

## Evaluating a Marriage Education Program for Low-Resource Families: *The Family Connections in Alabama Project*

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### OVERVIEW

Recently, leaders and policy makers at the highest levels have begun to emphasize the need to promote the availability of community-based programs that strengthen marital relationships. Support for these programs is based on empirical evidence that healthy marital relationships are beneficial for the adults involved – and beneficial for the children growing up in the context of these relationships (Parke & Ooms, 2002). Specifically, research indicates that living in a 2-parent family where the adults are *committed, cooperative and nurturing* provides an optimal environment for children's healthy development (Hetherington, 1989). Further, there has been specific emphasis on making information on healthy relationships and marriage available to more fragile, low-resource families. Traditionally, relationships and marriage education programs have been available only to couples who can afford these offerings. It is also important to note that, although, some evidence of program effectiveness exists (Carroll & Doherty, 2003), there are virtually no published reports of relationships/marriage education program effects among low-resource participants. We are still in the beginning stages of learning about this relatively new area of family life education and services.

In January of 2003, the U.S. Office of Child Support Enforcement, Administration for Children and Families, U.S. Department of Health and Human Services funded the "Family Connections in Alabama" (FCA) project as a 12-month "Special Improvement Project" (SIP) to pilot marriage education for low-resource parents and to promote family and relationship strength. The Alabama Children's Trust Fund (CTF), in partnership with Auburn University's Department of Human Development and Family Studies, and with the support of the Alabama Department of Human Resources and the Alabama Office of Child Support Enforcement, launched the FCA project through four community pilot sites. The project tested a curriculum newly developed by Michigan State University Extension specifically for the target audience, based on studies of fragile families and the barriers to family stability entitled, "Caring for My Family." Topics included: the importance of family stability and the benefits of healthy couple and married relationships, definitions of healthy and unhealthy relationships, self-care, communication skills in relationships, co-parenting skills, the importance of fathers, financial management, goal-setting, and decision-making. Goals for the project centered on strength-building in individual, couple, and family functioning. Both the program implementation process and the receptivity of the participants and the facilitators to the program were also of interest and an important part of the program evaluation study.

### METHODS.

#### *Implementation Plan.*

The FCA project is a collaboration of several public and private agencies and organizations, both state and local level. Education programs (6 – 10 sessions; a minimum of 10 lessons) were delivered through agencies that currently access the project target populations with existing family service programs. The agencies are the Mobile County Health Department's TEEN Center (local public agency), Choctaw County Alabama Cooperative Extension agency (local public agency), Parents and Children Together (PACT) in Morgan County (private, nonprofit), and the Sylacauga Alliance for Family Enhancement (SAFE) Family Services Center in Talladega County (private, nonprofit) The targeted counties access both rural and urban populations. The majority of families in these communities are low-income and ethnically diverse. The project utilized the trust that has been built between each of the agencies and individuals in their communities and takes advantage of existing infrastructure – personnel, equipment, facilities, and services (e.g., transportation, childcare).

**Sample.** Overall, recruitment and retention efforts were very successful. The target number for this project was 120 participants. This was exceeded by 42 for a total of 162. Attrition rates were very low for a volunteer educational program – 14%. Pre- and post-program questionnaires were returned for 139 participants. Participants were primarily African-American (68%) and low-income. The majority had a high school education or less (77.5%) and reported a household income of \$14,999 or less (74%). The majority of women did not work outside the home (74.5%); about half the men were employed full-time, the other half were either unemployed or worked part-time. Participants were primarily in their mid-20's and were not younger than 18. The average age of the women is 26.5 years ( $SD = 8.23$ ) and 27 ( $SD = 8.99$ ) years for men. T-test comparison of means revealed this was not a statistically significant difference. Nineteen of the women were expecting; 2 were in a relationship with someone who was not the biological father of the child. For those not expecting, the median age of the youngest child (target child) was 2 years. Facilitators found that there were many situations where one partner was interested in attending, but the other could not (usually work related). Also, there were a few who were not currently in a couple relationship, but were very interested in attending. Program personnel did not want to exclude anyone from the program if

they had an interest in attending. About a third of participants came with their partner; about half attended the program without their partner. Chi-square tests were conducted in order to detect significant difference between those who completed the program and those who did not. Those who completed the program did not differ from those who did not complete the program on several demographic dimensions, except for ethnicity. That is, African-Americans had a higher rate of completion than Caucasians  $\chi^2(1, N = 162) = 4.15, p < .05$ .

### Measures.

The evaluation design focused on gains in identified criteria (e.g., knowledge, changes in attitudes, growth in skill, and relationship quality) resulting from participation in the project using pre-test/post-test data collection designs. It was hypothesized that exposure to curricular information would yield increases in the targeted knowledge, attitude, skills, and relationship quality. The evaluation questionnaire contained over 300 items adapted from social science measures that assess aspects of individual and couple functioning, including level of commitment, trust, happiness/satisfaction, and types of interactional patterns in the relationship. Also included were measures of individual empowerment, distress level, and co-parenting attitudes and practices. Several measures directly related to program content were utilized from the "Caring for My Family" curriculum. The design of these measures was based on Prochaska's model of change (Prochaska, Norcross, & Diclemente, 1994). His model describes a sequence of movement in behavior change from "I haven't thought about this," to "I have thought about this, but that's all," to "I need help to do, to make this happen, or to do it better," to "I can do, and intend to do this OR I have starting doing this," to "I do this on a regular basis." This allows for the tracking of movement in the process of change that may not be picked up in a pre/post evaluation design that only measures behavioral change. This can be an especially valuable evaluation tool for documenting program impact for short-term educational programs. Post-program questionnaires had questions on the quality of the program and open-ended questions on the participant's experience in the program and perceived benefits of the program. In addition, data were gathered from facilitators regarding their experiences with the program implementation through focus group sessions.

## RESULTS

### Quantitative measures.

Responses to questions on the Dyadic Adjustment Scale (Spanier, 1976), the Dedication/Commitment Scale (Stanley & Markman, 1992), the Positivity/Negativity Scale (Fincham & Linfield, 1997), and the Conflict Tactics Scale (Straus, et al., 1995) were summed to reach a participant scale score on each. Mean differences from pre- to post-program did not reach a level of statistical significance for each of these scales.

Analyses revealed statistically significant *increases* in:

- **Individual empowerment.** This 7-item measure included items related to recognition of individual strengths, ability to cope with stress, recognition of unhealthy and unsafe relationships, ability to take action in unsafe relationships, individual problem-solving skills ( $t = -4.298, p < .000$ ).
- **Trust.** ( $t = -2.38, p < .01$ ). 3-item measure taken from the Trust Scale (Rempel, Holmes, & Zanna, 1985)
- **Happiness** in the relationship ( $t = -1.99, p < .05$ ), global item indicator from Marital Adjustment Test (Locke & Wallace, 1959).
- **Mother's support of the father.** (i.e., better co-parenting attitudes and practices ( $t = -3.780, p < .000$ )). 3-item measure.

Statistically significant *decreases* were found in:

- **Individual distress level** - ( $t = 2.93, p < .01$ ). 7-item measure (Center for Epidemiology Studies-Depression Scale; Radloff, 1977)
- **Negative Interactions** (from Stanley, Markman, & Whitton, 2002) ( $t = 2.308, p < .023$ ). 4-item measure.

Between-group analyses (repeated measures GLM) were conducted to test whether program impact differed by gender and by attendance status. No significant differences were found. In other words, all participants appeared to benefit from the program in similar ways.

**Control Participants.** Subjects were recruited to participate as control participants (did not participate in the educational program) by personnel in family service agencies in counties similar to the program sites. Initial recruitment yielded 57 participants. Currently, analyses have been conducted on a sample of 23 control participants who completed Time 1 and Time 2 questionnaires. (Note: analyses are currently being conducted with 40 more control subjects). Statistical tests were conducted in order to detect significant differences between control subjects and participants. Control subjects did not differ from program participants on age or education level. There was, however, a statistically significant difference between groups in ethnicity (i.e., higher proportion of program participants were African-American than were control subjects).

An examination of the measures of couple functioning, individual empowerment, co-parenting, and family empowerment through the individual reveal **no statistically significant changes** among control participants across a similar period of time to the program participation.

### Quality of the Program

- Participants rated the facilitators' work and the quality of the program very high (i.e., 4.56 and 4.4, respectively on a scale of 1-5).
- The vast majority of participants strongly agreed that they would recommend the program to others they know (mean = 4.51).

### Qualitative Responses

Along with quantitative data collection, substantial qualitative data were gathered in order to learn more detail about the implementation process and facilitator and participant experiences. Focus groups were conducted with facilitators. Participants completed open-ended questions. Data were transcribed and a content analysis conducted, coding responses for themes. Results indicate overwhelmingly positive responses to the program. Facilitators expressed the following themes:

- They enjoyed and were comfortable with offering the curriculum.
  - *"participants were more responsive to this curriculum and topics than any other program I've worked with"*
- The educational learning environment is non-threatening.
- The program content is relevant and important to the target audience.
- Talking about unhealthy and unsafe relationships is very valuable.
  - *"[A participant] said to me that she wished she had known about this program then [during her past relationship] because she is out of that situation, but it took her awhile to get out of the situation..."*
- Participants desire more long-term programs
  - *"we had some sessions where they didn't want to leave...a 2 hour session turned into a 3 ½ hour session!"*
  - *"They asked if they could keep coming back"*
- Participants seemed to be building a support network among their groups.
  - *"They had become a close-knit group and were comfortable with each other... the fact that they can create their own support system like that outside of an agency is so important...I think that's another wonderful benefit of this particular project."*

We categorize here the information on the overall implementation process: the challenges and the successes.

**What worked well.** It was clear to us that recruitment and retention were successful due to the *history that each of the family service agency's has with their community*. The goal of 120 participants was exceeded with the initial recruitment of 162; 138 completing. Many participants in the FCA program had participated in other programs that the agency offers. In addition, agencies had in place other supports crucial for successful recruitment and retention (e.g., childcare, transportation assistance). Another element documented in the process evaluation was the *facilitators' own commitment to the program*. Although at first, many were apprehensive about teaching relationship skills and talking about healthy marriages, they related that they very quickly saw the intense interest among participants. Both the understanding of the link between healthy couples and healthy children and the perception that participants want to talk about marriage and relationships provided facilitators a strong motivation and energy in providing the program. As a pilot study, participants were provided *incentives for participation* (small cash amounts or gift certificates). In the process evaluation; however, they emphatically related that although this was helpful in bringing them in to the program, it did not keep them in. In addition, we noted that *the structure of the collaboration* worked well (linking different local agencies with 2 state-level organizations) and the *curriculum was well-received*. Participants particularly like personalizing information in a "memory book" and participating in hands-on activities. Several facilitators utilized home visitation, but felt that *group settings* were the better context for discussions of healthy relationships and marriage.

**Challenges.** In the data gathered from facilitators we noted consistent themes regarding challenges they faced in the implementation of the program. Here we highlight two. *Recruiting fathers* was especially challenging for most facilitators. They majority felt that it was more a matter of scheduling difficulties rather than disinterest and noted that future recruitment efforts should target fathers first and factor in their schedule as the priority when planning class days and times. They also noted that male facilitators were key to recruiting fathers. Male facilitators had no difficulty recruiting the mothers once the father was "on board," but it did not seem to work in reverse. Although nonmarried couples were the target population for this project, facilitators noted that their "inclusive" approach to bringing in interested participants (e.g., married, nonmarried, attend with partner, attend without partner, have no partner) resulted in very diverse situations in same group. It was often difficult to manage the logistics of class discussion and class activities when participants were in very different couple contexts. The facilitators' recommendation for future work is to group participants (as much as is practically possible) by similar couple contexts.

**Recommendations.** Facilitators agreed on the following recommendations for future work:

- Utilize a team of male/female facilitators
- Utilize male facilitators as main recruiters for the program and target fathers
- Invest in training and training updates
- Build on community collaboration for recruitment and referral
- Think in terms of adding marriage education to an umbrella of services (can be embedded in other curricula or separate – but linked to other programs)

- Be prepared to address co-parenting relationships with ex-partners and adjustment to parenting, along with couple relationship issues
- Group similar couple contexts
- Long term participation (12-18 mos) (either meeting periodically or intensive initial sessions and then periodic boosters)
- Plan for documenting, evaluating, and following-up
- Utilize an efficient questionnaire

Data from participants were transcribed and coded. The following themes emerged when asked about their experiences in the program:

- **an awareness of the importance of healthy relationships**
  - *"I wish I'd had this class before...I know I was in an abusive, unhealthy relationship before..."*
- **improvements in relationships**
  - *"It pulled me and my partner closer together...it gave me a better heart"*
  - *"Me and my baby dad was not getting along until we started this class..."*
- **improved individual skills**
- **commitment to working on their relationship**
  - *"..I want to keep our family together"*
- **goals centered on family stability and healthy relationships and marriage**
  - *"It helped me to make better decisions concerning my family"*
  - *"I want to get married and grow strong as a family."*
  - *"I want to stay together to raise a healthy child"*
  - *"I want to get married & move out on are own."*
  - *"I want to keep my family together and be able to provide for them financialy and emotionall[y]"*

#### SUMMARY

Very little work has been done to evaluate and understand program effects of marriage education services, particularly among more vulnerable populations (Caroll & Doherty, 2003). Results of this pilot project and evaluation study are promising and suggest that offering marriage education services to low-resource parents may be beneficial. This project may provide the first such empirical documentation. We can interpret some desired program effects in several important areas in individual and couple functioning. We do note that some of the measures of relationship quality did not change over time. It may be that impact on relationship quality is more likely observed after more intensive program participation (i.e., longer than 10 weeks). We find that Prochaska's model of change, which tracks movement sequentially from pre-awareness to consistent behavioral change, has been useful in documenting meaningful progression towards change. It may be unrealistic to expect significant behavioral and relational quality changes after participation in a short-term educational program. Rather, appropriate goals may center on awareness-raising and the "launch" towards desired behavioral change. Follow-up data collection is essential for demonstrating sustained and/or emerging impact.

Ratings of the program and curriculum by participants and facilitators were consistently high. In addition, facilitators were clearly convinced of the usefulness of the curriculum and what it adds to their agencies' family service offerings. Participants related that the curriculum resonated with them and provided information that could be used to move away from unhealthy relationships and to intentionally build healthy relationships and marriages. We note that movement away from an unhealthy relationship may be as much a marker of program success as movement towards a healthy, committed relationship. We note the theme of a desire for relationship stability and marriage, consistent with previous research on fragile families (Sorenson, Mincy, & Halpern, 2000).

The positive responses of facilitators and the participants and the evidence of program impact are quite motivating. We feel confident that the curriculum resonates with the target audience and encourage others in the field to move forward with similar program offerings. The information from the implementation process study reveals several areas that were challenging and several aspects of the program design that worked well. We call for continued efforts to document program impact and elements of the program implementation process that explain levels and aspects of marriage education program impact among more diverse participants.

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