



*Improving the Lives of Children Through
Healthy Couple Relationships and Stable Homes*

**Georgia
Summary Evaluation Report: 2011-2013**



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Table of Contents

Overview of HRMET and Evaluation Process	2
Methods.....	4
Outputs: Training Participants	4
Learning Readiness: General Attitudes.....	5
Utility Reaction: Appropriateness for CWPs and Clients	5
Learning: Change in Knowledge, Ability/Comfort, and Resource Awareness.....	6
Learning: Confidence in Teaching RME	7
Affective Reaction: Training and Instructor Feedback	8
Organizational Support	9
Learning Transfer: Application of Materials	10
Conclusion	14
Appendix A: Training Implementation and Evaluation Outputs.	15
Appendix B: Descriptive Statistics for Evaluation Variables.	16
References	18

Overview of HRMET and Evaluation Process

Promoting the health and safety of children starts with a safe and stable home (Sar et al., 2010). Parents with healthy couple and co-parenting relationships are better able to meet the needs of their children. The *Healthy Relationship and Marriage Education Training* (HRMET) was developed to prepare child welfare professionals (CWPs) to understand and support healthy co-parenting, couple and marital relationships for families being served in the child welfare system. This includes biological, foster, and adopting parents as well as youth. Developed with funding from the Administration on Children, Youth and Families Children's Bureau, the HRMET offers research-based information and user-friendly tools to facilitate the teaching of healthy relationship skills.

Designed as a one-day training, participants received and practiced the application of tools that can help strengthen couple and family relationships through healthy relationship and marriage education (RME). The training curriculum builds on Cooperative Extension's existing resources and experiences, lessons learned from recent federally funded Healthy Marriage projects, social work's experience developing curricula and training for CWPs, and the principles and skills outlined in the National Extension Relationship and Marriage Education Model (Futris & Adler-Baeder, 2013). The curriculum content and tools are available online at www.hrmet.org.

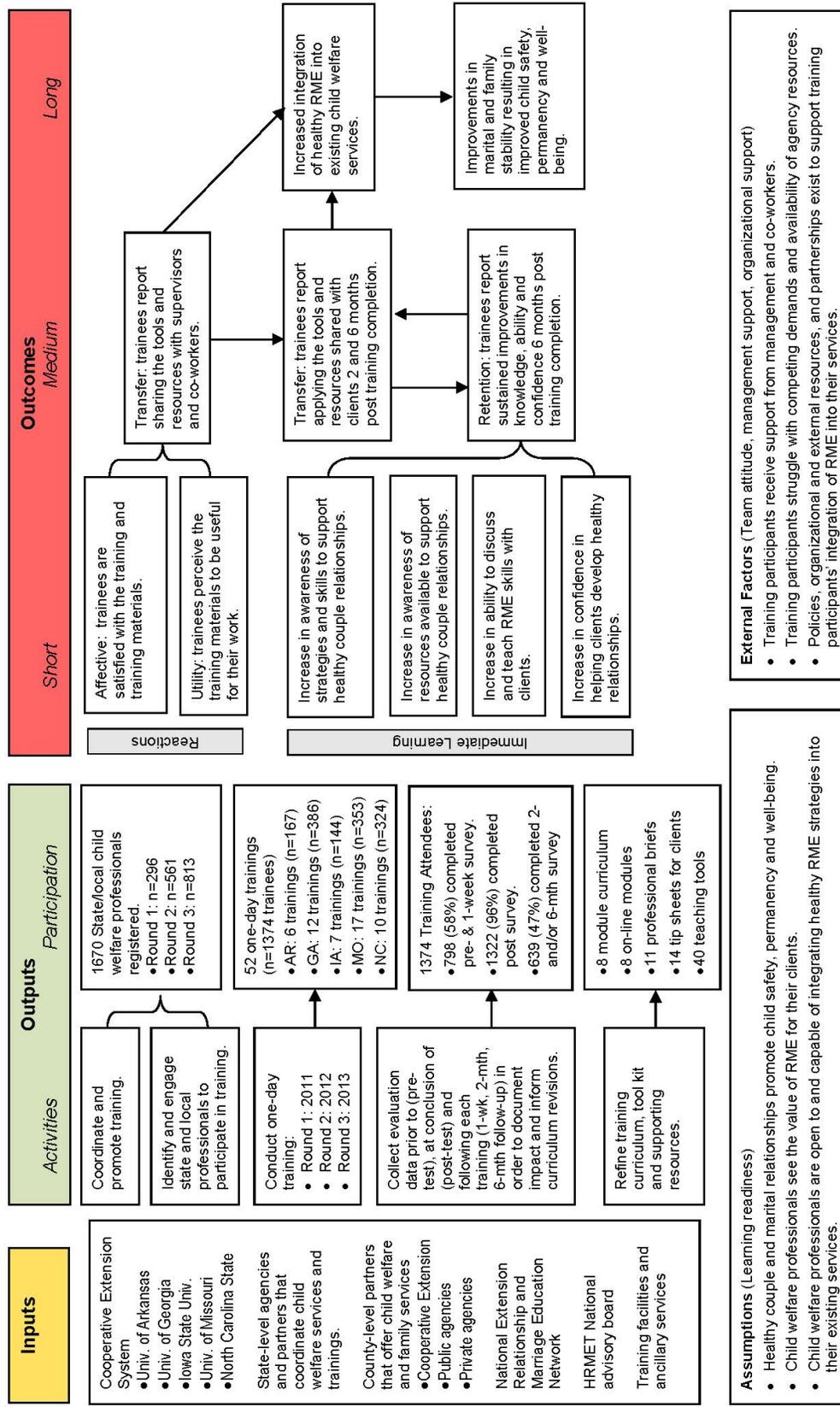
The *theory of change* guiding the design and initial testing of this evidence-informed training was informed by established frameworks (e.g., Antle et al., 2008) and is summarized in the logic model depicted in Figure 1. Curriculum development (reflected in the *inputs* column) was initially informed by data collected from state-wide needs assessment surveys conducted in Missouri and North Carolina to *identify and explore* CWPs' initial attitudes and baseline experience with RME, topical and client needs, and potential concerns and barriers to training participation and transfer. Informed by these findings (see Schramm et al., 2013) as well as research related to the teachable principles and skills that promote healthy couple relationships, and in consultation with national, state, and local partners who reviewed and provided feedback during the *development process*, the training curriculum evolved.

The 8-module curriculum featured an introductory overview of the relevance and focus of RME and the seven core concepts (i.e., principles and skills) CWPs could apply and teach to clients, as well as resource tools (e.g., fact/tip sheets, teaching activities) that CWPs could use with clients in various family structures (e.g. single parents, unmarried co-parents, married or cohabiting couples, foster parents, grandparents). The refinement of the training materials and delivery process evolved following each round of pilot trainings based on feedback from facilitators, trainees, and partners. As well, based on lessons learned through our engagement efforts, and that of others (Antle et al., 2010), the training was titled "Improving the Lives of Children Through Healthy Couple Relationships and Stable Homes" to clearly emphasize the intent of the training.

The *testing* process is summarized in the output and outcomes columns in Figure 1. As illustrated, the short-term outcomes of the HRMET project were focused on not only promoting trainee satisfaction (i.e., *affective reaction*), but also the *core competencies* required to deliver RME. This included helping trainees see the usefulness of RME to their work (i.e., *utility reaction*) and empowering them with the knowledge and efficacy to teach RME skills with their clients (i.e., *immediate learning*). In turn, it was hypothesized that trainees would share their newly acquired skills and resources with youth and caregivers (e.g., biological, foster, adopting) in order to promote healthy couple and marital relationships (i.e., *transfer*) which would improve marital and family stability and result in improved child safety, permanency and well-being. Although funding precluded us from examining the long-term effects of the training, prior research has demonstrated similar positive benefits resulting from RME (e.g., Hawkins, Blanchard, Baldwin & Fawcett, 2008; Markman & Rhoades, 2012). The logic model also depicts possible *barriers to implementation*, including certain assumptions that are expected to influence whether CWPs participate in and benefit from such a training (i.e., *learner readiness*) as well as external factors (e.g., administrative and co-worker support) that may impede or facilitate trainees' perceptions and application of the training materials (i.e., *team and organizational predictors of training outcomes*).

Healthy Relationship and Marriage Education Training Project: One-day Training Logic Model¹

Problem Statement: Families and children receiving child welfare services exhibit high levels of marital and family instability. While child welfare professionals have training to provide families with services that improve child safety, permanency and well-being, they may lack access to knowledge, skills, and resources related to offering healthy relationship and marriage education services that can facilitate family stability and promote positive coparenting and parenting.



¹ Constructs included in this logic model are based on the Louisville Child Welfare Training Evaluation Theoretical Model described in Antle, B. F., Barbee, A. P. & van Zyl, M. A. (2008). A comprehensive model for child welfare training evaluation. *Children and Youth Services Review*, 30, 1063-1080.

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Methods

This report summarizes the feedback shared by the professionals who completed the one-day training in *Georgia* utilizing the new HRMET curriculum. Trainings were promoted statewide through partnerships with agencies that served families in the child welfare system. Each training group consisted of CWPs and other professionals serving youth and families in the child welfare system who voluntarily chose to participate in the training. Cooperative Extension Faculty from *University of Georgia*, who contributed to the development of the training curriculum and materials, facilitated the training.

Data were collected through five surveys, including: a pre-test distributed approximately two weeks prior to the training and a one-week post-test survey to assess short-term changes in learner attitudes and learning outcomes; a post-test administered at the conclusion of the training that assessed affective reactions and immediate perceptions of learning outcomes; and a two- and six-month post-training follow-up survey to assess learning transfer (e.g., application) and sustained changes in learning outcomes. With the exception of the free training, materials, and CEUs, no additional incentives were provided to complete the surveys voluntarily. Participants created personal IDs that they used to complete each survey in order to maintain anonymity and allow the independent evaluator to match surveys over-time. The survey items were developed by the authors and were based on items from prior statewide surveys (e.g., Karney et al., 2003) and scales previously used with CWPs (Sar & Antle, 2003). The constructs described below were informed by the training evaluation model proposed by Antle and colleagues (2008; 2010) and assessed constructs described in the logic model (Figure 1).¹

Short-term training impact was assessed using analysis of variance (ANOVA) and repeated measures multivariate analysis of variance (MANOVA) techniques. These efforts explored participants' average levels of change in attitudes, self-reported knowledge and self-efficacy. As well, a description of how participants applied the training materials is provided.

Outputs: Training Participants

From 2011 to 2013, 386 professionals participated in one of twelve 1-day trainings offered in Georgia. Appendix A provides a summary of attendance and survey response rates by training. Of those who attended the training, 224 (58%) responded to the pre-test and one-week post-test survey, 378 (98%) responded to the post-test survey administered immediately at the conclusion of the training, and 178 (46%) responded to at least one (n=108) or both (n=70) follow-up surveys administered two- and six-months after the training. Below is a general profile of the participants:

- Age: 23 to 75 (M =43.60; SD =11.04)
- Gender: Female (92%)
- Race: African American (51%); Caucasian (46%); other (3%)
- Marital status: Married (62%); Single in a relationship (13%); Single not in a relationship (13%); Divorced/Separated (11%); Widowed (2%)
- Years in current position: less than 1 year to 40 years (M = 5.91; SD = 5.36)
- Years in child welfare field: less than 1 year to 43 (M = 11.03; SD = 8.60)

Participants found out about the training from a variety of venues including: email (43%), supervisor (37%), flyer/newsletter (6%), listserv (4%), or other (25%). The most prevalent reason for attending the training was a personal desire for professional growth (69%), with the other reasons for attending being that it provided a continuing education opportunity (32%), it was recommended by a supervisor (21%), it was required (14%), and/or other (14%; e.g. "Co-worker recommended it," "Free of cost," "Interest in this topic," "To better serve families").

Of the 386 respondents, 283 (73%) self-identified as currently working in the child welfare field or a related field. Of those who described their position, 139 (36%) were county caseworkers, 81 (21%) were

¹ Appendix B provides descriptive statistics of the constructs described in this report. For more information regarding the survey items and the results presented here, contact Dr. Ted Futris at tfutris@uga.edu.

administrators, and 140 (36%) were “other:” medical /mental health services (20%), the school system (4%), child/family life education (3%), foster/adoptive parents (3%), court system (1%), unspecified (7%). To further ascertain respondents’ experience in the field and to help measure the impact of the number of families that could potentially benefit from healthy relationship and marriage education, the participants were asked to report on the number of families they served in the last three months.

Average number of families served in last three months

	Mean	SD	Range	Sum
Total families	27.8	26.8	0-200	8139
Families that included a married couple	8.9	16.8	0-180	2410
Families that included a cohabiting couple	8.1	17.9	0-150	2088
Families that included a single-parent	15.9	15.9	0-100	4356

Learning Readiness: General Attitudes

Because the 1-day training was developed with the intent to facilitate the formation and stability of healthy marriages, respondents were asked a series of questions to gauge their *views on marriage in general*. Mean scores were computed based on their responses (1= strong disagree; 5=strong agree) at pre-test and one-week post-test to 5 items reflecting attitudes regarding the importance of marital preparation, intentionality, and strong couple/marital relationships on successful parenting.

For those who responded at both time-points, attitudes were relatively positive and consistent over time: 87% and 96% of participants tended to agree with each item on their pre-test (M=4.02) and one-week post-test (M=4.28) survey, respectively. Also, when asked how important they felt it was for couples to prepare for marriage through educational classes, workshops, or counseling, most felt this was either important or very important at pre-test (98%) and one-week post (99%).

Utility Reaction: Appropriateness for CWPs and Clients

Next, given the focus of the training, questions were asked of professionals to determine how they viewed the *potential helpfulness and relevance* of healthy RME in the child welfare field. Overall, positive feedback was shared by those who responded at both the pre- and one-week post-test survey:

- The vast majority (> 90%), on average, agreed or strongly agreed that RME was relevant to child welfare clients (Pre: M=4.26; Post: M=4.46) and professionals (Pre: M=4.23; Post: M=4.34).
- Nearly all (Pre: 99%; Post: 98%) professionals thought it would be ‘helpful’ or ‘very helpful’ for CWPs to attend trainings designed to address education on healthy couple and marital relationships.
- The majority (Pre: 97%; Post: 96%) felt that it would be ‘appropriate’ or ‘very appropriate’ for CWPs to help their clientele develop skills needed to have healthy couple and marital relationships.

Sample comments from participants regarding the relevance of the training to their work.

- *The tools provided in each section are very helpful and can be used with all of our families.* (2012)
- *The training and materials were very valuable assets for the families we serve* (2012)
- *I believe the tools included in the training material are easy to follow and can be used positively with working with individuals and couples regarding any relationship they are involved with.* (2013)
- *Before I came to this training, I really did not understand how this would relate to the people I service, but I now see how relationships affect the whole family’s well-being.* (2013)
- *This information really can be used as a basis for managing so many of the problems that our families are facing.* (2013)
- *I believe this is a much needed course for employees dealing with children and families.* (2013)

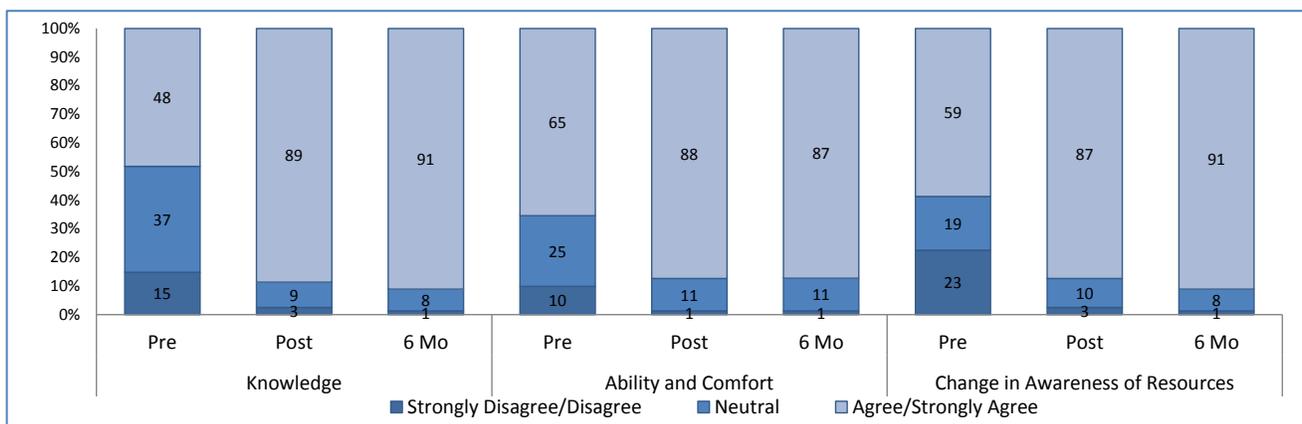
Learning: Change in Knowledge, Ability/Comfort, and Resource Awareness

The professionals were asked on the pre-test, and again at the one-week follow-up, about their knowledge, ability and comfort, and resource awareness related to incorporating healthy RME and information into case planning, assessment, and practice. For those who replied at both time points, significant improvements were observed in:

- *Knowledge of ways to incorporate healthy RME and information into their work:* whereas only 42% agreed or strongly agreed on having knowledge in this area at pre-test (M=3.34), 90% did so at one-week follow-up (M=4.10).
- *Ability and comfort with incorporating healthy RME and information into their work:* compared to only 63% who agreed or strongly agreed on having the ability and comfort with offering RME at pre-test (M=3.50), 91% did so at one-week follow-up (M=4.10).
- *Awareness of resources and local educational and counseling services that can assist healthy couple relationship formation:* 88% agreed or strongly agreed that they were aware of such resources after the training (M=4.01) compared to only 54% at the start of the training (M=3.26).

When directly asked how much they felt they improved in each of the areas, the majority reported they improved ‘somewhat’ or ‘a lot’ in knowledge (84%), ability/comfort (86%) and resource awareness (83%).

Six months following the training, professionals were re-evaluated in order to identify levels of stability and change in learning impact. For uniformity in comparisons, results presented in the figure below (and summarized in Appendix B) are only for those individuals that completed all three surveys. Across the three time points, participants demonstrated significant gains in knowledge of ways to incorporate healthy RME and information into their work ($F(2, 150) = 46.34, p < .001$), felt more able and comfortable in doing so ($F(2, 150) = 31.26, p < .001$), and reported being more aware of resources to support clients in developing healthy couple relationships ($F(2, 150) = 37.58, p < .001$). More specifically, participants’ scores significantly increased from pre-test to post-test and remained stable (no significant changes) at the six-month follow-up.



Overall, six-months following the training, participants continued to report an elevated knowledge of and ability and comfort with incorporating healthy relationship and marriage education into aspects of their job.

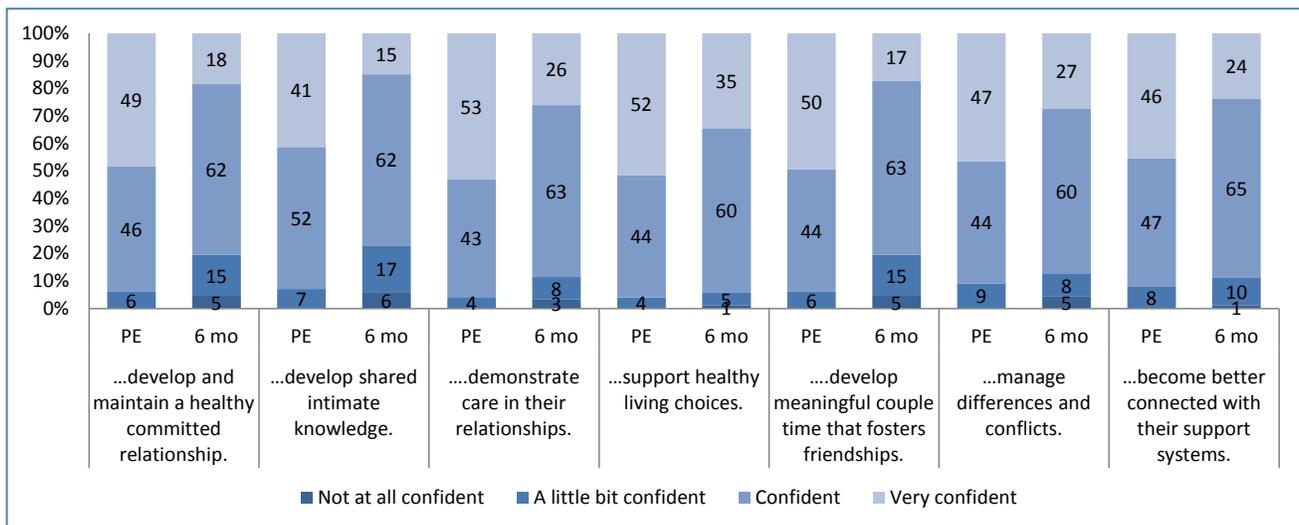
The course provided very important information needed to support clients that we serve and it better equipped me to understand the dynamics of marriage or couple relationships.

I really enjoyed the training and learned how to identify signs that will lead to conflicts and how to deal with them.

Learning: Confidence in Teaching RME

During the training, participants learned about seven empirically supported practices and skills associated with healthy relationship development based on the National Extension Relationship and Marriage Education Model (NERMEM). Participants were engaged in opportunities to process tools and strategies to apply and teach these skills. Levels of confidence in helping clients apply these seven core concepts were reported at the conclusion of the training (post-test) and again six-months following the training.

Immediately following the training, all of the participants felt *confident in helping individuals and couples apply these seven core concepts*. As illustrated below (and summarized in Appendix B), a majority of the participants who completed both surveys indicated that they felt confident or very confident at both post-test (M=3.42) and at the six-month follow-up (M=3.05). Although participants still felt confident at the six-month follow-up, a statistically significant decrease in confidence was detected: $F(1, 87) = 33.14, p < .001$.



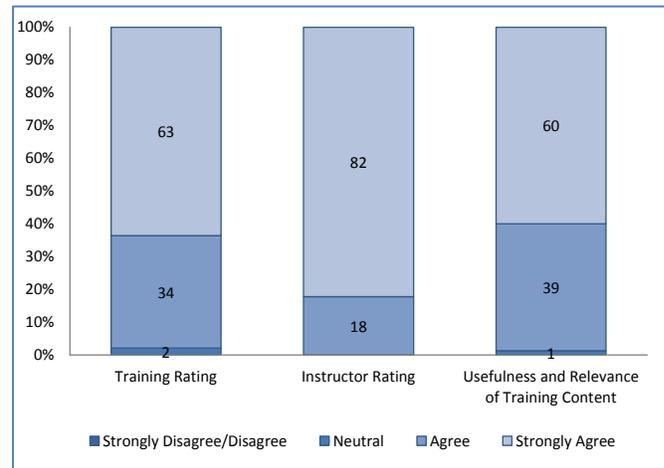
Sample comments from participants regarding what they will do differently as a result of this training.

- *The generalized categories and the content of the training areas found in each were very useful. I would utilize each as a progressive learning series over a prolonged period and measure effectiveness.* (2011)
- *I will definitely use these concepts with my clients. I would like to develop a program for my agency to use to educate families.* (2011)
- *Inquire about relationships with partner and give suggestions of ways to connect or improve relationship. Try to communicate with families the impact that unhealthy couple relationships have on children.* (2012)
- *I will be more open to working with my clients to try to help them work through conflicts.* (2012)
- *Many of my clients dwell on their parents. This tools should help me give them strategies to manage their conflict and connect with their support system.* (2013)
- *I hope to help my single parents learn to communicate more with their partner, learn more about each other their interests, education, family, hopes, and beliefs. They can take their time and get to know one another.* (2013)
- *Listen to families and use better questions to help individuals process couple issues better, leading to more positive results.* (2013)
- *I hope to implement some of these materials with social workers and CPS clients. I will definitely use some of the tools provided to assist single clients in knowing how to enter and maintain positive relationship.* (2013)
- *I will listen more and utilize the tools in the manual to offer resources to my clients.* (2013)

Affective Reaction: Training and Instructor Feedback

Of the participants who responded at post-test (n = 378), most (96%) were satisfied or very satisfied with the 1-day training. As seen in the figure, 98% of the participants rated the training positively (e.g., met their expectations, was worth their time). With regards to instructor ratings, 100% of the participants agreed or strongly agreed that the instructor was knowledgeable and presented material well.

Also, 98% of the *professionals found the 1-day training to be highly useful and applicable for working in the child welfare field*. Specifically, the majority of participants tended to agree or strongly agree that the 1-day training was useful and relevant for the work they do (98%), provided them with knowledge and skills for assessing and working with individuals and couples within the child welfare system (98%), and was compatible with the needs of the individuals/families they work with (96%). Lastly, 99% of the participants indicated that they would recommend this training to others.



When asked about what they thought was most useful about the training, respondents mentioned resource tools, information disseminated, and the practical skills and strategies learned:

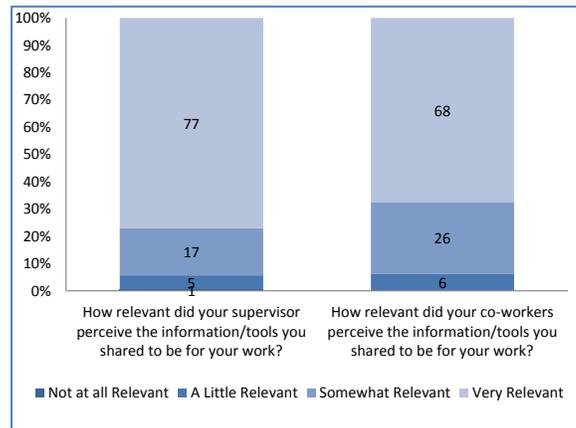
- *I liked the fact that I can take home resources to use, not just information.* (2011)
- *It reminded me of the key aspects to any relationship and how to teach people how to improve their relationships regardless of socioeconomic level, etc. It helped me know about resources for families as well that I can refer them to.* (2011)
- *Good perspective on the importance of relationships. Clear handouts that can be used with clients and families.* (2012)
- *Training provided foundation that can be utilized in all types of relationships.* (2012)
- *I can refer and reflect back to the materials provided in each section. The tool kits would be extremely helpful in assisting me with the delivery of suggestions to my clients.* (2013)
- *Everything is applicable to many aspects - personal and professionally. I can use these modules in different types of relationships.* (2013)
- *The hands on activities were meaningful. Sometimes, at trainings, they are only to serve as a guided activity for kinesthetic learners, but, these were not overdone and made an impact on the training.* (2013)
- *Loved learning with tangible tools I can personally and professionally apply. I also appreciated the usual and experiential examples of important points.* (2013)
- *Specific work sheets and activities to help draw attention to relationships' strengths and needs.* (2013)
- *The connection between healthy relationships and how they affect a child's safety, permanency, and well-being.* (2013)

Organizational Support

Because the translation of training information into practice may more likely occur within the context of a supportive organizational system, in 2012 and 2013 we asked participants various questions related to supervisor and coworker support. First, we asked participants to report at post-test who else attended the training with them. Out of 367 participants who attended and responded to the post-test in 2012 and 2013, 63% of the participants reported that a co-worker (n=165), supervisor (n=15) or both (n=50) also attended the training.

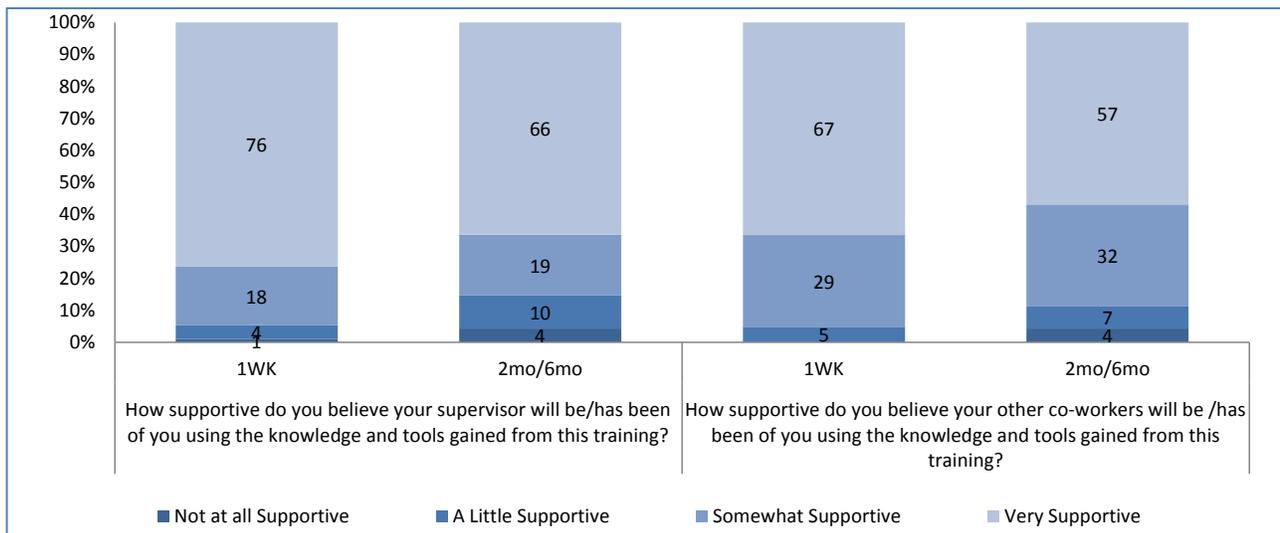
Next, sharing what was learned during the training with others illustrates another means by which to assess the usefulness of the materials and may demonstrate participants' likelihood of applying the information into their work. Participants were asked on the one-week follow-up if they had shared any content from the training with supervisors and/or co-workers. Of the 218 participants who completed the one-week post-survey in 2012 and 2013, 84% (n=183) reported sharing the materials with a co-worker (n=25), supervisor (n=37) or both (n=121).

Participants who reported sharing the training materials with their supervisor and/or co-workers, were also asked their opinion of how relevant their colleagues perceived the information and/or tools shared to their work. As illustrated in the figure, most of those who shared the materials felt that their supervisor (94%) and co-workers (94%) perceived the materials as either somewhat or very relevant.



Last, the likelihood of participants using the materials after the training may be influenced by the perceived support they receive from those they work with. At the one-week post-test, participants were asked how much support they *expected* to receive from their supervisor and co-workers for using the knowledge and tools gained from the training with the individuals and families that they serve. As seen in the figure (below), around 95% of individuals thought their supervisors and co-workers would be supportive of them utilizing content from the training.

Levels of *actual* support for incorporating HRMET material into their work with the individuals/families they serve were assessed at two-months and six-months following the training. As summarized in the figure, of those who replied at one or both follow-ups, the majority reported their supervisor (85%) and co-workers (89%) as being somewhat or very supportive. On average, *actual* level of support was significantly lower than *expected* support from both supervisors ($F(1, 112) = 17.67, p < .001$) and co-workers ($F(1, 112) = 26.22, p < .001$).

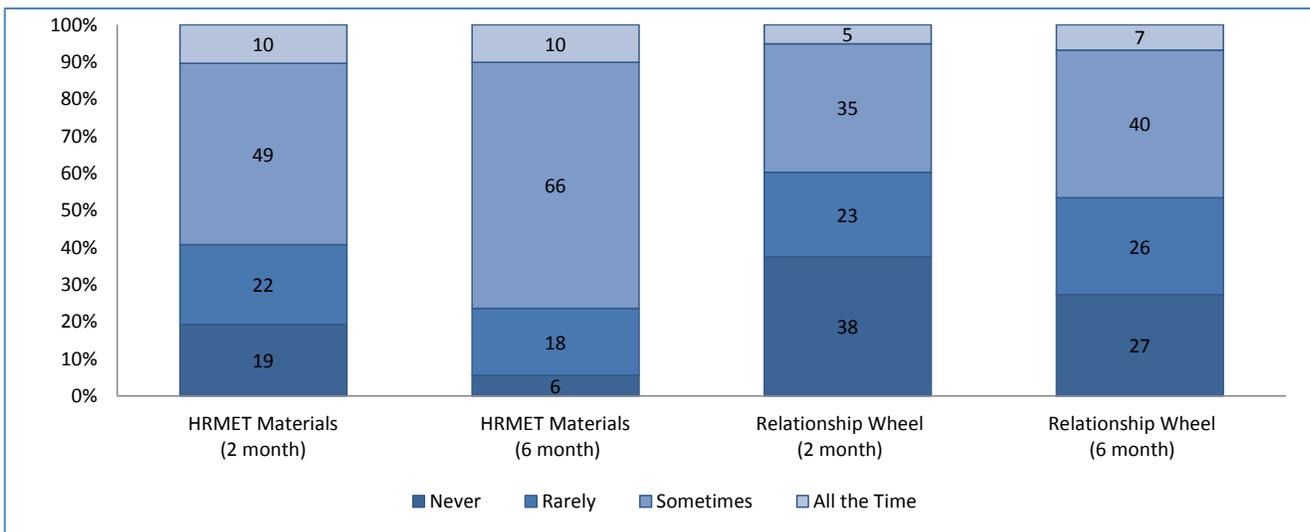


Sample comments by participants regarding sharing materials with supervisor and/or co-workers.

- *My supervisor would like for me to share with other staff members. (2012)*
- *We are excited about incorporating this training in our monthly meetings and workshops. (2012)*
- *My co-workers feel that families will be healthier with this information. (2012)*
- *We all need this training because it helps us a lot since there are not many services that can help deal with couples and marriages. (2012)*
- *My supervisor wanted to know if he could make a copy of the book or order copies for the staff. He was excited to know that I will have access to the tools developed in the future. (2013)*
- *I am the supervisor and attended with the advocates I employ. I am encouraging them to implement the training in the groups they are already offering. (2013)*
- *My supervisor was in the training with me. We have discussed a lot of the information since the training and have tried using it in our personal lives. (2013)*
- *My supervisor was very pleased with the information I brought back from the training and is planning to attend one of the trainings in the near future. (2013)*
- *My supervisor requested further training information and plugged it in our weekly staffing. I have suggested the web site to specific parent aids that may not be able to take the time off to attend the training, but still wish to be informed and use as part of their program. (2013)*
- *The tools given to me during training are at the office and are accessible to my co-workers. (2013)*
- *Many of my co-workers felt that if parents had a better understanding of the impact their relationship has on their children, the way they interact may be a little different when the relationship isn't so positive. (2013)*

Learning Transfer: Application of Materials

Approximately two- and six-months after completing the 1-day training, professionals were asked how they have used the information from the training in their work. Out of the 178 professionals who responded to at least one or both surveys, 154 (87%) reported using the materials. As illustrated below, a majority of the professionals at two-month (59%) and six-month (76%) follow-up had utilized the HRMET materials either sometimes or all the time. When it came to using the Relationship Wheel with the individuals and families they serve, 40% of the professionals who responded at the two-month follow-up reported using the wheel sometimes or all of the time and at six-month follow-up the percentage increased to 47%.



Respondents also provided feedback regarding their application of the seven core NERMEM concepts since completing the training. Of those who responded at either two-months or six-months after the training, 128 of the respondents (72%) reported that they discussed or taught at least one or more of the concepts when working with their clients. The table below lists the key concepts presented during the training, the number of professionals who reported applying each of the concepts at two- and six-month follow-up, and examples of ways they did so.

Examples of how participants applied the tools and concepts from the training in their work.

Concept	Total (N=178)	2-mth (n=146)	6-mth (n=102)	Example
Choose - The central importance of intentionality and commitment	100 (56.2%)	77 (52.7%)	47 (46.1%)	<ul style="list-style-type: none"> Helping single parents that receive services make better choices in their relationships. Helping them to communicate with their partner in decision-making. (2011) By interacting with the foster family I work with in spending time on their marriage by intentionally taking the time necessary to build their relationship so they can better care for the children in their custody. (2012) I have helped my clients develop lists of what they want and don't want in a partner. I have also helped them think of what they have to offer, what they would be willing to change for someone else and they what hope to get from a relationship. As well, what kind of relationship do they want. (2013)
Care for Self - Maintaining physical, psychological, and sexual health and wellness as an individual	102 (57.3%)	79 (54.1%)	55 (53.9%)	<ul style="list-style-type: none"> Key information in this area helps the youth placed in our agency and their families realize that every person in the family must have the opportunity to have their needs met as individual in order to function properly in a group. (2011) I have been very encouraging of clients to take care of themselves so that they may be better able to deal with partners and children, especially through exercise, yoga, diet, sleep, etc. (2012) For my clients (teenagers who are victims of sexual abuse) taking care of themselves is paramount for them to have a healthy relationship. I have taught them how to know their triggers and how to take time out for themselves. I have taught them that it's OK to be selfish at times and to look out for them first as this helps the relationship. (2013)
Know - The development of intimate knowledge of partner	88 (49.4%)	71 (48.6%)	36 (35.3%)	<ul style="list-style-type: none"> In this area, the information helped me in explaining to each member that they must work to learn each other in order to understand each other's needs and desires in life as well as their views on life, which is important for each person to know. (2011) I have talked to parents about the influence their partners have on their children. Also focused some discussions on knowing their partner and before exposing them to their children. (2012) I have used this with survivors of domestic violence in relationships presently or individuals looking for a new relationship, so they will give some thought to their REAL compatibility. I have also discussed love languages with parents to show them in a fun way how they can be sensitive to what works for their partner, and also for other relationships. (2013)
Care - Demonstrating kindness, affection, understanding, respect, and caring support	103 (57.9%)	76 (53.5%)	56 (54.9%)	<ul style="list-style-type: none"> We have talked with clients about showing care to their partners, even when they don't feel like being caring. Talked to them about how showing someone you care, regardless of how you feel at the moment, reminds the partner of one's commitment, respect, etc. Talk about how care shows a person that you really want to be with them. (2011) I have asked that my clients think about how they would feel in a certain situation before they randomly placed their loved one in the same situation. (2012) Since taking the seminar, I have attempted to teach partners in relationships how important it is to listen to partner's needs that are verbally and non-verbally expressed. Showing appreciation to partner is very important. Giving and receiving love are key essentials in a healthy relationship. (2013)

Examples of how participants applied the tools and concepts from the training in their work (continued).

Concept	Total (N=178)	2-mth (n=146)	6-mth (n=102)	Example
Share - Developing and maintaining friendship and sense of “we”; spending meaningful time together	90 (50.6%)	64 (43.8%)	44 (43.1%)	<ul style="list-style-type: none"> • In working with a couple who have been physically abusing their children I have been able to make the connection with them about sharing, caring and they have been open to that information. (2011) • During home visits stressed the importance of sharing rituals traditions with partner and family, even when separated. (2012) • I used this concept to help an individual understand how couples nurture their relationship and get to know each other better by spending time together to promote couple well-being. (2013)
Manage - Strategies of engagement and interaction around differences, stresses and issues of safety	92 (51.7%)	67 (45.9%)	45 (44.1%)	<ul style="list-style-type: none"> • The foster families and youth talk with case manager about how to deal with stress, safety issues, and demonstrating pro-social interaction with each no matter what situations are occurring at the time. (2011) • I have talked about how conflicts will arise in any situation but how you handle the conflict will make the world of difference. I have stressed that surroundings and location of the children is most important and to realize when the conflict is not going the right way then give each other a moment to place children in a neutral and safe place before continuing discussing conflict. (2012) • Recognizing differences and handling conflicts does not have to mean the end of a relationship. Learning to appreciate how each partner handles criticism, defensiveness, negative emotions, etc. and the normalcy of conflict itself has been eye opening for some families. They have been given tools so their children can see how this can be worked through positively. (2013)
Connect - Engaging social support, community ties, and sources of meaning	97 (54.5%)	71 (48.6%)	50 (49.0%)	<ul style="list-style-type: none"> • Encouraging the use of resources and building strong ties with community that promote healthy families. (2011) • I have worked with adult clients on finding social supports and resources in the community. (2012) • I encourage community support as a way for couples not to go it alone. Previous thinking has often been to keep our troubles a secret and having too much pride to connect with others who might report them to DFCS. (2013)

In addition, participants were asked to describe at least one specific example of how they used the information from the training when working with individuals and/or families. Respondents shared various examples that reinforced the usefulness of the training and tools provided.

- *I recently did a home visit to a family that was in crisis with regard to health and financial issues. I encouraged the grandmother to utilize other support systems within the community as well as her own family. She appeared exhausted and overwhelmed and really just needed a break. She connected with many of the resources as well as family and it appeared to help make some better choices. (2012)*
- *I've used the worksheets with a couple having a lot of issues with their relationship. They were arguing a lot in front of their children and the man moved out of the home. I spoke with them about showing more kindness and respectful toward each other. (2012)*
- *With a particular family, I used the importance of established healthy values and principles as a strong foundation to build up healthy relationship and individual responsibilities of family members. We also discussed the many different ways they can manage stress, detect the problem, and focus in to solve the problem and of course information about community services that can help family with counseling and other type of services. (2012)*
- *I have worked closely with one parent with 4 children. The husband is incarcerated and the mother has just begun to work. She is learning how to manage her time and care for her children while working. The self-care area has been very helpful. Mom is beginning to have some pride in herself. (2013)*
- *Stress: educating and managing stress. Discussed the physical and the emotional signs of stress had them do the worksheet and come up what they defined as their stress and what they were doing for it. Most of it was all the negative ways. We then found positive ways where we changes the language to healthy and*

unhealthy ways of coping and came up with an action plan. This has helped the couple with their own frustrations and anger in turn giving themselves more patience with each other to deal with problems or other crisis they may arise. (2013)

- *I have a cohabiting couple that has significant difficulty with communication. I used the Love Languages activity which helped the couple learn a new way to interact with their partner. This was very useful for them and they are currently using it in their relationship. They identified their primary and secondary love languages, and they use these to encourage each other. It has helped their relationship. (2013)*
- *I have used the information specifically with one young female parent. She is single, but is interested in developing her "plan" for when she meets someone whom she is interested in having a relationship with in the future. We have used the information about knowing what you want in a partner, and in a relationship, along with the information about safety and stress. We continually use the self-care information as it is applicable for a healthy life, even in the absence of a relationship. (2013)*
- *When a client reported that she was concerned because her child's father was upset about the stress that their situation was creating, I used the relationship wheel to point out some of the strategies that can be used to resolve their differences. (2013)*

Some individuals, who did not have a chance to utilize the tools, still commented on the overall usefulness of the training:

I do not work directly with parents involved with DFCS, however I do work with foster families and children in DFCS custody, and I am hoping this training will give me some knowledge and skills in regards to couple relationships: assessing problems, offering clear solutions, supporting families improve in problem areas. (2013)

A supervisor also illustrated that although she does not have direct contact with families, the training resources have been useful in helping her reinforce the importance of a healthy couple relationship to the quality of care foster parents can provide:

I am a supervisor of a foster care agency. So my interaction with foster parents is minimal in comparison to the work that my workers do with the families. However, every time I make a new placement of a foster child into the home, I make sure that I encourage the importance of parents taking care of themselves and supporting one another because it takes time to adjust to a new child into the home. Self-care, communication, support, knowing one another are all important skills to have. (2013)

A few individuals (n=17) also reported utilization of the concepts in their own personal lives, illustrating retention and application of the training concepts and improving likelihood of later utilization with their clients:

- *Instead of shutting down because of disappoint or frustration, I consciously had a discussion with my spouse about my feelings and expectations. (Choose)*
- *Working to understand and care for myself better to be more effective in relationship with wife. (Care for Self)*
- *My spouse and I have really gotten to know a lot of things that we need to add in our relationship and keep the spark going. (Know)*
- *I try to do this anyway, but we all need a reminder to take a deep breath and put aside our stressors. Your smile may be the only one that person see's that day. (Care)*
- *My husband and I work very hard to ensure that we spend quality time with one another; away from all electronics and just enjoy intimate conversations. It encourages each of us to share and communicated. (Share)*
- *Dealing more effectively with daily stressors is the most important component to how I react to differences in my relationship with my wife. (Manage)*
- *Engaging with our church family, praying, and staying connected with a strong family and friend inner circle allows us to remain connected and grounded. (Connect)*

Conclusion

Overall, based on responses from professionals who completed the 1-day training, it is evident that the HRMET curriculum could be useful to child welfare professionals, as well as other professionals serving families in or at-risk for being in the child welfare system. Evaluation data indicates that there were changes in the knowledge and attitudes of the professionals over time and that they have applied the information learned.

- The training positively influenced participants' perceptions and beliefs about the value of marital preparation and healthy couple and marital relationships on successful parenting.
- The training impacted how participants felt about working with clients and families on healthy relationship issues, with more favorable views on the relevance of RME to their work following the training.
- Following the training, individuals reported increased knowledge and general feelings of efficacy about working with families on ways to support healthy couple relationships.
- Most of the participants indicated that the training was useful and relevant, and particularly favored the tools and skills they had opportunities to practice in training and apply afterwards.
- The majority of participants reported sharing materials with supervisors/administrators and co-workers following the training, and perceived their co-workers as being supportive of the materials.
- Overall, respondents shared favorable reviews of the training and indicated they would recommend the training to others.

The overall impact of the training was summarized well by these participants' comment:

- *The training made me think about relationships and relationship building as vital to married couples. (2011)*
- *The training provided a better way to see the importance of healthy relationships to the family as a whole and also provided some helpful strategies to implement with my families. (2011)*
- *The training was excellent and provided many activities which I will be able to use with students I work with. These students are at a high risk for entering into problematic/unstable relationships. I hope to use the activity to help them make informed decisions. (2012)*
- *I have tried to utilize all of the material from the HRMET because it was very interesting not only to clients but on a more personal level. (2012)*
- *This material is useful to many groups of people. It is nice to have something that can be used with clients but isn't "client focused." (2013)*
- *The training provided me with more tools to access and reinforced the techniques and knowledge I have learned in the past. I believe the training supports the importance of the work we do with families in the child and family welfare services and explains some of the crucial points of the purpose of our work. (2013)*
- *Thanks for the detailed nature of the work you presented at the training and the pre-course surveys and post survey follow-ups. This is evidence of good quality work that will definitely benefit others and make them more effective due to the ease of using the tools and the efficient way it is formatted. (2013)*
- *I loved the course! It was an excellent use of my time. I am very excited about the materials that you provided with the course and the internet access that is possible for duplication. (2013)*
- *Thank you for the resource. They are simple but effective to jump start conversations between couples and are great for "writing" and documenting discussions and ideas to make the discussions "concrete" and not just abstract concepts that are not implemented and secured with steps to help the thoughts to materialize and become a reality. (2013)*

Appendix A: Training Implementation and Evaluation Outputs.

Training Date	Registered	Attended	Completed												
			Pre-test	Post-test	1-week	All 3 Surveys	2-month	6-month	2- and/or 6-month	All 5 surveys					
Round 1															
June 22, 2011	23	13	13	11	9	9 (69.2%)	8	4	9	2 (15.4%)					
Total	23	13	13	11	9	9 (69.2%)	8	4	9	2 (15.4%)					
Round 2															
June 20, 2012	37	29	28	27	20	18 (62.1%)	10	9	13	6 (20.7%)					
July 10, 2012	31	27	26	26	13	13 (48.1%)	8	4	10	2 (7.4%)					
Aug 7, 2012	40	36	36	36	15	15 (41.7%)	12	7	14	3 (8.3%)					
Total	108	92	90	89	48	46 (50.0%)	30	20	37	11 (12.0%)					
Round 3															
April 25, 2013	35	35	34	35	29	28 (80.0%)	17	14	21	9 (25.7%)					
May 3, 2013	32	32	29	32	16	15 (46.9%)	15	7	16	5 (15.6%)					
May 8, 2013	39	38	36	36	22	20 (52.6%)	13	15	21	5 (13.2%)					
May 9, 2013	38	36	33	36	16	16 (44.4%)	8	5	9	4 (11.1%)					
May 16, 2013	45	41	38	41	18	18 (43.9%)	14	13	19	8 (19.5%)					
June 6, 2013	34	31	31	31	20	20 (64.5%)	18	8	19	5 (16.1%)					
July 11, 2013	44	43	41	43	31	31 (72.1%)	14	12	17	9 (20.9%)					
Aug 1, 2013	31	25	25	24	18	17 (68.0%)	9	4	10	2 (8.0%)					
Total	298	281	267	278	170	165 (58.7%)	108	78	132	47 (16.7%)					
Overall Totals	429	386	370	378	227	220	146	102	178	60					
Overall Percentages			95.9%	97.9%	58.8%	57.0%	37.8%	26.4%	46.1%	15.5%					

Appendix B: Descriptive Statistics for Evaluation Variables.

Results summarized below are based on data collected from participants who completed the training between 2011 and 2013. The n-sizes vary due to the number of participants who responded at each time-point summarized. In other words, if pre-test and one-week post-test scores are summarized, the n-size is based on those who responded to both surveys (although some missing data existed). This was done to facilitate easier comparisons in scores among the same group of participants across time.

Learning Readiness	Time	N	Alpha	M	SD	Range
General attitudes regarding marriage and relationships (5-items)	Pre	224	.60	4.02	.50	1.4-5.0
	1WK	223	.66	4.28	.48	2.2-5.0
In your opinion, how important is it for couples to prepare for marriage through educational classes, workshops, or counseling designed to help them get off to a good start?	Pre	222		3.58	.54	2.0-4.0
	1WK	216		3.77	.43	2.0-4.0

Utility Reaction	Time	N	Alpha	M	SD	Range
Relevance of RME to Child Welfare clientele (2-items)	Pre	224	.63	4.26	.57	1.0-5.0
	1WK	221	.58	4.46	.52	2.5-5.0
Relevance of RME to Child Welfare professionals (3-items)	Pre	224	.76	4.23	.60	1.0-5.0
	1WK	223	.74	4.34	.54	2.0-5.0
Helpfulness of training CWP's to support healthy relationships and marriage	Pre	220		3.64	.51	2.0-4.0
	1WK	215		3.79	.47	1.0-4.0
Appropriateness of CWP's assisting individuals/families develop RME skills	Pre	222		3.51	.58	1.0-4.0
	1WK	218		3.65	.59	1.0-4.0

Learning: Knowledge, Ability/Comfort, and Resource Awareness	Time	N	Alpha	M	SD	Range
Knowledge of healthy relationship and marriage education (3-items)	Pre	81	.81	3.37	.78	1.7-5.0
	1WK	80	.84	4.12	.65	1.0-5.0
	6 mo	79	.83	4.10	.61	1.0-5.0
Ability and comfort with offering healthy relationship and marriage education (4-items)	Pre	81	.81	3.52	.74	1.8-5.0
	1WK	80	.83	4.10	.64	1.8-5.0
	6 mo	79	.81	4.08	.67	1.0-5.0
Awareness of resources and services to support couple relationships (2-items)	Pre	80	.76	3.33	.90	1.5-5.0
	1WK	79	.82	4.03	.75	1.0-5.0
	6 mo	79	.80	4.10	.70	1.0-5.0
Change in knowledge (3-items)	1WK	220	.82	3.20	.70	1.0-4.0
Change in ability and comfort (4-items)	1WK	220	.89	3.11	.74	1.0-4.0
Change in awareness of resources (2-items)	1WK	217	.79	3.04	.80	1.0-4.0

Learning: Confidence in Teaching RME	Time	N	Alpha	M	SD	Range
Overall Confidence (7-items)	Post	99	.94	3.42	.52	2.0-4.0
	6 mo	88	.93	3.05	.57	1.0-4.0
Helping clients develop and maintain a healthy committed relationship. (CHOOSE)	Post	99		3.42	.61	2.0-4.0
	6 mo	87		2.94	.72	1.0-4.0
Helping clients develop shared intimate knowledge. (KNOW)	Post	99		3.34	.61	2.0-4.0
	6 mo	87		2.86	.73	1.0-4.0
Helping clients demonstrate care in their relationships. (CARE)	Post	98		3.49	.58	2.0-4.0
	6 mo	88		3.11	.69	1.0-4.0
Helping clients support healthy living choices. (CARE FOR SELF)	Post	99		3.47	.58	2.0-4.0
	6 mo	87		3.28	.60	1.0-4.0
Helping clients develop meaningful couple time that fosters friendships. (SHARE)	Post	99		3.43	.61	2.0-4.0
	6 mo	87		2.93	.71	1.0-4.0
Helping clients manage differences and conflicts. (MANAGE)	Post	99		3.37	.65	2.0-4.0
	6 mo	88		3.10	.73	1.0-4.0
Helping clients become better connected with their support systems. (CONNECT)	Post	99		3.37	.63	2.0-4.0
	6 mo	88		3.11	.61	1.0-4.0

Affective Reaction	Time	N	Alpha	M	SD	Range
Training Satisfaction	Post	370		4.66	.78	1.0-5.0
Training Rating (4-items)	Post	377	.67	4.46	.52	1.0-5.0
Training Relevance and Usefulness (3-items)	Post	376	.81	4.57	.48	2.3-5.0
Instructor Rating (5-items)	Post	377	.88	4.78	.36	3.6-5.0

Organizational Support	Time	N	Alpha	M	SD	Range
In your opinion, how relevant did your supervisor/administrator perceive the information and/or tools you shared to be for your work?	1WK	156		3.71	.59	1.0-4.0
In your opinion, how relevant did your co-workers perceive the information and/or tools you shared to be for your work?	1WK	145		3.61	.60	1.0-4.0
Expected supervisor/administrator support	1WK	208		3.70	.60	1.0-4.0
Actual supervisor/administrator support	2M	96		3.44	.85	1.0-4.0
	6M	63		3.40	.94	1.0-4.0
	2M/6M	116		3.44	.85	1.0-4.0
Expected co-worker support	1WK	209		3.62	.58	2.0-4.0
Actual co-worker support	2M	96		3.36	.80	1.0-4.0
	6M	66		3.24	.95	1.0-4.0
	2M/6M	116		3.32	.81	1.0-4.0

References

- Antle, B. F., Barbee, A. P., van Zyl, M. A. (2008). A Comprehensive Model for Child Welfare Training Evaluation. *Children and Youth Services Review, 30*, 1063-1080.
- Antle, B. F., Frey, S.E., Sar, B.K., Barbee, A.P., & van Zyl, M.A. (2010). Training the child welfare workforce in healthy couple relationships: An examination of attitudes and outcomes. *Children and Youth Services Review, 32*, 223-230.
- Antle, B., Sar, B., Christensen, D., Karam, E., Ellers, F., Barbee, A. et al. (2013). The impact of the within my reach relationship training on relationship skills and outcomes for low-income individuals. *Journal of Marital and Family Therapy, 39*, 346–357. doi: 10.1111/j.1752-0606.2012.00314.x
- Futris, T. G., & Adler-Baeder (Eds.). (2013) *The National Extension Relationship and Marriage Education Model: Core teaching concepts for relationship and marriage enrichment programming*. (Publication No. HDFS-E-157). Athens, GA: The University of Georgia. Available from <http://www.nermen.org/NERMEM.php>
- Hawkins, A. J., Blanchard, V. L., Baldwin, S. A., & Fawcett, E. B. (2008). Does marriage and relationship education work? A meta-analytic study. *Journal of Consulting and Clinical Psychology, 76*, 723–734.
- Markman, H. J., & Rhoades, G. K. (2012). Relationship education research: Current status and future directions. *Journal of Marital and Family Therapy, 38*(1), 169–200.
- Karney, B.R., Garvan, C.W., & Thomas, M.S., (2003). *Family formation in Florida: 2003 baseline survey of attitudes, beliefs, and demographics relation to marriage and family formation*. Gainesville: University of Florida, Department of Psychology.
- Sar, B.K. & Antle, B.F., (2003). *The U-5 questionnaire: A measure of child welfare workers' values and beliefs about marriage and couple relations among child welfare clients*. Unpublished Instrument. University of Louisville: Author.
- Sar, B. K., Antle, B. F., Bledsoe, L. K., Michiel, B. & van Zyl, M. A. (2010). The importance of expanding home visitation services to include strengthening family relationships for the benefit of children. *Children and Youth Services Review, 32*, 198-205.
- Schramm, D., Futris, T. G., Galovan, A. M., & Allen, K. (2013). Is relationship and marriage education relevant and appropriate to child welfare? *Children and Youth Services Review, 35* (3), 429-438.

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