

Healthy Marriage Programs: Learning What Works

M. Robin Dion

Summary

Evidence of public and private interest in programs designed to strengthen the institution of marriage and reduce the number of children growing up without both their parents is growing. Robin Dion addresses the question of whether such programs can be effective, especially among disadvantaged populations.

She begins by describing a variety of marriage education programs. Although new to the social welfare umbrella, such programs have existed for several decades. Social scientists have evaluated a number of these programs and found them effective in improving relationship satisfaction and communication among romantically involved couples. All the programs tested so far, however, have served primarily white, middle-class, well-educated couples who were engaged or already married.

Because these programs were neither designed for nor tested with disadvantaged populations, Dion observes, there is some question whether they can respond to the unique needs and circumstances of low-income couples, many of whom have multiple stressors and life challenges that can make stable relationships and marriages especially difficult. New research suggests that low-income families often face specific relationship issues that are rarely addressed in the standard programs, such as lingering effects of prior sexual abuse, lower levels of trust and commitment, and lack of exposure to positive role models for marriage. Dion describes the recent efforts of several groups to adapt research-supported marriage education programs or create entirely new curriculums so they are more responsive to and respectful of the needs of low-income families.

Finally, Dion describes ongoing efforts by the Administration for Children and Families to evaluate rigorously the effectiveness of several healthy marriage initiative models being implemented on a large scale across the country. These evaluations will determine whether such programs can work with less advantaged and more culturally diverse families, including whether the impacts on couples' relationships will translate into positive effects on the well-being of their children.

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M. Robin Dion is a senior researcher at Mathematica Policy Research.

Federal and state legislation enacted over the past decade clearly reflects a growing national interest in reducing the number of children growing up without both parents. In 1996, Congress passed a law allowing states to use part of their welfare block grants to promote the formation of two-parent families and marriage. The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services announced a Healthy Marriage Initiative in 2001, prompted in part by research showing that children fare best when raised by their married parents.¹ As of fall 2004, more than forty states had launched government-sponsored efforts to support marriage and couple relationships.² Congress is now considering legislation to provide \$200 million annually in competitive grants to states and organizations to advance marriage-related activities, including demonstration programs to help couples form and sustain healthy marriages and research to determine the effectiveness of those programs.³

These policies and programs take a range of approaches to promoting the benefits of stable marriage—from changes in divorce laws to services that teach relationship skills, to media campaigns. The central policy question is whether it is possible to implement programs that can increase the number of children who are raised by both parents in healthy and stable marriages, especially within disadvantaged populations known to be at higher risk for family instability. This article describes such marriage programs, discusses the main challenges and opportunities in implementing them in low-income populations, and explains how researchers, policymakers, and practitioners are beginning to learn whether they work.

What Is a Marriage Program?

Broadly speaking, marriage programs provide support, information, and education about healthy relationships and marriage. Also called healthy marriage initiatives, they are often led by public or private organizations or agencies seeking to support marriage in a certain geographic area or target population. These state, federal, and community-sponsored efforts take many forms.⁴ Some are grassroots coalitions to promote marriage. Others aim to educate high school or college students about what it takes to have a successful relationship and marriage. Some seek to make marriage-related services (such as marital counseling) more widely available, while still others have created web-based resources for couples in a given community. A few states offer marriage licenses at reduced rates to couples who participate in brief premarital education courses; others have developed marriage handbooks or similar materials for people applying for a marriage license. Programs are being developed to provide marriage-related services for specific populations, including refugees, parents receiving child welfare services, and low-income unmarried parents at risk for child support.⁵ Other, more general efforts simply publicize and promote the benefits of marriage.⁶ Although some of these strategies seem to have merit, few have been scientifically evaluated for their effect on the stability or quality of marriages.

Marriage Education

Increasingly, the heart of many marriage programs is what is known as marriage education—a curriculum-guided approach to giving couples the skills and information needed to develop or maintain successful relationships and marriage. Marriage education is typically delivered in a group session led by one or more trained facilitators. Although a

new element of the social welfare umbrella, it has existed in a variety of forms for several decades, and several curriculums have been scientifically evaluated. Some curriculums arose out of observations of couple interaction by scientists who, over the years, have identified the behaviors leading to relationship success or failure.⁷ Others were developed as part of religious efforts to strengthen marriage within specific congregations or faiths. Still others were created on the basis of clinical or personal experience. The vast majority were developed for a mainstream audience and have thus been used primarily with white, middle- to upper-class married or engaged couples.

More than 100 marriage education curriculums exist today, and they vary widely in content, target population, teaching method, and service delivery approach.⁸ Curriculum developers typically disseminate their programs by training interested people or agencies to teach the curriculum and by selling their books, leader's guides, and participant materials. After being trained, individual therapists, counselors, clergy, and other professionals independently apply the curriculums in various ways and contexts.

Most marriage education curriculums address communication (such as listening and expressing oneself effectively), conflict management, and problem-solving skills—at least to some extent. Other topics may include intimacy and friendship, family-of-origin issues, empathy, commitment, forgiveness, negotiation and compromise, power and control, expectations, finances, anger and stress management, self-care, identifying destructive behaviors and patterns, self-awareness, emotional literacy, trust, mutual respect and responsibility, and roles, values, and beliefs.

Some marriage curriculums have been tested for effectiveness many times, while others have never been evaluated at all. The evaluations vary in their degree of scientific rigor. In a recent systematic and quantitative review of evaluations of marital interventions, policy researchers identified studies that met strict criteria and assessed how these programs af-

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ected couples' relationships.⁹ This rigorous review confirms that marriage interventions, broadly speaking, can improve relationship satisfaction and communication among romantically involved couples. Many of the marriage education curriculums in use today, however, did not meet the criteria for inclusion in this review of program effectiveness.

In what follows I briefly survey a sample of popular contemporary programs and present information about their effectiveness.¹⁰ In general, research on program effectiveness seeks to answer a basic question: does the program make a difference? The degree of confidence that can be claimed for findings of positive impacts in any given study depends in large part on the study's methodology, particularly the degree to which its design can rule out alternative explanations for

Common Evaluation Designs and Claims for Causality

Nonexperimental: The researcher observes and documents naturally occurring phenomena or analyzes effects without systematically varying exposure to the treatment of interest. Generally a weak design for inferring causality.

Quasi-experimental: The researcher identifies a no-treatment condition against which outcomes for the treatment group can be compared—but does not randomly assign participants to the comparison and treatment groups. By definition, the two groups are nonequivalent at the outset, reducing the confidence with which one can make causal inferences.

Experimental: Often called the gold standard of evaluation research, experimental designs control for preexisting differences by randomly assigning participants to the intervention or a no-treatment control group. A randomized design has the advantage of controlling for most factors that are known to jeopardize the ability to make strong causal inferences.

observed outcomes. While any evaluation research can be methodologically flawed in a number of ways, randomized experimental designs are generally considered the most scientifically rigorous because any differences in outcomes between intervention and control groups can be unequivocally attributed to the program (see box).¹¹

One limitation of evaluation research is that the results cannot be generalized beyond the population from which the study sample is drawn. It is important to note that nearly all of the evaluations of marriage education programs were conducted with primarily middle- to upper-middle-class white engaged or married couples.

Bringing Baby Home is a structured curriculum for use in strengthening the marriages of couples who are expecting a child, a time of great vulnerability in most relationships. It addresses relationship skills and prepares couples to deal with the inevitable stresses and life changes that come with a new baby and to be involved and effective parents. Ad-

ministered by hospital personnel in a two-day workshop and six-month support group, the program teaches couples how to avoid marital meltdown and increase marital satisfaction, deal with stress, keep fathers involved in infant care, and improve parent-infant interaction. It also provides instruction on early child development. An initial randomized evaluation of the workshop showed that one year after participating, both husbands and wives reported significantly higher marital quality, lower postpartum depression, and lower hostile affect than couples assigned to a control group. A second randomized and long-term evaluation of the workshop and support group, as taught by staff at Swedish Hospital in Seattle, is under way and showing promising results for both parents and their children.¹²

Marriage Savers is a community-level intervention that aims to reduce divorce rates by establishing a shared public commitment among clergy to support and strengthen marriage. It focuses primarily on the adoption of community marriage policies, in which local

clergy pledge to revitalize marriage in their congregations. One strategy is to require four months of marriage preparation, during which engaged couples complete a premarital “inventory” to identify relationship issues and then discuss these issues with mentor couples. Another is to train mentor couples whose own marriages have almost failed how to help other couples in crisis. Marriage Savers was designed on the basis of its developer’s personal experience and insights rather than social science research. A non-experimental evaluation recently found that the decline in divorce rates was 2 percentage points greater in communities where it had been adopted.¹³

Practical Application of Intimate Relationship Skills (PAIRS) is a psychoeducational program to promote self-understanding and the ability to sustain satisfying intimate relationships. It is based on its developer’s personal and clinical experience and borrows techniques from experiential, behavioral, and family systems approaches. It focuses on communication, conflict, and commitment and on helping individuals experience pleasure, healing, and personal growth within an intimate relationship. The curriculum is available in several different formats, from a semester-long course to an intensive one-day seminar. In a quasi-experimental one-group pre-test–post-test research design, couples who attended the semester-long format showed greater marital satisfaction and less conflict and unhappiness six to eight months following the intervention.¹⁴ To my knowledge, no randomized trial of the program has been conducted.

Relationship Enhancement (RE) is a thirteen- to fourteen-hour program that stresses the development of empathy and mutual understanding to enhance intimacy, manage

conflict, and deal effectively with the inevitable difficulties that arise from differences in partners’ beliefs, feelings, needs, and desires. Instead of addressing specific topics, it teaches a set of ten communication and problem-solving skills with which couples can address most relationship issues. Both professionals and paraprofessionals have been trained to deliver this program to groups of couples. Created more than forty years ago, Relationship Enhancement has been evaluated many times with random-assignment research designs. Although the samples are typically small and follow-ups are limited to no more than twelve months, several studies demonstrate positive effects on marital adjustment and communication in comparison to other types of marital treatment programs or a control group.¹⁵

Premarital Relationship Enhancement Program (PREP) emphasizes speaking and listening skills to equip couples to resolve conflicts and prevent harmful fights. Besides basic communication skills, topics include clarifying expectations, enhancing friendship and fun, and understanding commitment. Couples are most often taught in a group setting over a weekend or in another format covering about fifteen hours of material. A randomized evaluation of PREP conducted by the developers used a small number of middle-income, nondistressed, engaged couples. Five-year follow-up data showed that couples in the program had higher levels of positive and lower levels of negative communication skills and less marital violence than couples assigned to the control group. About half of the couples assigned to the program group participated in the program, leaving open the possibility that those who participated were more highly motivated to improve their relationships and thus would have had more positive outcomes than control

group couples even in the absence of the intervention.¹⁶

PREPARE is used by clergy and counselors to help premarital couples identify relationship strengths and weaknesses. Each partner privately indicates his or her level of agreement with 125 statements about a range of areas thought to affect relationships, including expectations, personality, communication, conflict resolution, financial management, leisure activity, sexuality, children and parenting, family and friends, gender roles, and religion. The partners' responses are then compared and a score indicating the couple's level of agreement is computed. PREPARE is most often used to help couples address their differences and decide whether a marriage is likely to be successful. The predictive validity of the inventory has been studied and found to distinguish between couples who got divorced and those who stayed together over a three-year period. Its use as a strategy for helping couples identify their issues and effectively address them has not been rigorously evaluated.¹⁷

Creating Marriage Programs for Low-Income Couples

Many of the publicly sponsored healthy marriage initiatives try to reach across various population groups and across socioeconomic status. But the problems associated with forming and sustaining healthy and stable marriages are particularly acute in poor communities, where rates of nonmarital births, divorce, and single parenting are especially high. Despite the greater family instability in low-income populations, marriage programs designed to serve these groups are extremely rare.¹⁸

This situation is especially surprising given that many low-income men and women

would welcome the chance to participate in classes or sessions to help them with their relationships.¹⁹ Between 86 and 90 percent of low-income men and women surveyed in Florida, Oklahoma, and Utah considered it a "good or very good idea" for government to develop programs to strengthen marriage and reduce divorce. More telling, 72 to 87 percent indicated that they would consider using workshops or classes to strengthen their own relationships if such were available.

As noted, the vast majority of marriage interventions in use today were primarily designed for and tested with white, middle-class, well-educated couples who were engaged or already married. Thus, although the foundation supporting marriage education programs may be promising, there is some question whether these standard programs can meet the needs, interests, and circumstances of low-income couples.²⁰

Responding to the Needs of Low-Income Couples

New research on the relationship dynamics of low-income couples suggests that certain issues may stand in the way of a healthy marriage. For example, some unmarried parents set an "economic bar" as a prerequisite to marriage that is perhaps unrealistically high, and many struggle with issues of trust, fidelity, and commitment.²¹ The prevalence of traumatic experiences such as childhood sexual abuse may be higher among disadvantaged individuals and may make it harder to form healthy adult relationships.²² Couples who conceive a child soon after beginning to date may be romantically involved but need more time to get to know one another better.²³ Research has documented that whether or not they are married, low-income couples often struggle with issues related to having children by multiple partners.²⁴ Com-

pared with the general population, lower-income couples tend to be less well educated, to have lower levels of literacy, to have had less success in school, and to be members of minorities and come from diverse cultural backgrounds.²⁵ All of these differences have implications for both the content and the presentation of marriage and relationship skills education for lower-income couples.

Most marriage experts believe that the basic concepts and skills taught in conventional programs (such as communication skills) are likely to be universally important. Many practitioners who serve low-income men and women also agree that such skills are likely to be useful, but they consider the standard materials inadequate because they do not deal with the issues unique to low-income couples. Experts who work with low-income families tend to find conventional teaching methods, such as lectures and didactic instruction, inappropriate for the literacy levels and learning styles prevalent among lower-income populations. In light of these concerns, several developers and practitioners have begun to adapt conventional programs or create new curriculums that are specifically responsive to the needs and circumstances of low-income couples. In preparation, some developers have conducted focus groups, curriculum field tests, and pilot programs.²⁶

These “next generation” curriculums often take a more experiential, hands-on, and engaging teaching approach. Abstract concepts are made more concrete, the level of language fluency and literacy is adjusted, and materials are revised to rely less on written exercises, reading, and homework and more on discussion, dialogue, role playing, and skills practice. In addition, curriculums are often made more culturally appropriate, par-

ticularly in terms of illustrative stories, examples, references, and activities.

New curriculum materials tend to supplement traditional topics and skills to help couples work on such issues as trust, fidelity, and commitment; deal with problems related to multiple-partner fertility; learn how to set

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and achieve economic goals as a team; heal from past psychological injuries, such as physical or sexual abuse; avoid violence; and understand the characteristics of healthy relationships and marriage. Several of these next generation programs for low-income families will be tested as part of large-scale national evaluations of healthy marriage initiatives; a sampling follows.²⁷

Loving Couples Loving Children (LCLC) is a curriculum developed by John and Julie Gottman especially for low-income couples who are expecting a child. John Gottman is world-renowned for his scientific work identifying the predictors of relationship success and failure, while Julie Gottman is a master clinician who provides advanced training in marriage education and couples therapy. The Gottmans based Loving Couples Loving Children on the concepts and skills taught in Bringing Baby Home, their curriculum for

new parents that has recently shown positive impacts on couples and their children. To engage and retain the interest of low-income couples, they substantially modified the presentation of the material by developing a series of video “talk shows” in which racially and ethnically diverse low-income couples discuss relationship issues. Each of the forty-two sessions in LCLC begins with such a talk show, which leads to a lively discussion among group participants. In these unscripted shows real couples, not actors, describe the challenges they have faced in their relationship and how they overcame them. The second half of each group session is devoted to activities that teach specific skills and techniques that couples can use to address the issues raised in the video. Participants practice skills with their partners during the session, with individual attention from the male and female co-facilitators, as needed.

In addition to building intimacy, dealing with conflict, and developing shared meaning, which are addressed in *Bringing Baby Home*, *Loving Couples Loving Children* includes topics that are important for low-income couples—trust and fidelity, dealing with ex-partners, healing old wounds, avoiding relationship violence, understanding the importance of the father’s role, dealing with incarceration and addiction, and learning what it means to be happily married, to name a few. The curriculum was field-tested with numerous low-income couples in several cities and is now being piloted and evaluated in the Building Strong Families (BSF) project, a large-scale national demonstration.

Love’s Cradle is based on the well-established Relationship Enhancement program, adapted and supplemented by new material developed especially to address issues identi-

fied by researchers as crucial barriers to positive family formation in fragile families. Created by Mary Ortwein, a marriage and family therapist with experience serving low-income families, and Bernard Guerney, the original developer of RE, Love’s Cradle relies on a simplified and more culturally sensitive version of Relationship Enhancement taught at the fifth-grade level, and adds content to the standard RE skills. The simplified version avoids psychological jargon and teaches skills at a slower pace, with greater access to individual skills coaching. Love’s Cradle consists of twenty-one two-hour group sessions. Ten sessions, most at the beginning of the program, are devoted to the simplified RE skills. Eleven additional sessions adapted from *Supplementary Marriage Education Modules for Low-Income Couples* (see below) allow couples to use their new skills to address the issues indicated by research to be common to low-income couples, including how to build, rebuild, and maintain trust; deal with multiple-partner fertility; manage emotions; work as a team on money matters; and reframe their understanding of marriage. Love’s Cradle was field-tested with low-income couples and will be part of the Building Strong Families national evaluation.

Exploring Relationships and Marriage with Fragile Families is a new curriculum to help low-income single parents, especially African Americans, learn about relationships and marriage. With support from the state of Louisiana, it was developed by staff at the Center for Fathers, Families, and Workforce Development, a nonprofit organization serving low-income African American men and women. The curriculum includes three stand-alone components—for mothers, for fathers, and for couples—consisting of eight two-hour sessions. Each single-gender component is for parents in the early stages of de-

ciding whether to make a relationship commitment; the couples component is designed for men and women in a relationship that they want to last. The material borrows concepts from a range of marriage education programs, but rather than telling participants what to do, it offers various activities that set up experiences from which parents can draw their own conclusions. The curriculum is especially tailored for an African American audience, drawing on African symbols, rituals, and proverbs, and including notes for facilitators on cultural issues. Several organizations are being trained in the curriculum, though it has not yet been field-tested or evaluated.

Supplementary Marriage Education Modules for Low-Income Couples was developed to fill gaps in conventional marriage education curriculums regarding the needs of low-income families. It is not a stand-alone curriculum, but rather a supplement to traditional programs; for example, most of the modules have been integrated into the simplified version of the Relationship Enhancement program to create Love's Cradle. It was developed in direct response to work by fragile family researchers to address the issues that low-income, especially unmarried, couples have reported as obstacles to achieving happy and satisfying relationships and marriage. These include multiple-partner fertility, gender distrust, the high economic bar placed on marriage, and the lack of accurate information on and positive role models for marriage. The modules were developed by a multidisciplinary and multicultural group led by Pamela Wilson, a highly regarded expert in curriculum development for low-income families. The group also included a marriage and family therapist, the director of a home-visiting program for at-risk families, a specialist working with low-income African American fathers, a public health practitioner who

works with unwed pregnant African American women, and a professional counselor. The material in this curriculum will be included in the national evaluation of the Building Strong Families program.

Better Together is an eight-session curriculum for low-income unmarried, cohabiting parents who are living with their children. Created by a team led by Judy Charlick and Sandra Bender of the Cleveland Marriage Coalition, the curriculum was developed with the assistance of a committee composed of African American and white educators and a couple from the target population, who identified topics likely to be important to low-income unmarried parents. The curriculum borrows some content and teaching methods from a program called Survival Skills for Healthy Families but adds other topics to fit the needs of unmarried, low-income couples and to make it more culturally sensitive to African American families.²⁸ It takes a down-to-earth, concrete approach to teaching basic skills for parenting, speaking and listening, problem solving, managing money, and coping with stress and change. The sessions also provide information on the stages of relationships, the traits of a healthy family and a healthy marriage, the advantages of being sexually faithful, and the role of paternity and child support. The curriculum has not been evaluated but was recently piloted in a small program in Cleveland, Ohio.

Learning What Works

Social scientists know that marriage education can generally be effective in terms of improving relationship communication and satisfaction among couples who are at the higher end of the educational and economic spectrum. They are discovering what types of issues stand in the way of low-income couples' attainment of strong and lasting rela-

Table 1. Major Healthy Marriage Demonstration and Evaluation Projects

Characteristic	Building Strong Families	Supporting Healthy Marriage	Community Healthy Marriage Initiative
Target population	Unmarried romantically involved couples expecting a child, or with an infant less than three months old	Low-income married couples with at least one child under 18 years (or expecting a child)	Individuals within a specified geographic area
Primary objective	Strengthen unwed couple relationships and support the marital aspirations of those who choose marriage	Prevent unnecessary divorce by helping couples prepare for and strengthen their marriages and repair troubled marriages	Restore cultural norms and values for the institution of marriage through community support. Increase paternity establishment and child support payments
Intervention strategy	Group sessions focused on skills associated with healthy marriage	Group sessions focused on skills associated with healthy marriage	Media campaigns on value of marriage
	Additional family support services as needed	Extended curricular activities	Multisector coalitions to support marriage
	One-on-one support by a family coordinator	Family support services, as needed	Some direct services (scope and population group vary)
Scope	6,000 couples Up to six sites	8,000 couples Up to eight sites	Varies Up to twelve sites
Evaluation	Experimental	Experimental	Nonexperimental
Primary outcomes expected	Increased number of healthy marriages, improved relationship quality and child well-being	Decreased number of divorces, improved marital quality and child well-being	Reduced community divorce rate and community nonmarital childbearing
Follow-up	18, 36, possibly 60 months	12, 36, 60 months	12, 36, 60 months

tionships and marriage. What they do not yet know is whether marriage education, including programs that have been carefully adapted, will work with more diverse and less advantaged individuals. Nor can they be certain whether improving couples’ relationships will enhance the well-being of their children. To answer these questions, the Office of Planning, Research, and Evaluation (OPRE) at ACF commissioned three large-scale, multisite, long-term evaluations of marriage programs. As shown in table 1, each of these projects is stimulating the development of marriage initiatives and measuring the effects of these programs on both parents and their children over several years.

The Building Strong Families Project

Building Strong Families is an evaluation of programs to help expectant unwed couples strengthen their relationships and, for those who are interested, consider marriage.²⁹ The nine-year project, which was initiated by

ACF in late 2002, will provide information on whether supporting the marital aspirations of unwed couples can enhance the well-being of their children. Led by Mathematica Policy Research, the BSF evaluation is the first major investigation of a healthy marriage initiative involving a rigorous research design. Participation in BSF is entirely voluntary—families are not mandated or ordered to attend, nor is participation tied to any public benefits. The concept of the program was motivated by findings from the Fragile Families and Child Wellbeing Survey, which showed that more than 80 percent of unwed couples are romantically involved at the time of their child’s birth. Although many of these couples expect to marry, very few do so, and many break up quickly.³⁰

The project has two major goals. The first is to stimulate and support the development of well-conceived local programs that will nurture the relationships of unmarried couples,

starting around the time of their child's birth. The second is to rigorously test the effectiveness of these programs on couples and children. All BSF programs must conform to a model that was carefully developed over several years through collaboration between ACF, the research team, and a diverse group of experts and practitioners.³¹ The model has three required components: a structured series of group sessions led by trained facilitators who teach the skills and knowledge shown through research to be associated with healthy marriage; access to family support services, such as parenting education, employment services, and mental health treatment, as needed; and ongoing, one-on-one family support over a sustained period.

Although BSF targets unmarried couples, its goal is not to persuade them to marry but to improve the quality and stability of their relationships, and also to support couples who do wish to marry. Programs that aspire to be part of BSF adopt a marriage education curriculum that meets the criteria outlined in the program model guidelines. Two such curriculums have so far been adopted by local BSF sites: Loving Couples Loving Children and Love's Cradle.³² As noted, both are based on curriculums that have been shown to be effective in the general population, and both have been adapted in content and presentation to be suitable for low-income, unmarried, new parents. Despite differences in approach, both cover the same broad topics, including communication and conflict management skills, affection and intimacy, trust and commitment, adjusting to a new baby, parent-infant interactions, learning about marriage, co-parenting and managing complex family relationships, emotion regulation, and communicating about money. In BSF, eligible couples expecting a child (or with a child younger than three months old) attend

group sessions with six to nine other couples, usually once a week for several months. Specially trained family coordinators assess and link couples to additional services as needed, and provide ongoing support to individual couples over a year or more.

The BSF evaluation, to be conducted at up to six sites nationwide, includes an implementation study and an impact analysis in which thousands of couples will be randomly assigned to an intervention or a control group. Couples and their children are assessed at baseline and then again eighteen months and three years after they enroll in the program. Compared with the control group, the intervention group is expected to show an increase in the number of children being raised by both parents in a healthy and stable marriage; more stable, higher-quality couple relationships; and improved child well-being. Lessons from the pilot phase and findings from the implementation and impact studies will be disseminated through a series of reports over the coming years.

Several programs aiming to be selected as evaluation sites are beginning to implement the BSF model. After a pilot period up to six sites will be chosen, based on criteria such as the ability to enroll a sample of adequate size. Brief descriptions of the pilot sites under consideration for the national evaluation follow.

Florida: Orange and Broward Counties. In Florida, the BSF model is being integrated into an existing home-visiting program to promote positive parent-child interaction and healthy child development, with the goal of preventing child abuse and neglect in vulnerable families. Healthy Families Florida is a statewide program serving at-risk mothers for up to five years, beginning with their child's

birth. During home visits, family social workers teach parents about child development and parenting and link them to other needed social services. In the BSF program (called Healthy Families Plus in Florida), fathers join mothers for the home visits, and both parents participate in the marriage and relationship curriculum workshops. Healthy

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Families Plus selected Loving Couples Loving Children as its curriculum and began enrolling couples in two counties in February 2005 for its pilot. Depending on its progress and the availability of funding, the program will expand to several additional Florida counties for full-scale implementation.

Georgia: Greater Atlanta. In the greater Atlanta area, BSF will be provided by two local nonprofit organizations: the Latin American Association and Families First. The Latin American Association provides transitional services for Latinos and operates the Latino Fatherhood Initiative to help fathers become more responsible and sensitive to the needs of their children. The Latin American Association will provide BSF services in Spanish. English-speaking couples will be served by Families First, which has a more than 100-year history in Georgia, with centers and facilities serving at-risk, mostly minority fam-

ilies. Its services include adolescent pregnancy prevention, domestic violence treatment, adoption and foster care, substance abuse and mental health treatment, after-school programs, and individual counseling. BSF couples will be recruited through the neighborhood public health clinics in Fulton, DeKalb, Clayton, Gwinnett, and Cobb counties, and through Grady Memorial Hospital. Couples will be recruited when their pregnancy tests are done as part of their Medicaid application. Enrollment of BSF couples for a pilot study began in May 2005.

Indiana: Marion, Lake, Allen, and Miami Counties. As in Florida, in Indiana BSF is embedded within local Healthy Families programs in several counties. Like similar programs, Healthy Families Indiana is a voluntary home-visiting program designed to promote healthy children and families by offering such services as access to health care, parenting education, and information about child development for up to five years after the birth of the child. The program systematically identifies at-risk families around the time of their child's birth, often in hospital maternity wards. Healthy Families Indiana chose Loving Couples Loving Children for its relationship and marriage education curriculum, and enrollment for its pilot began in eight locations in February 2005. Once the full demonstration is under way, enrollment will be expanded in these sites.

Louisiana: Greater Baton Rouge. A community-based nonprofit organization called Family Road of Greater Baton Rouge is leading the BSF effort in Louisiana. Family Road offers a comprehensive set of social services to expecting and new parents. The award-winning "one-stop" center provides mostly African American unmarried parents with services and referrals, including parenting

education, birth preparation classes, prenatal care, Medicaid and WIC, Healthy Start, money management, substance abuse and domestic violence treatment, employment services, a fatherhood program, and individual counseling. The addition of BSF to this array will fill a gap by serving low-income couples—rather than only mothers or fathers—and helping them with their relationships for the first time, using Loving Couples Loving Children as its curriculum. Baton Rouge BSF began enrolling couples for the pilot study in April 2005. Depending on the availability of funds, services will be expanded to two additional community-based organizations in the area.

Maryland: Baltimore. The Center for Fathers, Families, and Workforce Development has been funded to implement the BSF model in Baltimore. The center has worked for many years to strengthen families by reaching out to young, low-income, mostly African American men in Baltimore to help them become better fathers by developing life skills and removing barriers to parental involvement and employment. In its 50/50 Parenting Program, the center works with both unwed mothers and fathers, teaching co-parenting skills and helping each family develop a parenting plan. For BSF, the program will collaborate with several area birthing hospitals to recruit unwed couples who are romantically involved and interested in participating. The center has selected Loving Couples Loving Children as its curriculum for BSF services. Program enrollment was expected to begin in late summer 2005.

Oklahoma: Oklahoma City. The Oklahoma Marriage Initiative (OMI) is planning a BSF program that would first conduct pilot operations in Oklahoma City and County and then expand to other counties throughout the

state. During the pilot operation of the Transition to Parenthood Program, a large women's health center run by a community-based organization and serving a population with a substantial Hispanic component will recruit couples as part of its delivery of prenatal services. The OMI will provide BSF group workshops following an adaptation of the Becoming Parents Program (now being developed) and offer a variety of family support services through a newly created "one-stop" service center adjacent to the health center. Program enrollment was scheduled to start in late summer 2005.

Texas: Houston and San Angelo. The BSF program model is being implemented in two Healthy Families sites in Texas: Houston and San Angelo. The Houston location has a bilingual staff and provides home-visiting services in Spanish to its primarily Hispanic population. BSF services will also be offered in English. Unlike other Healthy Families programs, the San Angelo site has been serving couples as well as mothers for several years through a monthly couples support group. The two sites plan to use Love's Cradle as their relationship skills and marriage education curriculum. Program staff at both locations have been trained in the BSF model and began recruiting couples at local birthing hospitals in February 2005.

The Supporting Healthy Marriage Project

ACF launched the Supporting Healthy Marriage (SHM) initiative in fall 2003 in response to two important research findings: low-income married couples tend to be at higher risk for divorce than couples in the general population; and children fare better on a range of outcomes when they grow up with married parents. The initiative targets low-income couples because once married, they

tend to be less stable than couples with higher incomes and they are likely to face more obstacles to maintaining healthy marriages.³³ SHM will test whether instruction in relationship skills and support for low-income married couples can enhance marital quality,

Supporting Healthy Marriages targets low-income couples because once married, they tend to be less stable than couples with higher incomes and they are likely to face more obstacles to maintaining healthy marriages.

reduce divorce rates, and improve child well-being.³⁴

SHM differs from BSF primarily in its target population. While BSF serves unmarried couples, SHM will serve economically disadvantaged couples who are already married and have at least one child under age 18 or are expecting a child. More than 8 million married couples live at below 200 percent of the federal poverty line in the United States. Compared with more affluent married couples, they are more likely to have had children before they were married, to have children by multiple partners, and to use various types of public assistance. Low-income married couples are mostly Latino (35 percent) or white (47 percent); few are African American.³⁵

Like BSF, SHM will involve extensive program development and a rigorous evaluation of impacts. The project team has developed a

program model in collaboration with a range of experts and will work with state and local organizations to design and implement SHM programs that follow the model. Programs will be expected to include three major components: delivery of a marriage education curriculum that covers a specified set of topics; extended marriage education activities, which could include booster sessions, social events, or peer mentoring; and supplemental services that support other family needs, such as referrals for job assistance.³⁶ The research team is now seeking groups that would be interested in implementing the SHM program model. Curriculum selection and program operations have not yet begun. To further inform the program model, a series of focus groups with members of the target population will be conducted over the next two years to better identify the needs and interests of low-income married couples with children.

The evaluation, led by MDRC and Abt Associates, is expected to include eight sites, each of which must be able to randomly assign many couples to program or control groups. Both implementation and impact will be analyzed. Families will be assessed at baseline and at twelve, thirty-six, and sixty months after the intervention. Expected effects include improved marital quality, lower rate of divorce, and improved well-being of children.

Evaluation of the Community Healthy Marriage Initiative

The third major OPRE project, the evaluation of the Community Healthy Marriage Initiative (CHMI), is designed to assess whether community-level initiatives to promote healthy marriage, parental responsibility, and the financial well-being of children can be effective. These initiatives are primarily intended to improve family well-being by reducing a community's divorce rate and

number of nonmarital births and by ensuring that paternity is established and child support payments are made. Through its Office of Child Support Enforcement, ACF has contributed to community healthy marriage initiatives in Idaho, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, and Virginia. More grants are expected.³⁷

In providing funding for these programs, ACF has encouraged a community saturation model, in which community coalitions work together to find ways to promote healthy marriage.³⁸ These coalitions may include faith-based organizations, government agencies, and nonprofits. Most CHMIs attempt to improve the well-being of all families by changing societal norms related to marriage. Some provide marriage education services, although the scope, target population, and intervention approach vary widely from program to program. Of those that will provide marriage education services, most are considering the use of conventional programs, such as PREP, PAIRS, RE, or Survival Skills for Healthy Families.

The seven-year evaluation, which will include up to twelve sites, is being led by a team of researchers at RTI International and the Urban Institute. Because CHMIs seek change at the community level, it is not possible to conduct a random-assignment evaluation of their effects, so a nonexperimental or quasi-experimental design is being considered instead. Changes in outcomes related to marriage, child well-being, and child support will be assessed at twelve, thirty-six, and sixty months after program inception and com-

pared across similar communities. The evaluation will also include an analysis of program development and implementation.

Conclusions

The documented ill effects on children of growing up without the benefit of two parents in a loving and stable marriage have increased interest in learning whether a new kind of policy and new types of programs can help strengthen the institution of marriage. Many different strategies are being tried, but most have not been examined for their effectiveness. One of the more promising approaches relies on marriage education to teach interested couples the skills shown through research to be instrumental in building and maintaining strong and stable marriages. Such programs are known to be effective in increasing relationship satisfaction and communication among groups composed mostly of white, middle-class, married or engaged couples, but they have rarely been provided to low-income, culturally diverse, married and unmarried couples. Recent research has identified many barriers faced by low-income men and women in developing and maintaining healthy long-term relationships and marriage. Marriage education experts therefore are now creating curriculums based on the core research-supported skills and principles but adapted to be more accessible and appealing to low-income couples and supplemented with material to help couples address barriers to healthy relationships and stable marriage. Three large-scale rigorous evaluations will provide insight into whether and how healthy marriage programs for low-income populations can be effective.

Endnotes

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