

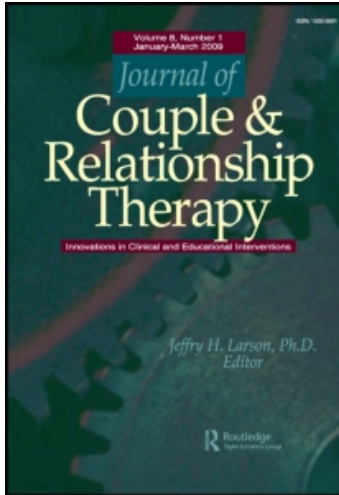
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Demographic Predictors of Relationship and Marriage Education Participants’ Pre- and Post-Program Relational and Individual Functioning

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Limited knowledge exists regarding differences in relationship and marriage education (RME) experiences based on social address. The current study examines pre- and post-program data from 1293 ethnically and economically diverse adults participating in RME programs. Investigations centered on whether race, income, marital status, and attendance status (i.e., attend with partner or singly) predicted baseline levels and change in a broad range of indicators of individual functioning, couple functioning, and confidence in one’s relationship for men and women. Income was the strongest predictor of baseline levels; higher income was associated with higher entry levels in all three target areas. In addition, race predicted unique variance in individual functioning, and marital status and attendance status predicted unique variance in relational targets. Men and women demonstrated positive changes in all target areas following RME participation. Attending with a partner was the only predictor of change in target outcomes for women and was the strongest predictor of change in target outcomes for men. Lower income and being married also predicted

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greater change in relational functioning among men. Implications for providing RME with diverse audiences are discussed.

KEYWORDS *couple education, marriage education, low-income couples, diverse couples*

The exponential increase in the last few years in the availability of relationship and marriage education (RME) for a broader population of individuals and couples means that practitioners are faced with meeting the needs of an increasingly heterogeneous population of participants (Hawkins, Carroll, Doherty, & Willoughby, 2004). Previous studies examine changes for the group of program participants, an understandable approach when participants are demographically more homogeneous. An ecocultural approach to family science research (Phenice, Griffore, Hakoyama, & Silvey, 2009) prescribes examinations of differences in experiences based on cultural “niches.” With a diverse group of participants, reporting solely on the full sample could mean that subgroups’ experiences can be overshadowed by the broad trends for the group. Explorations of differences at baseline and across time can provide valuable information for program planning and movement toward more refined models of best practices that takes into account variations based on social address variability.

ETHNIC AND ECONOMIC DIVERSITY

Recent reviews of the literature on RME effectiveness emphasize the predominance of European American middle- to upper-income adults in study samples (Carroll & Doherty, 2003; Halford, Markman, & Stanley, 2008; Reardon-Anderson, Stagner, Macomber, & Murray, 2005). Only 7 of the 117 studies examined in a recent meta-analysis (Hawkins, Blanchard, Baldwin, & Fawcett, 2008) included more than 25% ethnic diversity in their samples, and only 4 of those studies included samples of predominantly minority participants. Studies did not examine ethnicity as a factor in program effects. Either minority participants’ experiences are statistically subsumed within the sample majority, or the effects of ethnicity are controlled. Scholars assert that couple dynamics and needs in RME can vary based on ethnic group (Halford et al., 2008). There remains an important gap in the literature if ethnicity is not explicitly considered.

Similarly, we know little about the experiences of more economically diverse individuals and couples in RME. Because it appears that economically disadvantaged individuals are at even greater risk for relationship distress and instability and may begin programs at higher levels of distress and need (Conger et al., 1990; Ooms & Wilson, 2004), current community RME

programs have been funded in an effort to provide resources for these individuals and families and results are only now beginning to accumulate (Hawkins & Fackrell, 2010). Thus, as is the case with samples of ethnic homogeneity, the current literature lacks sufficient attention to examinations of similar/differing experiences in RME based on income level of participants.

Differences by Relationship and Attendance Status

The majority of RME program effectiveness studies are composed of samples with homogeneous relationship status—either married or engaged couples (e.g., Hawkins et al., 2008; Stanley, Amato, Johnson, & Markman, 2006). The average length of relationship is shorter for nonmarried/premarital couples participating in RME programs compared to married couples in RME (Carroll & Doherty, 2003; Hawkins et al., 2008). Using relationship development theory and evidence (e.g., Kurdek, 2008), indications are that earlier portions of relationships tend to be more positive. Therefore, practitioners may find that a class of married and nonmarried/premarital couples contains individuals at different baseline levels of relational functioning, with different needs and goals in the program. This, however, remains an empirical question.

Additionally, the “all-come” approach used by many current relationship/marriage education programs funded as demonstration programs encourages, but does not require, that those in relationships attend with their partner. Gains observed for the full sample may mask differences between those who attend singly and those who attend with their partner. No previous published studies have examined differences/similarities in benefits based on couple attendance status.

Outcome Diversity

In previous RME studies, indicators of effectiveness have been primarily communication and couple quality/satisfaction, indicated by a limited number of questions. Hawkins et al. (2008) note how puzzling this trend is, given the number of factors related to relationship instability. Reviews of the literature on healthy couple functioning and marital quality suggest more specific outcome areas for RME effects (Adler-Baeder, Higginbotham, & Lamke, 2004; Adler-Baeder & Futris, in press; Bradbury, Fincham, & Beach, 2000; Larson & Holman, 1994; Moore et al., 2004) that include lower distress/depression levels, greater self-efficacy and empowerment, enhanced caring/positive behaviors, increased conflict management skills, and greater trust, happiness, and confidence in stability of the relationship.

We test the following hypothesis and explore the following research questions:

RQ1: Do income, race, marital status, and couple attendance status predict baseline scores in individual and relational functioning among men and women RME participants? If so, which factor is comparatively more predictive?

H1: Based on consistent findings to date among more homogeneous, higher-resource populations of RME program participants, we expect that men and women in a diverse sample of RME participants will show positive change in multiple areas of individual and relational functioning from baseline to post-program.

RQ2: Do income, race, marital status, and attendance status predict change in individual and relational functioning among men and women RME participants? If so, which factor is comparatively more predictive?

METHODS

Participants

Participants were recruited from the first wave of RME class offerings held in eight communities in a moderate-sized southern state. Classes are taught by a male/female team of relationship/marriage educators; all teams were jointly trained in program delivery and evaluation data collection and routinely monitored for program fidelity. All classes were open to the community and no selection criteria were used for class participation. Participants varied within classes by ethnicity, socioeconomic status, relationship status, and attendance status. Individuals participated in one of four possible curricula chosen due to their inclusion of the seven core research-based relationship topics/skills identified by The National Extension Relationship and Marriage Education Network (Adler-Baeder & Futris, in press). These core component topics are categorized as *Choose*—the use of intentionality in relationships; *Know*—the development of intimate knowledge of partner; *Care*—the demonstration of kindness, affection, and caring support; *Care for Self*—maintenance and enhancement of physical, psychological, and sexual health and wellness as an individual; *Share*—development of friendship and a sense of “we”; *Connect*—engagement of social support, community ties, and sources of personal meaning; and *Manage*—use of strategies for engagement and interaction around differences, stresses, and issues of safety. The curricula are: *Together We Can*; *Mastering the Mysteries of Love*; *Basic Training for Black Couples*, and *Smart Steps for Stepfamilies*. Participants completed a pre-program questionnaire prior to beginning the six- to eight-session course and a post-program questionnaire immediately following completion.

In the first 18 months of data collection, 1330 adult participants returned usable pre-program data and 938 provided both usable pre- and post-program data. Due to extremely small numbers, respondents reporting

ethnicity other than European American (EA) or African American (AA) were removed from the analytic samples. The analytic samples used for the current study consisted of the 908 women and 385 men who provided data at pre-program for the variables of interest (1293 total) and the 670 women and 272 men who provided data at both pre-program and post-program (942 total).

The *t*-test analyses for age and income, and χ^2 analyses for sex and race determined there were no significant differences between participants who completed only a pre-test and those who completed a pre- and post-test. In addition, attrition analyses were conducted on outcome measures. No significant differences on any of the pre-test measures (*couple quality, trust, confidence/dedication, happiness, positive interaction, negative interaction, conflict management, adjustment, individual empowerment, and depression*) were found between participants who completed only a pre-test and those who completed a pre- and post-test.

Overall, males comprise 30% of the sample; 70% are female. The modal age is 27 years; the mean age is 36 years. Just over half of the sample (54%) are married; over half are African American (57%); and over half (61%) are of low income (i.e., report 200% of poverty level or less). Men and women subsamples did not differ significantly on these demographics. Thirty-eight percent attended with their partner.

Measures

In addition to demographic questions, the surveys included multi-item measures of individual and couple functioning. (Note: Previous pilot studies and the use of psychometric analyses informed the reduction of items in each scale. Details can be obtained from the first author.)

SOCIOECONOMIC STATUS

Participants provided household income and family size information, from which an income-to-needs ratio was created, a proxy for socioeconomic status.

COUPLE FUNCTIONING DOMAIN

This domain was assessed with four measures. Only those in couple relationships respond to these items. (Results of confirmatory factor analysis are presented in the next section.) *Couple quality* is a combined scale of a global satisfaction measure (from Conger et al., 1990) and a five-item measure (adapted from Norton, 1983). Confirmatory principal components analysis supported the combination of these scales (87.26% of the variance in the measure was explained upon extraction of one component). Participants responded on a seven-point Likert scale, from 1 ("Very strongly

disagree”) to 7 (“Very strongly agree”) to such items as “We have a good marriage/relationship.” Alpha coefficients were $\alpha = .96$ and $\alpha = .97$ (pre-test) and $\alpha = .94$ and $\alpha = .98$ (post-test) for men and women, respectively. A global *Happiness* item (taken from Spanier, 1976) assesses participants’ level of happiness, all things considered, in their couple relationship on a 10-point Likert scale, from 1 (“Extremely unhappy”) to 10 (“Extremely happy”). *Positive interaction* is an eight-item scale (adapted from Huston & Vangelisti, 1991). Participants respond, using a four-point Likert scale, from 1 (“Never”) to 4 (“Often throughout the day”) to such items as, “On a typical day, how often do you compliment your spouse/significant other?” Alpha coefficients were $\alpha = .86$ and $\alpha = .87$ (pre-test) and $\alpha = .88$ and $\alpha = .89$ (post-test) for men and women, respectively. *Adjustment* is a seven-item measure (Dyadic Adjustment Scale; Spanier, 1976). Participants respond on a five-point Likert scale, from 1 (“Always disagree”) to 5 (“Always agree”) to items asking the extent to which they agree or disagree on such things as “Handling finances” and “Sex relations.” Alpha coefficients were $\alpha = .85$ and $\alpha = .86$ (pre-test) and $\alpha = .84$ and $\alpha = .89$ (post-test) for men and women, respectively.

RELATIONSHIP CONFIDENCE DOMAIN

This domain was assessed with two measures. Only those in couple relationships respond to these items. *Trust* is a three-item measure (adapted from Rempel, Holmes, & Zanna, 1985). Participants respond, using a five-point Likert scale, from 1 (“Strongly disagree”) to 5 (“Strongly agree”) to such items as: “I can count on my partner to keep the promises s/he makes to me.” Alpha coefficients were $\alpha = .81$ and $\alpha = .86$ (pre-test) and $\alpha = .83$ and $\alpha = .87$ (post-test) for men and women, respectively. *Stability* is a five-item measure (taken from Stanley & Markman, 1992) of confidence and commitment the individual has toward the relationship. Participants respond on a five-point Likert scale, from 1 (“Strongly disagree”) to 5 (“Strongly agree”) to such items as, “I feel good about our chances to make this relationship work for a lifetime.” Alpha coefficients were $\alpha = .88$ and $\alpha = .94$ (pre-test) and $\alpha = .90$ and $\alpha = .95$ (post-test), for men and women, respectively.

INDIVIDUAL FUNCTIONING DOMAIN

This domain was assessed with three measures. *Conflict management* is a six-item subscale from the Interpersonal Competence Scale (Buhrmester, Furman, Wittenberg, & Reis, 1988). Participants respond, using a five-point Likert scale, from 1 (“Not at all like me”) to 5 (“Very much like me”) to such items as, “When angry, I am able to accept that the other person has their own point of view even if I don’t agree with that view.” Alpha coefficients were $\alpha = .78$ and $\alpha = .81$ (pre-test) and $\alpha = .83$ and $\alpha = .85$ (post-test) for men and women, respectively. *Individual empowerment* is a six-item scale developed

during pilot project work. Participants respond, using a five-point Likert scale, from 1 (“I have not thought about this”) to 5 (“I do this on a regular basis”) to such items as, “I express myself clearly and without fear” and “I have the power to manage the challenges in my life.” Alpha coefficients were $\alpha = .72$ and $\alpha = .71$ (pre-test) and $\alpha = .75$ and $\alpha = .72$ (post-test) for men and women, respectively. *Depression* symptoms are assessed using three items from the Center for Epidemiological Studies–Depression Scale (Radloff, 1977). Participants respond on a four-point Likert scale, from 0 (“None”) to 3 (“3 + times”) to the items, “In the past week: I felt sad that I could not shake off the blues even with the help of my family and friends; I felt depressed; and I felt sad.” Alpha coefficients were $\alpha = .89$ and $\alpha = .90$ (pre-test) and $\alpha = .88$ and $\alpha = .90$ (post-test) for men and women, respectively.

RESULTS

Table 1 shows the descriptive statistics for the Individual Functioning, Couple Functioning, and Relationship Confidence in measures for both women and men by ethnicity, socioeconomic, marital, and attendance status. Assumption testing was conducted to check for independence, normality, and sphericity/equality in variance, with no serious violations noted.

Examining Pre-Test Differences

RQ1 centers on the examination of the relationships between pre-program individual and relational functioning levels and race, socioeconomic status, marital status, and attendance status. Because of the number of outcome variables, the first step of the analyses involved identifying valid, interpretable latent constructs of individual and relational functioning from the existing manifest variables using exploratory factor analysis for the full sample. Three conceptually distinct latent constructs were extracted and further tested using confirmatory factor analysis (CFA) with Amos 7.0 (Arbuckle, 2006). The CFA model was fit simultaneously for men and women and fit statistics indicated strong fit of the model to the data. The Comparative Fit Index (CFI) = 0.97, and Root Mean Square Error of Approximation (RMSEA) = 0.045. CFI values above 0.95 and RMSEA values below 0.06 indicate excellent model fit, and CFI values above 0.90 and RMSEA values below 0.08 indicate acceptable model fit (Keiley, Dankoski, Dolbin-MacNab, & Liu, 2005).

To examine whether social address variables predict baseline levels of target outcomes, structural equation models using maximum likelihood estimation were examined with Race, Income, Marital, and Couple Attendance status as the four exogenous predictors of pre-program ratings of Couple

TABLE 1 Descriptive Statistics for Preprogram Functioning by Ethnicity, Income, Marital Status, and Attendance Status

	Women (<i>n</i> = 908)							
	AA (<i>n</i> = 493) Mean (SD)	EA (<i>n</i> = 415) Mean (SD)	Married (<i>n</i> = 410) Mean (SD)	Nonmarried (<i>n</i> = 435) Mean (SD)	Attend with Partner (<i>n</i> = 259) Mean (SD)	Attend without Partner (<i>n</i> = 648) Mean (SD)	Low Income (<i>n</i> = 461) Mean (SD)	Middle Income (<i>n</i> = 236) Mean (SD)
Couple Functioning								
1. Positive Interaction	2.70 (0.67)	2.81 (0.65)	2.69 (0.61)	2.81 (0.71)	2.72 (0.59)	2.76 (0.70)	2.79 (0.68)	2.70 (0.60)
2. Global Happiness	6.46 (2.14)	6.33 (2.78)	6.55 (2.52)	6.36 (2.32)	6.68 (2.12)	6.26 (2.60)	6.15 (2.50)	6.57 (2.41)
3. Dyadic Adjustment	3.33 (0.87)	3.26 (0.87)	3.32 (0.83)	3.30 (0.91)	3.36 (0.75)	3.27 (0.92)	3.25 (0.91)	3.29 (0.79)
4. Couple Quality	4.71 (1.50)	4.74 (1.77)	4.92 (1.65)	4.56 (1.56)	4.96 (1.42)	4.61 (1.70)	4.51 (1.63)	4.95 (1.61)
Confidence in Relationship								
4. Trust	3.27 (1.13)	3.55 (1.32)	3.32 (0.83)	3.63 (1.22)	3.68 (1.06)	3.26 (1.27)	3.23 (1.23)	3.65 (1.19)
5. Stability	1.94 (0.64)	1.89 (0.73)	1.95 (0.70)	1.90 (0.66)	1.94 (0.68)	1.91 (0.68)	1.85 (0.68)	1.98 (0.68)
Individual Functioning								
6. Conflict Management	3.53 (0.89)	3.30 (0.81)	3.44 (0.82)	3.41 (0.90)	3.39 (0.79)	3.44 (0.89)	3.40 (0.88)	3.49 (0.80)
7. Individual Empowerment	3.78 (0.85)	3.63 (0.85)	3.68 (0.80)	3.76 (0.89)	3.72 (0.80)	3.71 (0.88)	3.69 (0.89)	3.79 (0.79)
8. Depression	1.16 (1.00)	1.47 (1.07)	1.18 (1.07)	1.37 (1.01)	1.11 (1.01)	1.38 (1.05)	1.48 (1.03)	1.03 (0.97)
Men (<i>n</i> = 385)								
	AA (<i>n</i> = 241) Mean (SD)	EA (<i>n</i> = 144) Mean (SD)	Married (<i>n</i> = 229) Mean (SD)	Nonmarried (<i>n</i> = 116) Mean (SD)	Attend with Partner (<i>n</i> = 238) Mean (SD)	Attend without Partner (<i>n</i> = 147) Mean (SD)	Low Income (<i>n</i> = 139) Mean (SD)	Middle Income (<i>n</i> = 151) Mean (SD)
Couple Functioning								
1. Positive Interaction	2.78 (0.66)	2.90 (0.63)	2.77 (0.61)	2.94 (0.71)	2.82 (0.60)	2.83 (0.74)	2.90 (0.69)	2.79 (0.59)
2. Global Happiness	7.17 (2.16)	7.26 (2.03)	7.07 (2.24)	7.52 (1.79)	7.15 (2.12)	7.31 (2.12)	7.23 (2.09)	7.03 (2.10)
3. Dyadic Adjustment	3.50 (0.75)	3.38 (0.80)	3.44 (0.80)	3.51 (0.72)	3.43 (0.76)	3.52 (0.79)	3.45 (0.86)	3.44 (0.70)
4. Couple Quality	5.23 (1.32)	5.09 (1.50)	5.27 (1.44)	5.00 (1.30)	5.21 (1.35)	5.13 (1.47)	4.83 (1.51)	5.33 (1.28)
Confidence in Relationship								
4. Trust	3.87 (0.95)	3.95 (1.04)	3.99 (1.00)	3.72 (0.95)	3.94 (0.96)	3.81 (1.02)	3.69 (1.05)	4.04 (0.87)
5. Stability	2.00 (0.63)	2.07 (0.74)	2.04 (0.67)	2.00 (0.69)	1.98 (0.67)	2.14 (0.67)	2.01 (0.69)	2.00 (0.68)
Individual Functioning								
6. Conflict Management	3.58 (0.82)	3.29 (0.76)	3.53 (0.79)	3.36 (0.85)	3.48 (0.83)	3.46 (0.78)	3.38 (0.87)	3.51 (0.79)
7. Individual Empowerment	3.65 (0.81)	3.49 (0.91)	3.59 (0.85)	3.56 (0.86)	3.55 (0.81)	3.67 (0.91)	3.52 (0.89)	3.63 (0.79)
8. Depression	1.02 (0.99)	0.89 (0.96)	0.87 (0.92)	1.07 (1.05)	0.83 (0.93)	1.14 (1.01)	1.16 (1.04)	0.83 (0.90)

Functioning, Relationship Confidence, and Individual Functioning. Jointly modeling all outcome variables and predictors is a more rigorous assessment that accounts for the shared variance among outcomes and among predictors and provides clearer information on unique contributions of each participant characteristic in predicting unique variance in outcomes. Models were fit separately for men and women. Individual fit assessments would allow for the refinement of distinct models, if needed. Initial models included a path from each exogenous variable to the three constructs and resulted in unacceptable fit for both women (CFI = 0.904, RMSEA = 0.087) and men (CFI = 0.873, RMSEA = 0.083). Because several of the model's path coefficients were nonsignificant (differing slightly for men and women) and our model represents research questions, rather than specific hypotheses, these paths were removed and a more parsimonious model was examined. The revised models demonstrated adequate fit for both women (CFI = 0.904, RMSEA = 0.083) and men (CFI = 0.904, RMSEA = 0.073). Figure 1 simultaneously displays significant standardized path coefficients, significance levels, and fit statistics for men and women.

For women, the revised model indicated that Income was the strongest predictor of levels of Individual Functioning and Couple Functioning, and also predicted Relationship Confidence pre-program. The positive path coefficients indicate that higher income is associated with higher start levels in each of these areas. Being married was the strongest predictor of higher levels of Relationship Confidence but did not predict baseline Couple or Individual Functioning. Race, specifically being African American rather than European American, uniquely predicted higher levels of pre-program Individual Functioning. Attending the program with one's partner was significantly associated with higher levels of Relationship Confidence, and marginally significant as a predictor of baseline Couple Functioning.

For men, the initial fit of the model revealed nonsignificant paths between attendance with a partner and all three outcome measures. This predictor was removed from the final model. Similar to women in the sample, men's Income was the strongest predictor of Individual Functioning and Couple Functioning, and also predicted Relationship Confidence. Being married was the strongest predictor of higher Relationship Confidence. Also similar to women, Race, specifically being African American, predicted higher levels of pre-program Individual Functioning.

Changes from Pre-Program to Post-Program

Similar to previous tests of change among RME program participants (e.g., Hawkins et al., 2009), we ran paired *t*-tests to identify change at the group level for men and women in average scores for the nine measures from pre-program to post-program and expected positive change in all areas (H1).

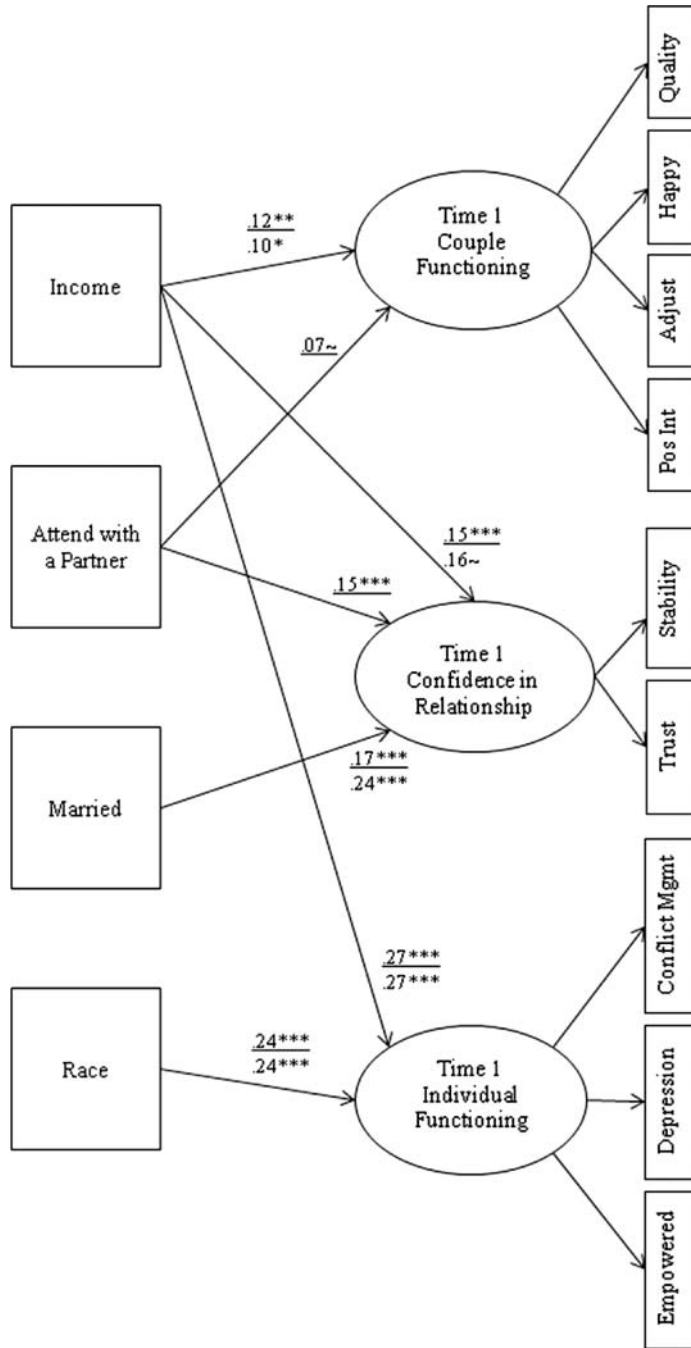


FIGURE 1 Demographic Predictors of Target Outcome Areas for Men and Women RME Participants. *Note.* Separate models for females and males were estimated, with female standardized coefficients underlined. Female model: CFI = 0.971, χ^2/df ratio = 4.45, RMSEA = 0.06. Male model: CFI = 0.904, χ^2/df ratio = 3.06, RMSEA = 0.07. Only significant paths are shown. *** $p < .001$, ** $p < .01$, * $p < .05$, ~ $p < .10$. Quality = Couple Quality; Happy = Global Happiness; Adjust = Dyadic Adjustment; Pos Int = Positive Interaction; Stability = Couple Stability; Conflict Mgmt = Conflict Management; Empowered = Individual Empowerment.

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Both men and women showed significant positive changes in functioning on all measures (Table 2). Effects sizes were calculated using a formula appropriate for paired-sample tests and ranged from 0.27 to 0.44 for the women, and from 0.21 to 0.44 for the men, suggesting small to moderate effects of the program on both men and women.

To more closely examine the effect of Race, Income, Marital Status, and Couple Attendance Status on changes in levels of Individual Functioning, Relationship Confidence, and Couples Functioning (RQ1), separate structural equation models were initially constructed with Income, Race, Marital Status, and Attendance Status predicting post-program outcome levels, accounting for pre-program levels (i.e., residual change). For women, in all four individual models there were no significant predictors of change in Individual Functioning. Similarly, Race did not significantly predict change in any of the outcomes. Thus, Individual Functioning and Race were removed from further model testing for women in order to develop a more parsimonious final model.

As our final step, we examined the relative predictive ability of participant characteristics on residual change in the two outcome areas. For women, fit statistics of the full model showed acceptable fit ($CFI = 0.948$, $RMSEA = 0.072$); however, Marital Status and Income did not uniquely predict variance in change for either of the couple outcomes after accounting for Couple Attendance Status as a predictor of change and are not depicted in the model (Figure 2).

In the individual predictor models for men, similar to women, Race did not significantly predict change in any of the outcomes and was removed from further model testing. Jointly modeling Income, Marital Status, and Couple Attendance Status as predictors of change in the three outcome areas for men showed acceptable fit ($CFI = 0.905$, $RMSEA = 0.067$). (Figure 3 provides significant path coefficients and significance levels.) As with women, Couple Attendance Status (i.e., attending with a partner) was the most potent predictor of change in Couple Functioning and Relationship Confidence. For men, Couple Attendance was also the strongest predictor of change in Individual Functioning. In addition, being married uniquely predicted a significant amount of the variance in positive change in Relationship Confidence. Interestingly, a significant path from Income to Couple Functioning indicated that lower Income predicted a greater change in this area.

DISCUSSION

The current study examines demographic predictors of baseline levels and changes in a number of target outcome areas among RME participants. Unlike samples in most previous published studies, the current study sample consists of predominantly African American and lower-income adults (i.e.,

TABLE 2 Change in Target Outcomes among RME Program Participants

	Women (<i>n</i> = 908)			Men (<i>n</i> = 385)		
	Pre-RME Mean (SD)	Post-RME Mean (SD)	t-Score	Pre-RME Mean (SD)	Post-RME Mean (SD)	t-Score
Couple Functioning						
1. Positive Interaction	2.77 (0.67)	2.89 (0.65)	-4.71***	2.85 (0.66)	2.95 (0.64)	-3.59***
2. Global Happiness	6.43 (2.51)	7.14 (2.39)	-8.08***	7.35 (2.00)	7.82 (1.85)	-4.24***
3. Dyadic Adjustment	3.33 (0.86)	3.56 (0.83)	-7.12***	3.53 (0.76)	3.74 (0.68)	-5.02***
4. Couple Quality	4.74 (1.62)	5.16 (1.55)	-7.44***	5.25 (1.35)	5.61 (1.13)	-4.90***
Confidence in Relationship						
1. Trust	3.45 (1.21)	3.69 (1.12)	-5.90***	3.93 (0.96)	4.15 (0.89)	-4.45***
2. Stability	1.92 (0.69)	2.05 (0.64)	-5.66***	2.03 (0.69)	2.13 (0.61)	-2.93**
Individual Functioning						
1. Conflict Management	3.44 (0.85)	3.61 (0.84)	-5.29***	3.53 (0.80)	3.66 (0.84)	-2.89**
2. Individual Empowerment	3.73 (0.83)	3.92 (0.78)	-6.06***	3.58 (0.87)	3.70 (0.85)	-2.55*
3. Depression	1.28 (1.04)	1.03 (0.97)	6.65***	0.92 (0.96)	0.79 (0.87)	2.87**

p* < .05, *p* < .01, ****p* < .001.

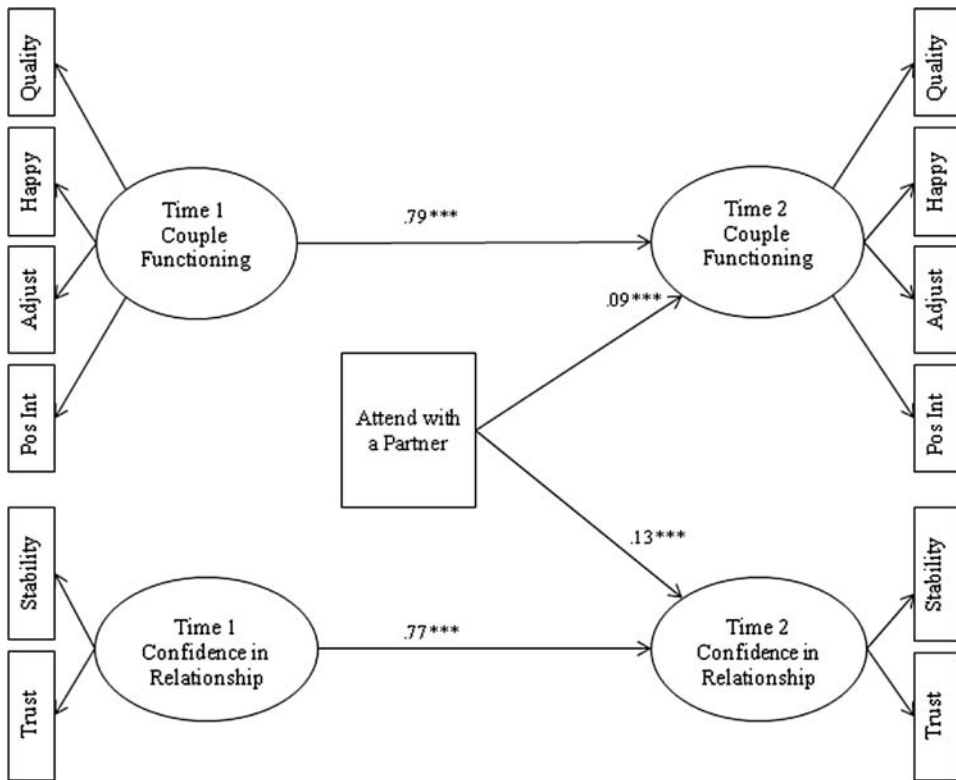


FIGURE 2 Demographic Predictors of Change in Target Outcome Areas among Women in RME Programs. *Note.* Only significant paths are shown. $***p < .001$, $**p < .01$, $*p < .05$, $\sim p < .10$. CFI = 0.948, χ^2/df ratio = 5.68, RMSEA = 0.07. Quality = Couple Quality; Happy = Global Happiness; Adjust = Dyadic Adjustment; Pos Int = Positive Interaction; Stability = Couple Stability; Conflict Mgmt = Conflict Management; Empowered = Individual Empowerment.

previously understudied populations of RME participants), and nearly equal numbers of married and nonmarried participants, typically not grouped in a single study. This heterogeneity reflects the current population of voluntary RME participants in federally funded programs (Hawkins & Fackrell, 2010). Overall, findings indicate both similarities and differences at program start and across time based on demographic factors.

Baseline Levels of Functioning

We find that participants with relatively higher income enter programs at comparatively higher levels in all target areas, particularly individual functioning (i.e., higher conflict management skills, higher empowerment, lower depression). This finding is consistent with research on lower-income populations that find that economic strain is associated with greater strains on

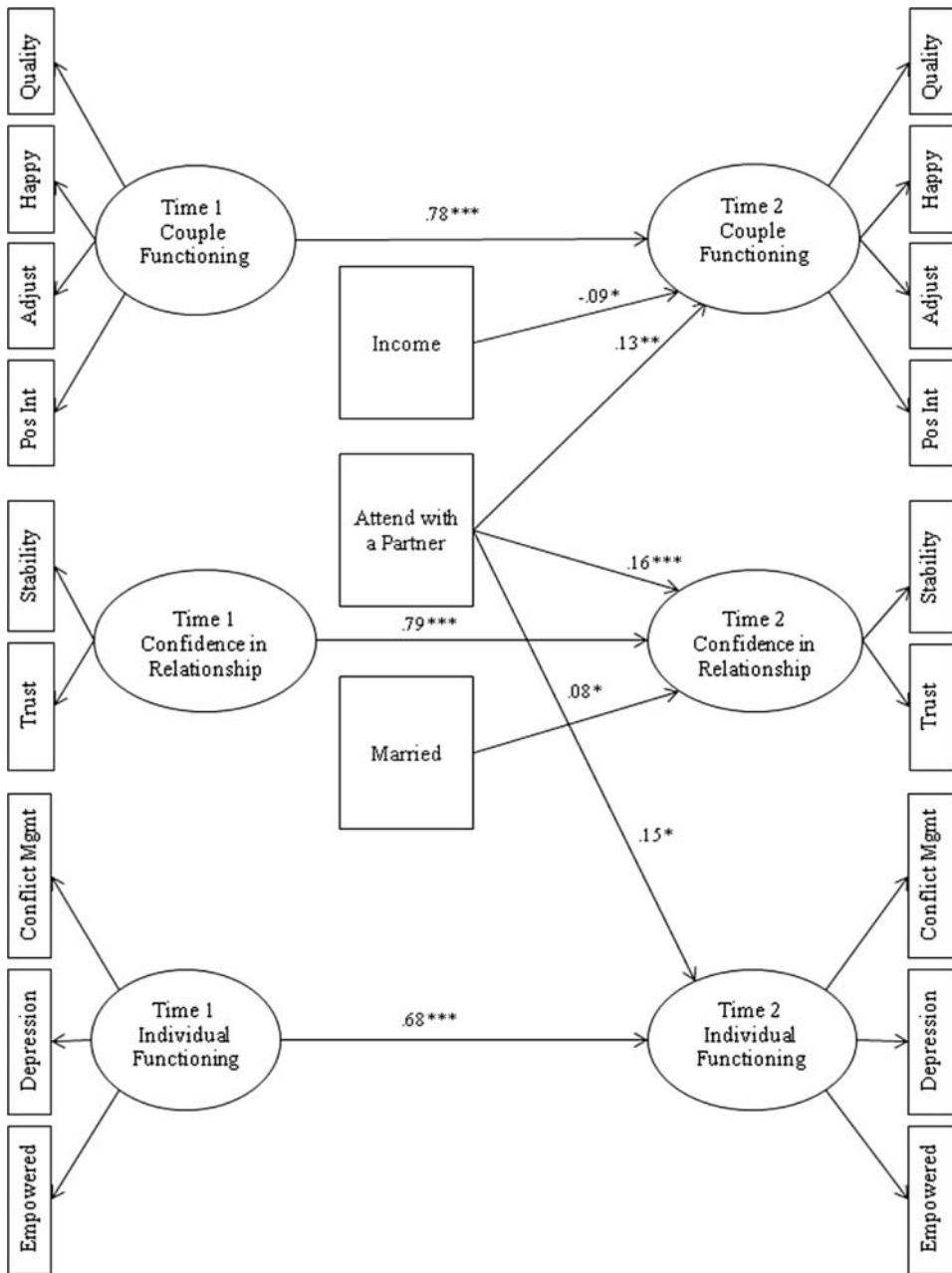


FIGURE 3 Demographic Predictors of Change in Target Outcome Areas among Men in RME Programs. *Note.* Only significant paths are shown. *** $p < .001$, ** $p < .01$, * $p < .05$, ~ $p < .10$. CFI = 0.905, χ^2/df ratio = 2.66, RMSEA = 0.06. Quality = Couple Quality; Happy = Global Happiness; Adjust = Dyadic Adjustment; Pos Int = Positive Interaction; Stability = Couple Stability; Conflict Mgmt = Conflict Management; Empowered = Individual Empowerment.

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individual well-being and relational functioning and stability (e.g., Conger et al., 1990). This finding also supports policy analysts' assessment that lower-income individuals and couples may begin RME programs with comparatively greater and more diverse needs than those with less economic strain and greater access to resources (Ooms & Wilson, 2004).

Clinical research finds that lower-income and minority populations are less likely to seek relationship counseling or therapy for economic and/or cultural reasons (e.g., Constantine, Redington, & Graham, 2009), although indications are that couples experiencing economic pressure may be especially benefitted by relational skills enhancement (Conger, Rueter, & Elder, 1999). The programs offered in the current study were available to community members at no charge and clearly advertised as educational programs. It may be that lower-resource individuals and couples who are potential clients for more individualized counseling or therapy may first seek out participation in RME programs as a more economical choice, with less perceived stigma attached. In our ongoing project, we have added training for educators on recognizing signs that participants would benefit from therapy, either instead of or in addition to RME, and methods for making appropriate referrals. While this is important training for all RME educators regardless of populations served, it may be especially important for those who work with lower-resource participants. In addition, it appears that those working with lower-resource populations may want to ensure that the program offered not only focuses on relational dynamics and quality but also addresses and seeks to enhance individual functioning and well-being (e.g., skills for managing stress and depressive symptoms).

Interestingly, married participants entered programs with relatively greater confidence in their relationship than nonmarried participants but did not enter reporting higher couple functioning (i.e., quality, happiness, adjustment, and positive interactions) than nonmarried couples. Married participants reported significantly longer length of time in their relationships than nonmarried ($M = 12.3$ years and $M = 4.2$ years, respectively). Themes found in qualitative responses from participants and facilitators at post-program support the notion of somewhat different goals for program participation based on marital/relationship status. Nonmarried participants may use RME programs more for building a sense of security and trust in the relationships and for building relationship skills. Married participants may be more likely to use RME programs for enhancing the quality and functioning of the current relationship (i.e., "getting back on track") and may be more likely to seek RME participation when facing challenges. These assumptions warrant further investigation and validation since entering programs with differing goals has important implications for program planning.

Among women, it also was found that those attending with a partner entered with greater confidence in their relationship and marginally greater couple functioning. This was not found for men, most likely due to the

large overlap of marital status and attendance with a partner (i.e., couple attendance status did not uniquely predict baseline confidence). Although often women attending singly reported scheduling conflicts for their partner, it may also be that those attending singly have a partner not interested in attending and may therefore report less confidence/trust in the relationship at program start.

For both men and women, race uniquely accounted for a significant portion of the variance in level of individual functioning, controlling for all else in the model. African Americans entered programs reporting higher levels (i.e., higher empowerment, greater conflict management skills, and lower depression). Explanations for this cannot be derived from the current study and warrant further investigation that includes the interaction and covariance of race and other factors and their relation to individual functioning.

Changes over Time

Examinations of changes for men and women in the nine measurable outcome areas show significant change in a desirable direction for *couple quality, happiness, adjustment, positive interactions, trust, stability, conflict management skills, depression, and empowerment*. Effects sizes were small to moderate (i.e., 0.21–0.44). Without a comparison sample, however, we cannot assert that these changes are attributable to program participation. We do note, however, that effect sizes are similar to levels of effects sizes found in quasi-experimental RME studies that use pre-program and immediate post-program assessments (Hawkins et al., 2008). In addition, an effect size in a one-sample nonexperimental design greater than or equal to 0.25 for educational programs with a nonclinical sample is considered a “practical” difference (Wolf, 1986).

While this offers some additional indication of RME benefit for a heterogeneous group of participants, the focus of the current study is on variations in change based on demographic predictors. For men and women, attending with a partner was the most potent demographic predictor of positive change in Couple Functioning and Relationship Confidence. For men, attending with a partner also significantly predicted positive change in Individual Functioning. While the relationships are modest and would not prescribe a requirement for attending RME as a couple, it does suggest added benefit for those who do make the effort to attend together. It may be that the program content is used more consistently and effectively when couples attend together. It may also be that the meaning ascribed to a partner’s willingness and effort to attend a RME program can affect a participant’s assessment of their relationship. In fact, deciding to work on the relationship together may be an important intervention component in itself, regardless of the actual learning experience in the program. Enhanced efforts to facilitate couple

participation are suggested. In addition, comparatively less positive change for those attending singly suggests that these participants may benefit from practitioners' efforts to provide RME resources and materials that can be taken home and used to engage the partner.

For women, none of the other demographic variables tested predicted residual change in the targeted outcomes, indicating similarity in positive shifts among Income, Marital Status, and Race subgroups. For men, an interesting, yet modest finding suggests that lower-income men demonstrated greater change in Couple Functioning after RME participation. This finding is not mirrored among women, suggesting it may not reflect simply a "ceiling effect" (i.e., higher-income participants had comparatively less room for improvement). Both lower-income men and women entered the program with comparatively lower levels of Couple Functioning. Recent studies note that the most challenging target group for RME participation is lower-income men (e.g., Cox & Shirer, 2009). Findings here are encouraging and suggest, not only that as part of the larger group of participants, lower-income men demonstrate positive changes in multiple target areas, but also that they may experience comparatively greater change than higher-income men in their relationship functioning.

In addition, for men, being married was predictive of greater positive change in Relationship Confidence. This is noteworthy given that being married predicted higher start levels of Relationship Confidence for both men and women. Closer examinations of change among nonmarried men are warranted as a next step.

Limitations

We acknowledge several limitations in our current study. Ours is a convenience sample of interested adults and cannot be considered representative of the target population. In addition, participants completed self-report surveys. Observational and multi-informant methods would enhance the validity of the measurement of the target outcomes. Also, information on changes is from only two time points. While indications are that decline in target outcomes in RME is minimal (Hawkins et al., 2008), continued efforts to collect comparison and follow-up data are essential for identifying growth models of change and maintenance for specific subgroups of participants and nonparticipants. This approach may also capture delayed positive effects.

CONCLUSION AND FUTURE DIRECTIONS

RME evaluation studies typically do not focus on how different participants may enter the program with varying start points for the target outcomes and

do not examine how participants may experience different levels and types of change over time based on demographic characteristics. The current study finds some evidence that demographic variables predict levels of key RME target areas among program participants at baseline and levels of changes after RME program participation. We emphasize that this is a novel investigation and we have no way of knowing whether the patterns observed are particular to the sample studied or whether these patterns exist more broadly. In addition, our approach examines unique contributions of each predictor, controlling for other variables in the model, rather than the interaction of predictors. A next step would be to explore the predictive ability of interactions among demographic characteristics, which may reveal even more nuanced distinctions among participants. Further studies are needed before consistent start point and change patterns can be identified and practitioners can determine a priori the more salient topics for RME participants based on social address.

These types of explorations of differential program effects based on participant characteristics are warranted and there is much to be done. We are just beginning to explore the experiences of diverse populations in RME programs. The development of “best practices” for program design and implementation is achieved when differences among participants, as well as contextual factors are considered and studied, rather than controlled, in analyses. “Action research” (Small & Uttal, 2005) calls for these types of investigations and an iterative approach to applied research, such that findings are fed back into program design. Moving past “cookie cutter” program templates will give way to more complex RME program designs more finely tuned to areas of emphasis that are warranted based on anticipated start points and distinct interests and needs among a diverse population of program participants.

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