



PATHWAYS-TO-OUTCOMES SNAPSHOTS: TOOLS FOR BUILDING EVIDENCE FOR HEALTHY MARRIAGE AND RELATIONSHIP EDUCATION (HMRE) PROGRAMS

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The Administration for Children and Families (ACF) has funded multiple rigorous evaluations of Healthy Marriage and Relationship Education (HMRE) programs. These evaluations have demonstrated positive impacts for HMRE program participants and provided in-depth documentation of the implementation of these programs. Despite offering important contributions to the body of knowledge on HMRE programs and their impacts, these evaluations were not designed to identify specific program activities that contributed to impacts. In light of this gap, the PACT team created a set of HMRE pathways-to-outcomes models, which visually depict how OFA-funded HMRE program activities may contribute to intended outcomes.¹ The PACT team developed the models using information from the federal evaluations, discussions with researchers and practitioners, and a targeted literature search. The purpose of the models and recommendations is to advance the field of HMRE programming by suggesting future directions for research.

In these snapshots, we present three HMRE models as tools for practitioners and researchers to use when designing, improving, or evaluating HMRE programs. Each model visually represents hypothesized links between program activities and intended outcomes. To support continued building of the evidence base for HMRE programs, there is a recommendations table



after each model with research questions for potential future evaluations. These questions are informed by the program activities included in the pathways-to-outcomes models. Answering these questions may help determine how best to implement the program activities and whether they can be considered effective or evidence-based. Programs also need to carefully consider how these activities could fit within or modify their existing services. In addition, though we present the models separately, readers should consider the full set of models and how they complement each other. A technical report describes each model in greater detail (Friend et al. 2020).

Each pathways-to-outcomes model reflects one or more aspects of HMRE program design and implementation: delivering curriculum (Model 1), maximizing participation (Model 2), and addressing participant characteristics (Model 3); for more information, see the full report by Friend et al. 2020.² The pathways-to-outcomes models include the following components:

- The **hypothesis** is a summary statement that links program activities to the short- and long-term intended outcomes.
- **Key program activities** are what grantees do to design, implement, and support the delivery of their services. The models do not present an exhaustive list of possible program activities that could affect outcomes.
- Given that high participation is likely necessary for couples to experience benefits, each model includes an **intermediate participation output** before describing the intended outcomes.
- **Outcomes** represent the expected changes for couples following program participation. Outcomes are classified as short-term or long-term based on prevailing theories on HMRE programs and the expected timing of changes. The outcomes are the same in each model.
- **Influence factors** define the broader context in which a program operates and underlie every component of the model; they encompass personal and environmental factors, including characteristics of individuals and couples likely to have an influence on each model component, and context.

For additional context, a summary of the rationale for each model is provided below. Following the rationale, we present each of the three models and a table of accompanying recommendations individually.

How to use these snapshots

The following pages present the three HMRE pathways-to-outcomes models. After each model is a table of evidence-informed activities and evidence-building questions. Activities in the pathways-to-outcomes models are listed in the left-hand column of the table. The right-hand column presents two to three questions that correspond to each activity. The questions are ordered from overarching questions about the effectiveness of an activity to more specific questions about implementation and best practices.

Practitioners can use the models to choose activities that may enhance their programs. The questions in the accompanying tables—particularly implementation-focused questions—can generate conversation about how to tailor activities to the context of their program

Researchers can use the models to identify hypotheses about the connections between program activities and outcomes to test. The questions in the accompanying tables are specific questions that may be answered through future research on HMRE programs

Working together, **practitioners and researchers** can select program activities and design research to answer corresponding questions. Doing so will support the continued development of evidence for HMRE programs.

Although we present these models separately, readers should consider the full set of models and how they complement each other.

MODEL 1: DELIVERING CURRICULUM

This model focuses on the HMRE curriculum and its delivery. The core of most HMRE programs is a curriculum-based workshop, led by facilitators and attended by multiple couples. For that reason, **the curriculum and its delivery are key pathways for programs to improve their participants' romantic relationships.** Given its role, the model highlights aspects of how HMRE curricula are implemented, including: curriculum content, format, dose (or hours offered), and effective delivery by facilitators. The model also includes considerations for facilitator demographics and experiences; training; and supervision and fidelity monitoring.³

MODEL 2: MAXIMIZING PARTICIPATION

This model focuses on activities to increase participation in the curriculum workshop by reducing barriers and encouraging attendance. Research suggests that greater participation in an intervention—defined as the proportion of planned sessions attended—is associated with better outcomes. For HMRE, **participants who attend more consistently will receive more program content and will have more opportunities to practice and refine the skills and to improve their understanding of the content, thereby improving their couple functioning outcomes.**⁴

MODEL 3: ADDRESSING COUPLE AND INDIVIDUAL CHARACTERISTICS

This model focuses on how programs might consider the characteristics of the couples participating in their programs. **The effectiveness of HMRE programs in achieving intended outcomes may vary depending on the characteristics of individuals or couples served and how programs address these characteristics.** For example, some research suggests that HMRE may be more effective for more committed couples who place a higher value on their relationship. Further, low-income couples with complex lives and immediate needs may be less able to attend to the curriculum content and keep the knowledge and skills delivered through the curriculum.⁵

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Model 1: Delivering Curriculum



Hypothesis

Couple functioning outcomes may improve through programs' selection and implementation of HMRE curriculum. By selecting HMRE curriculum that (1) is evidence-informed, (2) is intended for a clearly specified target population, and (3) includes at least 18 hours of content delivered in a group format, programs may improve outcomes related to couple functioning. Additionally, the implementation of the curriculum by program facilitators may influence outcomes; curriculum delivered by qualified, well-trained facilitators, who are supervised to ensure the curriculum is delivered with fidelity, may improve outcomes related to couple functioning.



Key program activities

Curriculum

- Ensure the program has a thorough definition of their target population
- Select a curriculum that:
 1. Has an evidence base for changing couple functioning outcomes and covers content related to communication, conflict management, and healthy relationship skills.
 2. Is specified for the program's target population
 3. Includes at least 18 hours of content and is delivered in a group format

Facilitators delivering the curriculum

- Consider the background, demographic characteristics, and professional experiences of the facilitators and how well they match with the target population
- Provide the facilitators with training that can improve their facilitation skills and their delivery of the curriculum as well as their ability to relate to and address the needs to the couples
- Conduct regular supervision of the facilitators to ensure the curriculum is being delivered as intended.

Increased participation



Expected short-term outcomes

- Increase communication and conflict management knowledge and skills
- Increase healthy relationship skills



Expected long-term outcomes

- Improve relationship satisfaction
- Improve relationship stability
- Decrease or prevent intimate partner violence
- Improve co-parenting quality
- Improve parenting style



Influence factors

Individual and couple characteristics: Various individual and interpersonal factors that influence selection of target population (e.g., race/ethnicity, pregnancy)

Community and policy context: Unemployment rates · Access to pool of potential facilitators and supervisors · Various factors that influence selection of target population (e.g., rates of unmarried couples, prevalence of single mothers) · Funding for research on HMRE curricula · Broad dissemination of evidence-based HMRE curricula for target population and fidelity monitoring/continuous quality improvement tools

Recommendation Table 1: Delivering Curriculum

PRACTICE Evidence-informed Strategies	EVALUATION Evidence-building Research Questions
<p>Select curricula with evidence for improving outcomes related to couple functioning for the target population</p>	<ul style="list-style-type: none"> • What are effective practices for identifying and selecting an evidence-informed HMRE curricula? • What are effective practices for selecting an evidence-informed curriculum specified for the target population? • How effective are HMRE curricula at improving intended outcomes for specific populations?
<p>Deliver at least 18 hours of content in a group format</p>	<ul style="list-style-type: none"> • How does delivery format or dosage of HMRE curricula influence participation or outcomes? • Are 18 hours of curriculum sufficient to produce the intended outcomes?
<p>Be intentional in evaluating the background (for example, lived experience), demographic characteristics, and professional experiences of the facilitators in relation to the population being served</p>	<ul style="list-style-type: none"> • What backgrounds, demographic characteristics, and professional experiences are associated with quality facilitators? • Does matching participant and facilitator characteristics improve participation or outcomes? • How do facilitator backgrounds, demographic characteristics, and professional experiences influence participant outcomes?
<p>Provide facilitators with training on the curriculum's content and skills training to facilitate sessions and to help them relate to and address participants' needs</p>	<ul style="list-style-type: none"> • What types of training are needed to be an effective facilitator? • What are effective methods for training facilitators? • How does the type of training received by facilitators influence participant outcomes?
<p>Supervise facilitators and monitor whether facilitators deliver the curriculum with fidelity</p>	<ul style="list-style-type: none"> • What methods are effective for monitoring facilitation skills and providing feedback to facilitators? • What are effective methods for monitoring curriculum fidelity? • How well do facilitators adhere to the curriculum? What adaptations are made and why? How can programs address fidelity slips? • How does fidelity to the curriculum influence participant outcomes? How does facilitation quality influence participant outcomes?

Model 2: Maximizing participation



Hypothesis

Increased participation in HMRE curriculum workshops may improve couple functioning outcomes. Programs that select and implement retention and barrier reduction plans that include: (1) case management services, (2) participation supports (incentives, child care, transportation, etc.) and (3) flexible workshop scheduling may increase participation, which leads to better couple functioning outcomes. Staff implementing the retention and barrier-reduction plan may also consider building staff-participant relationships/ rapport and relationships between other participants as a means for increasing participation.



Key program activities

Case management

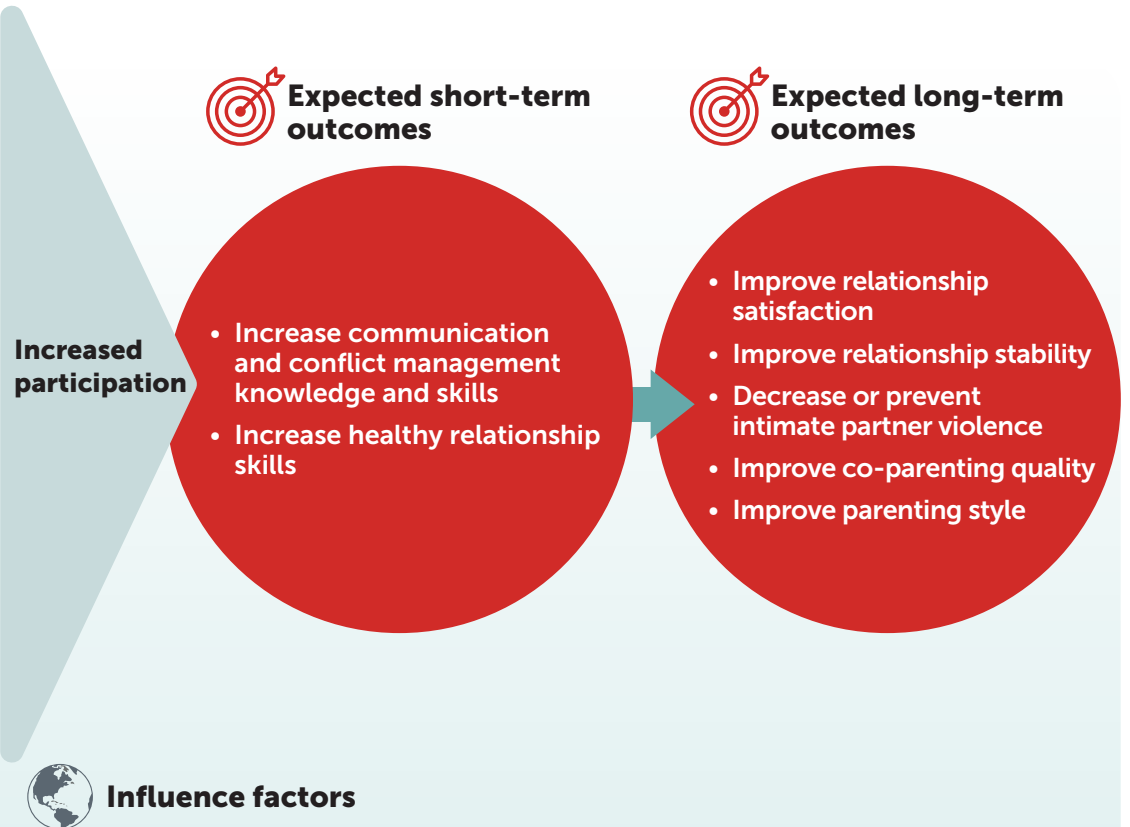
- Conduct needs and strengths assessments and develop individualized service plans to identify the needs and barriers of couples that may affect their attendance
- Provide referrals based on the individualized service plan to address needs and reduce barriers to attendance

Participation supports

- Consider providing the following program components to support participation:
 - Cash incentives linked to various participation milestones (such as completing 50% of the workshop sessions)
 - Provide meals before the start of the workshop
 - Provide on-site child care (or a child care voucher)
 - Provide transportation assistance to and from the workshop

Implementation

- Consider a flexible workshop schedule with options offered on various days and times
- Encourage staff to build relationships with the couples to foster an environment of trust and support
- In the workshop, encourage facilitators and other staff to emphasize group cohesion and peer interactions to build relationships among the couples
- Have staff conduct regular reminder and check-in calls regarding workshop participation.



Influence factors

Individual and couple characteristics: Child with current partner · Employment status · Educational attainment · Finances and income · Physical health · Mental health issues · Multi-partner fertility · Relationship distress · Religious values · Social support · Values on marriage, commitment, parenting, and gender equality

Community and policy context: Transportation · Unemployment rates · Funding restrictions and requirements

Recommendation Table 2: Maximizing Participation

PRACTICE Evidence-informed Strategies	EVALUATION Research questions
Provide individualized case management services that include assessments of needs and barriers related to participation	<ul style="list-style-type: none"> • How effective are case management services at increasing HMRE participation? • What are effective practices for providing case management to adult couples attending HMRE workshops? What assessments are effective at identifying needs and barriers in this population?
Provide participation supports	<ul style="list-style-type: none"> • What participation supports (or combination of supports) are associated with increased participation? • How can programs match participation supports to participant needs?
Offer a variety of workshop schedules and give participants regular reminders	<ul style="list-style-type: none"> • How may programs structure the schedule for workshop sessions to maximize participation? • Do reminders increase program attendance? If so, what type of reminders (frequency and format) maximize program attendance?
Foster the development of relationships between participants and program staff and among participants	<ul style="list-style-type: none"> • What are effective methods for building relationships among participants and program staff? Among the participants themselves? • Do workshop group cohesion and peer interactions help improve participation? • What aspects of the relationship between staff and participants help to promote participation?

Model 3: Addressing couple and individual characteristics



Hypothesis

HMRE programs that account for or address potential couple-level and individual influence factors such as relationship distress, commitment, race/ethnicity and/or economic disadvantage may be more likely to improve couple functioning outcomes. Programs that consider how couple and individual characteristics affect all aspects of their program activities—from recruitment to curriculum to partnerships—may be more likely to engage their target populations and have services more relevant to their lives, which may lead to improved participation and better couple functioning outcomes.



Key program activities

Recruitment

- Ensure the program has a thorough definition of their target population
- Select recruitment methods and recruitment partners that can help the program identify potential participants within that target population

HMRE curricula

- Select a curriculum designed or adapted for the specified target population with an evidence-base for improving couple functioning outcomes

Case management

- Provide case management designed to address the unique needs and barriers of the target population. This may include forming key partnerships with community organizations that can provide services that the HMRE program can not (for example, couples counseling for highly distressed couples)

Supplemental services

- Consider what supplemental services the target population might need and how the program can provide them or partner with an organization that can do so (for example, employment services)

Increased participation



Expected short-term outcomes

- Increase communication and conflict management knowledge and skills
- Increase healthy relationship skills



Expected long-term outcomes

- Improve relationship satisfaction
- Improve relationship stability
- Decrease or prevent intimate partner violence
- Improve co-parenting quality
- Improve parenting style



Couple and individual characteristics

Couple characteristics: Child with current partner · Cohabitation · Family of origin · Emotional and financial support from in-laws/family · Multi-partner fertility · Past relationship history · Pregnancy · Relationship length · Relationship satisfaction · Relationship stability · Relationship status · Religious service attendance

Individual characteristics: Age · Criminal justice involvement · Educational attainment · Employment status · Finances/income · Housing stability · Gender · Mental health issues · Substance use · Physical health · Religious values · Race/ethnicity · Trauma histories · Values on marriage, commitment, parenting, and gender equality

Recommendation Table 3: Addressing Couple and Individual Characteristics

<p style="text-align: center;">PRACTICE Evidence-informed Strategies</p>	<p style="text-align: center;">EVALUATION Research questions</p>
<p>Define a target population</p>	<ul style="list-style-type: none"> • What strategies help programs to identify an appropriate target population? • How does clearly defining the target population help HMRE programs to deliver services? • How does clearly defining the target population help programs achieve their intended outcomes?
<p>Tailor recruitment methods for the target population</p>	<ul style="list-style-type: none"> • What are effective practices for tailoring recruitment methods? Which strategies are most effective for a given target population? • Do recruitment strategies influence participation?
<p>Select a curriculum designed or adapted for the target population</p>	<ul style="list-style-type: none"> • What are effective practices for specifying or adapting an evidence-informed curriculum to a target population? • How do curriculum adaptations influence participant outcomes?
<p>Establish partnerships to serve the target population by (1) helping to identify and recruit participants and (2) offering referrals to access supplemental services (such as employment services)</p>	<ul style="list-style-type: none"> • What are effective practices for identifying and engaging partners? • What characteristics of partner organizations make them a strong partner for a given HMRE program? • How do partnerships and partner-provided services influence participation and outcomes?
<p>Tailor program services (curriculum, case management, and other supplemental services) to participants and provide supplemental services as needed</p>	<ul style="list-style-type: none"> • What are effective practices for tailoring services to meet the needs of a target population? • Which participant characteristics are most important to take into account when designing and implementing program services? • How can programs structure their services to better meet the needs of the target population (for example, provide integrated services or tiers of services)? • How do program- and partner-provided supplemental services influence outcomes?

CONCLUSION

As a set, the pathways-to-outcomes models propose that the effectiveness of HMRE programs is influenced by a combination of program activities, the characteristics of couples and individuals, and the community and policy context in which the programs operate. Ideally, programs are built around the needs of the participants, which may promote their participation in HMRE services and ultimately improves their outcomes resulting from participation.

The three models presented in these snapshots include research-informed hypotheses that have not yet been tested. While these models suggest important future directions for HMRE research and programs, they are not comprehensive—additional factors might be critical for programs to improve their overall effectiveness. The models can act as a guide to help practitioners consider aspects of their HMRE programs, from entry to engagement to completion, especially when designing a new program or improving an existing one. Further, the research questions suggested in these snapshots provide researchers with future directions to explore to build the evidence base for HMRE programming and inform program improvement efforts.

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ENDNOTES

¹ A companion brief presents a similar set of Pathways-to-Outcomes models for Responsible Fatherhood programs (Baumgartner et al. 2020).

² See Friend et al. 2020 for a full description of the HMRE models and their components, how the outcomes in the models were determined, and literature used to develop the models.

³ Examples of literature informing the development of this model include Fixsen et al. 2005; Hawkins et al. 2008; Hawkins and Erickson 2015; and Wadsworth and Markman 2012.

⁴ Examples of literature informing the development of this model include Yalom and Leszcz 2005; Bradford et al. 2017; Bradford et al. 2014; Busby et al. 2015; Carlson et al. 2014; Cobb and Sullivan 2015; Courtney 2018; and McAllister et al. 2013.

⁵ Examples of literature informing the development of this model include Busby et al. 2015; Hawkins and Erickson 2015; Owen et al. 2013; Scott et al. 2013; Dyk 2004; and Edin 2000.

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