

EVALUATION REPORT 2025

Promoting Relational Health in Alabama

THE ALABAMA HEALTHY MARRIAGE & RELATIONSHIP EDUCATION INITIATIVE:
STRENGTHENING RELATIONSHIPS, TRANSFORMING FUTURES IN ALABAMA



From Classrooms to Communities:

Relationships that Thrive



For more than two decades, the Alabama Healthy Marriage and Relationship Education Initiative (AHMREI) has worked to strengthen relationships for youth, adult individuals, couples, and families across the state.

The AHMREI was founded in 2002 through state and federally-funded pilot projects and continuous federal support from the U.S. Department of Health and Human Services (DHHS) Office of Family Assistance (OFA), beginning in 2006. AHMREI has provided free programs in Alabama through a collaboration between Auburn University and a network of Family Resource Centers and other community and state referral partners.

This initiative remains guided by a central vision: *that healthy relationships are a foundation for personal well-being, family stability, and thriving communities.*



LEADING THE WAY AS THE STATE'S FIRST COORDINATED EFFORT TO STRENGTHEN RELATIONSHIPS AND FAMILIES.

The 2020–2025 funding cycle represented AHMREI's fourth time successfully obtaining competitive funding from OFA, bringing new opportunities for impact and innovation. AHMREI is anchored at Auburn University, where programs are offered to citizens in Lee and surrounding counties, as well as to youth in area high schools.

From 2020-2025, eleven additional partner agencies across AHMREI's projects for couples and youth, each operating as a multi-service Family Resource Center, expanded access by offering programming in Elmore, Chambers, Etowah, Montgomery, Mobile, Escambia, Jefferson, Morgan, Talladega, and Tuscaloosa counties. Most sites offered both school-based youth relationship education and classes for couples (in-person and virtually). Couples from neighboring areas and counties also took part.

Records show that AHMREI served citizens in 56 of Alabama's 67 counties.



INNOVATION IN ALABAMA, INSIGHT FOR THE NATION.

Between 2020-2025, through two major federally funded projects, AHMRE for adult couples and AYRE for youth in high schools, served more than 16,000 Alabamians in communities spanning from rural to urban counties. Both projects delivered multi-session, evidence-based curricula and linked participants to additional family-strengthening services.

Importantly, these projects not only documented their outreach but also advanced the science of relationship education through two rigorous impact studies: a randomized trial with couples that tested the effects of program pacing (weekly vs. monthly relationship education workshops) and a quasi-experimental study with high school students that compared the effectiveness of near-peer, college-age facilitators and experienced community educators.



SURPASSING OUTREACH GOALS - MORE THAN 16,000 YOUTH AND ADULTS SERVED FROM 2020–2025.

Across both projects, implementation and evaluation were marked by high rates of participation, facilitation quality, and program fidelity, as well as meaningful results that validate effectiveness and inform the field on versatile relationship education implementation options.



AHMRE Couples Project By the Numbers 2020-2025

AYRE Youth Project By the Numbers 2020-2025

PARTICIPANTS:



5,354 individuals (2,677 couples) enrolled in the HMRE program



2,444 adults (1,222 couples) participated in **in-person classes**



2,504 adults (1,252 couples) participated in **virtual classes**

37% of enrolled couples reported an annual household income of less than **\$40,000**



76% of adults indicated that they were **parents**



35% of adults indicated that they were **stepparents**

67% of couples were **married**



CLASSES & PARTICIPATION:



4,354 individuals (2,177 couples) completed **90% or more of HMRE program**



209 HMRE program workshop series (6-sessions) offered: **101 Virtual workshop series** and **108 In-person workshop series**



1,254 HMRE program workshop sessions (2-hours each) held. On average, participants **attended 11.1** (out of 12 total) **HMRE program hours**

ENROLLMENT:

#1 reason why adults enrolled in HMRE program: To learn how to improve their personal relationships



79% of adults enrolled to learn how to **improve their personal relationships**



12% of adults enrolled because their **partner asked them** to come



8% of adults enrolled to learn about being a **better parent**



1% of adults enrolled for **other reasons** (e.g., to find a better job, to be with friends, court ordered enrollment)

RESOURCES PROVIDED BY AHMRE:



73 full-time or part-time trained HMRE facilitators delivered programs



55 total Alabama counties served



27,850 copies of the **AL Healthy Marriage Handbook** distributed



5,900 copies of the **Raising Your Child Handbook** distributed

\$149,040 paid in program completion **incentives to participants**

EVALUATION:

2,844 individuals (1,422 couples) enrolled in the **AHMRE efficacy study** and were randomly assigned to weekly or monthly class



64 adults reported **leaving a physically unhealthy or abusive relationship** after the AHMRE program



100 adults reported **leaving an emotionally unhealthy or abusive relationship** after the AHMRE program



97% of adults reported that the AHMRE program was **“somewhat”, “very”, or “extremely” helpful overall**



320 adults have **obtained a HS diploma/GED or vocational/technical certification** since beginning the AHMRE program

\$351,920 was given in cash **incentives** to adult participants for completing efficacy **study surveys**

PARTICIPANTS:



11,192 of teens enrolled in YRE program



97% (10,887 teens) participated in in-person YRE programs



3% (305 teens) participated in virtual YRE programs



38% of teens were in a romantic relationship at the start of the program

CLASSES & PARTICIPATION:



45 Alabama high schools served



13 total Alabama counties served



5,465 YRE program workshop sessions held



9,503 of teens completed **90% or more of YRE program**

139 undergraduate students were trained and taught YRE program as **“near peers”**

587 YRE program workshop series offered:

15 YRE virtual or hybrid program workshop series were held **online** (during pandemic shut-down)

572 YRE program workshop series were held **in person**

On average students completed **98%** of the 12-hr YRE workshop series (**average 11.8 hours completed**)

EVALUATION:



4,970 youth participated in **study testing effectiveness of facilitator type**



1,058 out of 6,048 (18%) reported **leaving an emotionally unhealthy or abusive relationship** after the AYRE program



691 out of 5,987 teens (12%) reported **leaving a physically unhealthy or abusive relationship** after the AYRE program



92% of youth reported that the program was **“somewhat”, “very” or “extremely helpful”** to them personally

\$68,475 given in gift card **incentives** to students for completing study surveys

Across AHMRE & AYRE



85 part-time and full-time workers + 13 graduate students funded by the grants

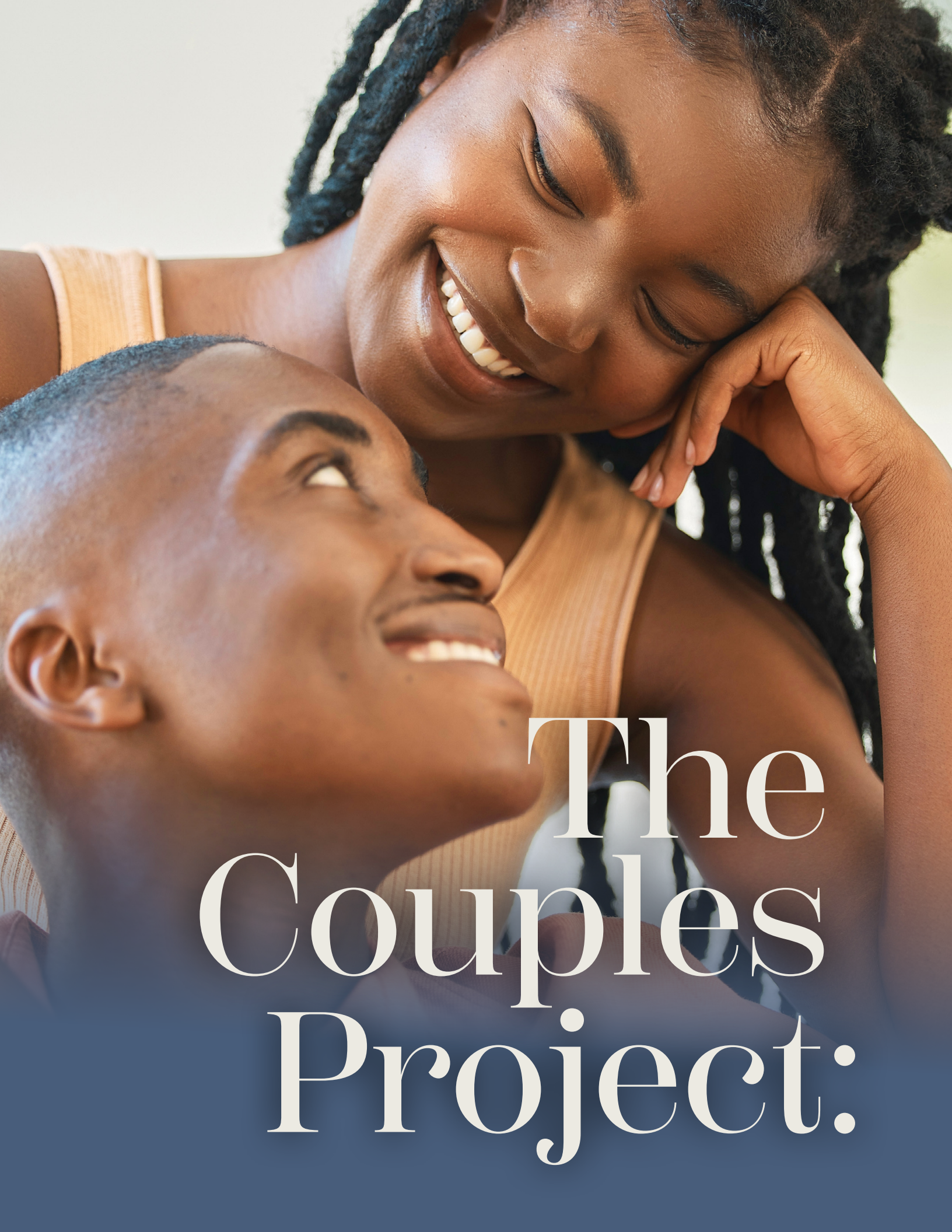


100 published peer reviewed academic papers focused on healthy relationships and relationship education for youth and adults since the AHMREI work started in 2003



\$780 average **cost per participant** across the two projects

AHMRE & AYRE



The Couples Project:

Alabama Healthy Marriage and Relationship Education

From January 2021 to August 2025, Auburn University coordinated with 7 Family Resource Centers to deliver the ELEVATE relationship education program to **2,677 adult couples across 23 of Alabama's 67 counties, exceeding our target number of 2,545 couples (i.e., 105% of target).**

The ELEVATE curriculum (see pg. 39), developed from the evidence-informed National Extension Relationship and Marriage Education Model (Futris & Adler-Baeder, 2013, see pg. 38) was rigorously tested for positive impact through a randomized control study in the previous cycle of funding (2015-2020), comparing participants to a no-program control group.

The program builds skills in:

- Communication
- Conflict management
- Stress and anger management
- Affection and intimacy
- Self-care
- Understanding the effects of distress on relationships

Workshop series, consisting of 12-hours of scripted ELEVATE curriculum, were offered fully in-person or fully virtual with trained facilitators. Sessions used interactive lessons, group activities, skills practice, videos, and discussion to engage participants. Participants also received workbooks to reinforce learning and provide a record of skills for use at home.



2,677 COUPLES
SERVED IN
MULTIPLE COUNTIES
ACROSS ALABAMA



AHMRE Comprehensive Evaluation:

We conducted an evaluation of the AHMRE project using both a basic performance measurement survey at program entrance and exit and a more detailed evaluation survey at baseline with follow-ups. We tested the comparative efficacy of 2 delivery methods: monthly ELEVATE delivery (the novel model, sustained over 6 months of programming) versus weekly ELEVATE delivery (the traditional model, delivered over 6 weeks of programming).

Randomized Trial Efficacy Study:

Between October 2021 and October 2023, 1,422 adult couples (i.e., 2,844 individuals), consented to participate in the AHMRE randomized trial efficacy study, exceeding our evaluation enrollment goal of 1,320 couples (107% of target number).

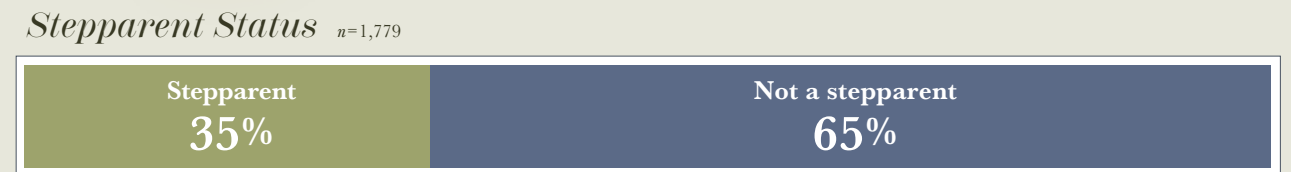
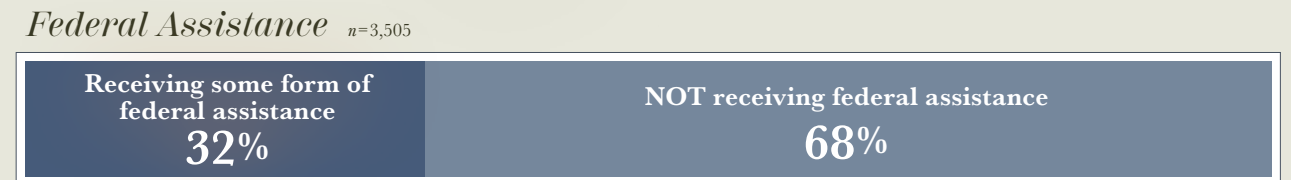
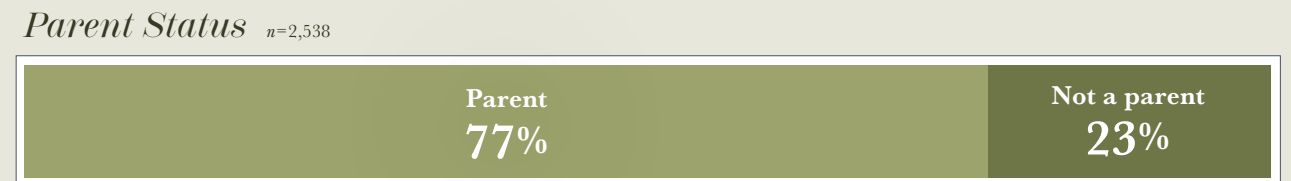
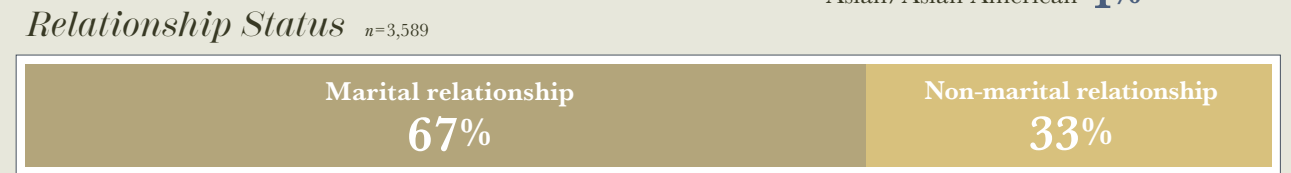
Participants were asked to complete efficacy study surveys at four timepoints:

- pre-program (baseline)
- 3 months post-baseline
- 6 months post-baseline
- 12 months post-baseline

Follow-up rates of completion exceeded expectations for retention, with 88% of participants who completed baseline surveys completing the 3 month post-baseline, 82% completing the 6 month post-baseline, and an impressive 78% continuing through to the 12-month follow-up.

Performance Measurement Study:

Between January 2021 and August 2025, 2,677 couples (i.e., 5,354 individuals) enrolled and participated in the program, exceeding our enrollment goal of 2,545 couples (105% of target). All enrolled individuals were asked to complete entrance and exit surveys designed by the federal sponsor to measure changes from program start to completion.

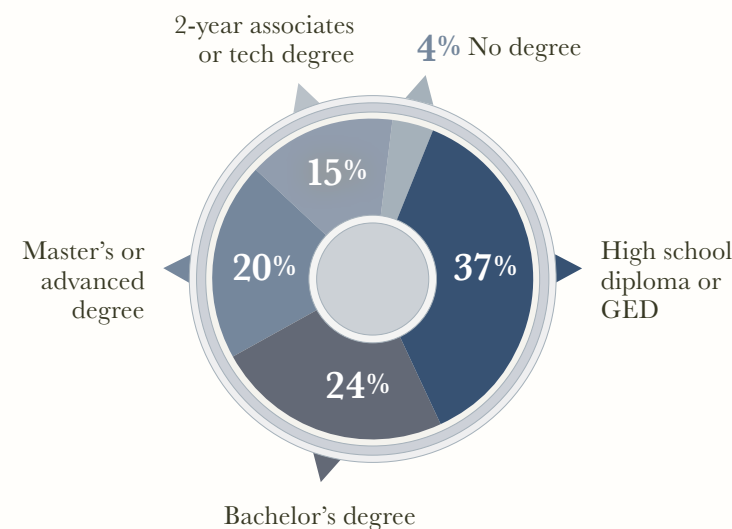


Couples Participating in the AHMRE Program:

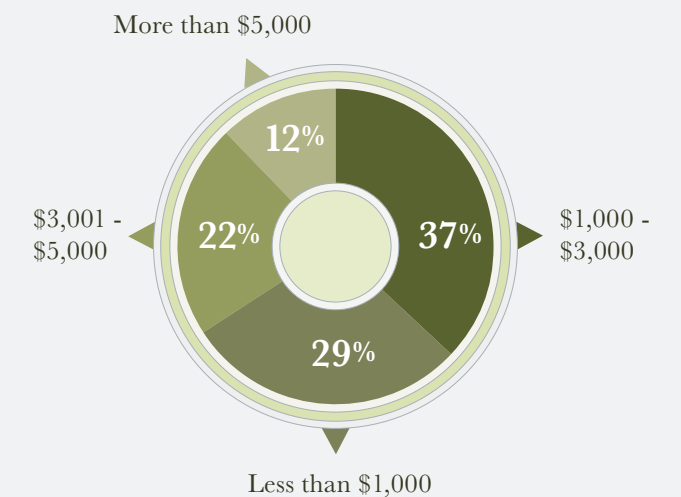
Participants in the programs represented a racially diverse group of couples and were primarily from lower socio-economic backgrounds, as indicated by their reported monthly income, education and employment.



Highest Level of Education



Individual Monthly Income



AHMRE Randomized Trial Comparing Efficacy:

Research Questions & Measures:

Overarching Aim:

Grounded in a risk and resilience framework (Patterson, 2002) and prevention science approach (Coie et al., 1993), the AHMRE randomized trial efficacy study examined how different program delivery schedules influence participant outcomes. This efficacy study builds on findings from AHMRE's previous 2015-2020 random control trial (RCT), which demonstrated significant improvements in both relational and individual functioning for **ELEVATE Weekly** participants compared with a no-program control group up to one year after program (Adler-Baeder et al., 2022). The current efficacy study design reflects an important step forward for the field: moving beyond

asking whether HMRE works to asking **what kind of delivery model works best** for strengthening couples and families in Alabama.

Specifically, we compared outcomes for couples who attended **ELEVATE Monthly** workshops (i.e., six 2-hour sessions held once each month for six months) with those who attended **ELEVATE Weekly** workshops (i.e., six 2-hour sessions held once each week for six weeks). We measured and compared both short-term and long-term changes in couple, individual, and family functioning domains to better understand the role that **program pace and duration** play in promoting healthy relationships.

Evaluation of Monthly & Weekly ELEVATE Program Delivery:

To assess the comparative effects of ELEVATE delivered in weekly and monthly formats, the study used well-established, validated measures of relational, individual, and family functioning. All scales demonstrated acceptable reliability (Cronbach's α ranging from .66 to .97), ensuring that the measures provided consistent and valid assessments of participants' relational and individual outcomes.

We report here a summary of **results prepared for the Final Federal Report** (Gregson, Adler-Baeder,

McGill, Wei, & Wang, 2025) in collaboration with Mathematica, following analytic requirements from OFA ([see detailed report here](#)).

We also report a summary of **results taken from an expanded evaluation analysis** (currently under review) that expands the study questions to include more outcomes of interest, uses appropriate multiple imputation methods in order to retain more participants in the analytic sample, and examines growth over time.



DOES PROGRAM DURATION MATTER?

TESTING THE PACE OF ELEVATE - SIX WEEKS VS. SIX MONTHS.

Primary Randomized Trial:

Couple Relationship Skills - measured by 32 items on the Couple Relationship Skills Inventory (Adler-Baeder et al., 2019), which assesses 7 health relationship skills defined by the NERMEM model (e.g., communication, conflict management, etc.) ($\alpha = .90$)

Couple Satisfaction - measured with 4 items on the Couple Satisfaction Index (Funk & Rogge, 2007), a widely used indicator of overall relationship satisfaction ($\alpha = .92$)

Mental Health Symptoms - assessed with 10 items on the Kessler Psychological Distress Scale (Kessler & Mroczek, 1994), which measures anxiety and depression symptoms ($\alpha = .91$)

Expanded Randomized Trial:

REPLICATED MEASURES

Couple Relationship Skills - see above Couple Relationship Skills Inventory ($\alpha = .90$)

Mental Health Symptoms - see above Kessler Psychological Distress Scale ($\alpha = .91$)

ADDITIONAL OR EXPANDED MEASURES

Couple Relationship Quality - measured as an overarching construct of relationship connectedness and satisfaction, combining 10 items from multiple validated scales: Couple Satisfaction Index (Funk & Rogge, 2007), Quality of Marriage Index (Norton, 1983), and Confidence & Dedication Scale (Stanley & Markman, 1992) ($\alpha = .96$)

Dyadic Coping - measured with 6 items on the Dyadic Coping Inventory (Bodenmann, 2008), which assesses ability to cope with stress at the couple level ($\alpha = .66-.77$)

Sleep Functioning - measured with 19 items on the Pittsburgh Sleep Quality Index (Mezick et al., 2008) assessing multiple validated indicators of sleep quality ($\alpha = .79$)

Family Harmony - assessed with 3 items on the Family Harmony Scale (Banker & Gaertner, 1998), which indicates the degree of contentment and happiness within the family ($\alpha = .77$)



WHAT IS THE IMPACT OF THE **ELEVATE MONTHLY** PROGRAM, COMPARED TO THE **ELEVATE WEEKLY** PROGRAM ON CHANGE IN THE FOLLOWING OUTCOMES AT IMMEDIATE POST-PROGRAM AND ONE-YEAR FOLLOW-UP?

DO INDIVIDUALS IN THE ELEVATE MONTHLY PROGRAM, COMPARED TO INDIVIDUALS IN THE ELEVATE WEEKLY PROGRAM, SHOW SIMILAR OR DIFFERENT RATES OF GROWTH ACROSS THE STUDY PERIOD FROM PRE-PROGRAM TO 1-YEAR FOLLOW-UP IN THE FOLLOWING OUTCOMES?

Methods:

The 1,422 couples (2,844 individuals) enrolled in the study were randomly assigned (like the flip of a coin) to participate in one of two program conditions: the ELEVATE Weekly program (delivered in 6 weekly 2-hour sessions) or the ELEVATE Monthly program (delivered in 6 monthly 2-hour sessions).

Random assignment occurred independently at each implementation site, ensuring that couples had an equal chance of being placed in either program condition. This randomized trial design is widely recognized as the most rigorous method for testing program effects, since couples are assigned by chance rather than self-selecting into a group. Because the two groups were compared demographically and functionally and found to be statistically similar at the start of the study, any differences that emerge over time can be attributed with more confidence to the program condition. This randomized trial design is the gold standard method for more rigorously comparing whether differences in the pacing of the same ELEVATE curriculum influences program outcomes. Out of the 2,844 individuals who consented to participate in the efficacy study, 2,580 individuals completed efficacy study surveys and are included in the full efficacy study sample.

Program engagement was exceptionally strong across both ELEVATE Monthly and ELEVATE Weekly delivery formats, with 97–98% of couples attending at least one session and 87–93% attending at least half of the 12-hour workshop series. By the end of the efficacy study, completion rates met or exceeded AHMRE’s 80% target benchmark, with 80% of monthly couples and 90% of weekly couples completing all six sessions.



Study participants completed surveys at four timepoints:

- Baseline
- 3 months after baseline
- 6 months after baseline
- 1-year after baseline

The surveys gathered information on participants’ demographics (such as race, income, and education), outcome measures listed above, and additional indicators of couple and individual functioning across 8 different domains (not all included in this report).

Individuals received appropriate compensation for the time they spent completing each survey.

Primary Randomized Trial Results:

Results from hierarchical linear modeling examining change from baseline to post-program and from baseline to one-year follow-up showed that couples in both ELEVATE Monthly and ELEVATE Weekly formats reported statistically significant ($p < .05$) increases in couple relationship skills and couple satisfaction, as well as decreases in mental health symptoms at both post-program and 1-year follow-up. Importantly, there were no statistically significant differences in the amount of change between the weekly and monthly delivery models at either post-program or one-year follow-up.

Table 1. AHMRE Randomized Trial Efficacy Study:

Results of Comparison Between ELEVATE Monthly and ELEVATE Weekly Program Groups (Hierarchical Linear Modeling).

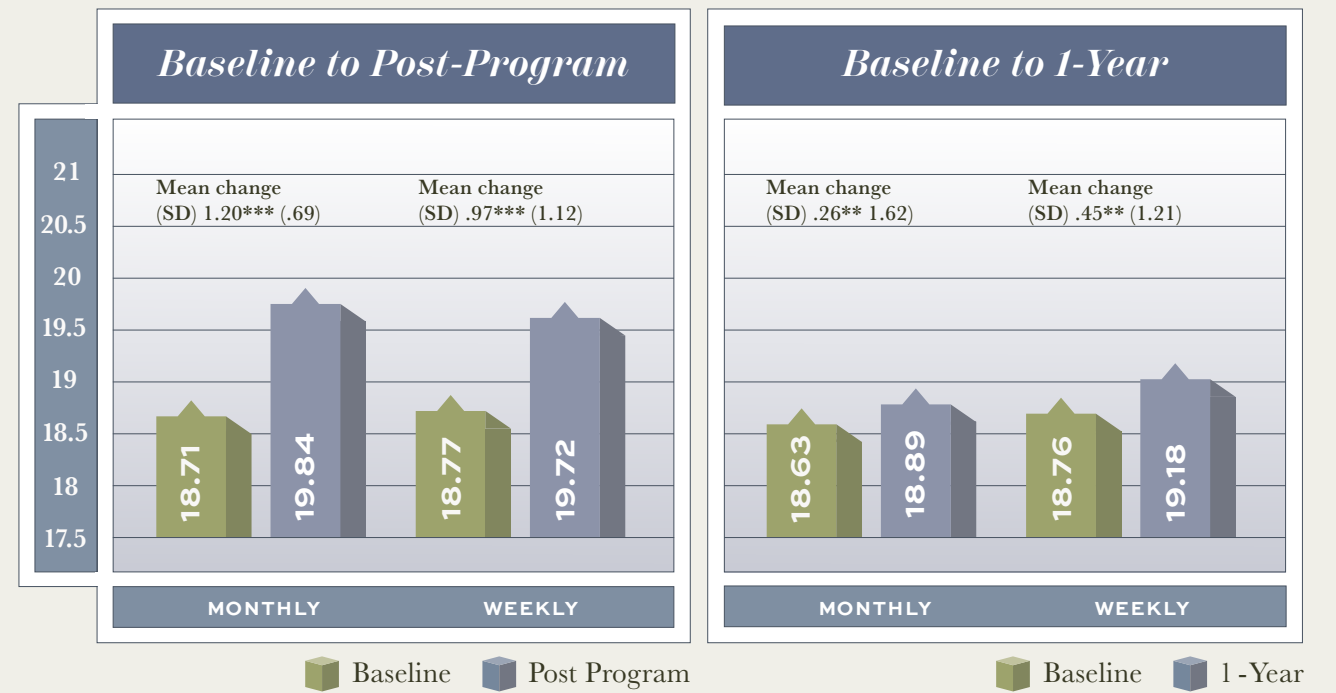
	ELEVATE Monthly Group (within-group change)	ELEVATE Weekly Group (within-group change)	Difference in Rate of Change Between Groups (between-group change)	
Outcome Measure	Mean change (SD)	Mean change (SD)	Mean change difference	Hedge’s g effect size
POST-PROGRAM				
Couple Relationship Skills	.33*** (.18)	.32*** (.21)	.01	.05
Couple Satisfaction	1.20*** (.69)	.97*** (1.12)	.23	.25
Mental Health Symptoms	-.25*** (.20)	-.22*** (.18)	-.03	.16
ONE-YEAR FOLLOW-UP				
Couple Relationship Skills	.17*** (.25)	.22*** (.26)	-.04	.20
Couple Satisfaction	.26** (1.62)	.45** (1.21)	-.19	.13
Mental Health Symptoms	-.17** (.22)	-.20*** (.21)	.03	.14

NOTE: **Bolded outcomes indicate a significant improvement in the outcome within the random assigned group.**

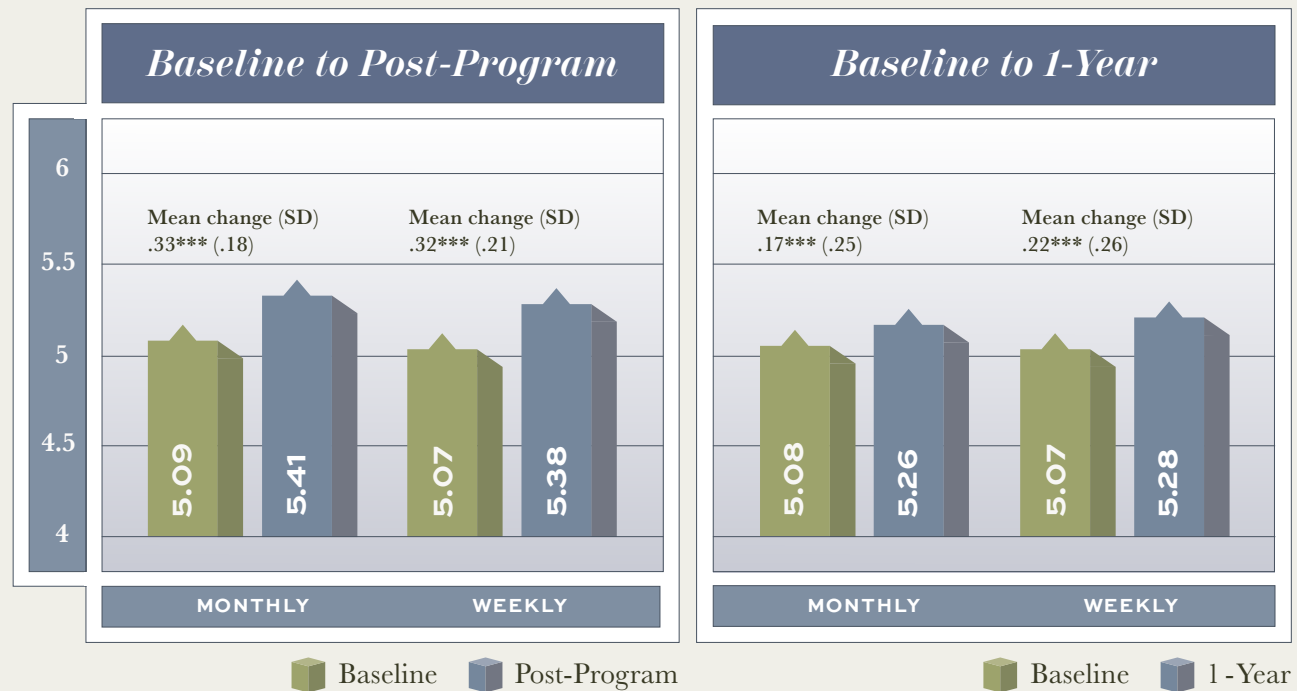
** $p < .01$, *** $p < .001$. Hedge’s g reported in absolute values.



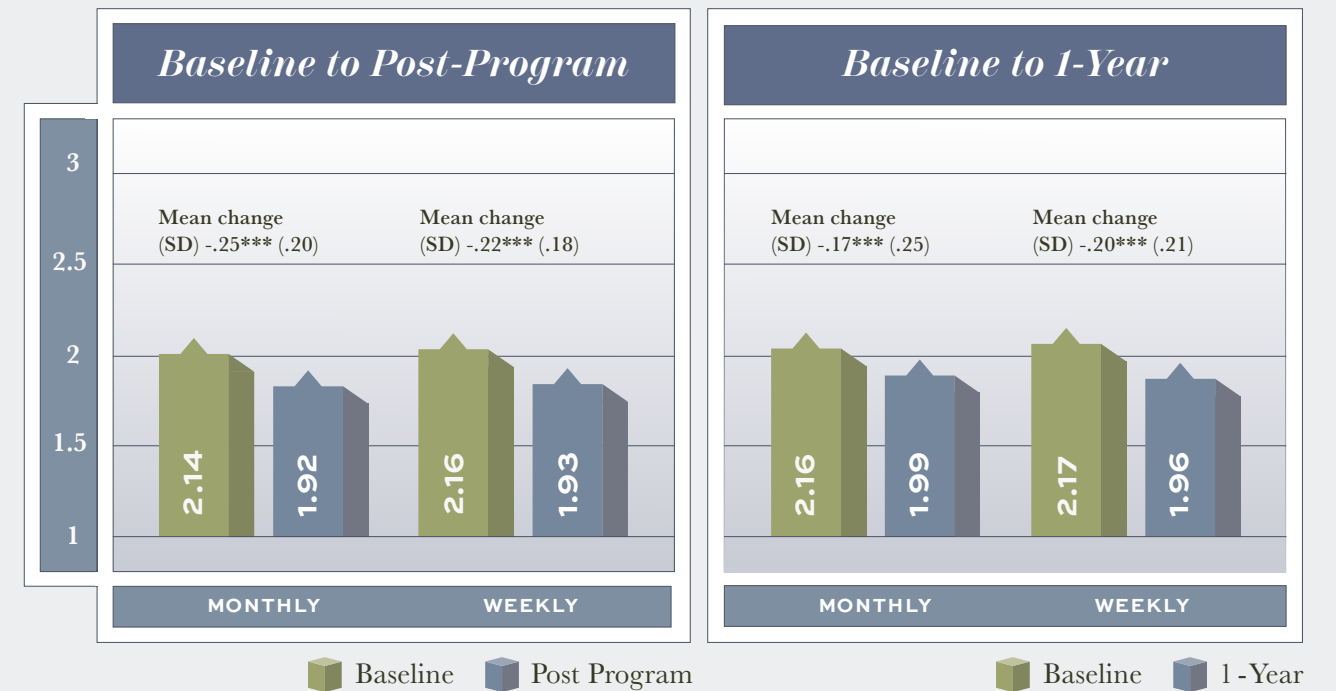
Couple Satisfaction:



Couple Relationship Skills:



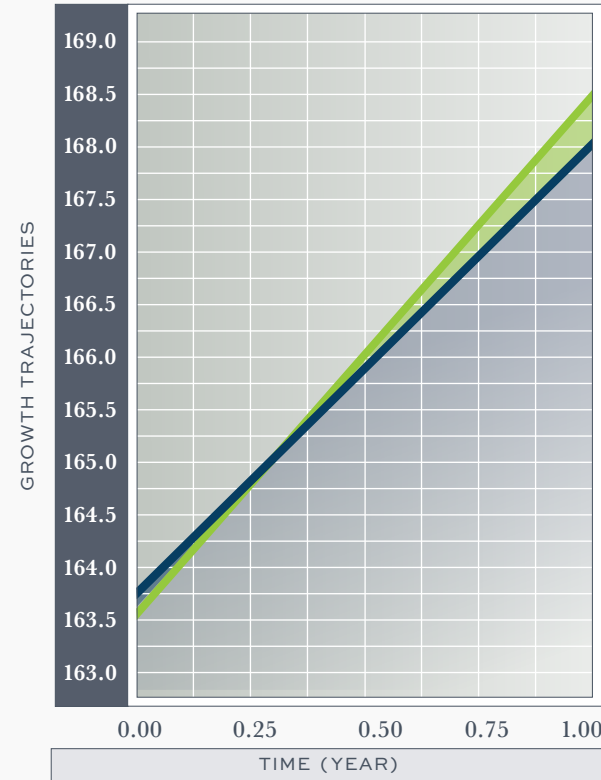
Mental Health Symptoms:



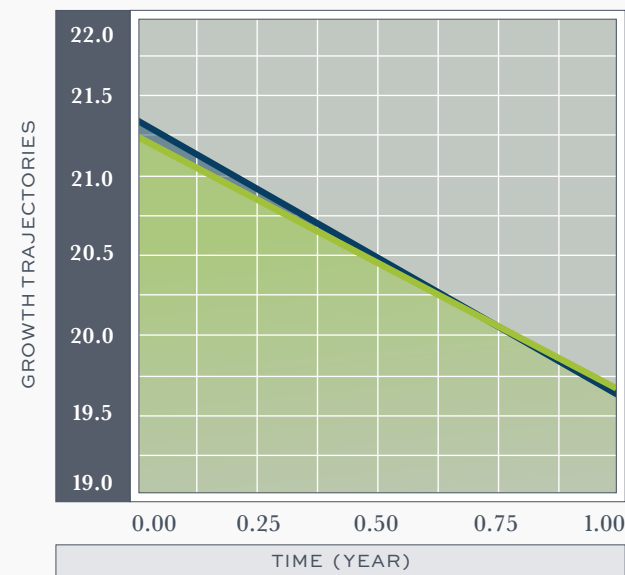
Expanded Randomized Trial Results:

Using multilevel growth modeling to assess patterns of growth over the 4 timepoints in one year, results confirmed that both **ELEVATE Monthly** and **ELEVATE Weekly** program participants had significant growth over one year ($p < .05$) in **relationship quality, relationship skills, and mental health**, and also experienced significant positive growth in **dyadic coping, satisfaction with dyadic coping, family harmony, and sleep quality**. There were no statistically significant differences in the average rate of improvements between **ELEVATE Monthly** and **ELEVATE Weekly** program participants.

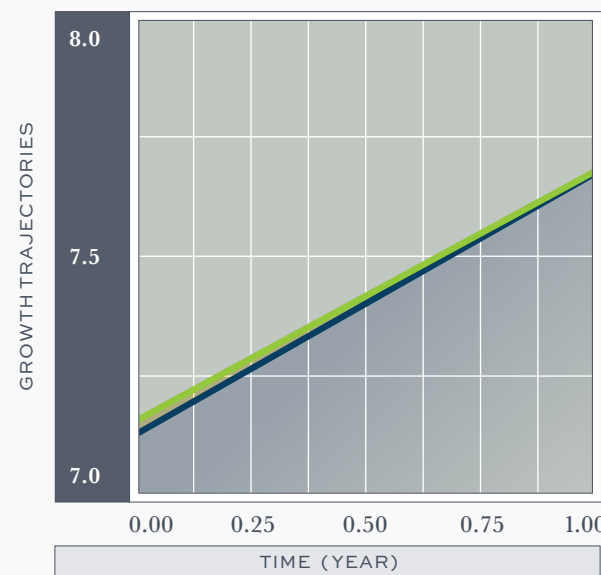
Relationship Skills



Mental Health Symptoms

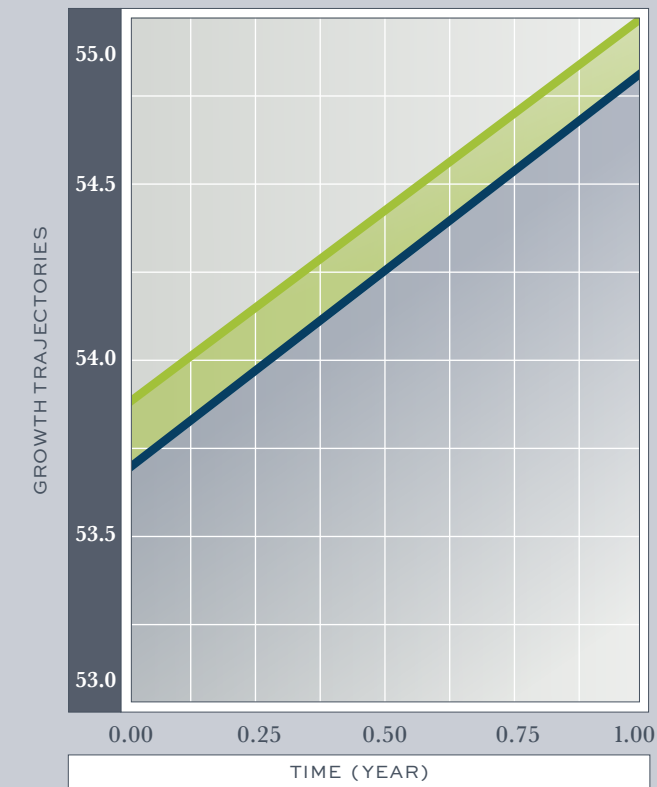


Satisfaction with Dyadic Coping

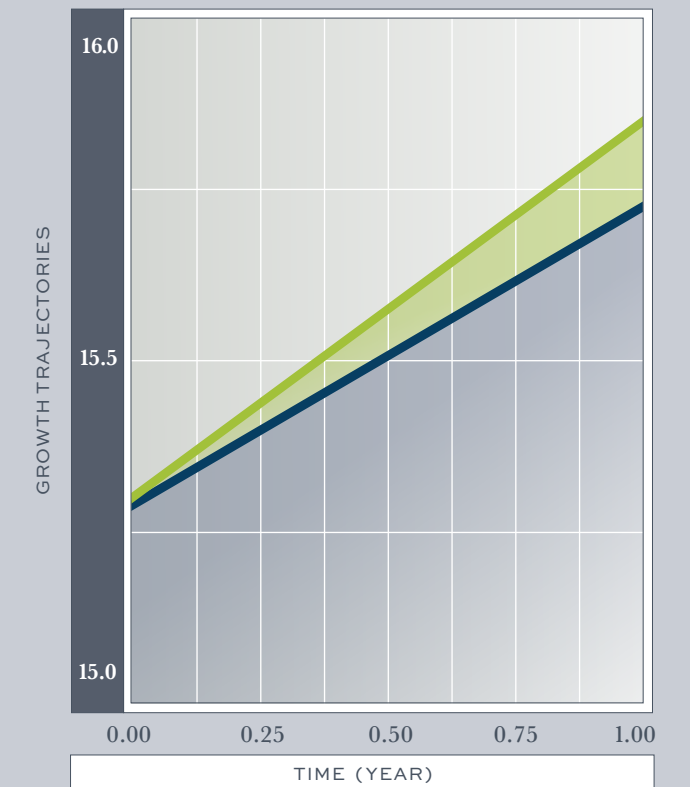


RA Group: ■ WEEKLY ■ MONTHLY

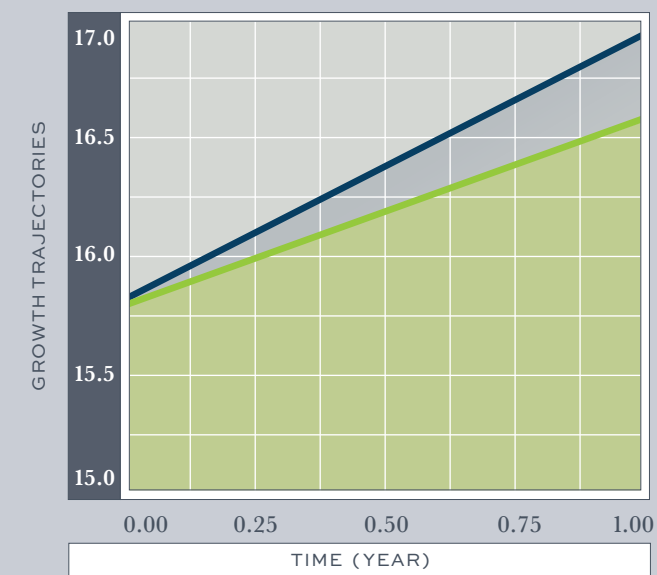
Relationship Satisfaction



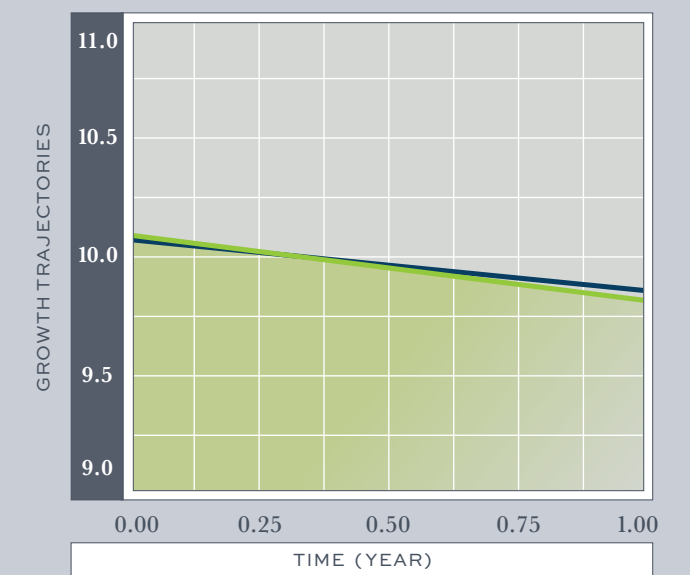
Family Harmony



Dyadic Coping



Sleep Dysfunction



RA Group: ■ WEEKLY ■ MONTHLY

AHMRE Evaluation Study Summary and Takeaways:

AHMRE Performance Measurement Study:

Taken together, these results indicate that couples benefited similarly from ELEVATE, whether the program was delivered intensively over six weeks or spread out across six months. Findings demonstrate that the AHMRE Project was effective in both implementation and impact. The randomized comparison study successfully engaged a large and diverse group of couples across Alabama, with strong program attendance and high retention in follow-up data collection, lending confidence that results accurately reflect participants' experiences.

The **ELEVATE monthly** program outcomes were similar to the evidence-based **ELEVATE weekly** program, which was validated for its program impact over one year compared to a control, no-program group in a previous efficacy trial.

In the current study, **both delivery methods led to significant gains in couple functioning (improved relationship skills, satisfaction, quality, dyadic stress coping), individual functioning (increased sleep quality, de-**

creased mental health symptoms), and family functioning (bolstered family harmony) over one year.

The similar effects found between monthly and weekly groups means expanded flexibility for implementation, using either the more intensive weekly delivery or the expanded monthly offering:

- Monthly ELEVATE delivery, now also established as an evidence-based model, can provide options for community programs to meet family and workforce realities without sacrificing impact.
- There may also be added benefits in offering a monthly option for sites with staffing or space constraints.
- In the future, offering both monthly & weekly options and letting couples self-select could improve access and retention, allowing options that fit various family schedules.

Overarching Takeaway:

ELEVATE delivery duration and cadence can be adapted while preserving core program effectiveness. These results provide strong evidence that **condensed (6-week) or sustained (6-month) AHMRE programming can foster lasting improvements in individual, couple, and family well-being**, establishing ELEVATE as a vital community resource, particularly for families navigating social and economic challenges.

TWO ELEVATE PROGRAM DELIVERY SCHEDULES, ONE OUTCOME:

STRONGER RELATIONSHIPS AND ENHANCED INDIVIDUAL, COUPLE, AND FAMILY WELL-BEING.



Broad Evaluation of Pre-Post Program Changes:

OVERVIEW

Alongside the formal efficacy studies, we implemented the standard entrance and exit surveys designed by the federal funder for all HMRE grantees. While the AHMRE Randomized Comparison Study focused on couples enrolled between October 2021 and October 2023, due to collecting the 6-month and one-year follow-up surveys of impact study participants within the 5-year grant cycle, the standard federal surveys were offered for completion to the full range of couples who enrolled in our classes at any point during the funding cycle when classes were offered (January 2021 – August 2025). Out of the full group of 2,677 enrolled couples, 2,543 individuals completed both entrance and exit surveys and are included in the performance measurement study sample.

Results:

Because the sample consisted of couples (and therefore dependent data), analyses were run separately for men ($n = 1,112$) and women ($n = 1,311$). The study included both single, double, and multi-item measures, with internal reliability estimates ranging from $\alpha = .69$ to $.92$ and inter-item correlations ranging from $r = .53$ to $.60$. Changes from entrance to exit were assessed using paired-sample t -tests for continuous outcomes and McNemar exact test for binary outcomes, which is appropriate for detecting shifts in paired yes/no responses over time.

Results showed statistically significant ($p < .05$) improvements on 14 of the 19 outcomes for women and 15 of the 19 outcomes for men. Effect sizes (Cohen's d) for these changes ranged from 0.07 to 0.34, with average values of 0.19 for women and 0.18 for men—indicating small effects (with .25 typically considered small, .50 moderate, and .75 large; Cohen, 2013), which is most typical for a brief educational program.

Table 2. AHMRE Women in HMRE (2021-2025):

Results of Pre-Post Program Changes (paired sample t-tests and McNemar exact tests).

Continuous Outcomes	Entrance		Exit		df	t	Cohen's d effect size
	M	SD	M	SD			
HEALTHY RELATIONSHIP BEHAVIORS							
Conflict Management Skills	3.12	0.58	3.27	0.54	1225	-10.73***	0.31
Negative Conflict Behaviors	2.14	0.74	1.94	0.69	1219	-11.88***	0.34
Affection & Connection	3.21	0.71	3.34	0.69	1208	-7.45***	0.21
Frequency of Positive Interactions	3.43	0.62	3.50	0.58	1213	-5.03***	0.14
RELATIONSHIP SATISFACTION & STABILITY							
Relationship Satisfaction	2.51	0.61	2.63	0.58	1205	-7.71***	0.22
Commitment to Relationship	3.63	0.63	3.67	0.63	1198	-2.52*	0.07
Conflict Management Satisfaction	2.11	0.69	2.30	0.67	1205	-10.54***	0.30
Trust & Confidence	3.34	0.70	3.44	0.69	1201	-5.70***	0.16
PERSONAL WELL-BEING							
Anxious Symptoms	2.54	0.93	2.41	0.92	1272	5.53***	0.16
Depressive Symptoms	1.94	0.81	1.86	0.80	1270	4.58***	0.13
PARENTING & CO-PARENTING							
Closeness with Child	3.91	0.30	3.90	0.32	713	0.84	0.03
Parenting Stress	2.69	0.90	2.66	0.86	777	1.00	0.04
Co-parenting Quality	3.26	0.87	3.32	0.83	711	-2.18*	0.08
ECONOMIC STABILITY							
Difficulty Paying Bills	1.93	0.87	1.91	0.85	1265	0.88	0.02

Binary Outcomes	Entrance		Exit		N	McNemar exact test	Cohen's d effect size
	No	Yes	No	Yes			
PARENTING & CO-PARENTING							
Harsh Physical Discipline	581 (81.7%)	130 (18.3%)	609 (85.7%)	102 (14.3%)	711	p < .01	0.16
Harsh Verbal Discipline	434 (61.4%)	273 (38.6%)	479 (67.8%)	228 (32.2%)	707	p < .001	0.15
Constructive Discipline	110 (15.4%)	604 (84.6%)	100 (14.0%)	614 (86.0%)	714	p = 0.33	0.06
ECONOMIC STABILITY							
Existence of Checking Account	98 (7.8%)	1157 (92.2%)	85 (6.8%)	1170 (93.2%)	1255	p = 0.11	0.12
Existence of Savings Account	214 (17.2%)	1033 (82.8%)	181 (14.5%)	1066 (85.5%)	1247	p < 0.01	0.16

NOTE: **Bolded outcomes indicate a significant improvement change in the expected direction.** *p<.05, ***p<.001. Cohen's d reported in absolute values.

“
This program helped me see what was healthy in a relationship and what was not.”

“
Great teachers, class, and partner!
Thank you ELEVATE and Auburn University!”

Table 3. AHMRE Men in HMRE (2021-2025):

Results of Pre-Post Program Changes (paired sample t-tests and McNemar exact tests).

Continuous Outcomes	Entrance		Exit		df	t	Cohen's d effect size
	M	SD	M	SD			
HEALTHY RELATIONSHIP BEHAVIORS							
Conflict Management Skills	3.15	0.55	3.27	0.51	1047	-8.30***	0.26
Negative Conflict Behaviors	2.09	0.71	1.92	0.67	1042	-9.52***	0.29
Affection & Connection	3.35	0.63	3.46	0.58	1036	-7.39***	0.23
Frequency of Positive Interactions	3.52	0.54	3.58	0.48	1032	-4.01***	0.12
RELATIONSHIP SATISFACTION & STABILITY							
Relationship Satisfaction	2.65	0.53	2.76	0.47	1031	-7.54***	0.23
Commitment to Relationship	3.73	0.52	3.78	0.48	1031	-3.53***	0.11
Conflict Management Satisfaction	2.27	0.67	2.45	0.61	1033	-9.21***	0.29
Trust & Confidence	3.58	0.56	3.65	0.54	1035	-4.45***	0.14
PERSONAL WELL-BEING							
Anxious Symptoms	2.30	0.90	2.13	0.89	1069	6.90***	0.21
Depressive Symptoms	1.81	0.78	1.71	0.74	1067	5.12***	0.16
PARENTING & CO-PARENTING							
Closeness with Child	3.84	0.42	3.86	0.36	521	-0.88	0.04
Parenting Stress	2.29	0.95	2.21	0.91	637	2.28*	0.09
Co-parenting Quality	3.55	0.67	3.63	0.62	524	-2.74**	0.12
ECONOMIC STABILITY							
Difficulty Paying Bills	1.77	0.79	1.79	0.79	1067	-0.77	0.02

Binary Outcomes	Entrance		Exit		N	McNemar exact test	Cohen's d effect size
	No	Yes	No	Yes			
PARENTING & CO-PARENTING							
Harsh Physical Discipline	448 (85.7%)	75 (14.3%)	454 (86.8%)	69 (13.2%)	523	<i>p</i> = 0.51	0.05
Harsh Verbal Discipline	361 (69.7%)	157 (30.3%)	385 (74.3%)	133 (25.7%)	518	<i>p</i> = 0.02	0.12
Constructive Discipline	85 (16.3%)	437 (83.7%)	76 (14.6%)	446 (85.4%)	522	<i>p</i> = 0.34	0.07
ECONOMIC STABILITY							
Existence of Checking Account	68 (6.5%)	984 (93.5%)	54 (5.1%)	998 (94.9%)	1052	<i>p</i> = 0.05	0.15
Existence of Savings Account	174 (16.6%)	873 (83.4%)	151 (14.4%)	896 (85.6%)	1047	<i>p</i> = 0.02	0.13

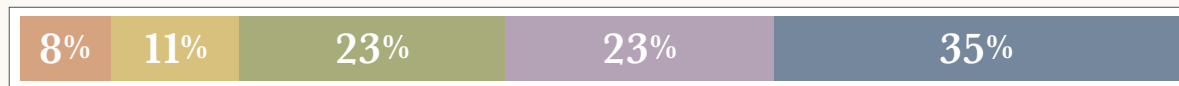
NOTE: **Bolded outcomes indicate a significant improvement change in the expected direction.** **p*<.05, ***p*<.01, ****p*<.001. Cohen's *d* reported in absolute values.

“
My fiancée was indifferent about the class, but loved it more and more as we progressed. We learned so much. I have never been married, but he has. He didn't see a need. In the end, he was very glad and I was too. I needed this to learn to be a better mate. We bring up things we learn on our daily journey!
I recommend this to every couple on the planet!!
 ”

AHMRE Couples Program Perceptions:

■ Not helpful at all
 ■ A little helpful
 ■ Somewhat helpful
 ■ Very helpful
 ■ Extremely helpful

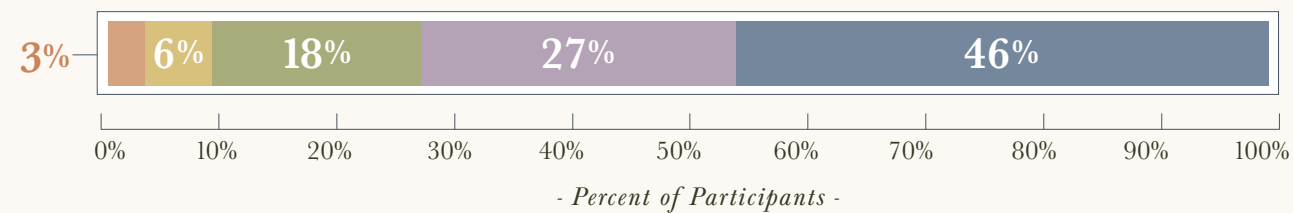
Overall, how helpful was the program for your financial well-being? n=1,616



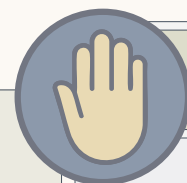
Overall, how helpful was the program for helping you work together as parents with your spouse, partner, or co-parent? n=1,713



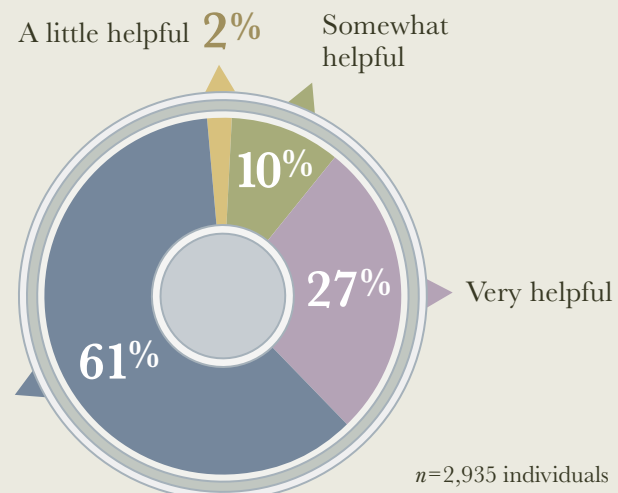
Overall, how helpful was the program for your parenting? n=2,475



Overall, how helpful was the program to you?



Unhealthy Relationships Ended



100
 (out of 2,907 participants reporting) ended a relationship that was emotionally unhealthy or abusive after the AHMRE program

64
 (out of 2,898 participants reporting) ended a relationship that was physically unhealthy or abusive after the AHMRE program

“
 I learned a lot about my marriage from this class and my relationship with my wife and kids have become even more stronger than what it already was.
 Thank y'all so much.

“
 Just an overall great experience.
 Our instructors were outstanding.





The Youth Project:

Alabama Youth Relationship Education

From April 2021 to August 2025, Auburn University coordinated with 8 Family Resource Centers to deliver AYRE programming to **11,192 youth in 45 high schools across 13 Alabama counties, substantially exceeding our target number of 9,000 youth (i.e., 124% of target).** The evidence-based AYRE curriculum was drawn from *Relationship Smarts PLUS 4.0*, *Mind Matters*, and *Money Habitudes for Teens*, and was rigorously tested with a random control trial in prior cycles of funding. (see page 40)

The program builds skills in:

- Communication
- Conflict resolution
- Stress and anger management
- Financial decision-making
- Self-regulation
- Mindfulness

Workshop series, consisting of 12-hours of engaging AYRE curriculum, were delivered in classrooms with partnering high schools, mostly in health classes.

The program was delivered through interactive lessons, activities, videos, and discussion, with handouts provided for students to record and take home their learning.



11,192 YOUTH
45 HIGH SCHOOLS
13 COUNTIES



AYRE Comprehensive Evaluation:

We conducted an evaluation of the AYRE project using both a basic performance measurement survey at program entrance and exit and a more detailed evaluation survey at baseline with follow-ups to test for comparative efficacy of 2 delivery methods:

Near-Peer program delivery (the novel model, with AYRE programming delivered by college-age facilitators) and Community Educator program delivery (the evidence-based model, with AYRE programming delivered by experienced community facilitators).

Quasi-Experimental Design (QED) Efficacy Studies:

Between January 2022 and May 2024, 4,270 youth provided signed parent and student consent forms to take part in a more rigorous QED efficacy study. This exceeded our enrollment goal of 4,200 youth (102% of target).

These youth were asked to complete efficacy study surveys at **three time points**:

- pre-program (baseline)
- post-program
- 6-month post-baseline.

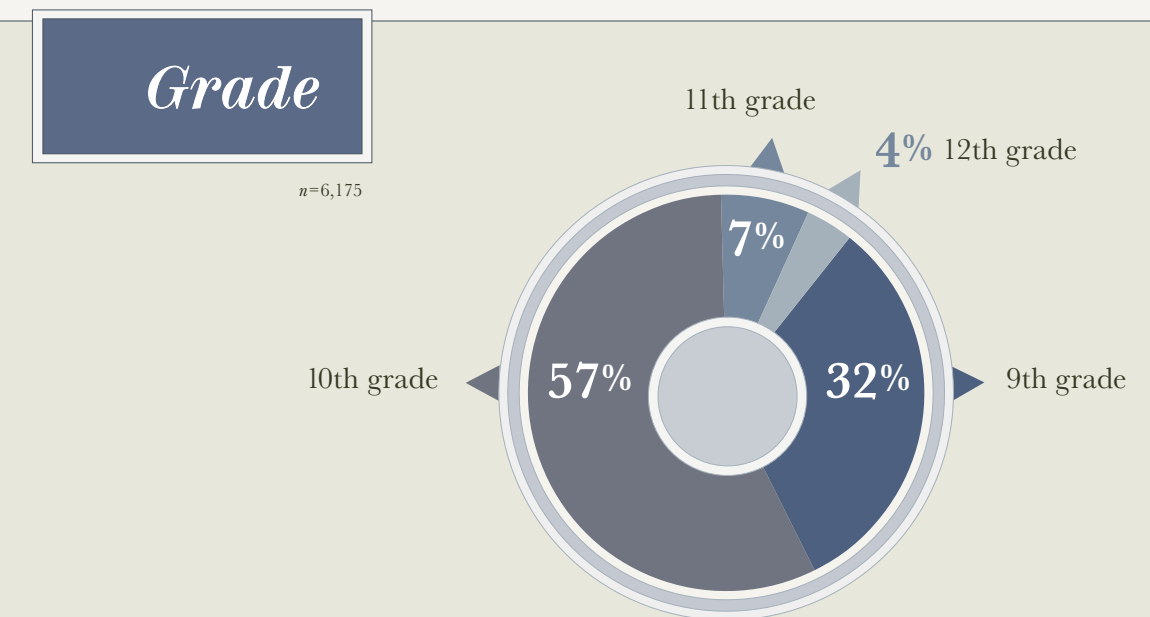
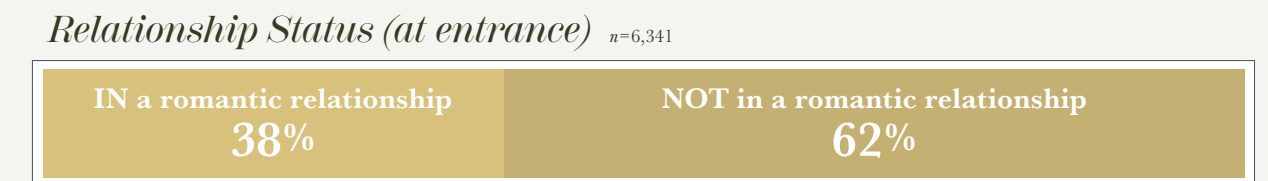
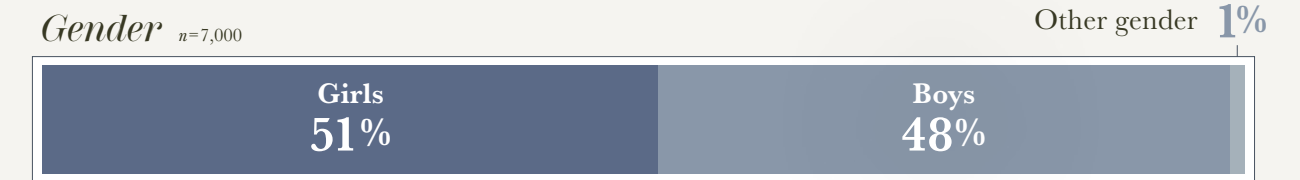
Follow-up rates of completion exceeded expectations for retention, with **88% of study participants who completed baseline surveys also completed the post-program survey and a remarkable 82% completing the 6-month follow-up.**

Performance Measurement Study:

All enrolled youth were asked to complete entrance and exit surveys designed by the federal sponsor to measure changes over this time period.

Youth Participating in the AYRE Program:

Youth participants in our program reflected a diverse mix of high school students, across sex, race, age, and relationship status.



AYRE Quasi-Experimental Efficacy Study:

Research Questions & Measures:

Comparing Near-Peer and Community Educator YRE Program Delivery at 6 Months Post-Program

Overarching Aim:

Grounded in prevention science (Coie et al., 1993), our project sought to strengthen protective factors for youth by providing evidence-based relationship education and testing whether type of youth program facilitators affects impact. Prior evaluations and impact studies of youth relationship education (YRE) using community educators have shown improvements and program impact for youth program participants in knowledge, communication and conflict management skills, openness to future relationship education, and reductions in mental health symptoms, and unhealthy beliefs and verbal aggression (e.g., Adler-Baeder et al., 2007; Futris et al., 2017; McElwain et al., 2017; Rice et al., 2017; Savasuk-Luxton, et al., 2018).

The current QED study design reflects an important step forward for the field by focusing on an implementation science question to guide practice: **Can near-peer facilitators be as effective as community educators in promoting youth healthy relationships in Alabama?**

To test this question, we compared outcomes for youth who were taught by trained **Near-Peer (NP)**

college-age facilitators versus more youth who were taught by experienced **Community Educator (CE)** facilitators from Family Resource Centers. Both groups of students received the same evidence-informed AYRE curriculum (*Relationship Smarts PLUS 4.0, Mind Matters, and Money Habitudes*).

We report here a summary of **primary results prepared for the Final Federal Report** (Gregson, Adler-Baeder, McGill, Wei, & Wang, 2025) in collaboration with Mathematica, following analytic requirements from OFA **Final Federal Report** that compared levels of functioning at the 6 month timepoint.

We also report a summary of **results taken from an expanded evaluation analysis** (currently in preparation for academic journal publication) that expands the study questions to include more outcomes of interest, uses appropriate multiple imputation methods in order to retain more participants in the analytic sample, and compares change in the outcomes of interest over time.



DOES FACILITATOR TYPE AFFECT IMPACT?

NEAR-PEER RELATABILITY OR
COMMUNITY EDUCATOR EXPERIENCE
- AYRE PUT IT TO THE TEST.

Primary QED Study | Question 1:

Are the AYRE program participants equivalent at six-months post-baseline for those youth who were taught by a Near-Peer facilitator and youth who were taught by a Community Educator on the following outcomes?

- **Healthy Relationship Knowledge** – measured by 10 multiple-choice items (adapted by the Dibble Institute and related to the *Relationship Smarts PLUS 4.0* curriculum) assessing youth understanding of healthy relationship skills (index measure, so Cronbach's alpha not used).
- **Dating Violence Acceptance** – assessed by 4 items developed by the federal funder, capturing youth acceptance of aggressive behaviors toward romantic partners ($\alpha = .72$)
- **Relationship Self-Efficacy** – measured by 6 items developed by the federal funder, assessing youth confidence in their ability to use healthy relationship skills ($\alpha = .78$)
- **Self-Regulation** – assessed by a composite of 10 items from the *Adolescent Self-Regulatory Inventory* (Moilanen, 2007) and *Social-Emotional Health Survey-Secondary* (Furlong et al., 2018), evaluating emotional, behavioral, and cognitive regulation ($\alpha = .74$)

Expanded QED Study | Question 2:

Do youth in the Near-Peer AYRE program, compared to youth in the Community Educator AYRE program, show similar or different rates of growth across the study period from pre-program to 6-month follow-up in the following outcomes?

Replicated Measures

- Healthy Relationship Knowledge
- Dating Violence Acceptance
- Relationship Self-Efficacy

Additional or Expanded Measures

- **Mental Health Symptoms** – assessed with 5 items on the MOS short-form health survey (Ware & Sherbourne, 1992), to measure general mental health symptoms ($\alpha = .72$).
- **Emotional Competence** – measured with 6 items from the *Social-Emotional Health Survey-Secondary* (Furlong et al., 2018), evaluating empathy and self-control competence ($\alpha = .71$).
- **Conflict Management** – evaluated by 3 items adapted from the *Interpersonal Competence Questionnaire* (Coroiu et al., 2015), to assess youth competence in managing conflicts ($\alpha = .61$).
- **Family Harmony** – assessed with 1 item on the *Family Harmony Scale* (Banker & Gaertner, 1998), evaluating the degree of contentment and happiness within the family (Cronbach's alpha not applicable for a single-item measure).

Methods:

Between January 2022 and May 2024, we enrolled **4,270 high school students into the comparison study**. Students who returned both parent and student consent forms participated in either the NP program group or CE program group, depending on the location of their high school. The QED approach is a rigorous study design to compare outcomes between NP and CE groups by closely monitoring group membership (which is based on geographic location) and using advanced analytic methods to balance group composition, rather than random assignment. Details on the analytic samples are in the Final Federal Report and the Expanded Evaluation publication.

Program engagement was extraordinarily high, with 99% of all youth completing half of the 12-hour workshop series. By the end of the efficacy study, completion

rates exceed AYRE's 80% target benchmark, with **85% of NP youth and 88% of CE youth completing all 12 hours of programming**.

Youth participants completed surveys at three time-points: pre-program (baseline), immediate post-program, and 6-month follow-up. Youth retention across waves was strong, with survey completion for those completing the baseline survey ranging from 88% at immediate post-program to 82% at 6-month follow-up. The surveys gather information on students' demographics (e.g., race, grade, current relationship status), outcome measures listed above, and additional indicators of individual and relationship functioning (not all included in this report). Participation in surveys was voluntary, and students received appropriate compensation for completing the final 6-month survey.

Primary QED Study Results:

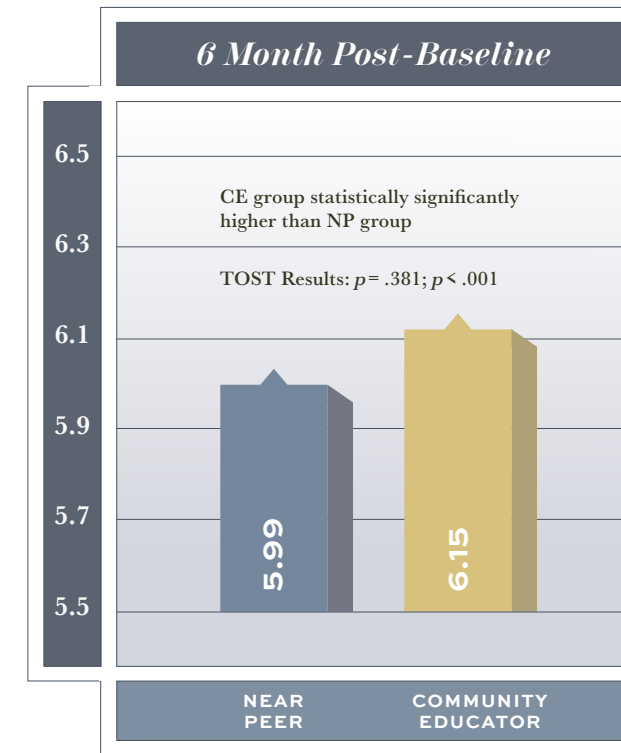
Results from Two-One-Sided t-Test (TOST) equivalent effects testing (Lakens, 2017) showed that youth in both Near-Peer and Community-Educator program groups were **statistically equivalent ($p < .05$) in Dating Violence Acceptance and Self-Regulation** at 6-month follow-up. However, youth in the **Community Educator group showed statistically significantly higher Healthy Relationship Knowledge**, whereas youth in the **Near-Peer group showed statistically significantly higher Relationship Self-Efficacy** at 6-month follow-up. However, the effect sizes for these differences were small and ranged from .01 to .18 (Cohen's $d < .20$).

Table 4. AYRE QED Efficacy Study: Results of Comparison Between NP and CE Program Groups (TOST Equivalent Effects Testing).

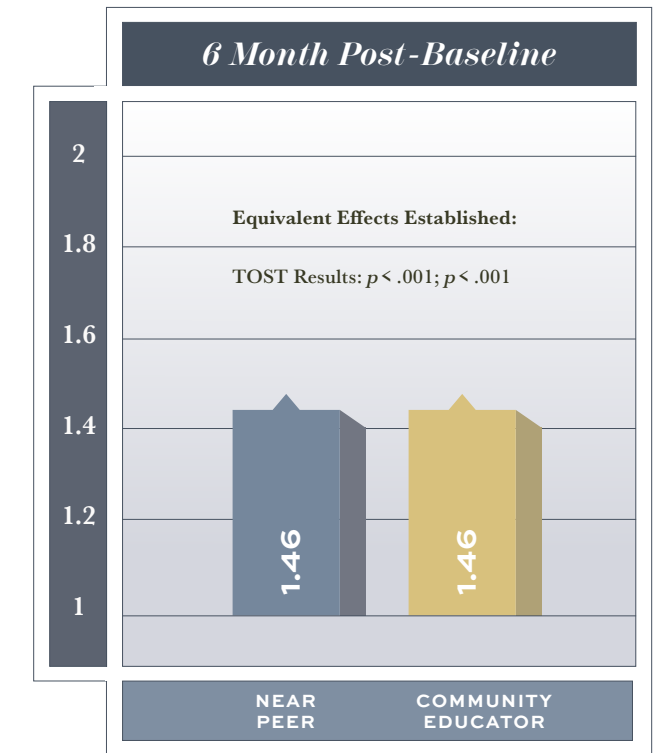
Outcome Measure at 6-month Follow-up	NP AYRE Program Group (within-group level)	CE AYRE Program Group (within-group level)	Equivalent Effects Test (comparison between groups)	
	Mean change (SD)	Mean change (SD)	p-value tests of difference at lower & upper bounds	Equivalent Effects Established?
Healthy Relationship Knowledge	5.991 (.919)	6.154 (.884)	$p = .381$ $p < .001$	No
Dating Violence Acceptance	1.460 (.177)	1.457 (.189)	$p < .001$ $p < .001$	Yes
Relationship Self-Efficacy	3.125 (.178)	3.101 (.164)	$p < .001$ $p = .149$	No
Self-Regulation	3.627 (.235)	3.630 (.240)	$p < .001$ $p < .001$	Yes

NOTE: **Bolded outcomes indicate equivalent effects between NP and CE program groups.** TOST equivalent effects testing establishes equivalence between groups if both p-value tests of difference at lower and upper bounds are significant ($p < .05$).

Healthy Relationship Knowledge:



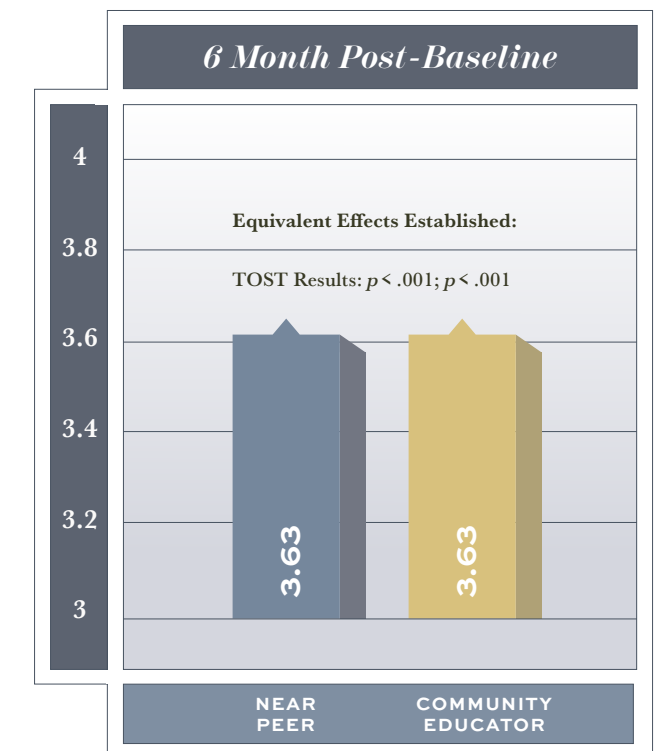
Dating Violence Acceptance:



Relationship Self-Efficacy:



Self Regulation:



Expanded QED Study Results:

AYRE QED Study Summary and Takeaways:

Expanded Evaluation Study

IMMEDIATE POST-PROGRAM:

Using repeated measures analysis of covariance to examine changes from baseline to the immediate post-program, the results suggested that:

- Participants **in both** the NP and CE program groups showed significant short-term **improvements in emotional competence, conflict management, family harmony, and mental health.**
- Participants in the **CE group** also demonstrated significant improvements in **healthy relationship knowledge and relationship self-efficacy**, whereas these gains were not observed among participants in the NP group.
- Interestingly, both group participants showed significant increases in dating violence acceptance immediately after the program.
- Additionally, the results further revealed statistically significant or marginally significant group differences in the extent of improvement in healthy relationship knowledge, conflict management, relationship self-efficacy, and family harmony. Specifically, while both groups improved, participants in the **CE group improved more in conflict management**, while participants in the **NP group reported greater gains in family harmony** compared to their counterparts.

SIX-MONTH FOLLOW-UP:

Using latent growth curve models to evaluate changes from baseline to the six-month follow-up, the findings showed that:

- Participants in **both NP and CE program groups** reported **significant improvements in healthy relationship knowledge and mental health** over time, as well as a significant **decrease in dating violence acceptance** over six months.
- While both groups improved, the average rate of improvements in healthy relationship knowledge showed that **CE group increased at a higher rate in healthy relationship knowledge.**
- Only participants in the **CE group demonstrated growth over 6 months in emotional competence.**
- No significant growth over 6 months were found for conflict management, relationship self-efficacy, or family harmony in either group.

Overall, our evaluation shows that youth gained important relational and personal skills whether they were taught by near-peer college students or community educators.

Across both facilitation models, students exhibited improvements in mental health and knowledge of healthy relationships, and decreases in their acceptance of dating violence. Other short-term improvements for both groups included gaining skills related to conflict management, especially for the CE-led group, and overall better reports on harmony in the household, especially for the NP-led group. Additionally, those in the CE-led group showed growth in their ability to regulate emotions and behaviors.

For the point-in-time equivalence comparisons, dating violence acceptance and self-regulation were comparable across groups; others differed slightly. The CE-led programs yielded higher knowledge scores, whereas NP-led programs were associated with greater family harmony, illustrating the complementary strengths of the two models.

Equally important, the study documented strong attendance, high curriculum fidelity, and positive ratings of facilitator quality and student engagement, reinforcing the reliability of the results. The success of the NP model in particular highlights a promising, cost-efficient way to expand the reach of youth relationship education, as college students can be trained effectively to deliver the curriculum and can be used to scale up outreach to schools. Together, these findings affirm that both CE and NP facilitators can deliver impactful youth relationship education, offering Alabama communities practical and flexible strategies for supporting youth resilience, healthy relationship development, and long-term well-being.

BOTH NEAR-PEER AND
COMMUNITY EDUCATOR
FACILITATOR MODELS
EQUIP YOUTH WITH
SKILLS FOR LASTING
WELL-BEING.



“

I really liked this program and learned about a lot of things such as healthy relationships, peer pressure, and money management.

”

I think this program really opened some eyes to focus on our plan for our futures a little bit more.

AYRE Performance Measurement Study:

The AYRE QED Efficacy Study was conducted with participants enrolled between January 2022 and May 2024 and included 6-month follow-up surveys. Additionally, the required federal performance measurement exit and entrance surveys were offered for completion to all youth who enrolled in our classes during the 5-year funding cycle program implementation period of April 2021-August 2025.

The performance measurement evaluation utilized a combination of single-, double-, and multi-item measures, with internal consistency estimates ranging from $\alpha = .69$ to $.88$ and inter-item correlations between $r = .47$ and $.56$. To examine entrance to exit changes on continuous measures, paired-sample t-tests were conducted. Findings revealed statistically significant improvements in the expected direction ($p < .05$) on 4 of the 9 assessed outcomes: pro-marriage attitudes, sex for marriage or lifelong commitment only, relationship self-efficacy, and conflict management skills. There were also 2 statistically significant pre-post changes in the unexpected direction: healthy beliefs about communication, and closeness with boyfriend/girlfriend. Effect size estimates (Cohen's d) for these changes ranged from 0.08 to 0.26, with an overall average of 0.13, reflecting small effects ($< .20$ = small, $.50$ = moderate, $> .80$ = large; Cohen, 1988).

Table 5. AYRE Youth in AYRE (2021-2025):

Results of Entrance-Exit Program Changes (paired sample t-tests).

Continuous Outcomes	ENTRANCE		EXIT		df	t	Cohen's d effect size
	M	SD	M	SD			
PRO-MARRIAGE ATTITUDES AND INTENTIONS							
Pro-Marriage Attitudes	2.50	0.43	2.60	0.45	5426	-19.16***	0.26
Future Pro-Marriage Intentions	3.40	0.75	3.40	0.74	5314	0.38	0.01
Sex for Marriage or Lifelong Commitment Only	2.75	0.93	2.83	0.91	4936	-6.99***	0.10
HEALTHY RELATIONSHIP BELIEFS							
Healthy Beliefs about Couple Relationships	3.50	0.41	3.49	.046	5321	0.62	0.01
Healthy Beliefs about Communication[^]	3.43	0.87	3.33	0.94	5136	5.83***	0.08
RELATIONSHIP BEHAVIORS & SKILLS							
Relationship Self-Efficacy	3.04	0.49	3.10	0.52	2623	-6.18***	0.12
Conflict Management Skills	2.87	0.55	2.94	0.57	2546	-6.02***	0.12
Negative Communication Skills	4.06	0.67	4.05	0.71	1318	0.58	0.02
CURRENT RELATIONSHIP SATISFACTION							
Closeness with Boyfriend/Girlfriend[^]	4.40	0.85	4.30	0.93	1289	3.47***	0.10

NOTE: Bolded outcomes indicate a significant improvement with change in the expected direction.

[^] Significant change in the unexpected direction. *** $p < .001$. Cohen's d reported in absolute values.

AYRE Youth Program Reflections:

Strongly disagree Disagree Agreed Strongly agree

Since attending the program, I better understand what makes a relationship healthy.



I have learned new skills in this program that I plan to use in my relationships.



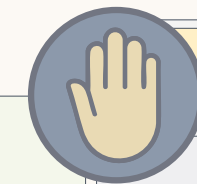
I am confident in my abilities to use the skills & knowledge presented in this program.



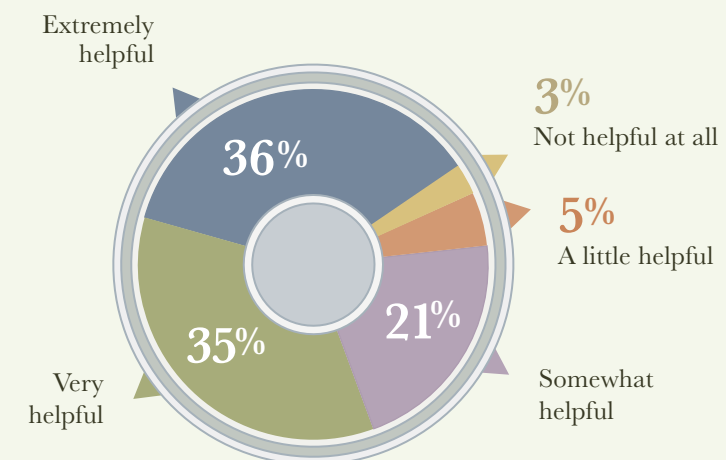
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- Percent of Participants -

Overall, how helpful was the program to you?



Unhealthy Relationships Ended



n=5767 individuals

1,058
(out of 6,048 participants reporting) ended a relationship that was emotionally unhealthy or abusive after the AYRE program

691
(out of 5,987 participants reporting) ended a relationship that was physically unhealthy or abusive after the AYRE program

The Seven Core Principles for Healthy Relationships:

Curriculum Overview:

The National Extension Relationship and Marriage Education Model (NERMEM)



(ELEVATE; Futris 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:

Module 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

Module 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

Module 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

Module 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

Module 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

Module 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

Module 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

Module 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



Care for Self

While better health is a consequence of healthy marriages, attending to one's physical, mental, and emotional well-being also fosters healthier couple and marital relationships.



Choose

A strong, healthy, long-lasting relationship does not just happen by chance but, instead, through deliberate and conscientious decisions to be committed, intentional, proactive, and strengths-focused.



Know

To develop and sustain healthy relationships partners must develop intimate knowledge of each other's personal and relational needs, interests, feelings, and expectations.



Care

Individuals who express kindness, attempt understanding, demonstrate respect, and invest time to be available and open to their partner are able to maintain stable, healthy couple and marital relationships.



Share

Being a healthy couple involves spending meaningful time together and fostering a shared sense of couple identity in order to sustain a close, enduring friendship based on trust and love.



Manage

Because problems and conflicts are a normal part of couple relationships, healthy couples use strategies to stay calm, contain their stress response, soothe their partner, listen attentively, make an effort to understand their partner's point of view, accept differences, and ensure emotional and physical safety.



Connect

The connections that couples develop with their family, peers, and community offer a source of meaning, purpose, and support that influence the health and vitality of their couple or marital relationship.

AYRE Curriculum:

Intentional Combination of 3 Evidence - Based YRE Curricula:

The Youth curriculum combined the evidence-based **Relationship Smarts Plus 4.0** (RS+; Pearson, 2018) with several modules from **Mind Matters** (MM; Curtis & Stolzenbach, 2017), and **Money Habitudes** (Solomon, 2009) and was typically offered in eight 1.5 hour sessions.

The topics are presented in the following order:

Session 1: RS+ Lesson 1 & 2 “Who am I and Where am I Going?” & “Maturity Issues and What I Value”

- The session emphasizes learning healthy relationship skills and their benefits.
- Youth get in touch with their sense of identity and consider their possible future selves and explore their personal values and the alignment of these with their goals.

Session 2: RS+ Lesson 3 & 4 “Attractions and Infatuation” & “Principles of Smart Relationships”

- This session emphasizes 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: MM Lesson 1 “Self-Soothing” and RS+ Lesson 5 “Is it a Healthy Relationship”

- The session introduces youth to the research on calming techniques and emotion regulation and the physical, emotional, and relational benefits of these skills.
- Youth discuss the signs and experiences in healthy and unhealthy relationships and ways to empower themselves and their peers with this knowledge.

Session 4: RS+ Lesson 6 & 7 “Breaking Up and Dating Violence” & “Decide, Don’t Slide”

- This session promotes understanding consent and recognizing signs of potentially abusive and controlling relationships and ways to get help.
- Youth practice skills for ending relationships in healthy, respectful ways.

Session 5: RS+ Lesson 8 & 9 “Communication and Healthy Relationships” & “Communication Challenges and More Skills”

- This session builds on healthy, positive communication skills and explores the brain-body connection in conflict.
- Youth practice “take-a-break” skills, conflict management and problem-solving skills.

Session 6: MM Lesson 2, 4, & 5 “Discover Emotions”, “Empathy”, & “I get by with a Little Help from my Friends”

- This session emphasizes building emotional intelligence and how to interpret signals through mindfulness practice and “check-in” activities.
- The practice of empathy as a key relationship skill is emphasized.
- Identifying resources and building personal support networks is also addressed.

Session 7: MM Lesson 6 & 11 “Compassion for the Hijacked Brain” & “Code of Honor and Asking for Help” and Erin’s Law

- This session explores the types, prevalence, and impact of challenges and trauma while learning skills to reduce its long-term effects.
- Through activities students identify core personal values and create self-statements to support positive decision making.
- Information is provided based on the guidelines of Erin’s law that raises awareness about abuse and trauma and steps for getting help.

Session 8: RS+ Lesson 13 “Teens, Technology, and Social Media” and Money Habitudes

- The session centers on healthy habits and developing personal policies for using social media in ways that empower youth development.
- Students explore their financial habits and attitudes, discussing the benefits and challenges of different perspectives, and discuss the importance of financial responsibility both individually and in relationships.

Additional Services:

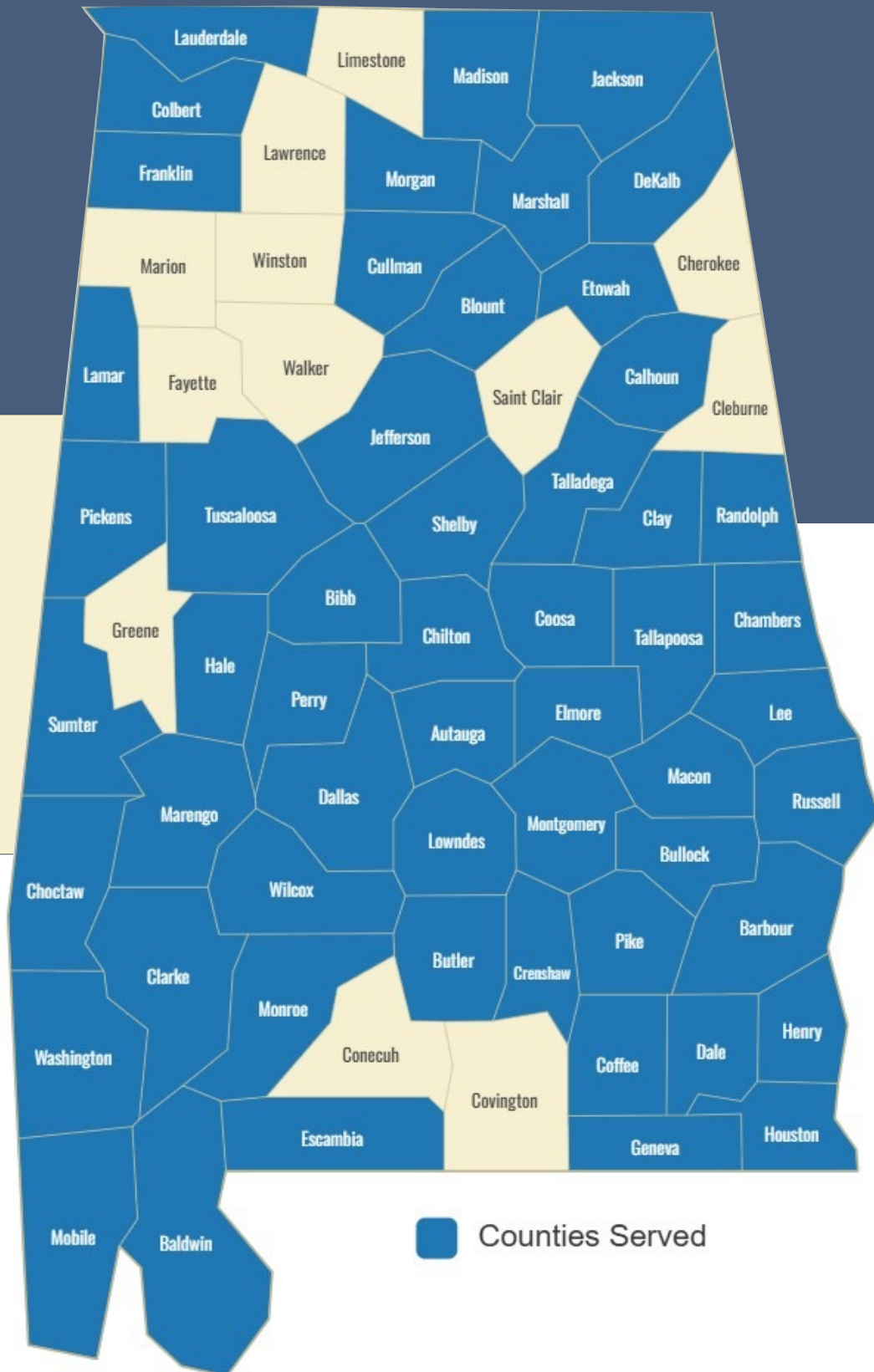
We worked through Family Resource Centers, which function as comprehensive “one-stop” agencies offering a wide range of social services. These partners, already well-established in providing wrap-around supports funded by multiple sources, ensured participants could access a variety of opportunities.

In addition, every site made voluntary case management available to adult participants and helped link families to an array of community resources. These included childcare services, adult education, food and nutrition support, mental and physical health care, counseling, domestic violence services, and programs focused on preventing and responding to child maltreatment. During the 2020-2025 project periods for both AHMRE and AYRE, over 2,400 adult couples and over 10,700 youth received a comprehensive list of community resources and 559 referrals to other services for adult couples were made. Adults in our program were informed about training in parenting, financial literacy, life and job skills, career development, and health and wellness. Many sites also provided GED preparation and other programs aimed at boosting economic security and pathways for advancement.

AYRE’s Geographical Presence in Alabama from 2020-2025



*AHMRE's
Geographical
Presence in
Alabama from
2020-2025*



 Counties Served

Acknowledgments:

The Alabama Healthy Marriage and Relationship Education Initiative team at Auburn University extends our deepest gratitude to the many individuals and organizations who make our work possible.

First, we sincerely thank our implementation partner agencies. Your tireless dedication and enthusiasm for providing healthy marriage and relationship education resources to youth, couples, and families across Alabama is truly inspiring. This funding cycle brought exciting new opportunities, including another randomized trial with couples, a quasi-experimental study with youth, and enhancements to our data management system for tracking all Healthy Marriage and Relationship Education (HMRE) activities. These are significant undertakings, and your support has been essential to the quality and sustainability of our research, evaluation, and programming.

We also wish to express our appreciation to our program participants, their families, and communities, who generously partner with us to participate in and

provide feedback on our offerings. Your commitment to strengthening your personal relationships and striving to be your best selves is admirable. Thank you for sharing your time and experiences with us. We are honored to be a part of your relationship journey and continually learn from you as we work together to make a positive impact on Alabama families.

Finally, we are deeply grateful for our relationship with the Office of Family Assistance (OFA) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS). Their generous support for AHMREI at Auburn University has been instrumental in implementing and evaluating HMRE programs with couples and youth in Alabama, while also contributing to the broader HMRE field.

Our AHMREI team feels truly fortunate to do meaningful work each day alongside dedicated individuals and organizations. We remain committed to providing access to resources, education, and encouragement to all citizens whom we engage with in the future.

Direct Implementation Partners:

ACES of Elmore County
340 Queen Ann Road
Wetumpka, AL 36092
(334) 567-6301
www.aces.edu/counties/Elmore

Circle of Care Center
for Families
14 Medical Park
Valley, AL 36854
(334) 768-4091
thecirclecares.com

Family Guidance Center of Alabama
2358 Fairlane Drive
Montgomery, AL 36116
(334) 270-4100
(800) 499-6597
familyguidancecenter.org

The Family Success Center
of Etowah County
821 E. Broad Street
Gadsden, AL 35903
(256) 547-6888
www.family-success.org

Gulf Coast Family Center
3100 Cottage Hill Road
Building 1, Suite 202
Mobile, AL 36606
(251) 479-5700
www.familycentermobile.org/

Hope Place Family Resource Center
212 St. Joseph Street
Brewton, AL 36426
(251) 867-4686
www.aces.edu/counties/Escambia

IMPACT Family Counseling of Birmingham
701 Montgomery Highway
Vestavia, AL 35216
(205) 916-0123
www.impactal.org/index.html

Parents and Children Together (PACT)
245 B Jackson Street SE
Decatur, AL 35601
256.355.7252
www.pactfamily.org

Sylacauga Alliance for Family Enhancement
78 Betsy Ross Lane
P.O. Box 1122
Sylacauga, AL 35150-1122
(256) 245-4343
www.safefamilyservicescenter.com

Tuscaloosa's ONE Place
810 27th Avenue
Tuscaloosa, AL 35401
(256) 462-1000
www.tuscaloosaoneplace.org

Window Seat Creative
8428 Crossland Loop
Montgomery, AL 36117
(334) 603-0033
www.windowseatcreative.com

Reference list
available upon request.

2020-2025 Report prepared by:

EXTERNAL EVALUATOR

Kim Gregson, Ph.D., LMFT
Gregson Consulting LLC
kimbdeaton@gmail.com

FACULTY

Project Director and Principal Investigator

Francesca Adler-Baeder, Ph.D., CFLE
Professor, Human Development and
Family Science, Auburn University
francesca@auburn.edu

Project Manager and Co-Investigator

Julianne McGill, Ph.D., CFLE
Associate Clinical Professor,
Human Development and
Family Science, Auburn University
mclanjm@auburn.edu

Mallory Lucier-Greer, Ph.D.
Professor, Human Development and
Family Science, Auburn University
mluciergreer@auburn.edu

PROJECT STAFF

Tonya Rogers
AHMRE Partnership and Site Coordinator
tbr0022@auburn.edu

Kaitlynn Slaughter
AYRE Program Coordinator
kcs0037@auburn.edu

Dejah Perrier
Data Manager
dejah.perrier@auburn.edu

Brad Thomas
Outreach Coordinator
jbt0050@auburn.edu

Leah Burke, M.S., CFLE
Case Manager/Data Manager
lka0001@auburn.edu

Teresa Wagoner
Financial Manager
tgw0001@auburn.edu

Ziying Wang, Ph.D.
Post-doctoral Fellow, Human Development
and Family Science, Auburn University
ziyingwang29@gmail.com

GRADUATE STUDENTS

Melike Coskun	Raequon Pinkney
Erin Cooper	Je'Kylynn Steen
Trevor Dahle	Menglin Wei
Jenna Lawlor	Paityn Whittington

OTHER RESEARCH/ EVALUATION CONSULTANTS

Alyssa McElwain, Ph.D.
Associate Professor, Human Development
and Family Science,
University of Wyoming

Ben Burke, Ph.D.
Assistant Professor, Human Development
and Family Science,
Mississippi State University

LINKS TO AHMREI WEBSITE AND SOCIAL MEDIA OUTLETS:

Project website:

<https://www.facebook.com/ahmrei>

<https://www.instagram.com/ahmrei/?hl=en>

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

The National Healthy Marriage
Resource Center
www.healthymarriageinfo.org

The National Extension Relationship
and Marriage Education Network
www.Fcs.uga.edu/nermen

The Alabama Marriage Handbook
English: https://www.alabamamarriage.org/assets/uploads/2020/03/HE-0829_web.pdf
Spanish: <https://www.alabamamarriage.org/assets/uploads/2019/10/HE-0918.pdf>

Raising Your Child Together
www.alabamamarriage.org/assets/uploads/2020/03/RaisingYourChildTogether.pdf

