fathers how their child will benefit from their participation was a key motivator, others found that it was the unique, primary focus on the couple relationship that was the major attraction because so few programs for low-income families consider the couple relationship; there was a palpable hunger for these kinds of services.

3. MRE Programs Are Popular and Highly Valued by Participants

In participant surveys, focus groups, and testimony at meetings MRE participants who engaged significantly in the programs report that they benefited from these programs in several ways. They are generally enthusiastic about the group sessions and especially appreciate their relationship with facilitators and interacting with other couples in similar situations. They report learning and using specific relationships skills such as communication, problem-solving, and anger management and value information about commitment and effective parenting (for instance, see Toews & Yazedjian, 2010). As a result, participants self-report improvements in their relationships with their partner and with their children. Some research suggests that couples were more likely to be attracted to and participate in MRE when they felt a greater need to improve their communication and relationship skills (Morris, McMillan, Duncan, & Larson, 2011). When participants are asked what they would recommend to improve the program, the most frequent responses center on extending services: providing booster sessions and reunion events, covering even more content in classes, and making the program more widely available to others (Dion et al., 2006, 2008).

4. Investment in Organizational Development and Program Management is Critical

As in any new field, programs need expert technical assistance and support up front. In their initial start-up phase most grantees funded by the federal Administration for Children and Families (ACF) to deliver MRE services found themselves facing many new challenges. Grantees that were already established and government-funded health or human service programs were generally oriented to serving low-income mothers and their children. Their primary challenge was learning to recruit and serve men/fathers and to focus on the couple as their "client." They had to become familiar with MRE curricula and to identify and train appropriate staff to be workshop leaders and facilitators. Grantees who already had experience in delivering MRE, typically as independent operators, faced a somewhat different set of challenges: learning to operate an effective program "at scale" to serve more diverse populations and to manage federal grants and conform to government guidelines and expectations.

5. No One Type of Organization Seems Best Suited to Deliver MRE Programs

Program sponsors and organizational settings vary, and each brings different strengths and assets to this field. For example, ACF-funded MRE grantees are a highly diverse group of organizations based in the nonprofit, for-profit, educational, and faith-based sectors, as are many of the programs funded by states. Some are partnerships between programs or agencies or are guided by broad coalitions of community groups. Some are embedded in an established, multiservice agency or large church, many already serving low-income families (e.g., Head Start or the YMCA) or within a wider public service system such as a school, prison, or welfare agency. Others are "free standing" and operate autonomously. Some rely on professionally trained staff, whereas others draw on trained paraprofessionals, often residents of the community. Each type of organization brings advantages and disadvantages.

Programs that are part of a larger agency or coalition may be more successful at referring couples to other needed services. However, the degree of fit between the mission of the host agency and the MRE program can be problematic, at least initially. The Oklahoma Marriage Initiative found that obtaining the support and "buy in" of front-line staff in various agencies was critical to the success of its MRE workshops (Dion et al., 2008). Free-standing programs may have more flexibility to design and implement creative new approaches to MRE programming. However, they may struggle to link effectively to other service organizations. In settings where there are multiple partners (like in coalitions), it is sometimes difficult to manage

accountability and oversee the activities offered by partner organizations. The strength of the partnership model is the numerous MRE services offered throughout the community. Couples/individuals typically have the option to see services from a variety of providers.

6. Creative Recruitment and Retention Strategies Are Essential for Voluntary Programs

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

To overcome barriers to participation, many programs provide child care and transportation and offer free meals and other forms of tangible incentives, and some structure enjoyable initial orientation sessions where participants get to know one another before committing to attend the program. A strong focus on keeping participants engaged in the program is needed for many couples to fully experience these programs. One rigorous, large-scale evaluation study of a program for low-income, unmarried parents found that only about 10% of couples received a strong dosage of the (extensive) curriculum (Wood, McConell, Moore, Clarkwest & Hsueh, 2010; this study is reviewed in more depth later). To effectively recruit and retain participants, many programs have hired and trained recruitment staff and facilitators who are familiar with the culture and share a similar background to participants.

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

7. Programs Can Be Successfully Adapted to Fit Diverse Populations and the Needs and Interests of Agency Clients by Offering Free Programs and by Adding New Information to Their Curricula

Federal and state MRE programs are now serving large numbers of economically disadvantaged individuals and couples living in different life circumstances as well as from diverse racial, ethnic, and religious backgrounds. Some programs are offered for free; others charge a small fee of $5 to $20 to encourage commitment to attending the program but generally refund the fee upon successful completion of the program. Additional content modules are being added to core MRE curricula (e.g., budgeting and financial education, coparenting with former partners). For example, the Hispanic Healthy Marriage Initiative (with funding from the federal government and the Annie E. Casey Foundation) developed three curriculum modules that address culture, gender, and communication that are specific to Latino culture but can be added to any MRE curriculum. Although many of the core curriculum components of evidence-based MRE programs have universal applicability, curricula are being adapted to use the terms, stories, and examples that resonate with the particular minority or ethnic culture and incorporate specific cultural beliefs and acculturation experiences (Ooms, 2007). This has proved valuable with programs targeted specifically to remarried couples in stepfamilies (Adler-Baeder, Roberston, & Schramm, 2010; Reck, Higginbotham, Skogrand, & Davis, 2012; Skogrand, Dansie, Higginbotham, Davis, & Barrios-Bell, 2011), who make up an increasing proportion of families in the United States (Bramlett & Mosher, 2001). Also, curricula are now being adapted for single women and men making decisions about relationships, rather than to only those already involved in a committed relationship (for example, see *Within My Reach* at www.withinmyreach.com and *Why Knot?* at www.fatherhood.org).

8. Domestic Violence Information Can Be Addressed and Integrated throughout the Program

An initial concern about the expansion of MRE programs through federal and state funding was that low-income participants, who are more likely to experience higher levels of stress that may lead to relationship aggression, may find that the program stirs up or exacerbates intimate partner violence. All federally funded grantees and most state programs are required to ensure that program participation is voluntary and to collaborate with domestic violence experts, and in many communities these collaborations have worked well (National Healthy Marriage Resource Center, 2010).

The National Domestic Violence Resource Center has worked as a partner with the National Healthy Marriage Resource Center to prepare written information (guides and other tools) and offer technical assistance to help

programs develop and maintain individualized domestic violence "protocols" or guidelines for ensuring that domestic violence issues are appropriately addressed in programs (Menard, 2009). Increasing numbers of MRE program staff and instructors are more knowledgeable about the indicators of domestic violence and how to conduct screening at intake, although more progress is needed (Bradford, Skogrand, & Higginbotham, 2011). In addition, they have learned how to create safe opportunities for disclosure and how to refer victims to the appropriate domestic violence services in the community. Also, information about domestic violence—what is an unhealthy, abusive relationship—is now more likely to be incorporated into the curricula. As a result, some participants realize that their current relationship is unhealthy and may decide to end it and/or take steps to get help. These domestic violence awareness and prevention efforts appear to be "trickling down" to state, community, and private MRE efforts as well (Whiting, Bradford, Vail, Carlton, & Bathje, 2009). Also, there is emerging evidence that educational efforts may help to prevent relationship aggression (Bradley, Friend, & Gottman, 2011; Halford, Petch, Creedy, & Gamble, 2011; Rhoades & Stanley, 2011; Wilde & Doherty, 2011).

Many difficult and sensitive questions remain regarding how the fields of domestic violence and MRE can best work together and understand each other's perspectives. Organizations from the two fields cosponsored an invitational meeting of experts and scholars in May 2009 to review and discuss the research on different types of domestic violence and discuss implications for practice. A summary of the challenges and emerging promising practices are highlighted in the publication that resulted from this meeting (Derrington, Johnson, Menard, Stanley, & Ooms, 2010).

EMERGING TRENDS IN THE DELIVERY OF MRE

The MRE field can be expected to continue to evolve and change and learn many new lessons as it serves more diverse populations at different stages of the life cycle and in more complex family situations and to use different formats and delivery methods. We believe the following are some of the emerging trends:

- Providing MRE to single individuals and to youth, both in school and out, to teach healthy relationship skills to those who may be in dating relationships (Kerpelman et al., 2010; Rhoades, Stanley, & Markman, 2009). A growing number of MRE curricula are being developed and tested specifically for high school students and disadvantaged youth. (Several curricula are highlighted at www.dibbleinstitute.org.)
- Exploring ways to add a relationship literacy dimension to the services currently provided to disadvantaged youth (Wheeler & Thompson, 2010).

- Adding an MRE component to services provided in different institutional settings, such as prisons, Head Start, job training, welfare and child support offices, child welfare agencies, and corporations, as has been done in the Oklahoma Marriage Initiative (Dion et al., 2008) and other initiatives.
- Integrating a relationship focus into health care programs and settings; for example, programs to help couples with the challenges of living with and managing a serious chronic illness or disability (Staton & Ooms, 2011a & b).
- Reaching out to couples on the brink of divorce with educational programs to help couples think more clearly about whether they should divorce or reconcile. For the most part MRE has steered clear of providing educational programs for couples who are thinking about divorce, acknowledging that more intensive and personal therapeutic interventions may be a better approach for them. However, recent research increasingly suggests that for a certain proportion of couples, repairing the relationship rather than divorce is a realistic option. Hawkins and Fackrell (2009) site a body of research suggesting that some divorces come from problems that can be resolved without endangering the physical or psychological safety of the spouses. Moreover, Doherty, Willoughby, and Peterson (2011) found that 25% of individuals and about 10% of couples (both spouses) going through a mandated divorcing-parents class believed their marriage could still be saved, even at a late stage in the legal process of divorce. Similarly, 30% of individuals and 10% of couples expressed interest in a formal reconciliation service, if it were available. Utah now has mandated that divorcing parents go through a brief divorce orientation education class (in addition to a coparenting class) in which participants are given information about the known effects of divorce on children and adults, resources for reconciliation, and the merits of divorce mediation (Hawkins & Fackrell, 2009). In the future we anticipate that more states will implement similar kinds of educational "yellow lights" programs during (or before initiating) the legal divorce process in an attempt to prevent some divorces that may not be the best course of action for the couple and their children.
- Using Internet/interactive technologies as a delivery strategy (Duncan, Steed, & Needham, 2009) and at-home, self-guided education (Halford & Wilson, 2009; Olson, Larson, & Larson-Sigg, 2009) to reach more people and those without access to (or a desire for) a face-to-face group setting model.
- Increasing efforts at broad public health education activities through distributing written materials to the general public. At least five states (Alabama, Louisiana, Oklahoma, Texas, and Utah) now provide magazine-type guides to all marrying couples when they apply for their marriage license (see http://www.healthymarriageinfo.org/policy/legislation.cfm for sample guides available on-line). In addition, several states and community initiatives draw on ongoing media campaigns using public service advertising (for example, see www.twoofus.org, www.strongermarriage.org, and www.camarriage.com).

Next we review the emerging evidence on the effectiveness of MRE in general and then specifically for low-income populations.

RESULTS FROM THE FIRST GENERATION OF MRE PROGRAM OUTCOME EVALUATION RESEARCH

Although the practice of marriage and relationship education emerged in the first half of the 20th century, scientific evaluation of the efficacy of these interventions did not begin in earnest until the mid-1970s. There was a relatively steady stream of studies from 1975 through the mid-2000s, when major public funding for MRE demonstration programs first became available. We refer to this period as the "first generation" of MRE program evaluation research. Over this 30-year period nearly 150 evaluation studies were performed (see Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Fawcett, Hawkins, Blanchard, & Carroll, 2010; Hawkins, Blanchard, Baldwin, & Fawcett, 2008). With only a handful of exceptions, however, these studies were based on predominantly White, middle-class, well-educated, nondistressed couples, and the samples often were quite small. Most evaluated programs were delivered in clinical or university settings, although some were delivered in a religious setting. About a third of these studies were randomized control trials, which provide the most rigorous test of program efficacy. Researchers generally chose to measure relationship quality or satisfaction and some indicators of communication or problem-solving skills as the outcomes most closely associated with healthy, long-lasting marriages. Many studies included follow-up assessments of outcomes, but only a handful followed samples much longer than 6 months after the program. The average "dosage" of the evaluated programs was about 12 hours of instruction. Nearly all programs targeted either young married couples (marriage enrichment) or engaged couples (marriage preparation).

What is known about the efficacy of these programs from this first wave of studies? A few researchers have conducted systematic syntheses, or meta-analytic studies, of this body of evaluation research (Blanchard et al., 2009; Butler & Wampler, 1999; Fawcett et al., 2010; Hawkins et al., 2008; Reardon-Anderson, Stagner, Macomber, & Murray, 2005). Meta-analytic studies systematically combine all studies on a particular topic to assess what the overall research findings suggest. For this review the three most recent, state-of-the-art, meta-analytic studies are included (Blanchard et al., 2009; Fawcett et al., 2010; Hawkins et al., 2008) to summarize what was learned from the first generation of MRE program evaluation research.[3]

The most rigorous randomized controlled trial design studies showed that MRE programs were effective in improving relationship quality ($d = .36$) and somewhat more effective at improving overall communication skills ($d = .44$). In lay terms, those who had MRE were 40% to −50% better off overall in terms of relationship quality and 50% to 60% better off in terms

of communication skills compared with those who did not have MRE. The quasi-experimental studies overall showed a similar pattern of results. Both men and women appear to benefit roughly equally from the programs. Therefore, MRE programs in this first generation of studies appear to provide some benefits to participants.

When researchers examined those studies with short-term follow-up assessments, positive program gains were generally maintained, at least for 3 to 6 months. The few studies that looked at divorce rates found that MRE appeared to increase marital stability, at least in the first 2 to 3 years of marriage (Hahlweg, Markman, Thurmaier, Engl, & Eckert, 1998; Markman, Renick, Floyd, Stanley, & Clements, 1993), which are high-risk years for divorce. MRE programs demonstrated positive program effects at short-term follow-up assessments for somewhat distressed couples as well as preventative effects (i.e., prevented relationship deterioration) at longer-term follow-up assessments (greater than 6 months) for well-functioning couples (Blanchard et al., 2009). Only a few studies have examined long-term effects (4 + years) of MRE for middle-class participants. Published studies of long-term effects provide some support for the potential benefits of MRE (Halford & Wilson, 2009), including two studies with 10-years follow-up assessments (Cowan, Cowan, & Barry, 2011; Halweg & Richter, 2010). Premarital education programs for engaged couples appear to have strong effects on communication skills, especially if researchers assess these outcomes with observational measures (Fawcett et al., 2010).

These modest, positive results helped to provide the rationale for government funding to expand access to MRE programs. Despite these positive results from the first generation of MRE program evaluation research, there is ample room for improvement in this body of research. For instance, studies of long-term effects of MRE programs on marital stability were few in number. Of course, studies of long-term effects are rare in nearly all intervention research. Also, perhaps because this generation of programs did not focus on parenting issues, almost no studies examined whether any improvements in couple outcomes translated into better outcomes for children, a crucial policy question.

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

on low-income couples and individuals. Fortunately, a second generation of recent studies is beginning to address this crucial policy question. We turn to a review of those studies next.

EARLY RESULTS FROM SECOND-GENERATION MRE PROGRAM EVALUATION RESEARCH

Beginning in about 2002 state and federal policymakers began investing significant funds in MRE demonstration programs, many of them targeted primarily to low-income, less-educated couples who are at higher risk for relationship problems and dissolution and who have the least access to MRE. Since then, roughly 300 MRE demonstration programs and initiatives have been funded by the federal and a handful of state governments (National Healthy Marriage Resource Center, 2010). This total includes 125 five-year Healthy Marriage demonstration grants and approximately one-third (or 35) of the 98 Responsible Fatherhood grants that included MRE that were funded in 2006. All these demonstration grants are administered by the Office of Family Assistance, funded under the Deficit Reduction Act of 2005. Many other demonstration grants were awarded through other ACF departments (e.g., Children's Bureau, Office of Head Start, Office of Refugee Resettlement, Office of Child Support Enforcement). These demonstration grants were competitively awarded to learn what it is possible to do in these programs, and they were not expected to conduct formal outcome evaluations. Nevertheless, some of these programs have been or are being formally evaluated, contributing to an emerging body of research on the efficacy of MRE programs targeted to more disadvantaged couples.

In a recent meta-analytic study funded by the National Healthy Marriage Resource Center (Hawkins & Fellows, 2011), researchers examined the effectiveness of some 50 MRE programs that supported the Office of Family Assistance grants targeting primarily low-income couples and individuals and that collected basic field pre–post data (no control group). Overall, nearly 50,000 participants were assessed in these 50 programs. The overall immediate pre–post effect size for these studies was $d = .40$ ($p < .001$, $k = 46$). A statistically significant, generally moderate effect size was found for each target population served (e.g., youth, unwed parents, premarital couples, married couples). Similarly, a statistically significant, generally moderate effect size was found for all outcomes assessed, including relationship quality, communication skills, relationship confidence, relationship aggression, unhealthy relationship knowledge, and co-parenting. There were no significant differences in effects for men and women. Moderate dosage programs (9–20 hours) tended to have somewhat higher effects than lower dosage programs (8 hours). Programs with larger proportions of participants who did not have a high school education had stronger positive effects.

Although this study has important limitations, the results provide some early, encouraging evidence that Office of Family Assistance MRE programs may be successful in helping many individuals and couples form and sustain healthy marriages and relationships. Moreover, policymakers who have followed these demonstration programs may have more reason to support them in the future and to call for more rigorous efforts to assess their effectiveness.

From a policy perspective it may be helpful to compare the strength of these program effects with other programs aimed at affecting family behavior. For instance, the National Evaluation of Family Support Programs meta-analysis found a short-term effect size of $d = .26$ on parenting behavior (Layzer & Goodson, 2001). Other research has found relatively similar effect sizes for adolescent pregnancy prevention programs ($d = .33$), alcohol and drug abuse prevention programs ($d = .30$) (see Table 1 in Lipsey & Wilson, 1993), and coparenting education for divorcing parents ($d = .39$) (Fackrell, Hawkins, & Kay, 2011).

Rigorous Outcome Evaluation Studies

Of course, these conclusions are drawn from field studies that do not include a comparison group. Only a handful of rigorous randomized control design studies have been conducted to date. Nevertheless, it is important to pay close attention to these emerging studies to get a more reliable sense of the effectiveness of MRE programs targeted to low-income couples and individuals. Accordingly, we turn to a review of those studies next.

One study followed a moderately sized sample ($N = 371$ couples) of low-income, mostly Hispanic couples in California for 2 years (Cowan et al., 2009). The study was designed to examine the effects of psychoeducational, group-delivered activities designed to promote fathers' engagement with their children and strengthen couples' relationships. Study participants were randomly assigned either to a fathers-only educational intervention group (32 hours of instruction), a couples group (mothers and fathers attended the program together, with almost the same program content as the fathers-only group), or a control group (one group meeting emphasizing fathers' importance to their child's development and providing limited written parenting information). Compared with the control group, both treatment groups showed small-to-modest but positive outcomes on father engagement, couple relationship quality, and, of note, children's problem behaviors. Also important, however, was the finding that participants in the couples group also showed reductions in parent stress and increased stable marital/relationship quality and more consistent, longer-term, positive outcomes than those in the fathers-only group, suggesting the advantage of couple-oriented groups.

Another rigorous study found some early, intriguing evidence that MRE for lower income couples may decrease divorce rates and reduce aggression.

In the first study to use a randomized controlled trial to assess effects on divorce, researchers recruited a moderately sized sample ($N = 476$ couples) of lower income couples with one spouse in the Army and followed them for a year after completing the Prevention and Relationship Enhancement Program for Strong Bonds (PREP) program (Stanley, Allen, Markman, Rhoades, & Prentice, 2010). This program consisted of 14 hours of the PREP program as adapted for and by the Army and included a 1-day seminar occurring on a weekday on-post, followed by a weekend retreat at a hotel off-post. One year after completing the program researchers found that couples assigned to take the Army PREP program had a divorce rate that was one-third that of control-group couples. Although statistically this was a moderate effect size, in real-life terms this indicates a potentially large and meaningful difference.

Over the next few years more will be learned about MRE program efficacy for low-income couples from several emerging studies. Of particular interest are two large-scale, longitudinal, multisite, randomized controlled trials funded by ACF. One study, *Building Strong Families* (BSF), was designed to serve low-income unmarried, romantically involved parents who were expecting or who had recently had a baby. The second study, *Supporting Healthy Marriages* (SHM), focused on low-income married parents. The *Community Healthy Marriage and Relationship Education Evaluation* (CHMREE) study tested whether community saturation efforts to promote MRE can improve outcomes. Data collection for these studies is complete and reports will be emerging over the next few years. (For more details about these studies and their schedule of reports, see Appendix 1.)

The 15-month interim impact results of the BSF evaluation are already available (Wood et al., 2010). The findings were mixed. When the results were averaged across all eight program sites with more than 5,000 couples at about 1 year after the program, BSF did not make couples more likely to stay together or get married and relationship quality did not improve. Note that researchers used the most stringent and conservative analyses for detecting effects (i.e., intent-to-treat analyses, which compares all couples assigned to the treatment group, regardless of whether they ever participated in the program or how much they participated) to all couples assigned to the control group. The rigorous intent-to-treat analysis is common in evaluations of large-scale demonstration programs. Overall, across all sites only about 10% of couples received a strong dosage of the intervention (defined as 80% of intended treatment).

However, the results differed between the program sites and across particular subgroups. Across sites, African American couples were positively affected by BSF, although the reasons for this are not yet clear. The program increased constructive conflict management and decreased destructive conflict behaviors. African American BSF couples were more likely to be faithful to each other and less likely to experience abuse. These couples also were more cooperative coparents.

One BSF program site (Oklahoma City) had numerous positive effects on couple relationships and father involvement for African American, Hispanic, and White participants (for a report focused on the Oklahoma City site of the BSF study see Devaney & Dion, 2010). This site, which also served married couples enrolled in the SHM program, was the most successful at keeping couples engaged in the program, with nearly half receiving at least 80% of instructional time (compared with an average of just 10% at the other sites) and used a different (and shorter) curriculum than most of the other sites. Also, the large size of the Oklahoma City program—with workshops being conducted several times a week—meant that it was easier for couples to "make up" any class they had missed.

One of the inner-city BSF sites in another state, however, had seemingly negative effects, as more relationships broke up and poorer coparenting occurred in the treatment group. Also, there were more reports of domestic violence in the BSF couples at this site. However, it is unclear whether the program produced more incidents of domestic violence, which clearly would be a negative outcome, or whether individuals were more likely to recognize domestic violence (and other serious problems) in the relationship, report it, and terminate the relationship, which would be a positive outcome.

Further analyses of these data evaluating the BSF program explored effects using a series of "treatment-on-the-treated," or TOT, analyses as opposed to intent-to-treat, or ITT, analyses (Wood, Moore, & Clarkwest, 2011). These analyses used different methods for examining the effects of the BSF program on those who participated in the program as intended, attempting to compensate for the methodological reality that doing so risks jeopardizing the randomized control nature of the study design. The TOT results generally replicated the ITT analyses; they did not suggest that higher dosages of the program would have produced significant results for the treatment-group participants.

These findings were interim results; final results at about 2 years post-intervention when the couple's child is about 3 years old could be different.[4] Moreover, results of a second rigorous, large-scale, multisite evaluation study of the SHM project targeted to low-income married couples will be available Spring 2012. Large-scale demonstration projects like these will provide valuable information about whether well-designed MRE programs for low-income couples can improve couple relationships and children's well-being. Although the programs studied in these large-scale projects may not be scientifically representative of all MRE programs currently operating, still "the results will indicate what can be achieved by real-world community-based organizations that use research-based curricula, provide modest incentives for participation, and receive close monitoring and technical assistance along the way, "along with case management and limited additional support and referral services (Knox, Cowan, Cowan, & Bildner, 2011, p. 226). Along with the outcome evaluation results of pre–post field studies, there is emerging

evidence that MRE programs for low-income couples can help them form and sustain healthy relationships.

WHAT HAVE WE LEARNED AND WHAT MORE WOULD WE LIKE TO KNOW?

This review has found modest, early evidence that low-income couples—despite the array of social, economic, and relationship challenges they face—participate in well-designed marriage and relationship education programs when they are offered, enjoy the educational experience, and report that the program is helpful. Practitioners have been going through a fast and steep learning process to figure out how best to recruit and maintain participation, include male partners/spouses, and adapt curricula to meet unique needs and situations. Retention of program participants appears to be a challenge. The evidence from the early outcome studies provides some support for the notion that MRE programs can have positive, modest effects on low-income couples' relationships, at least in the short run. But much more research is needed to answer this question more definitively. The results of the large-scale impact evaluation studies (BSF, SHM, and CHMREE) over the next 2 to 3 years will provide more complete and rigorous evidence of the longer-term efficacy and viability of MRE programs and their potential benefits for couples, their children, and the communities in which they reside. Studies that demonstrate positive findings for MRE, such as those reviewed in this report (and others that may be forthcoming), may create continued interest in funding support for replication of some of the more successful MRE programs at the federal, state, and community level.

Replication of free-standing MRE programs is only one approach for going forward. Building on some current demonstrations, another approach may be to explore and rigorously test different ways of integrating relationship education components into other kinds of health and human service programs providing services to families and children as well as youth. In addition, there is emerging evidence that attending to couple relationships in existing health and human service programs for adults may bolster the effects of these interventions (Knox et al., 2011; Staton & Ooms, 2011).

An additional strategy could be to pursue a preventive, life span approach to strengthening family relationships (Hawkins, in press). The ultimate goal would be, first, to have most young people graduate high school with a basic understanding of the relationships skills he or she will need to succeed in work and family life, including how to have a successful relationship with a partner and be an effective parent (Knox et al., 2011). In addition, this preventative, developmental approach would include support for wide participation in low- or no-cost positive relationship development education for young adults as they navigate the lengthening period of time between high

school and marriage. Also, this approach would include significant support for premarital education to help seriously dating and engaged couples form a stronger foundation for their marriages or decide that marriage may not be wise for them. Finally, this approach stresses the need for widely available early marital enrichment education opportunities for married couples during the high-risk early years of marriage. Although this life span, multiple-treatment approach has not been rigorously tested yet, research on its various components suggests that it could be effective.

This review also suggests that some additional thinking is needed about the relationship between MRE and father engagement or responsible fatherhood programs, especially for disadvantaged populations. These two new fields have separate origins and histories and until recently have developed along parallel tracks. With the expansion of MRE to serve more economically disadvantaged populations, however, these tracks are beginning to converge. Although significant differences exist in the populations served and range of activities offered by MRE and responsible fatherhood programs, MRE programs that serve low-income populations often serve in effect as successful father-engagement programs, as noted in this report. As a result, a group of noted scholars call for greater integration of couple and fatherhood interventions to increase children's well-being (Cowan, Cowan, & Knox, 2010). Furthermore, a recent review of the efficacy of programs focused on noncustodial fathers finds that in addition to providing child support and employment services, programs are more likely to make headway in improving fathers' relationships with their children if they offer coparenting or relationships skills programs (Knox et al., 2011). Findings like these suggest that responsible fatherhood and MRE programs should collaborate and perhaps even join forces and also that economic and relationship strategies should be better integrated to achieve the most positive results. The current Obama Administration is putting more emphasis on such an approach as it continues to explore the potential of government-supported MRE programs.

Although this review highlights the emerging evidence that MRE programs are producing some modest, positive effects, we would be negligent if we did not address legitimate concerns about the value of public policy pursuing this course of support for MRE programs as an additional tool to reduce poverty in our society. The most significant concern we have heard raised questions whether targeting change in couple relationships makes sense (see Huston & Melz, 2004; Karney, 2011). This argument stresses that it is not the relationships of lower income couples that should be the target of social policy but rather the social and economic ecologies in which these marriages exist that thwart their efforts to form and sustain healthy marriages. In other words, romantic relationships among low-income couples struggle because of lack of economic resources, poor educational opportunities, stable jobs, unsafe neighborhoods, drug addictions, traumatized

childhoods, and so on. Accordingly, attempting to ameliorate these relationship stressors with positive relationship skills and knowledge is futile until the economic and social ecologies in which these relationships exist are more supportive of healthy, stable relationships. Funds would be better invested in policy efforts that directly address the *causes* of relationship instability.

Our response to this concern takes three directions. First, as to whether programs to help more disadvantaged individuals and couples form and sustain healthy marriages and relationships are futile, serious empirical work already is addressing the efficacy of this new policy tool. Often in the policy world, serious evaluation work is delayed for decades. In this instance, serious evaluation work was launched from the inception of the policy. We believe that an empirical approach to this question is the better course than a conceptual or ideological course. We are already seeing some early evidence of some potential for these programs, and within the next few years we will have stronger answers from more rigorous research. Thus, we urge some patience while evaluation research accumulates on the question of whether MRE programs can help lower income couples.

Second, as to the need to improve the economic and social ecology of marriage, we strongly agree. Fragile, unstable relationships, out-of-wedlock births, and divorce are both causes and effects of poverty. Healthy, stable marriages are much more likely to sprout and grow in a society where young people can get a good education, a good job, good health care, and benefit from public and corporate policies that allow couples to balance work and family. It also will help if there is assistance with problems that take a toll on relationships such as drug abuse and mental health challenges, which are found in greater numbers in impoverished communities. Moreover, if we could reduce the number of unplanned and unwanted pregnancies among young adults aged 18 to 29, poverty would be reduced and we would help couples form relationships on healthier terms.

Yet we do not see how this is a strong argument against exploring the value of supporting MRE programs for the disadvantaged. First, there is increasing income inequality despite decades of support for a wide variety of antipoverty programs, and increasing family instability contributes to this inequality (Haskins & Sawhill, 2009). In addition, MRE is intended to supplement other antipoverty efforts, not replace them. It targets an additional known causal factor for poverty—family dissolution—that has not been a direct target of public policy in the past. Furthermore, if the funds that were spent on exploring the value of support for MRE were reassigned to other antipoverty programs, the added funds would have a negligible impact on funding for these programs. Every year we spend billions of dollars on programs that attempt to ameliorate and prevent problems with employment, educational opportunity, addiction, unwanted pregnancy, and so on. The funds currently spent on MRE programs are microscopic compared with those

spent on these other important antipoverty programs. Thus, a critique to reallocate MRE funds to other antipoverty programs to better assist poor families appears to us to be insincere. And these other programs have their own empirical struggles to show they are effective.

A third point worth mentioning is that, as noted above, many of the emerging MRE programs are trying to assist their program participants to get help from other available services. Indeed, they can and sometimes do serve as a gateway to other services. That is, many of these programs try to assess and refer program participants to other potentially valuable services based on participants' specific needs. Hence, MRE programs are hardly ignoring the other important needs of their program participants as they attempt to work with them to help them strengthen their relationships. The evidence to date, however, is that these referral services are not used a great deal. Thus, they may not be making much of a difference. In the most recent round of competitive federal funding of MRE program grants, a greater emphasis was placed on this kind of integrated, full-service model, so there may be improvements in helping MRE participants get needed services that can make it easier for them to succeed in their relationships.

In short, policy to support MRE programs is positioned as an additional tool to fight poverty by helping couples form and sustain healthy marriages and relationships. In doing so the programs are increasingly involved in helping participants access other helpful services. And the amount of funding for these new programs is hardly detracting from long-standing funding efforts to improve the economic and social circumstances in which more marriages can thrive. It should be noted, however, that although MRE programs targeted to lower income individuals and couples have increased substantially over the past decade, still these services are probably not yet available in most low-income communities. Accordingly, the need for public support remains high.

Recommendations for Future Evaluation Research

Although we have seen progress over the last decade in research on the effectiveness of MRE for more disadvantaged individuals and couples, clearly more is needed. Thus, we conclude with the following recommendations for future evaluation research:

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

- Collect outcome data in the short and long term on a wider range of variables than relationship quality and communication skills. Although these outcomes are good indicators of relationship health, other outcomes need to be addressed as well, such as child health and well-being, reductions in domestic violence (or increases in self-disclosures and referrals for domestic violence prevention services, which would be seen as positive outcomes), and, if a parenting couple breaks up, use of child support, coparenting, mental health, and financial assistance services. Many believe that because MRE programs are so accessible and nonthreatening (compared with therapy), they may serve as a gateway to get help with other problems such as depression or substance abuse. Follow-up studies could try to document these positive use-of-service effects, as well as whether program participants are more likely to seek further help when their relationship hits a rough spot in the future. Moreover, as programs increase in scale and become used by larger numbers of individuals and couples, future work should consider including community-level outcome measures such as crime rates or children in two-parent families.
- Develop and use measures to assess positive outcomes that have been observed in the field but have not been systematically tracked to date, such as changes in attitudes (e.g., increased sense of hope, stronger commitment, more realistic expectations, better parenting), as well as spillover effects on workplace and other relationships. Anecdotal reports suggest, for example, that learning relationship skills helps improve relationships with supervisors, colleagues, and customers in the workplace.
- Make more systematic efforts to collect outcome data on participant couples' children. To date, there has been a lack of attention to child outcomes in MRE evaluation research, perhaps because there is already so much evidence that parents' relationship quality and stability is strongly *associated with* children's well-being. But researchers should undertake projects to determine if improvements in the parental relationship *directly improve* child well-being. If studies regularly confirmed such findings, it would provide perhaps the strongest rationale for the value of MRE.
- Conduct more demonstrations on MRE programs targeted to youth and young adults and rigorously evaluate them. The potential of MRE to help young people make wiser mate choices, avoid unhealthy relationships, avoid unplanned pregnancy, and prepare for more stable, healthy, married relationships is only now beginning to be rigorously tested. New MRE curricula and programs are increasingly targeting youth in high school, community colleges, and out of school (www.healthymarriageinfo.org/curricula/youth.cfm). These programs may be especially valuable to disadvantaged youth such as those in the juvenile justice system, aging out of foster care, or in communities where teen pregnancy rates are high. It is hard to see how public policy can make an important difference if we wait until they are engaged or married to help them strengthen their relationships.

- Systematically examine and analyze program characteristics (such as context, settings, and staffing) and components (such as teaching methods and curricula content) that may contribute to the success or failure of MRE programs.
- Examine benefits beyond the program participants. MRE programs provide relationship information and skills training potentially useful to many members of the public who do not actually participate in a program but who at one time or another are involved in an intimate relationship, make partner choices, marry, divorce, and/or become a parent. Thus, a more comprehensive assessment of the value of these programs to the public would include evaluating the indirect effects of MRE programs on the staff, volunteers, administrators, and program participants' extended family members who, through being exposed to the programs, may learn information that they use in turn to improve their own family and work lives. (These numbers are not insignificant. For example, in the Oklahoma Marriage Initiative nearly 2,500 volunteers have received training to be MRE workshop facilitators.) Anecdotal reports from MRE program participants also suggest that they share what they learned with extended family members. Evaluating multiplier, ripple effects such as these is a complex undertaking, as it involves attempts to measure cultural change, which is being attempted in the ongoing federal evaluation of community-wide healthy marriage initiatives.
- Finally, cost-effectiveness studies of MRE are needed. MRE programs are often touted as a low-cost educational intervention, yet little data are available to document this claim. The costs per participant/couple can vary a good deal depending on the length of the intervention, extent, and variety of related services provided, the qualifications and training of staff, and efforts put into recruitment and removing barriers to participation. The "flagship" federal experimental MRE programs—which are more intensive, provide additional services and supports, and last longer—would be expected to cost considerably more than the average community-based program, in which participants are exposed to between 8 and 14 total hours of instruction over a period of 4 to 7 weeks. In these programs the group setting can allow for a high participant-to-staff ratio, the cost of equipment and supplies is minimal, the instructors/facilitators are often trained volunteers, and the workshops are often held in low-cost or free facilities. And when MRE services are offered to clients of an existing program or institutional setting—such as a workplace or welfare agency—the costs may be even lower.

This review summarized what evaluation research is discovering about marriage and relationship education targeted to lower income couples as part of a policy agenda to help couples form and sustain healthy marriages and relationships, policy that is intended to help reduce the family fragmentation

that leads to greater needs for public assistance. Although there remains much to learn and there is certainly no definitive answer yet, the early findings provide some promising evidence that MRE can be successfully implemented and generate modest, positive results for couples and families.

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NOTES

1. In this report the term "low income" generally refers to individuals and families who are below two times the poverty line (<200% poverty), which includes a large group of economically stressed families who are not under the official poverty line (about $22,000 for a family of four). Although publicly funded MRE programs are not required specifically to target low-income families, most programs are located in low-income communities and generally serve mostly disadvantaged individuals and couples.

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

3. Other meta-analytic studies are less applicable to this task. The Butler and Wampler (1999) meta-analysis focused on only one particular brand of MRE program, *couple communication*. The Reardon-Anderson et al. (2005) meta-analysis included both marriage education and marital therapy intervention studies, making it difficult to understand the independent effects of educational versus therapeutic interventions.

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

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APPENDIX 1. FEDERALLY FUNDED, LARGE-SCALE MRE DEMONSTRATION AND EVALUATION STUDIES

ACF has funded three large-scale, multisite MRE demonstration and evaluation projects, using random assignment—the most rigorous standard for policy evaluation—in two studies and a quasi-experimental design in the third. The results of these evaluation studies will become available over the next 1 to 3 years. These studies will add considerably to our understanding of what works in MRE, especially for low-income couples. The studies are as follows.

Building Strong Families

The first study, the Building Strong Families (BSF) project, launched in late 2002, enrolled more than 5,000 low-income, unmarried parents recruited around the time of the birth of their first child across eight programs. Study participants were then randomly assigned to intervention and control groups. Intervention-group couples could receive up to 42 hours of group-based instruction over a period of 6 months, usually delivered in weekly sessions. Additional program components include individual and couple support received from family coordinators and referral to supplementary services in the community such as employment, child care, physical and mental health, or substance abuse services. Researchers are evaluating the impact of the program on the quality of the couple relationship, decision to marry, and children's well-being, among other measures. Study participants completed an initial baseline survey at the time they volunteered for the program and are surveyed again about 15 and 36 months later. For the 36-month data collection researchers also are conducting in-home observations of the children and parent–child interactions. Findings on the interim impacts at 15 months after enrollment in the program were released in May 2010 (Wood et al., 2010) with final results based on the 36-month follow-up available in 2012. (Mathematica Policy Research is directing the project [see Dion et al., 2006, 2008].)

Supporting Healthy Marriages

The second study, the Supporting Healthy Marriages (SHM) project, launched in 2003 and focuses on low-income, married couples with children enrolled in eight programs across the United States. Each program is recruiting about 800 married couples to be randomly assigned to control and intervention groups. The intervention has three components: 24 to 30 hours of weekly instructional workshops held over 2 to 4 months, extended activities over the course of 1 year (including booster sessions, group social events, date nights, and activities for the whole family), and family support coordinators who reinforce instructional information and facilitate referrals to needed outside services.

Both spouses complete an initial baseline survey when they volunteer for the program and are surveyed again about 12 and 30 months later. Researchers are assessing the program's impacts on multiple domains of couple and family functioning, including direct assessments of child health and well-being. A report on interim impacts is expected in 2012 and longer term impacts in 2013. (MDRC [2010] is directing the project.)

Community Healthy Marriage and Relationship Education Evaluation

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