15-Month Impacts of Oklahoma's Family Expectations Program

August 2010

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Family Expectations is one of eight program sites participating in the Building Strong Families (BSF) evaluation. BSF is being conducted by Mathematica Policy Research and its partners under contract to the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. This report, which focuses on the Family Expectations program in Oklahoma, was funded by the Oklahoma Department of Human Services. A report of the 15-month impacts on all eight BSF sites is available at www.buildingstrongfamilies.info.

The authors gratefully acknowledge feedback on an earlier version of this report from Paul Amato, Nancye Campbell, Seth Chamberlain, Alan Hawkins, David Kimmel, Mary Myrick, Jay Otero, Theodora Ooms, Scott Stanley, Sarah Halpren Meekin, Robert Wood, and Alan Hershey. Report design was provided by Laura Watson-Sarnoski. Any views expressed in this report are those of the authors and do not necessarily reflect the views of the reviewers, Public Strategies, or the Administration for Children and Families.

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EXECUTIVE SUMMARY

Family Expectations (FE) is a program in Oklahoma City designed to strengthen the relationships of low-income couples who are expecting a baby or have just had a baby. For all families, this period is typically full of promise but also vulnerability. FE is one of eight sites that are participating in a large national evaluation of Building Strong Families (BSF), a federally funded program for unmarried parents. The underlying rationale for BSF is that relationship skills education and family support services provided to unmarried parents in a romantic relationship will help them learn how to communicate better, resolve conflicts constructively, and end up with a stronger, healthier, and long-lasting relationship. Stronger relationships, in turn, are expected to improve family outcomes and child well-being.

This report presents findings from both an analysis of the implementation experience of FE and a rigorous evaluation of program impacts on couple and family outcomes. As part of the evaluation, more than 1,000 unmarried couples volunteered for FE; roughly half of them were randomly selected and offered the opportunity to participate in FE (the "program group"), while the other half was assigned to a control group. Fifteen months later, FE couples showed significantly greater improvement compared with control couples in their relationship, father involvement, co-parenting, and maternal psychological well-being.

Design and Implementation of Family Expectations

FE was developed from scratch and implemented within a relatively short period. The program developers drew on their experience managing the Oklahoma Marriage Initiative, which facilitates voluntary relationship education for other couples throughout the state. From 2006 to 2008, the FE model was designed and implemented, growing into a well-staffed program with clearly identified roles.

FE Program Model. To be part of the evaluation, all BSF programs were required to implement three components—relationship skills education, family support coordinators, and supportive services—but were given the flexibility to shape them in response to local needs, preferences, resources, and constraints. FE's program model was implemented as follows:

- **Relationship skills education.** Group workshops were held weekly for up to 15 couples at a time, lasting from 3 to 5 hours each, for a total of 30 hours. FE chose to use a specially adapted version of the Becoming Parents Program, a curriculum developed by Dr. Pamela Jordan. The curriculum drew in part on the Prevention and Relationship Enhancement Program (PREP®), which focuses on communication, problem solving, friendship, and fun. Other topics include self-care (such as recognizing post-partum depression), infant care and development, co-parenting, communicating about money, trust/commitment, and considering marriage. Each workshop was led by a team of two or more curriculum-trained staff that included both men and women.
- **Family support coordinators.** Each couple in the program group was assigned a family support coordinator (FSC) whose role was to meet with each couple individually and provide assistance by assessing their basic family needs, reinforcing key curriculum concepts and skills, helping couples establish goals and track their progress toward them, and encouraging ongoing attendance in and completion of the workshop series.
- **Supportive services.** Based on their needs, couples in the program group were referred to a range of supportive services available in the community (and sometimes at the program facility). These include services related to housing, employment, education, transportation, child care, treatment for substance abuse or depression, and parenting education. FSCs used a structured tool covering 14 domains of family functioning to identify the couples' needs and make referrals.

Recruitment. Nearly half of the 1,010 unmarried couples who volunteered for the evaluation were identified through the state's Medicaid program or through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Brochures were mailed to potential prospects who could contact the program if they were interested. The remaining couples were identified through prenatal clinics, doctor's offices, other partner agencies, and word of mouth. Couples were invited to tour the program facility and meet the staff before committing to the intake process. They were also given help with transportation and a $20 gift card as a thank-you for participating in the intake process.

Practices to Promote Participation. Like evaluation enrollment, participation in FE services by couples in the BSF program group was voluntary—attendance was not mandated by any public or private agency. The FE program developers created and refined multiple procedures to encourage participation:

- Emphasized recruitment during early pregnancy so that participation in the relationship skills component would be less likely to be interrupted by the baby's birth.
- Aimed to minimize participation barriers by providing assistance with child care during workshops, transportation to and from the facility, and family meals before each workshop.
- Created a warm and inviting facility staffed by friendly and supportive people, and including such amenities as reclining loveseats so that pregnant women could elevate their feet.
- Designed a generous package of incentives to both support the couples' achievement of participation benchmarks and reinforce positive changes in behavior.
- Implemented an abundance of on-site extended activities and social events for couples to create a fun and interesting backdrop for the program.

Program Management. During the evaluation period, there were more than 50 full-time staff, 25 part-time contract workers, and a number of volunteers. FE developed a culture of rigorous self-monitoring and scrutiny, with senior administrators responsible for tracking ongoing progress and continually developing ways to improve performance. Administrators created a two-week training system. In the first week, all staff were introduced to the program's philosophy and practices, and in the second, position-specific trainings were offered within two weeks of hire. Performance management also involved the development and tracking of numerous key benchmarks, such as conducting the initial FSC meeting with 75 percent of couples within two weeks of enrollment. Underperforming staff were subject to corrective action, such as pairing them with more experienced staff, engaging in role-playing, or increasing the frequency of supervisor observation and feedback.

Impact Evaluation

To assess whether FE achieved its goals, the rigorous random assignment evaluation addressed two overarching research questions:

1. **Did FE change the amount of services received?** Did couples enrolled in FE attend and complete the relationship skills education sessions? Did the family coordinators meet regularly with enrolled couples, and what family support services were received?
2. **Did FE improve outcomes?** What was the impact of FE on couples' relationships, family outcomes, and child well-being? Did FE work better for some couples than for others?

From June 2006 through March 2008, 1,010 couples applied for FE services. Roughly half of the couples were assigned to the FE program group (503 couples), and the remaining couples were assigned to the control group (507 couples). The impact analysis presented in this report is based on data collected from two sources: (1) a baseline information form completed by each person applying to FE and (2) a telephone survey conducted with mothers and fathers enrolled in the study about 15 months after they applied to FE. At least one parent in 877 couples (87 percent of all couples) responded to the 15-month survey. This includes 82 percent of mothers and 73 percent of fathers.

FE couples participated in significantly more relationship skills education than did couples in the control group. About 76 percent of FE couples attended a relationship skills session at least once, compared with slightly less than one-quarter of control group couples. Moreover, FE couples attended an average of 20 hours of group sessions on relationship skills education (including those who attended no sessions), compared with only 2 hours for control group couples.

FE led to a consistent pattern of significantly positive effects on the quality and status of the couples' relationships. The primary outcome domain for the 15-month impact analysis was relationship status and quality. Measures in this domain included relationship status, fidelity, attitudes toward marriage, and four primary measures of relationship quality: (1) relationship happiness, (2) support and affection, (3) use of constructive conflict behaviors, and (4) avoidance of destructive conflict behaviors (Table ES.1).

Table ES.1 Impact of Family Expectations on Couple Relationships at 15-Month Follow-Up

Outcome	FE Couples	Control Couples	Estimated Impact	Effect Size
Relationship Quality				
Relationship happiness (range: 0 to 10)	8.49	8.18	0.31***	0.21
Support and affection (range: 0 to 4)	3.50	3.43	0.06**	0.16
Conflict Management (range: 1 to 4)				
Use of constructive conflict behavior	3.33	3.22	0.11***	0.19
Avoidance of destructive conflict behavior	2.80	2.71	0.09**	0.14
Fidelity				
Neither reports infidelity (%)	82	77	5.00*	0.18
Intimate Partner Violence (%)				
Mother: no severe physical assault past yr	90	87	3.00	0.16
Father: no severe physical assault past yr	92	91	1.00	0.09
Relationship Status (%)				
Romantically involved	82	76	5.00*	0.19
Living together, married or unmarried	70	66	5.00	0.13
Married	25	25	0.00	-0.01
Attitudes Toward Marriage (range: 1 to 4)				
Mothers' attitudes	3.11	2.97	0.14***	0.18
Fathers' attitudes	3.22	3.12	0.11**	0.15
Sample Size	**435**	**442**		

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
***/**/* Significantly different from zero at the .01/.05/.10 level.

- FE significantly improved the following dimensions of relationship quality:
  — Relationship happiness
  — Support and affection
  — Use of constructive conflict behaviors
  — Avoidance of destructive conflict behaviors
- FE significantly increased the likelihood that couples would remain romantically involved (82 percent of FE couples versus 76 percent of control couples). FE did not significantly affect the rate of living together (70 percent versus 66 percent) or marriage rates (25 percent in both groups).
- Significantly more FE couples reported that they remained faithful (82 percent of FE couples versus 77 percent of control couples), and FE couples expressed significantly more positive attitudes toward marriage than did control group couples.

Family Expectations improved co-parenting relationships and led to an increase in the proportion of fathers living with and supporting their children (Table ES.2). In addition to the central goal of strengthening couple relationships, FE was also intended to improve each parents ability to cooperate with his or her partner in parenting and to increase the involvement of fathers with their children. The co-parenting measure is based on 10 items drawn from the Parenting Alliance Inventory, is measured on a scale of 1 to 5 (strongly disagree to strongly agree), and includes such items as "(other parent) and I communicate well about (our child)."

- FE couples scored significantly higher on the co-parenting scale than did control group couples.
- Fathers in FE couples were significantly more likely than control group fathers to live with their child, and significantly more FE fathers contributed at least half of the cost of providing for their children, compared with control group fathers.
- FE significantly reduced depressive symptoms of mothers relative to mothers in the control group.

FE did not significantly affect most measures of family economic outcomes. One hypothesis tested in the impact evaluation was whether impacts on relationship status and quality would translate into indirect

Table ES.2 Impact of Family Expectations on Parenting, Father Involvement, and Parental Well-Being at 15-Month Follow-Up

Outcome	FE Couples	Control Couples	Estimated Impact	Effect Size
Co-Parenting (range: 1 to 5)				
Quality of co-parenting relationship	4.43	4.36	0.08*	0.12
Mothers' Parenting Behavior				
Engagement in cognitive and social play (range: 1 to 6)	5.10	5.05	0.05	0.07
Frequently spanked focal child in previous month (%)	11.1	11.4	-0.40	-0.02
Parenting stress and aggravation (range: 1 to 4)	3.53	3.49	0.04	0.08
Fathers' Parenting Behavior				
Engagement in cognitive and social play (range: 1 to 6)	4.70	4.68	0.03	0.02
Frequently spanked focal child in previous month (%)	9.6	8.6	1.0	0.07
Parenting stress and aggravation (range: 1 to 4)	3.52	3.54	-0.02	-0.04
Father Involvement (%)				
Lives with child	71	66	5*	0.15
Spends at least 1 hr with child daily	69	69	0	0.02
Provides financial support (at least half the cost of raising child)	80	72	8***	0.27
Depressive Symptoms				
Mothers' CES-D score (range: 0 to 36)	4.52	5.95	-1.43***	-0.22
Fathers' CES-D score	4.01	3.99	0.01	0.00
Attitudes Toward Marriage (range: 1 to 4)				
Mothers' attitudes	3.11	2.97	0.14***	0.18
Fathers' attitudes	3.22	3.12	0.11**	0.15
Sample Size	**435**	**442**		
Couples	**435**	**442**		
Mothers	**411**	**413**		
Fathers	**362**	**373**		

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
***/**/* Significantly different from zero at the .01/.05/.10 level.

impacts on parent and family economic outcomes, such as employment status and earnings. At the time of the 15-month follow-up, nearly the same percentage of FE mothers (54 percent) and control group mothers (53 percent) had worked for pay in the previous month. Similarly, nearly the same percentage of FE fathers (81 percent) and control group fathers (80 percent) worked for pay in the previous month. However, FE couples had significantly lower levels of TANF or Food Stamp receipt (49 percent) compared with control couples (54 percent), although about the same percentage of couples in each group had a family income below poverty and reported they had difficulty meeting housing costs.

FE had significantly stronger impacts on relationship status, relationship quality, co-parenting, and father involvement for African American couples than it did for other couples. Among couples in which both the mother and father reported being African American, FE led to large and statistically significant increases in the percentage of couples who were romantically involved and who were living together. Relationship happiness and the level of support and affection partners felt toward each other were significantly higher for African American FE couples than for African American control couples. FE also improved the ability of African American couples to use constructive conflict management techniques and avoid destructive conflict behaviors. Similarly, scores on the co-parenting scale, the percentage of fathers providing substantial financial support to their child, and scores on the scale measuring father engagement in cognitive and social play were significantly higher for African American FE couples than for African American control couples. On the scale for mothers' depressive symptoms, FE led to fewer depressive symptoms for both African American couples and all other couples.

Looking Ahead

Results from the impact evaluation suggest that FE achieved its goal of strengthening relationship quality and helping couples stay together. In an upcoming longer-term impact analysis, data will be collected from the program and control group couples and from assessments of their children when they are about three years old. Results from that analysis will indicate whether the 15-month impacts are sustained over time and whether they result in improved social, emotional, and language outcomes for children.

With funding from Oklahoma's Department of Human Services, Family Expectations continues to operate beyond the evaluation, no longer assigning couples to a control group. Management staff continue to track performance, conduct programmatic reviews, and implement improvements and refinements as needed, and the program continues to support research through a variety of additional studies.

I. INTRODUCTION

Family Expectations (FE) is a program in Oklahoma City designed to strengthen the relationships of low-income couples who are either expecting a baby or have a newborn—a period of time typically full of both promise and vulnerability for families. One of the largest of its kind in the nation, the program serves both married and unmarried couples and is part of two national evaluation studies testing the effectiveness of such programs on the outcomes of participating families. These studies include the Supporting Healthy Marriages (SHM) evaluation, which focuses on married parents, and the Building Strong Families (BSF) project, which focuses on unmarried parents. In this report, we describe how FE was developed and implemented and its effects on the unmarried couples that enrolled as part of the BSF evaluation—15 months after they entered the program.

Rationale for Developing the Family Expectations Program

The concept for FE originated with the Oklahoma Department of Human Services (OKDHS) and was driven by public policy interests coupled with research on family development that suggested the moment of childbirth as potential opportunity for intervention. Oklahoma's Secretary of Health and Human Services was particularly interested in promoting the healthy development of at-risk families and provided ongoing leadership and support for the development and implementation of FE.

Strengthening Families as State Policy. Oklahoma has had a longstanding interest in strengthening families, as demonstrated by its implementation of skills-based workshops to strengthen marital and couple relationships throughout the state. By 2007, more than 100,000 Oklahoma residents had participated in some form of relationship skills workshop (Dion et al. 2008), coordinated by a public-private effort, the Oklahoma Marriage Initiative, which is funded by OKDHS and managed by a private firm, Public Strategies, Inc. (PSI). As part of the overall initiative, which began in 1999 and continues today, workshops often are adapted to meet the needs of specific populations, such as high school students and prison inmates. For example, one adaptation was created for welfare recipients, who are often single parents; it supplemented the usual communication and problem solving skills with information on how to recognize and create a healthy relationship.

In 2005, initiative leadership began to develop a special program for OKDHS couples transitioning to parenthood, such as those whose pregnancies are supported through Medicaid. It was this interest that first led OKDHS and PSI to consider information on relationship skills interventions for couples having a baby and ultimately, to the conceptualization of what became known as FE.

Under contract to OKDHS, PSI took the lead in developing, implementing, and managing FE. PSI is a private for-profit project management firm in Oklahoma City, which also led the development and implementation of Oklahoma's statewide marriage initiative. PSI thus had extensive experience in working with communities to implement relationship skills training, and had substantial knowledge of the issues involved in the large-scale implementation of relationship skills workshops in a wide variety of settings and with different populations. Prior to FE, PSI had not directly provided social services of any kind, but its staff was convinced of the potential value of relationship education for all couples. Another advantage of operating the statewide initiative was that PSI already had connections with numerous individuals in the community with experience providing relationship skills education.

Research on the Transition to Parenthood. As input to its decision to create FE, initiative leadership sought information from its research advisory group on the transition to parenthood. Its experts and other sources that were consulted pointed to more than 40 years of research showing that the period surrounding the birth of a child is a vulnerable time for the continued positive development of couples and families. Leadership learned that according to research, for 40 to 70 percent of couples, the transition to parenthood is accompanied by a drop in marital satisfaction and relationship quality and a rise in conflict. Although pregnancy and childbirth are often joyful, the following weeks and months are stressful for many couples, involving marked shifts in the amount of time available for the couple and in their division of labor; such changes can result in the beginning of maladaptive behavior patterns (Belsky and Rovine 1990; Cowan and Cowan 1995; Belsky and Pensky 1988). Chronic inter-parental conflict is harmful not only to the couple but to the physical and emotional well-being of children (Emery 1999; Grych and Fincham 2001).

Researchers have studied the adaptive processes couples use to weather the transition to parenthood and have translated these processes into relationship skills that can be taught to couples through group-based workshops (Cowan and Cowan 1992, 1995; Shapiro et al. 2000; Jordan et al. 1999). These relationship skills include the communication and conflict management strategies other research has found to predict relationship stability and satisfaction, as well as skills in managing stress and remaining connected to one's partner by building intimacy and affection. At the conception of FE, marital researchers had tested such programs with married middle-class families but not with low-income unmarried-parent families.

•••unmarried couples typically have high hopes for their relationships and expect to stay together, but also face greater uncertainty in both their relationships and economic situations...

Unmarried Parents and the "Magic Moment." The groundbreaking Fragile Families and Child Wellbeing Study indicated that around the time of their child's birth unmarried couples typically have high hopes for their relationships and expect to stay together, but also face greater uncertainty in both their relationships and economic situations relative to married parents. More than 80 percent of the unwed couples in the 20-city Fragile Families study reported that they were romantically involved at the time of their child's birth, many had supportive and affectionate relationships, and most expected to marry the child's other parent, leading researchers to dub it as the "magic moment." Annual follow-ups with these couples showed, however, that less than one-fifth married within three years (Carlson et al. 2005; Carlson et al. 2004). The research showed that despite their strengths and the belief by many that children are better off if their parents are married, these couples also faced multiple challenges

in developing strong and stable families, such as lower average levels of education and earnings, uncertainty in their relationships, and children by multiple prior partners (Gibson-Davis et al. 2004).

Research on fragile families motivated a federally sponsored study of the potential of intervening with romantically involved but unmarried couples having a child together. For the Administration for Children and Families at the U.S. Department of Health and Human Services, Mathematica Policy Research developed a conceptual framework for interventions that would serve unmarried couples expecting a child (Dion et al. 2003). The framework—based on research in two areas—the needs and circumstances of low-income families and the relationship dynamics of couples, particularly those transitioning to parenthood—ultimately led to Building Strong Families, a project that FE ultimately joined.

Family Expectations as Part of the Building Strong Families Project

In early 2006, Oklahoma began a pilot test of FE and applied to become one of several program sites in the BSF project. BSF's purpose is to develop, implement, and test interventions to help low-income romantically involved unwed parents strengthen their couple relationships and create a stable and healthy home environment for their children. Designed as a multisite demonstration program and incorporating a rigorous evaluation component, BSF is led by the Office of Planning, Research, and Evaluation within the Administration for Children and Families at the U.S. Department of Health and Human Services. The project is carried out through a multiorganizational research team headed by Mathematica Policy Research.

BSF's purpose is to develop, implement, and test interventions to help low-income romantically involved unwed parents strengthen their couple relationships...

For Oklahoma, there were several benefits to participating in the BSF study. The local program development team could receive technical assistance from the national research team, would be part of a broader learning community that included practitioners from other program sites around the country, and would be evaluated by an independent policy research team. After a pilot period, FE was accepted into the BSF

project and began enrolling evaluation sample members in June 2006. Oklahoma's evaluation enrollment concluded in February 2008 with a total of 1,010 couples.

•••the transition to parenthood is a vulnerable time for both unmarried and married couples, particularly when they are economically disadvantaged.

From the outset, Oklahoma had been interested in making FE available to all low-income couples, regardless of their marital status. The rationale was that the transition to parenthood is a vulnerable time for both unmarried and married couples, particularly when they are economically disadvantaged. The state then had an opportunity to become part of a second federal demonstration and evaluation of relationship-strengthening programs for low-income married parents. The SHM project is similar to BSF, but is targeted to low-income married, rather than unmarried, couples with children. In early 2007, FE became one of the program sites included in the SHM evaluation, with a similar goal of enrolling 1,000 couples. Unmarried and married couples were served together in FE, both before and after the evaluation period for each study.

Although FE included both married (SHM) and unmarried (BSF) couples in its services, this report focuses only on outcomes for the unmarried couples enrolled as part of BSF. This is because the SHM project uses a somewhat different evaluation design (for example, measuring a set of outcomes specific to married couples) and is led by a different research team. In addition, the timing of enrollment and data collection in SHM differs from that of BSF. FE enrolled BSF couples from June 2006 through February 2008 and SHM couples from February 2007 through March 2009.

BSF Program Guidelines

Because the overall BSF evaluation design called for combining outcome data across program sites, the project took steps to ensure a minimum level of consistency across its intervention programs. To that end, the research team developed a set of guidelines that programs would be expected to follow (Hershey et al. 2004) and sought out local organizations interested in implementing the model. The guidelines defined the target population, provided research-based information about the circumstances and needs of low-income unmarried parents, and specified a program model that included three main components: (1) weekly group instruction in

Figure I.1 The BSF Program Model

relationship skills—the core component, (2) couple- and individual-level program support from "family coordinators," and (3) referrals to additional family services as needed (Figure 1). Selection of programs for the evaluation was based on how well they implemented the model during a pilot period.

- **Curriculum-Based Group Sessions on Skills for Healthy Relationships and Marriage.** The central component of BSF programs is group-based education in the skills that, according to research, predict relationship and marital stability and satisfaction. The guidelines suggested an intensive and long-term approach to this component, given that many low-income couples may be experiencing high levels of stress. The guidelines called for curriculum content covering topics common to many relationship education programs (such as communication and conflict management skills), as well as other topics that may be key to the positive development of unmarried parent relationships and their movement toward greater stability and health.

The central component of BSF programs is group-based education in the skills that, according to research, predict relationship and marital stability and satisfaction.

- **Individual- and Couple-Level Support.** Research on low-income parents shows that many lead complex and challenging lives. To address the possibility that these challenges may contribute to relationship problems and impede couples' ability to participate in and benefit from the BSF program, the guidelines required that each family be assigned a staff member charged with meeting with couples on an individual basis. These "family coordinators" were expected to identify and address families' needs, reinforce curriculum concepts, and provide encouragement for program participation.

- **Referrals to Other Family Support Services.** The BSF guidelines called for program staff to assess families for other needed services and link them to resources available in the community. Most communities offer services to help low-income families address such issues as employment, parenting education, housing, child care, general education, and mental health treatment, but parents may not be aware of how to access them.

BSF Program Sites

Number of Study Couples by BSF Program	
BSF Program	**Number of Study Couples**
Atlanta	930
Baltimore	602
Baton Rouge	652
Florida Counties	695
Houston	405
Indiana Counties	466
Oklahoma	1,010
San Angelo	342
Total	**5,102**

Eight program sites in seven states ultimately were selected for the BSF evaluation. In Oklahoma, FE was developed and implemented by PSI under contract to OKDHS. Although PSI had not yet provided direct services prior to FE, it had lengthy experience in designing, implementing, and managing a statewide marriage initiative, which involved the delivery of relationship skills classes to numerous target populations in a variety of settings throughout the state. At other BSF sites, programs were implemented by various community-based organizations, most of which had experience in serving at-risk families through a range of services, but not services focused on couple relationships.

Together, the BSF programs enrolled 5,102 couples (10,206 individuals) during the evaluation period. The development and implementation of all BSF sites, including Oklahoma, was analyzed and described in three prior reports (Dion et al. 2006; Dion et al. 2008; Dion et al. 2010). These reports indicate that although all local programs implemented the basic model components, substantial cross-site variation occurred in many areas, including operational strategies and procedures, characteristics of couples applying to the program, curriculum selection, intensity of the individual support component, and extent of workshop participation among those assigned to the program group.

II. DESIGN AND IMPLEMENTATION OF FAMILY EXPECTATIONS

Although the BSF guidelines specified a general model for development and testing, the programs had substantial latitude in design and implementation. Moving from a program model to on-the-ground implementation requires many decisions to fit the model requirements to local circumstances, resources, preferences, and constraints. Programs like Oklahoma's, which were built from the ground up, had to make choices about how to structure the three program components, identify and recruit couples, promote the program group's participation and retention in services, and staff and manage the program.

Drawing on its resources, knowledge, and experience operating the state's marriage initiative, PSI began planning its program in 2005 and operated a 4-month pilot phase until June 2006 when enrollment into the evaluation began. The pilot phase gave FE the opportunity to demonstrate that it could meet minimum implementation benchmarks for the evaluation. Like all BSF programs, however, various aspects of operations and practices continued to develop and evolve even during the evaluation period. Thus, the evaluation included couples who received services prior to the maturing of the entire system and skill level of the staff.

FE Program Components

The Oklahoma site chose to design an intervention focusing on developing, maintaining, and supporting healthy relationships in low-income couples transitioning from pregnancy to childbirth, regardless of whether they are first-time or experienced parents or their marital status. Working within the BSF framework, PSI developed components for group-based instruction in relationship skills, individual-level attention, and referral to other needed supports.

Content of Relationship Skills Education Component

For its relationship skills component, the Oklahoma site developers chose to implement the Becoming Parents Program (BPP), a curriculum developed by Dr. Pamela Jordan, an assistant professor of nursing in the Family

and Child Nursing department of the University of Washington. The original version of this curriculum, developed before FE was created, was intended for first-time expectant parents and focused on three main areas: (1) communication, problem solving, friendship, and fun; (2) self-care and anger management; and (3) infant care and development. To tailor BPP to the FE target population, the curriculum was adapted and supplemented with additional content. Appendix A includes a list of all curriculum topics, as presented in FE, with references to sources of material.

They taught this thing called the speaking-listening technique, which I thought was kind of lame at first. But it really helps the other person understand what you heard, which could be totally different from what they're saying. An FE mother.

Communication, Problem Solving, Friendship, and Fun. BPP was selected primarily because it included material from the Prevention and Relationship Enhancement Program (PREP®), a curriculum that Oklahoma long had used for its statewide initiative. To help couples fortify their relationships in preparation for their child's birth, about one-third of the BPP curriculum was devoted to material adapted from PREP®. This content included information on recognizing communication patterns associated with unfavorable relationship outcomes, the basic principles of communication, and a skill known as the "speaker-listener technique," a form of active listening. Additional material from PREP® included strategies for solving problems, such as establishing ground rules, developing awareness of one's expectations, identifying hidden issues that may lurk behind difficult communications, and how to develop and maintain friendship and fun in the relationship. Supplementing this material on couple dynamics, Dr. Jordan developed and incorporated a brief module "Message to Moms," which focuses on the importance of fathers in children's lives.

Self-Care and Managing Anger. Understanding the stressful nature of the transition to parenthood, BPP includes material to help expectant parents develop skills for managing fatigue and stress, develop support networks and healthy lifestyles, and recognize and address depression. To avoid the physical violence that can occur as a result of anger escalating out of control, Dr. Jordan adapted curriculum content from the Stop Anger and Violence Prevention program (SAVE) and the Domestic Conflict Containment Program (DCCP) and incorporated it in BPP. This material focuses on avoiding violence by managing anger and using strategies, such as time-out, to prevent escalation.

Infant Development. BPP initially was created for first-time parents; thus, another major component of the curriculum was devoted to understanding infant behavior and caring for babies in ways that promote their safety, learning, and socioemotional development. Much of the material for this portion of BPP—information on infant states, cues, behavior, state modulation, and feeding—was drawn from the Keys to Caregiving, a series of booklets developed by the University of Washington School of Nursing. Other material included information about safe sleeping for babies (including Kathryn Barnard's Sleep Activity Record) and general safety for babies and young children. Information on how to teach infants and toddlers a variety of behaviors was drawn from The Teaching Loop, a structured 4-step method that makes learning a new skill easy for a child: alerting (getting the child's attention); instruction (explaining or demonstrating what you want the child to do); performance (allowing the child to perform the task); and feedback (showing how you feel about the performance such as smiling or clapping). Appendix A includes citations to these materials.

They did this thing at the end about different stages of your baby being awake and I thought that was pretty interesting, like when to engage your baby and when to just leave him be so he doesn't get too fussy. An FE mother.

Adaptation for Low-Income Families. To tailor the curriculum for FE's target population, the original BPP material described above was adapted and supplemented with the assistance of Dr. Kathryn Edin, an expert on low-income parents at Harvard University, and Courtney Harrison of PSI. The revised BPP curriculum relied less on lecture, reading, and written exercises, and aimed for greater accessibility for couples with lower average levels of literacy and language fluency.

Supplementation Required by BSF. Following specifications in the BSF program guidelines (Hershey et al. 2004), Dr. Jordan supplemented the curriculum to address issues common to low-income unmarried couples with children. These topics include how to deal with former partners and co-parent children from a prior union, manage and communicate about family finances, and build mutual trust and commitment, as well as information and exercises regarding healthy marriage. She incorporated a focus on these areas primarily by adapting material from a separate effort to develop curricula on these topics for the BSF sites (Wilson et al. 2006), as described below.

Former Partners and Co-Parenting. The rate of multiple-partner fertility generally is high among unwed couples and may place a significant strain on new relationships. Information and exercises in this area are intended to help parents establish ground rules for how to deal with any

former partners with whom a member of the couple has had a child. The curriculum material includes suggested "Dos and Don'ts" for how to interact with these former partners (e.g., don't use the child as a messenger to the other parent about important issues; do encourage and support the child's relationship with the other parent). It also provides and discusses tips for successfully blending families and establishing healthy relationships with a partner's child from a prior relationship. The material also shows couples how to create a shared parenting plan with a former partner, including decisions about how they will share information about the child, solve problems, and make decisions regarding such issues as the child's medical treatment, changing schools, or recreational activities. Visitation and child support schedules can also be part of this plan.

Trust, Commitment, Forgiveness. The curriculum material highlights trust, commitment, and forgiveness as three essential elements in the development of healthy and positive relationships and marriage. The material on trust consists of a brief lecture, focusing on what trust is, what causes it to develop or be broken, how it can be rebuilt, and its relevance for the development of commitment. The material on commitment similarly begins with a definition and is followed with information on how couples can develop their commitment: (1) making the choice to give up other choices, (2) having a couple identity—a sense of "weness," (3) making sacrifices to benefit the partner rather than yourself, and (4) having a long-term view. It introduces forgiveness as a decision not to get even or hold a grudge when you are hurt, and includes steps to forgive and bring couples closer together.

Marriage. Many unmarried couples have had little exposure to models of healthy and stable marriage. The material in this area begins with an

examination of how healthy marriages tend to look (e.g., trust, honesty, safety, loving feelings, violence-free). Other "facts about marriage" include how people can benefit from being in a good marriage (e.g., greater health and longer life expectancy; less poverty, risky behavior, and infidelity) and the advantages for children of being raised by married parents (e.g., on average, better health, mental health, and school performance and less substance abuse, teen parenthood, and delinquency). In another session, a "panel" of married couples from the community joins the workshop so that FE parents can ask open and honest questions about what it is like to be married. The curriculum material in this area includes an exercise to design a low-cost wedding and another in which mothers and fathers identify their concerns about getting married and what they think needs to be done to address these issues.

Finances. Although low-income couples have fewer resources than others, research shows that arguments about money are a frequent source of conflict for all couples. The curriculum material related to finances begins with the concept that expectations derived from personal values and beliefs are often behind money conflicts, so understanding and being clear about these expectations is important. Next, the curriculum presents information about how couples can work as a team to budget and manage their money together. One exercise has couples develop a monthly spending plan. The last component in the finances area pertains to why and how couples should build their savings, including specific suggestions for savings strategies.

We found out you could get a set of decent wedding bands for $100 and if you wanted you could plan a wedding for under $600. That's well within two paychecks for a couple, if both of them are working.
An FE father.

Delivery Format of Relationship Skills Component

In FE, trained facilitators and coaches delivered the relationship skills curriculum to groups of couples. On average, about 15 couples participated in the workshop sessions, which were led by two or three male and female "family educators." The educators presented the curriculum material in a class-style format, including brief lectures, audiovisual aids, and questions posed to the group. They often used examples and stories from their own lives to illustrate key points. They asked participants to pair off with their partners and practice specific skills using structured exercises and activities. For sessions focusing on communication techniques, the educators were assisted by communication coaches, whose role was to circulate among the couples as they practiced speaking and listening skills and provide support and assistance as needed.

The BPP curriculum, as supplemented and adapted for use in the FE program, took about 30 hours to deliver. FE offered two different workshop formats: a six-week format, in which couples met each Saturday for six hours at a time (with an hour break), and a 10-week format, in which couples met weekly in the evenings for 3.5 hours (with a half-hour prior to class allotted for dinner).

Throughout the evaluation period, FE offered some additional sessions for couples who had completed the 30-hour core curriculum. Although these extra sessions were optional, FE staff strongly encouraged couples to attend. For the first year of the evaluation period, these sessions took the form of "boosters" for couples who had children of a similar age (Appendix B). The boosters provided further information on the developmental stages of children but were not very well attended.

FE revised the boosters to make them three "reunions" because couples preferred to get back together with participants from their original workshop group rather than participate with couples who had similar-age children but whom they did not know. Rather than focusing on child development, the first two meetings provided an opportunity to refresh and reinforce BPP curriculum skills. Couples viewed a variety of video clips of couples interacting (from popular movies or television), engaged in a group discussion about the couple behavior illustrated in the video, and participated in games intended to reinforce key curriculum concepts. In the third and final reunion meeting, facilitators asked the couples to share stories about how FE had affected their families, reminded them of their earlier consent to participate in the research component of the program, and provided them with an updated list of available community resources.

This program has been, let's see, a good word is extraordinary. It's pretty much like a life rule book.
An FE father.

Design of Family Coordinator Component

FE designed and implemented a Family Support Coordinator (FSC) component structured to correspond to the three main objectives specified by the BSF model for individual-level support: help families establish goals and track their progress toward achieving them; conduct an assessment of family needs and make referrals to appropriate support services available in the community; and provide reinforcement of key curriculum concepts and skills. In the Oklahoma program, three additional responsibilities were given to FSCs: refer fathers to in-house support for employment and fatherhood goals; encourage participation in

Moms' and Dads' groups; and provide couples with information about extended FE activities and social events.

- **Family goal planning and tracking.** FSCs were trained to use the SMART approach (Specific-Measurable-Attainable-Realistic-Time-Based) to help guide the development of family and personal goals (such as saving money for a car or home, attaining a GED, or finding child care) and a plan for attaining them. FSCs were expected to review this plan with couples during a later visit to assess progress and make changes as needed.
- **Assessment and referral to support services.** FSCs were to assess each family's needs during their first visit. To do so, FSCs used the "Choices" tool, which covers 14 functional domains. These include needs related to housing, transportation, finances, baby/child needs, nutrition, health care, employment, job training, education, identification (e.g., birth certificate, driver's license), personal issues (e.g., depression, substance abuse), social support, spirituality, and parenting/family issues. Couples indicated all of their needs and then prioritized their top three. Based on the assessment, the FSC made referrals as needed, using a manual that documented services available in the community. The manual was updated every two weeks.
- **Curriculum reinforcement through couple strengthening activities.** Although all FSCs were trained in the BPP curriculum, the specific means through which FSCs provided curriculum reinforcement evolved during the evaluation period. In the early phase, the method for reinforcing curriculum concepts was neither well defined nor structured. Later, the FSC team developed a toolbox of relationship-focused activities that included such games and exercises as "How Well You Know Your Partner." An initial version of this material called for a highly structured and sequenced approach, but later was modified to better meet the needs of couples based on what was occurring in their lives at the time (such as birth of the baby or a crisis of some kind).
- **Employment and fatherhood support.** About nine months after the evaluation began, FE implemented an in-house employment and training component for participants with job assistance needs. Career development specialists assisted parents with removing barriers to

employment and developing a plan for achieving their job goals. The specialists offered employment search, resume writing, and interviewing techniques, in addition to referrals to community-based services.

- **Encouraging participation in Moms' and Dads' groups.** FE offered a group for expectant and new mothers throughout the evaluation period, first as a social gathering and later as an opportunity to provide BPP curriculum reinforcement. Topics varied according to the interests of participants, ranging from building holiday family traditions to balancing personal, couple, and family time. A similar group for fathers was also formed at the start of the evaluation period: Team DADD (Determined and Devoted Dads). About nine months later, FE transformed this service into a curriculum-based program, "Boot Camp for New Dads," which prepares fathers for the birth of their new child and teaches them basic newborn caregiving skills. During the evaluation period, two male staff with experience in fatherhood programming led the men's groups. Appendix B includes a list of the activities and topics discussed during the mothers' and fathers' groups, as well as the sources of the material used.
- **Providing information about extended activities and social events.** In addition to the gender-specific groups, FE designed and implemented a wide array of in-house group-based extended activities in which couples could participate together. These activities (shown in Appendix B) focused on such topics as digital scrapbooking, what baby equipment is needed, infant massage, saving money by using grocery coupons, employment readiness, setting limits with children, car seat and fire safety, age-appropriate toys, developing family routines, home buying, tips for feeding families, understanding infant temperament, and family law. In addition, FE held large-scale holiday events and coordinated other social gatherings and activities, such as ball games for FE participants. Couples were mailed large, brightly colored and professionally produced monthly calendars showing all of the activities and events taking place at FE that month. FSCs reviewed the calendar with couples during visits and over the phone.

Delivery Format of Family Coordinator Services

Most FSC meetings were attended by couples rather than individual parents. Because of its focus on relationships, FE emphasized the importance of meeting with both members of the couple together rather than as individual parents and estimated that about 90 percent of

FSC meetings were with couples. Although home visits occasionally were needed (in the case of the baby's birth, a miscarriage, or other exceptional events), most couples' meetings with FSCs were held at the same location as the curriculum workshops, but in a separate private room (FE occupied several floors of an office building in Oklahoma City). Meetings lasted for approximately one hour.

Meeting frequency and caseloads were determined by the extent of each couple's case management needs, attendance at workshops, and tenure in the program. The FSC manual included guidance on activities for 12 to 15 meetings with couples. FSCs were expected to first contact newly enrolled program group couples within 48 hours of their enrollment in the evaluation to schedule their first visit and assign them to a workshop. Thereafter, the schedule for FSC meetings was based on a "leveling" system: the frequency of contact depended on how long the couple had been in the program, balanced with the extent of their demonstrated workshop attendance and case management needs. FSCs aimed to meet with all Level 1 couples every two weeks. Couples were subsequently moved to a monthly schedule once they met the criteria for Level 2. When workshop participation was high and other criteria were met, couples graduated to Level 3, which provided quarterly FSC meetings. FSCs carried caseloads ranging from 50 to 70 couples, although the goal was to have no more than 50 couples assigned to an FSC at any given time. Caseloads, weighted by couples' case management needs (levels), were about 37 couples on average.

As the family support component developed, FE created new case management levels to identify "hard-to-engage" couples, so that FSCs could avoid devoting large amounts of time trying to reach those unlikely ever to engage in program services. Level X designated those couples not engaging in the program, despite multiple past FSC efforts to engage them. Level Z indicated couples not engaged in the program, either because they moved out of the area and could no longer participate, or because they explicitly stated disinterest in the program.

Recruitment Sources and Intake Process

Methods for Identifying Prospective Participants

FE implemented a multistrategy approach for reaching out to prospective participants both directly and indirectly. Couples recruited for BSF in Oklahoma first learned of FE from a variety of sources: community organizations, direct mail, in-person approach by FE staff, word of mouth, and mass media.

Referrals from Community Partners. Building on its experience in implementing a statewide marriage initiative through community outreach, FE staff created and maintained a network of partner agencies that could refer substantial numbers of couples to FE. Once partnerships were established, staff worked to remain highly visible to the source and strove to foster good will toward the program. FE staff checked in with the most productive sources two to three times a week and once a month with other sources. Throughout the evaluation period, outreach staff also searched for new recruitment sources, spending about 20 percent of their time identifying and cultivating these new relationships. Over time, FE established relationships with about 150 referral sources, about 100 of which provided referrals.

FE's organizational partnerships included pregnancy clinics and doctors' offices; childbirth classes; and local Women, Infants, and Children (WIC) centers, as well as churches, day care centers, baby stores, Head Start and home visiting programs, military bases, and charitable organizations. In most cases, these organizations provided interested individuals with a brief consent-to-contact form which, once signed, permitted FE staff to call the individual and describe the program in more detail.

Direct Mailings to Medicaid Recipients. Through an arrangement with Oklahoma's Department of Human Services, brochures describing FE were mailed to Medicaid recipients, inviting them to call FE for more information, and apply if interested. Medicaid was thought to be a good source because many of its recipients fit the target population of low-income expectant parents.

Word of Mouth. FE participants and program staff were encouraged to refer couples to the program. Small incentives were offered to participants for referring other couples to the program, and staff of PSI were active in spreading the word among friends, neighbors, and family members.

Table II.1 Enrollment by Referral Source

Referral Source	Referrals for BSF and SHM	Completed BSF Intakes	Percentage Enrolled in BSF	Referral Source as Percentage of BSF Sample
DHS Medicaid	762	296	39%	29%
WIC Clinics	960	202	21%	20%
Clinics and doctors' offices	1,108	189	17%	19%
Word of mouth	783	195	25%	19%
Childbirth classes, pregnancy counseling	49	16	33%	2%
Mass media[1]	54	16	30%	2%
Other[2]	702	96	14%	9%
Total	**4,418**	**1,010**	**23%**	**n/a**

Source: Family Expectations management information system.
[1]Mass media includes billboards, internet, movie ads, newspaper, radio, and television.
[2]Other includes churches, day cares, baby stores, Oklahoma State Fair, flea market, school/Head Start, Tinker Air Force Base, Latino Community Development Agency, Children First, Catholic Charities.

Mass Media. Program staff thought it useful to promote name recognition among the general public so that both prospective participants and community partners would be open to hearing more about FE and getting involved. These branding efforts included billboards, local commercials, public radio announcements, and "open houses," where interested parties could visit the program and see it firsthand.

In-Person Approach. FE staff directly approached prospective participants through booths set up at doctors' offices or hospitals, events and activities such as the state fair and flea markets, and while walking down the street or shopping at local stores.

Recruitment Results

Nearly 50 percent of the group of couples recruited for BSF in Oklahoma came through Medicaid or WIC (Table II.1). The recruitment source most likely to yield enrolled couples was Medicaid—39 percent of the 762 married and unmarried couples who learned about FE through Medicaid were eligible for and enrolled in BSF. Of the 960 referrals from WIC, 202 completed intakes for the BSF study (20 percent). An additional 19 percent of BSF

couples in Oklahoma were recruited through contact with prenatal clinics and doctors' offices; a further 19 percent came via word of mouth.

Intake Process

FE worked hard to design a convenient, informative, and efficient intake process for both couples and staff. One of the challenges was that most couples were not familiar with a program like FE, and so could not immediately recognize its potential value. A second challenge was that eligibility for BSF required the involvement and full informed consent of both partners. For each case, two people had to complete the intake process and be found eligible, which could be time consuming. A third challenge was how to identify couples with domestic violence issues; BSF guidelines specified that such couples had to be excluded from the study and provided with appropriate resources.

The intake process was intended to be as streamlined as possible. The first step in the process was contact by an intake specialist within 24 hours of receipt of the referral or initial direct contact. The purpose of the initial contact (usually by telephone) was to describe the program, screen for eligibility, and set up an intake appointment for the couple at the FE office. At the appointment, couples got a tour of the facilities and learned more about the program. If interested, each partner completed the intake forms and a baseline survey; the woman was assessed privately for signs of domestic violence. Each eligible partner provided written consent to their participation in the study. The couple received a small gift for completing intake and was told they would be contacted regarding their assignment either to the program or the control group.

Recruiters invited couples to meet the staff and tour the facilities before committing to an intake appointment. FE learned that couples who visited the program were likely to complete intake. The main recruitment message thus came to be "you have to see it to believe it." Staff emphasized that there was no commitment to complete intake or to join if a couple visited the program. Men often relaxed when they saw male staff at the office and were impressed by the store, where they could cash in program credit for new baby items. Pregnant women often responded positively to the colorful and family-friendly space and the recliners that would allow them to elevate their feet during workshops. As the program grew, the sheer volume of participating couples observed by prospective participants likely provided additional

motivation. For reluctant couples, staff mentioned the $20 gift card for completing intake and a $10 gas card to offset the cost of transportation to the program office.

Staff conducted most intakes at the program office with both parents together. FE's enrollment procedure sought to create efficiencies in two ways. First FE strongly preferred that couples appear together for their intake appointment, rather than separately. Conducting intake with one person and only later with the partner was seen as inefficient because the second person might refuse to complete the intake process, prove to be ineligible, or express no interest in enrolling. Staff also believed that requiring couples to come to the office together for intake was a way for applicants to demonstrate motivation for enhancing their relationships. More motivation could mean that less effort would be needed later to encourage couples to participate if selected for the program group. Second, FE preferred that intake be conducted at its offices, rather than at the couple's home or elsewhere, to minimize the consequences of forgotten or missed appointments. To accommodate couples' schedules, intake appointments were available during business hours, as well as in the evenings and on Saturdays. Couples who came to the office for their intake appointments could be served by any of the intake specialists, not just the staff person who had contacted the couple initially and set up the appointment, further increasing the likelihood that intake would occur.

Practices to Promote Program Participation and Retention

Like enrollment, participation in FE was voluntary—attendance at workshops and other program activities was not mandated by any government agency. Yet attendance and participation was important for understanding whether and to what extent FE could affect the lives of couples enrolled in the program. For this reason, FE developed and refined multiple procedures to encourage participation.

Reducing Barriers to Participation. For low-income families, the cost of transportation and child care can pose problems for attendance at any kind of program. The lack of a strong public transit system in Oklahoma City could be a particular barrier for couples needing to get from work or home to a program. To address

this barrier, FE provided either vouchers for taxi service or gas cards for couples with vehicles to offset fuel costs. Couples also could receive compensation for child care during workshop sessions and, about halfway through the evaluation period, FE implemented free on-site child care for children under the age of one. Because many workshops were held during the evenings around dinnertime, providing family meals prior to the session was important. The lengthier workshop sessions held on Saturdays also provided a lunchtime meal for participating couples.

A Warm and Inviting Environment. FE developers believed that both enrollment and participation would be enhanced if the program took a friendly and welcoming approach, both in its staff and physical space. Couples were provided with reclining loveseats so that pregnant women and their partners could raise their feet during the workshop sessions. Comforting features, such as soft blankets, food, and drinks, always were available. Videos illustrating relationship and communication skills were shown on large-screen projection televisions. The group space, as well as the child care rooms and spaces for meeting with family coordinators, were brightly colored, with cheerful curtains and decorations.

FE strove to create an environment in which healthy relationships could thrive—not just at the couple level, but between participants and staff. Each couple was assigned to meet with the same FSC throughout their participation in FE, allowing for trust and rapport to develop between couples and staff. FSCs saw themselves as mentors, or "life coaches," rather than case managers. They were encouraged to develop personal connections with couples, celebrate their successes and milestones, and prepare for the baby's arrival along with them, such as by shopping for needed baby items at the in-house store. FSCs often shared personal information about themselves and treated couples as if they were part of the family rather than clients. The FSC often was the first person couples called when the baby was born; frequently, FSCs were invited to children's baptisms and birthday parties. One father said to his male FSC, "You're like the father I never had."

Creating a Sense of Community and Connection. FE coordinated and facilitated numerous large-scale events for its families—current, past, and newly enrolled FE participants. For example, holiday parties were very popular and were attended by hundreds of couples and children. Approximately 1,800 FE participants and their families participated in the 2008 holi-

day party, which included a meal, entertainment, mascots, toys and gifts for the children, and frozen turkeys for parents. These events were seen to have several benefits; they helped participants feel that they were part of a larger family and introduced future participants to FE. The sheer presence of so many low-income families created a sense of excitement and energy and likely served as a vivid reminder that FE was a popular and worthwhile program that attracted a lot of people.

Incentives Tied to Progress and Attendance. FE chose to implement a generous package of incentives both to support couples' achievement of participation benchmarks and reinforce behavior change. For workshop attendance, couples could receive up to $200 in cash and $150 in vouchers, redeemable for new products for the family ("crib cash"). Besides encouraging attendance, the crib cash system supported several lessons for couples. For example, it provided an experience in saving for needed items. Couples set goals for what they needed for their baby and then worked toward "earning" enough crib cash to get those items. These incentives were supplemented by weekly workshop drawings for key baby items, such as a bassinet or stroller.

The thing that kept me interested was that it was guaranteed time together, basically uninterrupted time together. An FE father.

FE also provided incentives to support concepts taught by FSCs and encourage participation in meetings with them. For example, couples received a $50 gift card for completing a weekly family menu plan with their FSCs; the money was provided to help couples purchase the items they needed to start making the healthy choices reflected in their menu plans. Similarly, couples received $50 for working with their FSCs to complete a family budget. To further support attendance at FSC meetings, couples could receive crib cash for attending these meetings, as well as the workshops. Other gifts not tied to attendance were presented at such events as a wedding or the birth of a child. In total, not including program supports such as gas cards or free child care during workshops, a couple could receive approximately $800 in incentives over a year by participating in FE workshops and FSC meetings.

Preference for Recruitment During Pregnancy. To be eligible for any BSF program, a couple had to be expecting a biologically related child or have a child less than three months old. FE, however, preferred to recruit couples who were still pregnant so that they could focus on completing the core relationship skills curriculum and prepare themselves for the child's birth prior to the natural distractions created by a newborn. Although all couples meeting the eligibility criteria for

BSF were accepted in FE, staff were encouraged to focus on recruiting those in the earlier stages of pregnancy so that they would have a better chance of completing the curriculum prior to the baby's birth. About 80 percent of all FE couples enrolled during pregnancy.

Reminder Calls and Contact from FSCs. FSCs were responsible for managing attendance at curriculum workshops. They contacted couples to remind them of upcoming workshop sessions, determined the reasons for absences, problem-solved with couples to remove barriers to attendance, and arranged for make-up sessions. They also ensured that couples received their incentives for program participation.

Monitoring Participation and Making Rapid Course Corrections. FE placed a strong emphasis on tracking couples' attendance throughout the evaluation period, so that action could be taken to improve participation quickly if needed. A management team reviewed attendance data on a regular basis and assessed progress toward key performance benchmarks. FE made performance measures and expectations transparent across the board and enlisted the staff's engagement in meeting the benchmarks.

Staffing and Program Management

FE was created from the ground up, requiring the development of infrastructure, staffing, policies, and procedures. Building an organizational structure that did not exist previously, including the selection, hiring, training, and supervising of staff, was a major effort that involved changes as the program expanded during the evaluation period. Although the start-up was demanding and intensive, FE's developers saw advantages in their ability to tailor the organization, staffing, and services solely to its mission of strengthening couples' relationships and preparing them for the transition to parenthood. Without a long history of providing social services directly, but with a network of strong community partnerships for strengthening families, FE developed a culture of rigorous self-monitoring and scrutiny, with senior administrators responsible for studying the program's ongoing progress and creating ways to continually improve performance.

Staffing Structure

FE management staff described three distinct phases related to staff development and roles in their operational history. In the first phase, all staff did every job function. In the second phase, staff began to feel

disconnected as FE grew and many new people were hired. In the final stage, a specialization of labor occurred; job roles were clarified and did not overlap as much as before. FE management established performance measures and goals, and staff understood how their roles and responsibilities directly affected the success or failure of the program.

By the time the evaluation period for BSF ended, FE had developed a large staffing structure and clearly defined staff roles. After several reorganizations, multiple tiers of oversight and management emerged. There were active positions for more than 50 full-time staff, 25 part-time contract workers, and a number of volunteers.

- **Upper-Level Administrators.** The president of PSI, the organization implementing FE, had a clear vision for the program, and upper-level administrators focused on optimizing performance so this vision could be attained. They established high performance targets and data-driven processes for tracking progress regularly.
- **Management.** FE established three positions for managing the day-to-day operations of each program component. There were separate managers for the Relationship Education Workshops, the Family Support Services, and the Community Relations and Intake Specialists. Each of these managers oversaw one or more supervisors of frontline staff.
- **Supervisors.** During the evaluation period, FE employed as many as four supervisors to guide the work of the FSCs. One supervisor led the Community Relations/Intake Specialists. A Workshop Supervisor oversaw staff that provided support for workshops, including child care, data entry, host couples, and ancillary services. A Research Supervisor served as liaison to the evaluation teams.
- **Frontline Staff.** Frontline staff included 25 part-time Family Educators, who led the group workshops; several Communication Coaches; 18 FSCs; 6 Community Relations/Intake Specialists, and two Employment and Fatherhood Specialists.

Staff Selection and Training

Family Educators. FE's family educators were primarily part-time staff who had a wide variety of backgrounds. Although some had experience in the field of education, such as teaching, others ranged from

retired military personnel to a television producer. To be considered for a family educator position, a job candidate had to deliver a presentation to a panel of staff because delivery style was considered an important characteristic of successful family educators. FE looked for candidates who demonstrated empathy, a passion for the topic, an ability to make people feel comfortable, and a lively and entertaining delivery style. All of FE's family educators were married rather than single.

The BPP curriculum developer provided training for family educators, involving 40 hours of instruction over five days. In addition to their formal training, they were required to observe all sessions of a workshop led by experienced peers. Supervisors observed new educators for about 10 hours of their first workshop and periodically thereafter. They also were trained to provide feedback to each other during workshops through the use of a "fidelity checklist." Use of the checklist by the educators ensured that all topics were covered and provided the impetus for input among themselves.

FSCs. FSCs, whose role was to work individually with couples outside of the group workshops, typically were hired on the basis of their experience working with low-income populations. Some FSCs had backgrounds in social work, while many did not. Although many had college degrees, the ability to connect with couples in a personal way that goes beyond case management was more important. FE had a mix of both male and female FSCs. Several additional male staff were hired to serve as Employment and Fatherhood Specialists, working primarily with fathers, as needed.

Community Recruitment and Intake Specialists. Staff in this category had dual responsibilities: to identify and cultivate sources of potential referrals and conduct intake and enroll interested couples. Typically, these staff had a bachelor's degree, although this was not required. Management strove to employ friendly and outgoing workers who were able to engage readily with both staff at potential partner agencies and potentially eligible couples. Several recruitment workers were male, which was seen as important in helping male partners to feel more comfortable and open to hearing about the program.

Roughly halfway through the BSF evaluation period, FE implemented a formalized training system for all staff. All direct service staff, interns, volunteers, administrative/support staff, and supervisory staff participat-

ed in an initial two-week orientation training that focused on FE and PSI practices and philosophy. After completing the orientation, staff participated in trainings specific to their unit (e.g., Family Support Coordinators, Community Relations/Intake). These trainings occurred within two weeks of hire for those working with couples and within three to six months of hire for other staff members.

Approach to Program Management

FE program leaders emphasized performance management, which involved an ongoing process of tracking key benchmarks and implementing improvements continuously. Management set program benchmarks substantially higher than those required by the BSF and SHM evaluations, including 17 benchmarks for the family coordinator component and 15 for community outreach and intake. For example, targets for the family coordinator component included:

- Contact 100 percent of new program group couples within 2 business days.
- Conduct initial office visits with 75 percent of couples within two weeks.
- Conduct two meetings with 70 percent of couples within 4 months of enrollment.
- Conduct family assessments with 90 percent of couples.
- Conduct initial goal plans with 90 percent of couples within 45 days.
- Complete all office visits with 75 percent of couples.

Although data collected by the FE's management information system indicate that many of these ambitious targets were not met fully, they served to motivate staff and alert managers to underperformance and the need for corrective action. For example, staff who did not meet benchmarks were provided with assistance in improving their performance. Supervisors could pair them with more experienced staff for a time, engage in role playing and other training activities, or increase the frequency of staff observations.

About halfway through the evaluation period, FE instituted a formal policy requiring weekly supervision of all direct service staff and supervisors. These staff were required to receive a minimum of one hour of regularly scheduled supervision each week. Such supervision allowed staff

to receive feedback and guidance on techniques, acknowledge weak or burnout areas, and review performance benchmarks and quality of work. The policy also enhanced opportunities for staff to grow professionally with support from their supervisors.

Around the same time, as FE began to ramp up operations and expectations for the number of intakes increased to as many as 120 per month, management moved to implement performance incentives and intensive daily monitoring for intake specialists. It established individual and target goals and, as recruitment requirements for the evaluation climbed, introduced a system of competitive incentive packages to keep staff focused and prevent stress and burnout. For example, the worker with the most intakes in a given period could receive a bonus of up to $150. Management tied other incentives to such outcomes as the highest number of referrals. Program administrators indicated that the system was effective in increasing productivity to the needed levels.

To ensure high-level performance, a Quality Assurance process was implemented during the last six months of the evaluation period. This process involved supervisor observation of direct service staff, regular reviews of case files maintained by FSCs, and telephone surveys. In addition, each supervisor completed a monthly report of team performance in numerous areas: trainings, program accomplishments, community activities, individual staff reports, team challenges, team goals, and quality assurance. Management used this information to improve and enhance service delivery. For example, administrators developed a management information tool to alert FSC staff of the visits they needed to schedule in a given time period. Program administrators believe this tool increased the percentage of FSC meetings completed on time from 42 to 76 percent.

III. COUPLES SERVED, SERVICES RECEIVED, AND FAMILY OUTCOMES

As one of eight BSF programs across the country, Family Expectations (FE) is designed to strengthen the relationships of unmarried parents around the time of their child's birth. The underlying rationale is that, by providing voluntary relationship skills education and family support services to unmarried parents in romantic relationships, they will learn how to communicate better, resolve conflicts in a constructive manner, and end up with stronger and longer-lasting relationships. Stronger relationships, in turn, are expected to improve family outcomes and child well-being.

Many factors ultimately influence the quality of couple relationships and family and child well-being. Couples entering FE bring a complex and varying set of family backgrounds and are offered an intensive set of program services that make up the FE program model. The impacts of these services depend first on whether the couples actually receive the services offered and then on the impacts of these services on couple relationships, family outcomes, and child well-being.

Impact Evaluation Design

A conceptual model of how BSF in general could affect couples and their families guided the study design for the analysis of the impacts of FE on family outcomes (Figure III.1). The model highlights the important linkages among background characteristics and contextual factors, the BSF program model, services received, and outcomes. The framework is a starting point for understanding the various factors affecting three main outcome domains—the couple's relationship, family outcomes, and child well-being. The framework also suggests the focus of the evaluation.

Contextual factors may have direct and indirect effects on family outcomes. Research suggests that many background characteristics—such as family structure, physical and mental health of parents and children, relationship quality, parenting behaviors, and child characteristics—directly affect relationship, family, and child outcomes. They also may affect outcomes indirectly by influencing whether and to what extent couples participate in FE.

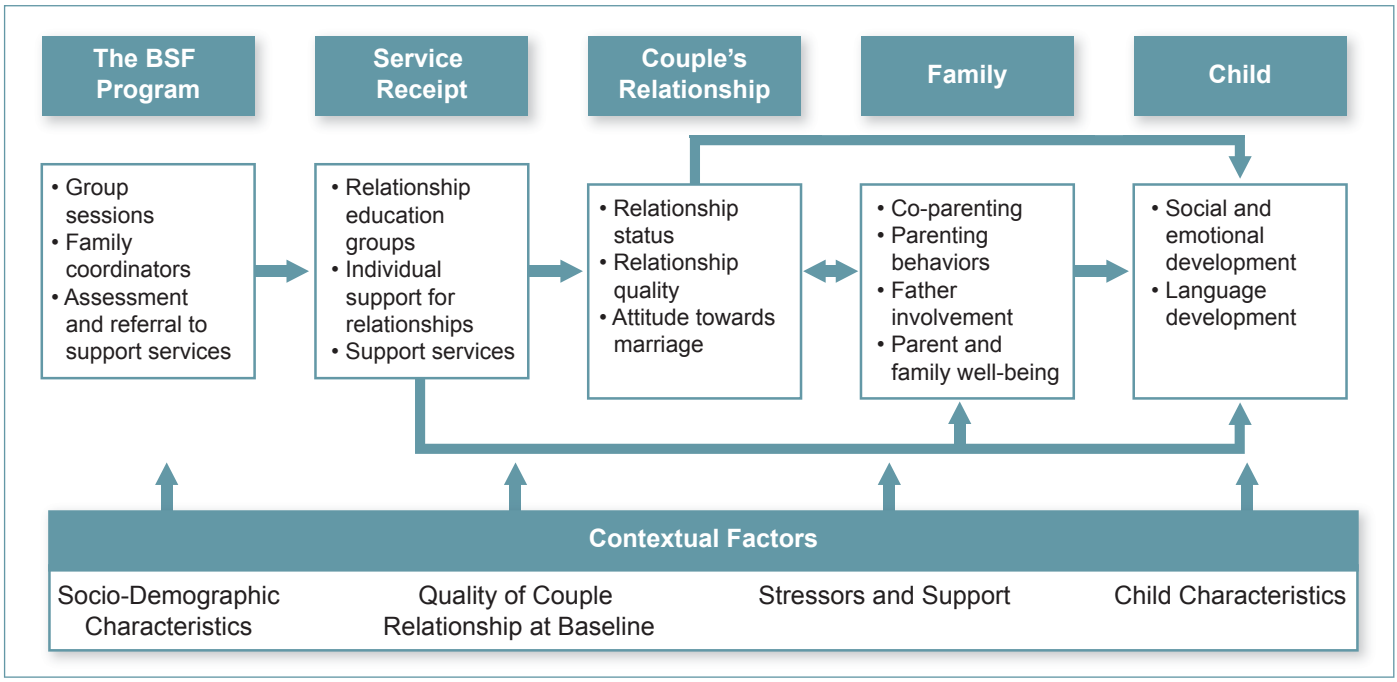
FE services also may have direct and indirect effects on family and child well-being. The relationship skills education, as well as family support

services, may have direct impacts on each of the three main outcome domains shown in Figure III.1. Alternatively, FE services may first improve parents' relationships, which, in turn, may lead to better family outcomes and improved child well-being.

Research Questions. In addition to identifying how FE program services may affect parent, family, and child outcomes, the conceptual framework in Figure III.1 suggests four primary research questions to be addressed by the analysis of FE impacts:

1. What services do couples receive? Do couples enrolled in FE attend and complete relationship education classes? How often do the family coordinators have regular meetings with enrolled couples and what family services do the latter receive? How does this compare with what services control couples receive?
2. Does FE affect couple relationships? Does it affect whether the couple is still romantically involved, the quality of their relationship, or their attitudes toward marriage?
3. Does FE improve family and child outcomes? What is the impact of FE on parents' relationships, family outcomes, and child well-being?
4. Is FE more effective for some subgroups of couples than others?

Figure III.1 Model of Family Expectations and Its Expected Impacts



As illustrated in Figure III.1, FE may affect a wide range of couple, family, and child outcomes. The 15-month impact analysis, which is the focus of this report, looks at couple and family outcomes, since the children of couples were too young during this period to assess their cognitive, social, and emotional development. Child outcomes will be examined as part of a longer-term impact analysis, which will be conducted with data collected at the time the children are about three years of age and presented in a later impact report.

Within the main outcome domains of couple and family outcomes, the evaluation team identified a long list of potential measures. Examining program impacts on a lengthy list of measures, however, increases the risk of finding statistically significant impacts simply by chance. The team took two main steps to avoid this risk. First, based on a comprehensive review of the literature and consultations with experts, the team selected a short list of key measures within each of the outcome domains shown in Figure III.1 (described below). Second, it determined that two domains were most central to the 15-month impact analysis: relationship status and relationship quality. The team identified these domains as most central since they included the outcomes that the core FE services—group relationship skills education—most directly aimed at affecting. Thus, finding statistically significant impacts on measures of relationship quality and status was considered the key test of whether BSF was successful in achieving its primary objectives.

FE Eligibility. To be eligible for BSF services provided by FE, couples had to meet five specific criteria:

1. The couple was romantically involved
2. The couple either was expecting a baby or had a baby that was less than three months of age
3. The couple was either unmarried or had married after the baby was conceived
4. Both members of the couple were 18 years of age or older
5. Both members of the couple wanted to participate in the program and consented to be in the study

Before making a determination of FE eligibility, intake specialists assessed the likelihood of intimate partner violence being present in the relationship. Using a screening tool developed in collaboration with national

experts and Oklahoma's domestic violence coalition, each woman was screened separately from her partner. If there was evidence of violence that could be aggravated by FE participation, the woman was provided with resources and information for achieving safety and the couple was deemed ineligible for FE. FE also developed a protocol to identify signs of intimate partner violence among participating couples and established a set of procedures for how to respond if such signs were detected.

Once couples were found eligible for FE and consented to participate in the study, a computer program randomly assigned them either to the FE program group or the control group. Couples in the FE program group were offered program services; control group couples could not participate in FE. The strength of random assignment is that it ensured that couples in the FE program group and couples in the control group shared similar characteristics and circumstances, both observed and unobserved, at the time they applied for the program. Hence, any differences between outcomes of FE couples and control group couples after random assignment that were too large to be the result of chance could be attributed to FE rather than to any differences in the pre-existing characteristics or circumstances of the couples in the two groups.

Family Expectations	
Study Enrollment: 2006-2008	
FE Couples	503
Control Couples	507
Total Sample	**1,010**
15-Month Follow-Up Survey	
FE Couples	435 (86%)
Control Couples	442 (87%)
Total Sample	**877 (87%)**

Between June 2006 and March 2008, 1,010 couples were randomly assigned for the study. Roughly half of the couples were assigned to the FE program group (503 couples) and half to the control group (507 couples). This report is based on data collected from two sources: (1) a baseline information form completed by all parents when they applied to FE and (2) a telephone survey conducted with mothers and fathers in the study about 15 months after they applied for the program. At least one parent in 877 couples (87 percent of all couples) responded to the 15-month survey. Eighty-two percent of mothers and 73 percent of fathers responded to the 15-month survey.

Estimates of Program Impacts. The estimated impacts of FE were the difference in average outcomes between FE and control group couples, derived from regression models that included a binary variable indicating program/control status and a large number of variables to control for characteristics measured in the baseline survey. The covariates

Note: In the tables and figures presenting the impact results, some differences in average outcomes between program and control groups may not equal the impact estimates due to rounding.

included measures of each couple's initial relationship status and quality, demographic and socioeconomic contextual factors, and various other attitudes and background characteristics. The impact estimates thus were adjusted for any differences in baseline characteristics that may have arisen simply by chance between the FE program group and the control group.

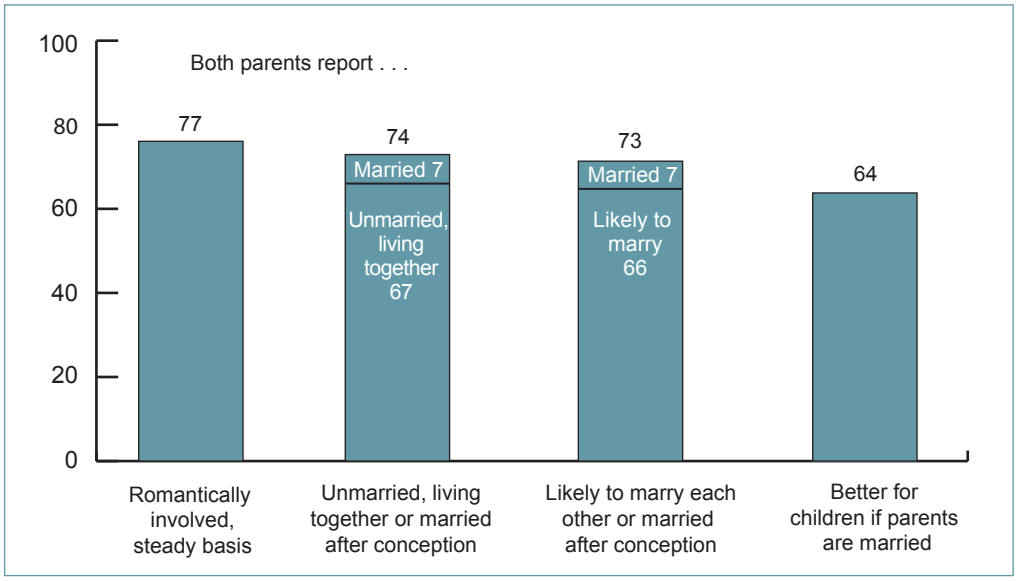
The analysis sample included all couples who applied for FE, regardless of whether they actually participated in the program. For this reason, the impact estimates presented in this report represent the average effect on all program applicants of being *offered* FE services. These "intent to treat" impact estimates are used widely in rigorous impact evaluations and preserve the integrity of the random assignment design. Intent to treat estimates answer the policy-relevant question of the impact of offering services to a group of individuals or couples, since they incorporate the fact that not everyone offered services actually chooses to receive some or all of them. Alternative estimates, based on comparing outcomes for those who actually participated in the program with outcomes for the full control group, would lead to biased impact estimates, since they delete from the program group those who did not participate but do not delete from the control group those couples who, if offered FE services, would not have participated. The underlying rationale for (and benefits of) random assignment thus is undermined and the program and control groups are no longer statistically equivalent.

Characteristics of Couples Entering FE

Similar to the target population served by other BSF programs across the country, most of the couples that applied to and were eligible for FE—including both program and control couples—had strong, committed relationships and high expectations for their future together. The quality of their relationship was strong; the level of trust in the fidelity of their partner was high; and they perceived their partner as committed to their child.

Most couples were in steady, romantic relationships, expected to marry, and believed that marriage is better for their children (Figure III.2). Specifically, 77 percent of couples characterized their relationship as romantically involved on a steady basis and 74 percent were either unmarried and living together all of the time or had married after their baby was conceived. Among those couples not married at the time they applied to FE, 66 percent said there was a good or certain chance they

Figure III.2 Couples' Initial Relationship Status, Expectations, and Attitudes



Source: BSF baseline information form.

would marry in the future. Slightly more than 64 percent of couples agreed that it is better for children if their parents are married.

The quality of couple interactions was high. Two scales summarized the relationship quality of couples applying for FE: quality of couple interactions and relationship commitment. The *interaction quality scale* was based on how strongly the respondent agreed or disagreed with five statements: (1) my partner shows love and affection, (2) my partner gives encouragement, (3) my partner listens, (4) I am satisfied with how we as a couple resolve conflict, and (5) we enjoy doing things together as a couple. On this scale, which could range from 1 to 4, with 4 denoting "strongly agree," the average score was 3.35, indicating that, on average, couples agreed or strongly agreed with the items included in the scale.

The second scale which measured relationship commitment, was based on responses to four items: (1) marriage expectations, (2) confidence in partner's fidelity, (3) wanting to be with partner in the future, and (4) the importance of the relationship with partner. For the relationship commitment scale, which also ranged from a low of 1 to a high of 4, the average score was 3.30. This high average score also indicated strong or very strong agreement with the items included in the commitment scale.

FE served a racially and ethnically diverse population that faced many stressors in their lives (Table III.1). Almost one-quarter of the couples were African American; 29 percent were white; 20 percent were Hispanic; and 28 percent were "other"—either the parents were from different races and ethnicities, or both parents were something other than African American, white, or Hispanic. In only 40 percent of the couples had both members received their high school diplomas; in 24 percent, neither member had completed high school. Most men were employed, but average household earnings in the year prior to applying for FE generally was low ($21,633). In 45 percent of the couples, at least one partner reported some psychological distress; in 44 percent of the couples, at least one of the parents reported having a child by a different partner. Slightly more than one-quarter of the couples attended religious services a few times or more per month. About half received TANF or food stamps, and 72 percent received WIC benefits.

Table III.1 Demographic and Socioeconomic Characteristics of Couples Applying for Family Expectations

Demographic	Socioeconomic Characteristics
Race/Ethnicity (%)	
Both African American	24
Both White	29
Both Hispanic	20
Other	28
Father employed (%)	78
Either partner has child from a previous relationship (%)	44
Both partners age 21 or over (%)	61
Education (%)[a]	
Both have high school diploma	40
One has high school diploma	37
Neither has high school diploma	24
Couples average annual earnings ($)	21,633
Attends religious services a few times a month or more (%)	26
Either partner has psychological distress (%)[b]	45
Family received TANF or food stamps	50
Family received WIC	72

Source: BSF baseline information form
[a] Does not include General Educational Development (GED).
[b] Psychological distress is assessed using the Kessler-6 scale, which sums the responses to six items rated on a 0 to 4 scale. A person is considered to have psychological distress if the sum is over 9.

Services Received by Couples in Family Expectations and Control Couples

Like all BSF programs, FE had three components: (1) group education on relationship skills, (2) family coordinators, and (3) referrals to support services. Although all three components were part of the BSF program model, the core component was the curriculum-based group education on relationship skills. This section of the report examines the extent to which FE couples received relationship skills education and family support services, as well as the services received by control group couples from sources other than FE. This information is from the 15-month follow-up survey, which asked both program and control group couples about services received since the time they enrolled in the study.

They're not trying to make us perfect. They're just trying to give us some skills to use along the way.
An FE mother.

It is important to examine program-control differences in service receipt, since it is through the receipt of services that impacts can be achieved. Put another way, for FE to be effective at improving couples' relationships and related outcomes, three things had to happen: (1) those couples who applied for FE and were offered services had to attend the group sessions voluntarily and/or receive other family support services, (2) the services received had to be different in nature or dosage compared to what they would have received in the absence of FE, and (3) those group sessions and services had to change attitudes and behaviors. An analysis of program-control differences in service receipt addresses the first two requirements, while the analysis of program outcomes addresses the third.

■ **FE couples received significantly more relationship skills education than couples in the control group.**

More than three-quarters of FE couples attended at least one group session on relationship education skills, compared with slightly less than one-quarter of control group couples (Table III.2). FE couples attended 20 hours of group sessions on average, compared with only 2 hours for control group couples, who apparently found some other group-based relationship skills education available in the community.

In addition to group sessions on relationship skills, couples—both FE and control group—could receive individual support on relationship skills. This could be received from the FE family support coordinators (for FE couples only), members of the clergy, social workers, therapists, or counselors. FE couples reported significantly higher rates of receiving individual support on relationship skills, and more hours of support, than control couples (Table III.2).

Table III.2 Receipt of Relationship Skills Education

Outcome	FE Group	Control Couples	Estimated Impact
Group Sessions on Relationship Skills			
Parent attended at least once (%)	76	24	52***
Hours attended[a]	20	2	18***
Individual Support on Relationships			
Ever received (%)	39	17	22***
Hours attended[a]	3	1	2***
Sample Size	**435**	**442**	

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
[a]Includes zeroes for those who did not participate.
***/**/* Significantly different from zero at the .01/.05/.10 level.

Table III.3 Receipt of Support Services

Outcome	FE Group	Control Couples	Estimated Impact
Service Receipt by Fathers (%)			
Education, training, or employment service	24	26	-2
Mental health counseling[a]	6	6	0
Any support service	31	31	0
Service Receipt by Mothers (%)			
Education, training, or employment service	27	26	1
Mental health counseling[a]	8	8	0
Any support service	34	33	1
Couple Attended Parenting Class (%)	**45**	**21**	**24*** **
Sample Size			
Fathers	362	373	
Mothers	411	413	
Couples	435	442	

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
[a]Includes counseling on anger management, domestic violence, substance abuse, or other mental health problems.
***/**/* Significantly different from zero at the .01/.05/.10 level.

■ **With the exception of parenting services, FE couples did not receive significantly more support services than control group couples.**

For both mothers and fathers, FE and control group couples were equally likely to say they had received home visits; participated in GED or ESL classes, job training, or job search assistance; and received counseling on anger management, domestic violence, mental health, or alcohol

and substance use. FE couples, however, were more than twice as likely as control group couples to report having attended parenting classes (Table III.3).

Impacts of FE on Couples' Relationship Quality

The relationship skills curriculum used in Oklahoma's BSF program—Becoming Parents, as revised for FE—covered topics designed to enhance relationship quality, such as developing communication and conflict management skills, building affection and emotional intimacy, identifying signs of relationship problems, and managing the effect of parenthood on couple relationships. The curriculum also addressed specific topics that research suggests are important in the development of healthy relationships in low-income, unmarried-parent families, including the value of mutual trust and commitment, the importance of fidelity to a successful romantic relationship, thinking and talking about marriage, management of complex family relationships that may include children from prior relationships, and working together as a financial team.

The 15-month follow-up survey collected information from both FE and control group couples on a broad range of family outcomes. The impact analysis examined four primary measures of relationship quality and conflict resolution skills: (1) relationship happiness, (2) support and affection, (3) use of constructive conflict behaviors, and (4) avoidance of destructive conflict behaviors. In addition, two additional relationship outcome measures were examined—fidelity to each other and reports of intimate partner violence.

I just figured relationships should just last for a short period of time, and then you just go your own way. I didn't know it really actually took work. An FE father.

- **FE had positive effects on couples' relationship quality.**

Fifteen months after enrolling in FE, couples assigned to the FE group reported significantly higher levels of relationship happiness, greater support and affection, better conflict management, and less infidelity than control couples (Table III.4). FE couples were significantly more likely than control group couples to use constructive behaviors to manage conflict and avoid destructive behaviors. Among FE couples, 82 percent reported no instances of infidelity since applying for the program, compared with 77 percent of control group couples.

Measures of Couple Relationship Quality at 15-Month Follow-Up Survey

Relationship quality measures averaged the mother's and father's responses to a series of questions:

- ***Relationship Happiness***. A single question asked respondents to rate their overall relationship happiness on a 0 to 10 scale, with 10 denoting completely happy with the relationship and 0 denoting completely unhappy.
- ***Support and Affection.*** Twelve questions asked respondents whether they agreed with a series of statements about their relationship, such as: "My partner shows love and affection for me," "My partner respects me," and "My partner encourages or helps me do things that are important to me." The scale ranged from 1 to 4, where 4 represented strongly agreeing with all 12 statements and 1 represented strongly disagreeing with all of them.
- ***Use of Constructive Conflict Behaviors.*** Eight survey questions asked respondents how frequently they used specific constructive behaviors for managing conflict with their partner, such as: "Even when arguing, we can keep a sense of humor;" and "We are pretty good listeners, even when we have different positions on things." The scale ranged from 1 to 4, where 4 represented "often" exhibiting the behaviors and 1 represented "never" exhibiting the behaviors.
- ***Avoidance of Destructive Conflict Behaviors.*** Nine survey questions asked respondents how frequently they engaged in destructive conflict management behaviors, such as: "When we argue, one of us withdraws and refuses to talk about it anymore;" and "Little arguments turn into ugly fights with accusations, criticisms, name calling or bringing up past hurts." The scale ranged from 1 to 4, with higher numbers reflecting better conflict management (4 corresponded to "never" exhibiting these behaviors and 1 corresponded to "often" exhibiting these behaviors).

It's helping me deal with my stressful situations. I hate my job and my boss, but I can't bring my anger home and let it go out on my kid. I learned here talking to people helps, instead of keeping it bottled in. An FE father.

Table III.4 Impact of Family Expectations on Relationship Quality at 15-Month Follow-Up

Outcome	FE Couples	Control Couples	Estimated Impact	Effect Size[a]
Relationship Quality				
Relationship happiness (range: 0 to 10)	8.49	8.18	0.31***	0.21
Support and affection (range: 0 to 4)	3.50	3.43	0.06**	0.16
Conflict Management				
Use of constructive conflict behaviors (range: 1 to 4)	3.33	3.22	0.11***	0.19
Avoidance of destructive conflict behaviors (range: 1 to 4)	2.80	2.71	0.09**	0.14
Fidelity				
Neither reports infidelity (%)	82	77	5*	0.18
Intimate Partner Violence				
Mother reports no severe physical assault in past year(%)	90	87	3	0.16
Father reports no severe physical assault in past year (%)	92	91	1	0.09
Sample Size	**435**	**442**		

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
[a]Information on how effect sizes were calculated is available in the technical supplement report (Wood et al. 2010).
***/**/* Significantly different from zero at the .01/.05/.10 level.

We learned about how to handle arguments better.
An FE father.

Table III.5 Impact of Family Expectations on Relationship Status and Attitudes Toward Marriage at 15-Month Follow-Up

Outcome	FE Couples	Control Couples	Estimated Impact	Effect Size[a]
Relationship Status				
Romantically involved (%)	82	76	5*	0.19
Living together, married or unmarried (%)	70	66	5	0.13
Married (%)	25	25	0	-0.01
Attitudes Toward Marriage				
Mothers' marriage attitudes (range: 1 to 4)	3.11	2.97	0.14***	0.18
Fathers' marriage attitudes (range: 1 to 4)	3.22	3.12	0.11**	0.15
Sample Size	**435**	**442**		

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
[a]Information on how effect sizes were calculated is available in the technical supplement report (Wood et al. 2010).
***/**/* Significantly different from zero at the .01/.05/.10 level.

Impacts of FE on Couples' Relationship Status and Marriage Attitudes

Through improvements in relationship quality, FE aims to affect couples' relationship status, as measured by marital and cohabitation status and by whether the couple is in a romantic relationship.

Measures of Relationship Status at 15-Month Follow-Up Survey

- ***Still Romantically Involved.*** Indicates that both members of the couple reported being romantically involved at the time of the survey.
- ***Living Together (Married or Unmarried).*** Indicates that both members of the couple reported living together "all" or "most" of the time at the time of the survey.
- ***Married.*** Indicates that both members of the couple reported being married to each other at the time of the survey.

■ FE had some positive impacts on relationship status and attitudes toward marriage.

At the time of the 15-month follow-up, most couples in both the program and control groups were still romantically involved and living together (Table III.5). FE couples, however, were significantly more likely than control group couples to be romantically involved 15 months after applying for FE (82 percent versus 76 percent). The proportion of FE and control group couples that married was the same (25 percent).

FE led to an increase in positive attitudes toward marriage among both mothers and fathers. The marriage attitudes scale was based on two survey items representing how strongly sample members agreed with two statements: "It is better for a couple to be married than to just live together" and "It is better for children if their parents are married." Values on the scale ran from 1 to 4, with 4 indicating that respondents strongly agreed with both statements and 1 indicating that they strongly disagreed with both. On average, FE couples had significantly higher scores on this scale than control group couples—3.11 versus 2.97 for mothers and 3.22 versus 3.12 for fathers (Table III.5).

Impacts of FE on Parenting and Father Involvement

In addition to the central goal of strengthening the romantic relationships of participating couples, FE also aimed to improve parenting behaviors and increase father involvement. For example, the hope was that, by enhancing couples' relationship and communication skills and increasing the likelihood of their being in committed romantic relationships, the programs would also improve couples' ability to work together in their shared parenting roles and increase father involvement in the lives of their children. It also seemed possible that by improving relationship happiness, FE could improve parenting, if increased happiness made these new parents more patient and generous with their children. Finally, an important component of the family support services provided by FE focused on parenting behaviors and, as shown earlier, FE couples were significantly more likely than control couples to have attended a parenting class.

Co-Parenting, Father Involvement, and Parenting Measures

Co-Parenting

- ***Quality of Co-parenting Relationship.*** Ten questions drawn from the Parenting Alliance Inventory asked respondents whether they agreed with a series of statements about their shared role as parents, such as: "(other parent) and I communicate well about (our child)," "(other parent) makes my job of being a parent easier," and "(other parent) and I are a good team." The scale ranged from 1 to 5, where 1 represented both parents strongly disagreeing with all 10 statements and 5 represented both parents strongly agreeing with all of them (Abidin and Brunner 1995).

Father Involvement

- ***Father Lives with Focal Child.*** Indicates that both members of the couple reported that the father lived with the focal child at the time of the survey.
- ***Father Spends Time with Focal Child on Daily Basis.*** Indicates that both members of the couple reported that during the month prior to the survey, the father spent an hour or more with the child "every day or almost every day."

- ***Father Provides Focal Child with Substantial Financial Support.*** Indicates that the mother reported that at the time of the survey, the father was covering at least half of the cost of raising the child.

Parenting Behaviors

- ***Engagement in Cognitive and Social Play Activities.*** Five survey questions asked respondents how frequently during the past month they engaged in activities that supported children's language and cognitive development, such as playing "peek-a-boo" or "gotcha," singing songs, and reading or looking at books. The scale ranged from 1 to 6, where 6 corresponded to engaging in all five activities "more than once a day" and 1 corresponded to not engaging in any of these activities at all during the past month.
- ***Frequent Spanking.*** Indicates that the respondent reported spanking the focal child at least a few times per week during the month prior to the survey.
- ***Parenting Stress and Aggravation.*** Four questions asked respondents how frequently they experienced feeling stressed and aggravated by their children and their parenting responsibilities. Scale items included: "you felt your child is much harder to care for than most," "you felt your child does things that really bother you," "you felt you are giving up more of your life to meet your child's needs than you ever expected," and "you felt angry at your child." The scale ranged from 1 to 4, where 4 corresponds to "often" having all of these feelings and 1 corresponds to "never" having any of these feelings.

I really liked the session on co-parenting. We co-parent my two sons with their dad and his wife, and the class talked about keeping it friendly with the other parents even though there might be some animosity there. It was like, love your kids more than you dislike your ex.
An FE mother.

■ FE improved the co-parenting relationship and led to increased father involvement.

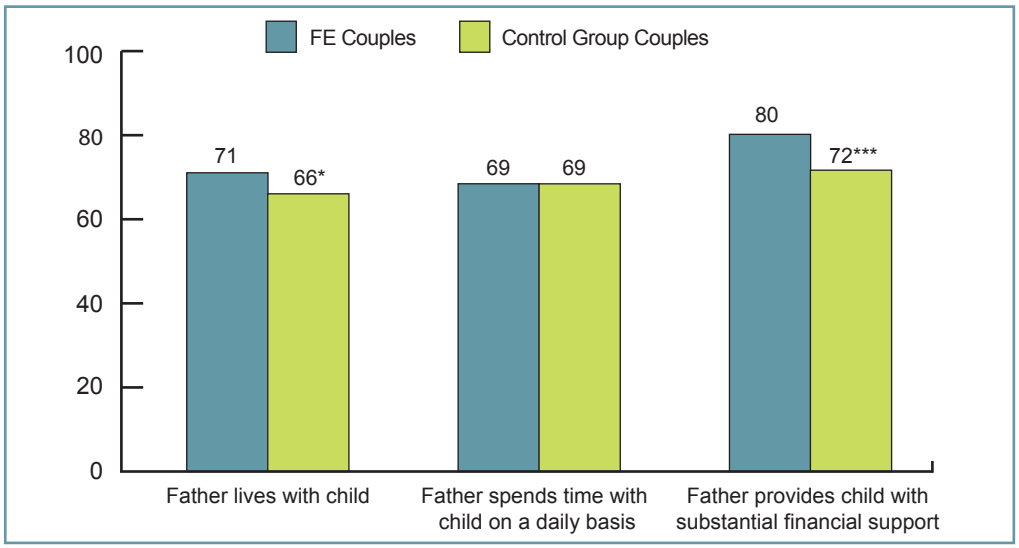
The average quality of co-parenting was high for both FE and control couples, but FE couples scored even higher than control couples on the quality of co-parenting. The average score on the co-parenting scale was around 4.4 for both FE and control group couples, suggesting that both parents agreed or strongly agreed with all items on the scale (Table III.6). However, FE couples had significantly higher scores on the co-parenting scale than control group couples (4.43 versus 4.36).

Table III.6 Impact of Family Expectations on Parenting Behaviors at 15-Month Follow-up

Outcome	FE Couples	Control Couples	Estimated Impact	Effect Size[a]
Co-Parenting				
Quality of co-parenting relationship (range: 1 to 5)	4.43	4.36	0.08*	0.12
Mothers' Parenting Behavior				
Engagement in cognitive and social play (range: 1 to 6)	5.10	5.05	0.05	0.07
Frequently spanked focal child in previous month (%)	11.1	11.4	-0.40	-0.02
Parenting stress and aggravation (range: 1 to 4)	3.53	3.49	0.04	0.08
Fathers' Parenting Behavior				
Engagement in cognitive and social play (range: 1 to 6)	4.70	4.68	0.03	0.02
Frequently spanked focal child in previous month (%)	9.6	8.6	1.0	0.07
Parenting stress and aggravation (range: 1 to 4)	3.52	3.54	-0.02	-0.04
Sample Size				
Couples	435	442		
Mothers	411	413		
Fathers	362	373		

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
[a]Information on how effect sizes were calculated is available in the technical supplement report (Wood et al. 2010).
***/**/* Significantly different from zero at the .01/.05/.10 level.

Figure III.3 Impact of Family Expectations on Father Involvement at 15 Months



Source: BSF 15-Month Follow-Up Survey.

Fifteen months after study enrollment, fathers in FE couples were more likely than control group fathers to live with their child (Figure III.3). The percentage of fathers who spent at least an hour per day or more with the child did not differ between FE and control group couples. According to mothers, more fathers in FE couples provided at least half of the costs of raising the child than fathers in control group couples.

Impacts of FE on Parent and Family Well-Being

In addition to its primary goal of strengthening couples' relationships, FE could indirectly affect family economic outcomes and parent well-being. Stronger and more committed romantic relationships might improve the mental health of parents. In addition, attendance at group sessions with other couples in similar circumstances might have effects on parents beyond their romantic relationships. Finally, the support services and emotional support provided directly by FE family coordinators might have effects on parent well-being.

One other potential outcome of FE is increased employment and earnings levels of program participants. FE might affect employment and earnings levels through several pathways. First, the family support services to which program participants are referred may include employment and training services that aim to improve labor market outcomes directly or services that address potential barriers to employment, such as difficulties accessing child care or transportation or problems with mental health or substance abuse. Increased access to these supports may improve economic outcomes. Furthermore, some of the communication and conflict management skills taught as part of the Becoming Parents curriculum may improve relationships in the workplace, potentially improving the labor market outcomes of program participants. Finally, being part of a stable, committed relationship may change people's labor market behavior.

- **FE reduced depressive symptoms of mothers.**

Mothers in FE couples experienced fewer depressive symptoms than those in the control group, as measured by the 12-item CES-D; no differences were found for fathers. At the time of the 15-month follow-up, FE mothers had an average CES-D scale score of 4.52, compared to an average of 5.95 for control group mothers (Table III.7). Among fathers, the difference in CES-D scores was small and not statistically significant.

Parents' and Family Well-Being Measures

- ***Prevalence of Depressive Symptoms: Based on the 12-item Center for Epidemiologic Studies Depression Scale (CES-D).*** Respondents reported the frequency with which they experienced 12 specific depressive symptoms during the past week, such as having a poor appetite; having difficulty concentrating or sleeping; and feeling fearful, sad, or lonely. Values of the scale range from 0, indicating that the respondent never or rarely experienced any of the symptoms, to 36, indicating that the respondent experienced all 12 symptoms most or all of the time.

Parental Employment

- ***Employed in Past Month.*** Parent worked for pay during the month prior to the survey
- ***Earnings in Past Year.*** Parent's income from paid employment during the 12 months prior to the survey

Family Economic Well-Being

- ***Family Income Below Poverty.*** Family's monthly income at the time of the survey was below the poverty threshold.
- ***Family Had Difficulty Meeting Housing Costs.*** Family reported experiencing one of the following hardships in the year prior to the survey: (1) being unable to pay rent or mortgage, (2) having utilities cut off, or (3) being evicted.
- ***Family Receiving TANF or Food Stamps.*** Family reported receiving Temporary Assistance for Needy Families (TANF) or food stamps in the month prior to the survey.

■ FE did not affect most measures of economic outcomes.

FE had no effect on how likely mothers or fathers were to work or how much they earned. At the time of the 15-month follow-up, 54 percent of FE mothers and 53 percent of control group mothers had worked for pay in the previous month, a difference that was not statistically significant (Table III.7). Similarly, 81 percent of FE fathers and 80 percent of control group fathers reported paid employment during the previous

Table III.7 Impact of Family Expectations on Depressive Symptoms, Employment, and Earnings at 15-Month Follow-up

Outcome	FE Couples	Control Couples	Estimated Impact	Effect Size[a]
Depressive Symptoms				
Mothers' CES-D score	4.52	5.95	-1.43***	-0.22
Fathers' CES-D score	4.01	3.99	0.01	0.00
Employment in Past Month (%)				
Mother employed	53.7	52.6	1.1	0.03
Father employed	81.1	79.8	1.3	0.05
Earnings in Past Year ($)				
Mothers' earnings	7,270	6,891	379	0.04
Fathers' earnings	16,774	17,567	-793	-0.06
Sample Size				
Mothers	411	413		
Fathers	362	373		

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
Note: The Center for Epidemiologic Studies Depression Scale (CES-D) scores range from 0 to 36.
[a]Information on how effect sizes were calculated is available in the technical supplement report (Wood et al. 2010).
***/**/* Significantly different from zero at the .01/.05/.10 level.

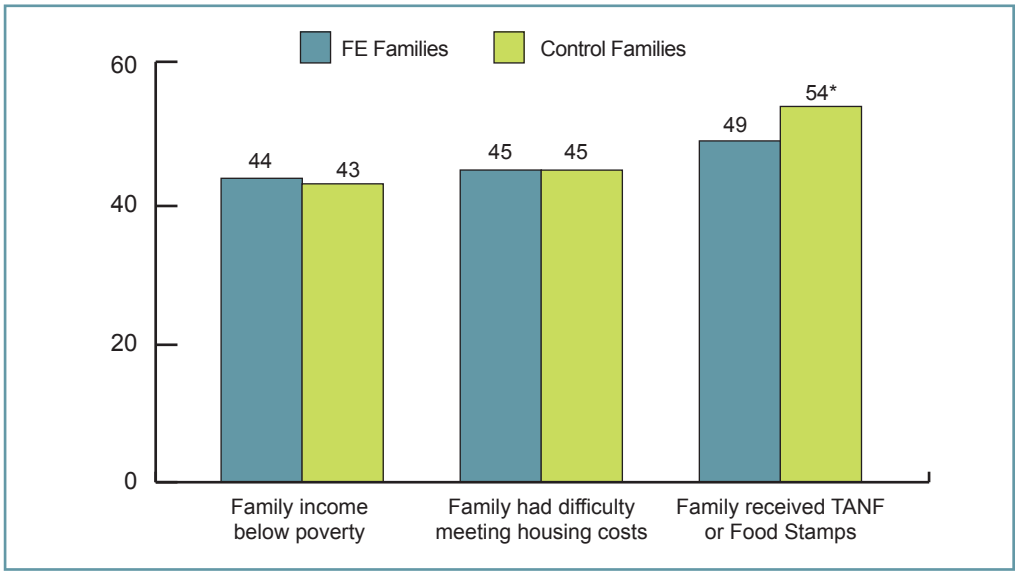
month, a difference that also was not statistically significant. In addition, there was no statistically significant difference in the annual earnings of BSF and control group parents.

Among other measures of family economic well-being, FE had no effect on whether the family lived in poverty or had difficulty meeting housing costs, but reduced the proportion of families receiving TANF or food stamp benefits (Figure III.4). At the time of the survey, 44 percent of FE families had monthly household income below the poverty line, compared with 43 percent of control families. Similar proportions reported having had difficulty meeting housing expenses during the previous year (45 percent for both FE and control families). However, FE led to a reduction in the proportion of families receiving TANF or food stamps from 54 to 49 percent.

Impacts of FE on African American Couples

One important research question related to the impacts of FE is whether the program benefits some couples more than others. Although FE served a specific target population of romantically involved, unmarried parents having a child together, the couples served were racially and ethnically diverse and entered the program with varying background characteristics

Figure III.4 Impact of Family Expectations on Economic Well-Being at 15 Months



and circumstances. Scholars in the field of relationship skills education have often noted the need for information concerning variation in intervention effectiveness for couples of different backgrounds (e.g., Carroll and Doherty 2003; Hawkins, et al. 2008; Ooms and Wilson 2004). However, past studies of relationship skills education programs have been unable to draw many conclusions on the subject because of small sample sizes and the homogeneity in sample composition (with couples being primarily white and middle class). The large and relatively diverse research sample in the BSF evaluation—especially the FE program in Oklahoma City—makes the study much more appropriate for subgroup analysis than previous studies of the effectiveness of relationship skills education.

■ **FE had stronger impacts on relationship status, relationship quality, co-parenting, and father involvement for African American couples than for other couples.**

The subgroup results with the strongest and most striking findings were those that compared FE impacts for African American and non-African American couples. "African American couples" were defined as those in which both the mother and the father reported that they are African American and not Hispanic. All other couples included those who were (1) both white, both Hispanic, or both Other; or (2) the parents were of different races and ethnicity.

Among African American couples, FE led to large and statistically significant increases in the percentage of couples that were romantically involved and those living together (Table III.8). These impact estimates for African American couples were larger and significantly different than the impact estimates for all other couples. As with the main results, FE did not lead to increases in the percentage of couples who were married 15 months after study enrollment.

FE also led to significant improvements in relationship quality, co-parenting, and father involvement among African American couples. Relationship happiness and the level of support and affection partners felt toward each other were significantly higher for African American FE couples than for African American control couples (Table III.8). FE also improved the ability of African American couples to use constructive conflict management techniques and avoid the use of destructive conflict behaviors. Similarly, scores on the co-parenting scale, the percentage of fathers providing substantial financial support to their child, and scores on the scale measuring father engagement in cognitive and social play were significantly higher for African American FE couples than for African American control couples. On the scale for mothers' depressive symptoms, FE led to fewer depressive symptoms for both African American and all other couples.

In contrast, FE had no positive effects on relationship status, most measures of relationship quality, and co-parenting for couples in which at least one member was not African American. Among these couples, those offered FE services and control group members reported similar levels of support and affection, quality of conflict management, fidelity, intimate partner violence, co-parenting quality, and most measures of father involvement (Table III.8). However, among couples in which at least one parent was not African American, FE led to increases in relationship happiness and the percentage of fathers providing financial support to their child.

Other Subgroup Analyses

In addition to subgroups defined on the basis of race and ethnicity, the impact evaluation examined several additional subgroups to determine if FE was more effective for some groups than others. Based on previous research, as well as the FE conceptual framework, these subgroups were

Table III.8 Impact of Family Expectations on Key Outcomes at 15-Month Follow-up, by Whether Both Members of the Couple are African American

Outcome	African American Couples			All Other Couples		
	Program Group	Control Group	Impact	Program Group	Control Group	Impact
Relationship Status						
Romantically involved (%)†	75	58	17**	84	81	2
Living together, married or unmarried (%)†	51	36	16**	76	75	2
Married (%)	16	11	5	28	29	–1
Relationship Quality and Fidelity						
Relationship happiness (0 to 10)†	8.39	7.59	0.80***	8.51	8.31	0.20*
Support and affection (0 to 4)†	3.48	3.30	0.18**	3.50	3.46	0.04
Use of constructive conflict behaviors (1 to 4)†††	3.31	2.97	0.33***	3.34	3.28	0.06
Avoidance of destructive conflict behaviors (1 to 4)†††	2.80	2.43	0.37***	2.80	2.78	0.03
Neither reports infidelity (%)	65	59	6	87	83	5
Intimate Partner Violence						
Mother reports no severe assault in the past year (%)	93	86	7	90	88	2
Father reports no severe assault in the past year (%)	91	83	8	93	94	–2
Co-parenting, Father Involvement						
Quality of co-parenting relationship (1 to 5)††	4.46	4.14	0.31***	4.44	4.40	0.04
Father spends time with child on a daily basis (%)	61	49	12	72	74	–1
Father provides child with financial support (%)††	74	52	22***	83	77	5*
Father engagement in cognitive and social play (1 to 6)††	4.80	4.36	0.44**	4.68	4.77	–0.09
Father frequently spanked child in previous month (%)	16	14	–2	9	10	–1
Father parenting stress and aggravation (1 to 4)	3.55	3.46	0.09	3.52	3.56	–0.04
Depressive Symptoms						
Mothers' CES-D score	4.76	7.01	–2.24**	4.48	5.60	–1.12**
Fathers' CES-D score	5.59	5.56	0.03	3.44	3.56	–0.11
Sample Size	**108**	**98**	**327**	**344**		

Source: BSF 15-month follow-up survey, conducted by Mathematica Policy Research.
***/**/* Impact estimates are statistically significant at the .01/.05/.10 level, two-tailed test.
†††/††/† Difference between impact estimates for the two subgroups is statistically significant at the .01/.05/.10 level, two-tailed test.

defined by the following initial characteristics: relationship quality, relationship status, whether either member of the couple had a child by a previous partner, the timing of the couple's FE application relative to their child's birth, timing of enrollment (early versus late cohorts), earnings, educational attainment, whether either partner was under 21 years of age, whether either partner demonstrated signs of psychological distress, attitudes toward marriage, and religiosity of the couple.

Although no other subgroup had as strong a pattern of effects as those reported for African American couples, two others exhibited a fairly consistent pattern of FE impacts on key outcomes, as summarized by the following:

- **Low relationship quality before applying for FE.** For couples in the bottom half of the distribution of relationship quality at baseline, FE had a statistically significant positive impact on whether couples were still romantically involved 15 months later, on all four relationship quality variables, co-parenting quality, whether fathers provided substantial financial support for their children, and mothers' depressive symptoms. For couples in the top half of the distribution of relationship quality at baseline, FE had smaller impacts on outcomes, and only a few that were statistically significant.
- **Low educational attainment.** For couples in which one or both members did not have a high school degree, FE led to positive and significant impacts on all measures of relationship quality, an increase in the percentage of couples reporting fidelity to their partner, an increase in the percentage of fathers providing substantial financial support for their children, an increase in the percentage of mothers reporting no physical assault, improved parenting behaviors for mothers, and reductions in mothers' depressive symptoms. In contrast, FE had no statistically significant impacts on outcomes for couples in which both members had a high school degree.

IV. SUMMARY AND CONCLUSIONS

As one of eight BSF programs across the country, Family Expectations aims to strengthen the relationships of unmarried, romantically involved parents by providing services to help couples learn better communication and conflict management skills, and prepare for managing the stress that often comes with the birth of a new child. In addition, family coordinators identify couples' needs and circumstances and work with each couple to provide support, link them to other needed services, and reinforce relationship skills. The ultimate objective is to help couples achieve their goals of a strong and long-lasting relationship that will benefit them and their family. This report describes how Family Expectations was designed and operated and presents findings from an initial evaluation of program impacts.

Implementation

The Family Expectations program was designed from scratch, implemented, and brought to full scale within just a few years. It built on the experience of its leadership in developing and managing a statewide initiative to provide access to relationship skills programming for all couples. Prior experience with such programming gave the developers something of a head start in such areas as identifying experienced educators who could lead FE workshops and sources of prospective participants through its network of community organizations. Support from the Oklahoma Department of Human Services helped promote partnerships with such public services as Medicaid and WIC, which resulted in the enrollment of about half of the 1,010 couples.

FE developed and refined creative recruitment strategies, taking full advantage of the attractive and exciting facility it created as a center for providing services. It gave couples incentives to come to that center for intake, which allowed staff to show off the program and its amenities, and allowed couples to have an opportunity to meet staff. This recruitment policy may have helped discourage the interest of couples who might not take seriously the commitment to participate in program services, and thus contributed to the program's success in achieving high participation rates.

Family Expectations was well implemented in that it delivered the majority of its 30-hour curriculum for the core relationship skills sessions to a large proportion of the program group. High attendance rates and

retention meant that couples were likely to receive not just the communication and problem solving skills presented in the early part of the curriculum, but also content presented later, which focused on the transition to parenthood, adjusting to a newborn, and reducing accompanying stress through information about self-care and infant care. The later material also included content geared to the needs of low-income unmarried parents, including communicating about finances, dealing with former partners and children from prior unions, developing trust and commitment, and the potential advantages of marriage.

The BSF evaluation was not designed to determine which program practices contributed to participation, but it did identify the features that distinguished FE from other BSF programs. Family Expectations implemented a variety of strategies to promote engagement and attendance, including a service delivery format that allowed completion of the curriculum in as little as six weeks. Program developers created a warm and welcoming place for couples, and provided cash incentives, gifts, and other perks for attending. A preference for recruiting couples during early pregnancy may have been a factor in helping couples to complete the curriculum before the onset of inevitable distractions after their baby's birth. FE also developed a strong emphasis on self-monitoring, making mid-course corrections to ensure high levels of performance on key targets such as enrollment and attendance.

Impacts

The impact analysis of Family Expectations was based on a rigorous experimental design that compared service receipt and family outcomes for couples randomly assigned to the FE program group with those of couples randomly assigned to a control group. The findings are based on data collected from (1) a baseline information form completed by all parents when they applied to FE, and (2) a telephone survey conducted with mothers and fathers about 15 months after they applied to the program.

The FE program was implemented in the context of a state (and city) with some availability and awareness of relationship education services, due to the pre-existing Oklahoma Marriage Initiative. Indeed, 24 percent of control group couples in the evaluation reported attending group sessions on relationship skills education. Nonetheless, FE clearly changed the landscape of relationship skills services available for couples

offered program services. FE couples received significantly more relationship skills education—both in group sessions and one-on-one—than control group couples. More than three-quarters of FE couples reported attending at least one group relationship skills education session, compared with less than one-quarter of control couples. On average across the full program group, FE couples attended group sessions for a total of 20 hours. Not all couples attended, however; and couples who attended at least once received an average of 26.3 hours, which is close to the full dosage of 30 hours of the curriculum used by FE.

Overall, the impact results suggest that FE was successful in achieving its primary goal of strengthening relationship quality and helping couples stay together. Fifteen months after program application, FE couples reported higher levels of relationship happiness, greater support and affection for each other, better conflict management, and less infidelity than control group couples. FE did not result in increased rates of marriage, but did lead to an increase in the percentage of couples who were still romantically involved and to more positive attitudes about marriage.

FE was also successful at increasing father involvement and improving co-parenting 15 months after program entry, compared with control group couples. FE couples were more likely to report that they shared their role as parents, regardless of whether they were still together as a couple. Although the amount of time FE fathers spent with their child did not differ from their control group counterparts, FE fathers were more likely to live with their child and provide the child with financial support.

Although FE had no statistically significant effects on most specific measures of parenting behavior and family well-being, it did decrease the amount of maternal depression relative to mothers in the control group. FE couples and control group couples reported about the same level of parental stress, spanking, and engaging their children in cognitively stimulating play; and about the same level of earnings, income, and economic hardship.

African American couples were particularly likely to benefit from FE. For couples in which both parents identified themselves as African American (and not Hispanic), FE had positive impacts on relationship status, relationship quality, co-parenting, father involvement, and maternal depression. Most of these impacts were significantly greater than impacts for couples of other races and ethnicity. African American couples in the

FE group were more likely than African American couples in the control group to be romantically involved and living together 15 months after program entry; they were also more likely to report relationship happiness, support and affection, the use constructive behaviors to resolve conflict, and avoid destructive conflict behaviors. In African American families, FE led to more positive impacts on shared parenting and fathers' financial support and cognitive engagement of children.

Although it is not possible to explain why African American couples had significantly larger impacts than all other couples, these stronger impacts for African American couples are striking and deserve some additional consideration. At enrollment, African American couples applying to FE had significantly lower relationship quality than all other couples and were more economically disadvantaged, as measured by income and employment status. However, the impact analysis included measures of relationship quality at baseline, as well as for a vast array of demographic and socioeconomic characteristics, so the impact estimates should control for these differences. One other explanation, as described in more detail below, is that due to possible ceiling effects, African American couples had a greater potential to benefit from FE services.

In interpreting these results, several issues are important to recognize. They include evaluation design considerations, effect sizes, outcome measurement, and ceiling effects.

The estimated impacts of FE are based on an "intent to treat" experimental design. This type of design—generally considered the gold standard of program evaluation—provides estimates of the average impacts of offering FE services to couples assigned to the program group, regardless of whether and to what extent the couples decide to participate in the program. Put differently this type of design does not provide estimates of program impacts on participating couples, only on those couples offered the opportunity to participate. Since couples who choose not to participate at all, or to receive less than the full set of available services, may not be affected as much as those who receive the full dosage of FE services, the impact estimates likely underestimate the impacts on participating couples.

Sometimes in the context of program nonparticipation by couples assigned to a treatment group, researchers choose to compare outcomes for participating couples with those for *all* control group couples. This

approach violates the underlying assumptions of a randomized design and leads to biased program impacts, and is not used in this analysis. The underlying reason for this bias is that program group couples who choose to receive services—especially those who choose to receive the full dosage of services—are a non-random, self-selected subgroup. They are unlikely to be similar to the full control group, and these differences between the self-selected participating couples and the full control group in initial characteristics generate bias in impact estimates.

However, other methods are available to estimate impacts on program participants. In particular, additional work is currently underway to use propensity score matching methods that will create matched subgroups of FE participants and control group couples, based on initial baseline characteristics of couples. These additional analyses will provide information on how outcomes for FE participants differ from outcomes for the matched set of control group couples. Although these additional analyses will rely on statistical matching of FE and control group couples on observable factors such as age or initial relationship quality, we will not be able to match couples on unobservable factors such as motivation. As a result, the main impact analysis still relies on the intent-to-treat estimates from the random assignment design.

The estimated effect sizes are generally smaller than effect sizes estimated in other studies of relationship skills education. Effect sizes provide a sense of the size of estimated program impacts. Statistically, effect sizes standardize impacts across a range of outcome measures and are estimated by dividing the impact estimates for the outcome measures by the standard deviations of the outcome measures (for the control group). Put another way, an effect size expresses an estimated impact as the percentage of a standard deviation of the outcome measure. As a result, FE impacts on outcome domains (for example, relationship quality) can be compared across studies, even if studies used different scales to measure relationship quality.

For those statistically significant impacts on relationship status and relationship quality, the effect sizes range from 0.14 to 0.21, which are, for the most part, smaller than estimates presented in the meta-analysis conducted by Hawkins and Fackrell (2010) and the systematic review by Reardon-Anderson et al. (http://www.urban.org/UploadedPDF/411142_impact_marriage.pdf). Several factors explain this.

- Many of the studies reviewed in the Hawkins and Fackrell meta-analysis did not employ a random assignment design and even those that did use an experimental design, did not typically present estimates based on the intent-to-treat design.
- Most of the studies in both the meta-analysis and the systematic review involved a follow-up assessment immediately after the intervention, when effect sizes tend to be larger. In fact, the systematic review conducted by researchers at the Urban Institute found that estimated effect sizes were substantially smaller for longer-term follow-up assessments (0.11 for communication at longer-term follow-up versus 0.26 for all studies, for example). Even in those cases, the longer-term follow-up averaged only 2.5 months, compared with 15 months in this study of FE.
- The target population in the FE analysis is fragile families—low-income unmarried (or recently married) couples having a baby, whereas in other studies of relationship skills education, the target population is often higher-income, more advantaged couples who are married or engaged.
- The outcome measures are self-reported, as opposed to observational measures in many studies of relationship skills education. A recent meta-analysis of premarital education programs found that effect sizes for studies that used observational methods were substantially larger than that of studies that relied on self-report measures alone (Fawcett et al. 2010). Some researchers suggest that observational measures are more likely to reflect how well couples have learned specific skills while self-report measures reflect the extent to which couples view themselves as applying these skills and generalizing them across different settings and contexts (Blanchard et al. 2009). In any case, an important advantage of self-report measures is that higher response rates are more likely, because observation is more time-consuming and involves greater burden on respondents. The longer-term assessment of FE impacts, when children are three years of age, will include direct observational measures of the children and parent-child interaction.

Ceiling effects: relationship quality started at a high level for both program and control group couples. Two scales summarized the relationship quality of couples at the time they applied to FE: quality of couple interactions and relationship commitment. On a scale of 1 to 4, where 4 is the highest quality, the average values were 3.35 for quality of couple interactions and 3.30 for relationship commitment.

Moreover, 83 percent of the couples scored between 3 and 4 on couple interactions and 80 percent scored between 3 and 4 on relationship commitment. One implication of these high initial measures of relationship commitment might be that there is limited room for dramatic impacts on relationship quality 15 months later. Those who score at 4, for example, have no room for improvement and those who score between 3 and 4—the vast majority of couples—only have limited room for improvement. Despite this fairly limited room for improvement, the impact results suggest that relationship quality did improve. These ceiling effects, however, could explain lower effect sizes. In addition, they could also explain the finding that impacts are larger for those with lower baseline levels of relationship quality.

Looking Ahead

A longer-term impact analysis will be conducted using data collected from couples and assessments focused on children around the time the children reach three years of age. Results from that analysis will indicate whether the 15-month impacts are sustained over time and result in improved social, emotional, and development outcomes for their children.

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Appendix A

Becoming Parents Program Topics, as Delivered by FE					
	BPP	Adapted from PREP®	Adapted from BSF Supple-mentary Material[5]	Adapted from SAVE/ DCCP[3]	Keys to Caregiv-ing[4]
COMMUNICATION					
Communication danger signs		X			
Basic communication		X			
Speaker-listener technique		X			
XYZ statements	X[1]				
PROBLEM SOLVING					
Problem solving		X			
Ground rules		X			
Expectations		X			
Hidden issues		X			
AFFECTION AND INTIMACY					
Friendship and fun		X			
Trust			X		
Commitment		X	X		
Forgiveness		X	X		
Core values and beliefs	X				
SELF-CARE					
Managing stress and fatigue	X				
Recognizing and address-ing depression	X				
Support networks	X				
Healthy lifestyles	X				
ANGER AND VIOLENCE					
Avoiding violence	X				
Managing anger				X	
Time out		X			
Physical violence				X	
OWNER'S MANUAL FOR BABIES					
Infant states, behavior, cues, modulation					X
Feeding is more than just eating					X
Safe sleeping for babies	X				
The Teaching Loop					X
Infant safety	X				

continued

Becoming Parents Program Topics, as Delivered by FE					
	BPP	Adapted from PREP®	Adapted from BSF Supple-mentary Material[5]	Adapted from SAVE/ DCCP[3]	Keys to Caregiv-ing[4]
FATHERHOOD					
Message to moms about importance of fathers	X[2]				
FORMER PARTNERS AND CO-PARENTING					
Ground rules for dealing with former partners			X		
Dos and don'ts			X		
Blending families			X		
Courting your partner's child	X				
Creating a parenting plan			X		
FINANCES					
Hidden issues and expec-tations about money	X				
Managing money together	X				
Monthly spending plan			X		
Building savings			X		
MARRIAGE					
Facts about marriage			X		
Marriage panel			X		
Barriers to marriage			X		
Developing a wedding budget			X		

[1] Adapted from Gottman, J., C. Notarius, J. Gonso, and H. Markman. *A Couple's Guide to Communication*. Champaign, IL: Research Press, 1976

[2] Adapted from Horn, W.F. and Sylvester, T. *Father Facts*. Gaitherburg, MD: National Fatherhood Initiative, 2002.

[3] SAVE: Stop Anger and Violence Escalation Program; DCCP: Domestic Conflict Containment Program (Behavioral Sciences Associates, Inc.)

[4] Keys to Caregiving was developed by NCAST-AVENUW Programs at the School of Nursing, University of Washington

[5] Wilson, Pamela, M. Ortwein, C. Wiseheart, A. Thomas, and R. Lawrence. *Trust, Money, Marriage, and Complex Families: Curriculum Modules for Fragile Families*. Washington, DC: Administration for Children and Families, 2006.

Appendix B

FE Ancillary Services During the Evaluation Period

Booster Sessions/Reunions

Booster Sessions
1. Adjusting to a newborn (3-5 weeks old) 2. Infant and child safety (6 months) 3. Developmental stages (9 months) 4. Developmental stages (12 months)
Reunions
1. Video clips and discussion; Jeopardy game 2. Video clips and discussion; Newlywed game 3. Closure and celebration: couples share stories about how FE has changed their family; group leaders discuss BSF and SHM studies; couples reminded of available community resources.

Moms' Groups/Dads' Groups*

Team DADD	Just for Moms
Boot Camp for New Dads (curriculum)	How to cook a healthy family meal
The importance of good character	Pilates for fitness and relaxation
Dad and baby play date	Balancing the challenges of raising a family
Dad's playbook to discipline	Mommy and baby play date
Family values	Lunch bunch
Dad's guide to a kid proof home	Building holiday family traditions
Building trust	Managing stress during the holidays
	Balancing your time, couple time, family time

* Except for Boot Camp for new Dads, the topics shown are meant to be illustrative and do not include every activity offered during the evaluation period.

Extended Activities for Couples*

Fire safety	Family play date
Family law	Safety fair
Baby signing	Infant massage
Boosting your child's brainpower	Positive thoughts
Make your life easier with a routine	Tips for feeding your family
Tune into temperament	Infant CPR/First Aid
Canvas class	To spoil or not to spoil
Age-appropriate toys	Managing your money
Digital scrapbooking	Employment readiness
Using grocery coupons	Home buying 101
Baby picture day	Keeping your family safe
Everything you wanted to know from your doctor	Understanding your baby's temperament
Car seat safety check	Baby equipment
Employment fair	Resources for military families
Making holiday cards	Setting limits with your children

Large Group Social Activities*

Holiday Events
Couples' Socials
Date Nights
Movie Nights
Community Activities

* Except for Boot Camp for new Dads, the topics shown are meant to be illustrative and do not include every activity offered during the evaluation period.