



Individual-Oriented Relationship Education: An Evaluation Study in Community-Based Settings

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The effects of relationship education aimed at individuals, rather than couples, have not yet been widely investigated. However, increasingly, relationship education is provided to large and diverse groups of individuals who may be in varying stages of relationships. Several programs have been developed to strengthen relationship competencies among single individuals as well as among partnered individuals who, for a variety of reasons, seek relationship education without their partners. The current study is an exploratory evaluation study that examined self-reported outcomes for 706 single and partnered individuals who attended Within My Reach classes delivered in community-based agencies. Participants were from diverse backgrounds and exhibited many of the risk factors for poor relationship outcomes including unemployment, low income, and childhood experience of abuse or neglect. Pre-post analyses indicated that the program was beneficial for both singles and partnered individuals. Singles reported increased belief in ability to obtain healthy relationships. Partnered individuals reported increased relationship quality, relationship confidence, and reduced conflict. Regardless of relationship status, participants also reported improvement in general relationship and communication skill. Results support the utility of individual-oriented relationship education for singles and partnered individuals with diverse background characteristics.

Keywords: Relationship Education; Within My Reach; Individual-Oriented; Community-Based; Relationship Conflict; Relationship Quality; Relationship Confidence; Communication Skills

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Relationship education has been widely studied and promoted over the last several decades, most typically with middle-income, Caucasian couples who were either married or engaged to be married (Dion, 2005; Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Stanley, Pearson, & Kline, 2005). Extant studies have demonstrated that marriage and relationship education programs improve the quality of couples' relationships and their communication skills (Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Hawkins et al.,

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2008; Stanley, Allen et al., 2005). Improvement in relationship and marriage quality is thought to have a positive effect in a variety of domains including health, work productivity, and children's health and development (Gable, Crnic, & Belsky, 1994; Higginbotham, 2012). As a result, the last decade witnessed significant public funding for marriage education and enrichment, particularly focused on individuals at high risk for marital and family instability (Dion, 2005; Ooms & Wilson, 2004). Such policy and funding initiatives are directed toward the development of community-based programs to provide individuals and couples, primarily those who struggle with economic insecurity, with the skills and knowledge to form and sustain healthy marriages that foster family stability, reduce poverty, and improve children's well-being.

Recent years have seen an increase in the publication of studies examining the impact of relationship education programs for low-income couples (Hawkins & Fackrell, 2010; Markman & Rhoades, 2012), including those at-risk for relationship distress and marital instability, or facing situations or hardships that are associated with family stressors. This body of work has examined couples-based programs targeting unmarried, romantically involved new (or expecting) parents (Cox & Shirer, 2009; Owen, Quirk, Bergen, Inch, & France, 2012; Wood, McConnell, Moore, Clarkwest, & Hsueh, 2010); couples-based relationship skills training for low-income married (or expecting) parents (Hsueh et al., 2012); in-home relationship-based coaching for mostly low-income, unwed couples who share a child (Wilde & Doherty, 2013); programs for low-income single parents or at-risk individuals implemented through public assistance or social service delivery (Antle et al., 2013; Sparks, 2008); and relationship education workshops with inmates (attending with or without partners) in prison settings (Einhorn et al., 2008) and after release from prison (Shamblen, Arnold, McKiernan, Collins, & Strader, 2013). While several studies report positive outcomes of relationship skills education programs targeting low-income individuals, couples, and families (Antle et al., 2013; Cox & Shirer, 2009; Einhorn et al., 2008; Hawkins & Ooms, 2012; Hsueh et al., 2012; Owen et al., 2012; Shamblen et al., 2013), some with strong methodologies do not (Wood, Moore, Clarkwest, Killewald, & Monahan, 2012; Wood et al., 2010). In addition, when significant program effects are found, effect sizes tend to be small-to-moderate (Hawkins & Fackrell, 2010). These findings have led to controversy over the efficacy of relationship education targeting low-income and ethnic minority populations (Hawkins et al., 2013; Johnson, 2012, 2013).

Thus, there is still much to be learned about relationship education services delivered through community-based programs that are expected to meet the needs of lower income and diverse populations of individuals and couples. Many of the studies of low-income populations have examined couple-based interventions, often at critical junctures in couples' lives (e.g., after the birth of a child). We know less about programs that serve single individuals or one member of a couple attending without a partner. Relationship education, including publicly funded efforts, extends beyond couple-based interventions and includes activities that can help individuals at various stages of their romantic lives (Hawkins, Carroll, Doherty, & Willoughby, 2004; Rhoades & Stanley, 2009; Stanley, Allen et al., 2005). For example, single individuals can benefit from relationship education that teaches effective conflict management and communication skills and what to look for in a healthy relationship, with the goal of improving relationship readiness, confidence, and skills (Hawkins & Fackrell, 2010; Rhoades & Stanley, 2009; Stanley, Allen et al., 2005). Moreover, many individuals in committed or long-term relationships may benefit from relationship education but may be unable to attend as a couple for various reasons (e.g., scheduling logistics make it difficult for both partners to attend, one member of the couple is not present due to military service, incarceration, or separation for other reasons, or one member of the couple may not be willing or interested).

Individual-oriented relationship education may be especially effective in reaching populations at higher than average risk for family violence (Rhoades & Stanley, 2011). Rhoades and Stanley highlight several benefits of this approach for vulnerable populations. These include increased access to preventive educational services by not presupposing an existing relationship or one of a certain quality; the provision of a safe place to discuss warning signs of relationship aggression and decision-making around relationship issues, especially concerning potential impact on children; and options for identifying and leaving an unhealthy situation. Individuals, rather than couples, may be a promising 'point of entry' into the family system to prevent subsequent family violence. Specifically, individuals who have experienced prior abuse, who have few positive relationship role models, or who are currently in a relationship characterized by aggression may benefit from non couples-based relationship education. Considering controversy in the literature around the effectiveness of relationship education for economically disadvantaged populations and the potential benefit to this population, more information is needed on individual-oriented relationship education programs. In particular, information is needed on programs targeting individuals in diverse life-situations who are at-risk for relationship instability and poor relationship quality (e.g., individuals who exhibit multiple risk factors, including unemployment, substance abuse, poverty, low education levels, incarceration, disruptions in one's own parents' marital status, and prior experiences of abuse).

To address these gaps, we sought to (1) describe the individual, relationship, and family characteristics of participants reached through individual-oriented relationship education integrated into community-based agency's service delivery models; (2) assess participants' satisfaction with a research-informed relationship education curriculum developed specifically for individuals rather than couples (Within My Reach, described below); (3) determine whether single and partnered participants report improvements in relationship-related outcomes after participation; and (4) examine whether program benefits are different for those with a history of parental marital instability (divorce/separation/never-married), with a history of parental abuse or neglect, or currently in a distressed relationship. This evaluation adds to a growing body of studies examining a diverse cadre of programs aimed at strengthening families through parenting, relationship education, and the coparenting system (see Lebow, 2013; McHale, Waller, & Pearson, 2012).

The Current Study

The current study examined single and partnered individuals who participated in Within My Reach classes as part of the Healthy Relationships Program, a demonstration project funded by the Administration for Children and Families through the Healthy Marriage Initiative. The goal of the Healthy Relationships Program was to provide relationship education services in community-based settings for individuals and couples who exhibited multiple risk factors for poor personal and interpersonal outcomes. Specifically, through partnerships with community- and faith-based human services organizations, the program served populations including parolees and their families, individuals and families in recovery from addiction, and families in transitional housing. Services were provided on site at the referral organization as a supplement to programming in place at these agencies. Prior research has indicated that relationship education may be particularly effective when provided in conjunction with services that promote self-sufficiency, such as employment and housing (see Ooms & Wilson, 2004). A strength of the current program is that it was delivered in a variety of settings including substance abuse treatment programs and a diverse set of self-sufficiency and family support organizations.

One objective of the program was to offer voluntary relationship education to everyone served by partnering organizations, regardless of marital status. The Within My Reach

(WMR; Rhoades & Stanley, 2009) curriculum was selected for single individuals and coupled individuals whose partners were unable or uninterested in attending classes. WMR is a relationship skills building program targeting single or partnered individuals attending classes by themselves (Pearson, Stanley, & Kline, 2005). It is based on the Prevention and Relationship Enhancement Program (PREP; Markman, Stanley, & Blumberg, 2010), which has demonstrated positive effects on couple communication skills, relationship satisfaction, and interpersonal violence, as well as reduced rates of break-up and divorce (Einhorn et al., 2008; Halford, Markman, Kline, & Stanley, 2003; Renick, Blumberg, & Markman, 1992; Stanley, Markman, & Whitton, 2002). In addition to individual-oriented education, married couples participating in the Healthy Relationships Program were offered Within Our Reach, a couples-based PREP, Inc. curriculum. The current study used data collected from participants in WMR.

WMR was originally designed to meet the needs of economically disadvantaged parents and has since expanded its target audience to individuals in diverse situations (Rhoades & Stanley, 2011). The program seeks to help those in relationships to “cultivate, protect, and stabilize their unions, and to marry if desired”; to help individuals in abusive or unsafe relationships leave safely; and to help single individuals “choose future partners wisely” (Rhoades & Stanley, 2009). To meet these goals, the curriculum emphasizes communication skills, as well as issues of trust and commitment, coping with blended families, identifying signs and signals of abusive relationships and how to get help, and tools for planning for healthy relationships and marriage in the future. Preliminary research on the WMR program delivered through community-based organizations finds high levels of attendance and participant satisfaction, self-reported improvements in relationship skills and relationship quality (Antle et al., 2013), and self-reported reductions in interpersonal violence (Antle, Karam, Christensen, Barbee, & Sar, 2011).

The current study is the only report of findings from The Healthy Relationship Program demonstration project. We addressed the following exploratory evaluation questions:

- Who participates in individual-oriented relationship education integrated into community-based agencies?
- What were participants’ perceptions of the helpfulness and impact of individual-oriented relationship education?
- Do single individuals, including single parents, increase their beliefs that they have the skills needed to attain a healthy and stable union?
- Do partnered individuals improve the quality of their relationships and their confidence in the relationship, and show a decrease in relationship conflict?
- Do all individuals improve their general relationship skills? Also, do changes in acquisition of relationship skills differ as a function of relationship status (i.e., single or partnered)?
- Do changes in relationship beliefs, relationship quality, and relationship skills differ for participants as a function of their parents’ marital status during childhood, prior parental abuse or neglect, or current relationship distress?

METHOD

Participating Agencies

The Healthy Relationship Program provided relationship education in collaboration with 30 community-based agencies in the Denver, Colorado, metro area, a primarily urban and suburban setting. Partnering agencies were broadly classified into two types: those providing treatment for individuals with substance use problems and those

providing self-sufficiency and family support services. Treatment agencies provided both inpatient and outpatient treatment, primarily for substance abuse and dependence, and many clients also received treatment for co-occurring mental health problems. Some treatment agencies targeted specific populations; for example, one residential program provided substance use treatment to pregnant women and mothers of young children.

Although a mix of agency types, agencies categorized as self-sufficiency and family support service providers all provided services to support individuals and families in maintaining independence and improving quality of life. Specifically, these agencies served individuals seeking or receiving temporary assistance for needy families (TANF), individuals and families seeking services to overcome child abuse, domestic violence, or homelessness, and previously incarcerated individuals as they begin re-entry into the community. A small number of agencies did not provide either self-sufficiency or substance use treatment services (for example, schools, churches, youth services).

Agencies had various methods for recruiting individuals to participate in the Healthy Relationship Program. Typically, agencies promoted the Healthy Relationships Program as a voluntary supplemental intervention that would assist their clientele with their primary presenting issue. Organizations generally offered six to eight sessions of 1.5–2 hour classes in the daytime or evenings. In some instances, 2-day workshops (6 hours each day) were offered to clients. Self-sufficiency agencies offered the program as an option to enhance clients' relationships with family members and others, and to support healthy family systems and positive parenting choices. Treatment agencies promoted the program as a way to strengthen recovery and continued sobriety through development of healthy relationships skills leading to stronger family supports.

Program Participants

The Healthy Relationships Program provided WMR classes to 1,294 individuals over the 3-year study period. Nineteen percent of participants were provided services in substance use treatment agencies and 72% received classes offered by agencies providing self-sufficiency and family support services. A small proportion (9%) was served by other types of agencies. Figure 1 is a participant flow diagram and provides details about selection of participants into the study sample.

The vast majority of individuals ($n = 1280$) consented to the evaluation. Of those who consented, 974 (76%) attended at least 8 hours¹ of relationship education. We conducted *t*-tests and chi-square analyses to examine whether this group of participants differed on any of the variables included in this study from those who attended fewer class hours. The groups differed on two variables: agency type and education level. Participants who received services at treatment agencies were more likely (82%) to attend at least 8 hours of the program than were people served at self-sufficiency or other types of agencies (75%), $p < .05$. Also, a greater proportion of participants with education at the high school level or higher (84%) attended at least 8 hours than did those with less than a high school degree (75%), $p < .01$.

Of the 974 who attended at least 8 hours of relationship education, 706 (73%) provided data on both the pre- and postintervention measures. Again, we conducted chi-square tests and *t*-tests to examine whether any of the variables included in this study distinguished between those who provided data at post and those who did not. The two groups differed on several variables. Those who did not provide post data were more likely to have received services at agencies providing self-sufficiency/family support or other services; be

¹8 hours was the minimum requirement by the grant for participants to be counted toward numbers served. Almost all of those who attended less than 8 hours of the program also did not complete postintervention measures.

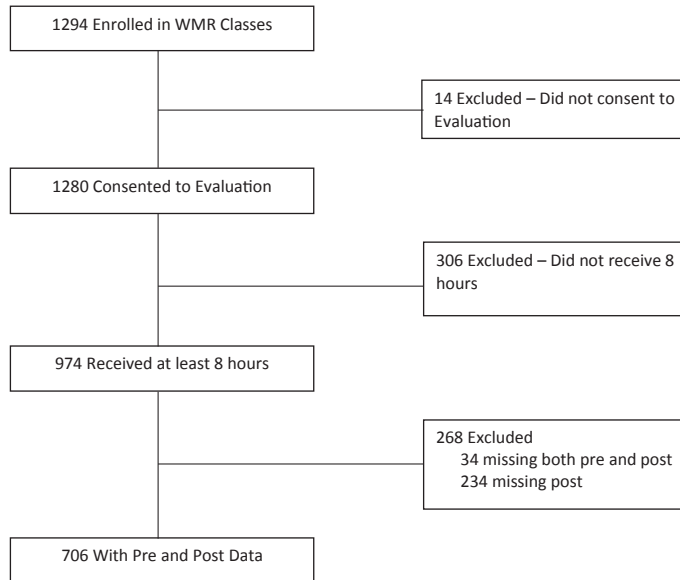


FIGURE 1. Participant Selection into Evaluation Sample

of a minority ethnic group; be unemployed; not have a criminal history; have parents who never married, or were separated or divorced; be single; be distressed if partnered; be parents; have all of their children be under age 18; and have all of their children living at home. Table 1 provides detailed information on significant group differences.

Thus, study participants were the 706 individuals who agreed to participate in the evaluation, received at least 8 hours of relationship education in the WMR classes during the study period, and provided both preintervention and postintervention data.

Table 2 provides information on the demographic and background characteristics of study participants. Participants were predominantly female (75%) and had a mean age of 30.44 years ($SD = 9.30$; range = 18–73 years). The largest ethnic group was made up of those identifying as Hispanic, Latino/Latina, or Spanish (41%), followed by Caucasian (32%), and African American (15%). The vast majority of participants attended classes in English with 5% attending a Spanish language class.

Almost all participants in this program lacked a college degree (98%) and about 32% had not graduated from high school or received a GED. Seventy percent of participants were unemployed and 53% were receiving some form of public assistance (TANF, food stamps, or free or reduced lunch). Almost one-half of participants (49%) reported a prior criminal conviction. Thirty-six percent of participants reported coming from intact homes where both parents were married; the remaining participants reported either that their parents had divorced or separated (39%) or that their parents had never married (25%). Furthermore, 56% of participants reporting having experienced some form of parental neglect or abuse (defined as being sworn at, insulted, hit, or neglected sometimes or often).

Table 3 summarizes information regarding relationship status for study participants. The majority of individuals seeking WMR classes were either single or in an unmarried romantic relationship; an additional 13% were married. Among individuals who were unmarried but partnered, 47% reported that they were engaged or planned to marry and 38% reported living together. Participants' relationships or marriages varied in duration

TABLE 1
Differences between Samples with and without Post Data

	% Without post	% With post	Chi-square (df)
Agency Type			
Treatment (<i>n</i> = 193)	14.5	85.5	20.54** (2)
Self-Sufficiency/Family Support (<i>n</i> = 659)	26.1	73.9	
Other (<i>n</i> = 88)	38.6	61.4	
Ethnicity			
Non-Caucasian (<i>n</i> = 675)	29.8	70.2	30.69** (1)
Caucasian (<i>n</i> = 224)	12.2	87.8	
Employment Status			
Unemployed (<i>n</i> = 592)	17.1	82.9	10.16** (1)
Employed (<i>n</i> = 229)	8.3	91.7	
Criminal History			
No convictions (<i>n</i> = 407)	17.4	82.6	6.29* (1)
1+ convictions (<i>n</i> = 369)	11.1	88.9	
Parent Marital Status			
Divorced, Separated, or Never Married (<i>n</i> = 536)	18.1	81.9	13.26** (1)
Married (<i>n</i> = 272)	8.5	91.5	
Relationship Status			
Single (<i>n</i> = 413)	25.4	74.6	12.08** (1)
Partnered (<i>n</i> = 464)	15.9	84.1	
Relationship Distress			
Distressed (<i>n</i> = 88)	22.7	77.3	4.83* (1)
Nondistressed (<i>n</i> = 332)	13.3	86.7	
Parental Status			
Parents (<i>n</i> = 733)	16.2	83.8	7.30* (1)
Nonparents (<i>n</i> = 91)	5.5	94.5	
Age of Children			
All under 18 (<i>n</i> = 564)	18.6	81.4	11.59** (1)
Some or all over 18 (<i>n</i> = 101)	5.0	95.0	
Children Living with Participant			
All (<i>n</i> = 440)	21.4	78.6	19.13** (1)
Some/none (<i>n</i> = 218)	7.8	92.2	

**p* < .05.

***p* < .01.

from under 6 months to greater than 10 years. Finally, approximately 31% of participants reported distressed relationships or marriages (i.e., scored 48 or lower on the RDAS, described in the Outcome Measures section).

The vast majority of program participants were parents: 87% indicated having one or more children or being currently pregnant. Table 4 provides information about family structure for program participants separately for single and partnered individuals. Most single and partnered individuals indicated that at least one of their children was under the age of 18 and that at least one of their children lived with them. Among partnered parents, 44% reported being a part of a blended family, that is, one where at least one child in the family was a stepchild or not a biological child (for example, the participant was a relative such as an aunt or an unrelated individual taking care of a child).

Evaluation Procedures²

Class facilitators were trained by evaluation staff to administer evaluation protocols, including administration of surveys and informed consent. WMR participants who agreed

²This project was conducted as program evaluation to meet requirements of the funding agency and to guide program improvements and does not meet the definition of research as per DHHS regulations.

TABLE 2
Demographic and Background Characteristics

	<i>M (SD)</i>	
	Valid <i>N</i>	%
Age in years (<i>n</i> = 706)		30.4 (9.3)
Gender (<i>n</i> = 704)		
Female	525	74.6
Ethnicity (<i>n</i> = 698)		
African American	105	15.0
American Indian/Alaskan Native	18	2.6
Asian/Pacific Islander	7	1.0
Caucasian	224	32.1
Hispanic/Latino/Spanish	285	40.8
Mixed/Biracial	59	8.5
Language of Instruction (<i>n</i> = 706)		
English	669	94.8
Spanish	37	5.2
Educational Attainment (<i>n</i> = 669)		
Less than GED or HS Equivalency	215	32.1
HS Diploma, GED, or HS Equivalency	234	35.0
Some College/Technical School	203	30.3
College Degree/Higher	17	2.5
Employment Status (<i>n</i> = 701)		
Currently working	210	30.0
Income Source (<i>n</i> = 686)		
Receiving public assistance ^a	360	52.5
Criminal History (<i>n</i> = 664)		
Prior conviction	328	49.4
Parent Marital Status (<i>n</i> = 688)		
Married	249	36.2
Divorced or separated	266	38.7
Never married	173	25.1
Experienced Parental Abuse ^b (<i>n</i> = 701)		
Yes	392	55.9

Note. ^aPublic assistance includes TANF, food stamps, and eligibility for free/reduced lunch.

^bEndorsed being sworn at, insulted, hit, or neglected by a parent, "sometimes" or "often".

to participate in the evaluation completed surveys at two time points: *preintervention* surveys were completed at the start of the first class and *postintervention* surveys were completed at the end of the last class. *Pre-* and *postintervention* surveys collected information on key outcome measures. In addition, the *preintervention* survey collected demographic, relationship, and family structure information and the *postintervention* survey provided participants with the opportunity to rate satisfaction with the program and provide additional details about their program experiences. Participants were provided a \$10 gift card for completion of pre and post surveys.

Program Satisfaction Survey

On the *postintervention* survey, participants responded to three questions regarding global satisfaction with the program, the degree of belief that the program had been helpful, and the degree of belief that relationships had improved as a result of the program. Responses were on a Likert scale ranging from 1 to 5 with higher scores indicating greater satisfaction or positive impact. Participants also provided open-ended responses regarding their experience and feedback for program facilitators.

TABLE 3
Couple Characteristics

	Valid N	%
Relationship Status (<i>n</i> = 698 ^a)		
Single	308	44.1
Unmarried	302	43.3
Married	88	12.6
Expectations to Marry (<i>n</i> = 302 ^b)		
Not engaged and no plans	161	53.3
Engaged/Plan to marry	141	46.7
Cohabitation Status (<i>n</i> = 302 ^b)		
Not-cohabiting	186	61.6
Cohabiting	116	38.4
Length of Relationship (<i>n</i> = 377 ^c)		
Less than 6 months	57	15.1
Between 6 months and 2 years	92	24.4
Between 2 and 5 years	90	23.9
Between 5 and 10 years	79	21.0
More than 10 years	59	15.6
Relationship Distress (<i>n</i> = 356 ^c)		
Nondistressed	247	69.4
Distressed	109	30.6

Note. ^aData about relationship status were not available for 8 of 706 participants.

^bData about expectations to marry and cohabitation status are presented for only those participants who indicated being unmarried but partnered (*n* = 302).

^cData about length of relationship and relationship distress are presented for only those participants who indicated being partnered (either unmarried or married; *n* = 390).

Outcome Measures

The Healthy Relationships Program's WMR outcome evaluation was developed to assess change in several areas of relationship functioning for single and partnered participants. Due to limited time available for data collection and lower literacy levels among many participants, existing measures were adapted for use in this study or new measures were developed.

All participants

General relationship and communication skills were measured for all participants using the *Relationship Readiness Scale* of the Caring for My Family Curriculum developed by the Family of Consumer Science at Michigan State University Extension (2003; Cox & Shirer, 2009). This scale consists of 10 items pertaining to effective communication, problem solving, self-care, and anger management (for example, "I listen to others and allow them to express their feelings freely"). Response options were modified such that respondents were asked to indicate the strength of their agreement/disagreement with each item (1 = *strongly disagree* to 5 = *strongly agree*). A mean score of the 10 items was taken with higher scores denoting greater relationship and communication skills ($\alpha = .82$).

Single-only outcome measure

A 4-item scale measuring single individuals' beliefs about their ability to obtain a healthy relationship was developed for this project. Items were adapted from surveys used in other marriage education programs. The four items were, "I believe that I will choose the 'right' partner," "I believe that I will take time to figure out what my partner is like

TABLE 4
Family Characteristics (n = 606^a)

	Single parents		Partnered parents	
	Valid N	Median (range)	Valid N	Median (range)
Number of children (<i>N</i> = 606)	246 <i>N</i>	2 (0–9) %	360 <i>N</i>	2 (0–11) %
Family Structure (<i>N</i> = 541)				
Participant (and partner, if applicable) are biological or adoptive parents to all children	214	96.8	180	56.3
Participant (and partner, if applicable) are step or other ^b parents to at least one child	7	3.2	140	43.8
Age of Children (<i>N</i> = 547)				
All children under 18	175	78.1	277	85.8
Children both under and over 18	33	14.7	37	11.5
All children over 18	16	7.1	9	2.8
Children Living with Participant (<i>N</i> = 539)				
No children live with participant	49	22.5	49	15.3
Some children live with participant	37	17.0	61	19.0
All children live with participant	132	60.6	211	65.7

Note. ^a6 of 706 participants did not indicate parental status. 614 of the remaining 700 were parents; however, relationship status was unavailable for 8 of these participants. Thus, data are presented for 606 participants.

^bFor example, the participant was a relative such as an aunt, or an unrelated individual taking care of a child.

before getting too serious,” “I have the skills to be a good partner,” and “I believe that I’ll have a lasting relationship with someone who treats me well and is committed to me.” Respondents were asked to indicate the strength of their agreement/disagreement with each item (1 = *strongly disagree* to 5 = *strongly agree*). A mean score of the four items was taken with higher scores denoting stronger beliefs ($\alpha = .75$).

Couple-only outcome measures

Individuals who were married or in a relationship were administered additional measures of relationship conflict, confidence, and quality.

Relationship interaction was assessed with three items. Items were developed for this study based on similar items found to be predictive of marital happiness and instability (see Amato, 2007): “My partner puts me down and makes me feel bad about myself”; “Little arguments blow up into big, ugly fights”; and “When we argue, one of us stops talking or walks away”. Respondents were asked to describe how often each happens (1 = *never or almost never*, 2 = *sometimes*, 3 = *frequently*). Responses on the first two items were moderately correlated ($r = .51$) so a mean of the two items was calculated to capture relationship conflict. The item examining withdrawal from arguments was not highly correlated with the other two items and was excluded.

Confidence in the stability of the relationship was measured by four items adapted from the *Confidence Scale* (Stanley, 2003). An example item is “I believe we can handle whatever conflicts will arise in the future.” Respondents were asked to indicate the strength of their agreement/disagreement with each item (1 = *strongly disagree* to 5 = *strongly agree*). A mean score of the four items was taken with higher scores denoting greater confidence ($\alpha = .93$).

Relationship quality was measured using the *Revised Dyadic Adjustment Scale* (RDAS; Busby, Christensen, Crane, & Larson, 1995). This scale is comprised of 14 items that tap

into the domains of relationship satisfaction (for example, “How often do you discuss or have you considered divorce, separation, or terminating your relationships?”), cohesion (for example, “How often do you and your partner work together on a project?”), and consensus on matters of importance to relationship functioning (for example, “Describe how often you and your partner agree or disagree about making major decisions”). Response options varied depending on the question. Summed scores for this measure range from 0 to 69 with higher scores denoting great relationship adjustment or quality ($\alpha = .92$). Scores were also dichotomized to identify participants in distressed versus nondistressed relationships using a recommended cutoff score of 48 (Crane, Middleton, & Bean, 2000).

RESULTS

Participant Satisfaction

Responses to the satisfaction survey indicated that participants walked away from the classes with a very positive impression of the usefulness and impact of the program. Over 90% of participants (among both single and partnered individuals) indicated global satisfaction with the program, and the impression that it was helpful to them. Close to 80% of participants indicated that the program had improved their relationships (Table 5).

Changes in Outcomes after Participation

A series of paired-samples *t*-tests were conducted to examine changes from pre- to post-program for each of the outcome variables: belief in ability to develop a healthy future relationship among those who were single when starting the classes; conflict, confidence, and relationship quality among partnered individuals; and relationships skills among all participants. Preliminary analyses including gender (i.e., in 2×2 ANOVAs with gender as a between-subjects factor) provided no evidence of interactions suggesting that males and females responded similarly to the program. Similar analysis of relationship skills with relationship status as a between-subjects factor suggested that single and partnered individuals similarly benefitted from the program. Thus, results are presented for simpler paired samples *t*-tests.

TABLE 5
Participant Program Satisfaction

	Valid N	%
How satisfied were you with the healthy relationships program (<i>n</i> = 679)		
Not at all satisfied	3	0.4
Not too satisfied	6	0.9
Somewhat satisfied	39	5.7
Satisfied	174	25.6
Very satisfied	457	67.3
How helpful to you was the healthy relationships program (<i>n</i> = 679)		
Not at all helpful	2	0.3
Not too helpful	8	1.2
Somewhat helpful	41	6.0
Helpful	180	26.5
Very helpful	448	66.0
Do you think your relationships improved by participating in the healthy relationships program (<i>n</i> = 670)		
Not at all	14	2.1
Not too much	22	3.3
Neutral	108	16.1
Yes	229	34.2
Yes, very much	297	44.3

Table 6 presents the means and *SDs* for pre- and postoutcome measures, results of the paired samples *t*-tests, and Cohen's *d* measures of effect size. Single individuals reported significantly increased belief in their ability to obtain healthy relationships in the future. Partnered individuals showed significant increases in ratings of confidence in the relationship and relationship quality, and a significant decrease in relationship conflict. Finally, all participants showed a significant increase in relationship skills. Effect sizes (Cohen's *d* for within-subjects designs) ranged from small (.13) to moderate (.38).

A series of multiple regression analyses were conducted to assess whether participants who (1) experienced parental marital instability (i.e., experienced a parental divorce/separation/never married); or (2) experienced prior parental abuse or neglect during childhood; or (3) were in a distressed relationship showed greater or fewer improvements in relationship outcomes than other participants. For each model, the relationship outcome at time 2 was regressed on the premeasure of that outcome, and each of the relevant predictor variables. Results from each model indicated that there was not a significant association between changes in relationship outcomes and childhood parental marital instability, prior parental abuse/neglect, or currently in a distressed relationship.

DISCUSSION

The current study aimed to explore demographic and risk factors as well as outcomes for a large group of individuals receiving publicly funded relationship education services delivered in community settings.

Descriptive findings suggest that individuals engaging voluntarily in relationship education services are a diverse group in terms of demographics, relationship status, and living situations. Although program participants were typically single or unmarried, findings suggest that many married individuals were also interested in attending relationship education services without their partner present. Importantly, relationship education through community-based partners reached individuals who demonstrate many of the risk factors for relationship distress and dissolution (see Halford et al., 2003, for a summary of individual and contextual characteristics). These include low socioeconomic resources, criminal history, parental separation/divorce, and neglect or abuse in families of origin. The majority of individuals receiving services were parents with at least one child under the age of 18 living with them. Single individuals were most frequently caring for children and partnered participants were often part of a blended family—an acknowledged source of relationship conflict (Bray, 1988; Lawton & Sanders, 1994).

Results of outcome analyses indicated positive impact of individual-oriented relationship education on relational outcomes for singles as well as partnered individuals. Singles reported increased belief in their ability to obtain a healthy relationship—an area that is

TABLE 6
Results of Outcome Analyses

	<i>N</i>	Pre-mean (<i>SD</i>)	Post-mean (<i>SD</i>)	<i>t</i> (<i>df</i>)	Effect sizes
Beliefs	270	4.02 (.70)	4.27 (.63)	6.35** (269)	.38
Conflict	329	1.41 (.53)	1.35 (.47)	2.21* (328)	.13
Withdrawal	325	2.03 (.73)	1.88 (.68)	3.80** (324)	.21
Confidence	321	16.42 (3.50)	17.00 (3.26)	3.34** (320)	.19
Relationship quality	283	52.19 (11.43)	53.38 (9.66)	2.59** (282)	.16
Relationship and communication skills	694	3.79 (.63)	3.94 (.60)	7.27** (693)	.28

**p* < .05.

***p* < .01.

specifically targeted by the WMR curriculum. Single individuals seeking relationship education may have already experienced difficult relationships or have cycled through brief, high-conflict relationships, and are likely to demonstrate a lack of hope and optimism about their ability to form and maintain healthy and loving relationships (see Stanley, Allen et al., 2005). Helping such individuals identify the markers of a healthy relationship, and boosting their hope and confidence for achieving such relationships, may reduce involvement in unhealthy relationships, thereby reaping rewards for themselves as well as for children under their care (Stanley, Allen et al., 2005). Partnered participants reported positive impact and significant improvements on a range of indices of relationship functioning. It is particularly notable that even though the classes were delivered to only one individual in a couple, these individuals still reported reduced conflict and increased relationship quality. These findings support the program's use in promoting couple-level outcomes that may help prevent intimate partner violence (Antle et al., 2013). Single and partnered participants also showed similar skill acquisition in the areas of general relationships skills, that is, communication, problem solving, self-care, and anger management—skills that are associated with enhanced relationship quality (Clements, Stanley, & Markman, 2004). Finally, satisfaction survey results suggest that the program was well-received by the majority of diverse participants who found it to be helpful and to have improved their intimate relationships. Together, these findings underscore the utility of individual-based relationship education and, along with the Antle et al. (2011, 2013) studies, begin to build the evidence base for community-based programs targeting a broad base of individuals with multiple risk factors for relationship instability.

This study also examined whether participants with certain risk factors (parental marital instability, prior abuse/neglect, and current relationship distress) showed similar relationship outcomes than participants without these risk factors. We did not detect significant associations between changes in relationship outcomes and prior marital instability or prior abuse/neglect or current relationship distress. Individuals served by the Healthy Relationships Program often were experiencing multiple stressors such as low socio-economic resources, recovery from addiction, involvement with criminal justice issues, etc. Thus, the program may be equally beneficial to clients experiencing a combination of stressors and complex life circumstances.

Limitations and Future Directions

Several limitations of the current study merit comment. Budgetary and logistical constraints arising from the naturalistic nature of the evaluation precluded comparison to a control group and use of observational measures. Thus, we cannot rule out the possibility that observed improvements are a result of time, maturity, or response bias. Although difficult to implement in naturalistic settings, future evaluations would benefit from use of comparison groups (e.g., waitlist controls) and multimethod measures of behavior. It would also be ideal to obtain information about relationship improvements from coupled participants' partners to validate the improvements reported by participants. While it is notable that program participants reported improved quality of relationships, it would be interesting to see whether the other member of the couple experienced similar changes. Furthermore, while Rhoades and Stanley (2009, 2011) make a strong case for the value of individual-oriented relationship education delivered to partnered individuals, and which is supported from results of this study, we do not know whether there are negative implications on the couple system when only one member of a couple participates. To prevent this from occurring, the WMR curriculum devotes special attention to handling difficult encounters, identification of interpartner aggression warning signs, avenues to get help if needed, and how to safely exit unsafe relationships. In addition, WMR facilitators in the

current study were trained to handle issues of domestic violence and were equipped with referral information for couple-based programs or interventions if needed.

We also identified bias in our evaluation sample compared to the full sample of participants who started the program, which may have influenced the results. Of note, participants who completed the program were more likely to be in substance abuse treatment facilities than other types of agencies. This suggests that offering relationship education in certain types of community organizations may promote full participation more so than others, particularly if individuals are receiving ongoing services rather than one-time or more sporadic assistance. In addition, there were notable differences in participant characteristics between those with and without complete evaluation data. Anecdotally, program staff indicated that many participants left early to pick up children, meet with a case manager, etc., and were thus not present to complete the post evaluation form at the last class. Thus, it may be that those with busier schedules or greater responsibilities were disproportionately excluded from the evaluation.

Furthermore, the collection of relational outcomes at additional times after the end of the program will be important to better understand durability of effects. Findings reported in the literature suggest that relationship skills are generally maintained for a few years after an intervention (Halford et al., 2003), but it is unclear if similar findings would be obtained for large scale, community-based programs such as the one examined here.

Prior research suggests that in addition to having direct, measureable effects on current relationship quality, relationship education may be useful because it can increase commitment to work on relationship issues as they arise in the future and can encourage couples to seek out additional support or therapy should problems develop or continue (Stanley, 2001). Future research in this area might investigate whether those receiving relationship education do indeed seek out additional help at future time points. Relationship education is also hypothesized to have a positive impact on individuals' lives beyond their romantic relationship (Higginbotham, 2012). Indeed, participants in the current program provided open-ended responses on satisfaction surveys suggesting that newly learned skills had improved their relationships with children, other family members, and even coworkers. Sample comments that illustrate this point include: *"This program helped me to better my relationship with my husband, my children, and my friends/family,"* *"...I will take this info into my career as well as personal experiences and continue to learn and grow,"* and *"...I did learn a lot and it is helping me with all my relationships."* Examining downstream effects of improved relationship skills in domains such as general mental health and well-being, parenting, and employment (e.g., increased presenteeism or productivity) may provide support for the importance of making relationship education programs broadly available.

CONCLUSION

Effectiveness studies of individual-oriented relationship education programs are in their infancy (Rhoades & Stanley, 2011); there is far more to be done in this regard. Findings presented here provide greater understanding of the variety of stressors that are faced by recipients of publicly funded programs. In addition, results from outcome analysis highlight the positive changes that individuals with diverse background characteristics reported after receiving relationship education. Many individuals receiving relationship education through the Healthy Relationships Program were experiencing a combination of risk-factors for poor relationship outcomes such as a lack of formal education, prior criminal conviction, past parental abuse, and addiction. Positive findings from this study are encouraging in suggesting that relationship education may benefit those individuals and families in greatest need. In addition, findings suggest that relationship education

can benefit single individuals as well as coupled individuals who attend classes without their romantic partner, adding to a growing body of evidence supporting the utility of relationship education programs. Clinicians working with families experiencing multiple stressors may want to consider combining clinical interventions with relationship education programs, even if only one member of the couple is interested or able to attend. Overall, results highlight the need for and the utility of relationship education programs that offer services beyond the traditional populations of those who are already married, are engaged to be married, or are expectant parents. In conjunction with positive findings reported in other pre-post studies (Antle et al., 2011, 2013), this work lays the foundation to support more rigorous testing of program impact (Markman & Rhoades, 2012).

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