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Implementing Healthy Marriage Programs for Unmarried Couples with Children: Early Lessons from the Building Strong Families Project

Final Report

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CHAPTER I

INTRODUCTION

As nonmarital childbearing has increased, so has concern for the attendant consequences. One-third of all children in the United States are now born to unwed parents, a rate that is even higher among some population groups. Although many children of unwed couples flourish, research shows that, on average, compared with children growing up with their married biological parents, they are at greater risk of living in poverty and developing social, behavioral, and academic problems (McLanahan and Sandefur 1994; Amato 2001).

Research suggests that there may be opportunities to address this concern. The 20-city Fragile Families and Child Wellbeing Study showed that most unwed parents are romantically involved during the time that their children are born, and many anticipate marrying each other. Most agree that it is better for children if their parents are married. Nevertheless, the Fragile Families study showed that only a small fraction of such couples are married a year after their children are born (Carlson, McLanahan, and England 2004).

"Fragile families" often face circumstances that can function as barriers to healthy marriage and sustained relationships, such as unemployment, low educational attainment, children from previous partners, substance use, and domestic violence. In addition, many such couples have not experienced healthy intimate relationships, in either their families of origin or adult lives. Without this experience as a guide, an intimate relationship can be a struggle, and can be compounded by the additional stresses and responsibilities created by a new child. Although research has found that instruction in relationship skills can improve couples' relationships and marriages, including those of couples expecting children, these programs typically are not available to low-income, unwed parents.

The Building Strong Families (BSF) project originated from these bodies of research, and is one of the centerpieces of a broader policy strategy to support healthy marriage. BSF is a multi-year, multi-site project sponsored by USDHHS/Administration for Children and Families (ACF). Its goal is to learn whether well-designed interventions can help interested, romantically involved, unwed parents to build stronger relationships and fulfill their aspirations for a healthy marriage if they choose to wed. The BSF program is entirely

voluntary—participation is neither a condition for receiving public benefits nor is it mandated by any government authority. BSF targets parents at around the time of their children's birth and provides instruction and support to help couples develop the relationship skills that research has shown are associated with a healthy marriage. Ultimately, healthy marriage between biological parents is expected to enhance child well-being.

Demonstration and Evaluation

The BSF project is both a demonstration and a rigorous evaluation. The evaluation will thoroughly analyze whether the intervention is successful in improving the outcomes of the couples and their children. Interested and eligible couples are randomly assigned to either the program group or to a control group. Program group couples are invited to participate in the BSF intervention; control group couples are free to receive whatever services may be available *except* the BSF program. Randomly assigning couples in this way eliminates the concern that differences between couples who choose to participate in the program and those who do not would generate differences in outcomes that would obscure the true effects of the program. This could happen, for example, if these couples had greater commitment or stability in their relationship compared to couples who did not express interest in the program. With random assignment, differences in outcomes are unbiased and can be attributed to the program.

An initial pilot stage offered seven local sites the opportunity to develop programs in accordance with the BSF model and make refinements based on early experiences. At the end of the pilot, sites were selected for the evaluation. To be selected, sites had to demonstrate that they could effectively implement the program model and recruit and retain a sufficient number of couples. All seven pilot sites qualified for the evaluation, although some conditions must still be fulfilled in some sites.

In the full-scale study, sites will expand their recruitment efforts beyond the pilot to serve a larger number of couples, and all sites will be randomly assigning couples to the program and control groups. The full-scale study will include an extensive process analysis and a rigorous analysis of impacts. The process analysis will examine the implementation of BSF, including the successes and challenges faced by the sites. The impact analysis will examine the effects on couples and their children, based on follow-up surveys 15 months after couples are randomly assigned, and again when their children are 36 months old. A wide range of outcomes will be studied, including the parents' relationship quality and stability, marital status, and economic and family well-being. In addition, we will gather information about the children's social, emotional, and cognitive development.

Overview of Report

This report documents early lessons from the program development and pilot stages of the project. The information we draw on was gathered during the pilot period, which generally ran from February 2005 to February 2006. Since that time, all sites have expanded into full-scale operations, and changes may be occurring as a result of ongoing experience

and technical assistance. Therefore, current practices may differ somewhat from what is reported here.

Although this report is based on a very early stage of the BSF project, it represents a policy-relevant advance in our understanding of the field of healthy marriage initiatives—particularly in terms of the strategies that hold promise for supporting low-income unwed couples as they strive to achieve their aspirations for a healthy marriage. The report does not analyze impacts, nor does it replace a full-scale implementation study, which will not be available for another year. It does, however, document the successes and challenges experienced by the BSF pilot sites and the approaches they took to address these challenges. It also sheds some light on the types of families that are attracted to the BSF program and on their responses to it. As such, the report offers lessons not only for federal policymakers, but also for other states, agencies, and program practitioners seeking to develop similar programs.

The remainder of this report comprises four chapters. Chapter II, Implementation Approaches, describes the organizational context of the pilot sites, such as the host program or infrastructure, presence in the community, and experiences with hiring and training. It examines how the context facilitates or hinders the start-up and success of early implementation, and describes the different approaches sites have taken to developing a system for delivering BSF services.

Chapter III, Recruiting Couples, illustrates why recruitment strategies are critical to the effective implementation of a program such as BSF. Sites must identify a steady flow of potential participants, which can be difficult given the very specific segment of the population that is eligible for BSF. In addition, sites have had to confront the challenge of recruiting two people for every eligible case, as the couple—not the individual—is the unit of interest. The chapter describes recruitment issues and tradeoffs, and reports on the number and characteristics of couples that enrolled during the pilot period.

In Chapter IV, Program Participation, we discuss the challenges involved in engaging clients in a BSF program and maintaining participation. Given the length and intensity of BSF, there are numerous opportunities for participants to withdraw. Other obstacles to retention include the often chaotic lives of low-income couples, and the stresses and responsibilities of new or expecting parents. These factors, among others, mean that high levels of ongoing attendance may be more difficult to achieve, compared with other programs.

Chapter V, Participant Reactions, documents how BSF participants themselves perceive the program. Through focus groups with participants and discussions with staff, we collected information on couples' satisfaction with the program, whether they feel connected to and invested in BSF, and how actively they participate in group sessions. It is important to remember that there may be selection bias in this analysis; that is, the couples who are most satisfied with BSF are more likely to remain engaged in the program. However, BSF can be successful only if it appeals to the targeted couples. This chapter begins the examination of whether or not, from the couples' perspectives, the intervention is helping their families.

A. THE BSF PROGRAM MODEL

One of the first steps in the BSF project was the development of a program model. To do this, we first developed a conceptual framework for why and how we might intervene with unmarried and romantically involved parents, and then translated the conceptual framework into more detailed program guidelines for organizations wishing to implement the model (Hershey, Devaney, Dion, and McConnell 2004). These guidelines are available at the BSF website, www.buildingstrongfamilies.info. As described in the program guidelines, the BSF model has three components:

- ***Healthy Marriage and Relationship Skills Education:*** Instruction in the relationship skills found by research to be essential to a healthy marriage, and information to enhance couples' understanding of marriage. This instruction is provided in group sessions with the BSF couples, usually held weekly. This is the core distinctive component of BSF programs.

- ***Family Support Services:*** Services to address special issues that may be common among low-income parents and that are known to affect couple relationships and marriage. These services might, for example, help to improve parenting skills or provide linkages to address problems with employment, physical and mental health, or substance abuse.

- ***Family Coordinators:*** Staff who provide individualized support to couples by assessing couples' circumstances and needs, making referrals to other services when appropriate, reinforcing relationship and marriage skills over time, providing ongoing emotional support, and promoting sustained participation in program activities.

The programs are intensive. The core component of BSF—the group instruction in marriage and relationship skills education—requires up to 44 hours and typically is provided over a sustained period of time (up to five or six months). Program sites differ in how long the couples meet with the family coordinators, but it may be as long as three years.

Couples are recruited for BSF either during pregnancy or shortly after their children are born. To be eligible for BSF, both the mother and father must be:

- Either the biological parents of an infant 3 months of age or younger or expecting a child together (i.e., currently pregnant)

- At least 18 years old

- Unmarried (or married since the conception of the baby)

- In a romantic relationship with each other

- Not involved in domestic violence that could be aggravated by participation in the program

- Available to participate in BSF and able to speak and understand a language in which BSF is offered

1. Marriage and Relationship Skills Curricula

Although sites were free to select whatever curriculum they preferred, the BSF project team laid out criteria that curricula had to meet for the site to be considered part of the BSF pilot. This step ensured that there would be a reasonable degree of consistency across sites to facilitate evaluation, while at the same time providing local sites with some flexibility and choice. The curriculum criteria are described in the BSF Program Model Guidelines, and include guidance on the desired intensity and duration, instructional format, and specific topics to be covered.

The unique circumstances and needs of low-income unmarried parents having a baby meant that a curriculum development effort was needed. Almost all existing relationship skills curricula had been written for married, middle-income couples. To provide sites with several alternatives, we identified three curricula that research had shown to have positive impacts on couples' relationships, and encouraged the curriculum developers to modify the material for BSF couples (see Table I.1).

The three modified curricula selected by pilot sites retain the substance and the emphasis on skill building in the original curricula, with important modifications. Early focus groups, held as part of BSF program planning with members of the target population, indicated that many couples have had negative experiences with educational institutions and do not want to be lectured on the "correct" way of doing things. Consequently, the modified curricula minimize didactic methods and aim for a more experiential approach, allowing couples to share and learn from their own and each other's life experiences and knowledge. To make the material more accessible to those with lower levels of education, the curricula favor concrete illustrations to convey abstract concepts, and are written at a fifth-grade level. The curricula have been revised with particular sensitivity to a range of cultural backgrounds, as well as relevance to the BSF population.

In addition, we identified topics that get little attention in standard curricula but that research on fragile families suggests are particularly important for this population. A group of curriculum experts developed materials addressing these topics, such as how to build trust and commitment, dealing with children and parents from previous unions, communicating about finances, and understanding the challenges and benefits of marriage. Authors of the three curricula either included these supplemental modules in their revised curriculum, or developed comparable materials on their own. The curricula selected by BSF pilot sites were Loving Couples, Loving Children, by Drs. John and Julie Gottman; Love's Cradle, by Mary Ortwein and Dr. Bernard Guerney; and the adapted Becoming Parents Program, by Dr. Pamela Jordan. The titles of each session covered in the three curricula are shown in Appendix A.

Although the three curricula are roughly the same in terms of content and general features, they vary in several ways. The Loving Couples, Loving Children curriculum begins each group session with a focus on group process and community-building. The group discussion is a pivotal element, giving couples the opportunity to relate to each other and discuss their experiences, thoughts, and feelings. This is not group therapy, but an opportunity for voluntary disclosure and the chance to be heard and supported by the group. The session begins with a video in which real couples discuss their issues, such as recovering from infidelity or preventing harmful fights. The couples then discuss their reactions to the video and whether they can relate to the issues raised. After the discussion, the group facilitators provide information about the themes that emerged in the discussion and suggest empirically-proven ways in which couples can successfully deal with the issue. The couples are then given exercises through which they apply what they learned in the information section. That is, with their partners, they practice specific skills to address the issue and improve their interaction and communication surrounding the theme. So while the session thus appears to be group-driven, it is in fact highly structured.

Table I.1. Key Features of Marriage and Relationship Skills Curricula

	Loving Couples, Loving Children	Love's Cradle	Becoming Parents Program (adapted)
Developers	Drs. John and Julie Gottman	Mary Ortwein and Dr. Bernard Guerney	Dr. Pamela Jordan
Original Curriculum	Bringing Baby Home	Relationship Enhancement	Becoming Parents Program
Length of Training for Group Leaders	5 days, about 40 hours	2 two-day sessions, about 32 hours	4 days, about 32 hours
Recommended Minimum Qualifications of Group Leaders	Master's degree and experience working with groups or couples	Master's degree or 5 years experience with population	Master's degree and experience working with groups or couples
Recommended Group Size	4-6 couples	6-8 couples	10-15 couples
Total Hours	44 hours	42 hours	30 hours prenatal + 12 hours postnatal
Length of Sessions	2.5 hours	2 hours	3 to 6 hours
Frequency of Sessions	Weekly	Weekly	Weekly

In Love's Cradle, group leaders spend the first two months of the weekly sessions teaching couples a series of skills focused on the development of empathy and positive communication, such as listening without defensiveness and showing understanding of the other's perspective. The skills are divided into specific steps; this allows the couples time to

practice and master each part before adding the next component of the skill. There is less sharing among group members compared to Loving Couples, Loving Children, but partners are given ample opportunities to practice skills and communicate with each other during the session. Most of the time in the session is spent on couple exercises, often with the help of communication "coaches," who circulate among participants and offer each couple individualized attention. The second two months of group sessions focus on the supplementary curriculum modules developed specifically for the target population. In these later sessions, couples focus on using their relationship skills to address the module topics of trust, marriage, finances, and complex families.

The Becoming Parents Program begins with group leaders teaching a foundational skill called the speaker-listener technique, which is intended to improve communication and interaction, and prevent the escalation of conflict. Like Love's Cradle, it uses coaches to teach this skill. The group sessions can be larger than for the other two curricula, in part because the curriculum relies more on presentations by the group leader. Unlike the other two curricula, the Becoming Parents Program is designed specifically to begin before couples have delivered the baby (although they may have other children). The sessions start with building relationship skills, such as communication and having fun together, to strengthen and solidify the relationship before the birth of the baby. After the baby is born, several "booster sessions" are offered to any couples that have completed the earlier prenatal series. These sessions focus on child development and parenting, which the author likens to an "owner's manual" for parents. The information is targeted to the age of the new child and may help the adjustment of couples to their new parent status after birth.

Although the approaches differ, all three curricula emphasize the skills that are crucial to effective communication and connection, which are the cornerstones of successful marriages and healthy relationships. The curricula include topics such as listening to one's partner, minimizing criticism, preventing escalation, and working as a team rather than as adversaries. All three of the curricula take a psycho-educational approach; group leaders facilitate and educate, but do not try to solve the couples' problems. The curricula aim to provide couples the opportunity to develop skills in a safe, structured environment and offer specific tools to improve their interactions in preparation for entering or sustaining a healthy marriage.

2. Family Support Services

Family support services are included as a component of the BSF model because many unmarried couples face serious barriers to family stability. Parents may benefit from services that help them address these issues and remove impediments to healthy long-term marriage and relationships. To help those who need such services, BSF programs provide referrals and linkages to existing community programs and help couples access the services they need. This assistance is generally available to participants before, during, and after their participation in the marriage and relationship skills component. The specific services and their accessibility vary across the pilot sites. Across all sites, these include:

- Employment services (job training, placement)
- Educational services (GED preparation, literacy programs, vocational training, college)
- Treatment or counseling for mental health problems
- Substance abuse treatment
- Infant care and parenting education
- Child care, health care, housing services
- Domestic violence programs

3. Family Coordinators

Family coordinators, the third component of the model, provide individualized support to couples in BSF. Each family is assigned a coordinator who meets with the couple on a regular basis over an extended period of time of up to three years, depending on the site. Family coordinators assess the family's needs and link them to appropriate services, in some cases serving as the liaison between the couple and other agencies. The family coordinator also encourages participation in BSF groups, reinforces development of the relationship skills that couples learn in group, and provides sustained emotional support to the family.

At some program sites, meetings with the family coordinator are conducted through home visitation. During these home visits, which typically occur between two and four times a month, coordinators spend a substantial portion of the time on topics related to child development or parenting. At several sites, these weekly home visits already were a feature of an existing program that became the foundation for the addition of BSF services. In other sites, the meetings more often are held at a community center, either before or following a group session, or through a mix of regular telephone conversations and in-person visits. At these other sites, the nature of interactions with the family coordinator is less focused on parenting and child development and more devoted to supporting the couple's relationship and addressing their other needs.

B. THE PILOT SITES

The BSF pilot sites were selected through a process that involved both technical assistance and scrutiny of their implementation progress and capacity. We first cast a wide net to identify organizations and agencies interested in implementing the BSF model, providing information and guidance in areas throughout the country. After working with a larger number of potential sites, the field was narrowed to those that seemed the most promising; we worked with this smaller number of sites to develop detailed plans for implementation. This intensive program design period helped sites systematically consider and plan for such operational needs as recruitment sources, staffing structure, domestic

violence screening, a management information system, and curriculum selection and training. As each site completed its program planning, it moved into implementing the model. Ultimately, organizational sponsors in seven states implemented the BSF model during the pilot period. Throughout the pilot phase, each site's operational progress was closely and regularly monitored by the research team, who also continued to provide assistance.

The BSF pilot sites include: Atlanta, Georgia; Baton Rouge, Louisiana; Baltimore, Maryland; Florida (Orange and Broward counties); Indiana (Marion, Allen, Miami, and Lake counties); Oklahoma City, Oklahoma; and Texas (San Angelo and Houston). All sites were located in urban areas, with two exceptions: the San Angelo site was in a small city with a surrounding rural catchment area; and one of the Indiana counties was largely rural (Miami County). The sites varied in a number of aspects, particularly the infrastructure in which BSF was implemented, the recruitment and referral sources, characteristics of the population served, and the chosen curriculum. Three of the sites built upon their Healthy Families programs, a nationally known intervention for preventing child abuse and neglect through intensive home visiting. Table I.2 summarizes some of the main similarities and differences.

Table I.2. Key Features of BSF Pilot Sites

Pilot Site	Host Organization	Primary Recruitment Sources	Race/Ethnicity of Main Population Served	Timing of Recruitment	Selected Curriculum
Atlanta, Georgia	Georgia State University, Latin American Association	Public health clinics	African American and Hispanic	Prenatal	LCLC
Baltimore, Maryland	Center for Fathers, Families and Workforce Development	Local hospitals, prenatal clinics	African American	Pre- and postnatal	LCLC
Baton Rouge, Louisiana	Family Road of Greater Baton Rouge	Prenatal program for low-income women	African American	Prenatal	LCLC
Florida: Orange and Broward counties	Healthy Families Florida	Birthing hospitals	African American and Hispanic	Postnatal	LCLC
Indiana: Allen, Marion, Miami, and Lake counties	Healthy Families Indiana	Hospitals, prenatal clinics, WIC	African American, White	Pre- and postnatal	LCLC
Oklahoma City, Oklahoma	Public Strategies Inc.	Hospitals, health care clinics, direct marketing	White	Prenatal	Becoming Parents Program
Texas: San Angelo and Houston	Healthy Families San Angelo and Houston	Hospitals, public health clinics	Hispanic and White	Pre- and postnatal	Love's Cradle

1. ***Atlanta, Georgia: Georgia Building Strong Families.*** The Health Policy Center at Georgia State University (GSU) took the lead in developing the BSF pilot in Atlanta, in collaboration with the Latin American Association. GSU provided services to English-speaking clients, while the Latin American Association, a non-profit community organization, provided BSF services in Spanish. Prenatal couples were recruited through neighborhood public health clinics in Dekalb, Fulton, and Gwinnett counties. These counties agreed to describe BSF to interested women and obtain their consent to be contacted by BSF staff as a part of routine assessments following positive pregnancy tests. Georgia BSF began enrolling couples for its pilot in July 2005.

2. ***Baltimore, Maryland: Baltimore Building Strong Families.*** The nonprofit Center for Fathers, Families and Workforce Development (CFWD) created the Baltimore BSF program. CFWD has a history of and reputation for providing employment services and responsible fatherhood programs for low-income men and, more recently, a workshop-based co-parenting program for low-income parents in the Baltimore area. With its strong focus on men, CFWD has ample experience in reaching out to and engaging the participation of low-income fathers. To enroll BSF couples, local hospital and prenatal clinics identified likely BSF-eligible women, and CFWD conducted active outreach to reach their partners and determine the eligibility of interested couples. Baltimore BSF began enrolling couples in late September 2005.

3. ***Baton Rouge, Louisiana: Family Road Building Strong Families.*** Family Road of Greater Baton Rouge is a non-profit organization that provides access to a wide array of services for expectant and new parents. These include childbirth education, fatherhood programs, parenting and child development classes, money management, job placement, counseling, home visiting for at-risk mothers and children, and other programs. Access to these services is through Family Road's "one-stop shop," a center fostering the collaboration of more than 104 agencies that provide social services for families. Family Road recruits most of its BSF couples by inviting expectant parents who come into its center for the Better Beginnings program, which links Medicaid-eligible pregnant women to prenatal and pediatric services. Family Road BSF began enrollment in April 2005.

4. ***Florida: Healthy Families Plus.*** Healthy Families Florida, operated by the Ounce of Prevention Fund of Florida, integrated BSF services into its Healthy Families program, a home-visiting child abuse prevention program. The BSF pilot was implemented in Orange and Broward counties (Orlando and Ft. Lauderdale). For BSF, staff assess the eligibility of new mothers at area birthing hospitals as part of their routine intake procedure for Healthy Families. The family coordinator role is assigned to staff who conduct regular home visits for the host Healthy Families program. Healthy Families Plus, Florida's BSF program, began to enroll participants in February 2005.

5. ***Indiana: Healthy Couples, Healthy Families Program.*** Indiana also combines Healthy Families and BSF. For the pilot, eight local Healthy Families Indiana sites were grouped in three pilot areas: (1) four local sites in Marion County (Indianapolis), (2) two sites in Allen and Miami counties (Fort Wayne), and two sites in Lake County (Gary). The recruitment process involves referrals from birthing hospitals, social service agencies, prenatal care centers, and the Women, Infants, and Children (WIC) program. As in Florida, intake and family coordinator roles were fulfilled by existing Healthy Families staff. Healthy Couples, Healthy Families, Indiana's BSF program, initiated enrollment in February 2005.

6. ***Oklahoma: Family Expectations.*** As part of the Oklahoma Marriage Initiative, Public Strategies, Inc., under contract to the Oklahoma Department of Human Services, created a BSF program, Family Expectations, from the ground up. Referrals are solicited through hospitals, health care centers, and direct marketing, and intake is conducted at the location of the referral source, or at Public Strategies' offices. Family Expectations began to enroll its pilot couples in August 2005.

7. ***Texas: Building Strong Families, Texas.*** The two Texas sites, San Angelo and Houston, transformed their Healthy Families programs into BSF programs, serving only couples who meet BSF eligibility requirements. Assessments for eligibility are done in the hospital shortly after delivery in San Angelo. At the Houston site, assessments are done in the home after referrals from hospitals, health clinics, and community-based organizations. During the pilot, families participated in home visits for several months before beginning BSF workshops. Houston offers groups in English and Spanish, and San Angelo so far has offered groups in English. Building Strong Families Texas began to recruit couples in February 2005.

C. FUTURE OF THE BSF EVALUATION

The information and data on which this report is based are drawn from several sources, including electronic tracking systems maintained by sites, discussions with program staff and participants, site visits, direct observation of program operations, and reviews of documents. Because most sites were at an early stage at the time of our study, however, not all operational components were completely implemented in each program. For this reason, this report focuses primarily on the marriage and relationship skills component, which is the core element of the BSF program.

Although the pilot offers a rich opportunity to identify strategies that hold promise for a wide audience, it is just the first and somewhat limited chance to examine program operations on a broad scale. When interpreting the information presented here, readers should therefore be mindful of four caveats. First, the programs were all in an early stage of implementation, and it is likely not only that their approaches will change in later stages, but also that the implementation outcomes may change as well. Second, the sites began their

respective pilots at different times, so some of the programs had more experience than others. Consequently, the sites vary in terms of the opportunity they have had for confronting challenges and for modifying and adapting their practices. Third, we cannot make any causal arguments in this report. Although we identify promising operational approaches and strategies, we cannot link these processes definitively to implementation outcomes, such as the extent of program participation. Sites operate in different environments, and vary in their regional context, employment rates, population served, and in numerous procedures not described here. Fourth, our observations of the pilot are limited to operations and do not address the ultimate questions of how, whether, and the extent to which the BSF programs will affect the well-being of couples and their children. Answering that question will require comparing outcome data for the program and control groups, information that will be collected for the first time at 15 months after random assignment. Caveats aside, however, the value of the pilot should not be underestimated. It is a wholly unique opportunity to observe and learn from the BSF program in its infancy, providing seminal information on the still-unanswered question of how to improve couple relationships and family well-being in the low-income population. Later stages of the evaluation will address program operations in more detail and assess the outcomes and impacts of the program on couples and their children.

CHAPTER II

IMPLEMENTATION APPROACHES

Identifying a service delivery organization that is likely to attract low-income couples and engage them in the program is a particular challenge for many healthy marriage initiatives. Although state and local government agencies may be interested in sponsoring such initiatives, few are equipped with the appropriate background, staff, or facilities necessary to deliver marriage or relationship skills education themselves. Thus, one of the first questions that planners of healthy marriage initiatives typically face is who or what organization will carry out the direct services to clients. In making this decision, planners often must consider a range of tradeoffs that may affect the success of service delivery. For example, counseling centers that provide marriage or relationship skills education may work well for middle-class families, but may have little experience in attracting or serving a lower-income population. On the other hand, social services organizations that serve the poor typically have little or no experience talking with clients about their personal relationships, or about marriage, and may not even recognize that their single parents are in viable relationships.

This chapter focuses on what the BSF project has learned about the kinds of local entities that succeeded in implementing the program model, including organizational and staffing successes and the challenges encountered in developing a service delivery system. Some of the decisions that organizations made, and the challenges they faced, would be similar for any new programming effort, while others are unique to healthy marriage initiatives, particularly those focused on unmarried couples. In future reports, when the sites will have had more experience, we will be able to comment more thoroughly on the strategies that were used to overcome obstacles; however, based on the experiences from pilot BSF operations, we can begin now to identify some of those unique decisions and challenges and to describe how sites responded. This chapter begins with an overview of three broad approaches to implementation taken by BSF pilot sites. For each type of approach, we discuss the relative advantages and disadvantages relating to initial start-up, how the approach was implemented, and what challenges arose during initial implementation. The chapter concludes with a discussion of staffing and training issues that were common to all pilot programs.

A. OVERVIEW OF BSF PILOT PROGRAM SETTINGS

The pilot sites were free to implement the BSF model in any way they wished within the general constraints of the BSF model guidelines, which called for three major components: group instruction in marriage/relationship skills, family coordinators, and access to a range of family support services. This strategy permitted sites to think creatively and find innovative implementation approaches that fit their local resources and circumstances while still following a common model. Obviously, the ideal setting for a BSF program would be an organization with either prior experience or existing infrastructure analogous to the three BSF components. Such organizations did not appear to exist, so pilot sites either located BSF services in organizations that had some structure analogous to at least one of the components, or built the entire program from the ground up.

As it turned out, the service delivery approaches taken by the seven BSF pilot sites can be grouped into three general categories, as shown in Table II.1. The sites within each group had similar advantages at initial start-up, although these advantages varied across groups. In the first group, sites sought to "graft" BSF onto the procedures, practices, and service delivery system of an existing host organization that already had been providing other direct services to low-income families. Three BSF pilot sites took this integrative approach, building onto Healthy Families, a home-visiting program for new at-risk parents. In the second group, which includes two community-based organizations offering multiple center-based programs, such as employment services, parenting education, and fatherhood programs, sites chose to offer BSF as an independent program along with their array of other existing services for low-income families. The remaining two BSF pilot sites, the third group, were similar in the sense that they both chose to develop and implement the BSF model outside of the context of any existing center or program that provides direct services. Instead, they built the necessary infrastructure as they went along.

Below we discuss the benefits and challenges these site groups experienced in implementing the program model. It is important to bear in mind that, although sites can be grouped by general approach, the advantages and challenges were not always a function of the setting or implementation approach; some challenges were an inherent function of the specific host program or sponsoring organization. For example, the Maryland and Louisiana sites had experience in engaging the participation of men in their fatherhood programs, but this would not necessarily be true of all multi-program agencies.

B. INTEGRATING BSF INTO AN EXISTING PROGRAM

The three pilot sites that chose to integrate BSF into an existing home-visiting program—Florida, Indiana, and Texas—had several distinct advantages from the start. First, they had an existing staff infrastructure that included intake and direct services staff, management and supervisory personnel, and sometimes administrative and support staff, including information technology professionals connected with a broader statewide system of service delivery. Second, as part of their home-visiting services, staff already had developed procedures for assessing clients for various service needs and connecting them to available resources in the community. Third, they had well-developed connections with birthing hospitals that allowed them to access expectant and new parents directly for their

home-visiting service. Fourth, they were already known and had well-established reputations in the community as organizations that serve vulnerable families. Finally, they had strong orientations toward providing instruction in parenting and child development, since that was the main focus of their home visits.

Table II.1. Initial Advantages of Program Settings in BSF Pilot Sites

	FL, IN, TX BSF Embedded Within an Existing Home-Visiting Program	LA, MD BSF Added to Services Offered by Multi-Program Agency	GA, OK BSF Created As Organization's First Direct Service
Existing intake and service delivery staff	√	√	
Existing facilities and experience providing group services[1]		√	
Family support services available on site or via existing referral system	√	√	
Established presence in the community	√	√	
Ready access to and experience working with low-income parents	√	√	
Experience in engaging the participation of fathers[1]		√	
Strong emphasis on parenting and child development (host program)	√		
No potentially competing program goals, policies, or procedures		√	√

Note : Unlike the other home-visiting programs, one of the Texas sub-sites, San Angelo, had existing facilities and experience in providing group services and engaging the participation of fathers.

1. How BSF Was Embedded in the Existing Infrastructure

The three sites that integrated BSF into their home-visiting programs took several steps: they used their existing staff and procedures in new ways, they hired additional staff to fill

positions for which they had no suitable personnel, and they developed or secured facilities for conducting the group sessions. To recruit BSF-eligible couples, these sites trained their existing staff to incorporate an assessment for BSF eligibility into their intake assessments for the home-visiting service. To fulfill the role of the BSF family coordinators, the sites used existing home visitor staff, who already were accustomed to referring families to other needed support services. To develop the instructional component in marriage and relationship skills, the sites either provided curriculum training for existing program managers or assistant program managers designated to conduct the group sessions, or hired or contracted with staff with appropriate background.

Early in the planning stages, these sites realized the importance of employing male staff. Most home-visiting programs are run almost entirely by female staff, and there was concern that, if BSF lacked staff who could relate to them, the male members of BSF couples would feel out of place. Therefore, the programs made an effort to hire new male staff to conduct outreach to men and to co-facilitate the couples' group sessions.

In addition to assigning new roles and functions to existing staff, the need for retraining also was apparent from the beginning. For example, the home visitors had to learn how to incorporate BSF-related functions into their home visits, including encouraging ongoing attendance at group sessions and reinforcing the skills that participants were learning at group. These staff were accustomed to working mostly with mothers and babies, rather than with couples, so they had to learn new ways of relating to a two-parent family and forging relationships with the mothers' male partners. To help address this need, home visitors and intake workers in most sites participated in at least one or two days of the group leaders' curriculum training, as well as a one-day training in "how to work with couples."

2. Challenges Encountered With the Embedded Approach

Although the approach of embedding a healthy marriage program into an existing service delivery system has some obvious advantages, pilot sites that used this implementation strategy experienced several challenges.

Distinguishing Multiple Missions Within Agencies. Many challenges stemmed from the fact that, while the mission of the host agencies (to reduce child abuse) and BSF's mission (to support healthy relationships and marriage) certainly were compatible, they were not the same, and these differences often were reflected in existing procedures and policies. Consequently, these sites were challenged by the need to revise or develop program approaches that could meet the objectives of both the host and the BSF programs.

Sometimes these compromises were difficult. Choices had to be made regarding the amount of time staff would spend to meet the objectives of each of the two programs for assessment, enrollment, and service delivery. For example, a primary goal of the home-visiting programs is to assess every mother giving birth for her risk of child maltreatment. However, only a small fraction of those giving birth are likely to meet the very specific BSF eligibility criteria. This meant that staff were spending a significant amount of time assessing many parents who were unlikely to be eligible for BSF. Another example of competing

program goals was seen in the work of the home visitors, who traditionally use the Growing Great Kids curriculum to teach parenting and child development. When the BSF family coordinator functions were added to the home visitor's duties, staff often struggled to find an appropriate balance between the amount of time they would spend on the couple's relationship and the time they would spend teaching the parenting curriculum.

Risk of Overburdening Couples with Two Programs. The main objective of the child-abuse prevention programs was to provide intensive home-visiting services aimed at improving parenting and knowledge of child development. Understandably, the host program's sponsors did not want to miss any opportunities to provide home-visiting services to families that were deemed in need; for this reason, they required all eligible families who accepted the weekly BSF program also to accept the often weekly home-visiting service. In some cases, couples who enrolled in BSF later changed their minds when they learned that they also would have to participate in the regular home visits. Sites learned to avoid this problem by presenting the participation requirements for both programs at the same time. Still, it is not known what proportion of eligible families might have been discouraged from agreeing to BSF in light of the intensive dual participation requirements.

Making the Group Sessions the Centerpiece of the Program. Most home-visiting programs have had little experience providing group-oriented services, relying primarily on individual in-home contact instead. Yet the core component of the BSF program is group-based instruction in relationship skills and marriage. Because of their strong belief in the home-visiting approach, some programs at first thought that it was necessary to "stabilize" families through a prolonged period of individual home visiting prior to inviting them to participate in group sessions. These sites found, however, that by the time they invited families to the group sessions, some couples had lost interest. It is possible that these couples interpreted the focus on parenting during home visits as the primary intervention, with the relationship skills education as only a secondary, and perhaps optional, focus.

Serving Low-Income Men. Integrating a focus on the couple during home visits was a new experience for most home visitors. Prior to integrating BSF, staff typically welcomed, but did not particularly encourage or require, the participation of fathers during home visits. For BSF, scheduling visits when both parents would be home was in itself a major challenge. In addition, home visitors had to learn how to become father-friendly and think of the couple as the unit of service, rather than just the mother and baby. As the pilot progressed, home-visiting staff witnessed the attendance of couples at group sessions and came to realize how important the couples' relationships were to them. This helped home visitors to understand the importance of serving both parents, and some found the new approach refreshing. As one home visitor in Florida put it, "Serving both the mother and the father is twice the work, but it's also twice the reward."

Shifting from Serving Single Mothers to Serving Couples. Other issues arose in the shift from focusing primarily on the mother and her new baby to focusing on the couple and baby. Sometimes this shift challenged sites to reconsider carefully their traditional approach, as in the case of domestic violence. Being a victim of domestic violence traditionally was a reason to screen a woman *into* the home-visiting program, so that staff could help her leave a

dangerous situation. In contrast, BSF seeks to serve couples through an intervention that requires the participation of both partners, which might endanger victims in cases of serious domestic violence. For BSF, the presence of serious intimate partner violence is a reason to *exclude* couples from the program, while providing the victim with appropriate services to ensure safety. Although the home-visiting sites always had screened women for domestic violence, they were not accustomed to assessing whether mothers would be endangered by participating in a couples program. Consequently, the home-visiting sites had to work closely with their state's domestic violence coalitions and other experts to find a solution to these competing goals, and to develop methods to effectively identify those couples who would be inappropriate for BSF.

Changing Long-Established Procedural Approaches. The host organizations also found it challenging to change long-established procedures that they previously had found effective for their home-visiting service, so as to accommodate BSF. For instance, the standard practice for identifying eligible parents for the home-visiting program involves a lengthy informal conversational procedure. Sites were reluctant to alter this assessment approach. Adding BSF's structured eligibility questionnaire to this more informal intake approach required both flexibility and creative thinking.

C. ADDING BSF SERVICES TO A MULTI-PROGRAM AGENCY

Two BSF pilot sites—Louisiana and Maryland—were developed by community-based organizations that chose to offer the BSF program independently, along with an array of other existing services for low-income families or expectant parents. Both of these organizations offered numerous advantages for the initial start-up of BSF operations (see Table II.1). First, they had existing intake and service delivery staff associated with the various direct services they provided, as well as administrative staff that managed the centers' daily operations. Second, they had experience in providing group-oriented family services at locations that were well known, accessible, and convenient for low-income parents. Third, families were accustomed to coming to the centers, not only to participate in various group-oriented activities or programs, but also to access the on-site array of other family support services such as job placement or parenting education, or to obtain linkages to such services available in the community. Fourth, both organizations were highly regarded in their communities as serving the needs of young vulnerable families. Fifth, as one of their services, both operated programs to encourage responsible fatherhood. This meant that they already employed a number of male staff and had developed significant experience in conducting outreach to low-income men and engaging them in center-based activities—a skill that is essential to involving couples in BSF. Sixth, the organizations had direct access to low-income expectant or new parents through their range of programs, or through their connections with the larger community.

1. How BSF Was Added to the Organizations' Other Family Services

Perhaps the most important advantage of this implementation approach is that it allowed sites to be free of potentially competing program philosophies or goals while still taking advantage of the organizations' experience in operating structured center-based group

sessions for low-income families. In contrast to the approach taken by the home-visiting programs, these two community organizations chose not to embed BSF within the intake procedures or delivery of one of their other family services. Instead, they hired and trained new staff and developed procedures and policies specifically for BSF, while simultaneously working to develop the support of existing programs and staff. They drew on their reputations in the community and existing connections with other service providers to identify the best source for recruiting eligible couples and used their existing community-based facilities as locations for services.

The institutional experience of providing group-oriented activities for low-income families, such as classes or meetings focused on parenting or job search skills, meant that these sites had already developed warm and friendly environments that were welcoming to parents, and had learned the importance of providing supports to facilitate group participation, such as child care and transportation assistance. For instance, to encourage participation in group activities, one of the sites had already created a bright and cheerful "store" with items such as new baby clothes, car seats, and infant toys, where participants could cash in "baby bucks" they earned for participation in the various programs for parents offered at the center.

2. Challenges Involved in Adding BSF to the Services of a Multi-Program Organization

In general, sites that added BSF to the services of an existing multi-program social services organization had some initial advantages not present in other sites, as summarized in Table II.1. They also faced two particular challenges.

Creating the BSF Family Coordinator Function. Although the community organizations operated programs that involved a case-management element relatively similar to the BSF family coordinator function, they chose not to integrate the two, usually because the programs focused on somewhat different population groups. To develop the BSF family coordinator function, the organizations hired new staff and developed procedures and policies that differed in some degree from those of the home-visiting sites. First, although the community organizations also conceived of the family coordinator function as one that required regular contact with participating families, they did not necessarily define that contact as a home visit, per se. The procedures specified that family coordinators could meet with families at the center, by telephone, before or after group sessions, in the community, or wherever families felt most comfortable. Second, these sites also chose a level of contact frequency that generally was less intense than that required by the home-visiting programs. Third, family coordinators in these sites did not teach a structured parenting or child development curriculum, as in the home-visiting programs, although families were encouraged to participate in parenting education classes available at the center or in the community. In these sites, the family coordinator role was more targeted toward fulfilling the functions specified in the BSF model guidelines: to support and encourage participation and ongoing attendance at group sessions, to assess and link family members to needed support services, and to reinforce the relationship skills that the couples were learning.

Shifting from Recruiting Men to Recruiting Couples. As part of their experience in operating fatherhood programs, these organizations had learned how to go into the community to recruit and engage the participation of low-income men. Understanding how to approach low-income men in a way that is most likely to elicit their interest is an essential skill for BSF recruitment. Although experience with men was clearly an advantage, it did not mean that the organization automatically would be successful in recruiting couples. Because couples rarely participate in social services together, creative new strategies still were needed to identify at least one likely eligible partner and determine the interest and eligibility of both.

D. CREATING BSF PROGRAMS FROM THE GROUND UP

The two remaining BSF pilot sites—Georgia and Oklahoma—chose to implement the program model by developing a completely new program infrastructure devoted solely to BSF. Although neither sponsoring entity previously had ever implemented a direct services program prior to BSF, they hired staff who had this experience to lead the program development. Although a great deal of effort was needed to develop and implement BSF in the absence of any program infrastructure, there were still important advantages to this approach.

1. How the BSF Program Was Created from the Ground Up

The two sites that chose this implementation approach found creative ways to build the program from the ground up, by securing facilities for administration and service delivery and hiring an entire set of staff to run the operation. These sites hired program managers, supervisors, and outreach staff, full- or part-time family coordinators, and contracted with experienced individuals to facilitate the groups sessions. Clearly, this implementation strategy required significant investment and resources, but it also provided freedom from any potentially competing program philosophies and constraining management or program policies from a host program. For instance, site developers were free to seek out and employ only individuals who from the outset were accepting of the BSF mission and its strong focus on the couple relationship and marriage. Consequently, staff needed less retraining, compared with other sites. Sites were also free to develop policies that were maximally efficient for recruiting and serving the BSF target population without distraction from competing objectives.

2. Challenges in Creating a BSF Program From the Ground Up

The sites that developed BSF programs without an existing program infrastructure faced a different set of challenges, including the need to hire all staff and secure facilities. In addition they needed to identify the family support services in their communities, create linkages to them, and define the roles and duties of the family coordinators.

Identifying and Creating Linkages to Family Support Services. Unlike the home-visiting programs or the multi-services agency programs, sites that started from the ground up had to identify the range of family support services that were available in the community to which BSF families could be referred, and create linkages and connections that did not

previously exist. As part of the program planning effort, one of the two sites engaged in a systematic and in-depth effort to identify and survey such services in its metro area to determine the capacity and willingness of each program to accept BSF referrals. Another strategy used by both sponsoring organizations was to develop and gain the support of a coalition of interested public and private agencies who were interested in seeing the BSF program succeed. These agencies could be instrumental in providing information or helping to create the needed connections between BSF and available family support services.

Defining the Family Coordinator Function. As with the multi-services agency sites, the component that required significant development was the BSF family coordinator function. While sites were successful in hiring social workers with a background in serving low-income families, and although the BSF program guidelines specify the general role the family coordinators are to perform, there was little foundation upon which to build a systematic effort (e.g., how often to visit families, where to visit them, how to assess them for family needs, what topics should be discussed). Thus, policies, procedures, and processes had to be developed to support this important program component.

E. EXPERIENCES WITH STAFFING AND TRAINING

Regardless of the implementation approach or program setting, all BSF pilot sites had to confront issues related to hiring and training program staff. Some sites reassigned existing staff and trained them to perform one or more of the BSF staff roles, while others hired new staff or made use of contractors. Most sites employed some combination of these strategies, although the home-visiting programs were more likely to use existing staff to perform BSF functions.

1. Staffing Strategies

Identifying the most appropriate background and qualifications for the staff that would carry out each of the BSF functions was not immediately obvious, since BSF is one of the first programs of its type. Each site used its best judgment, and typically experienced and learned from some period of staffing trial-and-error. In the end, most sites generally came to similar conclusions about the qualifications and background that would be needed for each position.

Curriculum Group Facilitators. All seven of the BSF sites arranged for curriculum groups to be facilitated by a male-female team of at least two people. The presence of both men and women as group leaders was considered to be essential in putting participants of both genders at ease and providing each with a role model and someone to relate to during discussions of relationships and marriage. Within each group leader team, one person generally was considered more senior and usually had a master's degree in counseling, social work, mental health, family therapy, or a similar discipline. Ideally, this person also had experience in facilitating group interventions and working with low-income families. In reality, it was not always possible to find individuals with this mix of experience, so sites often had to employ master's-level personnel who had either group or low-income experience, and train them in the area in which they lacked experience. Two of the sites

chose to operate groups with a larger number of couples compared to other sites; these two employed coaches who circulated around the room to provide more individualized attention as couples practiced communication skills. Both the coaches in these sites and group co-facilitators in the other sites typically had less formal education (sometimes only a high school diploma), but often had experience in working with low-income families or with men.

One site had two group leader teams who were married couples, had been together many years, and had children of their own. Being older and of the same racial/ethnic background as the couples they served meant that these facilitator teams could serve as real role models for healthy marriage, and could refer to their own experiences as they taught the curriculum-based skills and information.

At several pilot sites, contractor staff were used to lead the curriculum groups, a strategy that was particularly useful while sites gradually were building their service capacity. Groups often were held at night or on the weekends so these staff could usually hold other jobs until the program became large enough to sustain them on a full-time basis.

Family Coordinators. At many sites, the family coordinator position was filled by mostly female staff who had either a bachelor's degree in social work or a similar area, or who had a high school education and relevant experience. Sites looked for past experience in case management and providing services to low-income families, as well as knowledge of available family support services. Family coordinator staff often were women, but depending on the family's needs, could be accompanied by male BSF staff. At the sites that built onto a home-visiting program, the family coordinator role was added to the other responsibilities of the home visitors associated with the host program. At those sites, the family coordinator often developed a very close bond with the family because of the frequent in-person visits to the home. This put them in an excellent position to encourage participation and ongoing attendance at the curriculum groups.

Intake and Outreach Staff. The role of intake staff was to identify and assess the eligibility of potential BSF participants. Male outreach staff often were used to locate and assess the eligibility of the male partners of women who already were known to be eligible and interested in the program (at some sites, these male staff doubled as group co-facilitators). Most intake and outreach staff were paraprofessionals with at least a high school education. According to program managers, the ability of intake/outreach staff to connect quickly with people was the most important attribute or skill. Most sites knew that some clients might be reluctant or even suspicious of the motives of any staff member whose aim was to offer information about programs, let alone a program about personal relationships and marriage. Therefore, they felt it was essential that intake and outreach staff be individuals that could readily relate to the target population and have good rapport-building skills. Sites believed that it was helpful for workers to have characteristics that were similar to those of participants, such as cultural background, gender, age, or experience. One particularly successful intake team was a young African American couple expecting their first child, who met with interested African American couples in their homes to assess eligibility.

Program Managers and Supervisors. In general, BSF sites employed program managers who had background and experience in administering direct services to low-

income families. Those managers who had to split their time between BSF and management of other programs reported feeling challenged, because the up-front effort to bring staff online and develop and refine procedures was greater than was first envisioned. The supervisory function was one that also had to be developed for BSF. Although home visitors already had supervisors who monitored the frequency and quality of home visits, these supervisors often struggled at first to understand what aspects of performance they should monitor for the BSF part of their duties. This was especially true for the supervisors of group facilitators, who had themselves never before led a couples group in the marriage/relationship skills curriculum. Consulting with the curriculum developers, and sitting in on regular meetings between group facilitators and developers, was useful in helping the supervisors to define more clearly what to look for.

2. Staff Training

Training is always a central element of any new program implementation. Yet in the case of healthy marriage initiatives, training often must go beyond functional information such as how to complete intake paperwork or how to follow a curriculum lesson plan. BSF sites found that it was essential to provide opportunities for staff at all levels to buy in to the program goals and intervention. Staff entered the program with varying levels of understanding and commitment to the program message, but through training and ongoing observation of their clients' interest in and positive reactions to the program, attitudes tended to evolve.

Orientation. At each BSF pilot site, all program staff with an active role in operating or supporting BSF at the local level participated in an orientation session that described the need for a BSF program, its goal and objectives, the intervention components, and the implementation and operational design. Depending on their particular role or function, staff then were trained in the responsibilities and expectations for their position. Some sites took a cross-training approach, encouraging a core set of staff to be trained in all the major positions so that back-up staff always would be available.

Curriculum Training and Follow-Up Supervision. All group facilitators, co-facilitators, coaches, program managers, and supervisors participated in a training conducted by the developers of the curriculum. The developers traveled at least once to each BSF pilot site to conduct the training so that they could better understand the context in which the curriculum would be delivered. The curriculum training lasted four to six full days, depending on the specific curriculum. The training usually involved a combination of brief lecture and hands-on practice in presenting material, explaining exercises, facilitating group discussion, and coaching to ensure that skills were properly understood. It included troubleshooting and covered significant portions of the content. In most sites, the family coordinators and intake/outreach workers also participated in at least a part of the curriculum training so they could become familiar with the intervention, understand what couples would experience, and be able to speak knowledgeably about it with families.

After the main curriculum training, group facilitators continued to learn and develop their skills for an extended period by receiving regular feedback on their performance

directly from the curriculum developers. Group facilitators in five of the seven sites videotaped their group sessions (after obtaining written consent from participants), and shipped the videos to the curriculum developer. After systematically reviewing each tape, the developer provided detailed comments to group leaders during weekly or biweekly conference calls throughout the site's first series of curriculum sessions. Staff in the remaining two pilot sites held regular calls with their developers to discuss progress and receive feedback, but did not videotape their sessions.

Intake and Outreach Training. Because BSF is a demonstration and evaluation, the pilot period offered a valuable opportunity to train staff in research-required intake procedures, including obtaining informed consent, contact information for followup, administering a brief baseline survey, and submitting eligible cases for random assignment. During training, intake staff also practiced describing the BSF program in their own words to prospective participants. Followup involved direct observation of intake procedures to ensure that staff understood and could perform the procedures adequately.

Working with Couples. Sites found that most staff experienced in working with low-income groups tended to think about families primarily as mothers and their children. This issue was particularly relevant to family coordinators and intake/outreach workers, who were not actively involved with the marriage/relationship skills curriculum. These staff had little experience in discussing marriage or issues related to couple relationships with their clients, and at first some were resistant to the concept that mothers and their children would benefit from the involvement of fathers, or that addressing the couple's relationship and potential marriage was a valuable strategy that could strengthen the family. To help address this issue, staff at most sites participated in a brief training session called "Working With Couples." This experiential training was designed to elicit participants' potentially hidden biases about couples, and low-income men in particular, and help them begin to think about ways that they could support healthy couple relationships and marriage.[1]

F. LESSONS AND IMPLICATIONS

The experiences of the BSF pilot sites imply that there are relative advantages and disadvantages to integrating a healthy marriage program into an existing program, adding it to an array of other services, or building it from the ground up. All three of the general strategies appear to have succeeded, at least in the initial start-up and operations, but they varied as to what was required to achieve that success and what challenges they encountered. Starting a new program from the ground up obviously requires a greater level of effort and resources, but offers the most freedom to develop an intervention that is targeted specifically to the new program's goals. Integrating group-centered healthy marriage initiatives into home-visiting programs has many advantages because of existing intake and case management staff, but requires significant flexibility and creativity to accommodate potentially competing program goals and procedures. Finally, offering a healthy marriage

[1] This three-hour mini-training was developed and provided by Nigel Vann, formerly of the National Practitioners' Network for Fathers and Families, and Gardner Wiseheart of Healthy Families San Angelo.

program at community-based centers that serve low-income families, along with an array of other family support services, offers many advantages yet requires good organizational management.

The general program setting for healthy marriage initiatives like BSF may matter less than the details of how it is implemented. Simply offering a marriage program like BSF at a community-based center for low-income parents is not likely to succeed unless implementers focus specifically on identifying and recruiting couples rather than single parents. Also, embedding a healthy marriage program into a home-based service is not likely to be effective unless the staff recognize and support the importance of the group component. Successfully implementing a healthy marriage program depends on understanding the structural and cultural context of the organization or program that will host it, filling in the gaps, and moving staff toward an understanding of the role of healthy relationships and marriage in family development.

The BSF pilot experience has demonstrated that there are many ways to develop and implement a healthy marriage program in which education in marriage skills for low-income couples is offered in groups. The pilot experience also suggests that certain key characteristics of host agencies, staff, or organizations may be particularly helpful. These include:

A strong commitment to the concept that couple relationships and marriage matter, and that low-income couples can learn relationship skills. This element was a focal point in BSF programs and, combined with sites' understanding of low-income families, was likely a key factor in their initial operational success. Traditional social services programs that want to implement healthy marriage initiatives should take steps to provide their staff with opportunities to allow this commitment to evolve and grow stronger over time.

Organizational experience in delivering group services to low-income families. Having experience with low-income families was perhaps as important as the commitment to healthy relationships and marriage. Agencies that already had earned a reputation in the community for helping vulnerable families or new parents probably had an initial advantage, particularly if they offered group services at a location that was warm and welcoming.

Male and female staff, particularly male-female teams in working with couples. Every BSF site found it was important to use male-female teams to facilitate the curriculum sessions. Men also were central in outreach activities and in engaging fathers in program activities. Including men transformed programs from organizations focused on single parents to programs that serve couples and their children.

Technical assistance from curriculum developer. BSF sites realized that the multiple-day curriculum training was really only the beginning of learning how to support couple relationships and marriage among fragile families. Regular ongoing consultation and assistance from highly experienced developers helped group facilitators to process their experiences with the curricula and gain valuable feedback on their performance.

Staff who resemble the target population in characteristics or backgrounds. Employing staff of the same cultural background as participants, especially those who were in healthy marriages, provided powerful role models. As BSF staff gained operational experience and experienced turnover, programs became more adept at identifying the characteristics most essential to each BSF function.

CHAPTER III

RECRUITING COUPLES

Finding and recruiting the target population is the first challenge usually faced by social services programs. Even programs that recruit individual adults often find that projections of a large eligible population that might benefit from services do not translate into a correspondingly high flow of applicants in response to program outreach. A variety of factors can affect recruitment, chief among them that potential participants may not be fully aware of the program, or may face competing demands for their attention and time.

BSF programs face some special recruitment challenges. Surveys have shown that many low-income unmarried couples are in romantic relationships, interested in marriage, and open to the idea of marriage skills education. Nevertheless, during the planning stage, MPR and the BSF sites foresaw that recruitment could be a challenge, most obviously because programs have to recruit not one but two individuals who agree to participate. In addition, couples and men in particular, might have reservations about participating in open discussions about their relationships in group settings. Each potentially eligible couple has to be recruited in the relatively brief "time window" encompassing the period of pregnancy up to three months after delivery (the eligibility period defined for BSF). And while trying to attract couples to the program, sites must take precautions to screen out couples who might be placed at heightened risk of domestic violence by participating.

Success in recruitment is particularly important to the BSF program because its core is a series of group sessions. A steady, substantial flow of couples into the program is essential, so that programs can form and start new groups of adequate size and at frequent intervals. Although the ideal group size depends on the particular curriculum in use, and varies from 6 to 15 couples, all of the sites placed a high priority on filling scheduled groups to achieve the desired group dynamic and to keep program cost per couple within budget. Recruiting enough couples to start such groups also was important so that couples do not have to wait a long time before participating; this helps to avoid the possibility that they will lose interest while waiting.

Beyond the pilot stage, recruitment success also will be important for the BSF evaluation. It will determine the size of the sample of couples randomly assigned to the program or to a control group. Achieving a larger sample will allow more precise estimates of the impacts of BSF.

The pilot experience to date provides a basis for reporting on three topics related to recruitment: (1) the main elements of recruitment strategies as practiced in the sites, including the issues raised and tradeoffs presented by these strategies for BSF sites and potentially for other healthy marriage programs; (2) recruitment data during the early stages of the BSF pilot sites, including the number of enrolled couples and their background characteristics; and (3) preliminary lessons about recruitment for others who plan to offer services like those of BSF for similar populations.

A. BSF RECRUITMENT STEPS

Although their recruitment approaches varied, all BSF sites had to accomplish the same general outreach, recruitment, and enrollment steps with each potential participant:

1. ***Identifying Potentially Eligible Couples.*** Sites identified potential participants—individuals with whom they could conduct the full intake process—by asking other agencies to provide referrals, or by using their own staff to pre-screen expectant or new mothers in hospitals, clinics, or within their own programs.

2. ***Determining BSF Eligibility.*** Potential participants met individually with program staff to complete a simple checklist (separately for mother and father) to determine if they both met eligibility requirements. A private screening for domestic violence was also conducted at this point. Those who were ineligible proceeded no further with the intake process.

3. ***Describing the Program and Obtaining Consent for Study Participation.*** For each parent that was found eligible for BSF, staff described the program and ascertained whether the parent was interested. If so, the parent was taken through a formal informed consent process, since BSF is being implemented as part of a research study.

4. ***Administering Study Baseline Forms.*** For each consenting parent, program staff separately administered a brief baseline data form and a form requesting contact information for several friends or relatives. Although both forms were designed to serve research purposes, they correspond to what sites running similar programs outside of a research project might use to collect basic demographic information and emergency contacts.

B. RECRUITMENT SOURCES AND OUTREACH METHODS

All sites followed standard procedures for enrolling eligible couples, as in steps 3 and 4 above. They diverged, however, in the sources and methods they used for identifying

potentially eligible participants and determining their eligibility. In addition, the sequence of recruitment steps varied somewhat across sites. In part, this variation derives from the organizational frameworks in which BSF is implemented, as well as from host organizations' existing practices and preferences. The divergences may have implications in that they may be associated with achieving particular successes and encountering certain difficulties, although several sites used more than one method.

Stationing BSF Intake Staff at Birthing Hospitals. Building on their established procedures, the three Healthy Families sites (Florida, Indiana, and San Angelo, Texas) chose to station BSF intake staff in the maternity wards of local hospitals. Through agreements with the hospitals, the BSF staff approached potential BSF participants directly. Whenever possible, all steps of the recruitment process outlined above were completed in the hospital with mothers shortly after they gave birth. When fathers were present, their eligibility also was assessed. The assessments determined eligibility for both BSF and Healthy Families. If all steps could not be completed or if the father was not present but the mother was eligible and interested, staff followed up (usually in the home) to complete the assessment process. For the sake of efficiency, one site (San Angelo) used a prescreening procedure, in which staff asked the mother's permission to briefly review her hospital chart to determine whether she was likely to be eligible on the basis of factors like age and marital status. Other sites chose to conduct assessments with every new mother willing to be assessed.

Stationing BSF Outreach Staff at Prenatal Clinics. Through agreements with a major prenatal clinic and doctor's offices, one site (Oklahoma) approached expectant women waiting for prenatal appointments. BSF staff selected and approached women based on the clinic's appointment schedule listing its patients and their characteristics. Staff explained the program and, for those who were interested, obtained contact information and scheduled appointments to meet with the staff elsewhere to conduct intake. The full recruitment process was conducted at various locations in the community, at the individual or couples' home, or at the BSF office.

Implementing a Referral System at Clinics or Other Agencies. Several sites (Atlanta, Baltimore, and Houston) relied primarily or completely on a referral system they implemented especially for BSF. A few others used a similar approach, although to a lesser extent (Oklahoma, a county in Indiana). Atlanta worked with neighborhood public health clinics where low-income women often go to apply for Medicaid or other pregnancy-related services. Staff at these clinics were asked to provide a one-minute description of BSF and give interested women a four-item screener indicating whether they were likely to be eligible. Based on this brief introduction, those who were interested signed a "consent to be contacted" form, which then was forwarded to the BSF program by agency staff. Intake staff responded by making appointments with interested couples to conduct the full eligibility and recruitment process. Baltimore and Houston followed a similar recruitment process, sometimes collecting referrals from hospitals as well as clinics.

Approaching Expectant Women Participating in Group-Oriented Programs. One site (Baton Rouge) operated by a community-based organization specializing in serving the needs of new parents was in a unique position to approach large numbers of expectant

mothers efficiently. Each week, newly pregnant Medicaid-eligible women, most of whom were unmarried, came to the center to be connected to a range of prenatal services by attending a one-time group meeting. At the end of this meeting, staff briefly described the BSF program and invited participants to fill out the BSF eligibility checklist, and to stay behind to meet individually with an intake worker. Those who were found eligible were given 48 hours to talk to their partners and determine whether the partners also would be open to being assessed by program staff. If so, program staff took steps to schedule an intake appointment and complete the eligibility process. Staff also followed up with women who expressed interest in the program but were unable to stay behind following the group session.

Sites attempted to recruit couples through a variety of other approaches, including placing ads or posters; distributing flyers; running public service announcements; and visiting churches, schools, and other community organizations. Although most sites continue to supplement general recruitment through these efforts, none have so far found these sources to be as fruitful as targeting the maternal health care system.

C. VARIATION IN THE RECRUITMENT PROCESS

The recruitment process appears to vary in five ways: : (1) how couples first hear about BSF; (2) when in the transition to parenthood they hear about it; (3) where they hear about it; (4) whether parents hear the program described together or separately; (4) in the full program presentation, what the overall focus is; and (5) how sites approach screening for domestic violence (see Table III.1). These five aspects of the recruitment process are related to one another in that the choices made in one area often imply a particular choice in another area.

1. Nature of the Initial Encounter with BSF

A major decision for BSF programs, and potentially for other programs as well, is the question of who first initiates contact with parents. As discussed below, the decision on who makes the initial contact has implications for efficiency and message control in the first stage of the recruitment process.

Efficient Use of Outreach Staff. The efficiency with which programs use their recruitment staff is one of the variables affected by the decision about who makes first contact. If individual parents or couples who are eligible for the program appear only infrequently where outreach staff are deployed, the outreach staff may be idle much of the time. Stationing BSF program staff at a prenatal clinic, for example, might be efficient if a high percentage of women using the clinic are unmarried and in couple relationships, but inefficient if such couples are exceptions. If the target population is rare at a particular recruitment site, reliance on the staff of the clinic or other entity, instead of BSF staff, might be more efficient if the clinic staff can easily integrate their brief introduction of BSF into their normal duties and do it well. In Healthy Families programs, where program staff

Table III.1. Primary BSF Outreach and Recruitment Strategies

	ATL		BALT	B-R	FL		IN			OK	TX	
Strategy	GSU	LAA			Orange	Broward	Marion	Allen	Lake		San Angelo	Houston
Nature of First Encounter												
Client hears about BSF via a referral system	√		√									√
Client hears about BSF from host program staff		√		√	√	√	√	√	√	√	√	√
Prescreening prior to full intake procedure	√	√	√	√	√					√	√	√
Timing of First Encounter												
During pregnancy	√	√	√	√			√			√		√
After childbirth					√	√	√	√	√		√	√
Setting of First Encounter												
Hospital maternity ward					√	√	√	√	√		√	√
Home, community, host program center or office	√	√		√						√		√
Prenatal or public health clinics	√		√							√		
Attendance at Full Program Presentation												
Both partners usually present	√		√		√					√	√	√
Only one partner usually present		√		√		√	√	√	√			
Focus of Recruitment Message												
Primary emphasis on couple	√	√	√	√						√		
Primary emphasis on children					√	√	√	√	√		√	√
Approach to DV Screening												
Structured/specific screening questions	√	√	√	√								
Conversational interview and staff assessment					√	√	√	√	√	√	√	√

sometimes must contact all women delivering a child, using program staff to introduce BSF may be efficient even if potential BSF participants are a small percentage of the population, because the staff have to be at the hospital anyway.

This efficiency tradeoff, however, may also affect the burden on outreach staff to contact couples identified through referral agencies. Relying on hospitals or clinics to refer couples represents an efficient approach if most referred couples make their own way to the BSF program to complete the intake process, or if outreach staff have little difficulty in making and completing appointments in couples' homes. If there are difficulties reaching parents, or with missed appointments, it may be more efficient for outreach staff to be stationed at the referral source agency and be able to complete part or all of the intake process, even if they are not busy all the time. Each program site must explore this issue, estimate the tradeoff, and be willing to revise its approach based on this decision process.

Another aspect of the initial encounter that is related to efficiency is the choice to prescreen or not to prescreen for likely eligibility before starting the usual full intake assessment process. Prescreening may make recruitment more efficient by reducing the need to interview numerous individuals who are not likely to meet the eligibility criteria. Generally speaking, prescreening involves checking a few basic eligibility requirements to determine whether a full intake might be fruitful, but it can take several forms. For instance, intake staff stationed at maternity wards can ask new mothers for their permission to briefly review their medical charts. However, only if the mother's general information suggests that she is within the basic eligibility criteria (e.g., age and marital status) do the intake staff then proceed to explain the program and conduct a full eligibility assessment (San Angelo, Orlando). In another variation of prescreening, staff review forms filled out by interested parents who have heard about the program through a prenatal or public health clinic (Atlanta, Houston, Oklahoma, and Baltimore). The forms include four basic questions related to eligibility (age, marital status, primary language, and nature of relationship with other parent). Those who meet these requirements are contacted for a full intake interview, and those who do not are informed that they are not eligible for the program. In a third variation of prescreening, interested pregnant women attending a center-based group prenatal program self-administer the entire eligibility checklist (Baton Rouge); those who meet the criteria are invited to complete a full intake interview while those who do not are informed of their ineligibility. Regardless of how parents are prescreened, the process allows staff to use their resources more efficiently in that they conduct a full intake only with parents who are most likely to be eligible.

Control over Message Delivery. A second issue that the BSF sites have had to address in their recruitment procedures is how well the first message about the program is delivered to parents. To the extent that BSF staff themselves are the first to discuss the program with potential participants, the program maintains greater control over the process. Program leaders can select and train their own outreach staff; monitor the accuracy, enthusiasm, and reliability with which they convey information about the program; and, if necessary, retrain or replace them. For situations in which a program like BSF is integrated into a broader program, however, this advantage will be fully realized only if outreach staff are thoroughly

trained and can avoid conveying messages based on the traditional purposes of the host program, which may not be fully in line with the focus of BSF on the couples' relationship.

Relying on other agencies for this first encounter produces other challenges. Agreements must be negotiated with those agencies and their staff, who often are trained through the referral agencies' supervisory structure. In addition, new staff must be trained as turnover occurs. Special attention must be paid to verifying the buy-in and enthusiasm of the front-line staff, and ensuring that the extra referral task they are given is defined, so as to pose a minimal amount of additional burden on them. The interest and support of the referring staff may have to be cultivated over time, bolstered with positive information about the program filtering back to them from couples they have referred.

At BSF pilot sites, staff who believed the program had the potential to help couples worked energetically to recruit them, describing the program in positive, animated ways, and taking time to explain and demystify it. Some outreach workers emphasized the exclusivity of the program, stressing to couples that they were among the lucky few for whom program slots were available. Enthusiastic staff communicated verbally and nonverbally that BSF was valuable and worthy of couples' time.

2. The Timing of Recruitment Relative to the Course of Pregnancy

In programs serving unmarried new parents, methods for recruitment and their results are likely to depend on when recruitment is attempted, relative to the couple's pregnancy and delivery. BSF sites typically have relied primarily on recruitment either during pregnancy or after the baby's delivery, although a few sites have made substantial use of both timeframes. Their experience underscores the tradeoffs involved, including how the timing may affect later participation in group sessions.

Recruiting couples during pregnancy, particularly early in pregnancy, gave BSF sites certain advantages relative to post-delivery recruitment. During the prenatal period, couples are not yet dealing with the stresses, time demands, and fatigue of caring for a newborn (which can be compounded if they already are caring for older children). For this reason, it may be easier for them to participate in the group sessions prior to the new baby's arrival. They also may be more open to the idea of devoting substantial time to a couples' program during pregnancy than later. The happy anticipation of parenthood together may encourage their joint interest, as may the anxiety of one or both parents about the solidity of their relationship and how it might change. A disadvantage to this prenatal recruitment is that, unless the couple is enrolled early enough during the pregnancy, their attendance at the group sessions may be interrupted by the birth of the baby. In addition, pregnant women may find it difficult to sit during the group sessions, which can last two hours or more.

Recruiting for BSF after the couple's child is born also has advantages and disadvantages. First, post-delivery mothers in hospitals are easy to identify and approach, and, if the father also is present and the intake can be completed with both, there is no need to follow up on referral forms or reach out to the parents in the home. However, recruiting after the child is born can delay the onset of group participation, since parents sometimes do

not like to take their babies outside for several weeks or months after the birth. In addition, newborns may get sick, and parents may get little sleep until the baby adjusts, leading to fatigue that results in poor attendance. The later postnatal period can bring other adjustments that also can interfere with regular participation. For instance, mothers often must go back to work after a couple of months and may have to take on a schedule that is no longer compatible with the group sessions they started just after the birth.

3. Setting of the First Encounter

The different locations for the first BSF informational presentation have their own strengths and weaknesses, regardless of whether the setting is a hospital maternity ward, a public health clinic, or a meeting of expectant women. Maternity ward rooms in hospitals are rife with interruption; doctors, nurses, and relatives have their necessary duties and joyful roles to fulfill, and intake sessions can be prolonged far beyond their planned length. Despite such interruptions, if both parents are present and can focus on the BSF information, the intake process can be completed. Doctor's offices offer a concentrated and scheduled flow of program candidates, but the experience in one BSF site, where staff were stationed at the clinics, was that many prenatal appointments were missed, resulting in fewer recruited couples than expected based on scheduled prenatal appointments. Visiting couples who have indicated interest by submitting a "consent to be contacted" form in their home offers a chance for relaxed conversation and gaining trust, but can involve additional staff time in the form of travel and missed appointments. Presenting information about BSF and conducting intake with interested individuals who already are attending a center-based activity is efficient if many potentially eligible people attend, but it is rare that couples attend such activities together. For this reason, following up with the eligible clients' partner still is necessary in these situations, and may present challenges if the interested parent fails to present the program accurately or in a nonjudgmental way.

4. Meeting Parents Together or in Sequence

The BSF program and evaluation model calls for eliciting the interest and consent of both parents before they can be enrolled, but the sequence of meetings with couples has raised issues. The BSF pilot sites have had to consider the advantages of presenting information about the program and initiating intake when both parents are together, as opposed to allowing sequential presentations of the program with each parent. In the end, no BSF site used joint or sequential program introduction solely but they varied in the frequency in which the first full presentation of the program and the ensuing consent process occurred with either both parents present or just one. To some extent, this variation reflected conscious choices that sites made, and to some extent it reflected how couples responded.

Several sites found that presenting the program to both parents together had important advantages. With both parents hearing the same message, there was no risk that one would inaccurately describe BSF to the other, or be perceived by the other as exerting pressure to enroll. A presentation about the program to both parents underscores the fact that the program staff see both as equally important partners in their relationship, and potentially in

the program. Meeting with both parents together, if both respond with interest, may relieve each of them of the hesitation associated with uncertainty about how the other will react. Most obviously, a meeting with both parents makes efficient use of outreach staff time. Given these advantages, all sites welcomed opportunities to describe the program when parents were together.

Sites varied, however, in how much they insisted on starting the intake process with both parents present. At some sites, other decisions about the recruitment process made it inevitable that intake would usually begin with one parent. For example, although some women attend the prenatal program in Baton Rouge with their partner, most come alone, and so receive their introduction to BSF before their partners. Similarly, some of the Healthy Families programs traditionally have conducted most of their initial assessments with women alone. However, some sites have made conscious decisions to increase the prevalence of two-parent intake sessions. In Orange County, Florida, for example, staff determine whether the father is present at the hospital and give highest priority to assessing couples with both partners present. In Atlanta and Oklahoma, staff strive to make intake appointments only if both partners indicate they are interested and when both will be present for enrollment together.

Allowing the intake session to proceed if only one parent is present seems appropriate for most of the BSF sites. Although later followup with the other parent is necessary if the first parent wishes to move forward, confirming one parent's eligibility and interest is at least a good sign that the effort to locate and meet with the second parent may result in a recruited couple. In some cases, completing the process with one parent may make it easier to make an appointment with the other if the first parent conveys enthusiasm about BSF. However, at one site that only has recruited postnatally, the likelihood of completing sequential intake is not regarded as high unless there is a clear sign of the father's interest: he visited the mother and baby in the hospital after delivery. Without that signal, the staff have found that since BSF expects parents to participate as a couple, it is generally not worthwhile to initiate intake with the mother in such cases.

Conducting separate intake meetings with each parent also offers one minor advantage with regard to screening for domestic violence (DV). To detect domestic violence that might exclude a couple from the BSF program, site staff must conduct a portion of the intake interview separately. For this reason, when both parents meet with the BSF outreach staff, they are asked to split up in separate rooms, to respond independently to the Baseline Information Form, but also to allow the mother to answer questions about domestic violence privately. Although this separation of the two parents can almost always be accomplished without awkwardness, the possibility of difficulty is reduced if only one parent is present.

5. Focus of the Message: Couples or Their Children?

The BSF program is designed to benefit couples and their children, and the emphasis placed on one goal or another can affect how potential participants respond to recruitment. During program planning, it was hypothesized that emphasizing "doing the best for your

child" could help overcome any reluctance couples might feel about getting involved. Experience confirms the couples' interest in how the program can benefit their children, but it also has revealed the considerable relief and satisfaction couples take in getting the opportunity to work on their relationships.

There are subtle differences in recruitment message emphasis across sites, mostly related to the organizational framework of the program. In Florida and Indiana, where BSF recruitment begins as part of the Healthy Families assessment, information about BSF and marriage education is conveyed in the context of the overall Healthy Families purpose: helping families to learn positive parenting practices so as to avoid child abuse and neglect. Given this larger purpose, the information conveyed to parents puts helping their child's development front and center. At other sites, there is a somewhat greater emphasis on characterizing the program as "helping you as a couple," in addition to providing benefits to children.

There is no clear answer as to which emphasis works better, but programs are well advised to pay attention to the uses that can be made of both messages. Recruitment staff should be well trained to talk about both potential benefits and to be responsive to what couples are most concerned about.

6. Approach to Screening for Domestic Violence

All BSF sites were required to establish protocols for detecting and addressing DV in collaboration with their local or state domestic violence coalitions. These protocols define how the program staff will screen or assess for domestic violence, particularly situations that might be aggravated by participation in BSF and so place a partner at increased risk, and how the staff will respond when domestic violence is detected. Such screening is intended, as part of the intake process, to identify couples who would better be excluded from the program and referred to more appropriate services. Sites' protocols for domestic violence also were required to address how they will continue to assess participants once they are in the program, since no intake screening is perfectly reliable.

The aim of DV screening for BSF is to screen out and refer for appropriate services those individuals/couples who are involved in partner violence that is marked by repeated and severe instances of physical violence (e.g., hitting or kicking), or violence that involves controlling and dominating behavior, where there is a clearly identifiable perpetrator and a clear victim. Unfortunately, a high percentage of unmarried and married couples experience conflicts that escalate to the point of shoving, slapping, or pushing. The curricula used in BSF are designed to help couples who have poor conflict management skills learn to avoid harmful fights and conflict escalation. Therefore, couples who could be helped in this way are included in the program, when doing so is not expected to put either partner at risk.

BSF sites have chosen or developed different screening methods. Three sites have adopted a structured questionnaire for administration to women, which includes 22 specific

questions about their partner's actions and behavior, developed by prominent experts on domestic violence and marriage.[2] The scoring of the questionnaire, which can be done as soon as it is completed, indicates whether there is DV, and whether the couple should be excluded from BSF. The other sites have developed more conversational protocols designed to elicit, particularly from women, descriptions of their relationship and any violence that may be occurring. This information is reviewed with supervisors to determine whether it warrants the couple's exclusion from BSF. These sites favor the conversational approach because they see it as less intrusive and they believe it is more likely to elicit honest responses. Sites using the more structured approach, however, have not found that the explicit questions are offensive to women and also believe it elicits honest responses. They have found that most women seem to understand that this is a slightly uncomfortable but appropriate feature of assessing eligibility for this kind of program. Both approaches have resulted in a small number of couples being screened out of the BSF program at intake and referred for more appropriate services.

How sites choose to screen for DV inevitably will involve balancing their existing practices and program context with alternative approaches for reliable detection. The BSF experience to date provides no rigorous test of which method is more reliable. Sites using the conversational approach have later excluded some couples who turned out to be involved with DV. Sites using the structured questionnaire have not so far reported a need for subsequent exclusions. Continued experience, as well as continued input and guidance from DV experts, likely will lead to some further evolution of the screening methods used.

D. RECRUITMENT RESULTS

The BSF pilot sites have accumulated substantial experience with the recruitment process. Sites began BSF recruitment between February and September 2005, and by December 2005 647 couples (1,294 individuals) had completed the full intake process and had consented to participate in the study (see Table III.2). The experiences of sites in identifying and enrolling couples for the pilot provides the first information about the yield of enrolled couples from the intake process and the characteristics of the couples enrolled.

1. Recruitment Yield from the Intake Process

The recruitment results are the product of considerable effort by the pilot sites. Overall, the BSF sites *initiated* the intake process with 6,084 individuals by December 2005, but intake could not be always completed for three reasons: one or both partners did not meet BSF eligibility criteria, the second partner could not be reached to determine eligibility within the "time-out" deadline set by the site, or one or both partners refused consent (the latter was a relatively rare occurrence).

The enrollment yield from the recruitment efforts varied widely and was affected by a variety of factors. Most of the discrepancy between the number of initiated intakes and the

[2] Developed by John Gottman, Julia Babcock, Sandra Stith, and Eric McCollum, December 2004.

Table III.2. BSF Pilot Site Recruitment as of December 5, 2005

Site	Number of Months Since Recruitment Initiated	Total Number of Couples Recruited	Average Number of Couples Recruited Per Month
Site A	5	51	10
Site B	3	26	9
Site C	8	63	8
Site D	10	143	14
Site E	10	117	12
Site F	4	48	12
Site G	10	199	20
Total		**647**	

number of completed enrollments can be explained by the recruitment process at two sites. The BSF recruitment process in both areas was combined with the recruitment process for the host program (Healthy Families), which targeted a more broadly defined population of pregnant or new mothers at risk for child abuse. One site (D) began the BSF recruitment process with 3,735 individuals as part of its regular eligibility assessment for Healthy Families. Out of this number, staff were able to identify only 117 couples meeting the BSF eligibility criteria and obtain their consent to participate in the BSF program. The other site also experienced a low enrollment yield, assessing a total of 1,559 individuals to obtain 143 BSF-eligible couples. The experiences of both of these sites reflect the anticipated fact that a considerable portion of the overall Healthy Families target population falls outside the BSF target population. For example, in one of the sub-sites, about 52 percent of mothers going through the Healthy Families assessment through December 2005 were found to be ineligible for BSF, and in more than three-quarters of those instances, the mother or father was under 18, the couple was married, the two parents were not in contact with each other or did not have a romantic relationship, or domestic violence was suspected.

The remaining sites (excluding Sites D and E) initiated recruitment with 790 individuals, yielding 387 fully eligible and consenting couples, a rate of about 49 percent. It is likely that some combination of factors described earlier in this chapter could explain the variation in recruitment yield, including the timing, setting, and context of the recruitment effort and the characteristics of the local population.

Two particular enrollment practices could also have affected the recruitment yield: the use of prescreening and joint versus sequential presentation of the program to the two partners. As described earlier in this chapter, prescreening involves checking basic eligibility factors before conducting a full eligibility interview, enabling the program to focus its

resources on couples most likely to be eligible. Explaining the program to, and conducting intake with, both members of a couple is also more efficient in terms of recruitment yield because it eliminates the possibility of losing a potentially eligible couple in the event of difficulty in obtaining an eligibility interview with the second partner. Although our findings on the issue of a joint versus a sequential approach to recruiting are not conclusive, observations made during the pilot period suggest that enrollment procedures in which eligible women explain the program to their male partners are not as effective a recruiting strategy as procedures in which staff explain the program to both members of the couple simultaneously.

Although prescreening and describing the program to both members of a couple at the same time appear to be promising recruitment practices, it is difficult to conclusively tie enrollment procedures to recruitment yield for the reason that other factors were also in play during the pilot. For example, during the early period, the sites did not enter recruitment data in the same way—some entered data for every person who expressed interest in the program, including those who completed a prescreening form but were ultimately found to be ineligible. Others often entered data only when both members of the couple were fully interviewed and had consented to participate. This practice makes the recruitment yield appear artificially high. However, data entry and tracking procedures were standardized by the end of the pilot period, and the majority of sites had begun to meet their monthly recruitment goals. Future observation and more detailed analysis, which will be conducted during the full implementation study, is expected to help us pinpoint the steps in the recruitment process at which couples are most often lost, thus providing a better sense of what might be done to prevent that from happening.

2. Characteristics of Enrolled Couples

Each individual who goes through the BSF intake process completes a baseline information form (BIF). Completion of this form by both partners is a mandatory step before a couple can be enrolled in the study (and randomly assigned to the program or a control group). The form collects information on the demographic, economic, and relationship characteristics of those who are were attracted to and voluntarily enrolled in the BSF programs. Table III.3 and Table III.4 show data from this form for 540 couples (representing all enrolled couples except for those whose baseline characteristics could not be included because of pending Institutional Review Board (IRB) approval for the release of

Table III.3. Individual-Level Characteristics of BSF Enrollees at Intake*

	All Sites	Atlanta	Baltimore	Baton Rouge	Florida	Indiana	Texas
Number of Persons	1080	102	48	126	284	124	396
Age (Average)	25	26	25	24	24	25	25
Mother	24	25	24	22	23	23	24
Father	26	28	26	25	26	26	26
Race/Ethnicity (%)							
White, Non-Hispanic	15	3	0	20	10	54	11
African American, Non-Hispanic	42	56	90	72	64	40	7
Latino/Hispanic	39	40	8	4	17	2	81
Other	3	0	2	3	6	0	1
Multi-racial	1	1	0	1	3	4	0
Primary Language (%)							
English	75	60	100	99	90	99	50
Spanish	22	37	0	0	4	0	48
Other	3	3	0	1	6	1	2
Enrollment During Pregnancy (%)	46	75	63	98	2	55	48
1st trimester	45	32	33	13	67	91	55
2nd trimester	46	49	40	75	33	9	40
3rd trimester	9	19	27	12	0	0	4
Enrollment After Birth of Child (%)	54	26	38	2	98	45	52
Less than 1 month	81	39	11	100	97	68	73
1-2 months	11	15	44	0	2	20	18
More than 2 months	9	46	44	0	2	12	10
Completed at least high school or equivalent (%)	68	78	58	70	70	69	64
Mother	68	78	63	79	72	63	62
Father	68	78	54	60	69	76	66
Currently Working for Pay (%)	50	59	42	57	43	35	56
Mother	21	41	21	41	10	6	22
Father	79	77	63	73	76	65	90
Mother's Total Earnings in Past 12 Months (%)							
No earnings	32	24	14	19	23	18	51
Less than $15,000	57	56	59	68	66	71	44
$15,000 - $24,999	9	14	27	9	10	9	5
$25,000 - $34,999	1	4	0	2	0	0	0
$35,000 or more	1	2	0	2	1	2	1
Father's Total Earnings in Past 12 Months (%)							
No earnings	6	6	22	3	5	7	6
Less than $15,000	57	61	48	51	58	57	58
$15,000 - $24,999	28	16	26	34	25	22	32
$25,000 - $34,999	8	8	4	7	11	12	4
$35,000 or more	2	8	0	5	1	2	0

Table III.3 *(continued)*

	All Sites	Atlanta	Baltimore	Baton Rouge	Florida	Indiana	Texas
Children by other partners (%)	33	37	44	32	35	36	30
Mother	33	37	46	30	31	36	33
Father	33	37	42	33	38	36	26
Mothers (Not Married to Current Partner) (%)							
No chance of marriage	2	0	0	2	1	0	3
Little chance of marriage	4	5	10	2	2	0	5
A 50-50 chance of marriage	23	29	24	14	30	19	21
A pretty good chance of marriage	26	33	33	21	27	32	24
An almost certain chance of marriage	46	33	33	62	40	50	48
Fathers (Not Married to Current Partner) (%)							
No chance of marriage	1	0	0	0	1	5	1
Little chance of marriage	3	5	5	4	2	0	3
A 50-50 chance of marriage	17	23	15	11	24	15	14
A pretty good chance of marriage	27	42	40	29	32	22	21
An almost certain chance of marriage	52	30	40	57	41	58	62

Source: Data from BSF Baseline Information Form, analysis of December 8, 2005 Extract file.

* Note: Data for Oklahoma and for some Indiana couples could not be included in table due to pending IRB approval.

such data).[3] The data can be used in at least three ways. First, it can help determine whether the BSF implementation strategy resulted in identifying and reaching the intended population. Second, it can be used to form subgroups for analysis of program impacts, to identify whether the program affected various groups within the target population. Third, it may inform the targeting of future programs that seek to provide relationship skills and marriage education to unmarried parents.

Prenatal and Postnatal Enrollment. The BIF data confirm that overall, sites succeeded in enrolling couples both during pregnancy (about 46 percent) and after delivery (54 percent). Atlanta, Baltimore, and Baton Rouge conducted most of their recruitment during pregnancy, while Florida conducted most recruitment after birth. Indiana and Texas were more evenly split in their recruitment timing, but their sub-sites tended to specialize in either pre- or postnatal recruitment.

[3] The total number of enrolled couples for all sites (647) is shown in Table III.2. However, we were prohibited from reporting on the baseline characteristics of Oklahoma's couples because the site had not yet received its IRB approval. The timing of Indiana's IRB approval also limited our reporting of baseline characteristics to those couples enrolled in Indiana after June 1, 2005.

III.4. Couple-Level Characteristics of BSF Enrollees at Intake*

	All Sites	Atlanta	Baltimore	Baton Rouge	Florida	Indiana	Texas
Number of Couples	540	51	24	63	142	62	198
Education							
Completed High School or Equivalent (%)							
Both completed	50	71	38	46	53	52	45
Only mother completed	18	8	25	33	19	9	17
Only father only completed	18	8	17	14	16	24	20
Neither completed	14	14	21	6	12	16	18
Employment							
Currently Working for Pay (%)							
Both working	16	33	13	30	7	3	17
Only mother working	5	8	8	11	3	3	4
Only father working	63	43	50	43	68	61	73
Neither working	16	16	29	16	22	32	6
Marital Status and Cohabitation (%)							
Married to current partner*	6	12	8	6	4	10	4
Unmarried, cohabiting all or most of the time	76	67	71	68	71	84	84
Unmarried, cohabiting some of the time	10	8	17	19	12	5	7
Unmarried, not cohabiting	8	14	4	6	13	2	5
Family Structure (%)							
Couple has other children in common	28	23	22	18	30	13	38
Either or both partner(s) has a child/ren by a different partner	50	49	58	46	54	55	47
Race/Ethnicity(%)							
Both white, non-Hispanic	12	2	0	14	6	46	8
Both African American, non-Hispanic	36	49	83	62	55	36	6
Both Latino/Hispanic	34	35	4	0	11	0	77
Both other race/ethnicity	1	0	0	0	3	0	1
Partners are of different race/ethnicities	17	14	13	24	25	18	9

Source: Data from BSF Baseline Information Form, analysis of December 8, 2005 extract file.

* Note: Oklahoma data and data for some Indiana couples could not be included in table due to pending IRB approval.

[a]BSF eligibility criteria permit enrollment of married as well as unmarried couples if marriage occurred post-conception.

Income and Race/Ethnicity. One of ACF's goals was to attract the participation of culturally diverse, lower-income unmarried parents, who rarely have access to marriage education. Instead of setting eligibility criteria for socioeconomic status, however, sites with experience serving this population were selected. The BIF data indicate that this strategy was effective in reaching the groups it was intended to reach.

- ***BSF attracted a culturally diverse population.*** Across sites, almost 42 percent of participants were non-Hispanic African Americans, 39 percent were Hispanic or Latino, and 15 percent of participants were non-Hispanic whites. There was great variation across sites in the breakdown, however, reflecting the composition of the communities served by them. For instance, the high overall number of Hispanic couples is driven largely by the Texas site.

- ***Employment was common, at least for men, but earnings were low.*** About half of participants were working at baseline, but there was a pronounced gender difference. About 21 percent of mothers were working, compared to almost 79 percent of fathers. This is not surprising, since many mothers were pregnant or had just given birth. Earnings were low. The majority of participants earned less than $15,000, and almost all earned less than $25,000.

Age and Education. BSF eligibility criteria specified that both men and women had to be age 18 or older, which meant that older adolescents could participate. However, most participants were not in their teens, and most had already completed high school.

- ***Participants were typically in their mid-twenties.*** Overall, the average age of participants was just under 25 years (approximately 24 for mothers and 26 for fathers). Seventeen percent of the total sample was 18 or 19 years old; the upper bound for women was 42 years, 54 years for men.

- ***About two-thirds of participants (both mothers and fathers) had completed at least high school.*** About 68 percent of all participants had attained a high school education or more. Atlanta had the highest proportion of high school graduates (78 percent) and Baltimore the lowest (58 percent). Across all sites, roughly 50 percent of couples were composed of two high school graduates.

Couples' Relationships. To participate in BSF, both parents had to indicate that they were romantically involved, but the pregnancy that brought them into the program did not have to be their first, nor were their living arrangements or expectations for marriage a criterion for eligibility. Interestingly, most participants who enrolled were cohabiting and many had children from previous relationships. Although these findings might suggest ways to target future marriage programs, the actual impact results will determine which kinds of unmarried couples are likely to be affected by the program.

- ***More than three-quarters of couples were cohabiting at BSF intake and nearly six percent were already married.*** Approximately 76 percent of couples reported living together all or most of the time (see Table III.4, which shows couple-level characteristics). This was fairly consistent across sites; the percentage of unmarried couples cohabiting all or most of the time ranged from 67 percent (Atlanta) to 84 percent (Texas). Six percent met the criteria of

having married after the date of conception of the pregnancy or birth that brought them into the program.

- ***In many cases, couples had previous children.*** In roughly half of all couples, at least one parent had a child or children by another partner (Table III.4). This ranged from 46 percent in Baton Rouge to 58 percent in Baltimore. In addition, more than one-quarter of couples (28 percent) had other children in common.

- ***Many participants, particularly fathers, anticipated marrying.*** Fathers often were more likely to anticipate marriage than mothers. Across all sites, 46 percent of mothers and 52 percent of fathers entering BSF programs indicated they were *almost certain* they would marry their current partners (Table III.3). Another 26 percent of mothers and 27 percent of fathers said they had a pretty good chance of marriage upon entering the study.

When compared to the population surveyed in the 20 city Fragile Families survey, BSF couples may in some respects face lower barriers to marriage. Compared to the subset of respondents to the Fragile Families study who were unmarried and romantically involved at baseline, the unmarried couples that enrolled in BSF were more likely to be cohabiting (76 vs. 62 percent), and to have slightly higher expectations for marriage (79 vs. 74 percent among fathers; 72 vs. 65 percent among mothers). BSF couples were less likely than Fragile Families couples to have other children in common and to have children by other partners. Although BSF couples were more likely to have at least a high school education or the equivalent (68 percent vs. 58 percent), their incomes tended to be lower, especially for men (91 percent of BSF fathers earned less than $25,000 compared with 79 percent of men with such earnings in Fragile Families.) The average age of mothers in both samples was identical, while BSF fathers were on average one year younger than Fragile Families fathers. The racial/ethnic composition of the two samples was very similar.

E. LESSONS AND IMPLICATIONS

As healthy marriage initiatives in general and the BSF program in particular develop, more information will be available to guide their design and implementation. Prior to the BSF pilot, little was known about the process of recruiting low-income unmarried couples. Although experience is still limited at the BSF sites, five broad conclusions can be tentatively suggested about the recruitment process.

Low-income, unmarried, culturally diverse couples are interested in the program, and many agree to participate. There had been some concern that a program such as BSF might not appeal to young, unmarried couples. The concern was that couples may not see the need for such a program, or would be uninterested in working with a marriage education program. This has not been the case. Despite significant recruitment challenges and very specific eligibility criteria, sites were able to recruit nearly 650 couples in less than a 10-month period.

The maternal health care system provides a convenient venue for recruiting expecting and new parents efficiently. To obtain an adequate number of couples, sites needed to identify multiple sources with a steady flow of potentially eligible parents. Given the requirement that the couple either be expecting or have had a baby within three months, the maternal health care system often appeared to be one of the most efficient recruitment sources. Sites worked with hospitals, prenatal centers, local public health agencies, and social service organizations focused on expectant parents. Further experience in some sites may reveal, however, that other recruitment avenues and methods also can be effective, at least to supplement flow from these others sources.

Agencies that embed their recruitment process for marriage education within that of another program should consider whether it is worthwhile to assess large numbers of families to find suitable couples. Organizations that seek unmarried parents for marriage education by looking within a more broadly-defined, low-income clientele may find that only a modest percentage of them will be eligible for and interested in programs with the same eligibility criteria as BSF. This fact has implications for staffing patterns and the size of the overall population that must be available for assessment to fill the capacity of a marriage education program. This may well be a sound strategy, but some attention should be paid to whether the extra intake effort devoted to assessing this broader population is merited by the number of couples ultimately enrolled.

Maintaining a focus on couples seems to be important even during intake. A focus on couples may be important not only when couples are participating, but also from the very first contact with them. Making appointments with both parents, and even insisting as much as possible that intake be done with both partners present, sends the message that fathers are vitally important to the program. It also helps ensure that both partners receive accurate information about the program and potential benefits. Program experience to date suggests that inevitably there will be some attrition, when one parent agrees to participate and the other cannot be reached, is ineligible, or is not interested. Communicating from the start with the couple, rather than individuals, may reduce this intake attrition.

Enthusiasm on the part of program staff seems to be an important key to effective recruitment. The most effective recruitment may be achieved in sites with outreach staff who are excited about the program and able to convey this excitement to potential couples. Ensuring that staff assigned to conduct outreach and recruitment are adequately informed about the details of the program and eligibility criteria may not be sufficient for this important task.

CHAPTER IV

PROGRAM PARTICIPATION

After recruitment, the second most important step in making any program work is ensuring adequate participation. Prior experience indicates it is not unusual for low-income individuals to have difficulty participating in social service or employment programs in a consistent and sustained manner, because of a variety of destabilizing and disruptive factors in their lives. For a program like BSF, this challenge is even greater, because it requires the attendance of couples rather than individuals. One of the chief assumptions of the BSF intervention is that when couples learn and practice skills *together*, they are more likely to use and internalize those skills. Another expectation is that application of the information and skills will lead to stronger relationships and help prepare couples to enter and sustain a healthy marriage. These assumptions mean that not one, but two individuals must attend the program—and they must attend together. Participation of couples represents both a program strength and an implementation challenge.

Like recruitment, adequate levels of participation are crucial for both programmatic and research purposes. From the program standpoint, steady and predictable participation by couples within groups is essential to ensure efficient use of program staff and resources. From the evaluation perspective, participation is important because it affects the "dosage" of the intervention. We are on less sure ground here, however. Because there have been no program evaluations of interventions involving large numbers of low-income unmarried couples, the level of program intensity needed to result in effects is not known.

The BSF program model was designed to offer participants a long-term comprehensive experience. Most other marriage education programs are shorter than BSF. In developing the BSF model, we concluded that more extensive services might respond better to the needs of low-income unmarried couples experiencing the birth of a new child. Longer program duration would provide for more opportunities to attend, and more time for unmarried couples to learn and use the skills taught, sort out their relationships, and consider marriage in the context of a supportive program.

The BSF pilot experience offered an opportunity to determine the extent to which couples actually would participate in services once they had consented to be part of the program. Would they lose interest while waiting for a group to form and start? Would they attend with their partners? Would men find the group sessions appealing enough to return? Would late-term pregnancy or the presence of newborns impede parents' ability to leave home to participate? Would couples become bored with the program after a short time and stop coming? What kinds of program strategies would be useful in encouraging participation? The early experiences of the BSF pilot sites shed some light on these questions.

Couples were not required to participate in the group sessions to receive services through the family coordinator or other family support services; indeed, meeting with the coordinator for some period of time could be useful in encouraging participation at the group sessions. However sufficient data were not yet available regarding couples' level of contact with family coordinators or participation in family support services at the time of this early analysis to determine a link between family coordinator support and group participation. This chapter instead focuses on participation in the core BSF component: it examines the strategies and approaches that pilot sites took to encourage couples' initial participation, ongoing attendance, and completion of the marriage/relationship skills education groups. We present information on very early levels of participation achieved at pilot sites, and draw some preliminary lessons about strategies for encouraging participation.

A. HOW BSF SITES ENGAGED THE PARTICIPATION OF COUPLES

The pilot sites took a variety of approaches to engaging enrolled couples in the group activities and encouraging their ongoing attendance and program completion (Table IV.1). These strategies can be described with respect to four dimensions: programmatic supports for facilitating attendance at groups, activities that emphasize the social rewards of participating or that rely on social modeling, individual attention and emotional support by program staff, and tangible incentives, such as baby items, for attending some number of sessions.

Program Supports for Group Attendance. Without exception, BSF pilot sites found it necessary to provide three supports to encourage participation. First, families typically needed child care during the sessions because, even if they were recruited during the prenatal period, many couples had other young children. Some sites were able to provide child care on site, with rooms furnished specifically for this purpose. Others provided vouchers to reimburse participants for child care costs. Having on-site care was particularly useful for the sites that recruited families during the postnatal period, because it meant that parents could bring their newborns with them and check on them and attend to their needs during breaks. Second, transportation to and from group sessions frequently was needed by program participants. Sites provided assistance with transportation in various ways, depending on the resources available in the community (such as reliable bus service or

Table IV.1. BSF Program Engagement and Retention Strategies, by Local Site

	ATL		BALT	B-R	FL		IN			OK	TX	
	GSU	LAA			Orange	Broward	Marion	Allen	Lake		San Angelo	Houston
Program Supports for Group Attendance												
Child care during group	√	√	√	√	√	√	√	√	√	√	√	√
Transportation assistance	√	√	√	√	√	√	√	√	√	√	√	√
Meals or refreshments	√	√	√	√	√		√	√	√	√	√	√
Social Rewards/Modeling												
Introductory sessions	√			√	√		√	√	√			
Periodic social gatherings/outings			√	√	√	√		√		√	√	√
Celebrations				√			√			√		
Married-couple facilitator teams				√								
Participant testimonials				√			√					
Individual Attention/Emotional Support												
Calls or visits by group facilitators	√	√		√	√		√	√	√			√
Follow-up on absences	√	√	√	√	√	√	√	√	√	√	√	√
Frequent encouragement by family coordinators to attend	√	√	√		√	√				√	√	
Access to family coordinator at group	√	√		√						√	√	√
Make-up sessions in home											√	√
Tangible Incentives												
Door prizes or lotteries	√		√			√	√	√	√			√
Baby items or “points”	√			√	√					√		
Other gifts or gift certificates	√	√		√	√	√	√	√	√			
Cash incentives										√		

subway systems), the site's resources, and participants' needs. Some sites tried multiple methods before finding an approach that worked best for them. Some provided free bus tokens, gas cards, or taxicabs. Others had vans that they could use to pick up and drop off participants. And some sites determined it was only necessary to offer aid with transportation on an "as needed" basis.

Third, meals and refreshments were offered, not just as a nice gesture, but because staff saw them as a necessity in many cases. To accommodate the schedules of working families, most group sessions were held during evening hours or on weekends. Often families were tired and hungry after a long day, and light meals were essential to help them fit the sessions into their schedules and maintain their energy. Sharing meals also was a time to socialize that could help families bond with each other.

Social Rewards/Modeling. Early in the pilot, site staff often noted that BSF couples appreciated the opportunity to meet other expectant couples and new parents who often struggled with issues similar to their own. Site staff sensed that giving couples opportunities to get to know one another would be beneficial in reducing feelings of isolation, building a supportive community spirit, and increasing motivation for continued participation. For this reason, some sites began to sponsor occasional social gatherings, outings, or celebrations that brought BSF couples together as a means of maintaining momentum and retaining participants throughout the program period. The frequency of such gatherings varied both across and within sites, ranging from an average of once a month to once or twice over the first five months.

Despite regular reminders, sites noted that some couples who enrolled in BSF failed to show up at the first or subsequent group sessions. As one way of addressing this problem, at least three sites tried holding "orientations" prior to the first group session. The purpose and content of the orientation session varied substantially across the three sites. One site used the orientation to define the "ground rules" and expectations for participation, and to introduce participants to program staff and the range of resources that would be available to them through the program. This orientation involved little interaction among the newly enrolled participants. For their orientation, another site chose to conduct an actual curriculum session—though not one of the core sessions—so that new enrollees could get a feel for what a typical session would be like. A third site created an orientation that focused more on helping the couples to get to know one another. Refreshments were served, and staff led participants in "icebreaker" games that encouraged interaction with other parents and with staff, with a chance to win door prizes. At the same time, the program was explained and questions answered.

Although many factors determine a site's effectiveness in engaging and retaining participants in group sessions, the third site generally showed better participation rates. Participants reported that the most helpful aspect of the orientation was meeting the other couples who would be in their group. The orientation helped them see that they had a lot in common with the other couples, and that they would likely fit in and be accepted. This apparently reduced initial anxieties about participating in group sessions with people they had never met while helping to reduce feelings of social isolation.

Individual Attention/Emotional Support. One of the functions of the BSF family coordinator is to support and encourage ongoing participation through personal contact with couples. Couples received this personal attention in a variety of ways and from different staff members, depending on the site and the family's needs. At the Healthy Families sites, this typically occurred during home visits that are a regular part of the HF programs. At other sites, the personal contact with family coordinators could occur just before or after a group session, through an appointment held at the facility, or by telephone. At most sites, couples received some kind of individual contact at least weekly, but some contacts were less formally scheduled. The form of contact usually depended on how well the family seemed to be doing in terms of participation or personal issues that may have surfaced. For instance, couples who were attending regularly and consistently might need only a brief check-in and reminder of their upcoming group session, unless particular issues or problems were identified. Others who were less consistent in attending might receive a personal visit in the home to determine the problem and offer assistance if needed.

One site reported that having group facilitators visit the couple's home prior to attending any group sessions was helpful in stimulating participation in groups. They reported that couples were impressed that the people who were going to lead the group sessions took the trouble to come to their homes themselves, and were reassured that they would find a familiar face at the sessions. This strategy was difficult to sustain, however, and decreased as the facilitators' schedule for group sessions filled up. Other sites relied on family coordinators who had developed rapport with couples through home visits and other contacts to be present at the beginning of group sessions, to fill the same need.

Tangible Incentives. To encourage initial and ongoing attendance, most sites offered incentives such as door prizes, gift certificates, raffles, baby items, or cash. However, sites varied in the type of incentives they offered and the frequency at which they were offered. One site did not provide any tangible incentives, believing that doing so could undermine participation by sending a message that the program itself was not intrinsically valuable. The other sites thought incentives would be useful as an extra little nudge for participants who generally enjoyed attending but on some occasions might find it difficult to leave the house. The majority of these other sites provided gift certificates to each couple at each group session they attended, or awarded each couple "points" for each attendance that they could later redeem for a gift of their choice. The gift certificates, which usually ranged from $10 to $25, most often were for stores like Wal-Mart or Target, but sometimes were for a local grocery store or gas station. Three subsites did not provide weekly incentives for each couple but instead held periodic or weekly raffles through which one couple in the group could win a prize. These prizes ranged from movie tickets to a $100 gift certificate. Only one site elected to offer a significant cash incentive during the pilot period: this site offered $100 cash for attending the first two group sessions.

The early nature of sites' experiences prevents us from drawing clear conclusions about the effect of incentives on participation. During the pilot period, sites varied in the types of incentives they offered—not only across, but within sites. That is, within each site, a variety of strategies were often tried out during the early months of operation. In addition, sites varied in terms of how long they had been in operation at the time of our analysis. Once full

program implementation is achieved, future analyses will explore in more detail the usefulness of various types of incentives on program participation. For now, the anecdotal evidence raises the possibility that offering modest incentives might both encourage participation and be appreciated by couples.

B. EARLY PARTICIPATION RESULTS

Participation in the BSF group sessions can be examined in several ways. In this section, we first examine initial engagement, looking at the number who began attending the curriculum sessions as a proportion of all those who were enrolled in the BSF program. Next, we examine the average dosage or intensity of treatment received by participants. We do this by focusing on those couples who began attending the group sessions, and looking at the total number of sessions they attended as a share of the total number of sessions they could have attended—their "opportunities to attend." This approach allows us to take account of the fact that groups were at different points in their sequence and duration. Finally, we present patterns of participation among groups that had proceeded through the entire curriculum sequence.

Table IV.2 presents information on the rate and intensity of group attendance during early BSF pilot operations. The table presents conservative estimates in two respects. First, it counts couples as attending only if *both* parents participated. Second, it does *not* count sessions that include curriculum content but which were not group meetings.[4] It is important to note that although differences among sites may be affected by variation in program practices, these early results also are likely to be affected by differences in the duration of operations, number of groups begun, and number of couples scheduled for each group. For example, at the time these data were reported, some sites had not yet had an opportunity to run the full sequence of classes, while others already had run multiple cohorts through the entire group workshop component. Thus, the data for the sites that had operated the longest included participation during the later weeks and months of the curriculum sequence, when patterns might differ.

1. Participation Rates

Based on an early cohort of participants, column 1 shows the percentage of all couples enrolled in the BSF program group who attended at least one group session within four months after enrollment. The sites show wide variation in this measure of attendance, ranging from 34 to 100 percent. Among the four sites with the most experience (having begun recruitment between February and April 2005), about one-third to one-half of couples attended one or more sessions. The three remaining sites, which began recruitment more recently (May-September 2005), show higher attendance rates—ranging from 69 to 100 percent.

[4] Some sites conducted in-home make-up sessions for couples who missed a group session. Complete data for make-up sessions was not available at the time of this analysis. Future reports will include more information on the number of sessions in which couples received curriculum materials outside of groups.

Table IV.2. Group Attendance at BSF Pilot Sites

		Average Intensity of Participation		
	1	2	3	4
Site and Month Recruitment Began (2005)	Percent of All Couples Enrolled Who Attended at Least One Session	Total Session Opportunities for Couples Who Began Attending	Total Sessions Attended by Couples	Percent of Session Opportunities Attended by Couples
Site A (July)	69	164	72	44
Site B (September)	100	55	47	85
Site C (April)	50	339	148	44
Site D (February)	52	224	104	46
Site E (February)	37	642	369	57
Site F (August)	73	76	55	72
Site G (February)	34	264	139	53
Total		**1,764**	**934**	**53**

Source: For Sites A, C, and G: Building Strong Families management information system (BSFIS). For remaining sites: reports generated from local site records.

Column 1. Percentage is based on an early cohort of participants. To count, participation had to occur within four months of enrollment in the program, and both parents had to attend together.

Column 2. Total opportunities represents the sum, across couples, of all sessions each couple *was expected* to attend from the initiation of enrollment to October 2005 (among those couples who participated at least once).

Column 3. Total attendance is the sum, across couples, of all sessions *actually attended* as of October 2005 (among those couples who participated at least once). Attendance is counted only if both parents attended the session together.

Column 4. Percentage of sessions attended is column 3 divided by column 2.

It is possible that the sites that started BSF services more recently will see their participation rates decline as they continue to enroll and begin more groups. On the other hand, it also is possible that variation in procedures or practices is responsible for the higher initial attendance at these sites during this early period. For instance, Site F is the only BSF site that provides a large cash incentive for attendance while also offering day-long sessions (meaning that more curriculum material can be covered at once). The two other sites that recently began recruitment, Sites A and B, also showed strong initial participation at the time of our analysis, but did not use any practices that were not also in use in other sites. Given the very early nature of these data, and the varying length of operations among sites, these initial attendance rates should be interpreted with caution. As sites completed their pilots, they often developed new procedures to address emerging issues. For example, after observing the initially poor group participation, Site G modified its approach by encouraging group attendance from the beginning rather than only after a long period of home visits.

2. Intensity of Participation

Among couples who attended at least one group session, we examined the average intensity of participation. In Table IV.2, column 2 presents the total number of sessions offered to couples. For each site, column 3 shows the sum of sessions attended across all couples, and column 4 indicates the percentage of "session opportunities" attended. For all but two of the most recent sites, couples who had attended at least one group session tended to participate in about half of all the sessions offered to them (44 to 57 percent).

As another measure of participation intensity, we examined rates of attendance across the full curriculum sequence. To do so, we focused on couples whose groups had completed the entire sequence of sessions. At the time of our study, seven groups had been completed in four different sites. In these groups, the curriculum was presented in 18 to 23 weekly sessions, totaling between 30 and 44 hours. As shown in Table IV.3, across the seven groups, 45 percent of the couples who began participating attended 15 or more sessions equaling between 30 and 44 hours of curriculum material. More than two-thirds attended 8 or more sessions equaling at least 16 hours of group sessions.

Table IV.3. Frequency of Participation in the First Seven Completed Curriculum Groups

Number of Sessions Attended	Percent of Couples
1	1%
2–7	31%
8–14	23%
15–23	45%

3. Participation Patterns Across Time

Understanding the overall intensity of participation across the full workshop sequence does not reveal much about the pattern of participation over time; understanding these patterns may provide useful guidance for program design and implementation. For example, it is possible that average participation rates are low because, after some time, couples drop out of the program entirely. Alternatively, the overall average may be explained by a steady decline in attendance over time. Both patterns might suggest that couples become bored, lose interest, or feel that they have little to gain from continued participation. Such patterns might suggest a need to reduce the number of sessions for future groups, or to hold sessions less frequently. A third possibility is that couples might be attending over the full program period, but intermittently. Such a pattern may suggest that participants continue to be interested but that events or circumstances interfere with their ability to attend every week.

To shed light on these possibilities, we examined the percentage of couples attending a majority of the sessions in four quarters of the workshop sequence. Using data from the seven completed curriculum groups discussed above, Table IV.4 shows the percentage of

"high attendance" couples—those who attended at least three out of five sessions within four five-week blocks—among those couples who ever began to attend.

Table IV.4. Participation of Couples in Seven Completed Groups

Site and Group Number	Percent of Couples Attending at Least Three Sessions Out of Each Block of Five			
	Block 1 Weeks 1-5	Block 2 Weeks 6-10	Block 3 Weeks 11-15	Block 4 Weeks 16-20
Site C, Group 1	83	67	67	50
Site D, Group 1	60	29	14	13
Site E, Group 1	100	80	60	40
Site E, Group 2	100	50	25	50
Site E, Group 3	67	67	67	50
Site E, Group 4	100	75	100	75
Site G, Group 1	50	33	50	50
Overall	**75**	**55**	**53**	**41**

Attrition Cliffs. One way to determine whether participation drops off markedly is to determine whether rates of high attendance declined substantially from any one five-week period to the next. One group (Site E, Group 2) saw a drop of 50 percentage points from the first 5-week block to the second. Across the remaining groups, the decline over this same period ranged from zero to 31 percentage points, Site E, Group 3 and Site D, Group 1, respectively. Overall, the rate of high attendance declined from 75 to 55 percent, an overall drop of 20 percentage points from the first to the second block. The overall declines from block 2 to 3 and from block 3 to 4 are relatively more modest. Given this pattern, we conclude that to the extent that attrition occurs, it is observed mostly during the first 10 weeks.

Steady Decline over Time. Substantial successive drops across all periods would indicate a steady decline in participation over the entire sequence of group sessions. We have no basis at this point for judging what is "substantial," since we do not know what program dosage is required to affect couples' outcomes. The patterns observed are varied. In a few instances, participation actually increased after a previous decrease: In Site E, the rate of high attendance in Group 4 went from 75 to 100 percent from the second to third blocks, while Group 2 rose from 25 to 50 percent from the third to the fourth block. And Site G, Group 1 saw an increase from 33 to 50 percent between the second and third periods. Only one group, Group 1 in Site E, showed a pattern of steady decline although Site D, Group 1 also tends toward this pattern. Looking across all these early data, we cannot conclude that there has been a general pattern of steady participation decline in these groups.

Long-Term but Intermittent Participation. The participation patterns observed in most of these early groups might be better characterized as long-term but intermittent. For many, though not all couples, participation (or the lack thereof) in one period does not necessarily predict future participation. To the extent that this early pattern is sustained, it provides some guidance as to whether a long curriculum sequence is tenable. A pattern of sustained but intermittent participation suggests that reducing the number of weekly sessions would not be likely to increase overall participation rates substantially. In sites that did observe an attrition cliff, the drop occurred before the 10th session. For intensive programs like BSF, this data suggests that reducing the number of sessions even by half would do little to reduce overall attrition.

As illustrated in Figure IV.1, the intermittent pattern of attendance also has implications for program efficiency. At a given session, group facilitators might see anywhere from the full complement of couples to only one or two, and occasionally none. One site tried at first to deal with this problem by canceling sessions when only one or two couples showed up. Unfortunately, that decision compounded an already spotty participation problem, further protracting the expected time required to get through all of the curriculum modules. Other sites realized that it was more efficient to conduct sessions with whoever showed up and provide some form of make-up for those couples who were unable to attend the scheduled session. Providing make-up opportunities meant that participants who had to be absent did not have to feel left behind, which could discourage them from attending the next group session. It also ensured that the program stayed on schedule and was completed in the time allocated.

Figure IV.1. Attendance of Couples at Group #1, Site C, June-October 2005

Couple	Session Number																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A																				■
B																	■			
C																				■
D	■																			
E								■												
F																				■
Total couples each session	6	3	4	3	4	5	3	3	4	4	3	2	2	2	3	1	4	3	3	3

Source: BSF CMS system.

Note: A shaded cell indicates that *both members* of the couple attended the group session. Make-up sessions and attendance by parents without their partners are not shown.

In addition to providing make-up sessions, several sites attempted to deal with spotty attendance and the resulting small groups by adding new couples to established groups. This approach was sometimes effective, particularly when the ongoing group was in the early part of the curriculum sequence, when it had at least three active couples, and when the new couples could "catch up" in some way. However, adding new couples to a group that had been meeting for some time and had dwindled almost to the point of dissolution did not solve the attendance problem.

4. Reasons for Nonattendance

Generally, nonparticipation at group sessions was of two varieties. Some enrolled couples never showed up for any group session, while some who did show up and began attending were occasionally or frequently absent over the curriculum sequence. Most sites made many attempts to contact individuals in the first category to encourage their attendance at group sessions through phone calls, visits, or other means. In some cases, enrollees explained that they no longer planned to attend due to such changes as moving out of the area, incarceration, or a breakup of the relationship. Sometimes enrollees indicated that they planned to attend, but then did not show up. Across sites, some proportion of enrolled couples could not be reached to determine why they were not attending.

In one site, the low initial participation rate was reported to be due in part to the site's having decided not to invite couples to group sessions before building trust with participants through intensive home visits for an extended period. By the time couples were invited to group sessions, it is likely the opportunity did not seem as urgent and adding attendance at group meetings to attendance at home visits seemed like an extra burden. Staff in this site have recently decided to engage couples in group activities earlier in the program. It was somewhat easier to identify reasons for absences among enrollees who began participating in the group sessions. During our site visits and numerous telephone conversations with BSF pilot sites, we asked program staff and participants themselves about reasons for nonattendance.[5] The most frequently cited reason for absences was changes in participants' work schedules. Some sites reported that the type of jobs in which their low-skilled workers were engaged, such as the fast food industry, required them to work irregular schedules or report to work on a new schedule with little prior notice. Site staff and participants both reported that work demands or variations in schedules during peak periods (seasonal work) necessarily took priority over attendance at group sessions. New jobs were a frequent event for enrolled families and could change their availability to attend a group. Men frequently lost, gained, or changed jobs, and women who were on maternity leave at the time they began the group sessions sometimes needed to return to work shortly after delivering the baby. Sometimes sites were able to change participants' group assignments in these circumstances, but this was limited by the availability of other groups and their place in the curriculum sequence.

A wide range of other reasons for absences were cited both by participants and program staff. These included health related issues such as illness, childbirth, surgery, medical restrictions on taking the newborn outside the home, or a death in the family. Many absences in Louisiana and Florida resulted from the hurricanes and dangerous weather that occurred during the pilot period. Other reasons cited by programs included evictions or legal issues, as well as personal challenges that sometimes interfered with participation, such as being ashamed of a hearing impairment or illiteracy.

[5] The BSF pilot sites are tracking reasons for non-participation, to the extent possible, using either the BSF management information system or one of their own. However, these data were not ready for analysis at the time of this report.

C. LESSONS AND IMPLICATIONS

The BSF pilot experience suggests that creative strategies are needed to engage couples in group sessions. Even when couples agree to participate, a considerable proportion fail to show up at any group sessions. Although attention must be given to improve the rate of attendance, the results from this initial experience should not be too surprising. In other evaluations of marriage education programs—focused on less disadvantaged couples—only a small fraction of those offered the program actually completed it. For example, in a longitudinal randomized evaluation of the Prevention and Relationship Enhancement Program (PREP), only about one-third of all the couples who were offered the program actually participated (Markman et al. 1993).

Although BSF's rate of nonparticipation may not be unusual in the context of past evaluation experiences, the sites are taking steps to improve it. The data suggest that once couples begin attending group sessions, they tend to keep coming. Therefore, finding ways to engage the initial participation of enrolled couples may be particularly useful. BSF sites are taking steps to improve the rate at which enrolled couples come to at least one session by using several strategies currently in development. These include a brief video showing real couples participating in group sessions, which can be shown to enrolled couples to portray more fully what the sessions are like. Another strategy is to use BSF "graduate" couples to assist or function as outreach/recruitment staff, since they are in the best position to describe their experiences with the program.

Participation rates are likely to evolve as programs incorporate such strategies and move further into their program operations. At some sites, rates of program participation may improve as sites and group facilitators gain more experience and family coordinators become more adept at encouraging participation. On the other hand, at sites where early participation was very high, there actually may be some decline as program staff deal with a more complex operation as they enroll more couples, limiting the attention staff can pay to each new couple. For these reasons, the early participation results described in this chapter, often taken from sites' first trial runs, should be interpreted with caution.

The finding that many participants who have attended at least one group session continue to participate (at some level) for up to five months suggests that couples' interest can be sustained over a long period. Although a significant drop in attendance was observed at some sites after the first five weeks, the overall pattern appeared to be more of steady but intermittent participation. This pattern is consistent with explanations for absences given by participants and program staff; unavoidable circumstances interfere with the ability to attend every week, and participation at one period does not fully predict later participation. Once the problem is corrected, whether it is an illness or other problem, participants often make up missed sessions and return to groups. The most difficult issue to address is what to do when participants begin attending a group and then have their availability change because of a new work schedule. As sites expand and begin running more curriculum groups at different times, it may get easier to reassign such participants.

Although more experience is needed to confirm our conclusions, the BSF experience suggests that better participation was associated with certain operational strategies. These can be summarized as the following emerging promising practices:

1. Provide program supports to facilitate attendance, especially child care, transportation, and meals or refreshments.

2. Invite couples to their first group session as soon as possible after recruitment; encourage reluctant enrollees to try the group at least once.

3. Follow up on absences with telephone calls, home visits, or other personal contact.

4. Find ways to foster couple-to-couple support and friendship.

5. Provide make-up sessions rather than canceling a group session when fewer couples than expected show up.

CHAPTER V

REACTIONS

Low-income couples, especially the unmarried, rarely have had the opportunity to take advantage of marriage education programs. Such programs usually are not offered in their communities, and those that are available typically do not take into account the characteristics and circumstances of low-income families. Yet in a number of recent state-administered surveys, very high proportions of low-income groups say they would consider using marriage/relationship education, such as workshops or classes, to strengthen their relationships and marriage (Dion, Hesketh, and Harrison 2004).

Despite this interest, we know little about how low-income unmarried couples actually might respond if such programs were accessible to them. One indicator of response, of course, is the extent of their participation in BSF—a topic covered in previous chapters of this report. Another indicator is how participants experience the program: Do they find it appealing? Are they using the skills they are learning? Do they think the program is benefiting them? While such questions do not tell us if the program will have long-lasting effects on participants' lives or lead to healthy and stable marriages, they are of interest for several reasons:

1. If participants have difficulty comprehending or learning the material, or if they do not see the value of it, they will be unlikely to practice and internalize the information and skills.

2. Using the information and skills in the context of their relationships is likely to be a necessary precursor to positive program impacts on healthy marriage and child well-being.

3. Developing an understanding of how couples experience the program during the pilot stage could suggest opportunities for refining programs to better meet couples' needs.

This chapter summarizes participants' experiences in the marriage education/relationship skills component of BSF during the pilot period. We draw on information obtained primarily during visits to four of the seven pilot sites: Baton Rouge,

Florida, Indiana, and Texas (the remaining BSF sites could not be studied as closely because they were not yet far enough along in their operations). Information on participants' responses was gathered through semi-structured group discussions with male and female participants, interviews with program staff who interacted with participants, videotaped and in-person observations of live group sessions, and meetings between curriculum developers and group facilitators. Although the participants we observed and interviewed were not a random sample of everyone assigned to the program group, the use of multiple sources of information provides some assurance that responses were not exceptions and may be at least broadly representative of those who chose to participate. The findings reported in this chapter focus on areas where direct observations by program staff, the research team, and participants themselves all generally agree.

In this chapter, we first describe why some participants initially were reluctant to come to the group sessions, and what helped them to overcome their hesitations. Next, we discuss the extent to which men and women actively engaged in the group discussions, exercises, and other activities of the curriculum. The latter part of the chapter focuses on what skills or information couples felt they were learning, and how, if at all, they thought the program might be affecting their relationships. To ensure that reactions are spoken in the voice of the participants, we use direct quotations of participants throughout the chapter.

A. INITIAL RELUCTANCE TO ATTEND GROUP SESSIONS

As described in the previous chapter, the pilot sites observed that a certain proportion of eligible participants who readily agreed to participate in the study and were randomly assigned to the program group did not show up to any group sessions. They also saw that those who did come to at least one group session were likely to continue attending over an extended period, at least sporadically. In an effort to understand this phenomenon, we asked participants if they had had any initial concerns about attending the group sessions, and if so, what encouraged them to try it.

1. Participants' Concerns

Few in the general public are aware of marriage education programs or what they entail. This is especially true in the low-income population, where such programs have been largely unavailable. Although the concept of a program that helps to strengthen relationships may sound appealing, some individuals may have second thoughts about attending because they have little understanding of what to expect. In our discussions with them, some BSF pilot participants reported that, before joining the groups, they were anxious that the sessions would be either boring and uninteresting, would require that they reveal deeply personal feelings or thoughts, or would take a directive approach essentially telling them what to do.

One mother from Orlando, Florida, described her initial feelings about attending the group sessions. Her comments are illustrative of some participants' initial fears about attending the group sessions, but they also illustrate how her feelings changed after attending:

I was kind of scared…at first.…[I thought] they were gonna be telling me what to do…but it really wasn't like that; they have really been helping me with my relationship…my relationship was a little rocky before I joined the group…I got back together with him [the father of her baby], since I have been coming to group, we have started talking about stuff now, stuff that we wasn't comfortable talking to each other about…

Other BSF participants indicated that they had had negative experiences in the past in mandated educational or counseling settings. These individuals were particularly concerned that they might be revealed as having something psychologically wrong with them, or be seen as not being intelligent enough to learn the material. For instance, one Hispanic father in Texas was concerned that he would be embarrassed in front of the other men in group. He asked his home visitor to teach him some of the skills before going to group so that he would have a head start. A mother in Orlando, who told us she "has a problem with authority figures," made this comment:

I guess I thought it would be like really forceful…like you have to do it a certain way. I thought…it would be more like therapy…. I hate…people that think they know more than me, and think they know all about me and can tell me what's wrong with me and stuff like that. So that's what I thought, I was afraid it was going to be like that, but it really wasn't.

2. What Helped to Reduce Participants' Concerns

Given the initial hesitation of some enrollees, pilot sites needed to develop creative strategies to engage couples in the group workshops; many of these are discussed in Chapter IV. During our site visits, some participants mentioned that receiving personal attention from group facilitators, such as a home visit, encouraged them to try the group workshop. For example, a mother in Indianapolis was concerned about fitting in to the group and being accepted. She described how staff made a personal visit to talk over her concerns and reassure her that the group was a place where she could be herself and talk about her own feelings and experiences:

When they [the facilitators] came to the house, they made you feel like you would be welcome at the group and you wouldn't need to be closed about how you were really feeling. And if things are bothering you, when you come here, you could talk about them.

Some sites held orientation sessions to help couples gain a better understanding of what to expect in the group sessions and to help them to get to know the staff and other couples. One mother in Baton Rouge said that the orientation made it easier for her to return for the group the following week because she already knew who would be there and had some idea of what they would be like. The orientations that seemed most successful were designed to be icebreakers, with games and door prizes. During these orientations, couples also were provided information about what happens during a typical group session, but with little emphasis on ground rules for participating.

B. ACTIVE PARTICIPATION DURING GROUP SESSIONS

In this section we describe the level at which couples engaged in the activities of the group sessions, as well as their thoughts and feelings about participating in a group with other couples. As described in Chapter I, the pilot sites followed one of three different curricula, all of which used a group context, and all of which were intended to engage the interest and active involvement of participants during the session. However, each curriculum took somewhat different teaching approaches, with relative emphases on the group context. These differences often were reflected in comments offered by participants as discussed below.

The Loving Couples, Loving Children (LCLC) curriculum uses specially developed videos to stimulate a group-led discussion about common couple issues. The developers believed that providing an opportunity for participants to share experiences with others would be important in promoting active involvement and a sense of connection among group members, and also to prepare them for receiving information and instruction on how to handle these issues. In contrast, Love's Cradle focuses less on group discussion and exchange, and places somewhat greater emphasis on teaching a structured set of communication skills. Much of a typical group session is spent with couples practicing the skills by having dialogues with their partners while being coached by program staff. As their communication skills develop, couples are encouraged to solve some of their actual relationship problems during the time set aside for these "deep dialogues." The adapted Becoming Parents Program takes yet another teaching approach, relying more on lecture, PowerPoint presentations, and questions directed at the group by the instructor. Group members rarely discuss issues or personal experiences with one another, but couples do work on exercises with their partners to develop specific skills.

We interviewed program participants in two Love's Cradle groups (San Angelo and Houston) and five LCLC groups (Indianapolis, Orlando, Fort Lauderdale, Baton Rouge, and Fort Wayne). Because of the timing of our study, we were unable to interview participants in the Becoming Parents Program (Oklahoma).

1. Participant Engagement in the Group Activities

In general, observations by the research team, program staff, and curriculum developers indicated that the vast majority of couples across sites and curricula were highly active and engaged in the activities of the group sessions. Male participants in most groups were as actively engaged as their female partners, if not more so. Program staff had expected that it might be difficult to engage men in group discussions and exercises. They were surprised that men were talkative and frequently offered their thoughts and comments. Typically, they were open to the information provided by facilitators, spontaneously expressed their feelings, and appeared to value the opportunity of learning new ways of interacting with their partners. One father reported that the group sessions were a positive experience that allowed him to learn more about himself and his partner:

It's a relief actually, talking out things. You get here and you talk about things you never talk about at home. And you're like, I didn't know you felt like that, and you learn something new about your partner. And that's exciting.

Both men and women readily engaged in the exercises. These exercises were designed to help them practice various relationship skills, such as how to show empathy and understanding, and how to ask for what you need without assigning blame. In discussing their experiences with the research team, participants indicated that they especially enjoyed the exercises that were game-like, involving materials such as card decks, because these offered the opportunity to try the skill in a practical, concrete, and non-intimidating way. For example, one father in an LCLC group described an exercise focused on the skill of compromise:

We did a little game where you fill in the information on the inside of a circle to show what you are not willing to compromise on, and things on the outside of the circle are things you are willing to compromise. So basically you learn a lot more about your partner and about yourself…I learned that some of the things I thought I would be able to compromise on, I couldn't, but some things that I thought I would not be able to compromise on, I could.

Comments from participants in the Love's Cradle groups tended to be more focused on learning core communication skills. They commented in particular on their reactions to sessions that addressed listening and empathizing with a partner's views, even when one disagrees. Most couples felt that learning the skills was a challenge, and that using them could be hard. Couples at one site found that using the empathy skill seemed "weird" at first, because it involved what they saw as paraphrasing or repeating back what their partner had just said. Nevertheless, they found the skill beneficial because they felt it helped to slow down the conversation and prevent it from going out of control. One mother in San Angelo said that although conversations with her partner might start in the negative, they have learned how to change it and "talk in skills."

2. Participant Views of Learning in a Couples' Group Format

Most participants indicated that they liked the experience of being in a group with other couples like themselves. For most, BSF was the first time they had participated together in a couples' group. Participants cited several benefits of this aspect of the experience. First, it reduced the sense of isolation that many participants apparently felt, and helped them feel part of a supportive community focused on building strong families. In most groups, couples were observed to develop close bonds and friendships over time—some socialized with each another outside of groups, babysat for each other, or shared rides to groups. A second benefit was that the presence of other couples provided a wealth of relationship experiences from which the group could learn. This was especially true in the LCLC group discussions, which are designed to give couples the opportunity to share experiences and views. One father in Indianapolis remarked that, by attending groups:

…you learn how much like other people you are and how much other people's problems coincide with yours. You learn different perspectives on how to deal with problems.

Another father in a different LCLC group explained it this way:

Basically we learn from other people's experiences, and I think it's great the group has a lot of people in it. In your relationship, it's just two people trying to go at it together and when you talk with other couples you realize there are other ways of doing things.

This view was shared by the female participants as well. For example, this mother in Indianapolis described how she enjoyed the developing friendships in her group, and how they enriched the discussions:

I was glad when the group got bigger. Initially it was just the four of us and I thought, I hope it's going to get bigger. And as it got bigger, it got more fun. Now it feels like we're all friends, in a sense, and the more people you have the more situations you hear about.

A third benefit of participating with other couples in a group format was observed by participants in both the Love's Cradle and the LCLC groups. Parents in both kinds of groups indicated that being with other couples allowed them to see firsthand that relationship struggles, especially when a new baby is present, are normal and not necessarily a reason to break up. The group provided a powerful message to couples that they are not alone, and that relationship ups and downs are to be expected. This lesson is likely to be important because many young couples lack exposure to models of good relationships and marriage and may mistakenly believe that good relationships are trouble-free. One mother in Fort Lauderdale put it succinctly:

I always thought our relationship was bad because we would argue. We just had a really messed up relationship. Then we came here and we realized, oh, we're normal.

The following two comments by mothers in the Love's Cradle group in San Angelo underscore this normalizing influence of being with other couples, and how getting to know and trust the other participants provides a sense of safety:

I always questioned, do other people really go through all this? Meeting other couples at the group shows they do.

It doesn't feel like we're in a class. We've all gotten to know each other, so I don't feel like it's class. It feels like home.

C. Participants' Perceptions of What They Learned and How This Affects Their Relationships

During our discussions with participants at various pilot sites, we asked about the skills couples felt they were learning in group sessions, and whether they perceived any benefits to their relationship. At the time, couples at the LCLC sites were in the early weeks of the curriculum series (mostly between weeks 5 and 7), while the Love's Cradle couples were in week 12.

1. Communication, Problem Solving, and Conflict Management

Participants in the pilot sites expressed the belief that communication with their partners had improved and conflict had lessened since they had begun attending the group workshops. Specifically, participants described engaging in more positive communication with their partners, as well as more appropriate expression of feelings and emotions. One mother in Fort Lauderdale reported that the group sessions had helped her to have more open conversations with her partner and helped him to explain his feelings to her more clearly. Participants noted that they learned to de-escalate conflicts, slow down arguments, and compromise on difficult topics. During one discussion, participants described how the group workshop helped them to re-conceptualize the meaning of conflict in their relationship. In more than one group, participants indicated that they had learned that conflict that ends with a winner and a loser is really a loss for the couple.

One participant described how he thought the program was improving his relationship with his partner and why they continue to participate:

> *We used to bicker a lot, and now we don't let small stuff get in the way anymore. Just coming here every week has made our relationship stronger than it has been, and we learn and get ideas from others that we put into play. So that's why we're here every Saturday.*

The reduced level of escalated conflict was a particular benefit frequently cited by participants. One father mentioned:

> *It helps us control our emotions better. Where before there were screams and insults, now we know how to control ourselves….that helped us more than anything.*

In Houston, a father participating in a Love's Cradle group conducted entirely in Spanish voiced a very similar view:

> *More than anything, they teach you how to handle a situation in your house, whereas before there were fights and shouts. I say that it has helped us a lot on how to handle a situation like this. We handle it with more responsibility and respect.*

In the same group, another father focused on how he found the role-playing by group facilitators to be especially helpful in learning how to solve problems:

> *Here in the sessions, they give us examples on how the problem needs to be solved, how we need to talk and it makes us reflect on how one needs to act. It has helped us because they give us examples. Depending on the solution to the problem, they act out an argument and then they show us how to solve it. We see how we should act, with the examples they provide.*

2. Self-Awareness, Connection, and Commitment

Besides improving communication, problem solving, and conflict management, participants noted that they also developed greater self-understanding, along with a deeper connection and increased level of commitment to their partner. Some activities encourage

participants to develop more insight about themselves and their partners, which participants described as resulting in stronger relationships. During one discussion, a father in Orlando stated that the group workshop:

> *…helped us get closer and get to be more open with each other about things….*

Participants in another discussion described an increased sense of commitment to their partners after several group sessions. These participants noted that the group sessions encouraged them to focus on the relationship and that the act of doing this caused participants to realize just how much they really wanted their relationships to work. The following quote from a father in Indianapolis summarizes the benefits he saw from participating in the group sessions. He remarked that he and his partner often leave a group session with:

> *…a better feeling, a better understanding of each other, of our relationship and how to go about in our relationship.*

Some couples noted that the group sessions had helped to clarify where they wanted to go in terms of their relationships. For instance, a couple in Fort Wayne said that being in the group had resulted in their fighting less and talking more, and had helped them to *"know the direction we want to move in."*

Two of the curricula used in BSF strive to help couples get to know each other on a deeper level and provide structured opportunities for open and honest sharing of feelings and experiences. This aspect of the curricula goes beyond the standard practice of focusing exclusively on the development of cognitive skills in marriage education. So far, it appears that this added theme of accepting others' emotions and effectively expressing one's own feelings has been well-received. Most participants were eager to "tell their stories" and feel acceptance by others in the group. This in turn, appeared to contribute to a sense of bonding and, according to staff in some sites, improved attendance. Most importantly, focus group participants indicated that hearing about their partner's past experiences helped them to understand each other on a deeper level, and the practice in having meaningful dialogues gave them greater confidence in talking with their partners about sensitive issues, in particular whether or when they should get married.

The group facilitators in Baton Rouge (a married African American couple) reported that, through the curriculum, they were learning a great deal about African American unmarried couples. For example, they observed that in one session, called "Two Sides to Every Fight," the men explained that they often did not feel respected by their partners. The group facilitators reported that in their view sometimes the women did not realize what a "good catch" they actually had; and that these women often came into relationships with unrealistic expectations.

Regardless of group or site, nearly every participant spoken to by the research team indicated that they would recommend the program to others (some already had done so). This comment by a mother in Houston illustrates the general tone of most participants' feelings:

Of course, I would recommend this program, because it is a very good program that helps you with everything. They [program staff] help you with the children …how to be a better couple and parents.

3. Parenting and Child Development

Three of the four sites included in this study embedded marriage education within home-visiting programs that provide information and instruction on parenting and child development. Among participants in those sites, the benefits in the area of parenting were also mentioned. When asked what they thought of the group sessions, several Hispanic parents in Houston responded with examples that included what they were learning about their children:

I say that it helps us in everything, not only with that [the couple relationship] but also with our children. How they are evolving and they teach us how to have patience, how to understand them. That is to say, it covers everything. It starts with the couples' relationship and ends with the children.

They teach us about how the children are developing and all of that is very interesting to me because she is my first child and I did not know how she was growing. All of that has changed…they give me information about everything, about how she will be learning, doing, and discovering. I would recommend this program because it is a very good program that helps you with everything. They help you with the children, how to be a better couple and parents.

4. Application of Skills to Daily Interaction

Although we could not observe participants in their daily lives, we did ask them whether they practiced or used the skills at home with their partners. Many couples in groups whose curriculum included exercise-building materials and videos reported using these in the home setting. One couple commented that the talk-show videos used at the start of each group session "tell our story" and help trigger issues for discussion between them. A number of couples mentioned use of the "gentle start-up" skill they had been taught to keep discussions calm and prevent escalation of conflicts. Another popular skill cited by several participants was compromise. A father in Orlando said:

The topic we had last week was great… about compromise… that was a good session, because as soon as we left here, we went home and something came up that we had to compromise about and we sat there and said that was a good class today, because we used this now.

A mother in the Houston group mentioned how the skills were hard to use, but noted that they nevertheless provided an important advantage:

When you are having a fight, you remember the skills and it helps you not to focus on being mad. The skills help to calm you down and make you think before you talk.

D. SUMMARY AND IMPLICATIONS

Much of the information for this report was gathered during an early stage of pilot operations—often only four to five weeks after each site's first group series began. Given that this was the first time any of the group facilitators had used the curricula, the findings in this chapter should be considered preliminary. Nevertheless, the pattern of positive participant responses across sites and curricula is encouraging. Below, we briefly summarize these findings and draw some conclusions.

1. Summary

With respect to participants' perceptions, our observations suggest that couples who attended the BSF group workshops during the pilot period enjoyed the experience and believed that they were learning valuable lessons through the marriage and relationship skills education. Although some were initially hesitant to attend the group workshop, individual support and information from program staff and group facilitators helped to encourage many couples to attend and, when they did, both mothers and fathers participated actively in the group workshops. The couples reported that the group sessions increased their skills and helped them to develop a better understanding of themselves and their partners. Participants also said that being with other couples like themselves made them feel part of a supportive community and helped them to realize that their experiences and relationship challenges were neither unique nor necessarily a reason to break up. Although more specific information will be available when data are collected from program participants 15 months after entering the program, each site has reported that some number of couples who attended the group workshops became engaged or had married during the pilot period.

2. Implications for Program Implementation

Our study of BSF couples' reactions to the initial marriage education groups suggests that, even during the very early stages of the pilot program, couples were responding well to the experience. Most participants demonstrated a basic understanding of what they had been taught, and several gave examples of applying the concepts and skills in daily interactions with their partners. As the programs continue to develop experience in providing the group sessions, refinements undoubtedly will be made to further ensure that couples are comprehending and internalizing the information and skills. Future evaluation reports will show whether participants retain the skills they learn in the group sessions, and whether these new skills have measurable impacts on healthy marriage and the well-being of children.

There are several implications of these findings for program development and implementation. The finding that many participants are nervous about attending the first group meeting suggests that programs should take steps to identify and address prospective participants' concerns. Obviously, the skill and enthusiasm with which program staff describe the group sessions are important. But there may be other, more compelling ways to take the mystery out of relationship skills education. For example, staff might show couples a brief video of a typical group workshop. Alternatively, they could ask current or past

participants to describe the program, by speaking directly to new enrollees in person, by phone, or through written testimonials.

Of course, even if everyone who is assigned to the program group shows up for group sessions, it does not necessarily follow that they will attend as consistently as those who come without any special encouragement. This may be because those who show up without special encouragement are more motivated than others. However, since it is not possible to know an enrollee's true level of motivation prior to participation, it seems essential to encourage all enrollees to try at least one group. It is possible that couples who need special encouragement might find enough satisfaction in the first session to make continued attendance appealing.

The high level of male engagement in group activities was rather surprising. Although not formally tested, it seems reasonable that this was at least partly due to the use of male-female group facilitator teams. Male facilitators were able to draw on their own experiences as men, and their presence gave the fathers someone to whom they could readily relate. The use of both male and female leaders probably also reduced the possibility that participants would be tempted to blame the opposite sex for their problems and provided the opportunity to show that often there are two gender-related sides to many issues.

The finding that couples valued learning from other couples' experiences implies that providing an opportunity for participants to discuss their struggles and successes in the presence of others may be an important element of the program. The value of such sharing undoubtedly depends on the skill and training of facilitators. Nevertheless, the group format in all programs was useful in that it appeared to reduce feelings of isolation, encourage friendships, and normalize the type of struggles often associated with the birth of a new child. In curricula that encourage participants to tell their stories, this aspect of the program seemed to be an empowering experience, sometimes even leading couples to new insights about themselves or their partners. Another advantage of self-expression is that it illuminated, for group facilitators, the particular challenges facing the couples in their groups. Facilitators could then use this knowledge constructively by tying the curriculum concepts and skills to the couples' experience, thus showing them how to use the tools to solve their own problems instead of solving those problems for them.

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APPENDIX A

SESSION CONTENT FOR LOVING COUPLES, LOVING CHILDREN

1. Preventing harmful fights
2. Staying close
3. Two sides to every fight
4. Compromise
5. The involved dad
6. Turn toward, not away
7. Avoid and heal violence
8. What kids do to relationships
9. Heal old wounds
10. Honor your partner's dreams
11. When endless fights turn harmful
12. Recovery conversations after a fight
13. Postpartum depression
14. Close conversations
15. Prevent and recover from infidelity
16. Who does what?
17. Considering marriage
18. Kids by other partners
19. How the pros manage money problems
20. Connect after baby comes
21. Is there intimacy after kids?

SESSION CONTEXT FOR *LOVE'S CRADLE*

1. Why learn relationship skills? Showing understanding
2. "Coupleship" and expression skill
3. Parenting stresses and stretches; expression and discussion skills; supporting each other
4. Showing understanding for feelings; putting skills to work
5. Problem solving skill
6. Self-change skill; helping-others-change skill; coaching skill
7. Managing emotions and conflict
8. Foundations of trust
9. Rebuilding trust
10. Maintaining trust
11. Where am I on marriage?
12. Reframing marriage
13. Considering commitment and marriage
14. Financial styles and preferences
15. Financial challenges
16. Becoming a financial team
17. Using skills every day
18. Complex family relationships
19. Co-parenting
20. Navigating your support network
21. Maintenance skill; celebration

SESSION CONTENT FOR THE *BECOMING PARENTS PROGRAM*

1. Danger signs
2. Basic communication skills
3. Speak-listener technique
4. Message to moms
5. XYZ statements
6. Problem solving
7. Ground rules
8. Hidden issues
9. Expectations
10. Trust
11. Commitment
12. Forgiveness
13. Managing anger
14. Time out
15. What every couple needs to know about physical violence in couple relationships
16. Relationship enhancement: friendship
17. Relationship enhancement: run
18. Taking care of yourself: managing stress
19. Taking care of yourself: managing fatigue
20. Creating a healthy lifestyle
21. Family values and beliefs
22. Taking care of yourself: creating a support network that works for you
23. Depression
24. Thinking about marriage
25. Finances
26. Dealing with former partners and co-parenting
27. Owner's manual for your baby
28. Making sense of your baby's behavior
29. Infant state
30. Infant behavior
31. Infant cues
32. State modulation
33. The sleep activity record
34. Feeding is more than just eating