SERVICE DELIVERY AND EVALUATION DESIGN OPTIONS FOR STRENGTHENING AND PROMOTING HEALTHY MARRIAGES

Investigation of Programs to Strengthen and Support Healthy Marriages

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PART I: INTRODUCTION

BACKGROUND

Family structure in the United States changed rapidly in the second half of the twentieth century. The two-parent family norm has been increasingly replaced by a wide variety of family forms. In 2001, 69 percent of children lived in two-parent families, down from 77 percent in 1980 (Federal Interagency on Child and Family Statistics, 2002). Divorce is common. About half of all recent first marriages are expected to end in divorce (Ooms, 2002). One-third of all births are out-of-wedlock. And couples opting to cohabitate rather than marry have become an increasingly common phenomenon. Forty percent of non-marital births occur within cohabiting unions rather than marriages (Bumpass & Lu, 2000).

The decline of marriage has been particularly evident in poor communities. A recent report using data from the National Survey of Family Growth (NSFG) found that first marriages are more likely to disrupt in communities with higher male unemployment, lower median family income, higher poverty and higher receipt of welfare. Similarly, remarriage is less likely for divorced women who live in these communities (Bramlett and Mosher, 2002).

There are different theories for why these patterns occur in low-income communities. For African-American women, researchers point to three threats that reduce the pool of "marriageable men": high unemployment, incarceration, and death rates for African-American men (Wilson, 1996; Western and McLanahan, 2000; South and Lloyd, 1992). Some also suggest that welfare programs provide a disincentive for women to marry. These theories contend that a mother may derive more benefits from collecting welfare than marrying a man with a low-paying job (Becker 1991).

A vast accumulation of research suggests that children do not fare as well in these alternative family structure forms as children living with two married biological parents. Studies have demonstrated that children growing up in single-parent families experience worse outcomes than children growing up in two-parent families (Acs & Nelson, 2001; Amato & Keith, 1991; McLanahan & Sandefeur, 1994; Wu & Martinson, 1993). Research has also shown that divorce can have negative effects on children's well-being (Amato, 1993; Amato & Keith, 1991; Chase-Lansdale, Cherlin, & Kiernan, 1995; Chase-Lansdale & Hetherington, 1990). Even when parents remarry, a synthesis of the research suggests that this does not appear to improve outcomes (Amato, 1993).

CURRENT PROJECT

In this societal context, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) included four purposes, three of which were related to marriage and family formation: states were urged to promote marriage, reduce out-of-wedlock childbearing, and encourage and support two-parent families (P.L. 104-193). This legislation made welfare, now Temporary Assistance to Needy Families (TANF), money available to states to develop programs to encourage marriage among low-income families. The current administration seeks to implement interventions that strengthen healthy marriages with the hope of ultimately improving child well-being; in so doing, it has proposed an increase in the amount of TANF funding available for programs to

support healthy marriages. Some states and providers are poised to develop and provide these services with the reauthorization of PRWORA on the horizon this year.

As efforts to implement marriage programs move forward, policymakers and program developers need information about the types of services and programs that currently exist, how they operate in a variety of settings, and how other providers might implement them in the future. To address these needs, the Administration for Children and Families (ACF) built a long-term, large-scale research agenda to approach these questions from several angles. It has undertaken a variety of projects that utilize various approaches toward marriage promotion and assess different populations. Specifically, the Building Strong Families (BSF) project will assess whether interventions targeted at unwed couples around the time of a child's birth can help couples achieve a healthy marriage, and in turn positively affect the development of the child. The Supporting Healthy Marriage (SHM) project will examine whether and how marriage programs for low-income married couples can improve couple relationships and child well-being. The Community Healthy Marriage Initiative (CHMI) evaluation project will examine how community-level initiatives can provide support for marriage and affect attitudes regarding marriage across entire communities.

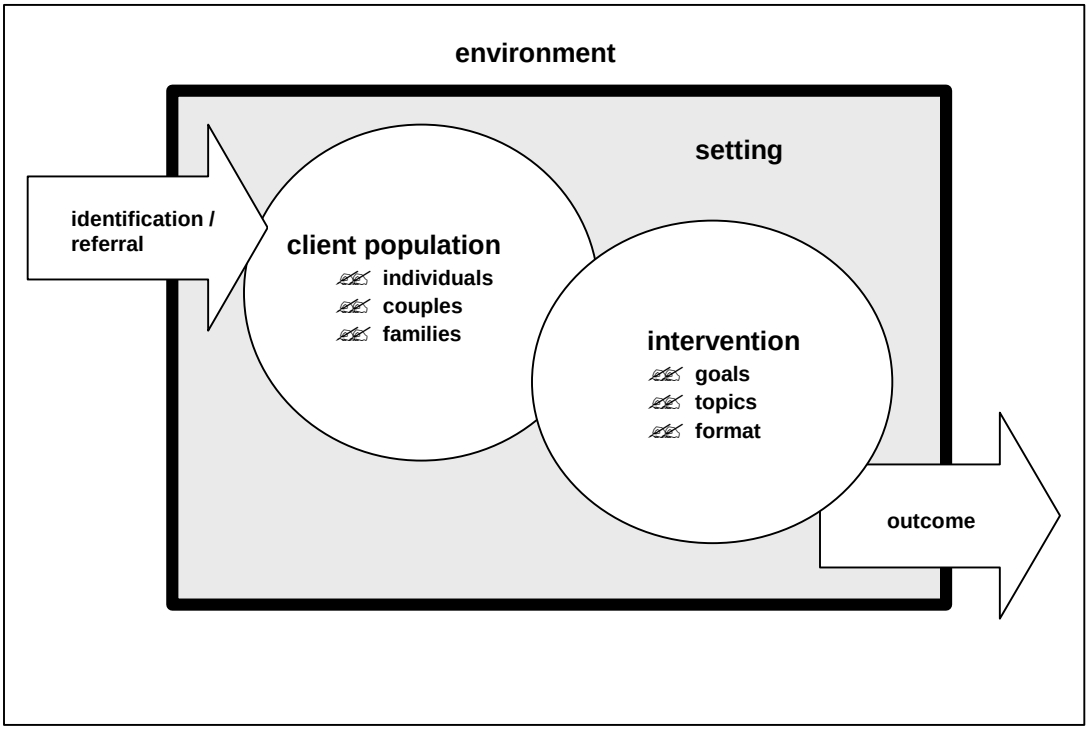
As part of this agenda, in September of 2002, ACF contracted with the Urban Institute to explore service delivery settings and evaluation design options to strengthen and promote healthy marriages. This project commissioned a team of researchers to characterize the programmatic and research landscape of marriage interventions and provide ACF with an assessment of potential evaluation issues to consider when planning larger scale evaluations. The project was focused primarily on the context in which interventions take place and less on the interventions themselves. For example, how are programs implemented within different settings and how does the setting affect funding, staffing, service delivery, and client recruitment and retention? ACF also aimed to understand more about ways in which marriage interventions might serve low-income couples and particular issues surrounding program implementation to reach and serve this population.

The project was designed to collect information on the range of programs currently available to strengthen healthy marriages. We considered both current and "potential" programs, defined as programs that currently serve a population of interest but do not offer marriage services. We conducted a total of 58 telephone discussions with current and potential program providers and visited five geographic areas with multiple programs. Through theses calls and visits, we examined the service delivery setting, specifically the types of services provided, target groups served, the size of the program, funding mechanisms, and collaborating organizations. We also convened a meeting in Washington, D.C. of key stakeholders in the field of marriage programming and service delivery. The meeting brought together experts on both different types of settings in which programs operate as well as experts on particular interventions, minority populations, and program evaluation.

Prior to our discussions with providers, we developed a diagram to organize our understanding of the different aspects of the programs we would study (see figure 1). We define a "marriage program" as including several components: environment, setting, intervention, and clients. The environment includes all federal, state and local policies, public and private initiatives, funding streams that could support a marriage program, and the cultural and socio-political climate. The setting is the physical location where the

program is delivered and generally where the program operates. The client population includes the person(s) the program is serving. The intervention is a treatment involving some face-to-face interaction with the client population. We excluded models that include solely a media campaign, video or book, or Internet training program. The intervention includes topics or subject areas, such as communication, problem solving, or expectations. The intervention is delivered using a particular format, which includes the method (didactic or interactive), group size (individual, couple or group), and dosage (number of hours spent receiving treatment). The goals of some interventions may be solely focused on marriages or relationships, while others may have several goals, one of which is to support healthy marriages or relationships.

Figure 1: Marriage Program Diagram



We selected programs to contact to attain sufficient variation in setting type and, to a lesser extent, to ensure that we had feasible geographical clustering to allow for site visits. We identified seven setting types of interest: public health, mental health, community centers, social service, education, religious, and in-home settings. Table 1 provides definitions of the setting types and the number of programs we called and visited from each category.

Upon completion of our discussions with providers, we coded our notes using the Nudist software for qualitative data analysis. After having attained sufficient inter-rater reliability, two researchers coded the notes. We coded findings on key issues related to environment, setting, intervention, and clients. Using the software, we then produced a compilation of notes on those particular topics. We analyzed these compilations for this report.

It is important to note that while we talked with a wide variety of program providers, there is no reliable estimation of the universe of marriage programs or service delivery settings in the United States; therefore, our sample is not necessarily representative, nor was it randomly selected from a set universe of programs. Furthermore, there is some degree of self-selection among our sample. People who spoke with us did so on their own time and without compensation; those without any thoughts about the programming (both positive or negative) might be underrepresented in our sample, as they would have less incentive to share their time with us.

Table 1: Programs Called & Visited by Setting Type

Setting	Definition	Examples	Calls	Visits
Public Health	Place where health care services are offered	hospital, crisis pregnancy clinic, community health center	5	1
Mental Health	Place where mental health services are offered	therapist office, community mental health center	12	4
Community Centers	Place where community-organized, non-health specific services are provided, or where community members gather	YMCA, family support center, parenting education program	14	9
Social Service	Place where government-run, non-health specific services are provided	TANF office, mediation program, child welfare agency	9	5
Education	Place where educational services are provided	Head Start, school, college, extension	9	4
Religious	Place where religious services are provided	church, temple	12	4
In-Home	Services are delivered in the client's home	home-visiting, mentoring	2	1
TOTAL*			**63**	**28**

**Programs may be classified as being in more than one setting type; as a result, the total in the "call" column is greater than 58.*

In our search for programs, we identified many programs providing services specific to supporting healthy marriages. We also identified many programs focused on general couple relationships in addition to, or in place of, marriage. For simplicity, we use the term "marriage program" throughout this report. Yet to accurately portray the programs we encountered, this term should be read to include all couple relationship and marriage services.

REPORT FORMAT

This report offers a preliminary picture of the key components of programs that currently exist to strengthen marriages and how these components interact to create choices for policymakers and providers interested in implementing these programs in the future. We begin with an overview of the landscape of marriage programming, exploring some of the key features of the field. This view of the field's breadth, the most comprehensive to date, can be used to inform the choices and strategies of policymakers, practitioners, and other interested parties. Moreover, it conceptualizes the characteristics, approaches, and context of programs around the country, and in so doing, provides a language for helping programs articulate where they fall on a variety of continua.

We then look at the most systematic intersections of some of these components and the tensions that they can create for program providers. The salient interactions that we observed were often three- or four-dimensional, drawing upon various characteristics of a program to arrive at a unique outcome.

We next describe some of the key opportunities and challenges policymakers and program planners might encounter when attempting to expand or implement future marriage programs. Given ACF's specific interest in the provision of marriage services to low-income couples, we pay particular attention to the ways in which these opportunities and challenges may be heightened or lessened when offering these programs to this population.

Finally, we conclude with a preliminary assessment of potential issues in the evaluation of marriage programs. As efforts to implement these programs move forward, evaluators of marriage programs will seek to identify the types of settings and with which populations relationship and marriage education programs will be most effective. This last section draws on the knowledge gained in our program investigation to highlight some of the key challenges future evaluators might encounter.

PART II: THE LANDSCAPE

In this portion of the report, we describe key aspects of the landscape of marriage programs that are important to understanding how programs currently operate and how they might operate in the future. The aim is to provide the key components of marriage programs and the important features of the context in which they operate. Again, this set of programs does not include the whole universe of programs that currently exist, nor is it necessarily representative of that universe. So the findings presented in this report are based on impressions of a selection of programs operating in a range of settings and systems and serving a variety of populations.

ENVIRONMENT

It is impossible to understand how programs function without understanding key influences in the environment and how they may affect program development, implementation, and operation. We conceptualize the environment to include all federal, state and local policies, public and private initiatives, funding streams that could support a marriage program, and the cultural and socio-political climate. In our examination of programs around the country, there appear three key aspects of environment of note: funding, community integration, and involvement with marriage initiatives.

Funding

A program's funding structure, specifically sources of funding, affects the cost of the program to clients, provider flexibility in developing the program, and the stability of the program over time. Programs tend to exhibit one of three types of funding structures.

> Mixed Source: This type of program pieces together funding from a variety of sources, including government grants or contracts, foundation grants, client fees, and private donations. These programs are often able to keep costs to clients low, but experience greater instability in funding.

Client Fees: Another type of program relies solely on client fees to cover costs. While with this funding structure programs tend to be more expensive for the client, providers have greater flexibility in the types of services they offer. These providers generally focus on recruiting clients rather than fundraising.

Public Funding: Programs operating in public social service settings rely solely on government funding. Costs to clients in these programs are minimal, but these programs do experience some instability in funding streams. For example, providers of a marriage program in a prison system said that security is the funding priority in prisons. If overall funding is reduced, services like marriage programs are often the first to be cut or eliminated.

Involvement with Healthy Marriage Initiatives

Programs range in their awareness of, connections to, and support for current initiatives to support healthy marriages. Generally, we characterize programs as exhibiting four levels of involvement, ranging from being fully on board with marriage programming initiatives to not being aware that these initiatives exist.

On Board: These programs know about initiatives at the national level, and if occurring, initiatives in their communities. These programs speak or have spoken to national leaders in the marriage movement. They convene meetings of key persons within their organization or within the community to discuss the possibilities of expanding current programs or implementing new programs. These programs are often poised to seek state or local funding should it become available.

Exploration: Programs in this category know about initiatives and are often fairly connected to leaders of initiatives at the national or local level. These programs are exploring whether and how these programs fit with their organizational mission and culture. They may have organized internally, or even at the community level, to discuss a possible fit.

Reservations: Programs in this category also know about initiatives, are sometimes connected to leaders of initiatives, and may have organized internally or within their communities to discuss the possibility of marriage programming within their settings. However, as a result of their discussions, they have significant reservations about offering these services.

Not Aware: These programs are not aware of initiatives at the national or local level. During our discussions, providers of these programs often talked about the potential opportunities and challenges of offering these services, but it is unknown to us whether these conversations continued.

Integration in the Community

Programs vary in the extent to which they are integrated in their communities. We characterize levels of integration in terms of the extent of a program's history in the community, leadership roles and outreach, and collaborative networks.

High: Programs with a high level of integration have a long history in the community and are well known by members of the community. These programs take leadership roles in offering new services and creating collaborative

networks. They also usually do extensive outreach in their recruiting efforts, use of community assessments, and training of other community providers.

Medium: These programs possess some awareness of other community programs and activities and occasionally collaborate with other programs. These programs tend not to lead community initiatives, but may attend meetings or participate.

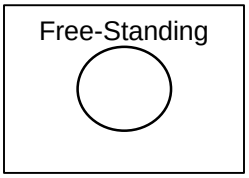
Low: These programs tend to be fairly self-contained, usually free-standing operations. They have some knowledge of other community activities, but collaboration is usually minimal and resources tend to be focused on internal operations. These programs are sometimes new to their communities and are just beginning to integrate.

SETTING

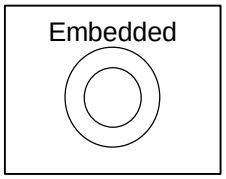
The setting is the location where the program is delivered and generally the organizational context in which the program operates. Four aspects of setting appear to be salient factors to understanding how marriage programs are implemented and operate: organizational structure, collaboration, staffing, and services.

Organizational structure

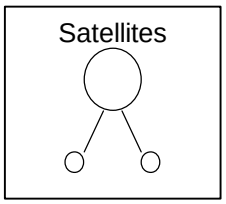
Organizational structure describes how the program is set up. For example, is the program a sole operation or is the program operating within a system that shapes program functions? Does the program have satellite offices or was the program part of a joint venture between two agencies? Understanding these distinctions is critical to understanding currently how programs operate, but also how they might be implemented in a variety of structures.



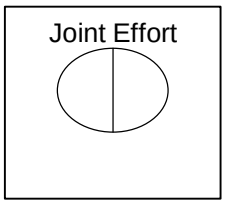
Free Standing: A single program where operations are not enmeshed within a larger operation or system characterizes this structure. These programs tend to be not-for-profits and for-profit programs offering services in an office building or self-contained structure. For example, marriage programs can operate in office suites or couples' homes. Free-standing programs may offer other programs than just marriage services. We talked with several programs that offered multiple services, like parenting, literacy, or public health services, but these programs were not embedded in a larger system of programs.



Embedded: Embedded programs operate within some type of system or setting that influences the operations of the program. For example, programs in prisons, extension offices, or through the Temporary Assistance to Needy Families (TANF) system are affected by the rules and regulations of those systems. For instance, it can be difficult in prisons to obtain clearance for spouses of inmates to attend marriage programs. Programs in churches are embedded in a larger system of religious beliefs and protocol, which can affect the type of intervention the program offers. Specifically, the church may require the program to incorporate a particular set of religious beliefs.



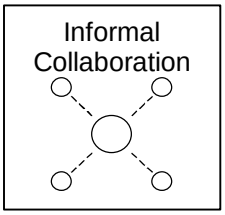
Satellites: These programs have a base office from which operations are centralized and satellite offices in which services are also delivered. For example, the Lutheran and Catholic Social Services programs we spoke with were often structured with a central office and a variety of regional offices. Similarly, marriage programs that use a support group type model may have a central headquarters that then monitors the development of programs around the country.



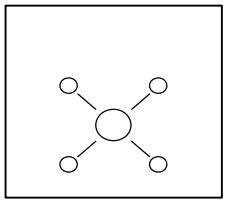
Joint Effort: Programs conceived and implemented by the joint efforts of two agencies or organizations fall into this category. For example, we talked with the provider of a program that was developed through a joint effort between a hospital and a YMCA. The hospital contributed funding to the construction of a new wellness center at the YMCA, with the goal of providing a variety of health and wellness classes through the YMCA. The marriage program is held within this wellness center. Similarly, one program we looked at was developed through a joint effort between Catholic Charities, a hospital, and a local parish.

Collaboration

Programs exhibit a variety of collaborative relationships. Programs collaborate with universities, public agencies, court systems, churches, schools, and other community providers. They collaborate to develop curricula, recruit student interns, conduct program evaluation, share space, recruit new clients, avoid service duplication, develop new services, fundraise, and provide training. These relationships display varying levels of formality.



Informal Collaboration: This type of collaboration includes, but is not limited to, meetings, serving on boards, associations, phone conversations, referrals, and sharing space. For example, programs develop relationships with schools, churches, and daycare centers to attain space to provide their services. Providers also report serving on boards for other organizations or participating in community alliances or associations. Programs also develop relationships with local universities to recruit interns.



Formal Collaboration: Collaboration of this type includes efforts to provide services in a common location or with joint staff and is often characterized by a contractual relationship or memorandum of understanding between the groups. For example, a marriage program we looked at collaborates with a hospital providing prenatal services to also offer marriage services to expecting couples. Another example is an extension program that collaborates with Women, Infants, and Children (WIC) nutrition programs in the state to provide food and nutrition services.

Staffing

Provider backgrounds and credentials vary substantially. Generally we encountered five types of professionals offering these services. While some providers fall into more than

one category, this typology provides a general sense of the different backgrounds providers bring to their work.

Family Life Educators: These providers have backgrounds in family and consumer sciences, family studies, or home economics and are trained to provide educational services to families and individuals.

Mental Health: These providers have backgrounds in psychology, psychiatry, or counseling and are trained to provide therapeutic services to families and individuals.

Medical: These providers are nurses or medical doctors who are trained to provide health care services and education to families and individuals.

Social Work: These providers have backgrounds in social work and are trained to deliver social services in order to assist families and individuals in a variety of aspects of their lives.

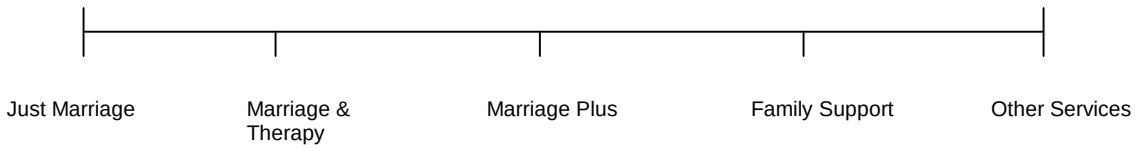
Ministerial: These providers have backgrounds in theology, family ministry, and ministerial counseling. They are trained to assist families using an approach grounded in a particular set of religious beliefs.

Services

The programs we observed tend to fall on a continuum in terms of the services they currently offer and how those services relate to marriage programming. Understanding this continuum lays the foundation for later assessment of whether and how marriage programming might fit in particular settings depending on the services they currently offer.

As illustrated in figure 2, programs range from providing only marriage or relationship services to providing none of these services, with several degrees of variation in between.

Figure 2: Range of Services Programs Provide



Just Marriage: These programs focus only on providing marriage and relationship skills, either through couples counseling or classes for couples.

Marriage & Therapy: These programs offer marriage programs in addition to individual therapeutic services.

Marriage Plus: In the middle of the spectrum, these programs offer marriage services and other services not necessarily related to the marriage. For example, a program operating through the TANF system is providing marriage services in addition to employment services.

General Family Support: The primary focus of these programs is to provide supports to individuals and families, which may or may not include services that are specifically related to marriage and relationships. For example, programs serving low-income families often fall into this category. These programs provide services that support families, like job training, money management classes, and assistance getting loans, but are not necessarily providing relationship classes. Similarly, programs providing home visiting services to expecting mothers may touch on relationships in their curricula, but they are not providing specific marriage services.

Other Services: These programs are not currently providing any type of relationship programming. For example, we spoke with a municipal health service that offered HIV and STD testing and counseling, investigation of animal bites and rabies education, reporting of communicable diseases, immunizations, maternal and child health home visits, and pregnancy testing, but not services specific to marriage or necessarily directly related to family support. We did not talk with many programs like this, as it was difficult to attain meetings with programs that could not easily see the relevance of marriage programming to their work.

INTERVENTION

The intervention is a treatment involving some face-to-face interaction with the client population. Four aspects of the intervention are important to understand when considering the current operations or future implementation of marriage programs: curriculum, dosage, format, and approach.

Curriculum

Providers give specific reasons for selecting the curriculum they did, such as it is researched-based, will appeal to men, or it can be easily adapted. Providers report selecting curricula that are not too “touchy feely”; at the same time, other providers report specifically selecting a curriculum because it explores family of origin or other emotional issues for couples. Providers may develop their own curricula or patch together a curriculum from a variety of sources. For example, extension offices employ a network of specialists to develop and continually update curricula.

Adaptations may be made to the selected curriculum to meet the specific needs of the population being served. Providers adapt curricula by shortening the length of the intervention, reordering the components, changing the language, or adding in their own material or material from other curricula. The result is a field characterized by the wide use of a variety of “hybrid” curricula.

Dosage

Dosage of the programs varies and tends to range from two hours to multiple days. In determining the dosage to offer, providers consider a variety of factors, like couple schedules, child care issues, cost, and client willingness to come to longer programs. One provider reported offering a four-hour intervention that always concluded with couples wanting more class time. She said she knew if she provided a longer intervention no one would come. When follow-up with clients occurs, it is informal, usually happening during random encounters or social events sponsored by the programs. Or follow-up could occur as part of efforts to collect client satisfaction data.

Format

Programs employ a wide variety of formats. Selection of a particular format is often driven by the curriculum, the background and approach of the provider, and what the setting can accommodate. For example, providers with a therapeutic background often provide one-on-one individual counseling, while providers without this background tend to provide classroom-based programs. We identify and describe three of the most commonly observed formats below:

> Couple & Therapist: This format involves individual sessions with a counselor, therapist, or priest to discuss relationship issues. Providers of these sessions may employ a skill-based or therapeutic approach. This format tends to be more interactive, with the couple or individual sharing information with the provider and the provider providing observations and feedback. Programs that fall into this category include mentor programs, home visiting programs, premarital programs in which couples meet individually with a ministerial provider, or therapeutic programs that provide individual and couples counseling. Therapeutic providers tend to use a particular approach, like family systems theory, in providing these services. Ministerial providers may use marital inventories as a springboard for their discussions. Home visiting and mentor programs may use a

The Role of Faith

Faith cuts across all four aspects of marriage programming and needs to be looked at from several perspectives. Churches serve as settings, faith and religion are part of curricula, and recruiting through churches is seen as a potential strategy for reaching low-income families. Moreover, some churches offer secular programs, while some secular settings offer faith-based services. Below we examine faith and marriage programming through four lenses:

Faith in Environments: The association between religion and marriage has a long history in society, which can present opportunities and challenges to the implementation of marriage programming on a larger scale. One challenge to consider is that government funding of churches to provide programs that support marriage may be seen by some as a potential negative blending of church and state. These views may inhibit some churches from offering government-funded marriage services and some clients from attending. Yet in terms of opportunities, the leadership of clergy can be leveraged to spread messages and set a tone about the importance of marriage. And churches can require couples that want to marry in the church to attend premarital classes to ensure many potential clients are reached.

Faith in Settings: Church settings possess varying capacities for providing marriage programs. Churches usually can offer a comfortable and convenient space in which to hold classes. Many can provide child care and transportation. At the same time, some church leaders do not have the training to offer these services and refer clients to marriage programs in the community. Some churches do not have enough parishioners to generate sufficient interest. In these cases, several churches may collaborate to acquire enough participants and then take turns providing services in each of the different churches. However, providers report that under this system clients are often resistant to attending different churches and some church leadership fear losing parishioners to the other churches.

Faith in Interventions: Some providers thought it was essential that religious principles be incorporated into curricula. For example, one provider of a church-based program said the Bible should be the basis of all teaching. Other providers in faith-based settings are willing to adapt their curricula to exclude elements of religiosity. This strategy allows them to attract a wider client base.

Faith and Clients: Faith settings provide a large source of potential clients. Many current marriage programs in faith settings recruit from their own congregants and also from other area churches. Some marriage programs in secular settings recruit in church settings through church bulletins or referrals from church leadership.

curriculum to ensure a certain set of topics is covered.

Classroom: In this format an instructor offers a service to multiple couples. These sessions tend to be skills-based, as it is difficult to address therapeutic issues in this format. Individuals and couples may have different needs that cannot or should not be addressed by a group. When this format is utilized, providers tend to employ a mix of interactive and didactic techniques. They present material and then offer activities around which the couples and the group interact. Homework is also commonly assigned in these types of programs. Programs that fall into this category generally include all premarital and marital enhancement classes. These programs are usually curriculum-based.

Support group: This format brings together a group of participants to discuss particular topics with the guidance of a trained or lay facilitator. These groups are highly interactive, relying on the participants to generate the discussion. Programs in this category may or may not follow a particular curriculum or set of discussion topics.

Approach

Providers bring a variety of approaches to the interventions they deliver, which, as would be expected, generally reflect their backgrounds and the types of services they provide. When considering implementing marriage programming on a larger scale, it is essential to understand the variety of approaches and how they compare and contrast. There are three aspects of approach to consider: perceived reasons for needing the intervention, focus of the intervention, and orientation of the intervention.

Reasons for the Intervention: Providers offer different reasons for the problems people experience in their daily lives, which in turn appears related to the type of intervention they offer.

Relationships—One approach focuses on relationships as central to all other problems families and individuals face. For example, one provider talked about a group of women receiving welfare and perceived that most of them had experienced a problematic relationship that had derailed their educational success, ability to maintain employment, or raise their children.

Human capital—A second approach suggests that problems people face stem from deficits in human capital. For example, some providers believe low-income men and women do not marry because their potential mates lack the education, job training, and income to be desirable partners. They believe these individuals have not acquired the necessary human capital, not because they are not married, but because they have not received the supports to do so.

Basic needs— A third approach asserts that you cannot teach relationship skills to a couple that cannot feed their children and does not have a safe and stable place to live. Providers of this group believe that if a family can meet their basic needs that will help them address other issues in their lives, and as a result, their relationships will be stronger.

Focus: Providers also vary in whether they think an intervention should be focused on the couple, start with the child, or involve the whole family.

Couple—Most programs target the intervention at the couple. These programs focus on teaching the couple how to improve their relationship with each other.

Child--Providers serving low-income families say one way to engage low-income parents is around their children. This group believes interventions would be most effective if focused on helping parents help their child, suggesting to parents that one way of doing that is to build a better relationship with each other. Moreover, some providers who offer parenting classes believe there are notable similarities between the skills taught in parenting classes and those taught in marriage classes. They propose programs that blend marriage and parenting skills.

Family—These interventions are targeted on the whole family. Providers of these types of programs often subscribe to a family systems perspective, which views the family as a unit and uses systems thinking to describe the interactions in the unit.

Orientation: Providers vary in their beliefs about whether interventions should be skills-focused or more therapeutic. Most common is the view that the two orientations complement each other. For example, therapy is important to addressing the deeper issues a couple faces, yet having good relationship skills can help couples address these deeper issues. Similarly, possessing an understanding of one's deeper issues makes it easier to use relationship skills.

CLIENTS

The client population is the person(s) the program is serving. A look at client populations also includes the identification or referral to programs of various demographic groups, like low-income families, or groups served by particular programs, like the child welfare population. Three aspects of the client population provide insights into the current operation and future implementation of marriage programs: populations served, attendance, and target stage.

Populations Served

Marriage programs do not currently appear to reach low-income populations. Many programs, however, do exist to serve higher-income groups. Distinctions between program type and population served essentially set up two universes of programs (see table 2), those that are "marriage ready" and those that are "population ready."

Marriage Ready: In this universe of programs, marriage programming already exists, but not necessarily for low-income populations. Programs doing work specific to marriage and relationships generally serve middle- to upper-income populations. Sometimes a

Table 2: Program Distinctions Related to Population Served

	Marriage Programming	No Marriage Programming
Middle- to High-Income Population	"MARRIAGE READY"	
Low-Income Population		"POPULATION READY"

marriage program is embedded in a setting that offers other types of services to low-income populations, yet the marriage program itself usually does not serve these populations.

Population Ready: Programs in this universe serve low-income populations, but marriage programming is not part of the menu of services. These programs focus on providing services to meet families' basic needs or build individuals' human capital.

Expanding the reach of marriage programs to low-income populations presents future developers of marriage programming with two choices. One, programs that already provide marriage services can be extended and adapted to reach low-income populations. Or two, programs working with low-income populations can add marriage programming to their provision of services. Each of these options presents different sets of implementation opportunities and challenges to be explored in greater detail in part IV.

Attendance

Marriage programs generally do not serve the volume of clients that program developers might hope or would be useful for scientific evaluation. Three aspects of attendance are useful in thinking about how to increase the number of clients who attend marriage programs: scale, barriers to participation, and recruiting.

Scale: Marriage programs tend to be small in scale and do not serve large numbers of clients each year. Programs may have limited space or resources to serve large numbers of classes or offer them more frequently. Even if they could offer more services, programs frequently have difficulty getting enough clients to attend their programs.

Barriers to client participation: The most common barrier to client participation providers report is couples' difficulty finding time to attend these programs given the other demands of daily life. Child care and transportation are other frequently mentioned barriers, especially for low-income populations. Programs vary in how they have dealt with these problems. Some programs shortened the length of their interventions to appeal to clients with limited time. One program offered on-site child care to make it easier for couples with children to attend. A marriage program in a prison arranged for lodging for the wives of inmates who had to travel to attend the seminars.

Recruiting: Providers describe a variety of recruiting strategies to attract clients. They utilize fliers, newsletters, church bulletins, resource web sites, and newspaper advertisements. The extent of their marketing efforts, however, is often constrained by budget limitations.

Target Stage

Programs currently serve couples and individuals in various stages of relationships. Some population groups are popular targets of programs, like premarital couples. Then there are groups that providers wish they could serve more frequently, like couples with children who have recently left the household, also known as "empty-nesters." One provider said programs prepare couples for marriage and then say "see you in 50 years." We describe different target groups in table 3, categorizing them as prominent targets,

groups frequently served by current programs, and less prominent targets, groups that might be served more often in the future.

Table 3: Target Populations for Marriage Programs

Prominent Targets	Less Prominent Targets
Premarital: This commonly served group presents a mix of challenges and opportunities to providers. On the one hand, this group often seeks marriage services, as many are required to attend premarital programs to be married in a church. Interventions at this stage also can ward off later marital problems that could lead to disruption of the relationship. On the other hand, providers say this group is often in a "honeymoon stage" and does not have an understanding of the realities of marriage, and may, therefore, not be as receptive to the intervention. **First Baby:** This group has received more attention recently for the opportunities it presents for intervention. These couples are usually engaged in their relationship and eager for information about how to sustain their marriage with the birth of their baby. And for expecting couples that are not married, research suggests many of these couples express a desire to marry.[1] Moreover, the birth of a baby can be stressful for couples, and providers believe relationship skills can help couples through difficult times. **Crisis:** Programs frequently serve couples seeking assistance because their marriage is not working as they had hoped and they are considering divorce. Or couples may experience a life crisis that puts extraordinary stress on their relationships. Interventions in these circumstances provide couples with skills to help them work through the problems they currently face and address problems in the future.	**Youth:** Programs could provide information about relationships to youth in schools. Some providers believe these programs would have a captive audience. They believe youth hunger for information on relationships and love. Programs through schools would reach large numbers of youth, a higher volume of clients than is typical of most marriage programs. **Young Adults:** Providers say many young adults struggle to navigate dating situations and skills training could help them make good decisions when selecting partners. **Raising Children:** Balancing the demands of children, careers, and a marriage can be challenging for couples. Providers think this is a group often not targeted but that would benefit from services to help them strengthen their marriage during this busy stage. Interventions at this stage, providers suggest, might prevent later disruptions in marriages when children leave home and couples have not maintained a satisfying marriage. Or for single individuals raising children, these programs might help them select partners and develop healthy relationships that will be beneficial to them and their children. **"Empty Nest" / Caring for Elderly Parents:** Providers describe this later stage of marriage as one in which significant changes can again test a marriage. Children leaving home can require couples to focus on their marriage after several years of focusing on children instead. The demands of caring for elderly parents can also strain couples' relationships. **Stepfamilies:** Providers say this often-neglected group presents a unique set of challenges, often not addressed by premarital programs. They believe these couples are eager for information on how to blend two families.

PART III: SYSTEMATIC AND SALIENT INTERACTIONS

The landscape of marriage programs presents providers with a variety of options when developing and implementing programs. Providers make countless choices at the

[1] See research from The Fragile Families and Child Well-Being Study, conducted at that Center for Research on Child Well-Being at Princeton University.

inception of their program and throughout its evolution. They make these choices in the context of their own organizations and based on the realities of their clients, the ideals of their missions and communities, and their personal preferences or biases. Aspects of the environment, setting, clients and intervention may fuse together seamlessly or their intersection may present tensions that providers must balance over time. In this section we look at some of theses intersections and the tensions they present to program providers. While these intersections and their possible implications are innumerable, we focus on some of the most salient and systematic of those we observed.

PROGRAM CREATION IN CONTEXT: COMMUNITY, COLLABORATION, AND POLITICAL WILL

The interaction between an organization and its environment can create tensions characterized by bottom-up and top-down forces. Individuals and organizations may act on an environment in an attempt to order or change it, while the environment may also influence organizational decisions and priorities.

Ground-level marriage program providers play a large role in the creation of community-wide efforts. Many providers began their own programs and only then decided to sponsor or organize community-wide coalitions united around marriage as an issue. For example, a marriage provider in a public mental health facility began an initial program within her organization and then created a Community Implementation Manual to distribute to others in her community and around the country. Providers at a community counseling center offered marriage services with individual couples for years; they recently developed an institute to reach out to therapists across their area dealing with marriages and relationships. Clergy who have required premarital education for their congregants for years have organized to support community-wide education requirements for couples wishing to marry in houses of worship.

While some individual providers strive to alter their local environments through community-wide or national efforts, environments also shape the way that providers and organizations act and view the scope of their choices. For instance, providers note that what is politically and culturally feasible in one environment may not be in another. Providers regularly mentioned that people in environments with large faith communities, local and state leaders sympathetic to the marriage movement, and conservative political affiliations would be more likely to welcome marriage services and endorse them. In these environments, providers would be more likely to offer marriage services and feel like they had the support of the community. For example, after one state passed a law that reduced the marriage license fee for couples that received premarital education, the state extension system developed a curriculum to fit the parameters of the programs described by the State legislature.

In contrast, other providers saw the presence of universities, liberal political affiliations, and a lack of political will as indicators that marriage services would not be a priority or even be welcome, particularly if framed in a “marriage-only” light or promoted by the government instead of community members. While the prospects for funding were generally dubious with providers in our sample, providers who perceived environmental factors (such as unsupportive politicians) as negative had doubts that state or local funding would support or match Federal efforts to support marriage initiatives. Providers who sensed that the community would not be receptive to marriage programs talked about a need to adapt efforts to reflect a willingness to serve all romantic relationships, not just marriages.

ORGANIZATIONS AND PROGRAMMING: A MARRIAGE OF MISSIONS?

Another tension arises when marriage programming is not consistent with the mission of a potential host program. Providers of programs that do not currently offer marriage services offer a range of opinions on how marriage programming would fit within their current services. For example, social service organizations attempt to meet people where they are in their lives rather than working toward external norms. Social service providers expressed concern that programming for romantic relationships, especially programming that exclusively addressed or aimed toward marriage, would tell clients where they should be or should want to be rather than understanding where they are. For programs with large gay and lesbian populations among their clients, endorsing a marriage-only approach would endorse a relationship that might alienate clients who do not have the option to marry.

Even if clients do aspire to marriage, providers expressed concern that marriage programming may not be a priority in clients' hierarchy of needs. Some organizations are more concerned with providing income supports or ensuring safety for families and view attention to romantic relationships as a luxury after clients' basic needs are met. Other providers feel that investments in human capital, such as job training, are more important than marriage services. These providers feel that economic security, mental stability, and other individual services will lead to more "marriageable" individuals and subsequent married couples.

Other organizations, sometimes within the same setting or system as those that were unresponsive to marriage programming, think marriage services would fit well in their settings. Providers, often in the mental health field, who used a family systems approach saw couple relationships as an integral part of their work. Providers who believe that dynamics within a home often manifest themselves in the larger world were also likely to welcome marriage programming; these providers perceive that happy marriages lead to greater economic security and fewer external symptoms, such as spousal and child abuse. In sum, the mission and priorities of an organization within a theoretical or philosophical framework can greatly affect organizational willingness to offer marriage programs.

Variation of openness toward marriage programming between settings and systems may be a result of organizational missions and likely clientele. Variation within settings and systems is more difficult to explain. However, there are two factors that may be at work. First, funding is a large concern among providers, and the degree of concern may vary within the same setting or system. While some providers will never endorse marriage programming and others will fundraise just to offer it, many providers may be poised to offer the programming only if and when money becomes available. Providers who did not offer marriage or relationship programming but had heard of marriage initiatives often said they might offer programming if funding were available. Many social service providers with whom we spoke expressed concern over budget reductions and staff layoffs. Some saw marriage programming as an interesting yet costly program that without financial support would overwhelm staff; others saw it as a way to stay afloat in difficult budget times. Thus, funding may entice some providers on the cusp to offer marriage programming or at least explore it in their settings. Funding entities must then consider whether the impact of marriage programming will change if organizations endorse it largely as a financial, rather than philosophical, addition to services.

Second, provider attitudes and personal philosophies may also explain variation within settings and systems. A provider's personal negative or positive experience with marriage or relationships may persuade or dissuade the provider from offering a marriage program. Furthermore, the personal lens with which providers view their clients' relationships may also affect organizational willingness to provide marriage services. If this is the case, the importance of provider backgrounds may be a salient issue when determining how to expand marriage programs.

PROVIDER BACKGROUND, CULTURAL COMPETENCY, AND CAPACITY FOR ISSUES

Another key intersection, matching the capacity of the setting with the needs of the clients, can raise tensions for providers. An important aspect of the setting is the set of providers available to offer services. The background of these providers can influence their cultural competency and, in turn, ability to deal effectively with critical client issues. In our discussions with providers of marriage programs, the majority of these providers served a largely white, middle- to upper-income population in their classes. In contrast, respondents working in social service settings not currently offering marriage programs worked routinely with clients of various ethnic or racial backgrounds, were more likely to offer services in languages other than English, and were more likely to deal with a variety of family structures. In some organizations serving a variety of client types, providers differed in their experiences working with different groups. For example, one provider with whom we spoke served primarily Jewish or interfaith, engaged couples with college backgrounds in her premarital education seminars; in her organization's other programs, such as HIV / AIDS outreach or foster care casework, providers served African-American and Hispanic clients and clients from low-income backgrounds.

The background of providers also influences the capacity of a marriage program to deal with clients with more challenging problems. Providers with mental health backgrounds are more likely to do screening for domestic violence, substance abuse, and other critical problems for couples before enrolling couples in marriage programs. However, even those within the mental health community do not routinely do these screenings for one-day or two-day programs. Providers in social service settings, even those without mental health backgrounds, tended to mention screening as a potential issue for programs, as well.

A Working Relationship with Domestic Violence Providers

Mr. Joe Jones, the President/CEO of the Center for Fathers, Families, and Workforce Development (CFWD), is creating a relationship curriculum for low-income couples and exploring the possibility of offering marriage programming in Baltimore. Mr. Jones and Mr. Johnny Rice, the Chief Operating Officer at CFWD, have also developed a close relationship with the local domestic violence community in Baltimore in light of their exploration of relationship skills training.

In what is likely an unprecedented level of collaboration between a fatherhood program and a domestic violence service provider, CFWD and the local House of Ruth now collaborate to offer and expand services. The two organizations established a memorandum of understanding and participated in an initial four-day cross-training to learn more about each other's work. The House of Ruth has a batterer's intervention program that CFWD holds in high esteem and uses as a referral service. The House of Ruth may refer batterers in intervention programs to workforce development programs with CFWD.

CFWD has integrated domestic violence information into its fatherhood curriculum. Mr. Jones said that if his program does not address domestic violence as a central issue for some of the individuals it serves, the organization will see diminishing returns for all of its other initiatives, which are so closely linked with home environment and healthy relationships.

Mental health providers, due to the nature of their training, are more likely to include exploration of family of origin and its effects on future relationships in marriage or relationship training. Some providers working with low-income clients cautioned that exploration of family of origin for many clients may raise issues of childhood sexual and physical abuse and its continuation in current relationships. Providers dealing with low-income couples often mentioned a history of violence as a salient issue to address in programming and therapy; some other providers did, as well, noting that these were issues that crossed socioeconomic lines.

At the same time, the use of paraprofessionals as program providers has been appealing to some developers of programs. Paraprofessional providers would also allow programs to spread more rapidly and expansively. Some therapists remarked that they did not have many, if any, Black or Hispanic therapists in their communities. Black or Hispanic clients might feel uncomfortable sharing in a class led by a provider of a different race or ethnicity. The use of paraprofessionals from a variety of ethnic, racial, or linguistic backgrounds might make it easier to recruit people of color and non-native English speakers.

Overall, providers serving low-income families identified domestic violence, substance abuse, mental health, and critical instability in personal relationships as important issues to address; however, providers currently vary in how they address these issues. For example, in addressing domestic violence, some providers collaborate with domestic violence agencies or employ routine screening practices. Another provider said his church program handles domestic violence issues “in-house.” Still others report they have never encountered this problem with couples. As the government becomes involved in providing marriage services, some guidance to programs on how to ensure a match between clients’ needs and programs’ capacity for addressing them will be important. Ideally, programs may need to keep therapists on staff, or at minimum, develop a reliable referral mechanism.

COMPETING INTERESTS OF DOSAGE AND TIME

During implementation of their programs and future iterations, providers often experience competing pressures regarding intervention dosage. A long-term, intensive approach often conflicts with client ability or willingness to set aside time for the intervention. For example, providers cite engaged couples as unlikely to participate in long-term interventions. These couples may be preoccupied with planning weddings. Additionally, other types of couples, both married or cohabiting, would have demands on their time outside of marriage programming. Providers cite the demands of children and the inflexibility of job(s), particularly among low-income couples, as frequent barriers to participation in a variety of services, not just marriage programs. In program evaluations administered at the close of sessions, providers often hear that the classes are too long in duration. Furthermore, some providers remark that it is easier to recruit for classes that are shorter in length. One provider recalled that local clergy diverted engaged couples from her intensive program offered in conjunction with the faith community to another local provider with a shorter intervention.

Meanwhile, many providers believe the length and intensity of interventions are key predictors for long-term behavioral change. Particularly those in the mental health field tend to think that use of skills or concepts learned in the sessions will peak at the end of the program and decline over time. Some providers expressed an interest in doing

booster sessions as a way to refresh couples' skills. Additionally, even those outside of the mental health field often wanted to adhere to the level, if not wholly the material, of intervention intensity on the market. Others expressed a pressure to lengthen programs in order to provide information they considered important for couples.

The length of a program may have a dramatic effect on the group dynamics in a class, a characteristic cited as important by some providers. When providers spoke of group dynamics in marriage classes, they positively highlighted examples of bonds formed between couples over the duration of a program and cases in which couples continued to meet after a class was over.

Nonetheless, over time, the number of hours required for a program as a barrier to client participation tends to force dosage to lower levels among the programs we encountered. The most frequent change to programming that we observed, aside from provider variations in curriculum material, was a change in the length of the program. While providers often started with many sessions over a period of weeks, similar to the format of some widely known programs like PREP, many remarked that they had shortened sections of the curriculum in order to accommodate clients. Providers using widely known premarital or marriage enrichment curricula sometimes omitted whole sections or abridged others to reduce dosage. Some other providers expressed interest in adding skills or sections to their classes but chose not to because it would lengthen the dosage of the intervention, thereby discouraging clients who are already difficult to recruit.

The ramifications of low dosage in marriage interventions are not entirely clear. By default, our sample of marriage programs primarily serves middle- to upper-income couples. Based on research that indicates low-income couples endure a greater degree of stress in their daily lives, it is possible that pressures on their time would be even greater than those we examined. Moreover, even if providers use research-based curriculum, excisions or abridgements may limit the effectiveness of any given program and the possibilities to evaluate it. Finally, if the effectiveness of a program is based on a lasting bond or even comfort to share in a group setting, dosage may become one of the most salient issues for organizations to discuss when creating or sustaining a marriage program.

A WORLD OF HYBRIDS: PROVIDERS AND CURRICULAR CHOICE

Clients' needs and providers' backgrounds also intersect to form tensions around when, how, and why curricula should be adapted. Adaptations to curricula are largely driven by the philosophy of the provider and provider perceptions of client needs. In our sample of marriage and relationship programming, pure curricula are uncommon. Providers who do use well-known curricula on the market, such as PREP, PAIRS, and Making Marriage Work, cite specific reasons for these choices, such as religious affiliation of the clientele, a cognitive versus affective approach, or the practicality of issues that a curriculum addresses. However, the vast majority of providers attach new pieces to these curricula, remove parts, or sample sections from them to create hybrids. It was common for providers to mention adding pieces of a philosophy or technique at various points over time to make the training more broad in scope. A minority of providers, often those familiar with psychology research or evaluation methods, adheres to a pure curriculum. These providers may also follow a particular theory in therapy or social work that drives a more unified approach to marriage programming.

Many providers express a degree of ownership and satisfaction with hybrid curricula. Providers often add pieces to a curriculum because something outside of it resonates with them and their own experiences in relationships or the relationships they perceive among their clients. Even within larger settings with multiple sites that offer marriage programs, providers emphasized the uniqueness of the programs and their interest in making the curricula "their own."

The perceived needs of clients are the other largest factor driving curriculum choice and adaptation in current marriage programs. Curriculum abridgement is largely a product of time constraints for clients, but providers make changes for other reasons, too. Some providers mentioned the unrealistic expectation that adults who did not like or do well in traditional terms in school would do homework for a relationship class; these providers do only in-class exercises. New spiritual additions may accommodate religious groups, while sessions on financial planning may address practical concerns that stress couples. Providers may reproduce general concepts in language that is more understandable to clients who have low literacy levels.

Providers may also use a set curriculum as a framework but add new activities. These additions may engage clients who do not like lecture or may be turned off by a school-like atmosphere. Providers may add additional information to account for the reality of clients' lives, such as information about the dynamics of same-sex relationships, domestic violence, and techniques to deal with multiple-partner fertility. Attempts to recruit a wider swath of participants may sometimes necessitate additions, too. For instance, some providers suggested low-income couples are more interested in programming if it has a direct impact on their children; therefore, providers may add sections to the curriculum to make this connection.

Providers' curricular choices and adaptations may impact the effectiveness of the programs and hold lessons for future implementation. If the effectiveness of a program is dependent upon specific intensity of instruction or the order of skill lessons, adaptations may weaken this effectiveness. Again, provider training may also play a role. While most providers make changes to curricula, it is unclear how many are familiar with adult-learning techniques. Additionally, the incorporation of multiple theoretical approaches in one program may negate the strength of any one approach. However, while adaptations may weaken the effects of research-based curriculum, they may simultaneously increase provider dedication to a marriage program.

GROUP DYNAMICS: THE EFFECTS OF SIZE AND GROUP CHARACTERISTICS

Finally, providers grapple with another set of tensions when selecting the right format in which to provide an intervention that will best meet client needs. Specifically, the size and heterogeneity of a group in a marriage program may affect the ways in which couples receive and respond to the intervention. Providers typically associate group size with the effectiveness of recruitment efforts and the capacity of a space in a given physical setting. Programs regularly deal with low client turnout for their programs, which often has an impact on group size. Providers usually have a minimum number of couples they consider necessary to offer a program and still achieve ideal group interactions. Other program providers said space, rather than turnout, was a very large determinant of their group sizes. Providers with larger classes note that they often hold programs in classroom-like spaces, which may change the ambience and program tone for couples.

Group size may also limit or expand the opportunities for different types of interventions. Small groups or one-on-one programming may allow for more intimacy among the couple(s). One provider chose to offer personalized, in-home programming for couples in order to address concerns about attrition in a long-term program and the lack of transportation in a largely rural area. Group size also affects the level of interaction in a program. Role-playing may work in very small classes, while lecture tends to be more common in large classes.

The characteristics and variation of clients in a group may affect the ways in which couples respond to the intervention, too. Programs for more homogeneous groups, such as those for engaged Catholic couples or couples embarking on a second marriage, may make couples feel more comfortable as they identify with their peers. Homogeneous groups also expand the opportunity to customize a curriculum for couples in the group. For example, for a class for women with children, a provider may add information about the effects of healthy romantic relationships on children. Providers offering services to couples with little education could tailor the curriculum to recognize lower levels of literacy.

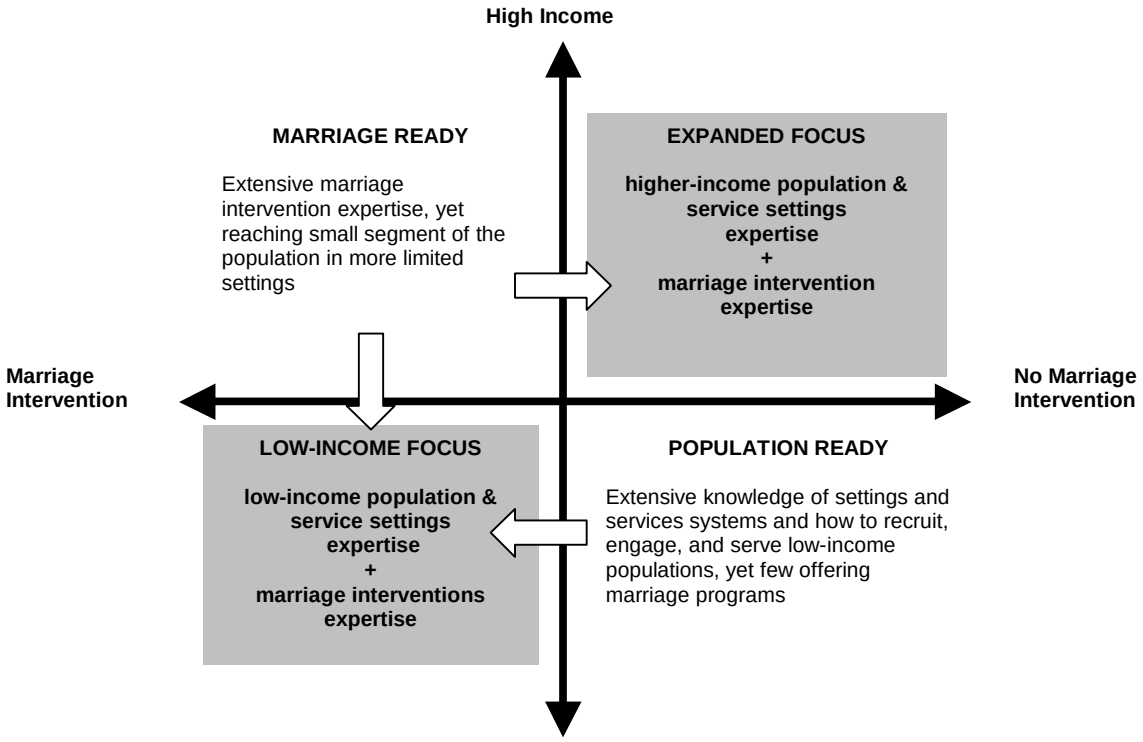
Programs that target specific types of couples may inadvertently create a stigma for some participants. For example, a marriage program that just targets parents involved with the child welfare system would identify participants as belonging to that group. Such classes may alienate potential participants. Some providers note that dynamics in rural communities and small towns may exacerbate this stigma, thereby necessitating a different approach than that used in urban areas.

Heterogeneous groups also present unique opportunities and challenges. They may allow clients to learn more from the varying situations of their counterparts. Providers mention that engaged couples learn from couples that have been married for decades, just as long-term couples can be rejuvenated by the optimism of newlyweds. However, programs that serve heterogeneous groups must appeal to a wider array of clients in different phases of their relationships. In particular, providers of programs for heterogeneous groups that include some low-income couples may not consider issues unique to these couples, such as literacy levels, need for child care, or the inability to afford weekend retreats or transportation.

PART IV: EXPANDING MARRIAGE PROGRAMS

As we have discussed in our review of the current landscape, the vast majority of existing marriage programs serve largely middle- and upper-income couples. Some take proactive measures to ensure that programs are not prohibitive for low-income couples. However, marriage program providers who actively seek or focus on low-income couples for services are exceedingly rare. At the same time, decades of formal services to those in need in various venues have created a body of providers who know intimately the lives of low-income individuals and families. Some of these providers lament the breakdown of relationships in today's world and the particularly strong effects these have had on low-income communities. However, these service providers, leaders of the faith community, and family specialists may not see marriage as integral to, but rather indicative of, the economic, mental, and physical well-being of their clients.

Figure 3: Framework for Expanding Marriage Service Delivery Systems



Given this dichotomy, we examine various approaches to blending the expertise, knowledge, and experience of these two bodies of providers in order to set up a framework for thinking about the expansion of current marriage programming efforts (see figure 3). Given ACF's specific interest in the delivery of these services to low-income populations, we focus primarily on the opportunities and challenges of serving this population. Specifically, we examine approaches to integrating marriage services into already existing programs for low-income families as well as approaches to making current marriage services more accessible to low-income families. We also conclude with a discussion of what a more "expanded approach" might look like if ACF wanted to reach an even broader set of families.

LOW-INCOME FOCUS

The current separation of providers with an eye toward marriage and those with a focus on low-income communities suggests two possible approaches for the future expansion of marriage programs to a low-income population, each with their own sets of opportunities and challenges. Future efforts to offer marriage programming to low-income communities must either help marriage providers gravitate from their current clients toward a new population of interest or encourage and enable those serving low-income couples to include marriage services in their traditional work. We examine the opportunities and challenges of each of these approaches. In addition, in the sidebar gray boxes we provide brief vignettes describing programs that in some way have merged the expertise of service providers to low-income populations with those offering marriage interventions. These program examples offer a first glimpse at how efforts to blend these fields of expertise might proceed.

Family Ministries Archdiocese of Chicago

In 1981, the Archdiocese of Chicago developed a premarital course, PreCana, which could be used specifically with the African-American populations within the Catholic Church in the Chicago area. There were approximately 40 African-American parishes that did not have their own PreCana program and were sending couples to the largely white parishes in the area. Three African-American couples and a priest developed the program. Although the program was developed with African-American couples in mind, it looked very similar to the regular PreCana course. The Archdiocese also offers a Discovery Weekend program that requires concentrated time and energy from the couple. A team of couples conducts the programs. To be presenters of either program, a couple must attend an all-day core training session and have knowledge of natural family planning and how the church deals with cohabitation, annulment, sexuality and church teachings. The Archdiocese is currently developing a curriculum to certify these couples. The courses cover many different aspects of marriage—in-laws, family of origin, finances—presented through the sponsor couple's stories. According to the program director, the sponsor couples are not meant to be the mouthpiece for the Catholic Church but are encouraged to describe their own struggles with some of the Catholic teachings without negating them and to be able to refer couples for spiritual guidance. The PreCana courses are held on Saturdays and last all day and the Discovery Weekends are held over a weekend. Both are held at the parish sites, either in their conference facilities or other church sites. On average, 35-40 couples attend each scheduled program.

Integrating Marriage Programs into Services for Low-Income Families

When integrating marriage programming into services for low-income families, several opportunities and challenges are presented to policymakers and providers (see table 4). The most striking feature and promising attribute of this approach is the fertile knowledge base that already exists for serving, recruiting, and engaging low-income populations.

Services for low-income populations tend to be highly integrated into their communities. They frequently have existed for long periods of time in the same settings, which are often located in the hearts of low-income communities. As a result of their histories, they are well known by clients and have often established a high degree of trust in the community. One program we visited had served several generations within the same families. Potential clients probably would be most receptive to programs offered in settings in which they were familiar and had a reputation in the community as being trustworthy. We cannot say from our data whether clients would be more skeptical of services offered through public social services, like the TANF office, than services offered by a private community provider. Regardless, a key dimension to assess when considering future sites for program implementation is the ease and trust with which clients interact with the program setting.

Given their histories of providing services in these communities, these providers are extremely knowledgeable about how to recruit and retain low-income families. Repeatedly, providers of services to low-income families said for marriage services to be effective, child care and transportation have to be provided. Many providers echo the sentiment that anchoring services in the faith-based community is a particularly effective strategy for reaching a low-income population, as churches tend to be an organizing force in many low-income communities. Churches are also a place of refuge in immigrant communities. Additionally, given that programs serving low-income populations tend to have extensive collaborative networks, they are able to reach potential clients through multiple service systems, like employment, food and nutrition, and child care programs.

Given these providers' intimate knowledge of this clientele, while they were not overly familiar with marriage program curricula, they had very clear thoughts on how these services could be adapted to engage a low-income population. For example, they suggest programs use more appropriate language and more relevant examples, develop materials with less text, and make classes more interactive and less didactic. These providers also bring a high degree of cultural competence to their services. They not only understand the unique issues facing low-income and minority populations, but they have already developed strategies for demonstrating respect for different individual needs, family situations, and cultures. For example, one program staffs its services so that a client who enters its offices is greeted in his or her primary language. While developing appropriate materials and curricula are necessary steps and will present challenges, this group possesses a unique and essential knowledge about low-income populations that will be critical to this effort.

Moreover, the low-income population is not homogenous. Some groups have very particular needs, for which providers with specific expertise are required. For example, one provider serving a refugee population noted these families have experienced trauma beyond the norm. Many witness trauma in their country of origin and then relocate and separate from their families and communities. Thus, providers with an understanding of post-traumatic stress and separation anxiety are vital to providing services to this population. Similarly, while domestic violence, substance abuse, and mental health problems plague all socioeconomic groups, providers working with low-income populations appear particularly attuned to these issues and convey an ability to quickly screen and identify these problems. Experiencing any one of these problems, much less a combination, may present a significant barrier to the effectiveness of a marriage skills intervention. Thus, providers able to identify these problems are essential to the success of marriage programming efforts.

Organizational features of these programs also present opportunities for this approach. These programs tend to operate in either embedded or satellite settings (see part II) that allow them to reach large segments of the population. They also tend to be programs that rely on multiple sources of funding, rather than simply client fees. They are, therefore, able to keep costs low for clients, and at the same time have developed a capacity for fundraising. They may have fundraising arms of their organization or at least be knowledgeable of grant writing strategies.

Strong Families Flagstaff

Strong Families Flagstaff (SFF) is a non-profit organization offering workshops for couples and new parents to help them achieve healthier relationships. Most workshop participants are young, premarital couples with low to moderate incomes. The Couples' Workshop uses a skills-based curriculum written to be easily understood by a person with a high school education. The 15-hour program is offered in a weekend format – all day Saturday and Sunday--as well as in a weeknight class. The director is planning to divide the curriculum into two classes in the hopes that more people will participate if there are fewer sessions. The Couples' Workshops take place in a private practice counseling office that holds about 35 people. Lunch and child care are sometimes provided. While the cost of the class is $400 per couple, through a contract with the Arizona TANF office, the program has offered 140 scholarships to couples. SFF also collaborated with the County Health Services and Flagstaff Medical Center to add The Couples Skills for New Parents to existing childbirth classes. These classes are taught as part of an all day program on a Saturday. Local grant money and donations are funding these classes. SFF is prepared to offer several additional programs if funding can be secured. For example, the director envisions classes for married and cohabiting university students, a class offered through a local Native American agency, classes for singles, domestic violence classes, programs for prison inmates, and couple skills classes for grandparents raising children.

In terms of challenges, the most salient issue with this approach is resolving the tension between marriage programming and organizational culture. Many of these programs have significant reservations about marriage initiatives. Marriage programming may not fit with a mission to support all families of any family form. It may be stigmatizing to clients who cannot marry or choose not to do so. Organizations believing that meeting families' basic needs or developing human capital take priority over relationship training may not support allocating limited resources for marriage programming. Moreover, some programs might explore marriage programming as an additional source of funding, yet in these cases, the organization's commitment to the intervention might not be lasting and could impact its overall effectiveness. Program developers seeking to integrate programs in these settings will need to find ways to address these reservations as they are prevalent among programs serving low-income populations.

Table 4: Opportunities and Challenges for Integrating Marriage Programs into Services for Low-Income Families

Opportunities	Challenges
✍ Expertise / cultural competence in serving low-income population ✍ High integration in the community and knowledge of how to recruit and engage low-income populations ✍ Embedded, satellite, joint settings with formal collaboration, which reach large numbers ✍ Capacity to screen for other issues like domestic violence, substance abuse, mental health problems ✍ Experience and capacity for managing mixed funding streams	✍ Overcoming reservations about marriage programming in the organizational culture ✍ Resolving conflicts where marriage programming does not fit with mission or is at odds with other services already being provided ✍ Building internal capacity to treat more serious issues like domestic violence, substance abuse, or mental health problems ✍ Building knowledge of interventions and adapting them to be appropriate for a low-income population

Finally, while many of these programs bring a high degree of cultural competence to the table, some providers may not have the therapeutic backgrounds or organizations have the capacity to actually address more serious issues like domestic violence, substance abuse, and mental health problems. For example, if organizations rely heavily on paraprofessionals because they are less costly but also more culturally competent and domestic violence is revealed, the provider may not have the training to handle this situation. More importantly, will a referral to another service be sufficient to address this issue? Families might not follow up with the referral, or the agency to which the client was referred may not be able to serve the client. Ideally, marriage programs would be facilitated by providers who have the background to address more serious concerns and would operate in settings with the capacity to handle these problems internally. Moreover, addressing these issues upfront may also increase the likelihood that the client would later be receptive to a marriage intervention.

Making Existing Marriage Programs Available to Low-Income Families

Another approach, also with opportunities and challenges, is to make existing marriage programs more available to low-income families (see table 5). This approach would benefit from the many strong ties that already exist between these programs and national marriage initiatives. The providers are enthusiastic about this approach, think it is the reason for many problems couples face, and have creative ideas for implementing programs. The programs these providers operate center around marriage programming, or in some cases a more general mission of supporting families, and funding to do marriage programming is an ideal organizational fit.

These providers also have tremendous experience providing these services and knowledge of the curricula available; many have developed their own curricula. This basic knowledge of how the intervention works will be essential for figuring out how effective the intervention would be if adapted for other populations. They also know which adaptations might not work. For example, they will have important insights about "what is too short?" in terms of program length and dosage.

Often these providers have mental health backgrounds that would allow them to address more serious problems should they come up during the intervention. At the same time, very few of these programs report screening for these problems in the populations they serve. Dealing with clients who may experience these problems more frequently would require a careful screening process.

The biggest challenge this approach faces is that these programs tend not to be as integrated into communities, much less integrated into low-income communities. Many are free-standing operations with informal collaborative networks. The most feasible option is for these providers to offer their services in settings that are already integrated in low-income communities. This would require building cultural competency among providers to ensure they understand the specific issues low-income and minority populations face, especially those of the particular low-income population they would be serving. If clients were to come to their current offices, transportation barriers may need to be addressed. Services may also need to expand beyond just marriage services. Specifically, providers of services to low-income populations felt strongly that to be

Medical College of Wisconsin

The Medical College of Wisconsin recently received a grant from the Department of Health and Human Services to provide marriage services to refugee families. The program will establish clinicians in refugee communities to provide marriage enrichment services, with the hope of serving 450 couples in a year. The program will use the PAIRS curriculum, selected for its adaptability to other religions and cultures and because of its demonstrated long-term effectiveness. The Medical College clinical setting combines health care, mental health, and social services, which make it especially helpful to clients with multiple needs. The new program will offer services in the clinic setting, settings in communities, like churches, and possibly in clients' homes. The refugee population in Milwaukee is very diverse, including refugees from Southeast Asia, the former Yugoslavia, Africa, and the Middle East. The program will take into account where families are in the assimilation process. Some families are struggling to meet their basic needs, in which case providing marriage services would be difficult. Yet others have successfully navigated the early years in a new country and marriage services would be useful to them. The program director described refugee families as having experienced trauma beyond the norm. Many have relocated and lived with long-term stress, but they survive because of their intense personal relationships with each other. The program will recruit clients through local therapists, pamphlets, and advertisements in local Russian newspapers, a Hmong radio station, a Croatian church bulletin, and an African-American community paper.

Madison Area Technical College (MATC) "Couple Relationships"

MATC is a two-year technical college in Madison, Wisconsin. The student body is diverse, but many students come from low-income backgrounds and are often the first in their families to go to college. Ms. Marline Pearson, a social science instructor at MATC, developed "Couple Relationships," a class she offers at MATC three times a year open to singles, couples, and single parents. Each class serves approximately 40 students and always has a waiting list. Ms. Pearson's curriculum is largely based on PREP because she thinks the PREP approach is grounded in research on marital success and failure and its skills-based approach appeals to people from a wide variety of backgrounds. Over time, Ms. Pearson has added additional information or exercises to her curriculum. She uses some of John Gottman's research on relationships and incorporates social science findings on family structure and child outcomes into the curriculum. She uses parts of the "How to Avoid Marrying a Jerk" curriculum and says issues like the decision to cohabitate or have sex early in a relationship are especially important for young, single students to consider. The course is a mixture of lecture, discussion, supporting video clips, and skills practice. Ms. Pearson described the Madison and MATC communities as open to courses on relationships and marriage, especially if the courses are presented in the context of social science findings, are skills-based, and also deal with improving relationships and making wiser mate selections. She felt calling these "marriage" classes would be a mistake because singles, single parents, and cohabiters, who are genuinely interested in them, might conclude from the substance abuse specialist,

effective for this population marriage interventions should be complemented by services that address human capital development and help clients meet their basic needs.

Table 5: Opportunities and Challenges of Making Existing Marriage Programs Available to Low-Income Families

Opportunities	Challenges
✍ On board with marriage programming ✍ Fit with organizational culture and current services being provided ✍ Experience providing services ✍ Experience and knowledge of curricula ✍ Providers often have mental health backgrounds and, therefore, capacity to address more serious problems like mental health, substance abuse, and domestic violence	✍ Becoming integrated in the community ✍ Free standing settings with more informal collaboration ✍ Building competence in serving low-income, minority populations ✍ Training on screening for substance abuse, mental health, and domestic violence issues ✍ Recruiting and engaging low-income populations ✍ Expanding marriage programs to meet clients' basic needs ✍ Building experience and capacity for managing mixed funding streams

Organizationally, there are also challenges to this approach. To provide services in other settings or integrate services for low-income populations in their own settings, current marriage programs need to develop more formal collaborative links with other service agencies. This strategy also requires adaptations in how programs are funded. Programs could no longer rely on client fees, as this would be prohibitive to low-income clients, so they would have to develop a capacity to apply for and receive contracts and grants.

EXPANDED FOCUS

Future efforts to implement marriage programming might also focus on expanding marriage interventions into a broader range of settings and service systems that serve middle- and upper-income populations. Specifically, this approach involves merging current expertise on marriage interventions with systems currently engaged in serving a higher-income or more general population. Such systems might include employee assistance programs, colleges, YMCA's, prenatal programs, and extension services. This approach presents numerous opportunities and challenges, too (see table 6).

Table 6: Opportunities and Challenges for Expanding Marriage Interventions Into a Broader Range of Service Systems that Serve Middle and Upper Income Families

Opportunities	Challenges
✍ Research base to suggest these interventions may be successful with middle- and higher-income populations ✍ Engagement of the client population more likely if experiencing fewer life stressors ✍ Available curricula tested with higher income populations ✍ Service systems with expertise in how to engage higher-income populations, that are also integrated in the community and likely to have organizational structures able to reach large numbers ✍ Experience and capacity for managing mixed funding streams	✍ Overcoming reservations about marriage programming in the organizational culture ✍ Resolving conflicts where marriage programming does not fit with mission or is at odds with other services already being provided ✍ Building internal capacity to treat more serious issues like domestic violence, substance abuse, or mental health problems ✍ Engaging a client population that may not necessarily seek help

This approach benefits from the support of a growing research base suggesting that marriage interventions may have positive effects for middle- and higher-income couples. This may serve as a selling point for organizations that are not familiar with marriage interventions or have reservations about providing these services. Another particular benefit is that many of the curricula for marriage interventions have been already tested on these populations, which would make expansion of these programs more feasible.

Integrating marriage programs into already existing service settings also benefits from the knowledge and experiences these service settings already have serving their particular client population. Like the programs serving low-income populations, these programs have strategies for recruiting and engaging their targeted client populations. For example, employee assistance programs market their services through employers to reach potential clients, YMCA's may include information on community bulletin boards, or churches may include information in their weekly bulletins. Moreover, while middle- and upper-income populations may experience fewer stressors than the low-income population, many of these clients will not approach agencies in need of help necessarily. Therefore, relying on agencies that already have strategies in place for presenting new information to clients is important for this approach to be effective.

Similarly, this approach could also take advantage of the existing organizational structures of these programs. For example many are embedded programs or have satellite structures with far reaching networks of services already in place. For example, extension offices serve clients throughout the country. YMCA's have a headquarters and centers in most communities.

Like programs serving low-income populations, these programs too may need to develop the capacity to address more serious issues like domestic violence, substance abuse, and mental health problems. Any programs dealing with relationship issues will likely encounter these types of problems because of their impact on relationships. As couples talk about their relationships, if these problems exist, they may be revealed. Providers may not have the training, and the organization may not have the capacity to appropriately handle these issues. Establishing a referral network may be one strategy,

yet ensuring these clients are appropriately identified, referred, and most importantly, actually receive needed services are important challenges to consider.

PART V: KEY ISSUES OF EVALUATION

High quality program evaluations will be critical to the next stages of program implementation. Policymakers and program developers will need to know which types of interventions, in which of the different settings, and for whom in the population yield the most positive results. Below we outline a number of issues that arose in our project that relate to the evaluation agenda for healthy marriage services. We utilize examples from our investigation of programs, where applicable, to illustrate some of the issues. This offers a first attempt at highlighting some of the major issues that may surface in developing strategies to evaluate programs that support healthy marriage.

Environment

The environments in which interventions are implemented vary greatly. The sheer variation of healthy marriage activities creates a challenge for evaluation. We found that interventions exist in geographic areas that vary by culture, religion, socioeconomic status, level of participation in marriage initiatives, and support for marriage programming. Understanding the contribution of the environment to the success or failure of an intervention will be important in future evaluations, as will documenting the environment to consider issues of generalizability. For example, some communities already have community marriage initiatives underway, while others seem hesitant or opposed to these initiatives. Organizing an intervention in a welcoming community could provide additional funding sources, an existing network of interested providers, and potential clients who have already been exposed to messages about marriage, arguably all factors that could lead to program success. The same intervention in a community without the political capital for marriage initiatives may attract fewer clients and less funding, perhaps making the intervention appear less successful than it could be.

The counterfactual set of services may be difficult to uncover. Evaluations of marriage interventions will have to go to great lengths to consider the counterfactual to the interventions of interest. Environments may be rich in related types of services, and the patterns of use of these services will not be documented prior to the evaluation.

Setting

Mixed exposure to research or evaluation. While healthy marriage service providers often cite the desire to provide “research-based” services, their assessment of the research tends to rely on the claims of the authors of curricula. And few providers themselves conduct evaluations of their own programs. Providers may, however, have experience with collection of data in their settings. They may collect information at first contact with clients, and they also may assess progress of those clients through post-tests at the end of the intervention. They have some experience with informal follow-up, as clients seek their advice on future relationship issues. Yet most providers have little

experience with several other key elements of evaluation: longer-term follow-ups, data collection from control groups or participants who leave an intervention, and assessments of behavioral change. We observed that current program providers tend to evaluate based on knowledge of skills or program satisfaction rather than evidence of changes in attitudes or behaviors.

Of the evaluations that do exist, these studies commonly occur in academic settings where the marriage service is provided for the purpose of the research. Generally programs have not been rigorously evaluated in field settings. Given the policy interest in funding ground efforts toward marriage programming, it is important that rigorous evaluations examine programs like the ones we observed in the field.

The direct service providers may be highly trained and experienced or may be relatively new to the field. The motivation to deliver healthy marriage services comes from professional theories, as well as faith and practical concern about the decline of marriage and the effects on our society. As an evaluation issue, this raises key concerns about the inability to disentangle the provider from the intervention. Simply stated, there may be interventions of theoretical interest that are not implemented with skilled or engaging providers and consistent organizational leadership. These interventions may show very different outcomes when implemented by stronger programs and providers. Likewise, there may be strong and experienced providers who are not using a well-developed intervention. The effect of strong providers may overstate the usefulness of a weak intervention. Ideally, major evaluations would have many sites and would be able to explore these patterns and add to the knowledge base about the interaction of the intervention with its provider.

Intervention

Defining the piece of the intervention that is a "Healthy Marriage Service" is difficult. A central challenge in evaluation is defining the intervention of interest. If the key question is "does it work?", it is crucial to define "it." Evaluation projects have to define clearly the boundaries of the types of interventions they are evaluating. Healthy marriage services are connected to—and often embedded within—a range of other services. In some communities we found "stand-alone" services. Sometimes we found stand-alone services that were part of a network of services. We often saw programs that simultaneously provide a range of services, one of which is a healthy marriage service. In any of these cases, it is important to distinguish between the components that make up the healthy marriage services and the components that are related to—but not part of—the same intervention. Evaluations will need to be clear about which component or package of components they are evaluating, as well as what they are evaluating them against. The availability of new funding for marriage programs and their evaluation may help guide this process. If to receive funding programs have to meet a certain set of criteria, these criteria could serve to narrow the definition of what a marriage intervention will be.

Interventions are small and may face challenges reaching larger scale. Many of the interventions we saw deal with fewer than 100 couples per year. Most interventions do not exclusively serve couples with children, either. Due to

the variation in interventions (and their settings and environments), it may not be possible or advisable to pool findings across sites. Therefore, evaluations will require much larger samples to detect possible impacts on couple relationships and child well-being. Further, if evaluators seek to detect impacts on child well-being, with a large sample, evaluators could isolate a subgroup of couples with children to examine child outcomes.

However, we observed that individual sites may face considerable challenges "ramping up" to serve more clients, especially if the intervention targets or the evaluation requires a relatively homogeneous group. Organizations that offer services are often minimally staffed and already face challenges with the logistics of providing services. In these cases, the level of an organization's commitment to marriage services as opposed to other services may determine how often staff offer marriage programs and the degree to which they prioritize them in their daily work.

Dosage may be too low to affect longer-term change. The interventions of healthy marriage services are short-term and may not meet the interests of ACF in developing programs to create longer-term behavioral change and, ultimately, improvements in child well-being. Providers noted that they ideally would provide more intensive services but felt that the market could not support intensive efforts. They believe few people have the time or desire for longer-term interventions.

Dropouts may be common. Not only are dosages low, but some participants attend inconsistently, and dropping out occurs occasionally within the programs we observed. Longer-term interventions may exacerbate the problem of attrition and its implications for program evaluation. Evaluations will have to be attentive to enrollment and subsequent service receipt for both members of the couple. Evaluations will also have to weigh the difficulty of tracking particular groups of couples, such as couples preparing for marriage, that tend to be transient. One church-based premarital program, while near a university, reported that only 10 percent of the couples receiving its service stayed in the area after marrying.

Training and the potential consistency of services across sites. Training in this field varies greatly. The interest in providing services has come, to date, from the ground up. Providers perceive that they have received the training they want and can afford, both in terms of time and money. However, knowledge of the existence of different curricula can vary vastly by provider. The great variation means that providers often do not implement a curriculum in a standard way across sites. They also frequently adapt curricula to meet the needs of their particular clients.

The stability of programs over time is unclear. The commitment of significant evaluation resources is best made when programs reach a point of stability, where early implementation kinks have been worked out, and when the program is operating as it would be expected to operate if expanded. Healthy marriage programs have not had sufficient funding over the past two decades to reach such stability. Programs that have remained in existence have evolved—driven either by opportunities for funding or by the evolution of the thinking of their creators and operators. While significant new Federal dollars for healthy

marriage services may stabilize programs, such stability may not come for several years.

Clients

Client flow and point of randomization. Entry into healthy marriage programs is ill-defined when compared to many other human service areas. Because programs lack the standard application process of many human services systems, couples may drift toward the service and may attend without formally applying. In addition, because the service is intended to treat a couple, confirming the intent to participate of both members of the couple may be difficult. Randomization schemes will have to look at the market for services in a particular site and consider changing the application and attendance process to attempt to insert randomization at the best point between interest in the program and the beginning of services. These changes to the front end of services may concern service providers, who do not have a history of dealing with evaluation.

Evaluating voluntary services and the role of such services in non-voluntary settings. ACF hopes to explore the value of healthy marriage services made available on a voluntary basis to couples that desire such services. The voluntary nature of the service affects some evaluation design issues. Those who voluntarily seek the service may voluntarily walk away from it at any stage. In addition, the nature of the interaction within the couple in seeking and staying connected to the service is important to understanding outcomes. The decision to sign up or drop out may be driven by one partner more than the other.

Though healthy marriage programs are voluntary, they sometimes exist within non-voluntary systems. In particular, programs within the prisons and court-ordered child welfare or domestic violence services operate within a non-voluntary system. It is unclear whether evaluations should consider services within such compulsory systems as voluntary or comparable to other voluntary interventions. Moreover, though providers refer to such programs as voluntary, the incentive structure for participants must be fully understood. For example, participation within a prison setting may be linked to other benefits of prison life, such as time away from the prisoner's cell or unstructured mealtime with a spouse. The additional benefits a participant may receive above and beyond the benefits of the intervention itself should be understood as additional incentives to participate that would not exist in truly voluntary settings. The relationship between providers in non-voluntary settings and clients may also be of interest. If a client sees her relationship with a provider, such as a worker in a TANF office, as adversarial, she may be less likely to respond to a marriage program within that setting.

The difficulty of operationalizing outcomes. Identifying and measuring outcomes of interest in programs for low-income clients may be difficult. For instance, providers often note that their premarital programs are successful if they discourage marriages that would be unhealthy. Evaluations must address whether and how they would evaluate individuals who leave a relationship during or after an intervention. Are the former partners better prepared for future relationships? Are children in a safer environment? In addition, the timing of

follow-ups needs to be matched to the purpose of the intervention and the nature of the clientele, such as whether they are premarital, seeking enrichment, or at a point of crisis. Administrative data could be useful if reliable measures of a "healthy marriage" were available. Reliability and the source of outcome data are also important, whether it is the provider, the clients themselves or an outside assessor. Clients' ability to accurately assess their own progress would need to be considered. If providers or outside assessors attempt to measure couple outcomes, evaluators must deal with inter-rater reliability and potential evaluator bias.

The developmental stages of relationships. The match of services and outcome measures to developmental stage is key. Evaluations should take into account the developmental stages of relationships in the same way that early childhood service evaluations must be sensitive to child development. Couples and their relationships change over time, just as individuals do.[2] Healthy marriage interventions treat couples in many stages of relationships, from early relationship to pre-marriage to end-of-marriage services. Outcome measures, too, should be selected to be appropriate for assessing the particular stage of the couples' relationship.

Demand for the services and lack of obvious oversubscription. Random assignment is most justifiable when a service is clearly oversubscribed and some sort of rationing process is already in place. It is often not clear with marriage interventions whether there are waiting lists or whether oversubscription exists. Interventions have little incentive to collect information on who is turned away, if anyone is. Outreach may only be conducted to the point of filling the service, not to document excess need for the service.

Evaluations may have to adapt the intake processes to clarify the excess demand. One drawback in this approach is that in changing the intake process to identify or create oversubscription, the resulting target population may change. As a result, evaluators may need to change the intervention they had intended to evaluate. Additionally, organizations that have a mission to serve anyone who is interested in their services, particularly couples in crisis, may resist turning people away for an evaluation. In cases where oversubscription does not exist or organizations wish to serve everyone, dual treatment evaluation designs are a possibility. With these designs, evaluators could examine the effects of one treatment compared to another.

Tracking low-income populations. Low-income populations tend to be more transient, which poses a very significant challenge to evaluation. Improper follow-up of a large percentage of clients can create a selection problem—who are we unable to follow, what do we know about them, and how does that taint the results of the evaluation? For instance, one provider noted that one in four applicants to his job training program for low-income individuals, which spans roughly one month from application to graduation, actually completed the program. How rates of attrition for marriage programs would compare to those of

[2] For a more detailed description of research that has been done to trace marital quality over time and the factors that affect it, see Karney and Bradbury's *The Longitudinal Course of Marital Quality and Stability: A Review of Theory, Method, and Research* (1995).

programs for low-income individuals is unknown. On the one hand, married couples might be more stable than single individuals and more likely to complete an intervention. On the other hand, the process of maintaining both individuals of a couple in an intervention may be even more difficult than for programs for singles. Attrition rates in studies that follow-up with those who complete the program may also be high, particularly among young, transient populations. A popular strategy to reduce attrition is to provide financial incentives for participation.

Targeting. Current studies of the effectiveness of marriage programs for middle-income populations may not be generalizable to low-income populations. Low-income couples deal with a variety of unique stressors in their lives, such as unemployment, incarceration, lack of transportation and housing, and economic instability, that may not affect middle-income populations as intensely. Furthermore, low-income populations are not homogeneous. Targeting low-income populations raises issues of how to match services to subpopulations and then generalize these results. For instance, an intervention that is successful for married couples with one spouse in prison may not necessarily be successful for unmarried, unemployed parents. Similarly, if you evaluate couples at a particular point in their relationships, it is unknown whether those findings would be generalizable to couples in other stages of relationships.

Providers may also resist targeted programs, particularly if they work within organizations charged with serving the whole community, such as community colleges or Cooperative Extension. Current programs can have very loose requirements for program participation. Premarital programs may include cohabiting couples that have only vague intentions to marry in the future, relationship skills programs may serve singles and couples of all sexual orientations, and marriage programs may mix young newlyweds with “empty nesters.” While group heterogeneity presents evaluation challenges, some providers see it as a desirable asset. In order to overcome this challenge, evaluations may choose to assemble large sample sizes in order to examine subgroups in a single site. Additionally, if evaluators can match or control for environmental factors, they could organize multiple sites and analyze an aggregate subgroup composed of samples from all sites.

PART VI: CONCLUSION

This report takes a first step at laying out the landscape in which future program development and evaluation might occur. On this landscape we find extraordinary variation. We find numerous programs on board and anxious to learn about opportunities for funding to expand their current programming. We find programs scattered among a vast range of settings—from prisons to hospitals to churches. We find interventions that last two hours to those that last multiple days. And we find providers with an interest in several untapped populations that could be potential beneficiaries of these services—from youth to “empty nesters”.

We also observe tensions that providers, organizations, and the field struggle to resolve. Providers try to keep interventions long enough to be effective, but not too long that they discourage clients from attending. Programs need to ensure staff are culturally

competent and at the same time have the expertise to deal with more intensive issues, like domestic violence, depression, or substance abuse. And the field grapples with whether and how curricula should be adapted to meet clients' needs, while at the same time ensuring interventions are implemented consistently enough to be effective.

Based on these findings, we propose a framework through which parties interested in the expansion of marriage programming might view the current landscape and its implications for future initiatives. Our framework proposes combining the expertise of providers currently providing marriage services with that of providers currently serving low-income populations. Both sets of providers bring tremendous strengths to this endeavor, and combining their expertise and capacity to provide services presents rich opportunities to develop new programs and expand current service delivery systems. At the same time, the framework incorporates the unique issues that present challenges to this merger. Understanding different perspectives, building new skills, and accommodating constraints will be essential to a successful merger.

Finally, high quality evaluations of marriage programs will also be vital to informing these efforts. Currently, rigorous evaluation of marriage services in a field setting is rare. And among the research of marriage programming in a laboratory setting, many evaluations still do not create control groups, use pure random assignment, or conduct long-term follow-up with participants. Thus, the research in this field is still not definitive about the long-term effectiveness of marriage programs for couples. If political support is to be garnered for these programs, evidence that they work and in which circumstances and for which populations will be critical. Well-designed and implemented evaluations will be necessary to building this knowledge base.