



## Evaluation Report

# Promoting Relational Health in Alabama

Project Funding Cycle: 2015-2020

Report Date: September 2020



ALABAMA  
HEALTHY  
MARRIAGE  
— & —  
RELATIONSHIP  
EDUCATION  
INITIATIVE





## Healthy relationships are for everyone

The Alabama Healthy Marriage and Relationship Education Initiative, known as the “AHMREI,” was established in 2002 and has received funding support through a competitive process from the U.S. Department of Health and Human Services (DHHS), Office of Family Assistance (OFA) since 2006\*. The AHMREI represents the first coordinated effort to promote healthy, stable relationships in Alabama. It has been guided by decades of research connecting relational health with physical health, socio-emotional health, mental health, educational attainment, and economic stability. This program evaluation report highlights the accomplishments of the AHMREI during its third round of competitive funding from 2015-2020.

**The AHMREI represents the first coordinated effort to promote healthy, stable relationships in Alabama.**

As a long-standing, large-scale, partnership between faculty, students, and staff in the Department of Human Development and Family Studies at Auburn University and multiple state and community agencies, the AHMREI has provided healthy marriage and relationship education (HMRE) programs and connections to family-strengthening resources. The AHMREI’s central site is located

at Auburn University, where HMRE is offered in Lee and Macon counties. During 2015-2020, nine additional direct implementation partner agencies provided programming and have a presence as a multi-service Family Resource Center, serving Elmore, Chambers, Etowah, Montgomery, Escambia, Jefferson, Morgan, Talladega, and Tuscaloosa counties. The AHMREI’s data indicate families from surrounding counties also participated in HMRE programs offered by direct implementation partners; thus, the AHMREI has had a community level presence in 50% of Alabama’s counties during the current evaluation period. See map on page 34.

### **The AHMREI objectives center on:**

- Promoting access to HMRE and relevant supplemental programs and services through widespread outreach in key high-need areas of Alabama
- Enhancing youth and adults’ capacity for ensuring couple and family stability, high-quality co-parenting and parenting relationships, management of toxic stress, and economic stability/mobility
- Promoting individual physical, mental, and emotional well-being
- Enhancing children’s chances for positive developmental trajectories

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Funding for this project was provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant: #90FM0082. This report was supported by the Alabama Agricultural Experiment Station and the Hatch program of the National Institute of Food and Agriculture, U.S. Department of Agriculture.



Since 2002, hundreds of thousands of Alabama citizens have received information on the availability of HMRE programs and educational materials on healthy relationship skills online and in the widely available [Alabama Healthy Marriage Handbook](#) and the [Raising Your Child Together Handbook](#). AHMREI programs have been available to all interested persons, regardless of race, gender, age, disability, religion, sexual orientation, relationship status, or economic status. To date, over 61,000 individuals have participated in one of the AHMREI's in-person HMRE program series and gained access to additional family support services. Because the AHMREI strives to meet community members "where they are," programs were hosted in diverse school and community-based settings. For youth participants, these programs were delivered mostly in high school Health classes through partnerships with local schools. During 2020, in response to the COVID-19 pandemic, program delivery was adapted to include live, "distance learning classrooms" and citizens continued to participate in steady numbers in AHMREI's free programs from their homes. Indications were that these sessions were especially meaningful during this very challenging time.

In previous cycles of funding, the emphasis was on HMRE demonstration programs that focused on scaling up delivery to broad, diverse audiences, developing and refining curricula, and assessing outreach and initial evidence of short-term effectiveness. The AHMREI has a strong track record for exceeding annual target numbers for HMRE program participants and documenting the attainment of desired outcomes. Over the years, AHMREI provided results briefs for stakeholders, produced over 80 peer-reviewed publications and delivered more than 250 presentations on the work.

**During 2020, in response to the COVID-19 pandemic, program delivery was adapted to include live, "distance learning classrooms" and participants continued to participate in steady numbers in AHMREI's free programs from their homes.**

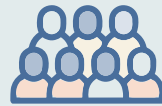
The first decade and a half documented broad outreach to populations of youth and adults, diverse in age, race, socio-economic status, and relationship status. Significant improvements were consistently shown for the average participant in multiple outcome areas related to individual, couple, and family well-being (see <https://www.alabamamarriage.org/about-ahmrei/report-citations/> for a list of publications). In addition, among a subsample of Head Start children, those who had parents who participated in an AHMREI program demonstrated significant growth in teacher-rated social competence over one year, compared to children with parents who did not participate (Adler-Baeder, et al. 2016). This study also found evidence of the "spillover" from improvements in coparenting quality to improvements in the children's social competence.

The 2015-2020 AHMREI project built on these foundational experiences and conducted a **rigorous, randomized control trial**. This involved testing the impact of two HMRE curricula: *ELEVATE* and *Couples Connecting Mindfully (CCM)* developed through the AHMREI, by randomly assigning interested couples to one of three groups: participants in *ELEVATE*; participants in *CCM*; or participants in a control, no-program group. Control participants received information on resources in the community, but did not participate in an HMRE program series. Data were then collected from all participants at baseline, immediate post-program (2 months post-baseline); 6-month follow-up, one-year follow-up, and two-year follow-up. In this report, we report on the changes reported over a one-year period.

# Alabama Healthy Marriage and Relationship Education Initiative **By the Numbers**

The AHMREI project has an 18-year history of Healthy Marriage & Relationship Education (HMRE)-focused efforts that began in 2002 with early coalition building, strategic planning meetings, and state and federally funded pilot projects.

These numbers highlight the accomplishments of the AHMREI's 3<sup>rd</sup> Project Cycle of program delivery from 2015-2020.



**1,185 adult individuals**

participated in HMRE programs provided in partnership with residential treatment facilities



**6,002 adults**

were offered voluntary case management and additional local support services



The AHMREI project funded

**96 part-time and full-time workers**

at AU and around the state

**8,962 teens**

at 29 different Alabama High Schools participated in *Relationship Smarts* programs

**6,633 adults**

participated in community-based HMRE programs

AHMREI programs and additional support services reached citizens in

**50% of Alabama's counties**

through strategic community level and inter-agency collaborations



**851** HMRE

program series were held and a total of 5,456 program classes were conducted

After participating in an HMRE program,

**1,071 youth** reported "leaving a relationship that was emotionally unhealthy or abusive"

**737 youth** reported "leaving a relationship that was physically unhealthy or abusive"

After participating in an HMRE program for adult individuals,

**471 adults** reported "leaving a relationship that was emotionally unhealthy or abusive"

**364 adults** reported "leaving a relationship that was physically unhealthy or abusive"



**929 couples**

participated in the random control trial study

After participating in an HMRE program as a couple,

**75 adults** reported "leaving a relationship that was emotionally unhealthy or abusive"

**77 adults** reported "leaving a relationship that was physically unhealthy or abusive"



Response rates were

**above 80%**

at each of the five data collection timepoints



**98% of Couples**

**97% of Adult  
Individuals**

**96% of Youth**

reported that the  
HMRE programs  
helped them  
"a lot" or "some"



**135** trained  
Community Educators  
facilitated HMRE  
programs at 10  
implementation sites



On average, AHMREI  
participants attended  
**10 hours**  
of HMRE programs



**746 adults**

participated in 47  
remote distance  
learning HMRE  
programs offered  
during the pandemic



**93%** of adult  
individuals reported  
having "good job  
skills" following  
participation



**20,000** free  
copies of the *Alabama  
Healthy Marriage  
Handbook* distributed



**91%**  
of Adult Couples  
participants reported  
"confidence in their  
job interviewing skills"  
following participation  
in AHMREI's HMRE  
programs



**276** participants  
in couple relationships  
reported being a  
stepparent



**4,800**  
free copies of the *Raising  
Your Child Together*  
handbook distributed



ELEVATE program  
materials were  
**translated**  
in partnership with  
Auburn University's  
Korea Corner to  
facilitate HMRE  
programs to 12 couples



**Word of  
mouth**

from past participants,  
family, and friends was  
the #1 reason adults  
enrolled in AHMREI's  
HMRE programs



**1,046** Adults  
participated in HMRE  
programs offered at  
correctional facilities



**30**  
Auburn University  
Transit Bus ads  
advertised local HMRE  
programs offered for  
free by the AHMREI



**34** published  
journal articles



**62** conference  
presentations



**69%**  
of adult program  
participants reported  
they were parents



**49**  
Auburn University  
undergraduate  
students were trained  
in evidence-based  
relationship education  
and taught HMRE  
programs to over 700  
high school youth

**94% of Couples**

**88% of Adult  
Individuals**

**96% of Youth**

completed at least  
50% of HMRE  
program classes



# The Seven Core Principles for Healthy Relationships: The National Extension Relationship and Marriage Education Model (NERMEM)

All curricula offered through the AHMREI programs are educational, research-based, and informed by the seven core principles for healthy relationships outlined by the NERMEM (Futris & Adler-Baeder, 2013). See details about curricula starting on page 26. The HMRE programs consider developmental stage and relationship type. Yet all curricula shared a common thread of incorporating the NERMEM core skills. These key topics were developed by an experienced team of researchers and practitioners (see [nermen.org](http://nermen.org) for more information) by applying evidence from family life research that address the question of “what makes relationships work?”.

## 7 Core Principles Guiding HMRE Programs:



### Choose

Make the relationship a priority by making choices that reinforce commitment to a safe, stable, and satisfying relationship.



### Care for self

Cultivate individual wellness and relational health by maintaining physical, sexual, emotional, and spiritual wellness.



### Know

Get to know your partner and stay up to date on your partner's world to maintain long-term intimacy.



### Care

Use nurturing, kind, and affectionate behaviors to show respect and care to your partner.



### Share

Develop and maintain a couple identity through friendship.



### Manage

Deal with disagreements and stress in healthy ways.



### Connect

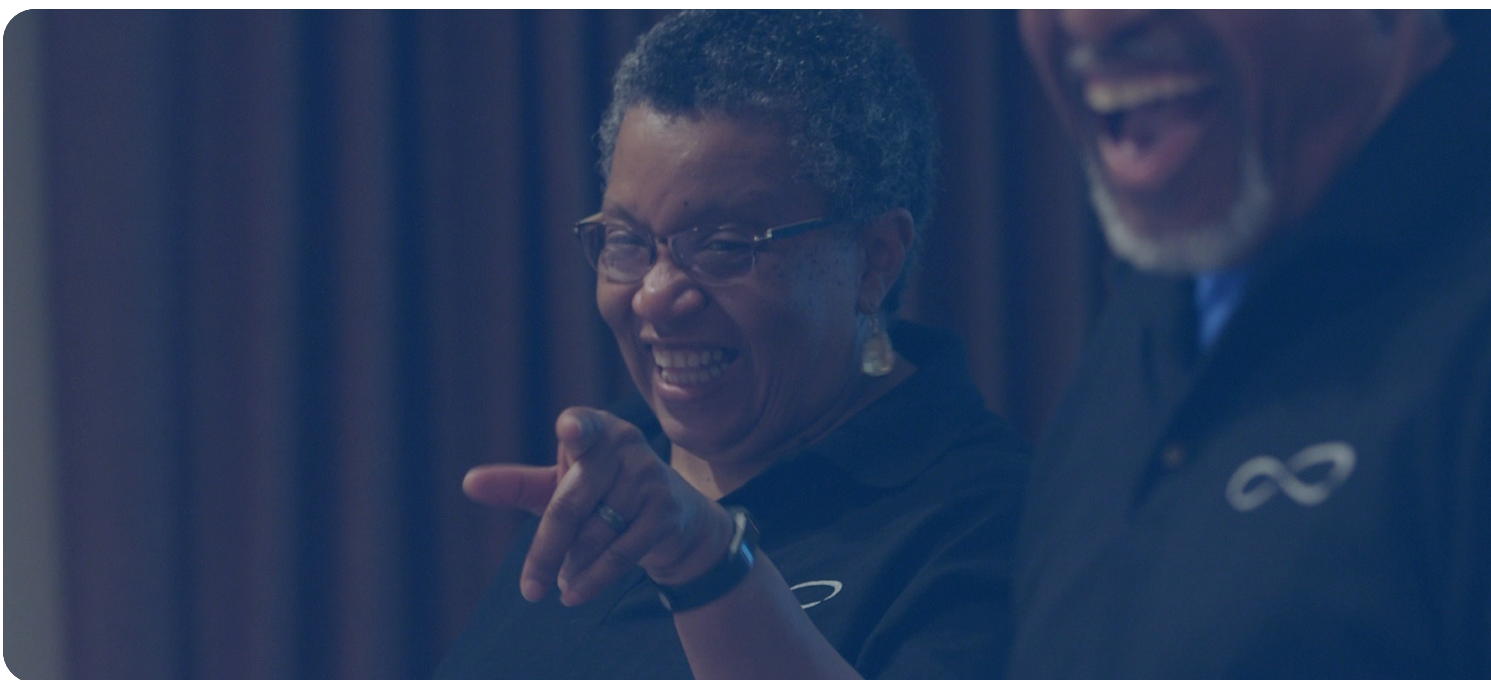
Engage in a positive social network of support.

# Adult Couples Participating in Random Control Study of HMRE Programs

## Research Questions:

Using a risk and resilience perspective (Patterson, 2002) and a transactional ecological family systems approach (Bronfenbrenner, 1977) we assessed whether participation in HMRE (*ELEVATE* or *CCM*) positively impacted individual, couple, and family functioning. The assumptions are that HMRE can promote resilience in couples and that impacts can be evidenced in multiple related areas of functioning. We included measures of 32 outcomes in 5 domains over 2 years. We focus in this report on six outcomes in three domains over the first year. Specifically, we focused on three over-arching questions:

1. Are there program effects of *ELEVATE* and *CCM* on change over 1 year in **Individual Functioning** (i.e., **Couple Relationship Skills, Mental Health, Sleep Quality, and Physical Health**) when compared to the no-program control group?
2. Are there program effects of *ELEVATE* and *CCM* on change over 1 year in **Couple Functioning** (i.e., **Couple Satisfaction, Relationship Quality, and Confidence & Dedication**) when compared to the no-program control group?
3. Are there program effects of *ELEVATE* and *CCM* on change over 1 year in **Family Functioning** (i.e., **Family Harmony**) when compared to the no-program control group?
4. We also explored a mechanism of change based on assumptions of a spillover hypothesis and assumed that changes in program targets (i.e., better couple relationship skills) immediately following program participation would lead to longer-term improvements in couple functioning. Specifically, we investigated whether **changes immediately following *ELEVATE* OR *CCM* participation in couple relationship skills predicted couple satisfaction at 6 months**, accounting for baseline levels of couple satisfaction.







**“Attending this program has been very beneficial for myself [sic] and my relationship as a whole. I learned new skills and tactics that I can use/practice on a daily basis. It was a great way to meet new couples and get insight on how they handle things in their relationships. The program director and instructors were AWESOME! Glad I was able to attend.”**

**—Female participant, *ELEVATE***

### **Random Control Study Methods:**

From August 2016 to January 2018, the AHMREI enrolled 929 couples (1858 individuals) into the study and randomly assigned (like the flip of a coin) each couple to participate in either *ELEVATE* or *CCM*, or to the no-program control group. (Note: random assignment was done at each implementation site). One third of the enrolled couples were assigned to each group. This gold-standard approach is viewed as a rigorous evaluation approach, providing the best possible evidence of program efficacy since couples do not self-select into program participation. Changes over time for those who participated in programs are compared to normative change trajectories of non-participants to determine whether there are significant differences in growth patterns. Groups did not differ at baseline due to random assignment; therefore, differences can be reasonably interpreted as resulting from the program experience. Attendance rates were high: 80% attended at least one class, 69% attended at least half of the class sessions, and the average attendance rate of participants was 62%.

The study respondents participated in an intensive data collection **over 2 years** – at baseline and at 2-month, 6-month, 1-year and 2-year follow-ups. Response rates were high (above 80%) at each of the five data collection timepoints. Online survey research methods with regular engagement experiences were utilized for all study respondents. Surveys included measures of **demographics** (e.g., race, income), **healthy relationship behaviors** (the couple relationship skills inventory provides information on 7 specific skill sets), **relationship quality**, and **individual well-being** (e.g., physical and mental health). Participants were compensated for their time completing surveys.

In this report, we highlight the impact of *ELEVATE* and *CCM* at the 1-year follow-up point utilizing multi-level growth curve modeling procedures. Each participant group was compared to the no-program control group within the same model to understand overall distinctions between program participation in either HMRE curriculum and the control group.



## Participants:

All adults (19 years and older) who indicated they were in a committed couple relationship (married or nonmarried) and who expected to attend the program as a couple (if selected for programming) were eligible to participate in the random control study. The couples were diverse and represented a range of backgrounds and experiences:

### Sex



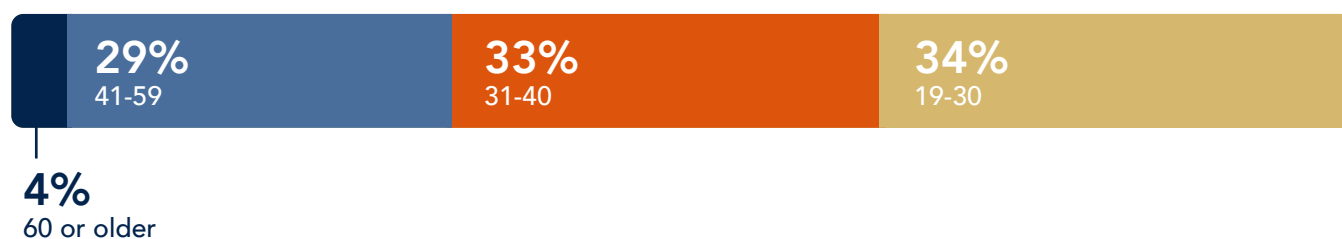
### Race



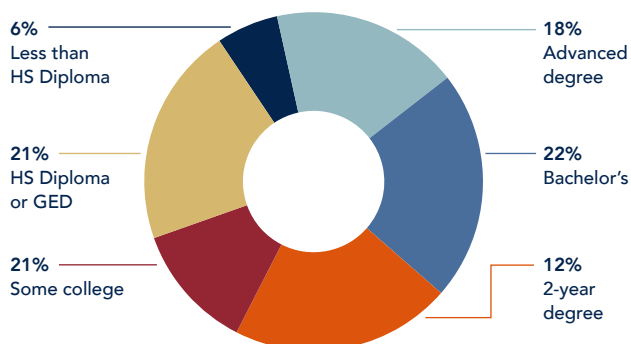
### Relationship Status



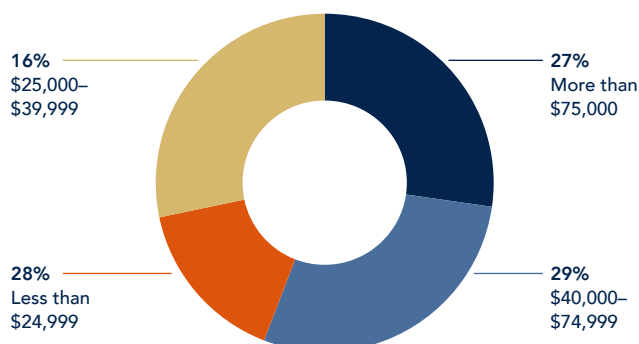
### Age



### Education



### Household Income



## Measures:

Validated and reliable multi-item social science measures were utilized to assess the 6 primary outcomes related to 3 domains: individual, couple, and family functioning over 1 year (Cronbach's  $\alpha$  ranged from .78 to .95):

- Couple Relationship Skills (Couple Relationship Skills Inventory; Adler-Baeder et al., 2019); 32 items
- Mental Health (SF-12 Mental Health Subscale; Ware & Gandek, 1998); 12 items
- Sleep Quality (Pittsburgh Sleep Quality Index; Mezick et al., 2008); 19 items
- Physical Health (SF-12 Physical Health Subscale; Ware & Gandek, 1998); 12 items
- Overall Couple Well-Being (a composite of the scores on Fincham & Lindfield's [1997] Couple Satisfaction Index, Norton's [1983] Quality of Marriage Index, and Stanley & Markman's [1992] Confidence and Dedication Scale); 10 items in total
- Family Harmony (Family Harmony Index; Banker & Gaertner, 1998); 3 items

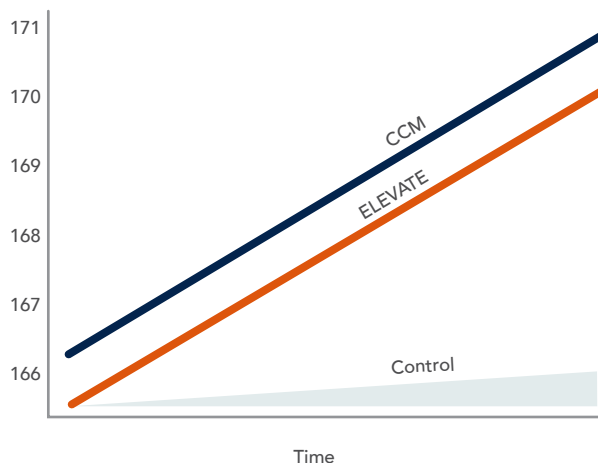
## Program Effects Results:

Using multilevel growth modeling, results **revealed a statistically significant ( $p < .05$ ) difference in average growth over one year between program participants (*ELEVATE* and *CCM*) and the control group in each of the 3 domains of functioning.**

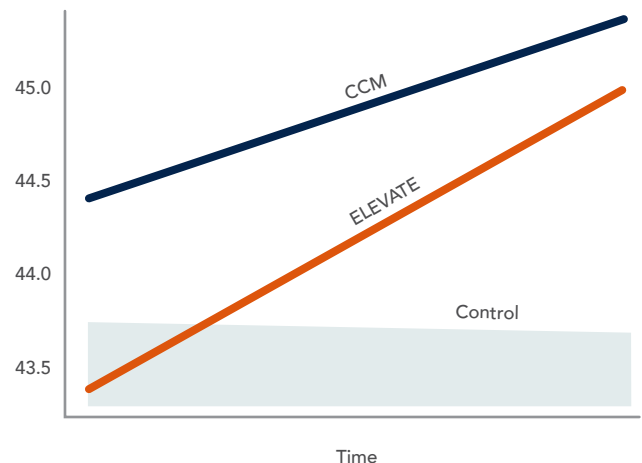
Specifically, ***ELEVATE* participants' average** rate of change was significantly different from the control group's on 5 of the 6 measures assessed. ***ELEVATE* participants reported significant improvements over 1 year in couple relationship skills, mental health, sleep quality, couple well-being, and family harmony compared to the control group, who did not change or declined** (as was the case for couple well-being). *ELEVATE* participants and control group did not differ in the average rate of change over one year in ***physical health***.

For ***CCM* participants, the average** rate of change was significantly different from the control group on 3 of the 6 measures assessed. ***CCM* participants reported significant improvements over 1 year in couple relationship skills, couple well-being, and family harmony compared to the control group who did not change or declined** (as was the case for couple well-being). *CCM* participants and control group did not differ in the average rate of change over one year in ***mental health, sleep quality, or physical health***.

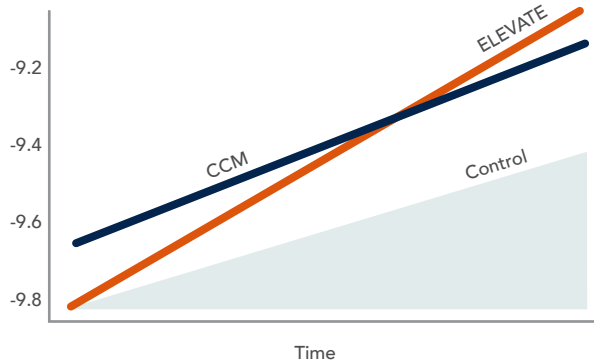
### Couple Relationship Skills over 1 Year



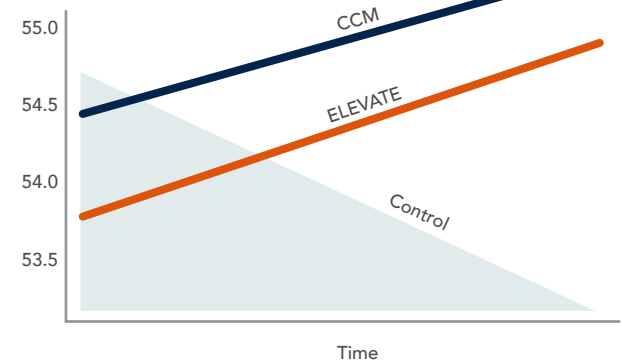
### Mental Health over 1 Year



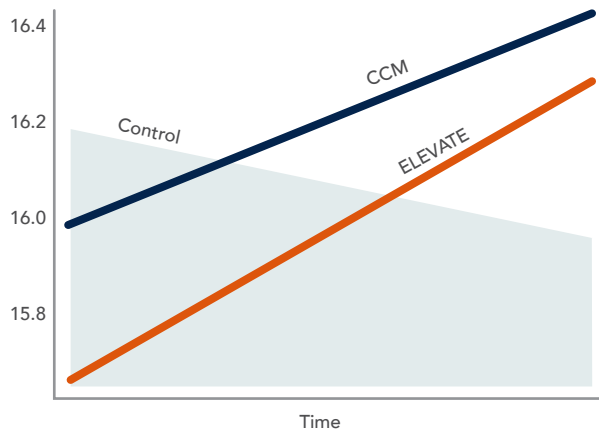
### Sleep Quality over 1 Year



### Couple Well-Being over 1 Year



### Family Harmony over 1 Year



Using multilevel growth modeling, results revealed a statistically significant ( $p < .05$ ) difference in average growth over one year between program participants (*ELEVATE* and *CCM*) and the control group in each of the 3 domains of functioning.

**Table 1. Adult Couples in Efficacy Study (2016-2018): Results of Multi-level Growth Curve Modeling**

	Intercept	Time	<i>ELEVATE</i>	<i>CCM</i>	Time <sup>x</sup> <i>ELEVATE</i>	Time <sup>x</sup> <i>CCM</i>	Cohen's d Effect Size
<b>Individual Functioning</b>							
Couple Relationship Skills	165.72 (1.09)	.04 (.09)	-.20 (1.54)	.83 (1.54)	<b>.37**</b> (.12)	<b>.36**</b> (.12)	ELEVATE: .09 CCM: .08
Mental Health	43.75 (.41)	-.01 (.04)	-.39 (.58)	.77 (.58)	<b>.15**</b> (.05)	.06 (.06)	ELEVATE: .08 CCM: .03
Sleep Quality	-9.79 (.14)	<b>.03*</b> (.01)	-.02 (.20)	.13 (.20)	<b>.04*</b> (.02)	.02 (.02)	ELEVATE: .06 CCM: .03
Physical Health	48.28 (.41)	-.05 (.03)	-.17 (.58)	-.03 (.58)	.03 (.05)	.07 (.05)	ELEVATE: .02 CCM: .05
<b>Couple Functioning</b>							
Overall Couple Well-Being	57.58 (.51)	<b>-.13***</b> (.04)	-.86 (.72)	-.21 (.71)	<b>.23***</b> (.06)	<b>.22***</b> (.06)	ELEVATE: .11 CCM: .10
<b>Family Functioning</b>							
Family Harmony	16.16 (.16)	-.02 (.01)	-.43 (.22)	-.14 (.22)	<b>.07***</b> (.02)	<b>.05*</b> (.02)	ELEVATE: .10 CCM: .08

Note. Standard errors are in parentheses; **Bolded outcomes indicate a significant difference between one or both of the program groups and the control group**; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ; Cohen's  $d$  reported in absolute values.

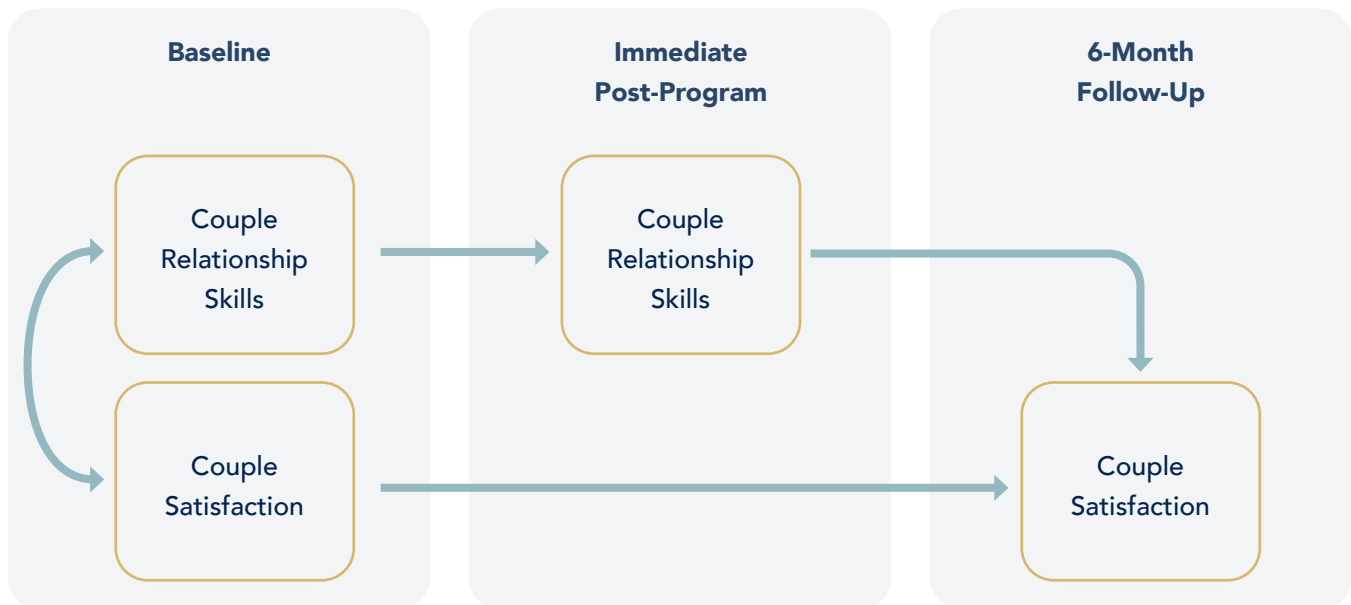


## Spillover Effects Results:

Using path analyses, results also supported the hypothesis related to spillover of improved couple skills to couple satisfaction at 6 months post-program:

For *ELEVATE* participants **greater immediate improvements in couple relationship skills after *ELEVATE* participation predicted greater improvements in couple satisfaction at 6 months** ( $\beta = .250, p < .001$ ).

For *CCM* participants **greater immediate improvements in couple relationship skills after *CCM* participation predicted greater improvements in couple satisfaction at 6 months** ( $\beta = .205, p < .001$ ).



## Conclusion:

Overall, the Alabama Healthy Marriage and Relationship Education Initiative was **effective in both implementation and impact**. The AHMREI successfully recruited a **large economically diverse** sample of primarily White/European American and Black/African American couples and **effectively engaged** those randomly assigned to programming in the relationship education workshops. Attendance rates were high: 80% attended at least one class, 69% attended at least half of the class sessions, and the average attendance rate of participants was 62%. Engagement in the follow-up data collection was also high at each timepoint adding confidence that the results represent the study participants' experiences. The *ELEVATE* and *CCM* programs fostered **modest but significant longer-term growth in individual, couple, and family functioning for couples in the community compared to non-participants**. Evidence of significant program impact is likely due in part to AHMREI's long-standing presence in the community, high program attendance rates, effective facilitation, and relevant program content for the target populations of couples.

Over a third of AHMREI study participants were Black/African American couples in Alabama, nearly half reported a household income of less than \$40,000 a year, and about a third were unmarried. These characteristics render a significant portion of our sample as more vulnerable couples due to economic instability and a history of institutionalized racism. A coordinated system of individual, community and structural supports are critical for promoting resiliency and success in the face of risks and challenges for these individuals and families. The findings offer some promising evidence of sustained, positive impact of HMRE participation, suggesting that HMRE programs are a valuable additional resource for a broad spectrum of couples and can be considered as part of a system of supports for historically underserved couples in Alabama.

# Uniform HMRE Performance Measurement

In addition to the rigorous efficacy study, the AHMREI participated in the uniform pre- to post-program measurement developed by the federal sponsor for all HMRE grantees. These surveys were used with the adult couples served in 2018-2020 who did not participate in the HMRE Couples Efficacy Trial, as well as the adults who attended HMRE programs individually from 2016-2020 and the youth served in high schools from 2016-2020. These surveys assessed average changes reported by participants from pre-program to immediate post-program in a number of outcome areas.

## 6 Domains of Performance Measures



### Parenting and co-parenting

Quality of the parent-child relationship, parenting stress, parental approaches to discipline, and includes child-rearing alliance between parents.



### Healthy relationships

Relationship satisfaction and stability, including relationship behaviors, such as approaches to managing conflict and positive and negative partner interactions.



### Economic stability

Access to financial resources, budgeting, a job that pays a livable wage, and ability or hardship in paying bills.



### Well-being

Individual functioning and well-being, with a focus on socio-emotional well-being, including symptoms of anxiety and depression.



### Attitudes about relationships and marriage

Knowledge, expectations, attitudes, and beliefs about marriage and relationships.



### Program perceptions

Youth and adult program participants' perceptions of the program, including whether they found the program was helpful, as well as their confidence in using the skills and knowledge presented in the programs in daily living.



## Couples Participating in HMRE (2018-2020) Completing Performance Measurement Pre/Post Surveys

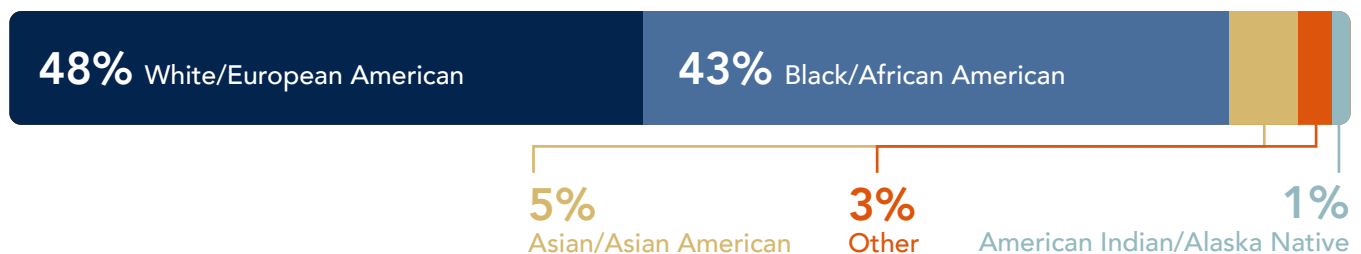
### Participants:

**Ten sites** provided *ELEVATE* and *Couples Connecting Mindfully (CCM)* to **816 adult couples** (married or unmarried) who attended the program together from 2018 to 2020 (after the efficacy study enrollment). Programs were offered at Family Resource Centers, local restaurants, community centers, and houses of worship. Adult couple participants in the AHMREI's HMRE programs were racially diverse and predominantly of lower socio-economic status, based on education level and monthly income reported. Of the 1,632 HMRE participants, 1,544 individuals consented to participate in the performance measurement and responded to survey questions before and after the program to assess improvements.

### Sex



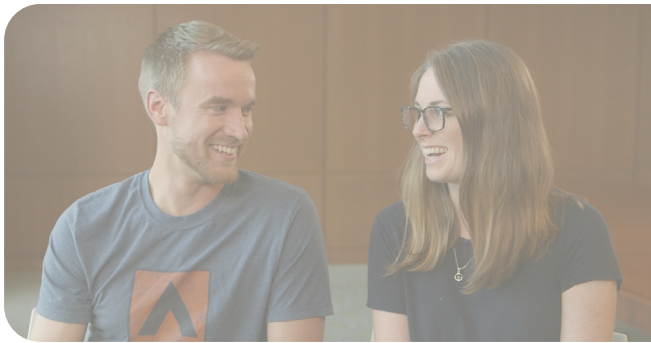
### Race



### Federal Assistance







**"I feel it has helped me handle disagreements and to understand the other person's side more than before."**

—Female participant, *ELEVATE*

### Relationship Status

**62%** Married

**38%** Non-Marital  
Committed Relationship

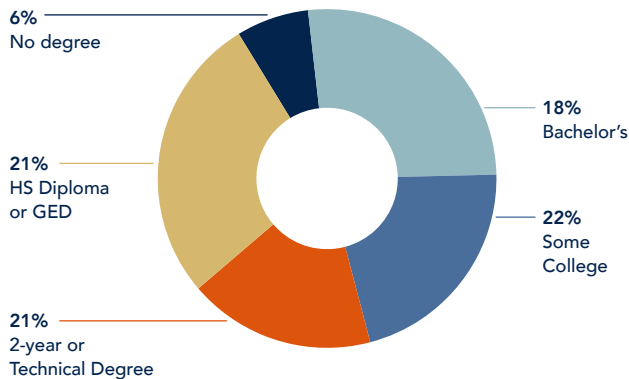
### Parental Status

**33%** No Children

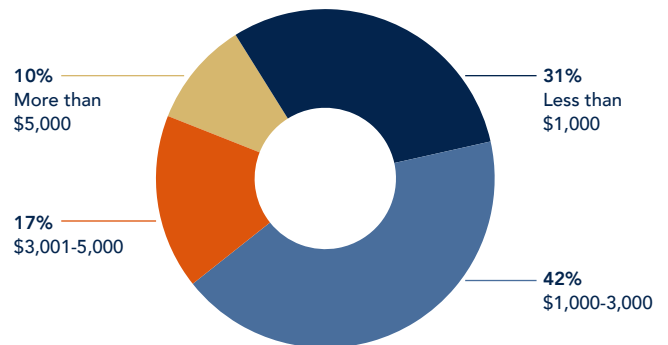
**55%** Children Under 21

**12%**  
Children  
Over 21

### Education



### Monthly Household Income



### Results:

Analyses were conducted separately for men and women due to the dependence of the data. Measures included single-item and multi-item measures (Cronbach's  $\alpha$  ranged from 0.73-0.92). Pre/post comparisons were made using paired-sample t-tests and chi square difference tests. **Statistically significant ( $p < .05$ ) improvements were found in 15 of the 18 measures assessed for men and 15 of the 18 measures assessed for women.** The Cohen's  $d$  effect sizes for the statistically significant results ranged from 0.18-0.70. The average magnitude of the effect sizes for these improvements for men was 0.34 and 0.41 for women and are considered in the small to moderate range (i.e other. .25 small effect; .50 moderate effect; .75 large effect).

**Table 2. Men in Adult Couples Participating in HMRE (2018-2020): Results of Paired Sample t-tests and Chi-Square Tests of Difference**

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i> Effect Size
<b>Healthy Relationships</b>							
Relationship Satisfaction	2.62	0.57	2.75	0.51	403	-4.86***	0.36
Conflict Management Satisfaction	2.24	0.72	2.47	0.61	409	-7.24***	0.50
Conflict Management Skills	3.13	0.57	3.31	0.51	383	-6.45***	0.48
Negative Interactions in Conflict	2.23	0.82	2.02	0.74	384	6.17***	0.44
Positive Feelings	3.46	0.57	3.56	0.54	387	-4.21***	0.30
Frequency of Quality Interactions	3.53	0.55	3.59	0.49	392	-2.39*	0.18
Commitment to Relationship	3.70	0.60	3.78	0.47	403	-2.63**	0.20
<b>Well-Being</b>							
Depressive Symptoms	1.83	0.79	1.64	0.71	412	5.67***	0.39
Anxious Symptoms	2.07	0.84	1.88	0.78	404	5.04***	0.38
<b>Parenting</b>							
Physical Discipline	1.45	0.65	1.36	0.57	168	2.21*	0.24
Negative Verbal Use	1.66	0.76	1.60	0.73	167	1.27	0.13
Positive Verbal Use	2.53	.99	2.62	1.06	165	-1.17	0.13
Parenting Stress	2.30	.99	2.10	0.94	167	2.90**	0.31
<b>Co-parenting</b>							
Co-parenting Quality	3.57	0.65	3.64	0.56	167	-1.61	0.19
	Pre-Test		Post-Test				
	No	Yes	No	Yes	<i>N</i>	Pearson Chi-Square	Phi Effect Size
<b>Economic Stability</b>							
Have a Checking Account	11.6%	88.4%	11.3%	88.7%	432	315.62***	0.86
Have a Savings Account	24.4%	75.6%	21.8%	78.2%	418	204.28***	0.70
Use a Budget	37.8%	62.2%	29.5%	70.5%	424	161.47***	0.62
Have Difficulty Paying Bills	19.0%	81.0%	16.0%	84.0%	437	276.20***	0.80

Note. Bolded outcomes indicate significant change in the desired direction; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ; Cohen's *d* reported in absolute values.

"I think overall it was more of a development personally so that I can handle situations better within my relationship when issues arrive. Also emphasis on being more open with my wife. I plan on using mindful practices to unwind after work and prepare for work in my household."

—Male participant, CCM



**Table 3. Women in Adult Couples Participating in HMRE (2018-2020): Results of Paired Sample t-tests and Chi-Square Tests of Difference**

	Pre-Test		Post-Test				
	M	SD	M	SD	df	t	Cohen's d Effect Size
Healthy Relationships							
Relationship Satisfaction	2.49	0.64	2.62	0.59	461	-5.06***	0.33
Conflict Management Satisfaction	2.13	0.72	2.41	0.65	463	-9.18***	0.61
Conflict Management Skills	3.11	0.61	3.33	0.53	431	-8.60***	0.61
Negative Interactions in Conflict	2.26	0.83	1.93	0.76	434	10.18***	0.70
Positive Feelings	3.33	0.62	3.45	0.62	450	-4.91***	0.33
Frequency of Quality Interactions	3.43	0.60	3.53	0.54	454	-3.75***	0.26
Commitment to Relationship	3.63	0.63	3.65	0.65	456	-0.61	0.05
Well-Being							
Depressive Symptoms	1.95	0.82	1.75	0.78	470	5.93***	0.38
Anxious Symptoms	2.25	0.82	2.02	0.80	473	6.75***	0.44
Parenting							
Physical Discipline	1.52	0.69	1.38	0.62	223	3.97***	0.38
Negative Verbal Use	1.76	0.87	1.66	0.80	221	2.10	0.20
Positive Verbal Use	2.76	.96	2.66	1.00	221	1.78	0.16
Parenting Stress	2.66	0.90	2.48	0.89	219	3.47**	0.32
Co-parenting							
Co-parenting Quality	3.16	0.97	3.25	0.93	222	-1.29	0.16
	Pre-Test		Post-Test				
	No	Yes	No	Yes	N	Pearson Chi-Square	Phi Effect Size
Economic Stability							
Have a Checking Account	10.6%	89.4%	8.7%	91.3%	490	248.96***	0.71
Have a Savings Account	21.2%	78.8%	18.8%	81.2%	484	250.05***	0.72
Use a Budget	38.1%	61.9%	32.3%	67.7%	491	139.38***	0.53
Have Difficulty Paying Bills	21.7%	78.3%	17.1%	82.9%	496	420.13***	0.92

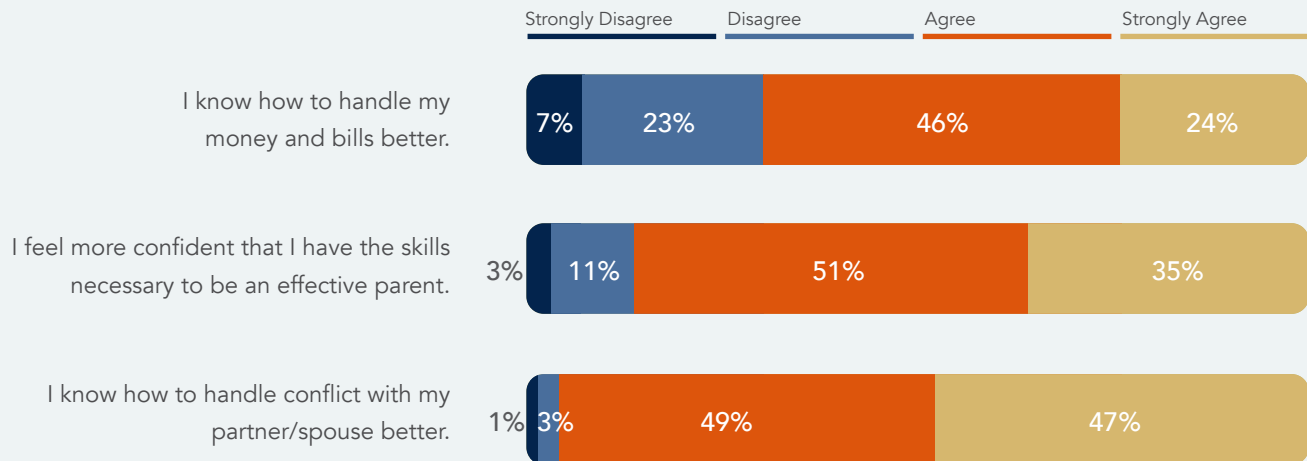
Note. **Bolded outcomes indicate significant change in the desired direction; \*p<.05, \*\*p<.01, \*\*\*p<.001.**  
Cohen's d reported in absolute values.



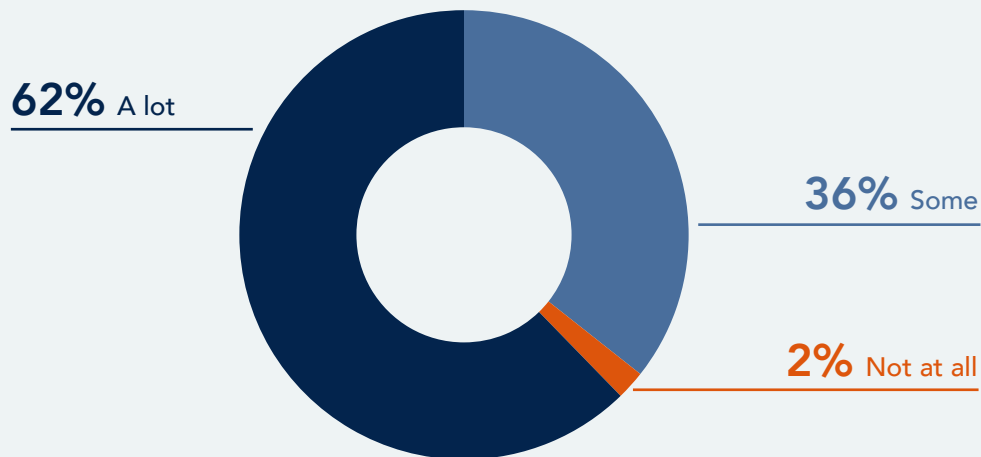
After participating in the programs, **75 adults** attending the program as a couple **reported leaving a relationship that was emotionally unhealthy or abusive**, and **77 adults** attending the program as a couple **reported leaving a relationship that was physically unhealthy or abusive**.



## Adult Couples Program Perceptions



Post-Program: How much would you say that this program has helped you?



"I love this program. It gives me hope and empowers me so much! The environment is so positive I always feel uplifted. [Implementation Site] has given me the skills I need to [sic] productive and stable."

—Female participant, TWC



## Adult Individuals Participating in HMRE (2016-2020) Completing Performance Measurement Pre/Post Surveys

### Participants:

**Ten sites** provided the *Together We Can* and *Smart Steps* curricula to **3,752 adult individuals** who were not in a couple relationship at the time of program participation or who were not attending with a romantic partner. Programs were provided at the Family Resource Center, in rehabilitation facilities, prisons, and local community centers. Approximately a quarter (28%) of adult individual participants were incarcerated during program participation. Adult individual participants in the AHMREI's HMRE programs were racially diverse and predominantly of lower socio-economic status, based on education level and monthly income reported. Of the 3,752 HMRE participants, 2,252 individuals consented to participate in the performance measurement and responded to survey questions before and after the program to assess improvements.

**"This program is so unique it inspires and motivates you to do more for you. It also allows you to dig deep down within yourself so you can better yourself."**

**—Male participant, TWC**

### Sex

**57%** Female

**43%** Male

### Race

**67%** White/European American

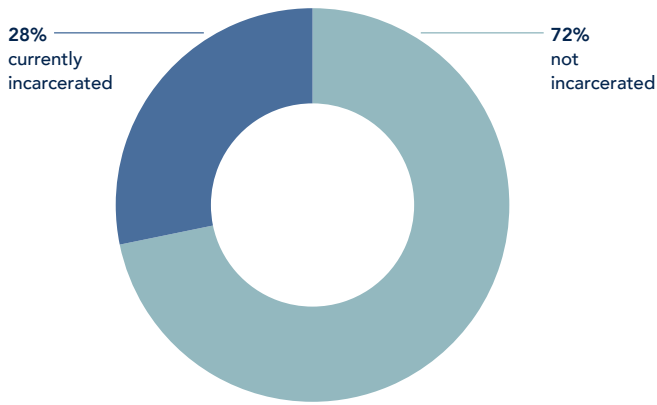
**23%** Black/  
African American

**1%**  
Asian/Asian American

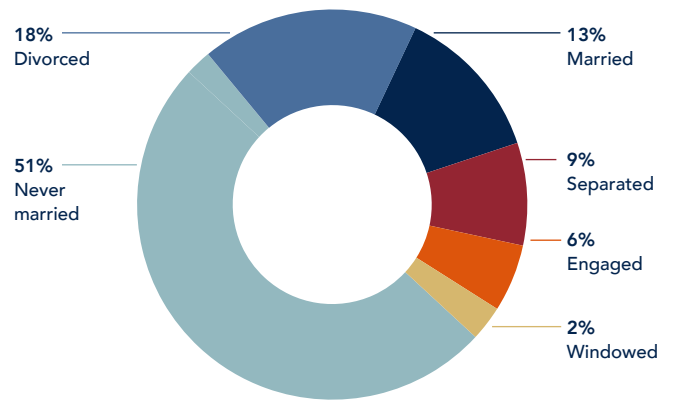
**3%**  
Other

**1%**  
American Indian/Alaska Native

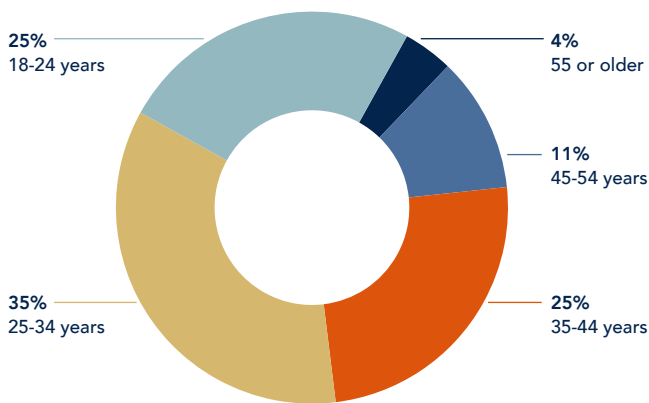
### Incarceration Status



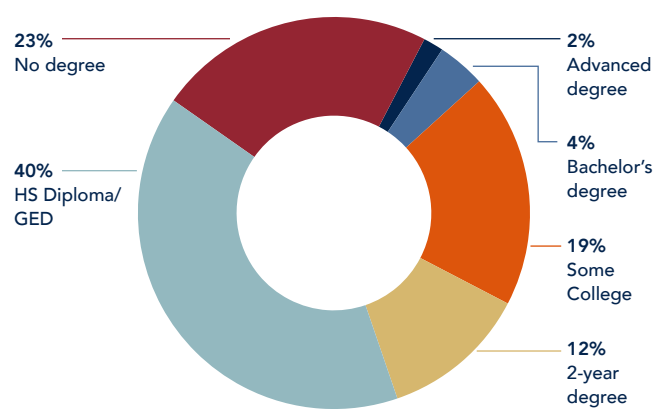
### Relationship Status



### Age



### Education



### Annual Individual Income



### Federal Assistance



### Parent Status



### Results:

Measures included single-item and multi-item measures (Cronbach's  $\alpha$  ranged from 0.79-0.93). Pre/post comparisons were made using paired-sample t-tests and chi square difference tests. **Statistically significant ( $p < .05$ ) improvements were found in 11 of the 18 measures assessed.** The Cohen's  $d$  effect sizes for the statistically significant results ranged from 0.12-0.47. The average magnitude of the effect sizes for these improvements was 0.25 and are considered in the small to moderate range (i.e. other. .25 small effect; .50 moderate effect; .75 large effect).

**Table 4. Adult Individuals Participating in HMRE (2016-2020) Results of Paired Sample t-tests and Chi-Square Tests of Difference**

	Pre-Test		Post-Test				
	M	SD	M	SD	df	t	Cohen's d Effect Size
<b>Healthy Relationships</b>							
Relationship Satisfaction	2.61	0.61	2.66	0.57	793	-2.13*	0.12
Conflict Management Satisfaction	2.39	0.68	2.47	0.65	800	-4.00***	0.18
Conflict Management	3.18	0.60	3.26	0.57	827	-3.88***	0.21
Negative Interactions	2.06	0.83	1.91	0.80	823	5.73***	0.27
Relationship Positivity	3.42	0.67	3.46	0.65	807	-1.79	0.09
Positive Interactions	3.33	0.84	3.33	0.82	793	0.21	0
Commitment to Relationship	3.53	0.70	3.54	0.70	786	-0.21	0.02
<b>Well-Being</b>							
Anxious Symptomology	2.50	0.97	2.22	0.86	2252	14.69***	0.44
Depressive Symptomology	2.20	0.99	1.90	0.88	2243	15.73***	0.47
<b>Parenting/Coparenting</b>							
Physical Discipline	1.23	0.56	1.24	0.53	494	-0.51	0.03
Negative Verbal Use	1.46	0.74	1.38	0.67	487	2.38*	0.16
Positive Verbal Use	2.49	1.06	2.38	1.04	490	2.22*	0.15
Coparenting Quality	2.87	1.08	2.90	1.10	488	-0.89	0.05
Parenting Stress	2.24	0.99	2.17	0.98	430	1.53	0.10
	Pre-Test		Post-Test			Person	Phi-Effect
	No	Yes	No	Yes	n	Chi-Square Value	Size
<b>Economic Stability</b>							
Difficulty Paying Bills	65.4%	34.6%	70.6%	29.4%	2,207	634.98***	0.54
Have a Checking Account	53.4%	46.6%	52.5%	47.5%	2,273	1331.20***	0.77
Have a Savings Account	59.9%	40.1%	58.9%	41.1%	2,238	1236.58***	0.74
Use a Budget	60.0%	40.0%	53.7%	46.3%	2,251	523.82***	0.48

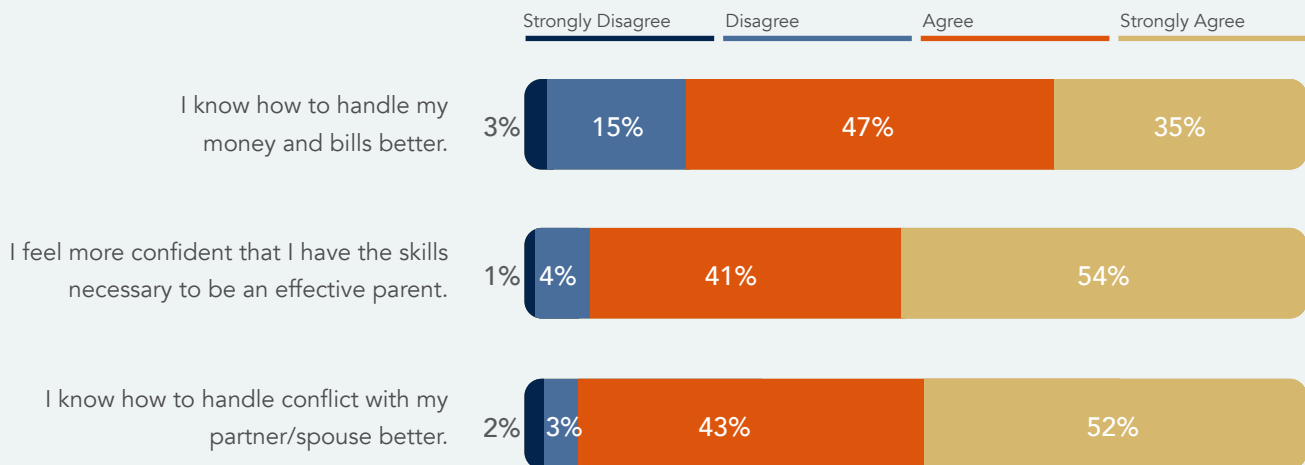
Note: Bolded outcomes indicate significant change in the desired direction; \* $p < .05$ , \*\*\* $p < .001$ ; Cohen's  $d$  reported in absolute values.



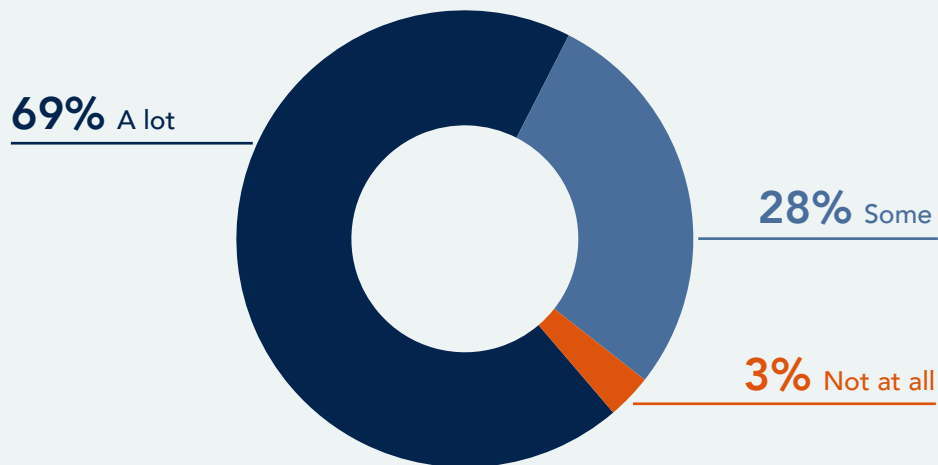
Additionally, after participating in the programs **471** adult individuals reported leaving a relationship that was emotionally unhealthy or abusive, and **364** adult individuals reported leaving a relationship that was physically unhealthy or abusive.



## Adult Individuals Program Perceptions



Post-Program: How much would you say that this program has helped you?



"This program has given me so much more motivation and determination for me to have a better, successful life. I have hope for mine and my children's future."

—Female participant, TWC

# Providing “Distance HMRE” Programs in Response to COVID-19

During the final six months of the AHMREI’s 2015-2020 funding cycle, the COVID-19 pandemic impacted every facet of daily life in our communities. In response, staff from all implementation sites worked quickly, productively, and creatively to pivot and continue offering programs, case management, and data collection by alternate means. The AHMREI continued providing services safely and responsibly per the ever-evolving policies and practices being mandated to mitigate national and state level public health concerns by implementing the following strategies:

## Programming

- Started offering HMRE in an “online classroom,” distance learning format
- Maintained AHMREI’s commitment to interactive workshops
- Offered, 47 live, web-based workshops across Alabama
- Served 746 adult participants in a virtual classroom setting
- Offered virtual classes during convenient times (e.g., after children go to bed)
- Provided meal gift cards to remove barriers to participation in virtual classes
- Utilized functions in virtual platforms to create a welcoming and interactive environment
- Adapted workshop activities to fit the virtual classroom format and to lessen the “brain fatigue” in Zoom

## Data Collection

- Completed all data collection electronically
- Utilized guidelines from funder to ensure participant privacy
- Offered individual technical assistance to participants less familiar with online data collection platform

## Case Management

Increased efforts to connect participants and community members with resources for basic needs and new “essential” needs that developed because of the public health crisis, such as:

- COVID-19 emergency funding
- Meal programs for children no longer receiving them in schools
- Teletherapy
- Help with utility payments
- Connected low resource families who did not have internet access to enrollment information for free or low-cost plans being offered by internet providers in Alabama so children could continue their education online



# Youth Participating in HMRE (2016-2020) Completing Performance Measurement Pre/Post Surveys

## Participants:

Ten sites provided the *Relationship Smarts Plus (RS+)* curriculum to **8,962 youth** in schools across the state. Youth participants in the AHMREI's HMRE programs were racially diverse and predominantly in high school grades 9 and 10. Among the youth participants, 85 were parents. Of the 8,962 HMRE participants, 4,613 individuals consented to participate in the performance measurement and responded to survey questions before and after the program to assess improvements.

## Sex

57% Female

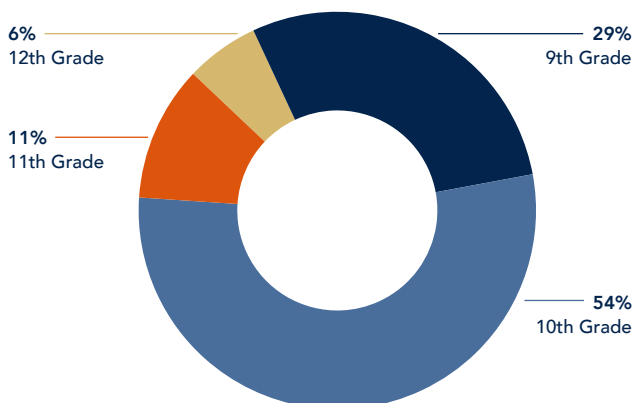
43% Male

## Relationship Status

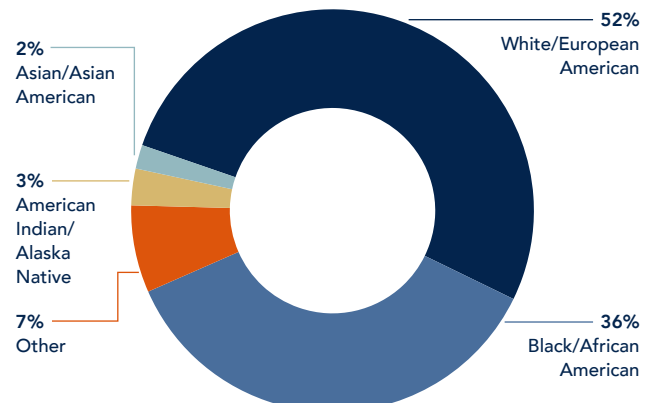
64% Did not have a boyfriend or girlfriend at pre-program

36% Had a boyfriend or girlfriend at pre-program

## Grade



## Race/Ethnicity



## Results:

Measures included single-item and multi-item measures (Cronbach's  $\alpha$  ranged from 0.68-0.76). Pre/post comparisons were made using paired-sample t-tests and chi square difference tests. **Statistically significant ( $p < .05$ ) improvements were found in 5 of the 8 measures assessed.** The Cohen's  $d$  effect sizes for the statistically significant results ranged from 0.08-0.28. The average magnitude of the effect sizes for these improvements was 0.18 and are considered small (i.e. other. .25 small effect; .50 moderate effect; .75 large effect).

**Table 5. Youth Participating in HMRE (2016-2020) Results of Paired Sample t-tests**

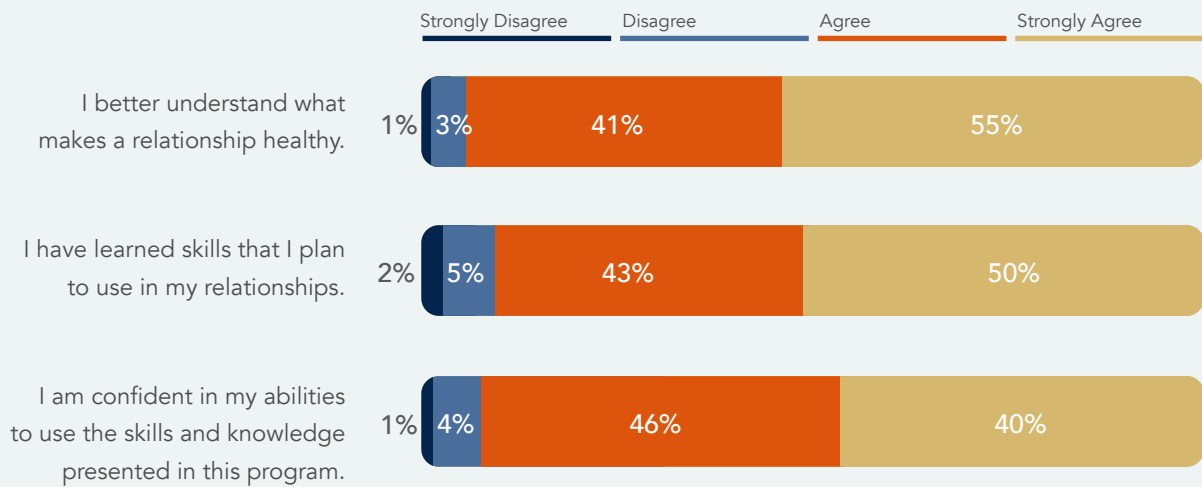
		Pre-Test		Post-Test				
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i> Effect Size
<b>Attitudes about Relationships</b>								
Knowledge about Relationship Resilience	4556	2.87	.83	3.09	.81	4555	-15.96***	.27
Knowledge about Effort in Relationships	4523	2.91	.77	3.12	.75	4522	-16.69***	.28
Healthy Relationship Attitudes	4613	3.57	.38	3.60	.39	4612	-5.40***	.08
Healthy Attitudes about Sex	4565	3.13	.49	3.21	.50	4564	-11.43***	.16
Dating Violence Acceptance	4579	1.56	.54	1.50	.56	4578	7.03***	.11
<b>Healthy Relationships</b>								
~Trust in Current Relationship	1024	4.54	.69	4.43	.80	1023	4.34~	.15
Emotionally Abusive Behaviors of Partner	1048	1.27	.46	1.30	.54	1047	-1.86+	.06
Negative Conflict Management Behaviors	1033	1.88	.70	1.84	.71	1032	1.86+	.06

Note: **Bolded outcomes indicate significant change in the desired direction**; \*\*\* $p < .001$ , + $p = .06$ , ~ statistically significant shift in undesirable direction; Cohen's  $d$  reported in absolute values.

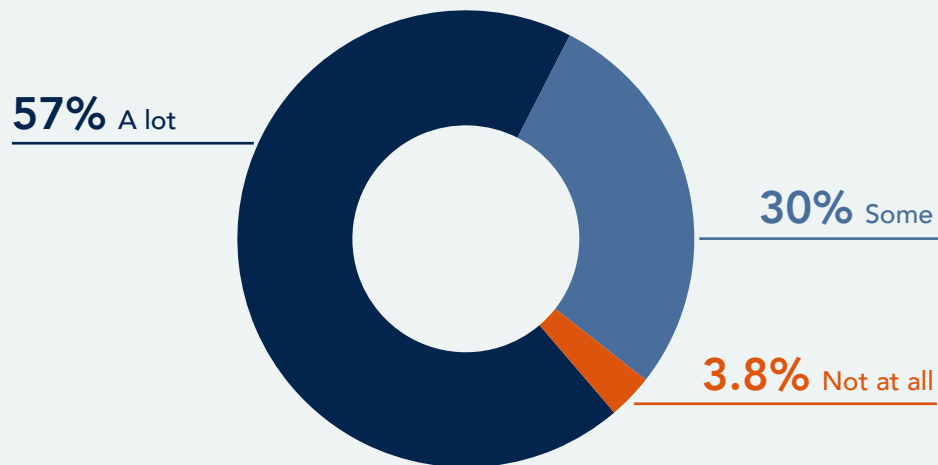


After participating in the programs **1,071 youth reported leaving a relationship that was emotionally unhealthy or abusive**, and **737 youth reported leaving a relationship that was physically unhealthy or abusive**.

## Youth Program Perceptions



**"Overall, how much would you say that this class helped you?"**



**"I really enjoyed it! I feel like I learned things that I wouldn't have figured out myself without the teachings of this class. It was interesting how I was able to compare and contrast my family with what was taught."**

—Female participant, RS+



# AHMREI Curricula

## Programs for Couples



*Scan QR code to see informational video and CCM in action.*

**Couples Connecting Mindfully** (CCM; McGill, Ketring, & Adler-Baeder, 2015) is an evidence-informed couple relationship education curriculum which emphasizes across a series of six modules the mind-body connection and the use of mindfulness practice as a tool for self and other awareness and for regulating stress and negative reactions to support healthy and stable relationships. Each informational session is highly interactive and provides mindfulness exercises for couples to practice at home. The topics are presented in the following order:

### **Session 1: Pause**

- Introduces information and research background on mindfulness-based stress reduction
- Participants build awareness of their mind-body connection through guided breathing practices
- Includes elements of NERMEM principle of Self-Care

### **Session 2: Relax**

- Demonstrates the impact of stress on individual and relational health
- Participants practice being in the moment without judgement
- Includes elements of NERMEM principle of Know

### **Session 3: Openness**

- Emphasizes having a beginner's mind
- Participants engage in low-impact mindful movement
- Includes elements of NERMEM principles of Self-Care and Choose

### **Session 4: Trust Emergence**

- Highlights awareness of feelings, instincts, and intuitions and the intertwining of intimacy and touch in relationships
- Participants practice cultivating loving-kindness, compassion, and care
- Includes elements of NERMEM principles of Choose and Care

### **Session 5: Listen Deeply**

- Introduces different roles in conflict and how couples can fall into conflict ruts
- Participants learn how conflict impacts physical health and practice receptive listening
- Includes elements of NERMEM principle of Manage

### **Session 6: Speak the Truth**

- Builds understanding of how memories influence the future
- Participants practice cultivating positive interactions through music
- Includes elements of NERMEM principles of Share and Connect



*Taking Your Relationship to the Next Level*



*Scan QR code to see promo video and ELEVATE in action.*

**ELEVATE: Taking Your Relationship to the Next Level** (ELEVATE; Futris, Adler-Baeder, Ketrings, Smith, et al., 2014) is an evidence-informed couple relationship education curriculum that blends an understanding of the physiological implications of relationships and the 7 core practical skills for human interaction that enhance healthy relationships. The topics are presented in the following order:

**Session 1: Introduction to Taking Your Relationship to the Next Level**

- Introduces information and research background on the benefits of healthy marriages and important links among relational, mental, emotional, and physical health
- Participants are introduced to the heart-brain connection and stress reduction techniques

**Session 2: Empower Yourself (Self-Care)**

- Demonstrates the connection between individual wellness and the couple relationship
- Participants identify and practice strategies for creating a healthier lifestyle and relationships

**Session 3: Lay the Foundation (Choose)**

- Emphasizes committed relationships require sustained effort over time
- Participants identify choices and strategies for a safe, stable, and satisfying relationship

**Session 4: Enlighten (Enlighten)**

- Focuses on the importance of couples understanding each other's changing circumstances, wants, and needs
- Participants reflect on their shared history, maintaining intimate knowledge about each other, and meeting each other's expectations, including expectations about money

**Session 5: Value (Care)**

- Emphasizes respecting and showing appreciation for positive characteristics of partner
- Participants practice loving-kindness mindfulness and additional strategies for increasing positive interactions compared to negative interactions

**Session 6: Attach (Share)**

- Demonstrates the importance of developing and maintaining a close friendship and a sense of couple identity
- Participants practice developing and sharing interests, turning "towards each other" and making time for shared interests

**Session 7: Tame (Manage)**

- Promotes understanding that differences between partners and conflict are normative aspects of all healthy couple relationships
- Features skills practice in positive communication skills and practical negotiation for managing the inevitable conflictual interactions in couples and families

**Session 8: Engage (Connect)**

- Focuses on the value for couples of developing a strong network of support
- Includes skills-practices for connecting as a couple to the broader community

## Programs for Adult Individuals



*Scan QR code to see promo video and TWC in action.*

**Together We Can** (TWC; Shirer et al., 2009) is an evidence-informed curriculum that equips co-parenting mothers and fathers with skills for making healthy relationship decisions. Topics include: developing plans for self, child, and family; communication and negotiation skills; conflict/anger/stress management; the value/benefit of 2-parent involvement; and managing complex, blended family relationships. The topics were presented in the following order:

### **Session 1: Getting Started**

- Introduces setting goals to promote and create a healthy future for one's family
- Participants reflect on their past and envision achieving their program goals

### **Session 2: Family**

- Illustrates the importance of mothers and fathers and encourages establishing a positive co-parenting relationship that enables parents to raise their child together
- Participants identify members of their family, family strengths, and create action steps for becoming an "intentional" family

### **Session 3: Friendships**

- Emphasizes strategies for building healthy relationships and sustained involvement of both parents over time
- Participants practice skills for positive communication and navigating difficult conversations

### **Session 4: What A Child Needs**

- Raises awareness of unhealthy communication patterns and examines the personal and financial costs of parenting
- Participants explore the importance of providing financial and other forms of support to child(ren) and overcoming barriers to money management and budgeting

### **Session 5: Healthy Decisions About Couple Relationships**

- Prepares parents to make healthy decisions regarding current and future romantic relationships
- Participants examine health benefits of healthy marriage, barriers to a healthy relationship, relationship quality with their child's other parent, and strategies for supporting stepfamily formation

### **Session 6: Planning the Rest of the Trip**

- Reinforces the skills participants acquired over the program series
- Participants celebrate what they have learned during the program and pull together ideas and strategies to develop a plan with action steps for a healthy future for their child(ren)



**Smart Steps for Stepfamilies** (Adler-Baeder, 2007) is an evidence-informed and evidence-based curriculum designed for adults (individuals and couples) in structurally complex families (i.e., one or both have a child from a previous relationship). This program addresses core relational skills, including communication, effectively dealing with conflict, stress management, and developing empathy, and provides strategies for enhancing relationships in the couple, between coparents, and between stepparents and their children. The topics are presented in the following order:

### **Session 1: Families Today**

- Builds group cohesiveness, introduces historical context of stepfamilies, provides research to dispel common myths about stepfamilies, and identifies expectations for stepfamilies
- Participants build their awareness of stepfamily prevalence, share their unique experiences and family strengths, and discuss the realities of stepfamily living

### **Session 2: Changes in You and Your Family**

- Demonstrates the importance of “shared meaning” and emphasizes improved communication regarding family expectations, including communication over financial issues
- Participants practice taking another family member’s perspective, acknowledging and validating different perspectives, and reaching “shared meaning” or compromise

### **Session 3: Where are you coming from?**

- Enhances understanding in several key areas, including: empathy, parenting styles and effective stepparenting strategies, child and adolescent development, and emotional and behavioral changes from early childhood to teen years
- Participants discuss “what works” in stepparenting, healthy child development, and discipline facts and fiction

### **Session 4: Strengthening the Couple Relationship**

- Develops understanding of the importance of maintaining positives in the couple relationship and healthy patterns of communication
- Participants practice skills in effective communication and conflict management

### **Session 5: Connections**

- Builds participant’s understanding of divorce effects on children and the factors that can build resilience
- Participants learn effective coparenting strategies that strengthen families

### **Session 6: Building Family Strengths**

- Guides participants through identifying their physical, emotional, and behavioral response to stress, followed by skills-practices for managing stress
- Session ends with a summary validating skills, strengths, and positive attributes of participants’ families and encourages continued learning



*Scan QR code to see youth promo video and RS+ in action.*

**Relationship Smarts Plus** (RS+; Pearson, 2013) is an evidence-informed and evidence-based curriculum specifically designed for adolescents. Youth are provided with skills for identifying unhealthy and potentially abusive relationships, along with information on healthy relationship development, communication, empathy and emotional understanding, affection and intimacy, and the role of social media in dating relationships. The topics are presented in the following order:

### **Session 1: Who am I and Where am I Going? and Maturity Issues and What I Value**

- Sets the foundation for learning healthy relationship skills
- Youth get in touch with their sense of identity and considering their possible selves (who they might become in the future) and explore their personal values

### **Session 2: Attractions and Infatuation and Principles of Smart Relationships**

- Emphasizes affection and intimacy by recognizing the building blocks of a healthy relationship, understanding attraction, and developing a realistic concept of love
- Youth practice skills for handling attractions and maintaining boundaries in early relationship experiences and recognize signs of “smart” and “not-so-smart” relationship attitudes, behaviors, and choices

### **Session 3: Is it a Healthy Relationship? and Breaking Up and Dating Violence**

- Brings awareness for understanding consent and recognizing signs of unhealthy relationships and intimate partner violence/dating violence and coercive control
- Youth practice skills for ending relationships and gain concrete sense of key questions to ask about the emotional health of a relationship
- Also provides a brief supplemental informational session following the guidelines of Erin’s Law that raises awareness about abuse and trauma and steps for getting help

### **Session 4: Decide, Don’t Slide**

- Introduces self-reflection and “low-risk” versus “high-risk” approaches for decision-making
- Youth practice assessing their own relationship behaviors and attitudes and practice a sequence of “check-points” for making healthy relationship decisions

### **Session 5: Communication and Healthy Relationships**

- Builds on healthy communication skills and exploring why it is difficult to communicate in angry state of mind
- Youth practice “take-a-break” skills, conflict resolution, management and problem-solving skills

### **Session 6: Teens, Technology and Social Media**

- Focuses on understanding the impact of “constant connection” and developing personal policies on using social media
- Empowers youth to develop a personal plan for success utilizing knowledge acquired during the program

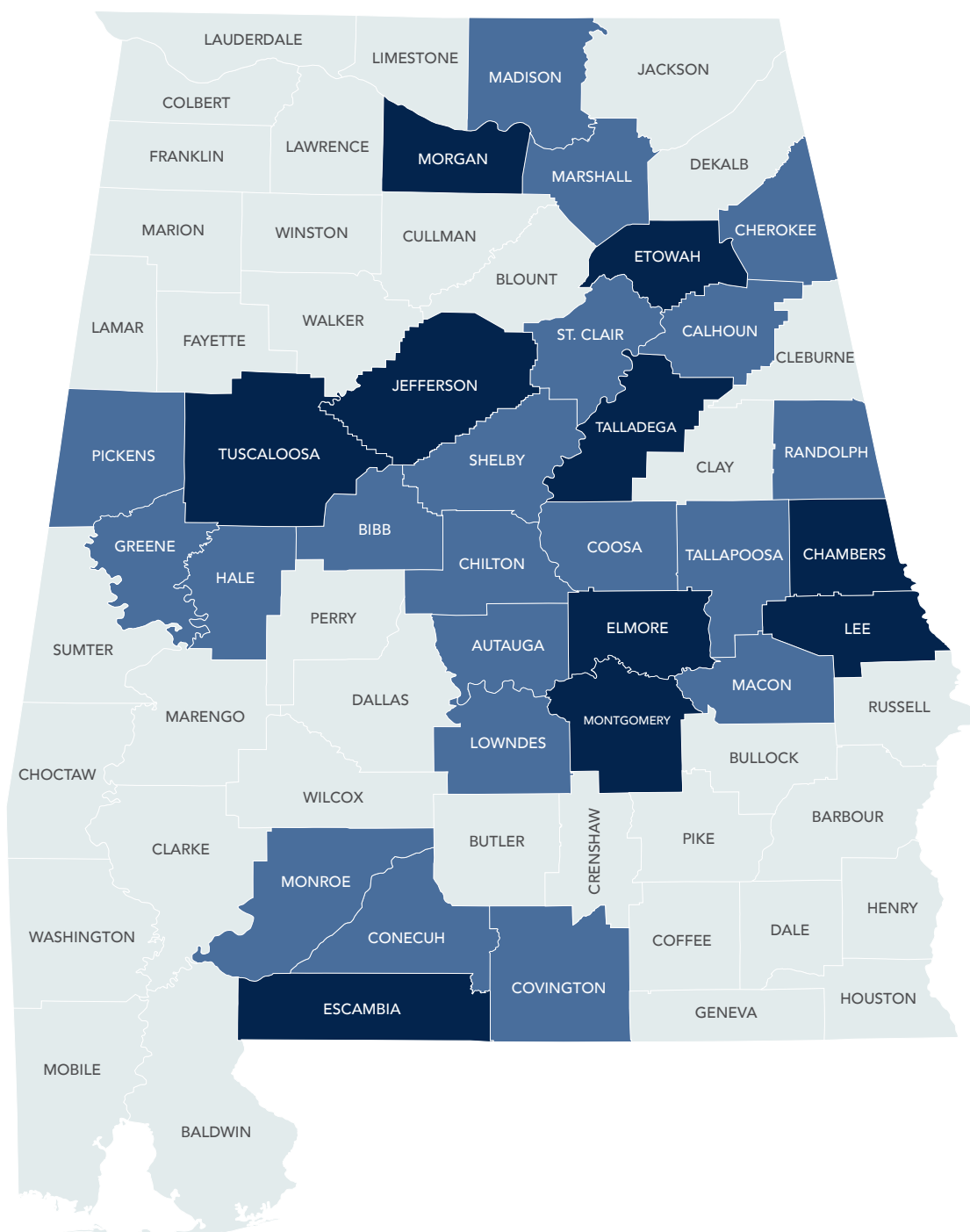
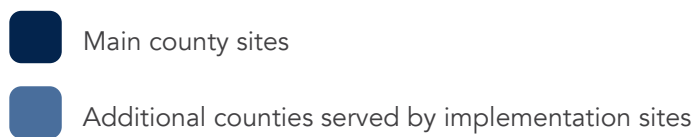


## Additional Services

The AHMREI's implementation partners are Family Resource Centers that serve as "one-stop shop" social service agencies. They are experienced providers of wrap-around services funded through other sources. AHMREI program participants received information on the availability of: parenting training, financial management, life skills, career development, job skills and healthcare and wellness training. In addition, sites offered GED classes and programs that enhance economic stability and job/career advancement. All implementation sites also offered voluntary case management and connected program participants to an array of resources, including, but not limited to: childcare options, adult education, food security assistance, mental health and health services, counseling, domestic violence assistance, and child maltreatment prevention and support.



## AHMREI's Geographic Presence in Alabama



# Reference List

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# Acknowledgements

The AHMREI Evaluation team at Auburn University would like to express our deepest appreciation to our implementation partner agencies. We value your tireless efforts and the enthusiasm you bring year after year for providing healthy marriage and relationship education resources to youth and families in your communities. The 2015-2020 funding cycle brought new opportunities for evolving our work with couples, including a efficacy study of our programs utilizing a randomized control trial design, and an entirely new data management system for monitoring and evaluating all of our youth and adult HMRE programs. These were major undertakings and your buy-in and support for these research and evaluation processes were essential to the quality of our work and future programs. Thank you!

We also wish to thank our program participants who join us in seeking to make their personal relationships the best they can be. Thank you for sharing your time with us and letting us be a part of your relationship journey. We are learning from you, too, and together we are making a difference for Alabama families.

We value greatly our relationship with the Office of Family Assistance (OFA) within the Administration for Children and Families (ACF), U. S. Department of Health & Human Services (HHS). Their generous support for the AHMREI at Auburn University has been instrumental to the important work of implementing and evaluating HMRE programs with couples, adult individuals, and youth in Alabama, as well as contributing to the broader HMRE learning agenda.



## Direct Implementation Partners



### ACES of Elmore County

340 Queen Ann Road  
Wetumpka, AL 36092  
(334) 567-6301  
[www.aces.edu/counties/Elmore](http://www.aces.edu/counties/Elmore)



### Circle of Care Center for Families

2200 35th Place  
Valley, AL 36854  
(334) 768-4091  
[thecirclecares.com](http://thecirclecares.com)



### Family Guidance Center of Alabama

2358 Fairlane Drive  
Montgomery, AL 36116  
(334) 270-4100  
(800) 499-6597  
[familyguidancecenter.org](http://familyguidancecenter.org)



### The Family Success Center of Etowah County

821 E. Broad Street  
Gadsden, AL 35903  
(256) 547-6888  
[www.family-success.org](http://www.family-success.org)



### IMPACT Family Counseling of Birmingham

701 Montgomery Highway  
Vestavia, AL 35216  
(205) 916-0123  
[impactal.org/index.html](http://impactal.org/index.html)



### Parents and Children Together (PACT)

245 B Jackson Street SE  
Decatur, AL 35601  
256.355.7252  
[www.pactfamily.org](http://www.pactfamily.org)



### Sylacauga Alliance for Family Enhancements

78 Betsy Ross Lane  
P.O. Box 1122  
Sylacauga, AL 35150-1122  
(256) 245-4343  
[www.safefamilyservicescenter.com](http://www.safefamilyservicescenter.com)



### Tuscaloosa's One Place

867-870 Redmont Drive  
Tuscaloosa, AL 35404  
(256) 462-1000  
[www.tuscaloosaoneplace.org](http://www.tuscaloosaoneplace.org)



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## Links to AHMREI website and social media outlets:

Project website: [alabamamarriage.org](http://alabamamarriage.org) | Blog: [wp.auburn.edu/ahmrei/](http://wp.auburn.edu/ahmrei/)

 [facebook.com/ahmrei/](https://facebook.com/ahmrei/)

 [instagram.com/ahmrei](https://instagram.com/ahmrei)

 [youtube.com/alabamamarriage](https://youtube.com/alabamamarriage)

## Additional Resources

### The Alabama Coalition Against Domestic Violence

Hotline: (800) 650-6522  
TTY: (800) 787-3224  
Spanish: (800) 799-7233  
[www.acadv.org](http://www.acadv.org)

### The National Healthy Marriage Resource Center

[www.healthy marriageinfo.org](http://www.healthy marriageinfo.org)

### The National Extension Relationship and Marriage Education Network

[www.Fcs.uga.edu/nermen](http://www.Fcs.uga.edu/nermen)

### The Alabama Marriage Handbook

English: [www.alabamamarriage.org/assets/uploads/2020/03/HE-0829\\_web.pdf](http://www.alabamamarriage.org/assets/uploads/2020/03/HE-0829_web.pdf)  
Spanish: [www.alabamamarriage.org/assets/uploads/2019/10/HE-0918.pdf](http://www.alabamamarriage.org/assets/uploads/2019/10/HE-0918.pdf)

### Raising Your Child Together

[www.alabamamarriage.org/assets/uploads/2020/03/RaisingYourChildTogether.pdf](http://www.alabamamarriage.org/assets/uploads/2020/03/RaisingYourChildTogether.pdf)



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**Suggested Citation:** Adler-Baeder, F., Jackel, R., McGill, J., Finnegan, V., Burke, L., Wagoner, T., Yildirim, E. D., Almond, L., Cooper, E., Elzie, D., Wei, M., Youell, T., Gregson, K. (2020, September). Promoting Relational Health in Alabama: Evaluation Report. Auburn University.

Funding for this project was provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant: # 90FM0082.

This report was supported by the Alabama Agricultural Experiment Station and the Hatch program of the National Institute of Food and Agriculture, U.S. Department of Agriculture.