

Supporting Healthy Marriage

**Designing a Marriage Education Demonstration
and Evaluation
for Low-Income Married Couples**

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Abstract

In recent decades, there has been a widening gap between higher rates of marital instability for economically disadvantaged couples and lower rates for nondisadvantaged couples. In addition, out-of-wedlock birth rates have risen, while evidence has grown that children fare better, on average, when raised by both of their parents in stable low-conflict households. All of these trends were important rationales for the development of a federal Healthy Marriage Initiative (HMI) within the federal Temporary Assistance for Needy Families program. Through grants to a range of state and local agencies, the HMI emphasizes provision of marriage education, a voluntary preventive service aimed at providing interested couples with skills and information that may help them to develop and sustain successful marriages and relationships.

In this chapter, we introduce the Supporting Healthy Marriage (SHM) evaluation — the first large-scale, multisite experiment that tests marriage education programs for low-income married couples with children. The SHM conceptual framework recognizes multiple sources of relationship strength and weakness, and the project’s program model has followed this framework closely in adapting the content and delivery of marriage education services for low-income married parents. Eight sites (with some sites spanning multiple organizations) are operating SHM programs around the country. SHM is testing a relatively intensive and comprehensive form of marriage education designed specifically for low-income families. Its year-long program model packages a series of marriage education workshops with additional family support, including case management, supportive services, and referrals to outside services as needed. The evaluation includes two interrelated substudies — one focusing on sites’ experiences in implementing the SHM model and the other measuring program impacts on marital quality and stability, child well-being, and a range of other outcomes.

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Introduction

In the decades since 1960, Americans have chosen to marry later, and more of their marriages have ended in separation or divorce. Although the trend toward later marriage has been fairly uniform by social class, the gap between higher rates of marital instability for economically disadvantaged couples and lower rates for nondisadvantaged couples has widened in recent decades (Martin, 2002, 2006; Raley and Bumpass, 2003). For this reason, and because poor women are much more likely to have births out of wedlock, children born to disadvantaged mothers now typically spend only half of their childhoods in a family with two married parents (Bumpass and Lu, 2000; Cherlin, 2005).¹

In response to these trends, when the Temporary Assistance for Needy Families (TANF) program was established in 1996, one of its four goals was to “encourage the formation and maintenance of two-parent families” (U.S. House of Representatives, 2004). Five years later, the federal government took the additional step of launching a Healthy Marriage Initiative. Conducted by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services, with substantial additional TANF funding under the 2005 Deficit Reduction Act, the Healthy Marriage Initiative has provided grants to a range of state, local, and community-based service providers to fund activities aimed at providing couples the skills they need to form and sustain healthy marriages.² A particular focus of the initiative is *marriage education*, a voluntary preventive service aimed at providing interested couples with skills and information that may help them to develop and sustain successful marriages and relationships. Marriage education typically consists of a structured curriculum with multiple sessions taught by one or two facilitators. Marriage education falls within a broader class of preventive interventions called “relationship education” and has been adapted for married and unmarried couples, youth, or single adults.

An important component of ACF’s Healthy Marriage Initiative has been a research agenda comprising a variety of research synthesis and evaluation projects, including several random assignment evaluations of the effectiveness of marriage education programs targeted to low-income couples. This chapter provides an overview of one of these evaluations — the Supporting Healthy Marriage (SHM) evaluation — the first large-scale, multisite test of marriage education programs for low-income married couples with children.

¹See the chapter by Steve Nock in this volume for more detail on how marital experiences may differ in high and low socioeconomic status (SES) families.

²See the chapter by Paul Amato in this volume for more information about state and federal healthy marriage efforts.

Although most existing marriage education curricula focus primarily on bolstering couples' skills in communication, conflict resolution, emotional connection, and problem-solving, they vary along a number of dimensions, including theoretical underpinnings and approach to behavior change, the topics covered, intensity (length, hours/week), and modes of instruction.³ SHM is testing a relatively intensive and comprehensive form of marriage education designed specifically for low-income families. Its year-long program model packages a series of marriage education workshops with additional family support, including case management, supportive services, and referrals to outside services as needed. The SHM team selected sites based on their experience providing marriage education or working with low-income families; interest in operating this particular program model; capacity to operate the program for several hundred participants; and interest in being part of a random assignment study. Thus, SHM is not a study of a randomly selected group of healthy marriage programs around the country, but rather of a particular approach to marriage education.⁴

In addition to its relatively intensive program model, SHM is distinguished by its target group — low-income couples who are married and have children. Low-income couples are the focus of the federal Healthy Marriage Initiative because children in low-income families are particularly likely to experience family break-up and because their parents have previously had limited avenues for learning how to strengthen their marriages. Given its focus on married couples with children, SHM's unique contribution will be to assess whether such services can increase the quality and stability of existing marital relationships and thereby improve the well-being of children and their parents.

As described further in the chapter, the research team⁵ began the study by conceptualizing the processes that influence relationship quality and stability for low-income couples and developing hypotheses both about how a marriage education program might affect the relationships of low-income couples and, ultimately, about how changes in couples' relationship quality might affect the well-being of their children. In this and subsequent phases of the study, we have drawn upon current research from a number of social science disciplines and have consulted closely with a wide range of practitioners and social scientists with expertise in research

³For a review of marriage education programs, see Robin Dion, "Healthy Marriage Programs: Learning What Works," *Future of Children*, Vol. 15, No. 2, Fall 2005, pp. 139-156.

⁴ACF has also commissioned two related large-scale evaluations. The Building Strong Families (BSF) project is a random assignment study of healthy marriage programs for unmarried adults who are expecting a child together (also known as "fragile families"). An additional study, the Community Healthy Marriage Initiative (CHMI), is assessing the effects of community-wide efforts to engage low-income couples in marriage education. More information on these studies and the Healthy Marriage Initiative can be found at: <http://www.acf.hhs.gov/healthymarriage>.

⁵The study is a collaboration among researchers at MDRC, Abt Associates, Child Trends, and Optimal Solutions Group. Academic scholars have also been integral members of the research team, with particularly extensive involvement over time by Carolyn Pape Cowan, Philip Cowan, and Thomas Bradbury.

on the determinants of marital trajectories, intervention research about marriage education, and effective practices in working with low-income families.

In the initial stages of the project, the team concentrated on developing the program model and research design and recruiting sites able to run strong programs. Eight sites (with some sites spanning multiple organizations) are operating SHM programs around the country. Following a several-year period of program operations, data collection, and analysis, the project will issue an initial report on impacts on couples after 12 months of follow-up. In this chapter, we provide a broad introduction to the project. We describe first some of the demographic trends and prior research on marriage education that provide the rationale for healthy marriage interventions. Subsequent sections present the project's conceptual framework and program model. Last, we describe the major research questions investigated in SHM's implementation and impact analyses, the two major substudies of the project.

Section One

The Research Foundations for the Supporting Healthy Marriage Project

The SHM project is motivated by three related but distinct bodies of research: Studies indicating that children in low socioeconomic status (SES) families spend less time in two-parent families (and that this gap between lower- and higher-income children continues to grow); studies suggesting that children benefit from growing up with two parents who are in a stable, low-conflict relationship; and random assignment evaluations demonstrating that, at least for some target groups and some outcomes, marriage education interventions can have positive effects on couples and their children.

Trends in Marriage and Divorce

An important literature in recent years has examined differences in marriage and divorce by socioeconomic status. Married couples with low education levels are more likely to divorce (Fein, 2004; Martin, 2006), and when low-income married couples split up, their children are likely to become poor and dependent on public assistance (Behrman and Quinn, 1994). Furthermore, socioeconomic inequality in children's access to two parents has increased in recent decades. Low-income individuals have become increasingly likely to have children before marrying, and, for those who marry, dissolution rates have remained very high while declining among better-off couples (Ellwood and Jencks, 2004; Martin, 2006; Raley and Bumpass, 2003). If publicly funded interventions like SHM can promote marital quality and stability, they may be able to contribute to more equitable prospects for children.

Influences of Family Structure and Family Relationships on Child Well-Being

Reviews in other recent volumes have summarized past research on the effects of family structure on children's well-being (Amato, 2005; Ribar, 2004). Individual studies, as well as meta-analyses, have attempted to disentangle the effects on children of living in different types of households by comparing outcomes for children in a variety of family configurations. Additional research has attempted to uncover the potential causal contributions of specific experiences of children who live in different family structures. These several decades of nonexperimental studies have provided considerable evidence that children benefit when they have access throughout their childhoods to adequate financial resources; effective parenting; a stable household; and minimal exposure to parental conflict.

Over the last two decades, the evidence has strengthened that children who grow up with two parents who are in a stable relationship are more likely to receive the parenting and financial supports that promote their well-being (Amato, 2000; McLanahan and Sandefur, 1994). At the same time, there are many uncertainties about exactly what inputs matter most, the optimal role for public policy, and whether and why marital relationships may be particularly advantageous for children (Acs, 2007; Kamp Dush, this volume; Sweeney, this volume).

Although carefully designed comparisons between children in different circumstances have contributed to our understanding of the processes by which families support children's development, nearly all of these prior studies are nonexperimental and vulnerable to potential bias due to parents' self-selection into different family structures and other circumstances (Ribbar, 2004). Thus, although the primary function of the SHM project is to test the effectiveness of marriage education for disadvantaged married couples, the experimental design of the SHM study also affords a unique opportunity to contribute to existing basic research: The proximate targets of the intervention (parents' handling of conflict, positive relationship qualities, and/or marital stability) will have been influenced by an exogenous influence — random assignment to either a group that receives marriage education or a group that does not. By analyzing both these proximate impacts of this intervention and the more distal effects on aspects of family life, such as parents' mental health, parenting and co-parenting, family income, and children's well-being, SHM has the potential to shed new light on the causal links between individual and family characteristics and child well-being that are difficult to identify definitively in a nonexperimental framework.

Effectiveness of Marriage Education Programs

A last important thread in prior research is a literature suggesting that psycho-educational interventions can be effective at improving couples' relationships. A common characteristic of these programs is their prevention outlook: At the same time that basic research on marriage was learning much about early communication and other behaviors associated with long-term relationship distress, practitioners were becoming increasingly convinced that marital therapy is likely to be only modestly successful, given that couples often are seriously distressed by the time they seek help (Bradbury, Johnson, Lawrence, and Rogge, 1998; Christensen, 1999). Substantial enthusiasm thus greeted the idea that it might be possible to teach couples how to recognize and practice positive interaction and avoid negative exchanges while their relationships are still in good shape (Halford, 2001; Halford, Markman, Stanley, and Kline, 2003; Markman and Floyd, 1980; Silliman et al., 2002).

Until recently, this literature was comprised mainly of experiments involving small samples of mostly middle- and upper-class couples and conducted mainly by researchers and clinicians who developed the interventions. Meta-analyses of varying subsets of programs over

the past two decades suggest that preventative psycho-educationally oriented programs on average have produced moderate positive effects on relationship satisfaction and communication (Butler and Wampler, 1999; Carroll and Doherty, 2003; Giblin, Sprenkle, and Sheehan, 1985; Hawkins, Blanchard, and Fawcett, 2007; and Reardon-Anderson, Stagner, Macomber, and Murray, 2005).

The earliest programs studied, such as the Couple Communication program (Wampler, 1990) and the Relationship Enhancement program (Guernsey, 1977), focused on communication and problem-solving skills. A landmark 1985 meta-analysis of 85 studies (Giblin, Sprenkle, and Sheehan, 1985) found average effect sizes of .3 (men) and .5 (women) for relationship satisfaction and of .6 for communication skills (for both men and women).

A second generation of interventions expanded the skills taught beyond communication and conflict resolution to include new insight into the role of couples' expectations and attitudes; emotions (both positive and negative); the meaning that might be derived from recurrent conflicts; and the importance of nurturing the positive side of the relationship, including fun, friendship, emotional supportiveness, and intimacy. The most widely disseminated of these is the Prevention and Relationship Enhancement Program, PREP (for example, Hahlweg et al., 1998; Halford, Sanders, and Behrens, 2001; Markman and Hahlweg, 1993; Stanley et al., 2001). Recent meta-analyses — which include second-generation evaluations in addition to earlier evaluations — have reported effect sizes roughly comparable with those limited to earlier programs (Carroll and Doherty, 2003; Hawkins, Blanchard, and Fawcett, 2007; Reardon-Anderson, Stagner, Macomber, and Murray, 2005).

Collectively, a series of sampling and technical limitations in these earlier studies makes it difficult to predict confidently the impacts of more intensive programs such as SHM, developed for low-income couples. As mentioned, nearly all of the studies cited involved predominantly white, middle-class couples. Furthermore, though a good number of studies utilized experimental designs, many of them measured outcomes only for nonrandom subsamples of subjects originally assigned to experimental and comparison groups. Such selection occurred through a variety of mechanisms: Researchers decided to study only those treatment group members who participated in or completed the program; there was attrition when marriages dissolved; or researchers could not locate original sample members (Carroll and Doherty, 2003; Reardon-Anderson, Stagner, Macomber, and Murray, 2005). Very few studies employed statistical techniques such as regression-adjustment that might help control for such sources of imbalance in the designs. Finally, these evaluations tended to follow couples for only a very short time — in many cases extending no more than several months after the program ended — and rarely measured impacts on marital stability or child outcomes.

A third set of marriage education studies focused on couples experiencing stresses related to child-rearing has begun to address some of these limitations. Common to this newer class of interventions is the notion that parents may be especially open to participating in marriage education if it is presented in a way that supports their roles as parents or addresses specific transition points in family life. Until recently, these studies again involved primarily middle-class couples, although they also tended to be based on somewhat larger samples, more careful designs, and longer follow-up.

The first important evaluation in this category, of a transition-to-parenthood program called *Becoming a Family*, used a group discussion format with skilled clinicians and found effects on a range of outcomes, including positive effects on marital satisfaction (but not stability) at five and a half years after random assignment (Cowan and Cowan, 1992). More recently, the same investigators have reported impacts on marital satisfaction, parenting, and children's test scores and behavior in *Schoolchildren and their Families*, a study that recently completed a 10-year follow-up analysis (Cowan and Cowan, 2006a). The ongoing *Supporting Fathers' Involvement Study* is finding impacts from a similar, discussion-based model for a mostly low-income Hispanic population (Cowan, Cowan, Pruett, and Pruett, 2006). Other higher-quality experiments that reported promising findings in this category include tests of the *Bringing Baby Home* program (Shapiro and Gottman, 2005) and an adaptation of the *Incredible Years* that addressed relationships between parents who are coping with children with serious behavior problems (Webster-Stratton and Taylor, 2001).

Thus, work to date provides many reasons to test more intensive, large-scale psycho-educational models and address the substantial deficit in knowledge about how marriage education may affect low-income couples. In the remainder of this chapter, we describe the conceptual model, program design, and evaluation approach for the *SHM* demonstration, which is testing relatively intensive and comprehensive services in eight sites around the country.

Section Two

Conceptual Framework

A notable by-product of the federal marriage initiatives has been the emergence of a new multidisciplinary perspective on how economic disadvantage affects couple relationships and related family processes. Previously, clinical and developmental psychologists had amassed a rich body of theory and evidence on couple relationship processes from fine-grained observational studies of small samples of largely white, upper-middle class couples (Gottman and Notarius, 2000). In contrast, sociologists and economists had used survey data to identify personal, family, and community demographic factors associated with a variety of family outcomes (Amato, Johnson, Booth, and Rogers, 2003; Burstein, 2007; Ellwood and Jencks, 2004). Starting in the 1990s, social psychologists began to bridge these two perspectives by developing family process models integrating external factors and internal relationship dynamics (Conger, Reuter, and Elder, 1999; Conger et al., 2002; Cutrona et al, 2003; Karney and Bradbury, 1995). Spurred by the federal marriage initiatives, there more recently has been collaboration on interventions between experts in marriage interventions (who tend to be psychologists) and experts in antipoverty programs (who tend to be economists and sociologists). Such collaboration within the SHM project has been especially helpful in laying out a conceptual framework for marriage interventions for economically disadvantaged couples.

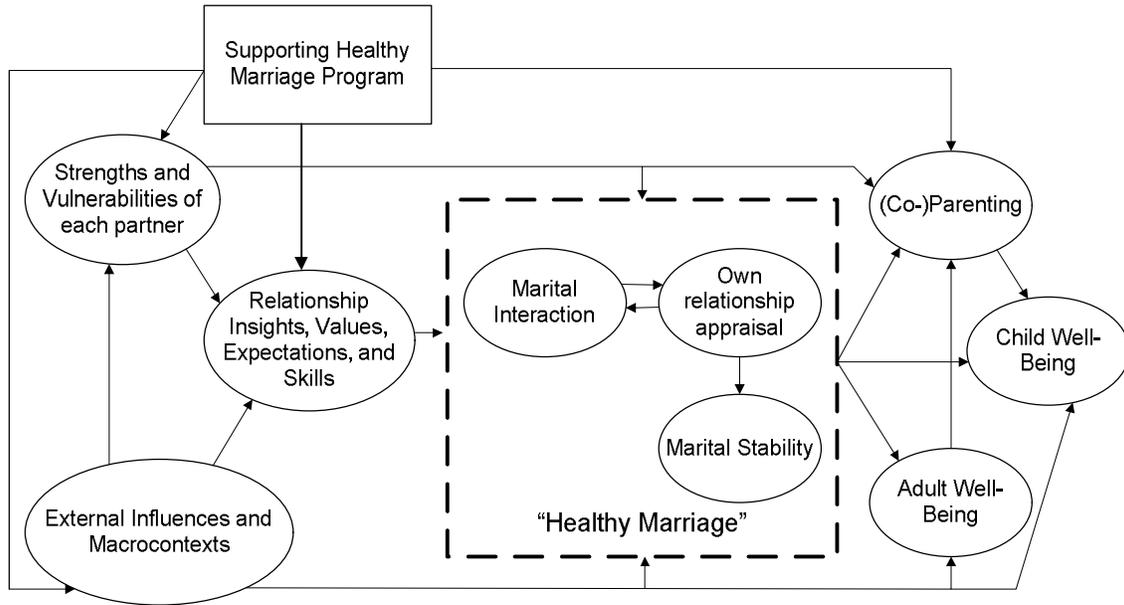
Key Elements of the Supporting Healthy Marriage Framework.

As shown in Figure 1, the SHM conceptual framework represents the central aim of marriage programs as being to support “healthy marriage,” a construct whose definition takes account of the way spouses interact, how they view the relationship, and whether they decide to stay together. Psycho-educational curricula seek to influence such outcomes by providing new insights, teaching new skills, and encouraging exploration of the values and expectations each partner brings to the relationship. To do so, they must work with, and sometimes against, many factors outside the relationship itself, including the personal qualities of each partner and pressures and supports in the surrounding environment. If they are successful in supporting healthy marriage, programs ultimately seek to improve the well-being of individual adults and, especially, children.

Perhaps the thorniest question raised by this framework is how exactly projects like SHM should define and measure “success” in a field rife with multiple perspectives and empirical puzzles. Clinicians who work with troubled couples may see restoring some satisfaction with the relationship and some commitment to staying together as a major achievement. Prevention-oriented psychologists, drawing on fine-grained predictive studies of initially satisfied

Figure 1

Conceptual Framework for the Supporting Healthy Marriage Project



couples, traditionally concentrated on developmental markers of relationship dysfunction, so that “success” involved helping couples avoid negative interactions that would threaten marital quality. More recently, psychologists have become more attentive to the idea that positive behaviors and sentiments may provide a powerful inoculation or buffer against potentially damaging experiences within relationships or outside stressors (Gottman and Notarius, 2000; Halford, Markman, Stanley, and Kline, 2003). Given that there are a number of inconsistencies in the evidence that relationship attributes predict satisfaction and stability over the long term (see Johnson et al., 2005, for a recent discussion), it is tempting to simply say that a “successful” relationship is one that both partners see positively. It is insufficient to ignore the way couples actually interact, however, since perceptions do not always reflect relationship problems until it is too late (Fincham, Hall, and Beach, 2006). A final approach — consistent with the concept of healthy behaviors in public health research — is one that defines marriages as healthy when

they promote the individual well-being of both partners and their children.⁶ This last approach requires a careful assessment of theory and evidence on the aspects — and levels — of relationship functioning that are predictive of desired individual-level outcomes.

While experts have struggled to carefully define and measure marital success, federal policymakers have embraced the concept of a “healthy marriage” as the goal of the Healthy Marriage Initiative. A motivation in their doing so was to emphasize that the initiative was not intended solely to produce more marriages or longer-lasting marriages, but rather to promote more good marriages. As such, a description on the federal Healthy Marriage Initiative Web site builds in a number of the markers mentioned above:

There are at least two characteristics that all healthy marriages have in common. First, they are mutually enriching, and second, both spouses have a deep respect for each other... [A healthy marriage] is a mutually satisfying relationship that is beneficial to the husband, wife and children (if present)... It is a relationship that is committed to ongoing growth, the use of effective communication skills and the use of successful conflict management skills. (U.S. Department of Health and Human Services, 2008).

Some recent efforts to operationalize this construct of healthy marriage similarly have proposed combinations of attributes that prior research has found to be related to marital success (quality and stability) and to predict child and adult well-being. For example, one version developed by Child Trends, based on reviews of the literature and expert input, identifies the following 10 elements of a healthy marriage: commitment between the partners, satisfaction, conflict resolution skills, lack of domestic violence, fidelity, interaction and time together, intimacy and emotional support, commitment to the children, and legal status and longevity (Moore et al., 2004). Similarly Stanley and his colleagues (Stanley, 2007; Stanley, Markman, and Whitton, 2002) propose that promoting a feeling of “safety” in relationships ought to be the unifying objective of marriage programs (they suggest four key dimensions of safety: physical, emotional, commitment, environmental).

To date, these varying efforts to identify coherent themes in the literature and expert opinion have been useful in setting general directions for policy and practice, but get us only partway toward an operational definition of healthy marriage for evaluation purposes. As de-

⁶An illustration is Halford, Kelly, and Markman’s definition of healthy marriage, which emphasizes external referents and also contains a dose of cultural relativism: “A developing set of interactions between partners which promotes the individual well-being of each partner and their offspring, assists each partner to adapt to life stresses, engenders a conjoint sense of emotional and sexual intimacy between the partners, and which promotes the long-term sustainment of the relationship within the cultural context in which the partners live.” (1997, p. 8)

scribed in Section Four, the SHM research team will be gathering measures for a broad range of marital processes and outcomes identified in recent research, so that we will be equipped to develop the strongest possible summary measures as we learn more about these processes for low-income couples. Accordingly, our heuristic framework simply depicts the broad dimensions of a potential definition of marital success in a very general way. As depicted in Figure 10.1, spouses' relationship appraisals and their reciprocal association with marital interaction (Noller and Feeney, 1998) are major (albeit not the only) determinants of whether couples stay together.

The framework posits that improvements in certain aspects of marital interaction, relationship appraisals, and stability will have a positive net effect on child and adult well-being (the right hand-side of Figure 10.1). Similar ecological models of family functioning and children's development have been proposed by a number of other investigators (for example, Belsky, 1984; Cowan et al., 1985; Cowan and Cowan, 2006b; Cummings, Davies, and Campbell, 2000; Heinicke, 2002; Parke and Buriel, 1998; Ribar, 2004; Waite and Gallagher, 2000).

Concerning child well-being, poorly handled conflict between parents can create emotional problems for children and provides children with poor models for their own relationships (Cummings and Davies, 1994; Emery, 1982; Gottman and Katz, 1989; Hetherington et al., 1992; Morrison and Coiro, 1999). Marital distress also can have negative effects on parenting by making it difficult to work together as a team in raising children (that is, "co-parenting") and by creating distress that compromises each spouse's ability to parent effectively, leading to spillover of hostilities or withdrawal from relationships with children (Conger et al., 2002; Cowan and Cowan, 2002; Hops, 1992; Howes and Markman, 1989; Cowan and McHale, 1996). Finally, as mentioned earlier, by promoting marital stability, healthy marriages tend to increase both financial and parenting resources available to children over the long term (McBride and Rane, 2001; Sigle-Rushton and McLanahan, 2002).

Emerging Themes in Relationship Research

Having outlined our broad framework, it is helpful to identify some of the basic ideas from marriage research that underlie curricula used in SHM and other marriage education programs. A central goal of many marriage education programs is to improve the quality of marital interaction — the behaviors couples exchange when they are together and accompanying thoughts, feelings, and physiological responses. Prospective longitudinal studies have made substantial progress in identifying characteristics of interaction that predict long-term marital success and distress, though inconsistencies remain on a number of points (Johnson et al., 2005), and there has been little study of low-income couples to test the degree to which similar relationship characteristics matter.

One important set of positive predictors includes expressions of positive affect, or emotions, and demonstrations of understanding and appreciation (see reviews by Gottman and Notarius, 2000, and Halford et al., 2003). Positive expressions during interaction may be contingent (for example, responses like good humor or emotional validation that ease or defuse potentially difficult situations involving one or both spouses) or noncontingent (for example, habits of attending to, showing appreciation, and developing a shared worldview regardless of what one's partner may say or do). Spouses in relationships that are high in positive affect are likely to attribute favorable motives to their partners' behaviors. Emotional intimacy — a feeling of closeness supported by trust and support in sharing feelings of vulnerability — is another form, or expression, of positive interaction (Cordova, Gee and Warren, 2005). Finally, the *amount* of time couples spend together in enjoyable activities also contributes to marital success (Aron, Norman, McKenna, and Heyman, 2000; Hill, 1988; Presser, 2000; White, 1983).

The role of communication in marital outcomes remains somewhat uncertain, at least in part because the construct often has not been clearly defined. Since, in a sense, all interaction is communicative, useful research on communication per se requires a clear focus on a relatively narrow set of interactions (Snyder, Heyman, and Haynes, 2008). For example, a substantial focus of prior research and marriage education curricula has been the narrower set of technical skills involved in the clear expression of thoughts, active listening, and demonstrating understanding or empathy as a listener. The research support for the effectiveness of particular communication techniques has been the subject of some debate (Gottman, Coan, Carrère, and Swanson, 1998; Gottman, Carrère, Swanson, and Coan, 2000; Johnson et al., 2005; Stanley, Bradbury, and Markman, 2000).

Evidence is stronger on the negative effects of certain emotional expressions and sequences of behaviors. Observational studies consistently have found that expressions of hostility, contempt, sarcasm, rejection, and stonewalling early in marriage predict long-term difficulty, especially when observed in certain patterns (Gottman, 1994; Gottman and Notarius, 2000; Markman and Hahlweg, 1993). One such pattern is “negative escalation,” involving the reciprocation of increasingly intense negative affect, often triggered when one partner raises an issue in a negative manner (that is, “harsh start-up”). Another pattern is repeated withdrawal and avoidance when one partner raises issues or makes a bid for attention. High-intensity negative affect often is accompanied, and further stimulated by, physiological arousal (such as increased adrenalin production, heart rate, sweat) that “floods” thoughts and makes it difficult to consciously de-escalate. Over the long term, such exchanges can lead to stable negative views of one's partner, leading to negative attributions of motives and responsibility (Fincham, 2001) and ensuing heightening of relationship distress (Karney and Bradbury, 2000).

Given the importance of such specific behaviors and patterns, marriage education curricula seek to teach couples about how relationships work and train them in specific skills that

can give them some control over how they think, feel, and behave with each other. The SHM framework thus depicts relationship insights, values, expectations, and skills as the primary targets of marriage education programs. In the absence of intervention, these attributes are shaped by other factors, such as experiences in one's family of origin; previous relationships as an adult; earlier experiences in the current relationship; and influences from friends, teachers, co-workers, and the mass media.

The Importance of Extrinsic Factors in Programs for Low-Income Couples

In addition to targeting these relationship mediators, SHM programs contain both curricula and services aimed directly at external challenges (see Section Three). At the left-hand side of Figure 10.1, we introduce the concept that extrinsic influences can affect marriage outcomes (interaction, perceived quality, decisions to stay together) directly, as well as through effects on insights, skills, and values. A variety of personal strengths and vulnerabilities can come into play during marital interaction (which a more detailed causal diagram would indicate with an arrow pointing directly to interaction), including physical health; relatively stable personality traits, such as neuroticism, depression, and other mental illnesses; substance abuse; stress from various sources; cognitive resources; and values (Fein, Gubits, Gennetian, and Yumoto, 2007; Karney and Bradbury, 1997, 2005).

Potentially consequential social contexts, a second broad category of extrinsic influences, include family and friendship networks and work and community environments (Fein, Gubits, Gennetian, and Yumoto, 2007). In addition to their socializing influences, environments may affect personal strengths (for example, social supports help individuals cope with stressful events) and vulnerabilities (for example, job loss leads to depression). Environmental stressors, which may be greater for low-income couples, can affect relationship quality by inducing depression (Conge, Rueter, and Elder, 1999) or by diminishing partners' capacity to maintain a positive outlook on what transpires during interaction (Neff and Karney, 2004). Contextual influences also can affect marital interaction and stability more directly (for example, family and friends may or may not urge a couple to stay together and work things out; public policies make it easier or harder to get a divorce).

Addressing extrinsic factors is especially important in marriage education programs for low-income couples, because these factors likely underlie greater difficulties in maintaining healthy relationships. Hence, whereas marriage education programs for middle-class couples could afford to focus mainly on the technical aspects of interaction between spouses, we hypothesize that there is a greater need for programs for low-income couples to address personal problems and environmental factors. To underscore this point, we provide a quick sketch of the SHM target population and the distinctive external stressors it faces.

As mentioned in this chapter's introduction, the SHM target population is economically disadvantaged married adults who are living with one or more minor children or expecting a child. Program guidelines explain that programs generally should target couples with incomes below 200 percent of the federal poverty line, but do not require screening for income eligibility. Both spouses must volunteer to participate, and the couple should not be experiencing serious domestic violence issues. Staff assess couples for domestic violence at intake and, for those enrolled, throughout program participation, using protocols developed in partnership with local domestic violence experts.

When the project began in 2003, virtually no research had focused on low-income married couples. Fresh tabulations of Current Population Survey data showed that 8 million U.S. married couples had incomes below 200 percent of the federal poverty line, and that 6 million of these couples were living with minor children (Fein, 2004). A large fraction of these couples — 37 percent — were Latino, and only 8 percent were African-American.⁷ Only 65 percent of low-income husbands worked full time, compared with 92 percent of those at or above three times the federal poverty level. There are a number of striking differences between low-income couples in different racial-ethnic groups: For example, 74 percent of low-income Latino husbands worked full time, compared with 62 and 55 percent of low-income white and African-American husbands, respectively. Only 39 percent of low-income Latino husbands had high school degrees, compared with 79 and 78 percent of low-income white and African-American husbands.

To assess external factors in marital distress, we analyzed data on 1,484 married couples in the bottom and top quintiles on an index of socioeconomic status in the National Survey of Families and Households (Fein, Gubits, Gennetian, and Yumoto, 2007). Analyses examined a wide range of hypothesized influences, organized into seven broad categories.⁸ For each quintile, we first measured each factor's mean levels and correlations with marital happiness and stability and then measured its contribution to the gap in marriage outcomes between quintiles.

⁷African-Americans represent a small fraction of low-income married couples due to relatively low rates of marriage and high rates of marital break-up (Fein, 2004). Compared with other racial-ethnic groups, it thus is likely that low-income African-Americans who are married represent a relatively select group of the overall population of low-income African-Americans.

⁸The seven categories were: personal strengths and vulnerabilities (growing up in an intact family, overall self-assessed health status, substance abuse, depression, stress); values and culture (importance of marriage, support for gender equality, race-ethnicity, whether foreign-born); marital history (previous marriages, premarital cohabitation, duration of marriage); family composition (number and ages of children, residential and nonresidential stepchildren, unintended births); home and market work (work hours, housework hours, husband's share of housework); social support and involvement (support in emergencies, social activity, involvement in religious and nonreligious organizations); and neighborhood characteristics (ratio of employed men to women, racial composition, socioeconomic index).

Findings showed differences by SES in mean levels of most characteristics. Differences between quintiles were especially large (at least .4 standard deviations) for: growing up in an intact family, health status, depressive symptoms, values supporting marriage, values supporting gender equality, the share of housework performed by husbands, participation in nonreligious organizations, and neighborhood socioeconomic status.

When mean levels differed between quintiles for factors associated with marriage outcomes, our analyses suggested that these factors helped to explain the net difference in average marital quality and stability between quintiles. In particular, regression decomposition analyses suggested that poorer physical health, substance abuse, and depression, along with lower levels of support for gender equality by husbands and less connectedness with social organizations among low socioeconomic-status couples, help to account for their lower levels of marital satisfaction and stability, compared with high socioeconomic-status couples. Operating in the opposite direction (to favor the relationships of low-status couples) are pro-marriage values, being foreign-born, fewer work hours for wives, and the presence of stepchildren of either parent (Fewer work hours and the presence of stepchildren are both positively associated with low-status wives' marital happiness).⁹

These exploratory comparisons do not establish the causes of economic differences in marriage outcomes, since they are based on cross-sectional comparisons, and causal relationships could work in both directions. The results nonetheless suggest that future studies should assess more carefully the role of a variety of external circumstances, and that, meanwhile, it may be worthwhile to address these factors in marriage programs for low-income couples. As described in the next section, the SHM model puts substantial emphasis on skills and services that may help couples cope with these types of external marriage stressors.

⁹The analyses focused on factors associated with differences in the cross-section — that is, during a particular period (the early 1990s) — and the factors identified do not necessarily explain changes in the gap in marriage outcomes over time.

Section Three

The Supporting Healthy Marriage Program Model

The goals of SHM programs are to help interested married couples learn how to maintain and improve their marital relationships and to have healthy long-lasting marriages, ultimately with the aim of improving the well-being of their children. To accomplish this, every SHM program includes three components: a core marriage education curriculum; extended marriage education activities that continue after the core sessions; and individual support for couples to help them participate in the program, to provide “coaching” or reinforcement of skills learned in the curriculum, and to link them with additional services in the community if needed.

To guide sites’ program development, the SHM team provided program guidelines that communicated essential principles and requirements for each component, but also gave curriculum developers and program operators substantial local flexibility in designing their programs. Two aspects of these program guidelines, and the program model itself, set the SHM program apart from many previous marriage education models. First, given the voluntary nature of the program, the guidelines particularly emphasized strategies to maximize participation by creating engaging services and removing as many barriers to participation as possible. Second, the program model is relatively intensive and comprehensive, with particular emphasis on strengthening programs’ capacity to address the major external sources of marital distress for low-income couples that might limit couples’ ability to attend and to apply the skills they have learned. As a starting point for understanding how we sought to accomplish these goals, it is helpful to have an idea of the kinds of organizations and supports involved in operating SHM programs.

Program Structure and Supports

When the SHM project began, virtually no organizations were already providing marriage education services to low-income married couples at any scale. Thus, in the site selection process we were looking for organizations that were interested in adding this brand new program to their existing menu of services. Some of them had experience working with low-income families but not in providing marriage education, while others had expertise providing marriage education to more general or middle-class populations. Other than capacity and interest, there were no restrictions on the kinds of organizations that could be SHM sites — the sites could be new or existing organizations, public or private agencies, and run centrally in one area or by several agencies in multiple locations. The key requirements were the ability to develop and operate a program meeting SHM program guidelines, to recruit and sustain participation of

a target number of eligible couples, and to support the random assignment and data collection requirements associated with the experimental evaluation.

As mentioned, because recruitment and retention of low-income couples posed special challenges — most notably that of engaging both spouses in the program over a period of months — SHM guidelines put special emphasis on measures sites should take to promote participation. Recommended programmatic measures included: locating the program in a pleasant environment; designing activities that are fun and motivating; making certain that the environment is welcoming to men; hiring warm, engaging staff; and making sure that couples leave each session with new skills that are immediately useful. The guidelines stressed the need for marketing materials to address likely attitudinal barriers arising from general unfamiliarity with a new kind of service, particularly the potential for confusion with marital therapy and the perception that participation would represent an admission of marriage problems. Programs also were to provide material supports to support attendance, such as child care, transportation, and participation incentives.

The Core Marriage Education Curriculum

The core of each SHM program is 24 to 30 hours of marriage education workshops provided in a group setting over several (typically two to four) months. While sites were allowed to choose from among different curricula, each curriculum was expected to cover six broad content areas, identified primarily because of evidence from prior research that they were potentially important influences on the quality of relationships for low-income couples. Program guidelines allow curriculum developers and sites substantial discretion in emphasis, organization, and pedagogic approaches to these topics. The first three areas represent traditional concerns of marriage education:

- *Understanding marriage.* This topic area addresses the assumptions, values, and levels of “relationship-mindedness” couples bring to their marriages. Material might explore expectations for responsibilities and roles, financial aspirations, time together, handling of anger and conflict, emotional intimacy, sexual exclusivity, or child-rearing. This area also covers the benefits of healthy, lasting relationships for children and adults, and the role of commitment, sacrifice, and effort in healthy relationships.
- *Managing conflict.* Communication is a central skill in strong marital relationships. Good communication has a technical aspect (learning to express oneself clearly and to listen to one’s spouse), as well as an emotional aspect (showing empathy and respect for other points of view). Material under this heading includes skills for identifying and controlling negative interaction

styles (discussed in Section Two), for clear and empathetic communication, and for structured approaches to problem-solving.

- *Promoting positive connections between spouses.* The basis of a long-term healthy relationship often lies in developing deeper bonds of friendship and love. Under this topic area falls material on understanding and showing appreciation for each other's perspectives and dreams, spending enjoyable time together, creating shared goals, strengthening emotional connections, enhancing physical intimacy, and building mutual trust and commitment.

At the time SHM began, all three of these topic areas were covered in a variety of existing marriage education curricula. For SHM, curriculum developers were encouraged to tailor these topics for low-income couples by tying illustrations, anecdotes, and exercises explicitly to the personal and environmental influences that might place greater stress on low-income couples' relationships, to help make instruction more vivid, relevant, and effective. For example, a discussion of how participants' own parents shared household responsibilities could be used to stimulate dialogue about expectations and desired changes in the division of labor in their current relationships. Or an exercise focused on helping couples plan for a night out together would ideally tackle financial, child care, and other obstacles.

Unlike the first three curriculum content areas, the remaining three topics have not been widely included in marriage education curricula for middle-class couples. Reflecting the conceptual model described earlier, these content areas are designed to provide insights and skills pertinent to several broad external challenges:

- *Strengthening relationships beyond the couple.* Strong relationships with other family members and support networks are good for marriage and personal well-being. Low-income couples are more likely than their higher-income counterparts to have children from previous relationships and to have weaker connections to community organizations. Relationships at work also may be more difficult, given the hierarchical and contingent nature of much low-wage employment. SHM curriculum guidelines encourage programs to explore how relationship skills might generalize to these relationships and to structure group sessions and related activities to promote such strengthening. For example, curricula might encourage couples to identify current and potential sources of support or opportunities for social involvement and steps to strengthen these connections.
- *Enhancing couples' ability to manage challenging external circumstances.* When couples experience stressful living conditions, it is more difficult to find the time and the emotional energy to sustain positive relationships. Chal-

lenges range from strains created by one spouse's mental health problems or substance abuse, to problems shared by both partners, such as financial stress or lack of safe, affordable housing. The guidelines emphasize the importance of this topic for helping couples become more sensitive to, and learn to respond to, the effects of stress on each others' behaviors (as a complement to the programs' supplemental services, which provide referrals to directly address some of these stressful conditions). Curricula may address coping skills, including providing emotional and instrumental support and solving problems together.

- *Strengthening parenting.* In addition to direct positive effects on child well-being of exposure to healthy relationships between parents, the SHM conceptual framework also reflects the possibility that the intervention could affect children through improved parenting skills. As a couples program, SHM is in a position to focus on skills that couples can use in parenting as a team, referred to by some as co-parenting; for example, by sharing responsibilities and supporting each other in parenting decisions. Some curricula might also emphasize parenting issues specific to fathers and to children of varying ages.

In addition to adapting the *content* of marriage education, the SHM model embodies several key principles for making *instructional formats* more appropriate for economically disadvantaged couples. One key principle is to keep lecturing at a minimum in favor of interactive activities that are interesting and help participants build and practice their skills. For example, some programs structure their sessions to begin with a short presentation, followed by demonstration of a new skill by the facilitator, followed by an interactive exercise for each couple to practice. Other programs regularly use group discussions to generate new insights for the couples. The model assumes that the most effective curricula will maximize learning by using a mix of approaches, including in-person demonstrations and role modeling, videos, direct practice of new skills, coaching during this practice, and group discussion. The model also stresses the importance of using simple, culturally sensitive language; avoiding too much reading and writing; and repeating key themes throughout.

At the time the study began, there were few existing curricula that spanned all of these topics, were well-documented in manuals, and used the range of recommended instructional formats. The team nonetheless felt that it was important to select and adapt well-established curricula, rather than create "model curricula" from scratch, since the former would be more readily disseminated if they were effective. Neither did we want to dictate that sites use a particular curriculum. The research team therefore reviewed numerous existing curricula to identify those that most comprehensively addressed the six topics of interest, with particular emphasis on cur-

ricula that had some evidence of effectiveness in prior research and a track record of being used with a variety of populations in different programmatic contexts. Based on this review, the SHM team worked with the developers of the PREP and Practical Application of Intimate Relationship Skills (PAIRS) curricula to produce adaptations that would meet the SHM curriculum guidelines and be available for SHM sites if they wished to use them. Sites were also invited to propose other curricula that would meet the SHM curriculum guidelines. Ultimately, sites proposed using two additional curricula — the Becoming Parents Program and Loving Couples, Loving Children, so that the eight SHM pilot sites are using four different curricula. The SHM team worked with the developers of these four curricula to guide what were in some cases extensive adaptations to meet the content and format guidelines described above.

Extended Marriage Education Activities

In the second SHM component, programs seek to engage participants in additional activities for a full year (about nine months beyond the core program). Providers are to design this component to be engaging, to provide varied activities that reinforce and integrate the skills and concepts learned in marriage education sessions, and to provide new information identified as needed by couples or facilitators. In addition to increasing program comprehensiveness, this component helps raise the probability that educational services will be available to couples as specific issues arise in their relationships.

SHM guidelines provide a series of examples of extended activities, but leave providers substantially free to design this component. Through one or more *booster sessions*, programs might provide opportunities to explore new issues or revisit material covered in the core curriculum. Or programs might provide opportunities for *one-on-one coaching or mentoring* by program staff or peers, perhaps during visits to couples' homes. *Group social events or community service activities* can be used to maintain and deepen bonds between participants and help them get to know local community agencies. Help organizing *date nights* reinforces the idea that it is good for couples to spend time on their relationships together and expands their repertoire of mutually enjoyable activities. Finally, *activities for the whole family* can help parents develop ideas and habits for spending quality time with their children — and possibly other relatives — or provide additional educational modules focusing on specialized aspects of family life.

Supplemental Services

Although the central emphasis in SHM is teaching relationship skills — including skills that help couples to weather external stresses successfully — the model recognizes that low-income couples often will have urgent needs for direct assistance. In addition to negatively af-

fecting couples' relationships with each other and their children, these problems may also prevent them from attending marriage education sessions and distract them from practicing at home the skills they are learning. To respond to these needs, the SHM model thus also includes a supplemental services component.

Guidelines specify that programs should help couples gain access to a wide range of services and supports. Typically, access requires capacity to link couples to services in the community, such as physical or mental health services, substance abuse treatment, housing assistance, employment and training services, or child care. Programs are encouraged to designate specialized staff members to function as family support coordinators. These staff typically play three roles, providing the types of outside referrals described here, providing and tracking participation supports, such as child care or transportation vouchers, and providing one-on-one coaching with couples to help reinforce the lessons learned during the marriage education workshops.

This chapter has described the research foundations and conceptualization of the SHM program model. Each site has used this model to develop a program that is consistent with its organizational culture and local needs. In addition, throughout the early program operations, the SHM team provided training and technical assistance to assist the sites in meeting these programmatic guidelines and developing their programs effectively. As described below, future SHM implementation reports will describe how each component of the program was developed and operated in each site.

Section Four

The Supporting Healthy Marriage Study Design

The study is designed to achieve several goals. First, it will use a random assignment research design to test the effectiveness of the program model that we have described and to learn for which low-income families it works best and least well. Second, the study will describe how the programs operated in each site, both to shed light on patterns in program impacts and to provide lessons for future program operators. Third, because of the experimental research design, the project can provide unique scientific information about the causal links between family risk factors and couple and child outcomes.

Implementation Study

SHM represents a new type of public program that the federal government has only recently begun to provide at any scale. This early stage of program design and development across the country means that the implementation research to be conducted will play a critical role in informing future efforts to provide marriage-related services. As the research team documents how the programs are operated in each site, we will be explaining how a variety of community-based organizations begin to weave this new set of services into their program menus.

The main objective of the implementation research is to document how each site operated the program “on the ground.” Knowing how the program was experienced by participants, as opposed to how it was designed on paper, provides critical context for interpreting the impacts achieved. It also provides practical information that future program operators will need to replicate the program, should it prove effective. How did each site define the mission of its program and how did their program operations reflect that perspective? What challenges did these early programs face and how did they resolve them? What methods did they use to recruit large numbers of couples into this voluntary program and keep them engaged in services over time? How did couples respond to this offer and to their experiences in the program? Did sites deliver the marriage education curricula “as intended” or did they make changes to or supplement these and other aspects of their programs in response to the needs of their local populations? Did programs develop innovative strategies for encouraging participation among fathers, parents with irregular work schedules, and other individuals who are typically more difficult to engage in group activities? Did these marriage education programs have any effect on the services offered by the rest of the organization or did they operate in isolation from the broader organization? Findings from the process study will begin to provide some basic information to this nascent field on challenges in, and promising practices for, providing marriage education to low-income

couples. In so doing, we hope to explore broader lessons for providing voluntary services to disadvantaged families and for engaging fathers in social service settings that have historically focused primarily on serving mothers and children.

The results of the implementation research will be reported for each individual site, providing the information needed to interpret variations in the impacts seen in different sites. The study is not designed to rigorously test how variations in site characteristics or program operating structures affect the impacts of the program. However, by documenting variations in program philosophies and operations, the implementation study does allow us to examine whether the patterns of impacts are consistent with particular hypotheses about how programs produce impacts on couples and families. Do the sites with the highest rates of participation and duration in the program consistently produce the greatest impacts on couple relationships? How are organizational and staff issues at the various sites related to the outcomes observed? Are there other variations in program operations that seem consistently to be associated with program impacts?

The implementation study will draw on both quantitative and qualitative data to document program operations. Data will include automated program tracking data to measure recruitment, participation patterns in marriage education groups, and individual or couple contacts with staff for the program group; 12-month survey data to measure participation in a range of community services for both program and control groups; observations of marriage education classes in each site; observations of other staff — participant meetings and interactions; debriefings with curriculum developers, technical assistance providers, and managers in each site to understand the specific programmatic challenges faced by each site and any innovative solutions to those challenges; reviews of program documents; and interviews with program staff and participants.

Impact Study

As discussed earlier, the primary goal of SHM is to learn whether marriage education improves low-income married couples' relationships, helps them stay married, and benefits their children. In that light, the project will concentrate on two broad questions about the program's effects: (1) Does the SHM intervention improve outcomes for low-income couples and their children? and (2) What family outcomes are affected?

The answer to these questions will flow from SHM's basic evaluation method: random assignment. The goal is for each participating program to randomly assign up to 800 couples to either a program group or a control group. Random assignment assures that systematic differences that later appear between the program and control groups can reliably be attributed to the marriage education services being studied rather than to preexisting differences. If sample sizes

permit, the impact analysis will estimate the effects for each site, as well as the pooled impacts across sites, since they are all operating within a common program framework.

The impact study will reflect as comprehensively as possible the multiple domains of family functioning that could be affected by the SHM program model, as hypothesized in the conceptual model in Figure 10.1. These include the functioning of couples' relationships, or marital quality; marital duration and stability; the mental health and employment status of each individual spouse; family income; co-parenting and parenting behavior; and child well-being. These potential program impacts will be measured at 12 and 36 months after random assignment — and possibly at 60 months if earlier findings reveal impacts.

The 12-month survey will estimate the outcomes considered most proximate to the intervention, particularly couple relationship quality and stability. As discussed earlier, measures of relationship quality will include those with negative as well as positive valence. As part of the 12-month data collection effort, the research team also plans to collect videotaped direct observations of couple, co-parenting, and parent-child interactions for a subset of the sample in each site. This aspect of the study draws on the techniques used in basic research on marriage to understand the patterns of interaction that predict couples' relationship satisfaction and stability. Much of this previous research has been conducted in university laboratories. Analogous to the growing use of in-home observations of parent-child relationships in large-scale surveys and experiments, to our knowledge SHM is the first study to videotape structured interactions of couples in their homes as part of a large-scale multisite experiment.

Whereas self-reports provide an important portrait of couples' appraisals of their relationships, videotaped observations of couples' interactions allow for direct assessment of specific patterns of communication and interaction. Independent observations are also capable of capturing aspects of couple and family interactions that are not readily captured by self-reports, in part because couples may not be aware of their nuanced interaction patterns. As with self-reports, we will record interactions that include both topics of disagreement as well as topics that elicit emotional support, reflecting current research on the importance of both positive and negative aspects of marital quality. In addition, the observational study will include parent-child interactions, providing an opportunity to measure effects of the intervention on co-parenting and parenting, which have been found in some previous work to be an important mediator between marriage interventions and improvements in child well-being. Thus, the evaluation will provide a full picture of program effects covering outcomes in multiple domains measured using multiple methods and perspectives.

The 36-month survey will provide longer-term follow-up of the same family outcomes, particularly marital outcomes, as measured on the 12-month survey. In addition, it will include direct assessments of children's cognitive and behavioral development. Because improvements

in parental relationships could theoretically produce different effects on children of different ages, if sample sizes allow, child well-being will be assessed for children whose ages at random assignment range from infancy to early adolescence.

Although the primary research question in SHM is to understand whether marriage education programs have any effect on marital relationships, the data collected will also provide some basis for understanding *how* the SHM program has any effects that are observed. As illustrated in the project's conceptual framework, impacts might occur through a number of pathways. By assessing impacts at different points in the model, we hope to shed light on how these interventions affect couples and families. Do we see impacts on individual spouses' attitudes, insights, or expectations about their marriage; in couples' communication and problem-solving skills; or in aspects of the relationships that are not as explicitly targeted by the curricula, such as couples' levels of commitment to their marriages? Do the programs help couples reduce negative interactions, increase positive ones, or both? Do the programs reduce levels of exposure to chronic and acute stressors, either directly, by providing supplemental services, or indirectly, by helping couples improve their coping skills? When programs improve couples' ability to cope with external sources of stress, do we also see heightened improvements in marital satisfaction and stability? Answering some of these questions about the *kinds* of impacts achieved will help us understand how these programs might operate most effectively in the future.

A second critical set of mediators concern how any impacts on marital relationships are ultimately associated with any impacts on child well-being. As shown in the conceptual model, we hypothesize that marriage education could affect children by improving their parents' mental health, marital quality, marital stability, co-parenting behavior, or parenting behavior. Parents' improvements in some or all of these areas could lead children to have access to more positive relationship role models, to witness harmful conflict less frequently, to have better relationships with one or both of their parents, or to benefit from greater family income. Each of these areas of parental behavior has been associated with improved child well-being, primarily in well-designed, nonexperimental studies. SHM gives us the opportunity to observe whether an intervention that improves one or more of these outcomes for parents, in turn, improves child well-being.

We will also examine which types of families benefit the most or the least from marriage education. It is possible that impacts of marriage education programs could vary depending on couples' characteristics at the time they entered the study. A survey administered at the time couples enter the study will provide information on a range of individual and family characteristics that have been found to be associated with marital outcomes and could, in turn, affect couples' responses to a marriage education intervention. These include, for example, the length of time couples have been married; couples' initial levels of marital satisfaction or distress; each spouse's level of commitment to the marriage; the mental health of each spouse; the number

and characteristics of children; family income or education levels; families' ethnic or racial characteristics; and the existence of significant external stressors, such as unemployment or a family member with chronic health problems. The impact analysis can rigorously assess whether program impacts vary depending upon these family or individual characteristics by directly comparing the impacts achieved for different subgroups of families. Policymakers and practitioners could use this type of information to target future SHM-type services to couples and families for whom these services were most effective, while developing new strategies for serving subgroups of couples or families for whom these services were less effective.

Conclusion

The SHM demonstration and evaluation will provide answers to important questions raised by the unfolding U.S. Healthy Marriage Initiative and, in the process, also address an array of broader policy concerns about low-income families and the implications of family instability for children. Findings should be of great interest for policymakers, researchers, and practitioners interested in the well-being of low-income families. No one study can answer every question. The SHM project is designed to test the effects of one approach to marriage education for one broad target population. Thus, findings will not address the effects of other possible approaches, of the “average” healthy marriage program, or of providing such services to other populations.

Nevertheless, because the SHM model is relatively comprehensive, science-based, and intensive, compared with other marriage-strengthening programs, the results will provide an important benchmark for assessing the potential of such services to strengthen relationships among low-income couples. As described here, the SHM conceptual framework recognizes multiple sources of relationship strength and weakness, and the project’s program model has followed this framework closely in adapting the content and delivery of marriage education services for low-income married parents. The study plan includes state-of-the art measurement of impacts through survey interviews and a large observational study of couple interaction. By such means, the project will gather detailed measures over a relatively long follow-up period. With its grounding in prior research and its focus on conceptual antecedents and consequences of healthy marriage, the project will contribute to our understanding of whether these programs produced stronger marriages, of the pathways through which such strengthening may have occurred, and of the linkages between stronger marriages and the well-being of children and adults.

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