THE SUPPORTING HEALTHY MARRIAGE EVALUATION

EARLY IMPACTS ON LOW-INCOME FAMILIES

Supporting Healthy Marriage

OPRE Report 2012-11
February 2012

Executive Summary

The Supporting Healthy Marriage Evaluation: Early Impacts on Low-Income Families

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Overview

The Supporting Healthy Marriage (SHM) evaluation was launched in 2003 to test the effectiveness of a skills-based relationship education program designed to help low-income married couples strengthen their relationships and, in turn, to support more stable and more nurturing home environments and more positive outcomes for parents and their children. The evaluation is led by MDRC, in collaboration with Abt Associates and other partners, and is sponsored by the Department of Health and Human Services.

The SHM program is a voluntary, yearlong, relationship and marriage education program for low-income, married couples who have children or are expecting a child. The program provides group workshops based on structured curricula; supplemental activities to build on workshop themes; and family support services to address participation barriers, connect families with other services, and reinforce curricular themes. The study's rigorous random assignment design compares outcomes for families who are offered SHM's services with outcomes for a similar group of families who are not offered SHM's services but can access other services. This report presents estimated impacts on the program's targeted outcomes about one year after couples entered the study.

Key Findings

- **The SHM program produced a consistent pattern of small positive effects on multiple aspects of couples' relationships.** Relative to the control group, the program group showed higher levels of marital happiness, lower levels of marital distress, greater warmth and support, more positive communication, and fewer negative behaviors and emotions in their interactions with their spouses. The consistency of results across outcomes and data sources (surveys and independent observations of couple interactions) is noteworthy.

- **Compared with individuals in the control group, program group members reported experiencing slightly less psychological and physical abuse from their spouses.** Men and women in the program group reported less psychological abuse in their relationships, and men in the program group reported that their spouses physically assaulted them less often, compared with their control group counterparts.

- **Men and women in the program group reported slightly lower levels of adult psychological distress (such as feelings of sadness or anxiety) than their control group counterparts.**

- **The program did not significantly affect whether couples stayed married at the 12-month follow-up point.**

This study provides some encouraging evidence that a couples-based, family-strengthening intervention can yield positive effects when delivered on a large scale to low- to modest-income couples with diverse backgrounds. The importance of the short-term impacts, however, will ultimately depend on whether the program yields positive impacts on marital stability and parents' and children's well-being over time. The effects of SHM on longer-term outcomes — including effects on divorce and separation, parenting, father engagement, and child well-being two and a half years after couples enrolled in the study — will be explored in subsequent reports.

Acknowledgments

The Supporting Healthy Marriage (SHM) evaluation is made possible by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services. As the SHM program officer at ACF, Nancye Campbell provided wise guidance at every step of the report and to the project as a whole. Mark Fucello and Brendan Kelly, who served as program officers in the early years of the evaluation, continue to provide helpful insights. The report also benefited from ongoing input from Naomi Goldstein, Susan Jekielek, Seth Chamberlain, and Lauren Supplee. We also thank Mark Greenberg and Earl Johnson for their thoughtful review.

We are grateful to the program directors and staff at the eight local SHM programs that participated in this evaluation. They are working tirelessly to deliver high-quality services that meet the needs of their communities and to recruit and retain couples in program services, and they generously gave their time to help MDRC and our research partners collect the data needed for the evaluation.

Many thanks go to our team of dedicated research partners, including Larry Orr of Abt Associates as co-principal investigator in the early stages of the project; Kris Moore, Marty Zaslow, and colleagues at ChildTrends for their roles in designing the baseline and follow-up data collection instruments; Jan Melby from the Institute for Social and Behavioral Research at Iowa State University for training, and Hannah Williamson and Kimberley Hickman for overseeing, the coders of the videotaped observations of couple interactions at the University of California-Los Angeles (UCLA); and, lastly, Donna DeMarco, Brenda Rodriguez, Davyd Roskilly, Ricki Jarmon, and Brianna Roche from Abt SRBI, a subsidiary of Abt Associates, for their tireless efforts collecting the data used in this report.

We have also benefited from the involvement of many noted experts in the field of marital and family process research, program evaluation, and social policy. First, and foremost, it is with much gratitude that we thank Philip Cowan, Carolyn Pape Cowan, and Thomas Bradbury for being sage advisers who lent us their expertise, support, encouragement, guidance, and insights throughout the many phases of this project. Our work has been enriched in innumerable ways as a result of their involvement. We also express great thanks to Thomas Bradbury for leading the coding lab of the videotaped observational data at UCLA. We are grateful to Paul Amato and Benjamin Karney for their helpful insights throughout the project, including during the development of the program model, and for their consultation and review of survey instruments, the analysis plan, and the report. We also are indebted to Paul Amato for his reanalysis of the data from the Survey of Marriage and Family Life, which is discussed in the body of the report. We thank Chalandra Bryant, Rolando Diaz-Loving, Frank Furstenburg, and Charles Negy for providing significant guidance and feedback on the design of the survey instruments.

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Finally, we are deeply grateful to the couples and families in the study sample. Whether participating in the SHM program or as members of the control group, these families went through random assignment, participated in multiple waves of data collection, and granted us access to confidential information about themselves as part of the research effort. Without these families, this research would not have been possible.

The Authors

Executive Summary

The Supporting Healthy Marriage (SHM) evaluation was launched in 2003 using a rigorous research design to test the effectiveness of one possible approach to improving outcomes for lower-income parents and children: strengthening marriages as a foundation for supporting stable, nurturing family environments and the well-being of parents and children.[1] The Department of Health and Human Services, Administration for Children and Families (ACF), sponsored the evaluation as part of its family-strengthening research agenda. The evaluation is led by MDRC in collaboration with Abt Associates, Child Trends, Optimal Solutions Group, and Public Strategies as well as academic experts Thomas Bradbury, Philip Cowan, and Carolyn Pape Cowan.

SHM is motivated by two strands of research. One growing body of research shows that parents and children tend to fare better on a range of outcomes when they live in low-conflict, two-parent families; parent-child relationships are more supportive and nurturing when parents experience less distress in their marriages; and children are less likely to live in poverty when they grow up in two-parent families. A different strand of research points to the potential effectiveness of preventive, skills-based relationship education curricula for improving the quality of marriages. To date, this research has focused primarily on middle-income couples. Collectively, these findings have motivated policymakers to test strategies that could improve relationship stability and quality for low-income parents and, thereby, improve the outcomes for parents and their children.

This report presents the estimated 12-month effects of SHM on outcomes that were short-term targets of the intervention. These outcomes include marital stability, the quality of couple relationships, the quality of coparenting relationships, and men's and women's psychological distress. The effects of SHM on indirect or longer-term outcomes — including effects on divorce and separation, parenting, father engagement, and child well-being — will be explored in subsequent reports. A companion report to this one provides more detail on the SHM research sample and documents the implementation of the SHM program across eight local programs that are participating in this evaluation.[2]

[1]Throughout this report, the terms "low-income," "low-to-modest income," and "lower-income" are used to refer to couples with family incomes that are below 200 percent of the federal poverty level.

[2]Jennifer Miller Gaubert, Daniel Gubits, Desiree Principe Alderson, and Virginia Knox, *The Supporting Healthy Marriage Evaluation: Final Implementation Findings* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, Forthcoming, 2012).

Box ES.1

The SHM Program Model: Three Complementary Components

Relationship and marriage education workshops. The core SHM service, workshops were typically conducted with a range of 3 to 20 couples in a group setting in weekly sessions lasting 2 to 5 hours each. Longer than many marriage education services, SHM workshops typically lasted 6 to 15 weeks, for a total of 24 to 30 hours of curriculum.

Supplemental activities. These events built on and complemented the workshops, providing couples additional opportunities to learn and practice relationship skills and to build support networks with other married couples.

Family support services. Family support workers were the main link between couples and the program. They maintained contact over time, facilitated participation in the program by linking couples to needed community services, and worked in one-on-one settings to reinforce themes presented in the workshops.

The SHM Program Model

In eight locations across the United States, the SHM evaluation is testing a voluntary, yearlong program for low-income, married couples who, at study entry, had children or were expecting a child. The program included the three complementary components described in Box ES.1. The program's central and most intensive component was a series of relationship and marriage education workshops offered in the first four to five months of enrollment in the program. Longer than most marriage education services and based on structured curricula shown to be effective with middle-income couples, the workshops were designed to help couples enhance the quality of their relationships by teaching strategies for managing conflict, communicating effectively, increasing supportive behaviors, and building closeness and friendship. Workshops also wove in strategies for managing stressful circumstances commonly faced by lower-income families (such as job loss, financial stress, or housing instability), and they encouraged couples to build positive support networks in their communities. The eight local programs selected one of four curricula for their workshops. Complementing the workshops was a second component, which consisted of supplemental activities — educational and social events that were intended to build on and reinforce lessons from the curricula. The third component, family support services, paired couples with a specialized staff member who maintained contact with them and facilitated their participation in the other two program components. Because programs sought to keep couples engaged in services for one year, family support staff helped to meet family resource needs by connecting participants with other needed services, which also helped address participation barriers. Staff also reinforced the workshop themes and skills in their one-on-one meetings with couples.

An implementation analysis found that the full SHM program model was operated by the eight local programs participating in the study.[3] The average SHM operating cost per couple was $9,100, ranging from $7,400 to $11,500 per couple across the local programs. This cost reflects the intensity of a yearlong, multicomponent program model whereby substantial staff efforts focused on maintaining couples' engagement in the program. According to program information data, on average, 83 percent of couples attended at least one workshop; 66 percent attended at least one supplemental activity; and 88 percent attended at least one meeting with their family support workers. Once enrolled, couples participated in an average of 27 hours of services across the three components, including an average of 17 hours of curricula, nearly 6 hours of supplemental activities, and 4 hours of in-person family support meetings.

Intake and Characteristics of Couples in the Research Sample

To be eligible for the study, couples had to be low-income, report being married, be over age 18, and be either expectant parents or parents of a child under age 18 who lived in their home. They also had to understand one of the languages in which SHM services were offered (English or, in some locations, Spanish) and have no indication of domestic violence in the relationship.

From February 2007 to December 2009, a total of 6,298 couples meeting these eligibility criteria were recruited into the study and were randomly assigned into one of two research groups: (1) a program group, which was offered the package of SHM services, or (2) a control group, which was not provided SHM services but could receive other services available in the community.

At random assignment, the vast majority of couples (81 percent) were married.[4] This varied somewhat by location — in part, because some programs asked couples whether they considered themselves to be married rather than whether they were legally married, while other programs placed more emphasis on legal marriage as an eligibility criterion.

In terms of other characteristics, the couples in the SHM evaluation are quite diverse. At study entry, they had been married for about six years, on average. Most couples had low to modest incomes: 43 percent had incomes below the federal poverty level, and 39 percent had incomes between 100 percent and 200 percent of the threshold. About 43 percent of couples are Hispanic; 21 percent are white; 11 percent are black; and 25 percent are of another race or the spouses differ in racial or ethnic backgrounds. Couples had an average of two children. More

[3]Miller Gaubert, Gubits, Alderson, and Knox (Forthcoming, 2012).

[4]The 12-month impact analysis includes couples who enrolled in the study, regardless of their marital status at study entry. As a sensitivity check, the impact estimates were also conducted excluding couples who were not married when they entered the study; those results (not shown) mirror the impact estimates presented in this report.

than a quarter were stepfamilies. Close to 80 percent of husbands and wives reported that they were happy with their marriages at the time they entered the study, but a little more than half reported thinking in the past year that their marriage was in trouble. About one-fourth of couples had at least one spouse who was experiencing psychological distress. Similarly, about one-fifth of couples had at least one spouse who reported a substance abuse problem.

Compared with nationally representative samples of low-income married couples with children, SHM couples were more likely to live in or near poverty and were substantially less likely to be happy with their marriages and more likely to think in the past year that their marriages were in trouble. In line with previous findings that couples who are unhappier in their relationships are at greater risk of marital disruption,[5] these comparisons suggest that the typical SHM couple was more vulnerable to relationship instability than an average low-income married couple with children in the United States.

The 12-Month Impacts of SHM

The first step in understanding the short-term effects of the SHM program is to examine its estimated impacts on service receipt.

- **As expected, program group couples received substantially more group relationship and marriage education services than control group couples (not shown).** As reported by study participants, about 89 percent of program group couples, compared with 24 percent of control group couples, reported receiving any relationship and marriage education services in a group setting since random assignment. About 42 percent of program group couples reported attending more than 10 group sessions, compared with less than 3 percent of control group couples.

Table ES.1 presents the estimated effects of SHM on core measures of the quality and stability of marital relationships, individual psychological distress, and coparenting outcomes, approximately 12 months after couples enrolled in the study. (Box ES.2 provides additional details about the table's impact estimates.) The results are summarized below.

- **The SHM program produced a consistent pattern of small but statistically significant positive effects on the quality of couples' marital relationships.** Approximately 12 months after study entry, program group members reported higher levels of marital happiness, lower levels of marital distress, greater warmth and support, more positive communication skills,

[5]Benjamin R. Karney and Thomas N. Bradbury, "The Longitudinal Course of Marital Quality and Stability: A Review of Theory, Method, and Research," *Psychological Bulletin* 118, 1: 3-34 (1995).

The Supporting Healthy Marriage Evaluation

Table ES.1

Estimated Impacts on Primary Outcomes Based on the 12-Month Survey and Observed Couple Interactions

Outcome[a]	Program Group	Control Group	Difference (Impact)	Effect Size[b]	
Relationship status and marital appraisals					
Married[c] (%)	90.0	89.3	0.8	—	
Couple's average report of relationship happiness[d]	5.93	5.77	0.15	0.13	***
Either spouse reports marriage in trouble (%)	47.7	52.9	-5.2	—	***
Reports of marital-quality interactions[e]					
Men's report of warmth and support	3.46	3.42	0.04	0.09	***
Women's report of warmth and support	3.37	3.32	0.05	0.09	***
Men's report of positive communication skills	3.24	3.19	0.05	0.08	***
Women's report of positive communication skills	3.22	3.15	0.07	0.11	***
Men's report of negative behavior and emotions	2.16	2.23	-0.07	-0.08	***
Women's report of negative behavior and emotions	2.10	2.19	-0.09	-0.12	***
Observed marital-quality interactions[f]					
Men's warmth and support	1.98	1.95	0.03	0.05	
Women's warmth and support	1.98	1.98	0.00	0.00	
Men's positive communication skills	5.57	5.49	0.08	0.10	*
Women's positive communication skills	5.76	5.68	0.08	0.09	*
Men's anger and hostility	1.25	1.28	-0.03	-0.05	
Women's anger and hostility	1.37	1.42	-0.06	-0.10	*
Psychological abuse, physical assault, and infidelity					
Men's report of psychological abuse[e]	1.30	1.34	-0.04	-0.09	***
Women's report of psychological abuse[e]	1.25	1.28	-0.04	-0.08	***
Men's report of any physical assault (%)	11.3	13.4	-2.2	—	**
Women's report of any physical assault (%)	8.6	9.2	-0.5	—	
Men's report of any severe physical assault (%)	1.5	1.9	-0.3	—	
Women's report of any severe physical assault (%)	1.6	1.6	0.0	—	
Neither spouse reported infidelity (%)	92.4	91.3	1.1	—	
Individual psychological distress and coparenting relationship[e]					
Men's psychological distress	1.85	1.90	-0.05	-0.06	**
Women's psychological distress	1.95	2.02	-0.07	-0.09	***
Men's report of cooperative coparenting	3.45	3.43	0.02	0.03	
Women's report of cooperative coparenting	3.33	3.30	0.02	0.04	
Sample size					
Survey-reported outcomes					
Couples	2,650	2,745			
Men	2,415	2,504			
Women	2,575	2,668			
Observed outcomes (couples)[g]	695	702			

(continued)

Table ES.1 (continued)

SOURCES: MDRC calculations based on the SHM 12-Month Follow-Up Survey and Observational Study.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members.

Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent.

Rounding may cause slight discrepancies in sums and differences.

[a]Relationship status, marital appraisals, and infidelity are defined at the couple level; therefore, impact estimates for men and women are not applicable. Boxes 4 and 5 near the end of the report describe how these outcomes are defined.

[b]A dash indicates that a value is not shown for dichotomous outcomes because percentage point differences are readily interpretable. Effect size is calculated by dividing the impact of the program (the difference between the means for the program group and the control group) by the standard deviation for the control group.

[c]This includes couples who, at follow-up, were still married or still in a committed relationship with the same partner they had when they entered the study.

[d]The scale ranges from 1 to 7, where 1 = "completely unhappy" and 7 = "completely happy."

[e]The scale ranges from 1 to 4, where higher scores indicate higher levels of the respective survey-reported outcomes: warmth and support, positive communication skills, negative behavior and emotions, psychological abuse, individual psychological distress, and cooperative coparenting.

[f]The scale ranges from 1 to 9, where higher scores indicate higher levels of the respective observed outcomes: warmth and support, positive communication skills, and anger and hostility.

[g]Observed outcomes were collected for equal numbers of men and women.

and fewer negative behaviors and emotions in their interactions with their spouses, relative to control group members. Independent observations of couples interacting with each other also indicated that the program group, on average, showed more positive communication skills and less anger and hostility than the control group. Although the estimated effects are small, there is noteworthy consistency of results across several outcomes and the two data sources used at the 12-month follow-up point.

- **Compared with spouses in the control group, spouses in the program group reported experiencing slightly less psychological and physical abuse.** Men and women in the program group reported less psychological abuse in their relationships than their control group counterparts. In addition, fewer men in the program group reported that their spouses had physically assaulted them during the past three months, relative to men in the control group; the estimated effect for women is not statistically significant.

- **Men and women in the program group reported slightly lower levels of individual psychological distress than their counterparts in the control group.** Again, the estimated impacts on individual psychological distress (such as feelings of sadness or anxiety that interfered with daily activities) are

Box ES.2

How to Read Table ES.1

The "Difference (Impact)" and "Effect Size" columns of Table ES.1 show the estimated impacts — or the differences in mean values or percentages on outcomes between the program and control groups. For most of the outcomes in this table, impact estimates are shown in standardized effect sizes, which is the impact estimate divided by the standard deviation of the outcome of interest for the control group. For binary outcomes in this table, impact estimates are presented as percentage point differences between the program and control groups.

Effect sizes are one way to interpret the substantive significance of the impact estimates. The magnitude of effect sizes can be interpreted with respect to empirical benchmarks that are relevant to the intervention, target population, and outcome measures being considered,[*] but, in the absence of such information, one can broadly characterize the potential substantive significance of the impacts by using general rules of thumb suggested by Cohen, whereby effect sizes of 0.2 or less are considered "small"; an effect size of 0.5 is considered "moderate"; and effect sizes of 0.8 or above are considered "large."[†]

The number of asterisks shown in the table indicates whether a given estimated impact is statistically significant (or that the estimated impact is large enough that it is unlikely to be due to a program with no true effect). One asterisk corresponds with whether the estimated impact is statistically significant at the 10 percent level; two asterisks indicate statistical significance at the 5 percent level; and three asterisks indicate statistical significance at the 1 percent level.

NOTES: [*]Carolyn J. Hill, Howard S. Bloom, Alison Rebeck Black, and Mark W. Lipsey, "Empirical Benchmarks for Interpreting Effect Sizes in Research" (New York: MDRC, 2007).

[†]Jacob Cohen, *Statistical Power Analysis for the Behavioral Sciences,* 2nd ed. (Hillsdale, NJ: Lawrence Erlbaum, 1988).

small in magnitude but reflect a pattern of positive effects from the SHM program.

- **SHM's estimated impacts are generally consistent across the eight local programs in the evaluation.** Although the estimated effects are larger in some programs than in others, the differences across programs are too small to conclude that they result from true differences in the programs' effectiveness rather than from chance variation.

- **Some evidence suggests that the positive estimated impacts of SHM are somewhat larger and more consistent for Hispanic couples and for couples with high marital distress at study entry.** There is some uncertainty, however, about whether the differences can be attributed to these specific

characteristics or to other differences across the groups. For example, Hispanic couples also reported higher levels of distress at study entry, and they were clustered in particular local programs, making it difficult to disentangle the factors that underlie estimated subgroup differences in program impacts.

Discussion

The SHM evaluation set out to develop, implement, and test a voluntary, yearlong, relationship and marriage education program designed for low-income married couples with children. The program aimed to strengthen the quality and stability of low-income parents' marriages and, in turn, to support stable and nurturing family environments, thereby improving outcomes for low-income parents and their children. The short-term results of the SHM evaluation provide some of the first evidence demonstrating positive effects from a couples-based, family-strengthening intervention that was delivered on a large scale to low-to-modest income couples with diverse backgrounds.

The impacts of the SHM program add new evidence to a mixed set of findings about family-strengthening interventions for lower-income families to date: the Building Strong Families evaluation suggests that it is challenging to affect the relationship outcomes of low-income unmarried parents of newborns,[6] but the Supporting Father Involvement (SFI) and Strong Bonds studies,[7] and now SHM, indicate that it is possible to strengthen marital relationships in racially and ethnically diverse families with low or modest incomes, at least in the short run.

Although consistent positive effects in the SHM results to date are encouraging, the estimated impacts are smaller than effects identified by prior studies in this area.[8] SHM's short-term estimated impacts might be small for a variety of reasons. It is possible that lower-income couples who face challenging life circumstances find it more difficult to implement the skills

[6]Robert G. Wood, Sheena McConnell, Quinn Moore, Andrew Clarkwest, and JoAnn Hsueh, *Strengthening Unmarried Parents' Relationships: The Early Impacts of Building Strong Families* (Princeton, NJ: Mathematica Policy Research, 2010).

[7]Philip A. Cowan, Carolyn Pape Cowan, Marsha Kline Pruett, Kyle Pruett, and Jessie J. Wong, "Promoting Fathers' Engagement with Children: Preventive Interventions for Low-Income Families," *Journal of Marriage and Family* 71: 663-679 (2009); and Scott M. Stanley, Elizabeth S. Allen, Howard J. Markman, Galenda K. Rhoades, and Donnella L. Prentice, "Decreasing Divorce in Army Couples: Results from a Randomized Controlled Trial Using PREP for Strong Bonds," *Journal of Couple and Relationship Therapy* 9, 2: 149-160 (2010).

[8]Victoria L. Blanchard, Alan J. Hawkins, Scott A. Baldwin, and Elizabeth B. Fawcett, "Investigating the Effects of Marriage and Relationship Education on Couples' Communication Skills: A Meta-Analytic Study," *Journal of Family Psychology* 23, 2: 203-214 (2009); and Alan J. Hawkins, Victoria L. Blanchard, Scott A. Baldwin, and Elizabeth B. Fawcett, "Does Marriage and Relationship Education Work? A Meta-Analytic Study," *Journal of Consulting and Clinical Psychology* 76, 5: 723-734 (2008).

from the SHM curricula in their everyday lives and interactions, thereby diminishing the program's impacts. At the same time, the vast majority of studies (other than the Building Strong Families evaluation) were conducted with relatively small research samples, using a single curriculum, and under relatively controlled circumstances. Meta-analyses in other fields have found that these conditions tend to produce larger impacts, on average, than circumstances like the SHM evaluation, in which programs were delivered and tested on a large scale.[9] Indeed, it is not uncommon in large-scale program evaluation research to find statistically significant impacts that are only modest in size.

SHM's impacts are consistent across the local programs in the evaluation. This finding likely reflects that there were large differentials in the services received by program and control group members in all locations and that all the programs were able to implement the full SHM program model in adherence with program guidelines. Thus, even though there was some variation in implementation features, hours of couples' participation, characteristics of the host agencies, and average program costs per couple, this finding suggests that these differences were not large enough to generate significant differences in impacts across local programs.

As noted above, the average cost of delivering SHM services ranged from $7,400 to $11,500 per couple across the local programs. Future research could focus on testing lower-cost strategies of delivering marriage and relationship education services on a similar scale and identifying areas for cost reduction. The challenge, however, is to determine which elements of the program (such as staff-to-client ratios, duration of engagement, supports provided, and so on) could be trimmed without compromising the program's capacity to produce positive impacts.

In sum, SHM's short-term effects are small, but they are consistent across a range of outcomes and data sources. The short-term impacts occurred for multiple dimensions of marital functioning and adult psychological well-being — outcomes that have been associated with social and emotional outcomes for children. This points to the possibility of longer-term positive effects of the program on children's well-being. At the 12-month follow-up, however, the program did not significantly affect the likelihood that parents were still together or spouses' reports of infidelity or the quality of their coparenting relationships.

In line with some prior research, the short-term effects found here could either fade or grow over time. Indeed, some studies have reported short-term effects initially that seemed to fade soon after.[10] Other studies suggest that the effects of such programs may grow over time as

[9]Mark W. Lipsey and David B. Wilson, "The Way in Which Intervention Studies Have 'Personality' and Why It is Important to Meta-Analysis," *Evaluation of the Health Professions* 24, 3: 236-254 (2001).

[10]Hawkins, Blanchard, Baldwin, and Fawcett (2008).

couples have more opportunity to assimilate and integrate the lessons learned from the curricula into their everyday lives and interactions with each other.[11] Thus, a key question for this evaluation looking forward is whether the accumulation of SHM's positive effects so far — even if small in magnitude, across multiple domains of marital functioning and adult psychological well-being — will be sufficient to yield positive impacts on marital stability and on parents' and children's adjustment and well-being over time.

The data in the SHM evaluation provide an unprecedented opportunity to investigate a range of questions related to marital and family processes among low-income, racially and ethnically diverse families. Subsequent reports using longer-term follow-up data collected approximately 30 months after couples entered the study will examine the effects of SHM on marital stability, parenting, father engagement, and parents' and children's adjustment and well-being, and other outcomes over a longer period.

[11]Marc S. Schulz, Philip A. Cowan, and Carolyn Pape Cowan, "Promoting Healthy Beginnings: A Randomized Controlled Trial of a Preventive Intervention to Preserve Marital Quality During the Transition to Parenthood," *Journal of Clinical and Consulting Psychology* 74: 20-31 (2006).