

**CARE**

**Center  
for the  
Advancement  
of  
Relationship  
Education**

**OCTOBER 2010**

**Executive Report**  
**The Philadelphia Healthy  
Marriage Project**

**Prepared by**

Rita DeMaria, Ph.D.  
Nancy Isserman, Ph.D.

**Council For Relationships**

Philadelphia, PA

Funded by U.S. Department of Health and Human  
Services, Administration for Children and Families,  
Office of Community Services – Community Service  
Block Grant Healthy Marriage Training and Technical  
Assistance Cooperative Agreement

# Contents

<b>Introduction</b>	<b>3</b>
<b>Overview of Philadelphia Healthy Marriage Project</b>	<b>3</b>
<b>Background</b>	<b>4</b>
<b>Design of the Philadelphia Healthy Marriage Project</b> Needs Assessment: Rationale for a Qualitative Approach The Staff Interviews The Client Interviews The Focus Groups	<b>5</b>
<b>The PHMP: Accomplishments</b> Summary of Qualitative Findings Who We Interviewed –The Demographics	<b>7</b>
<b>Summary of the Interview Findings: Staff and Clients</b>	<b>9</b>
<b>Summary: Key Findings from the Interviews</b>	<b>12</b>
<b>Comparison of Qualitative and Quantitative FIP Demographics</b>	<b>12</b>
<b>The Healthy Relationships, Healthy Children Curriculum Reversing the Ripple Effect</b> Impact of Healthy Marriage Program Knowledge of Healthy Marriage Programs Thoughts about Healthy Relationships Development of the Healthy Relationships – Healthy Children Curriculum Introduction: Lesson 1 Refinement of the Curriculum	<b>13</b>
<b>Pilot Study of the Healthy Relationships, Healthy Children: Fatherhood Edition</b> Analysis of the MOCS/FIP FA Data for 2009 and 2010	<b>18</b>
<b>Conclusions and Future Work</b>	<b>19</b>
<b>References</b>	<b>21</b>

## Introduction

This Executive Report summarizes the work of the **Philadelphia Healthy Marriage Project (PHMP)**, which began in October 2007. In addition to the Executive Report there are three additional documents that comprise the PHMP final work: the Qualitative Interview Final Report, the Healthy Relationships ~ Healthy Children curricula, and the Mayor’s Office of Community Services (MOCS), Fatherhood Initiative Program (FIP) 2009 Evaluation.

The completion of the PHMP is timely. The Obama Administration proposes a Fatherhood, Marriage and Families Innovation Fund that could establish a \$500 million fund through the U.S. Department of Health and Human Services to provide grants to states for comprehensive family strengthening initiatives. The initiative will incorporate both fatherhood and marriage and relationship education components with a commitment to build on the experience of state and community-based efforts to ensure that children receive the financial and emotional support they need and deserve from both of their parents.

**Council for Relationships (CFR)** has provided relationship education programs for over thirty years. Through its work during this project with the Mayor’s Office of Community Services (MOCS) Fatherhood Initiative Program (FIP), CFR has identified the needs, assets, and barriers for implementing a relationship skills based family-strengthening program initiative. Incorporating qualitative findings from the PHMP, intensive effort was directed toward integrating best practices in marriage education with best practices in fatherhood development programming. The results of the PHMP’s work provide a community based, family centered and family strengthening model that can be implemented in a wide variety of settings that serve custodial and non-custodial parents who face serious barriers to self-sufficiency. CFR has a long, time-tested tradition of helping individuals, couples, and families through direct service, training, research, and community outreach.

## Overview of the Philadelphia Healthy Marriage Project

The PHMP was a three year grant funded by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Community Services (OCS) through a Cooperative Agreement with Council for Relationships (CFR) to provide Healthy Marriage Training and Technical Assistance to MOCS, the Philadelphia Community Services Block Grant (CSBG) agency in Pennsylvania. The mission was to increase access to the social and economic benefits of healthy marriages and healthy relationships for Philadelphia’s low income and minority populations.

.....

**The goal of this project was to improve the quality and the delivery of healthy marriage education service strategies for low-income recipients of CSBG services in order to support and promote family efforts to achieve self-sufficiency.**

.....

The collaboration of CFR and MOCS through a Memorandum of Understanding was a bold and creative initiative to establish a model for delivery of marriage education within a complex urban community action agency. CFR provided healthy marriage training and technical assistance to MOCS, with a particular focus on the Fatherhood Initiative Program (FIP).

Known as a city of neighborhoods, each with its own set of social service demands, the city of Philadelphia requires a comprehensive, community based approach to delivering marriage education programs. MOCS provides a range of community services to alleviate the conditions of poverty and implement effective strategies that increase the capacity of individuals and families to become self-sufficient and to strengthen family life for children at risk for economic and social hardship in Philadelphia.

This project is one of many ‘healthy marriage’ projects designed to address the needs of low income, minority populations. Despite these efforts to implement programs in

diverse communities, the knowledge base has grown and is just beginning to be disseminated to front line agencies, faith-based organizations, and community-based organizations in any significant fashion (Ooms, 2007). While many have expressed concerns about the value of marriage and relationship education programming, the findings from this project provide an opportunity not only for the Philadelphia MOCS to establish a model program for implementation within the CSBG program, but for other agencies and organizations serving low income and minority families and, especially non-custodial fathers, to do so as well.

In this project we interviewed administrators, staff, and program participants to identify needs and barriers for new programming. We reviewed literature on best practice and emerging programs in marriage education and fatherhood development. We then developed a curriculum based on an integrative family systems model, our research findings, the MOCS FIP curriculum, and model relationship education programs. The model curriculum was reviewed in depth by experienced fatherhood facilitators and further adapted. The final curriculum *Healthy Relationships, Healthy Children (HRHC)* incorporates the best of experienced trainers, researchers, and clinicians. The curriculum, named “Reversing the Ripple Effect”, has both a Fatherhood Edition and a Couples Edition. The Pilot Evaluation of the Fatherhood edition called “Becoming a Response-Able Father” suggests that the strength of marriage/relationship education programs in developing skills for empathy and self awareness are transferrable to a highly disadvantaged, low income population of non-custodial fathers.

## Background

Two trends have influenced the attention given to marriage education as a social service strategy. Current studies indicate that couple relationships have great impact on parenting relationships (Roberts, 2007; Edin, & Kefalas, 2005; Nock, 2005; Carlson, & McLanahan, 2006). The uncoupling of marriage and parenting especially among the poor puts children in poverty at risk for a range of social problems. Marriage and relationship education programs, aimed at strengthening relationships, marriages and thus parenting practices, had been structured mainly for white middle income married couples (Cordova, Warren, & Gee, 2001). Moreover, where relationship education programs were implemented with low income families, until recently, these programs had not been evaluated for their impact on these low income families. (Halford, Markman, Kline, & Stanley 2003; Cowan, Cowan, Pruett, & Pruett, 2006; Hawkins, 2010). The most recent findings suggest that attendance and retention is a crucial factor for successful intervention (Wood, McConnell, Moore, Clarkwest, & Hsueh, 2010).

.....

**Philadelphia provides a unique metropolitan service community to explore the specific needs of the low income African American population for healthy marriage programming.**

.....

U.S. Census Bureau statistics highlight the challenges of marriage (and family life) revealing an unusually high percentage of “Never Married” individuals and an unusually low percentage of “Now Married” individuals in the Philadelphia area compared to the U.S. as a whole (Never Married”: 40.8% Philadelphia/ 23.9% U.S. rate; “Now Married”: 36.8% Philadelphia/ 60.6% U.S. rate) (Census Bureau, 2005). These figures might not have been necessarily alarming except that the statistical data also showed that the birth rate in Philadelphia per 1000 population was 26% higher than the rate for the state of Pennsylvania (Census Bureau, 2005). Further the African American Healthy Marriage Initiative

(AAHMI) initiated by ACF underscores the important needs of this community (www.aahmi.net/docs/aahmibrochure1.pdf).

..... .

**Further examination of Philadelphia reveals a picture of the most troubled families in the U.S.**

..... .

Marriage-related demographics provided by the Census Bureau for Philadelphia portrayed an aggregation of communities plagued by rampant poverty, broken families, domestic violence, and one of the lowest marriage rates in the country. More than 60% of the target population who lived in Philadelphia was composed of minorities (Black 44.7%, Hispanic 10.4% and Asian 5.2%) (Census Bureau, 2005). Along with statistical evidence of marriage rates that were nearly 50% less than the national average in Philadelphia County, poverty rates were nearly double the national average, and non-married birth rates were 60% higher than the national average. Domestic violence (DV) continues to victimize an inordinate amount of low-income females in the greater Philadelphia area. DV is the leading cause of injury to women between the ages of 15 and 44 (PA Coalition Against Domestic Violence Fatality Report, 2006). All of this information illustrates and confirms our considerable anecdotal evidence of large numbers of children being born to couples in uncommitted relationships and likely to be raised in single parent homes. Poverty and unemployment compound and contribute to low rates of marriage in Philadelphia.

The people served by MOCS reflect this demographic profile as MOCS serves a population that is at or below 125% of the federal poverty level. Moreover, in the FIP the majority of the participants are non-custodial fathers mandated by the Philadelphia Family Court to attend the FIP for failure to provide child care support for one or more of their children. These fathers represent the most disadvantaged of fathers who lack educational, emotional, economic, and personal resources to support their children.

## **Design of the Philadelphia Healthy Marriage Project**

### **Needs Assessment: Rationale for a Qualitative Approach**

Since not much is known about the needs of low income and minority populations in regards to healthy marriage and relationship programs, the PHMP used a ‘bottom-up’, practice-based, applied research strategy incorporating qualitative research methods to guide its data gathering. The PHMP commitment to MOCS was to develop a healthy marriage/relationship program to meet their needs, strengthen their assets and identify barriers to effective services. The use of qualitative research is appropriate for exploring topics about which little is known or where the prevailing theories appear inadequate or incomplete (Padgett, 1998). Because the goal of qualitative research is to understand complex problems or situations from the view of the respondent, a person who is an “insider,” someone intimately involved with the particular problem or situation under study, CFR choose this particular strategy.

The advantages of qualitative research are to explore the continuum of the human experience as it relates to a particular problem, and to explore the problem in context and as experienced by the individual (Kazdin, 1998). The primary task of the research is to explain the ways people in particular settings come to understand, account for, take action, and otherwise manage their day-to-day situations (Miles & Huberman, 1994). The PHMP wanted to learn from the interviewees how they experience the problems in their families and relationships, the meanings they put on it, so the PHMP could address the issue from the perspective of the people who have “first hand knowledge.” (Morse & Richards, 2002; Polkinghorne, 2007). Qualitative research usually involves smaller numbers of respondents as well as nonprobability techniques in identifying the respondents in comparison to quantitative survey based research. Consequently, PHMP staff worked with the MOCS administrative staff and selected a small number of respondents from all prospective interviewees according to their job titles within MOCS. Secondary

consideration was then given to try to select representative numbers of men and women, African Americans, Latinos, and Caucasians. In selecting the FIP clients for interviews, the administrators sought men in different phases of the program and who would be willing to stay to talk to the interviewers.

All the interviews and the focus group sessions were transcribed and then coded using NVIVO 7, a qualitative computer coding program. The questions on the semi structured interview guide were turned into codes about: the clients; the staff respondents; information around the concept of healthy marriage programming; thoughts on marriage; the needs of the clients and how the curriculum could address these needs; special issues around religion including the role of religious institutions; and policy recommendations.

### **The Staff Interviews**

Interviewers for the PHMP were selected from CFR staff therapists well experienced in interviewing individuals, couples, and families. The interviewers were trained in and used a semi structured interview guide, in essence a guided conversation. All those who were interviewed granted written permission and could have discontinued their participation at any time. During the first two years of the project, the interviewers used the semi-structured interview guide to ask MOCS staff demographic and work history questions before asking them to describe their current work situation. Questions about the positives and negatives of their current position included asking them “what makes the program you work for a good program or a poorly run program?” As with other interviews based on semi structured interview guides interviewers asked questions that were somewhat circular in nature in order to probe for the in-depth answers. Thus, the respondents were asked about the important parts of their programs, their favorite parts, and how to measure the success of the program. All these questions focused on revealing the positive elements in the MOCS programming. To complete the picture, the interviewers also asked the respondents their opinions on the challenges and problems they faced at work.

Another crucial aspect of the interviews focused on the subject of healthy marriages/ healthy relationships. The questions selected for the interview guide were developed by the PHMP team including both CFR and FIP staff. The respondents were asked their thoughts on healthy marriage education programs, important components of a healthy marriage education program for their clientele, the role of religion or the church in healthy marriage education programs, and finally, what to avoid in a healthy marriage education program for MOCS clients. In this way, the interviewers probed for answers based on the values and beliefs about marriage and relationships as well as real work experiences of the staff. The interviews were designed to seek out the staffs’ knowledge about what kind of programming is successful with the low income, minority population that they serve.

During the third year, the MOCS FIP facilitators were interviewed a second time to obtain more information about implementation of a new curriculum. Altogether a combined total of 29 staff interviews were analyzed. The emphasis in the second round of interviews was on recording stories about the clients that would illustrate the findings from the initial staff and client interviews. Four additional questions were added based on the findings from the first two years’ interviews.

### **The additional questions were:**

- What problems do the men face in trying to develop more healthy relationships with the mother(s) of their children?
- What misconceptions about the welfare system, the court system, the MOCS program, do the men have when they start the FIP course?
- What needs do the men have that we ought to address in our curriculum?
- From your experience, if you could make recommendations to the policy makers—the legislators, the mayor and his staff, the governor and his staff—about how to help the men in your classes - what would these recommendations be?

## The Client Interviews

During the project using a similar semi structured interview guide we interviewed 17 men all chosen by the senior staff of the FIP. After evaluating the data from the first six interviews several questions were added to the clients' semi-structured interview guide. They included:

- questions on the positive and negative influences of people in the client's lives
- questions about their family of origin demographics
- questions on racism, ethnicity and their relationship to marriage
- questions about the values important to their lives

In addition, we tried to interview the men at the beginning and end of their participation in the FIP. Two fathers were interviewed twice, once at the beginning of the program and once at the end. Five fathers had just completed the program. The rest, at the time of their interviews, were in the early weeks of the FIP.

## The Focus Groups

To complement the client interviews, the PHMP also conducted two focus groups. We tried to do a pre and post focus group. However, attendance at the post session was only one-third of that of the first group due to financial problems the city experienced during 2009. The financial problems resulted in a suspension of classes at one point and a suspension of the carfare reimbursement that the clients needed to be able to attend classes. Further in early 2010 part time facilitators did not have their contracts renewed. Consequently, the information we received through this mode of data collection was not as complete as the one-on-one interviews of the clients.

## The PHMP: Accomplishments

### Summary of Qualitative Findings

#### *Who We Interviewed – The Demographics*

The PHMP analyzed 42 qualitative interviews for the project which were conducted between 2008 and 2009. Twenty-five staff employees of MOCS gave interviews. Seventeen clients were interviewed.

#### The Staff

Of the 25 staff interviews, six came from full time FIP staff and eight were from part time FIP facilitators. Three of the fulltime FIP staff were interviewed twice. One of the part time FIP staff was interviewed twice. Thus, out of the 25 staff interviewees, fourteen worked in the FIP and provided 18 interviews. Of the remaining eleven staff interviewed, eight worked for the other MOCS programs, specifically the Work Wise, Community Engagement, and Foster Grandparents programs. Three interviewees were MOCS administrators.

The staff respondents consisted of 15 males and 10 females. Twenty-one were African-American; three were Latino; one was both Caucasian and Latino. Of the 25 respondents, 19 considered themselves middle class; three low income or poor; two working class, and one upper middle class. Surprisingly, they constitute an older workforce. Sixteen were 50 or older. Only four were under 40.

The majority of the workforce, in keeping with their experience and age, were also formally educated past high school. Only eight respondents had a high school education or less, and these were the part time facilitator staff. Seventeen acquired some college education with nine graduating with a BA and three undertaking post graduate education.

MOC's interviewees, unlike many of their clients, were strongly identified with marriage. Just under half of the respondents were in their first marriages which given the average age of the group meant most had been married for many years. Of the remaining group, five were in second or third marriages, one was divorced, two were widowed, and six were single. The average number of children for all the staff was between three and four. Of the six staff who were single, two had children.

## The Clients

The clients who were interviewed were recommended by the MOCS FIP program. Most of the clients in 2009 were referred to the FIP from the Philadelphia Family Court for failure to provide child care support for one or more of their children.

Of the 17 interviewees, one was 21, 9 were between the ages of 25 – 30 and 7 were in their 30s. The majority, 15 interviewees, were African American; one was white, and one was Hispanic, similar to the demographics of the clients in the MOCS FIP in 2009. Eight had completed high school. Six had finished at least two years of high school. Of the eight that graduated, two received GEDs and three attended college for one or two years. Only one client did not graduate from eighth grade.

Seven clients stated that they were engaged in the trades. Only one of the seven in the trades was working at the time of the interview. Five clients worked in the service fields, one as a janitor and one at a Burger King. Five did not specify their occupation. Only one who worked part time at Burger King was employed at the time of the interview.

In these interviews, marital status did not relate either to the number either of children or to the number of birth mothers. Eleven of the clients were not married, six were. Birth mothers ranged from one to four; children from one to six. Four of the men only had children with one mother. Neither length of relationship nor number of children related to number of mothers. Although in the two longest relationships of 13 and 14 years the men had had children with only one partner. As is to be expected with fathers in their twenties and thirties, the children ranged in age from just born to early adult years. None of the children were married or had had children of their own.

Additional demographic information was gathered on the clients' family of origin relationships:

- Of the eight clients whose parents were married, 7 of them were either married or involved in a long term relationship with a woman
- No pattern seemed to exist regarding number of mothers of their children
- Six of the eight reported receiving positive influences from a close family member
- Of the clients whose parents were not married, four of the eight were either married or in a long term relationship
- Interestingly, of the eight whose parents were not married, five only had children with one partner while in the 'parents married' category, only two had children with one partner
- Five of the eight identified family members as positive influences

Thus, there appears to be a slight trend showing that married parents serve as role models for their sons and influence them to become married. We did not ask about nor collect enough in depth information about the positive and negative influences on the men to be able to say how they influenced patterns of marriage and multiple partners for their children. Nor did we collect enough information about siblings to know which siblings may have had children with multiple partners.



## Summary of the Interview Findings: Staff and Clients

Nine findings emerged from the analysis of the interviews and are described here.

### (1) Staff identified barriers to healthy relationships for clients

The clients who use the services of the MOCS, in particular, the FIP, come to the programs with psychological and environmental problems that have an impact on their ability to successfully improve relationships with the mothers of their children and sometimes even the children themselves. The staff identified five types of problems that their clients face. They are:

- environmental issues, which include financial problems, lack of job training and education, and racism
- psychological issues, characterized by problems of attitude or outlook, which may interfere their attendance and are reflected in poor self-esteem and anger management issues
- interpersonal relationship issues, which include: lack of fidelity towards the mothers of their children, difficulty in relating to multiple mothers for their children, lack of knowledge and skills to deal with conflicts - especially conflicts with the child's mother over childrearing practices, lack of knowledge and skills for developing and maintaining healthy relationships, and lack of understanding of the importance of fatherhood for providing a positive role model for their children
- substance abuse issues
- misconceptions: why they are referred to the courts and how the courts operate, why the welfare system pursues them, and why they receive unequal treatment from the courts and welfare system, what the FIP would do for them
- the impact of racism

### (2) Barriers identified in the staff interviews are corroborated in the client interviews

In the staff interviews, the respondents discussed the environment in which the clients function, client attitudes, and client interpersonal relationships. They noted that their clients lack education to easily find jobs, lack parental, (especially father) role models, have multiple partners, are often bitter and angry, often have experienced abuse, and hold negative attitudes about women as partners.

The clients reported that over half had a high school education or less including one who did not finish grade school. Several clients mentioned that they want and need training in the trades or in skills that will improve their opportunities for employment. A majority of the clients stated that they lacked role models in their lives which they found in the MOCS staff. All but seven clients stated that they had children with more than one woman.

Clients made reference to a problem of anger management that they had before starting the FIP. Those that mentioned this problem felt that the program had helped them learn how to better deal with their anger.

Staff identified abuse as a significant barrier as a problem their clients experienced. Only a small number of clients in our sample mentioned abuse as a problem; only one wanted this issue addressed in the curriculum. This may be due to the fact that more men are abusers than women and so would not identify it as a problem that they face. The interview guide did not specifically ask the men to describe their attitudes towards women. However, several clients suggested that a healthy marriage curriculum should include the women, which indicates a willingness to learn from women and thus a more positive attitude than the staff interviews would indicate.

### (3) Staff and client interviews reveal shared value system

The interviews revealed that the clients share similar values with the staff about the

importance of marriage and the definition of a good marriage. Their ideas are normative and constitute a solid basis for a curriculum focusing on healthy marriages. Similar values included:

- key behaviors in a healthy marriage, which are showing understanding to the spouse, give and take, planning which includes both of the partners, communication, and commitment to the spouse
- the importance of the role of religion in supporting marriage and the relationship with children
- the same components of a good marriage which include communication, trust, honesty, loyalty, love for their partner, commitment, faith, dedication, and friendship
- similar life values which include the importance of education, the importance of work to provide for the family, and taking care of the family

While there are common beliefs between staff and clients, the findings show a divergence in behavior. Many of the clients interviewed experienced relationship disruption and children with multiple partners.

.....

**(4) Staff performance and commitment are a key to the success of the MOCS programs**

In the interviews, it was clear that the staff respondents take their mandate to help very seriously. The strongest components contributing to the success of the MOCS programs, especially the MOCS FIP are the quality and dedication of the staff. The experiences, attitudes, values and commitment of the staff significantly contribute to the success of the program in the opinions of the clients. The similarity of values, background, and life experiences along with a strong sense of idealism and commitment to the program are the important factors in creating the high quality staff.

These characteristics lead to:

- sensitivity to the needs and the problems of the clients

- a strong sense of idealism and of commitment to their work
- a commitment to act as role models for the clients

.....

**(5) Specific components of the MOCS FIP have contributed to its success**

Staff identified components of the current version of the FIP that they believed made it a successful program and that they would like to see retained in any new version of the program focusing on healthy relationships/healthy marriages.

- skills building, which includes building relationships with their children and the other parent(s) of their children along with changing attitudes of the clients towards the mothers of their children
- information on child development and the role of the parent in the child's life and how to have a healthier relationship with the other parent
- outreach - link clients to outside resources to address client problems
- markers for success
  - qualitative and quantitative measurements such as increased time spent with the client's family
  - an increased ability to financially help the family and pay for child support
  - noting the child's situation and any improvements in school performance, behavior, etc.
  - attendance and class participation
  - staff reports from observing the clients in their work environments
  - maintaining employment
  - the number of services the client receives to improve his or her quality of life including medical services, food stamps, employment, education, etc.

The clients, for the most part, agree with these staff identification of the key components for success.

.....

**(6) Clients identify with the staff and view them as positive role models**

In analyzing the statements of the 25 staff respondents it is clear that many identify strongly with their clients in the following ways:

- from their own life experiences with their fathers or their father figures
- from their own life experiences as a father
- from their general life experiences
- from a shared value system that views helping people as of paramount importance

Clients also cited their interactions with the staff as one of the best parts of the program. The clients appreciated not only for the respect that the staff exhibit towards their clients but also for acting as role models for them, in place of the father figures that many of the clients are missing, as well as showing understanding for the situations that the clients are in, answering the questions that the clients asked them, and showing support.

.....

**(7) Staff and clients agree on the basic standards for a healthy relationship/healthy marriage curriculum**

The key concepts that underlie the curriculum and that are a necessary part of any new curriculum as revealed in the interviews are:

- the importance of providing a safe environment through the program for the participants
  - establishing concrete requirements for the participants to meet
  - linking the curriculum participants to case management services and other resources
- .....

**(8) Staff and clients express similar ideas for new components for the curriculum**

Staff and clients both want a stronger employment program. Suggestions for a strong employment program include: forming partnerships with other programs in order to create a full range of services for the clients

such as work readiness classes, remedial education, resume development, job search techniques; mentoring clients with successful working individuals who come from similar backgrounds; working with job developers and job retention staff; and developing partnerships with professional counselors and therapists. Clients stated that they would like to see more skills building for better relationships, and more assistance regarding counseling, job placement, and job readiness.

.....

**(9) Focus groups confirmed findings from the staff and client interviews in several areas**

The focus groups with the clients reconfirmed:

- They held misconceptions about the role of the court and welfare systems.
  - The men misunderstood the purpose of attending the FIP.
  - The men were angry and bitter towards the system.
  - Their attitudes towards the mothers of their children were almost uniformly negative and stood in the way of building better communication and relationships with them.
  - They also resented the fact that the nature of their relationship with their children was questioned and devalued especially by the courts.
  - Their primary concern was employment, which they viewed as key to moving forward on the other issues of developing better relationships with the mothers and the children.
- .....

## Summary: Key Findings from the Interviews

An overview of the 9 findings can be summarized into 3 key points:

(1) The staff and clients agree on many of the barriers that exist to hinder the development of healthy relationships/healthy marriages in the clients' lives. Their interviews identify common themes of anger, lack of education, lack of employment, lack of job training, lack of role models and the need to relate to multiple mothers as barriers to healthy relationships.

(2) Both clients and staff agree on the strengths of the FIP which are staff sensitivity and dedication, staff acting as successful role models for the clients, and key components of the program such as content, providing a safe environment and information.

(3) Staff and clients expressed similar values when identifying the important elements of a successful marriage, although client behavior contradicted their stated value systems with regards to relationship disruption and multiple partners for their children.

### Comparison of Qualitative and Quantitative FIP Demographics

The PHMP staff conducted an evaluation of the 2009 FIP on behalf of MOCS. In this evaluation we found that during 2009, 504 individuals contacted the MOCS FIP. Of this number, 276 individuals enrolled in the program, or 54% of those who initially contacted MOCS FIP. The demographic profile of the FIP participants describes fathers who are among the most disadvantaged in the US. Further details are available in the 2009 MOCS FIP Program Evaluation.

The PHMP conducted a comparison of the 2009 FIP population to our smaller qualitative interview sample and the similarities are clear. Selected demographics were chosen for comparison in keeping with demographics often reported in other studies. While it was beyond the scope of the project to conduct a comparative analysis of FIP participants with other studies, the comparison here suggests that FIP serves a most disadvantaged

population of fathers and, consequently, the interview data provides a valid representation of disadvantaged non-custodial fathers.

### Demographic Comparisons

#### Age

	2009 FIP	Interviewees
16-21	6%	6%
22-27	21%	29%
28-33	26%	41%
34-40	20%	24%
41-46	12%	None
47+	14%	None

**Summary of comparison** – The percentages are very similar except in the qualitative sample no older clients were interviewed. Thus in the qualitative sample our midrange group, the highest in both populations, is much higher (41% versus 26%). Eliminating the top two age ranges, all of the clients who were interviewed fit into 84% of the larger sample.

#### Ethnicity

	2009 FIP	Interviewees
African American	78.9%	88%
Hispanic	8.6%	6%
Caucasian	6.4%	6%
Remainder	0%	0%

Regarding ethnicity, the qualitative interviews did not include any clients from the other ethnic groups, Asian, etc. consequently the African American category was higher (88% versus 79%). In our qualitative sample the three highest ethnic groups are the same as in the larger population. Hispanic and Caucasian numbers are also very similar.

### Marital Status

	2009 FIP	Interviewees
Married	19%	17%
Separated	9%	17%
Divorced	9%	0%
Widowed	0%	0%
Never Married	63%	65%

Marital status is comparable for each group. In the qualitative interview sample, there are no divorced participants, however, the category of separated is twice the size of the larger population. It is important to note that the two categories of separated and divorced from the 2009 FIP population are comparable to the separated category of the qualitative sample. Consequently these two groups appear to be similar.

### Number of Children

	2009 FIP	Interviewees
1 Child	27.1%	23%
2 Children	28.3%	12%
3 Children	21.6%	6%
4 Children	9.7%	35%
5 Children	5.6%	12%
6 Children	4.8%	6%
7 Children	1.1%	0%
8 Children	1.9%	6%

Although the number of clients just having one child is similar in both groups, the other percentages and categories are very different. The qualitative project interviewees have had more children, i.e. bigger families. In the larger population, 2009 FIP, 77% have had three or fewer children as compared to 41% in the qualitative project.

### Employment

	2009 FIP	Interviewees
Employed	13%	12%
Unemployed	87%	88%

The employment categories, employed versus unemployed are comparable for both populations.

### Clients with children from two or more women

	2009 FIP	Interviewees
1 Woman	45.4%	41%
2 Women	33.9%	41%
3 Women	14.5%	12%
4 Women	5.7%	6%
5 Women	0%	0%
6 Women	.4%	0%

The percentages and categories in this comparison are very similar. The interviewees have had children with a slightly smaller number of women than the FIP 2009 population at large. 82% of the qualitative sample had children with one or two women versus 79.3% for the larger population. The other percentages are also similar except than no one in the qualitative sample had children with six women. In summary, the samples are very similar.

### **The Healthy Relationships, Healthy Children Curriculum: Reversing the Ripple Effect**

Curriculum development was guided and influenced by findings from the qualitative findings throughout the project. Early findings revealed that although staff and administrators of the MOCS programs are in favor of adding healthy marriage education components to their current programming, almost none of those interviewed had any idea of what a healthy marriage education curriculum included. However, all stated that the curriculum, if tailored to meet their clients' needs, could have a far reaching impact which would include not only improving their relationships with their partners and children but their employment prospects, their self-esteem, and other aspects of their lives, as well.

The staff identified the following topics as important to be included in a healthy marriage/ healthy relationship component for the FIP or other MOCS programs.

Topics of importance to include:

- For those who are married how to maintain a healthy marriage/ healthy relationship

- For those who are single, how to get into a healthy relationship, how to understand marriage
- Learning how a relationship works and how to plan for it
- Teaching people the difference between living together and legal marriage
- Understanding why one is living with a partner and not legally married; what is stopping them from marriage
- What a divorce would cost
- Introducing clients to other ways of succeeding in life including after work programs, going back to school, going back to college
- Emphasizing the importance of time off, going out and exploring other places, activities in order to continue to strengthen their marriages/relationships
- Promoting commitment, trust, honesty, respect
- Understanding the benefits of marriage
- Understanding the role of sex in relationships including sexually transmitted diseases and responsibility of birth control
- Learning how to deal with anger

**Impact of Healthy Marriage Program**

All the interviewees thought the healthy marriage component would have a positive impact on their particular MOCS program and on the clients.

Suggested impacts on the clients:

- Giving them a healthy marriage standard
- Teaching them how to have a better outlook with their partner, with their husband or wife
- Teaching them new techniques, new ideas
- Helping them understand relationships/ marriage and how to stabilize the family

.....

**A quote from one of the MOCS staff:**

“It definitely will help bring the male population-which I think is really lagging behind the female population...up to speed...it’s very important that both sides of the coin hear the same story...if we’re offering it to the men in the workshop, there should be a workshop designed- and it doesn’t have to be as frequent...for the women. So they’re hearing the same thing the men are hearing...If he’s trying to make the relationship better and she thinks it’s a game he’s playing, he’s not going to make any progress unless she knows this is the real deal...”

.....

**Suggested impacts on the program:**

“Re the WorkWise program it would be an added service to our program, an added component....”

“The program would be easier to run because then we’re working with two parties.”

“It would make the program stronger.”  
 “A good tool”

.....

**Knowledge of Healthy Marriage Programs**

Only a few of the interviewees knew much about what a healthy marriage program included. One quote that encapsulates the views of many of the staff interviewed follows:

“It’s the new kid on the block. And it’s being partnered with fatherhood programs, which makes a lot of sense to me. My concern is that the population that we deal with, this is not language that they hear every day, ‘Healthy Marriage.’ In their environment, there are not that many marriages at all. My concern would be that we get them to understand a healthy relationship, leading them into marriage.”

.....

..... .

**Thoughts about Healthy Relationships**

**“People need to know that relationships are just not about getting together and conceiving a child.”**

**“Some of them have multiple mothers for their children, which child’s mother would you marry? That presents a dilemma. They have not been in a healthy relationship with any of them...You’re going from one situation to another... You’re not going to run into the ideal, ready-made situation. You’re going to have to work more for a healthy relationship.”**

**“Most of the guys have a low respect for women, because the women in their environment have been trained with a lot of bad behavior, too...for them to go from one relationship to another is nothing. For them to have different encounters with different men while they’re in a different relationship is just a matter of not getting caught. That’s just a bad learned behavior that we grew up with. So none of us, the men or the women, have been properly trained.”**

**“Before you can get them to marriage, you have to get them to understand a healthy relationship. All men want a healthy relationship. Men from a low income environment...their environment...has already dictated to [them] that [they]’re not going to have a healthy relationship. They don’t understand that, yes, there can be a better relationship than this.”**

..... .

**Development of the Healthy Relationships, Healthy Children Curriculum**

Concurrent with the qualitative needs assessment, curriculum development began with an examination of requirements for ACF Healthy Marriage programs, elements of best practice models in marriage education, curricula-based best practices and emerging models in fatherhood development, and the current MOCS FIP curriculum. Project staff reviewed the Administration for Children and Families (ACF) minimum, advised and optional requirements for healthy marriage programs, as well as best practice methods in marriage/relationship education, program effectiveness of comparative fatherhood programs and curricula, and studies regarding attitudes of marriage, mothering and fathering in the low income populations. Numerous programs have been created regarding fatherhood and marriage, however research has shown that not all programs can be created and implemented with the same success. Dynamics of race, income, relationship types and other external factors such as employment, drug use and transportation come into play and impact on the programs. Additionally, the experiences of certain populations need to be understood and addressed, such as co-parenting, multiple partner fertility, conflict management and trust (Cox & Shirer, 2009). For example, programs that work with unmarried parents who are financially stable will be very different from those programs that work with unmarried parents who have low income (Carlson & Furstenberg, 2003).

Relationship problems are part of everyone’s life. However, for those who have suffered economic and educational disadvantages along with family fragmentation and instability, there are significant disincentives to creating healthy family relationships with love partners, co-parents and children. This curriculum incorporates the use of established intervention models based on attachment theory, family systems theory, brain based and affect theories, family violence prevention, positive psychology, life span development and child development.

Prior to initiation of the curriculum presentations

to FIP staff, domestic violence training was provided. All healthy marriage grantees must develop a domestic violence protocol. In addition to the protocol, a comprehensive training was provided to MOCS staff in 2009 at the direction of the MOCS Executive Director (Year 2). The four Domestic Violence agency organizations of Philadelphia that provided domestic violence training to the MOCS FIP staff facilitators prior to the curriculum training were: Congresso de Latinos Unidos, Lutheran Settlement House, Institute for Safe Families and Women Organized Against Rape. Fifteen FIP staff facilitators received four levels of training, attending eight (8), two hours sessions between March and May of 2009.

A draft outline and curriculum was prepared in April and May of 2009. The curriculum training, of over 30 hours, took place in two locations with fifteen MOCS FIP staff and facilitators in attendance. Phase One of the Curriculum Training began in May of 2009 and ended in January 2010. Phase Two of the Curriculum Training took place in August of 2010. Each training session was a minimum of 3 hours.

CFR's family systems approach, the Intersystem Model, was used to structure and focus the Healthy Relationships - Healthy Children curriculum. The three modules incorporated addressing family leadership, safe partnership and relationship skills, and personal responsibility through exploration of intergenerational, interactional, and individual patterns.

There are three modules with a total of 12 lessons:

- (1) Family Leadership,
- (2) Safe and Secure Relationships, and
- (3) Personal Responsibility.

The curriculum also provides recommended Life Skills modules and additional support services for participants.

The curriculum is designed to provide skills to develop relationship patterns that promote safe partnerships requiring respecting other's rights, learning to give and take, responding to another's needs and desires and how to

effectively parent and co-parent. Since stress and problems are part of daily life, personal responsibility is viewed as essential for healthy relationships. Personal responsibility requires maturity which is compromised by environmental issues, personal and interpersonal limitations and abuse in various forms. Unemployment, depression and substance abuse result in severe stress and cause economic hardships and limitations.

The Fatherhood Initiative Program staff currently use the National Partnership for Community Leadership (NPCL) Fatherhood Development Curriculum as the core of their program. Facilitators of this program have also been trained in the National Fatherhood Initiative (NFI) curriculum and are active contributors to other responsible fatherhood programs and initiatives.

The curriculum builds on the importance of peer support and emphasizes the importance of facilitator's knowledge and understanding of each of the fathers who are enrolled in the program. The primary goal is for the participants to accomplish awareness, and then choose to alter the influence the 'ripple effect' has upon them and their children. We believe that this is possible based on the content and experiential activities that this curriculum has to offer. The negative patterns and legacy that the 'ripple effect' has on future generations can be changed through knowledge and when parents' role model positive healthy parenting behavior and develop effective communication skills for their children.

The interview data, the 2009 FIP Evaluation, the development and implementation process all provided a base from which to structure a healthy marriage and relationship education curriculum to meet the needs of fathers and of couples, who are often co-parenting. Consequently there are two HRHC curricula that were developed:

- (1) the Fatherhood Edition: Becoming a 'Response-Able' Father
- (2) the Couple Edition: Becoming a 'Depend-Able' Family.



The HRHC curriculum has been named “Reversing the Ripple Effect” based on quotes from those interviewed when they shared their hopes for themselves and their children.

CFR’s Intersystem Model was used to structure the HRHC curriculum addressing family leadership, safe and secure relationships incorporating relationship skills, and personal responsibility through exploration of intergenerational, interactional, and individual patterns. The ‘ripple effect’, is a term that emerged from the interviews, and is a concept that helps participants examine the impact of historical family patterns that influence their attitudes and beliefs about life, family, parenting, love and partnerships.

Here is an excerpt from the Facilitator’s Manual of the Fatherhood Edition of the curriculum:

#### **Introduction (Lesson 1)**

*The curriculum is made up of twelve, two hour lessons divided into three modules: Family Leadership, Safe and Secure Relationships and Personal Responsibility.*

*The Family Leadership module provides three lessons designed to help you become aware of all your family members and the ‘ripple effect’ in your family history. It also will help you become aware of your feelings which may be impacting your relationships.*

*The Safe and Secure module provides five lessons designed to help you identify anger issues and how to solve them. In this segment we talk about how to strengthen your communication skills through the discovery of your family and parenting style. You will learn about your child’s development and their needs through experiences of your own, and those of the other fathers in the group, when you were their age. You will come to understand the importance of a promise and how keeping your promises builds trust in your relationships so that you can become a better team player in parenting your children.*

*In the Personal Responsibility module you learn that being a ‘response-able’ father means asking for what you want and getting your needs met through the development of methods (learned in previous lessons) in coping with any*

*emotional harm that you experienced growing up. You come to realize that the true importance of the ‘ripple effect’ is in repeating learned patterns of behavior that kept you locked up in the anger trap. You will learn about the Support and Protection Circle that frees you and motivates you to change whatever is no longer working for you to create new rules for yourself and plan a future to be a better father for your children.*

*Every lesson will promote the sharing of ideas, opinions and feelings as well as provide new factual information. New information is short and often followed by sharing of comments by the group. Then there will follow an exercise or activity to further your experience and anchor the skill or learning. Most lessons have two or three topics of information to acquire. The format for each lesson will be similar to this one in structure; a welcome, overview, new information, activity, exercise, group discussion and closing.*

#### **Refinement of the Curriculum**

The preliminary curriculum was presented to the FIP staff and through a series of 12, 3 hour sessions each module and related lessons were reviewed. Feedback from the training sessions was incorporated throughout the process and important changes were made to the curriculum. In January 2010 the curriculum was implemented by senior FIP staff. Further refinements were made through May 2010. A detailed history of the design, revision, and final development of the curriculum is described in the HRHC Resource guide for facilitators.

## **Pilot Study of the Healthy Relationships, Healthy Children: Fatherhood Edition**

Baseline data for the curriculum evaluation was based on an evaluation of the MOCS/FIP for 2009. The MOCS FIP uses the Fatherhood Assessment (FA) instrument to evaluate its program. The FA instrument was developed by Public/Private Ventures (Philadelphia, PA) in 1997 for NPCL (National Partnership for Community Leadership) and has been widely used in evaluating other fatherhood programs to assess whether the men improved in their knowledge and attitudes toward responsible fatherhood. The FA Knowledge Assessment has 18 questions and addresses three dimensions: Parent/Child Support (6 questions), Substance Abuse/Health (8 questions), and Child Development (4 questions). The FA Attitude Assessment has 16 questions and explores three dimensions: Active Father (assessing a participant's greater sense of worth of being actively involved with his child(ren) (5 questions); Empathy (5 questions), and Attitudes Toward Self (6 questions).

Based on the analysis of the pre and post Fatherhood Assessment, significant gains ( $p = .001$ ) are made by the program participants as a group between pre and post test overall, indicating that there are improvements in the participants 'knowledge' about and 'attitudes' toward fatherhood. These findings hold for both Knowledge ( $p = .001$ ) and Attitude ( $p = .001$ ). This means that participants made gains in both their knowledge about fathering and their attitudes about fathering while in the 12 session program (6 weeks, 2 sessions/week, 2 hours/session). Based on completion of a Fatherhood Assessment taken by participants at the beginning and the end of the program, the findings reveal a positive impact on the 2009 group of FIP participants in both increased knowledge about fatherhood as well as improved attitudes toward themselves and their children.

This is an important finding because FIP works with a very disadvantaged group of fathers. The program completion rate, combined with the significant positive outcome findings, indicates

that FIP provides a consistent and effective Fatherhood service. The FIP as it operated prior to the HRHC curriculum used many elements of the Fatherhood Development curriculum created by NPCL (National Partnership for Community Leadership).

### **Analysis of the MOCS /FIP FA data for 2009 and 2010**

75% of the 2009 FIP participants completed paired pre/post tests. The Fatherhood Assessment (FA) pre/post finding was significant ( $N=207$ )  $p = .000$ ;  $t$  test ( $207, t = -7.570$ ) Analysis of Knowledge sub-scale was also significant  $p = .000$  ( $207, t = -4.11$ ) as was Attitude  $p = .002$  ( $207, t = -3.38$ ).

Statistical analysis of pretest scores of 2009 and 2010 FIP participants determined that there were no significant differences at pretest between the two populations  $p = .715$  ( $t = -.365, df = 322$ ).

Between January and August 2010, 99 participants were part of the HRHC pilot test. 60% of the 2010 participants to date completed paired pre/post tests. Findings indicate that participants make significant improvements based on the FA. The FA pre/post finding was significant ( $N = 60$ )  $p = .002$  ( $59, t = -3.175$ ). Analysis of Knowledge sub-scale was also significant  $p = .000$  ( $59, t = -5.363$ ). Within the Knowledge subscale the Child Development scale showed marked improvement between 2009 and 2010, although it did not meet standards for significance. Analysis of Attitude scale was significant  $p = .094$  ( $59, t = -1.702$ ).

These preliminary findings are encouraging given that there were significant MOCS/FIP staffing changes. As a result of the staff reductions fewer classes were taught in 2010 resulting in a smaller population of program recipients. In addition, the 2010 curriculum was new to the staff although they are very experienced facilitators in contrast to the 2009 program which was based on many years of experience with the curriculum. Further, feedback from the facilitators indicates they believe there is a noticeable improvement in the classes and they reported that they enjoyed teaching the new curriculum.

Analysis of the evaluation data for the pilot study for HRHC curriculum indicates that the program provides an effective fatherhood development program. There are important changes in several subscales including child development, empathy,

and attitude toward self. Further testing of the HRHC Fatherhood edition is needed. The HRHC, Couples Edition was not tested during the project period.

The PHMP outcome findings for both 2009 and 2010 contrast with recent studies comparing the results of fatherhood demonstration projects from 1994 – 2004. Reports indicate that these projects failed in their attempt to strengthen relationships and had mixed results in regard to increase of earnings and employment which would provide financial support for children (Fatherhood and Marriage Institute, 2009). The Fathers at Work initiative (PPV, 2009) did not find improvements in fatherhood development. However, a statistical comparison of the PHMP findings with these, or other studies, is not possible given the complexities of the demonstration projects and the scope of their programs. Few responsible fatherhood programs have the resources to conduct evaluation of their programs and for those programs with some resources contrasting various populations and use of various assessment strategies requires a comprehensive research strategy.

The findings of the PHMP program suggest that a marriage and relationship education core curriculum can be integrated successfully with an existing and effective responsible fatherhood program. Further field study will determine the strength of these findings. Implementation of the HRHC Couples curriculum will also provide new findings.

## Conclusions and Future Work

Through the Center for Advancement of Relationship Education, Council for Relationships will continue to provide training, technical assistance and research support to those who choose to use the HRHC curriculum. HRHC is a unique program with its base in both qualitative and quantitative research and comprehensive curriculum design.

The interviews of MOCS staff and clients provide a rich source of information from which to explore the needs and barriers as well as the strengths of very disadvantaged fathers. Typical of qualitative research, our study contains 17 in-depth client interviews. PHMP compared these participants and their demographics to the larger pool of 2009 FIP participants and found that they are similar. The demographics of the Philadelphia FIP population interviewed, and the 2009 and 2010 FIP participants in the PHMP appear to be comparable to the demographics of the Fathers at Work research study population (PPV, 2009), suggesting that the PHMP has worked with some of the most disadvantaged fathers and families in the U.S.

The work of the PHMP provides a new bridge to explore the integration of marriage and relationship education program for family-centered support and strengthening for non-custodial fathers. The hope for these fathers and their families is to find ways to help them achieve economic self-sufficiency within connected and trustworthy family systems.

As the PHMP comes to a close, the recommendations of the staff and clients for the future are important to present and highlight. The recommendations are:

- Link clients to other supportive services such as case managers who can help with employment and job readiness; to programs that help with paying utility bills; with educational and child care needs; with people who can help them with the paperwork required for receiving various services
- Support staff efforts to continue to treat clients with respect and in a positive, supportive relationship

- Build on the common views of marriage between staff and clients
- Focus on communication and conflict resolution skills along with an understanding of the female gender, role playing and providing connections to other resources such as jobs, education
- Focus on healthy relationships not just healthy marriages
- Include the female partners of the men in the healthy marriage education program
- In regards to job placement and retention services, the MOCS staff recognized the importance of finding the men jobs, providing training and follow-up services to ensure that the men continue to work. They noted that the criminal records of many of the clients make it hard for them to obtain employment. Facilitating employment would also partly address the low esteem issues the clients have and enable them to do more for their children and families
- The staff in their interviews stressed the importance of health care, decent housing, and better education
- Several staff interviews mentioned the need for better coordination of social services among the agencies and providing more services to the men. One staff person recommended a petty cash fund to assist the men in paying for the official documents they need e.g. photo id cards, etc.
- Another commented on the lack of coordination among the agencies that consequently results in their working at cross purposes
  - The staff person reflected that “the judges are the main ones that we really need to... let them know that we’re doing something here...these guys-locking them up is not going to be the answer...they had jobs and were...incarcerated. How do you...get the money if he’s incarcerated?...The gentleman was sincere. He had a job. They could take the child support out of it. Well, they’re taking the child support out and lock them up anyway. He felt like what am I working for? Why am I doing what the system wants

me to do and they’re still going to lock me up?...DHS...needs to think about what’s good for the child, not necessarily tear the mother and the father apart.”

- Better coordination and more services were also tied to the request for increased funding of the program. With increased amount of funds FIP staff felt they could reach more fathers, begin to reach the mothers, increase the depth and length of the curriculum, and provide better services to their graduates. In the opinion of several of the interviewees these recommendations could help break the negative cycle that their clients and partners are in and help lower the crime rate.

The HRHC curriculum developed for this federal HHS/ACF/OCS grant incorporates the thoughts, feelings, wishes, hopes, advice, and guidance from the staff and from the clients. It provides an exciting opportunity to revamp the delivery of relationship education programs to those who are most disadvantaged and give them the skills for loving, healthy relationships through a curriculum designed to meet their needs. CFR intends to offer these two curricula, not only to MOCS for their use, but to other interested agencies. The Center for Advancement of Relationship Education (CARE) will provide technical assistance needed to train the staff in facilitating the curricula, to evaluate the results, and modify the curricula based on the specific needs of the individual agencies. Future directions for CARE include adapting and evaluating the curriculum for mothers and in different settings, evaluating the couples’ curriculum, continue the field testing of the fatherhood edition, and later to evaluate the long term impact of the curricula.

The Healthy Relationships - Healthy Children “*Reversing the Ripple Effect*” curriculum not only addresses the recommendations offered by the staff and clients of MOCS and the FIP, but based on the pilot evaluation it has a positive outcome for the fathers.

## REFERENCES

- Carlson, M. & Furstenberg, F. (2003). *Complex families: Documenting the prevalence and correlates of multi-partnered fertility in the United States (Working Paper No. 2003-13FF)*. Princeton, NJ: Princeton University, Downloaded By: [Temple University Libraries] At: 19:35 1 July 2010 362 R.B. Cox and K. A. Shirer Center for Research on Child Wellbeing. Retrieved January 23, 2004, from <http://crcw.princeton.edu/fragilefamilies/ffpapers.html>.
- Carlson, M. J. & McLanahan, S. (2006). Strengthening unmarried families: Could enhancing couple relationships also improve parenting? *Social Service Review, 80/2, 297-321*.
- Census Bureau. (2005). American Fact Finder, American Community Survey.
- Cordova, J, Warren, L, & Gee, C. (2001). Motivational interviewing as an intervention for at risk couples. *Journal of Marital and Family Therapy, 27/3, 315-326*.
- Cox, R. B. Jr. & Shirer, K. (2009). Caring for my family: A pilot study of a relationship and marriage education program for low-income unmarried parents. *Journal of Couple & Relationship Therapy, 8, 1-364*.
- Cowan, C. P., Cowan, P. A., Pruett, M. K., & Pruett, K. (2006). An approach to preventing coparenting conflict and divorce in low-income families: Strengthening couple relationships and fostering fathers' involvement. *Family Process, 46 /1, 109-121*.
- Edin, K. & Kefalas, M. (2005). *Promises I can keep*. Berkley CA: University of California Press.
- Fatherhood and Marriage Institute. (2009). Summary of HHS/ACF/OCSE demonstration project. Retrieved 5/11/2009 from <http://www.famli.org>.
- Halford, K., Markman, H., Kline, G. & Stanley, S. (2003). Best practice in couple relationship education. *Journal of Marital and Family Therapy, 29/3, 385-406*.
- Hawkins, A. J. & Fackrell, T. A. (2010). Does relationship and marriage education for lower-income couples work? A meta-analytic study of emerging research. *Journal of Couple & Relationship Therapy, 9, 1-191*.
- Kazdin, A. E. (1998). *Research design in clinical psychology*. Boston, MA: Allyn and Bacon.
- Madill, A. & Gough, B. (2008). Qualitative research and its place in psychological science. *Psychological Methods, 13/3, 254-271*.
- Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.
- Morse, J. M. & Richards, L. (2002). *Read me first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage Publications.
- Nock, S. L. (April 1998). The consequences of premarital fatherhood. *American Sociological Review, 63 250-263*.
- Ooms, T. (March 2007). Adapting healthy marriage programs for disadvantaged and culturally diverse populations: What are the issues? CLASP Brief No. 10.
- Padgett, D. K. (1998). *Qualitative methods in social work research: Challenges and rewards*. Thousand Oaks, CA: Sage Publications.
- Pennsylvania Coalition Against Domestic Violence. (2006). Domestic violence fatality report. Harrisburg, PA.
- Polkinghorne, D. E. (2007). Validity issues in narrative research. *Qualitative Inquiry, 13, 471-486*.
- Roberts, Paula. (2007). Out of order? Factors influencing the sequence of marriage and childbirth among disadvantaged Americans. *CLASP Brief, No. 9*.
- Wood, R.G., McConnell, S., Moore, Q., Clarkwest, A., & Hseuh, J. (May, 2010). Strengthening unmarried parents' relationships: The early impacts of building strong families. Executive Summary. The Building Strong Families Project. Mathematica Policy Research, Inc.

**CARE**

Center  
for the  
**Advancement**  
of  
**Relationship**  
**Education**

**COUNCIL**  
FOR  
*Relationships*

4025 Chestnut Street,  
First Floor  
Philadelphia, PA 19103  
215-382-6680

**[www.CouncilForRelationships.org](http://www.CouncilForRelationships.org)**

For more information contact:  
Rita DeMaria, Ph.D.  
215-628-2450  
[rdemaria@CouncilForRelationships.org](mailto:rdemaria@CouncilForRelationships.org)