



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

One-day Training Evaluation Report: 2011-2013



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Overview of HRMET and Evaluation Process

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

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

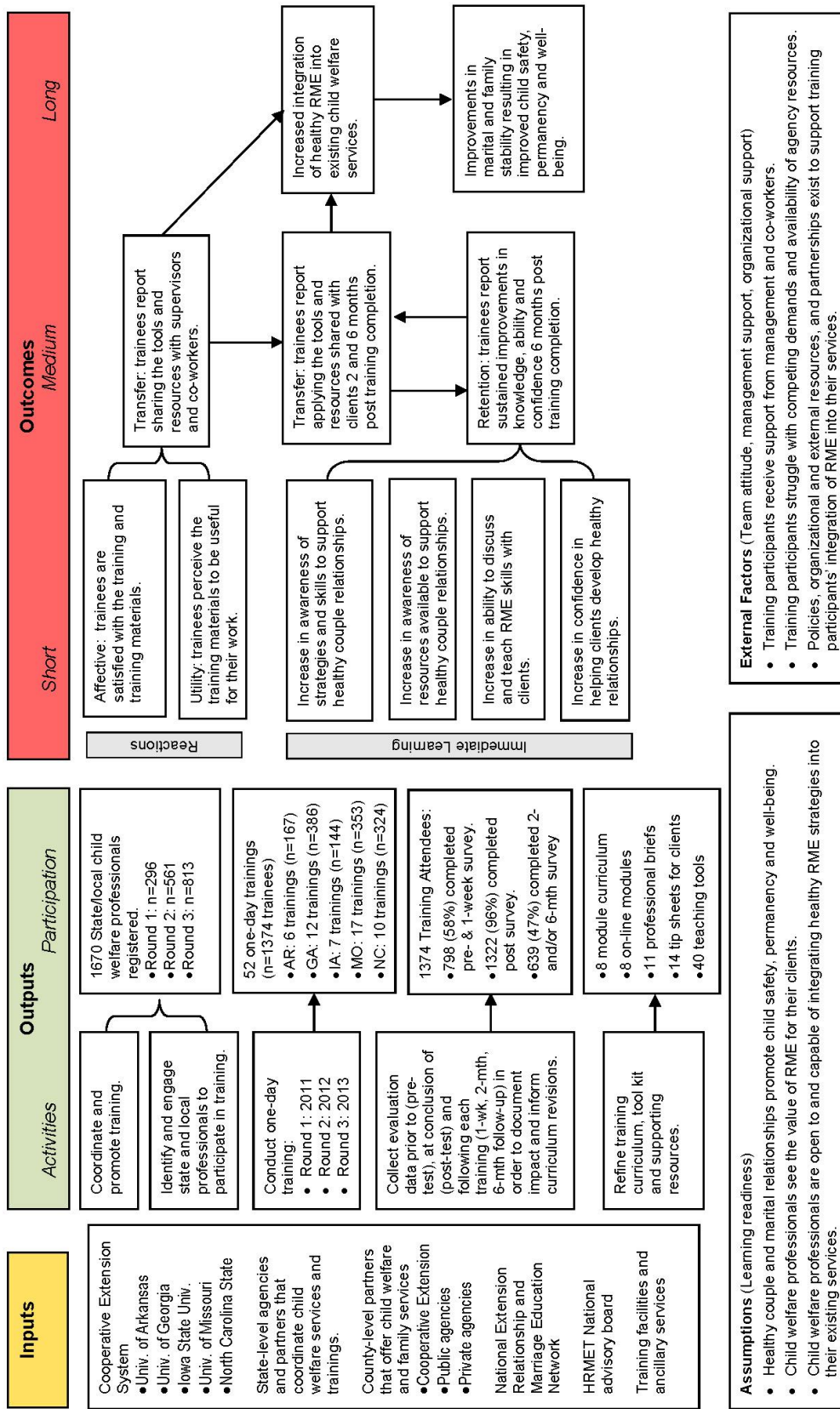
The *theory of change* guiding the design and initial testing of this evidence-informed training was informed by established frameworks (e.g., Antle et al., 2008) and is summarized in the logic model depicted in Figure 1. Curriculum development (reflected in the *inputs* column) was initially informed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

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

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

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

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



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

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Methods

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

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

Short-term training impact was assessed using analysis of variance (ANOVA) and repeated measures multivariate analysis of variance (MANOVA) techniques. These efforts explored participants' average levels of change in attitudes, self-reported knowledge and self-efficacy. As well, a description of how participants applied the training materials is provided. Analyses were also conducted to examine whether variations in impact existed by state (e.g., facilitator effects; state policy differences that may influence participants) and round (e.g., differences due to annual updates made to the training curriculum and supporting resources).¹

Outputs: Training Participants

From 2011 to 2013, 1375 professionals participated in one of 52 1-day trainings offered in Arkansas, Georgia, Iowa, Missouri, and North Carolina. Appendix A provides a summary of attendance and survey response rates by state. Of those who attended the training, 798 (58%) responded to the pre-test and one-week post-test survey, 1322 (96%) responded to the post-test survey administered immediately at the conclusion of the training, and 638 (46%) responded to at least one (n=360) or both (n=278) follow-up surveys administered two- and six-months after the training. *This report is based on 1365 participants who responded to at least one survey.*

Below is a general profile of the participants²:

- Age: 20 to 81 (M = 41.54; SD = 11.56)
- Gender: Female (92%)
- Race: African American (32%); Caucasian (64%); American Indian (1%); other (3%)
- Marital status: Married (62%); Single in a relationship (15%); Single not in a relationship (11%); Divorced/Separated (11%); Widowed (1%)
- Years in current position: less than 1 year to 40 years (M = 5.47; SD = 5.42)
- Years in child welfare field: less than 1 year to 45 (M = 9.86; SD = 8.08)

¹ Appendix B provides descriptive statistics of the constructs described in this report. For more information regarding the survey items, results presented here, and state specific results contact Dr. Ted Futris at tfutris@uga.edu or visit <http://www.nermen.org/HRMET/Evaluation/One-dayPilotTraining.php>.

² State comparisons revealed differences in participants' age ($F(4,1235)=25.42, p < .001$), race ($\chi^2(20) = 290.45, p < .001$), and education ($\chi^2(8) = 152.18, p < .001$). On average, participants in AR (M=45.8), GA (M=43.6), and NC (M=43.3) were older than those in IA (M=36.8) and MO (M=37.8). Regarding race, a higher proportion of the participants in IA (96%), MO (89%), and AR (77%) were Caucasian, whereas a higher proportion of the participants in NC (55%) and GA (52%) were African American. Last, a higher proportion of the participants in IA (75%), MO (67%) and NC (52%) had an Associates or Bachelor's Degree, whereas a higher proportion of participants in AK (60%) and GA (58%) had an advanced degree (e.g., Masters, Ph.D, etc.).

Participants found out about the training from a variety of venues including: email (49%), supervisor (32%), flyer/newsletter (6%), listserv (5%), or other (21%). The most prevalent reason for attending the training was a personal desire for professional growth (73%), with the other reasons for attending being that it provided a continuing education opportunity (25%), it was recommended by a supervisor (20%), it was required (8%), and/or other (10%; e.g. “A friend highly recommended it,” “It was free,” “I love learning!,” “Sounded interesting to me.”).

Of the 1365 respondents, 1024 (75%) self-identified as currently working in the child welfare field or a related field. Of those who described their position (n = 1261), 614 (49%) were county caseworkers, 241 (19%) were administrators, and 406 (32%) were “other:” medical /mental health services (13%), child/family life education (6%), the school system (3%), foster/adoptive parents (3%), court system (1%), unspecified (5%). To further ascertain respondents’ experience in the field and to help measure the impact of the number of families that could potentially benefit from healthy relationship and marriage education, the participants were asked to report on the number of families they served in the last three months.

Average number of families served in last three months

	Mean	SD	Range	Sum
Total families	29.30	32.27	0-400	30099
Families that included a married couple	10.92	18.45	0-200	10597
Families that included a cohabiting couple	7.84	14.39	0-150	7344
Families that included a single-parent	13.68	17.46	0-130	13379

Learning Readiness: General Attitudes

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

For those who responded at both time-points, attitudes were relatively positive and consistent over time: 80% and 90% of participants tended to agree with each item on their pre-test (M=3.90) and one-week post-test (M=4.12) survey, respectively. Also, when asked how important they felt it was for couples to prepare for marriage through educational classes, workshops, or counseling, most felt this was either important or very important at pre-test (94%) and one-week post (97%). No significant differences were detected by state or round on participants’ general attitudes prior to or following the training.

Utility Reaction: Appropriateness for CWPs and Clients

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

- The vast majority (> 91%), on average, agreed or strongly agreed that RME was relevant to child welfare clients (Pre: M=4.20; Post: M=4.30) and professionals (Pre: M=4.17; Post: M=4.24).
- Nearly all (Pre: 97%; Post: 95%) professionals thought it would be ‘helpful’ or ‘very helpful’ for CWPs to attend trainings designed to address education on healthy couple and marital relationships.
- The majority (Pre: 97%; Post: 96%) felt that it would be ‘appropriate’ or ‘very appropriate’ for CWPs to help their clientele develop skills needed to have healthy couple and marital relationships.

No significant differences were detected by state or round on participants’ pre- and post-test ratings of utility reaction.

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

- *This is a valuable topic and extremely important to assist our families and help them in some way. I intend to make educating families one of my top priorities. (AR)*
- *Before I came to this training, I really did not understand how this would relate to the people I service, but I now see how relationships affect the whole family's well-being. (GA)*
- *HRMET has fantastic information- it is important for anyone working with families to understand the importance of healthy relationships and the importance of parents having healthy relationships. (IA)*
- *Awesome tools given, and helped me gain a greater understanding of how to support & provide services to families when it comes to marriages/relationships. (MO)*
- *I feel this information will be most helpful as I prepare to share it with individuals and couples because these skills should presently be used in relationships; however, this will present a forum to be sure that is done. This information lays the ground work for healthy relationships with individuals and families. So much of what we all need. (NC)*
- *This information really can be used as a basis for managing so many of the problems that our families are facing. (GA)*
- *This is good information to share with women who are seeking knowledge to develop new healthy relationships in the future. It's also good information to use for assessing current unhealthy relationships. (IA)*
- *I really wish it was a part of training required for all social workers. This has been the most beneficial training in the past five years. (MO)*

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

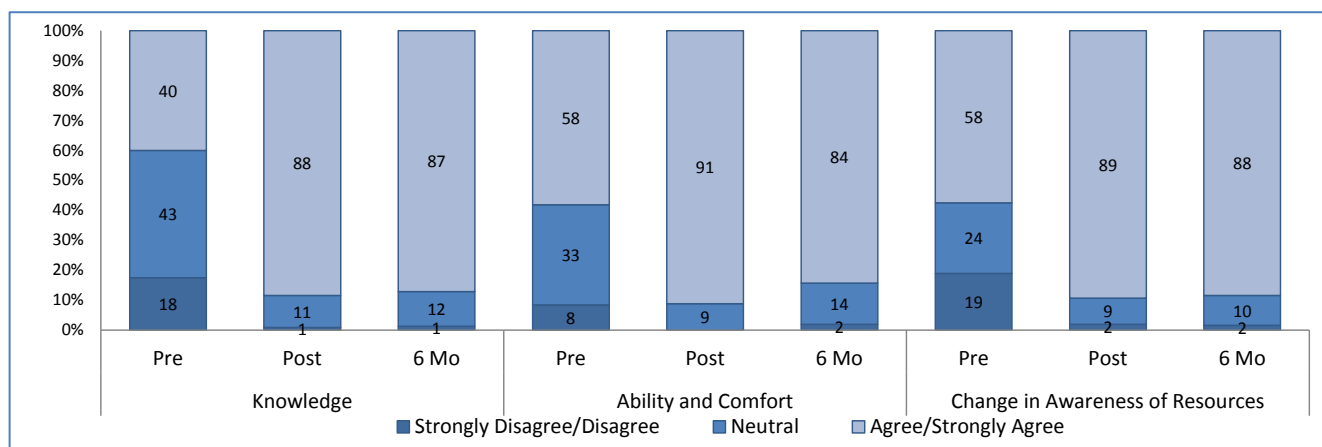
The professionals were asked on the pre-test, and again at the one-week follow-up, about their knowledge, ability and comfort, and resource awareness related to incorporating healthy RME and information into case planning, assessment, and practice. For those who replied at both time points, significant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

- *Knowledge of ways to incorporate healthy RME and information into their work: whereas only 38% agreed or strongly agreed on having knowledge in this area at pre-test (M=3.25), 87% did so at one-week follow-up (M=4.02).*
- *Ability and comfort with incorporating healthy RME and information into their work: compared to only 56% who agreed or strongly agreed on having the ability and comfort with offering RME at pre-test (M=3.42), 90% did so at one-week follow-up (M=4.00).*
- *Awareness of resources and local educational and counseling services that can assist healthy couple relationship formation: 88% agreed or strongly agreed that they were aware of such resources after the training (M=3.99) compared to only 55% at the start of the training (M=3.29).*

When directly asked how much they felt they improved in each of the areas, the majority reported they improved 'somewhat' or 'a lot' in knowledge (79%), ability/comfort (77%) and resource awareness (73%).

Comparisons by state revealed only one significant difference: participants in Georgia (M=3.04) and Arkansas (M=3.06), on average, felt more knowledgeable about available resources when compared to participants in the other three states (Mean range = 2.60 to 2.74); $F(4, 759) = 4.78, p < .001$. As well, statistically significant differences were found in participants rating of ability/comfort by round ($F(2, 759) = 4.02, p < .05$): those receiving the final version of the training in round 3 (2013; M=3.07), on average rated their improvement in ability/comfort as being higher when compared to participants who received the initial version of the training in round 1 (2011; M=2.74) and round 2 (2012; M=2.84). No significant interaction effects between state and round were detected.

Six months following the training, professionals were re-evaluated in order to identify levels of stability and change in learning impact. For uniformity in comparisons, results presented in the figure below (and summarized in Appendix B) are only for those individuals that completed all three surveys. Across the three time points, participants demonstrated significant gains in knowledge of ways to incorporate healthy RME and information into their work ($F(2, 606) = 217.27, p < .001$), felt more able and comfortable in doing so ($F(2, 606) = 164.07, p < .001$), and reported being more aware of resources to support clients in developing healthy couple relationships ($F(2, 606) = 138.45, p < .001$). No statistically significant differences were found by state or round. *Thus, participants' scores significantly increased from pre-test to post-test and remained stable (no significant changes) at the six-month follow-up.*



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

I can begin applying some of tools and knowledge gained without fear of not having specialized in marriage and family counseling. (AR)

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

I can now help my families strengthen their relationships by finding ways to care for each other and manage through conflict. I didn't have a lot of training on this before and now feel like I know where to begin. (IA)

I learned a great deal about communication within couples, different communication styles, and how to positively communicate with your partner. It was of assistance to me in my job as a child welfare worker by helping me to identify problems within a relationship, by helping me to be able to explain to couples how their relationship affects their children, and by offering me concrete tools to use with couples to help open the lines of communication. This was an amazing training and should be offered to everyone! (MO)

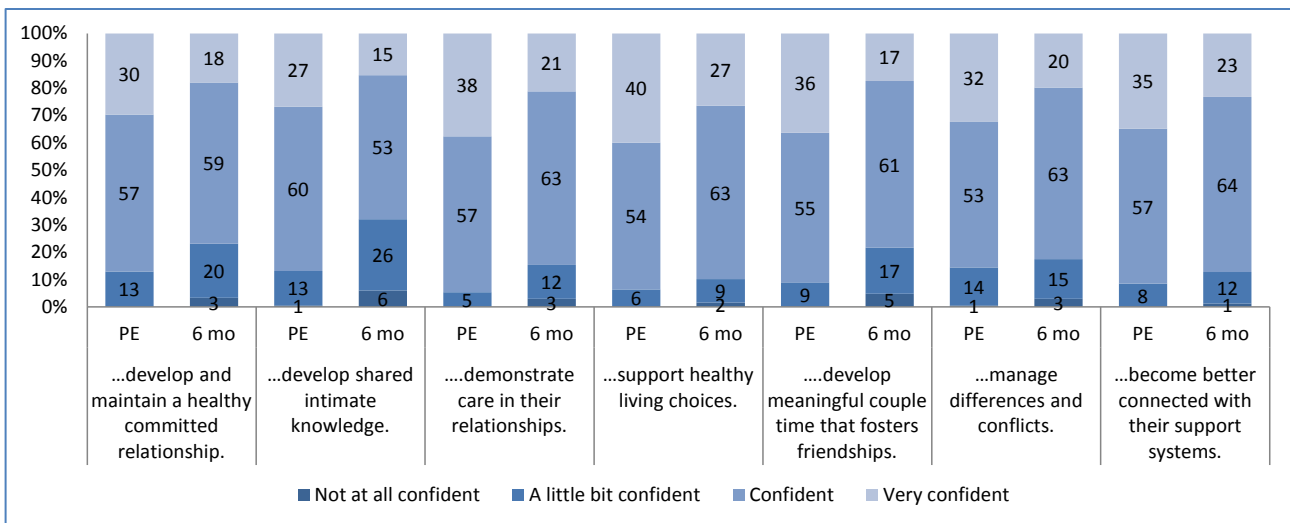
Demonstrating kindness, affection, understanding, respect, and caring support eliminates many difficult issues that can arise in the midst of relationships. Nothing means more to an individual than these traits being so visible in relationships. It smooths the rough edges and allows for an easier transition when challenges arise. (NC)

Learning: Confidence in Teaching RME

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

Immediately following the training, all of the participants felt *confident in helping individuals and couples apply these seven core concepts*. As illustrated below (and summarized in Appendix B), a majority of the participants who completed both surveys indicated that they felt confident or very confident at both post-test (M=3.23) and at the six-month follow-up (M=2.98). Although participants still felt confident at the six-month follow-up, a statistically significant decrease in confidence was detected: $F(1, 339) = 56.92, p < .001$.

State comparisons showed that there were statistically significant differences at post-test ($F(1, 335) = 5.68, p < .001$): on average, Georgia participants (M=3.43) felt more confident in helping clients apply the seven core concepts when compared to participants from the other four states (Mean range = 3.00 to 3.29, $p < .001$). As well, statistically significant differences at post-test were also found by round ($F(2, 340) = 11.02, p < .001$); on average, round 3 participants (2013; M=3.38) felt more confident compared to participants in round 1 (2011; M=3.07) and round 2 (2012; M=3.17). However, no statistically significant differences were detected at the six-month follow-up by state or round.



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

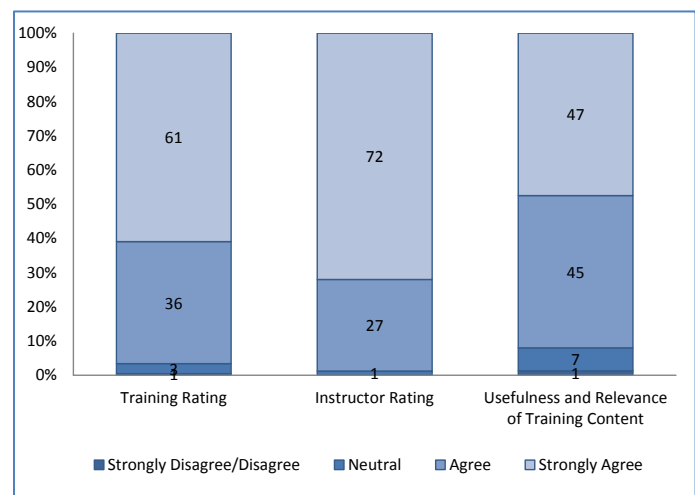
- *Approach my personal relationships with a more positive perspective. Be more prepared when working with youth and families in reorganize to healthy relationships. (AR)*
- *Focus on positive rather than negative as well as what works rather than what does not. I will be more confident when working with and training to help my families. (AR)*
- *Many of my clients dwell on their parents. This tools should help me give them strategies to manage their conflict and connect with their support system. (GA)*
- *I hope to help my single parents learn to communicate more with their partner, learn more about each other their interests, education, family, hopes, and beliefs. They can take their time and get to know one another. (GA)*
- *I really liked the handouts provided-- I know that I will utilize them with my clients in the future. I also liked discussing the resources available to families in the community. (IA)*
- *Will be more cognizant of the other side of an interaction and how to diffuse negative ideas, practices, and atmospheres. (IA)*
- *The training reversed my thinking as I thought the only resolution to martial/relationship discourse was through professional counseling. However, this training outlined that structured "education" can assist relationship partners to access empowerment communication and self-assessment to have healthy relationships. (MO)*
- *Readily identify relationship-building techniques to more effectively work with the natural parent while the child is in alternative placement. (MO)*
- *Pay attention to all the relationship dynamics of my families including those of my foster parents, co-parenting individuals and grandparents. (MO)*
- *Become more concrete on my goal-building strategies when working with families on how to become better parents and partner to their spouse/boyfriend or girlfriend. (NC)*
- *Be more mindful of relationship dynamics and ways to nurture a healthy relationship. (AR)*
- *I hope to implement some of these materials with social workers and CPS clients. I will definitely use some of the tools provided to assist single clients in knowing how to enter and maintain positive relationship. (GA)*
- *Talk with families that caring for themselves comes first then working on their relationships to better help their children. (IA)*
- *It honed skills I had and helped me learn research surrounding the topic. It helped me to learn how to be more comfortable in talking to families about this issue. The tools provided to us during the training are amazing, and I will be using them a lot with my families. (MO)*
- *Really focus on the family beyond the court order... make an effort to avoid cookie cutter model, instead strengthen and empower and propel. (NC)*
- *I plan to open up opportunities for discussion regarding families' relationships where before I didn't do anything productive but provided a listening ear. Now I can respond with some thought provoking questions. (NC)*
- *Utilize tools given and develop assignments to assist clients in self-development. Will use relationship tools to enhance own relationship and awareness. (NC)*
- *I will definitely use these concepts with my clients. I would like to develop a program for my agency to use to educate families. (GA)*

Affective Reaction: Training and Instructor Feedback

Of the participants who responded at post-test (n = 1322), most (94%) were satisfied or very satisfied with the 1-day training. As seen in the figure, 97% of the participants rated the training positively (e.g., met their expectations, was worth their time). With regards to instructor ratings, 99% of the participants agreed or strongly agreed that the instructor was knowledgeable and presented material well. Although statistically significant differences were detected by state on participants' rating of the training ($F(4,1309)=7.05$, $p < .001$) and instructor ($F(4,1307) = 17.25$, $p < .001$), mean scores remained high and positive (Mean range = 4.29 to 4.61). Similarly, statistically significant differences were detected by round such that participants who completed the training in 2013, on average, rated the training ($F(2,1311) = 22.00$, $p < .001$) and instructor ($F(2,1309) = 33.77$, $p < .001$) more positively than those who completed the training in 2011 and 2012.

Also, 92% of the professionals found the 1-day training to be highly useful and applicable for working in the child welfare field. Specifically, the majority of participants tended to agree or strongly agree that the 1-day training was useful and relevant for the work they do (91%), provided them with knowledge and skills for assessing and working with individuals and couples within the child welfare system (92%), and was compatible with the needs of the clients they work with (89%).

Analyses also showed statistically significant differences by state ($F(4,1304) = 14.52$, $p < .001$) and round ($F(2,1306) = 35.38$, $p < .001$) on participants' agreement with the usefulness and relevance of the training. On average, participants in Georgia (M=4.57) found the training to be more useful and relevant to their work than participants in the other four states (Mean range = 4.29 to 4.34). Also, participants in round 3 (2013; M=4.52) found the training to be more useful and relevant than participants in round 1 (2011; M=4.25) and round 2 (2012; M=4.22). Overall, 98% of the participants indicated that they would recommend this training to others.



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

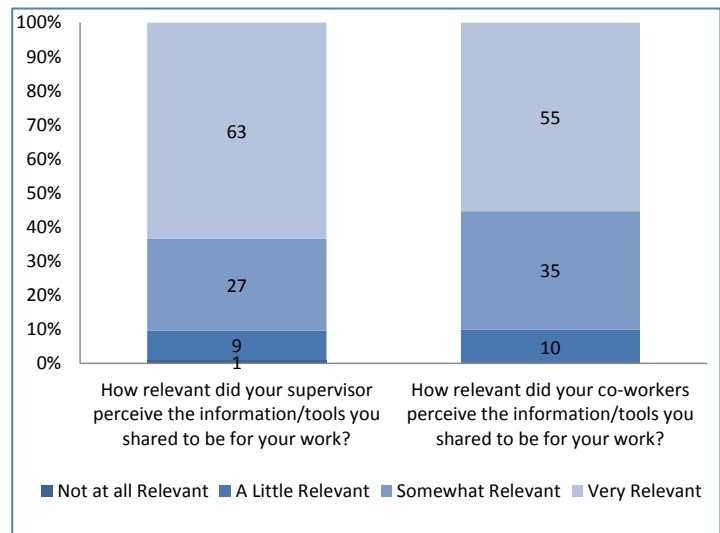
- *I am very impressed by the content and the visual presentation of the material. The reading level will be perfect for the audience I work with. (AR)*
- *It reminded me of the key aspects to any relationship and how to teach people how to improve their relationships regardless of socioeconomic level, etc. (GA)*
- *The hands on activities were meaningful. Sometimes, at trainings, they are only to serve as a guided activity for kinesthetic learners, but, these were not overdone and made an impact on the training. (GA)*
- *Coming away with a greater understanding of how marriage and relationships affect my work and the families I work with. (IA)*
- *It helped me understand the steps that build a healthy relationship. You should not go to the next step of the relationship unless you have completed the prior step. When steps are skipped, the relationship is set up for failure. There are important components that are likely missing when the relationship is rushed. (MO)*
- *The Relationship Wheel serves as a backup tool if I am not using the power point. It outlines the objectives of the modules and I keep it at hand for this purpose. It is easy to use specific modules as needed. For an example, assisting some who need to manage conflicts better, many times I will use just that module. (NC)*
- *That information can be applied in many different relationships and situations (personally and professionally) (NC)*

Organizational Support

Because the translation of training information into practice may more likely occur within the context of a supportive organizational system, in 2012 and 2013 we asked participants various questions related to supervisor and coworker support. First, we asked participants to report at post-test who else attended the training with them. Out of 1112 participants who attended and responded to the post-test in 2012 and 2013, 68% of the participants reported that a co-worker (n=586), supervisor (n=37) or both (n=134) also attended the training.

Next, sharing what was learned during the training with others illustrates another means by which to assess the usefulness of the materials and may demonstrate participants' likelihood of applying the information into their work. Participants were asked on the one-week follow-up if they had shared any content from the training with supervisors and/or co-workers. Of the 659 participants who completed the one-week post-survey in 2012 and 2013, 79% (n=519) reported sharing the materials with a co-worker (n=100), supervisor (n=78) or both (n=341).

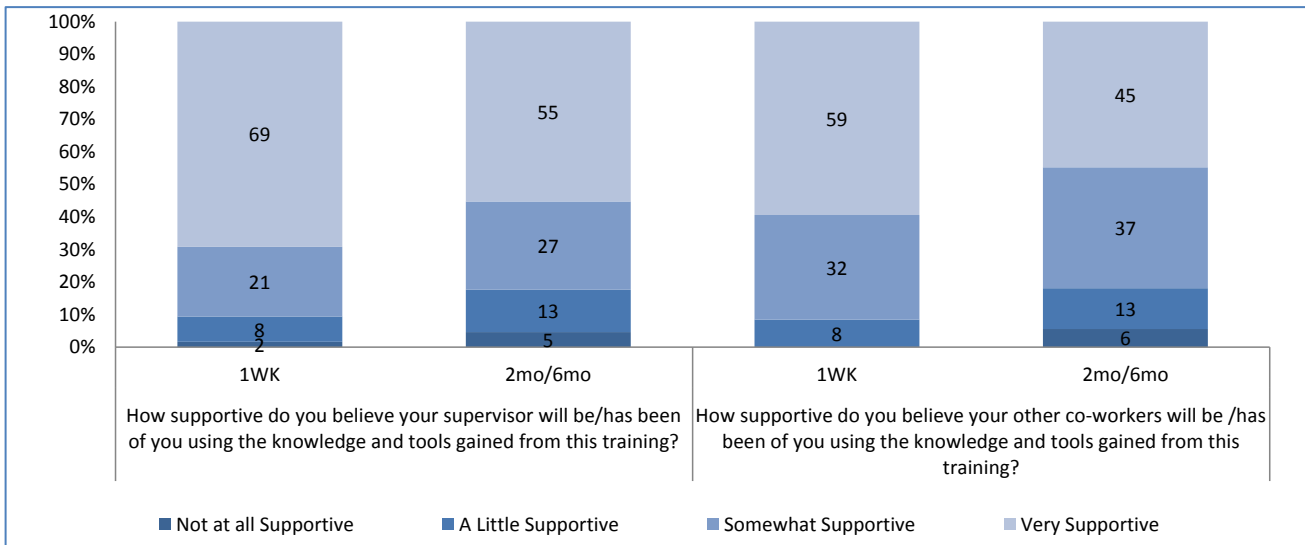
Participants who reported sharing the training materials with their supervisor and/or co-workers, were also asked their opinion of how relevant their colleagues perceived the information and/or tools shared to their work. As illustrated in the figure, most of those who shared the materials felt that their supervisor (90%) and co-workers (90%) perceived the materials as either somewhat or very relevant. Comparisons by state revealed a statistically significant difference on reports of perceived relevance by supervisors ($F(4,332) = 5.23, p < .001$) and co-workers ($F(4,332) = 2.89, p < .05$): on average, Georgia participants were more likely to report that their supervisors ($M=3.74$) and co-workers ($M=3.64$) as perceiving the information/tools as more relevant to their work when compared to those in Missouri ($M=3.39$ and 3.35 , respectively) and North Carolina ($M=3.33$ and 3.40 , respectively). Also, comparisons by round revealed a statistically significant difference for supervisors ($F(1, 335) = 4.86, p < .05$), but not co-workers ($F(1,335) = 3.68, p = .06$). In other words, participants in round 3 (2013; $M=3.57$) were more likely than participants in round 2 (2012; $M=3.40$) to report that their supervisors perceived the materials as more relevant.



Last, the likelihood of participants using the materials after the training may be influenced by the perceived support they receive from those they work with. At the one-week post-test, participants were asked how much support they *expected* to receive from their supervisor and co-workers for using the knowledge and tools gained from the training with the individuals and families that they serve. As seen in the figure (below), around 91% of individuals thought their supervisors and co-workers would be supportive of them utilizing content from the training. Levels of *actual* support for incorporating HRMET material into their work with the clients they serve were assessed at two-months and six-months following the training. As summarized in the figure, of those who replied at one or both follow-ups, the majority reported their supervisor (82%) and co-workers (82%) as being somewhat or very supportive. On average, *actual* level of support was significantly lower than *expected* support from both supervisors ($F(1, 358) = 67.94, p < .001$) and co-workers ($F(1, 352) = 82.79, p < .001$).

Comparisons by state revealed a statistically significant difference for *expected* support received from supervisors ($F(4, 400) = 2.59, p < .05$) and co-workers ($F(4, 400) = 3.89, p < .001$), and *actual* support from co-workers ($F(4, 359) = 2.52, p < .05$). On average, participants in Georgia anticipated and reported receiving more support when compared to participants in Arkansas, Missouri and North Carolina. Comparisons between round 2 and 3 revealed that there was no statistically significant difference on expected and actual support from supervisors. And, although participants in 2013 *expected* co-worker support ($M=3.64$) to be greater than those

who completed the training in 2012 ($M=3.45$), ($F(1, 398) = 8.56, p < .001$), no statistically significant difference was found in participants' reports of *actual* support received from co-workers.

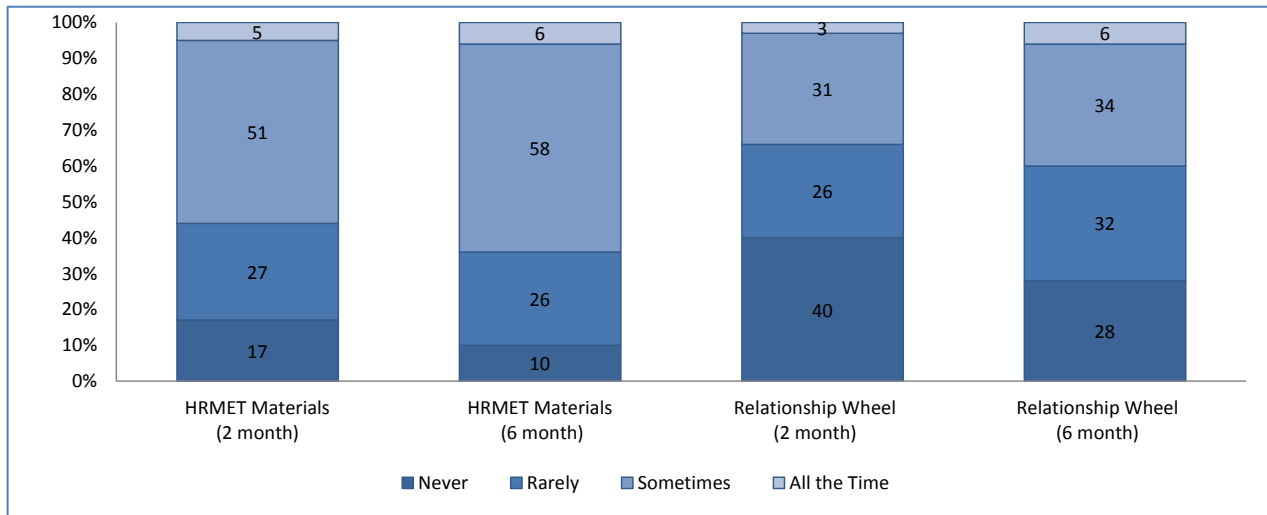


Sample comments by participants regarding sharing materials with supervisor and/or co-workers.

- *My supervisor is aware that many of the clients we work with have problems that are often outside of the scope of interventions we discussed in the training. Otherwise the information is thought to be helpful with a certain part of the population we serve. (AR)*
- *Many of my co-workers felt that if parents had a better understanding of the impact their relationship has on their children, the way they interact may be a little different when the relationship isn't so positive. (GA)*
- *I have given the tools to my workers and they are using them with my families. One family in particular that used to have domestics frequently hasn't had one in about a 2 month period; that is HUGE as it used to happen weekly. (IA)*
- *My supervisor attended the training with me. We discussed this training pretty much the entire way to the office. We discussed using these tools in our personal lives as well. My supervisor will be active in her workers using these tools. (MO)*
- *I have made my training book available to others in the office who work more closely to families than I do. I showed them the tools and some of my more favorite items and discussed the class. (MO)*
- *The child welfare director is getting my training information to preview to find ways to get the word out about this to other workers. He was also very interested in hosting a training at our county agency. (NC)*
- *I think this is a great course that a few of my co-workers could benefit from both professionally and personally. I realize this is a pilot project, but I'll have to explore how the program plans to be fully implemented and available to additional workforce members following the pilot. (NC)*
- *I meet with my team members and we discuss the issues that are pertinent to the families that we serve whether the relationship is dysfunctional, due to physical or emotional abuse are other effects such as mental health or drug abuse. The information that was most important to me is the means by which we can understand some of those dynamics and then intervene to provide social supports. We advise staff members to compel parents and their children to meet and define their perception of what is right or wrong in the family and we interact in non-threatening settings so that they can implement changes that are specific to what matters to them. (AR)*
- *I am the supervisor and attended with the advocates I employ. I am encouraging them to implement the training in the groups they are already offering. (GA)*
- *I shared the information with my team members at a staff meeting and have made the binder of materials available to them to use with their families. (IA)*

Learning Transfer: Application of Materials

Approximately two- and six-months after completing the 1-day training, professionals were asked how they have used the information from the training in their work. Out of the 638 professionals who responded to at least one or both surveys, 553 (87%) reported using the materials. As illustrated below, a majority of the professionals at two-month (56%) and six-month (64%) follow-up had utilized the HRMET materials either sometimes or all the time. When it came to using the Relationship Wheel with the individuals and families they serve, 34% of the professionals who responded at the two-month follow-up reported using the wheel sometimes or all of the time; at six-month follow-up the percentage increased to 40%.



Respondents also provided feedback regarding their application of the seven core NERMEM concepts since completing the training. Of those who responded at either two-months or six-months after the training, 433 of the respondents (68%) reported that they discussed or taught at least one or more of the concepts when working with their clients. The table below lists the key concepts presented during the training, the number of professionals who reported applying each of the concepts at two- and six-month follow-up, and examples of ways they did so.

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

Concept	Total (N=628)	2-mth (n=526)	6-mth (n=390)	Example
Choose - The central importance of intentionality and commitment	318 (49.8%)	247 (47.0%)	155 (39.7%)	<ul style="list-style-type: none"> I speak about the importance of intentionality and commitment in relationship - marriage relationship and relationship with children. I request clients to set an intention for their work with me in a session. i.e. I will pay attention to my emotional reactions. (AR) I have helped my clients develop lists of what they want and don't want in a partner. I have also helped them think of what they have to offer, what they would be willing to change for someone else and they what hope to get from a relationship. As well, what kind of relationship do they want. (GA) With one family in particular, I used this topic to talk with the mom about how it was important that she focus on the strengths of the relationship instead of only the areas of weakness. I also talk with this mom about avoiding hurtful thoughts and behaviors. (IA) I have spoken with at least one parent since the training about the importance of seeking a partner that will be loving and patient with their children, as well as devoted to the family. I have encouraged the idea of setting time for themselves as a couple and attending conferences, events, etc. that help them refresh their relationship. (MO) Asked participants to discuss behaviors and their intentions associated with their behaviors. Invited participants to join discussion of commitment vs. non-commitment in relationship and impact on relationship. (NC)

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

Concept	Total (N=628)	2-mth (n=526)	6-mth (n=390)	Example
Care for Self - Maintaining physical, psychological, and sexual health and wellness as an individual	357 (56.0%)	288 (54.8%)	175 (44.9%)	<ul style="list-style-type: none"> • I have focused on this in individual training for a fostering couple. I have discussed the need for taking care of one's self in order to be a better partner and how this can affect overall parenting. (AR) • For my clients (teenagers who are victims of sexual abuse) taking care of themselves is paramount for them to have a healthy relationship. I have taught them how to know their triggers and how to take time out for themselves. (GA) • Teaching the parents that are burnt out with their "delinquent" children how important it is to take care of their needs. They cannot help their children if they are "empty" and have nothing to give or offer if they let themselves get worn down below [zero]. (IA) • I have a mother who has a special needs child. . .We discussed how important it is to practice self-care and how if she is not taking care of herself she cannot take care of others. (MO) • Actually used the tools in the manual during the development of a case plan for a client with multiple physical and mental health needs. By helping her break down her needs into clear steps (coping strategies), client was better able to manage the stress of multiple needs and tasks. (NC)
Know - The development of intimate knowledge of partner	295 (46.2%)	232 (44.1%)	126 (32.2%)	<ul style="list-style-type: none"> • I have worked with my families and teens to identify important information they need to know about their partner before taking it to the next step. (AR) • I have used this with survivors of domestic violence in relationships presently or individuals looking for a new relationship, so they will give some thought to their REAL compatibility. (GA) • I have encouraged partners to get to know each other again by doing small things together that get the back in touch. (IA) • Helping clients understand that knowing their partner intimately can not only make it easier to understand their partner's perspective, but conversely makes them more self-aware. Knowing their partner creates an atmosphere of "I care" which can help our reactions to certain circumstances be less extreme. (MO) • Love maps- many couples, whether married or cohabiting, that I work with entered their relationship after whirlwind courtships. The love map has helped generate conversation about how well they know each other. This has also led to identifying relationship strengths and areas of need before moving on to discussions of relationship expectations. (NC)
Care - Demonstrating kindness, affection, understanding, respect, and caring support	361 (56.6%)	282 (54.0%)	182 (46.7%)	<ul style="list-style-type: none"> • I have used this in my attitude towards my clients and have encouraged my clients to use kindness and respect with those that they are in contact with. (AR) • We have talked with clients about showing care to their partners, even when they don't feel like being caring. Talked to them about how showing someone you care, regardless of how you feel at the moment, reminds the partner of one's commitment, respect, etc.. (GA) • I demonstrate some of the mottos with the families I work with. I spread the "Caring Actions, Not Crabby Reactions" motto with families frequently. I talk with families about how caring actions take deliberate thought and that they should think of their relationships like a bank account that needs to be filled with positive actions/comments. Negative comments/actions deplete the bank account, so it is important to love in ways that are meaningful to their partner. I also use the "Name the Ways You Care" activity sheet. (IA) • Helping clients understand that demonstrating these attributes can improve the atmosphere and actually make them want to be more caring. It's a choice to act this way, and it's empowering to be able to choose to act in these ways even if you don't want to, the partner doesn't deserve it, or they don't reciprocate. However, when both are putting an effort into acting in a way that shows that they "care", it sets a foundation for addressing other problems in the relationship. (MO) • Emphasize good listening skills. Listening to each other and allowing for ideas to be shared even if [you] do not agree-shows that you respect [the] person enough to listen to them and they will then do the same. (NC)

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

Concept	Total (N=628)	2-mth (n=526)	6-mth (n=390)	Example
Share - Developing and maintaining friendship and sense of "we"; spending meaningful time together	313 (49.1%)	245 (46.6%)	154 (39.5%)	<ul style="list-style-type: none"> • In counseling a single father, I explained the purpose of developing friendship that lasts. (AR) • I used this concept to help an individual understand how couples nurture their relationship and get to know each other better by spending time together to promote couple well-being. (GA) • I talk with couples about finding "couple time" to spend together in order to reconnect. A lot of times, couples are so focused on their children that they forget about their relationship with one another. Couples need a friendly reminder and sometimes "permission" that it is okay to be without the kids sometimes in order to have some alone time to strengthen their relationship again. I like the "Bids for Connection" worksheet and find myself talking to couples about these items. I also use the topic to talk with parents about when their children are trying to reach out to them for affection and attention as well. (IA) • I have used this as a means of measuring the strength of the relationship. I often assign homework which forces them to do things, log the time and then journal (separately) how they viewed that exercise. We then come together to talk about the importance of spending as much time together as they need to. (MO) • Participants are working on more effective communication which enables them to have more meaningful interactions with others. There are trust issues so this is not easy. [the power of 'we'] is stressed to them. Partners must commit to making time for each other that is full of fun and interest. Keep the romance alive. Be affectionate. Work toward common goals. (NC)
Manage - Strategies of engagement and interaction around differences, stresses and issues of safety	319 (50.0%)	245 (46.6%)	150 (38.5%)	<ul style="list-style-type: none"> • I have talked with clients about the idea that many conflicts are unresolvable but have worked with them on how to have healthy conversation. (AR) • Recognizing differences and handling conflicts does not have to mean the end of a relationship. Learning to appreciate how each partner handles criticism, defensiveness, negative emotions, etc. and the normalcy of conflict itself has been eye opening for some families. They have been given tools so their children can see how this can be worked through positively. (GA) • This is a big area that I focus on with families. I talk with them about dealing with conflict effectively, managing anger, and most importantly, making sure that the children do not suffer when parents argue. (IA) • I stress the importance of exercising appropriate conflict resolution skills with our parents. I have informed them of the physiological effects a couple's arguing has on their children--children don't sleep well, perform poorly in school, etc. (MO) • Managing strategies of engagement and interaction around differences, stresses, and issues allows us to respect one another despite differences of opinion. It is important that one realizes that my way of doing things is not the only "right" way. Taking the time to acknowledge others differences will enable us to draw "nuggets of knowledge" from one another, (NC)
Connect - Engaging social support, community ties, and sources of meaning	346 (54.2%)	271 (51.5%)	172 (44.1%)	<ul style="list-style-type: none"> • Numerous times during and after conducting initial social histories, discuss and problem solve with individuals (usually single mothers) about ways to increase their social support for themselves and their children. (AR) • Encouraging the use of resources and building strong ties with community that promote healthy families. (GA) • I encourage partners to look to others for a means of support in appropriate ways. That it is ok to not be able to solve an issue on your own and to talk to others as well. (IA) • I have expressed to my clients that having social networks, friends, family, outside environment, is valuable to the worth and well-being of their relationship. (MO) • Encouraged a mother to be able to identify safe resources to ensure that her children are cared for so that she can have some time to herself to become healthy. (NC) • We've been looking at a few creative ways to link more families into social events in the community and actually intentionally planning more social events so that the families will be able to get out and about. (NC)

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

- *Have talked often with families about the 5 love languages and how it is important to communicate with your partner in their preferred language. (AR)*
- *With a particular family, I used the importance of established healthy values and principles as a strong foundation to build up healthy relationship and individual responsibilities of family members. We also discussed the many different ways they can manage stress, detect the problem, and focus in to solve the problem and of course information about community services that can help family with counseling and other type of services. (GA)*
- *I have used the information specifically with one young female parent. She is single, but is interested in developing her "plan" for when she meets someone whom she is interested in having a relationship with in the future. We have used the information about knowing what you want in a partner, and in a relationship, along with the information about safety and stress. We continually use the self-care information as it is applicable for a healthy life, even in the absence of a relationship. (GA)*
- *I have a couple who have much trauma in their past and in previous relationships. That trauma is starting to create deep problems in their relationship and their ability to effectively parent their adopted daughter who has significant trauma in her past. As a result, the family relationships are breaking down in all aspects. I am using the tools we were given from the training to help this couple repair and salvage their relationship while addressing the pieces of their past relationships that were not healthy and did not support having a healthy relationship that they have brought into their current relationship. Due to the extent of the past trauma, this is a slow process, however the couple has a strong desire to make it work and are willing to try and try again at making things work out and to build on each success to have a stable future for their relationship. (IA)*
- *I use the handouts found in the binder. I use them in addition to the parenting information and activities that I am already bringing into the home for the families/children. I incorporate the handouts just like an additional worksheet to complete and it makes the parents more actively engaged in the visit and they find it helpful because they learn more about themselves as individuals as well as a couple/family unit. (IA)*
- *I have worked with a family for approximately 3 years. They made tremendous progress and were able to regain custody of 4 out of 5 of their kids. The dad has been working a job from 5pm-5am, and as such the mom is left to care for the kids. Their relationship has suffered, and they have slipped back into old relationship patterns. I have just recently started using HRMET materials and hope that it will make a difference, as the relationship doesn't just affect them it affects a family of five children, as well. We have started with meaningful time together, as one of the biggest issues voiced was that due to the dad's work schedule; they don't have as much time for each other and don't do anything as a couple. (MO)*
- *I had one family that was going through a separation due to a possible affair. Once they had time to process I had the wife go through some of the worksheets. I made a packet of some of the ones that I felt would apply to her and went over them briefly and gave them to her for homework and to talk to her husband about. They included our ground rules, goals, compatibility, and love maps. She was very open and enjoyed the materials. (MO)*
- *One family was involved in house hunting, Dad work, mom stay at home. I encouraged mom to keep the TEAM connection by looking around when husband was at work. I shared the wheel about working towards a common goal, for them a new home. Mom actually found property which they both love and have purchased. (NC)*

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

- *I work in the administration of a public housing program, so the exact method of using these principles is difficult to relate. I will say that the training has helped me to be more aware, in my own life as well as with my clients, of the importance of our interpersonal skills and the way we relate to and treat others. (AR)*
- *I do not work directly with parents involved with DFCS, however I do work with foster families and children in DFCS custody, and I am hoping this training will give me some knowledge and skills in regards to couple relationships: assessing problems, offering clear solutions, supporting families improve in problem areas. (GA)*
- *I intend to use the handouts with families, as I think they are fantastic and so valuable. However, often I am having to focus on crisis intervention and immediate safety of the children, so it has made it difficult to fit the couple relationship work into our time together. I would like to utilize the handouts and materials much more than I am doing now. (MO)*
- *Again, I don't provide direct services, but it is important for me to be aware of this information so I can direct those who work in the programs I am responsible for to access this training and use these strategies with our court clients. (NC)*

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

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

A few individuals (n=55) also reported utilization of the concepts in their own personal lives, illustrating retention and application of the training concepts and improving likelihood of later utilization with their clients:

- *I "pick my battles" and choose to put my best efforts into my relationship. I've made a choice to "go all in" as it is a healthy relationship which has allowed me to flourish and grow as an individual as well. (MO – Choose)*
- *I try to take more personal time and take advantage of training events (not necessarily social work related). I am always curious and love to learn something new. I try to eat healthier, get more sleep, and do as much physical exercise as possible. When you take good care of yourself, you can feel good and be your best. Therefore, you can be your best for your partner. (NC – Care for Self)*
- *My spouse and I have really gotten to know a lot of things that we need to add in our relationship and keep the spark going. (GA - Know)*
- *At least 15 minutes each night - after children are in bed - to check in with each other; really listen about the day, obstacles, successes, etc. Also utilizing 5 Love Languages as a model for better caring for each other. (AR – Care)*
- *This is difficult with a long distance relationship; however, we communicate throughout the day every day and continue to grow our friendship as this is the basis of our relationship. We utilize different avenues to spend time together (Skype, phone calls, letters, in person visits, etc.). (MO - Share)*
- *I try to think before I bring up something I don't like or disagree with, and ask myself if it is that important to me. If not, I decide to let it go and not pursue it (ex: how to dress/feed the kiddoes) but If it is something that needs to be brought up I make it a point to NEVER criticize or question him in front of others and to take a humble stance while attempting to understand his decision/actions from his perspective. He almost always has a very valid reason for choosing as he does. I might change my perspective after all. (AR – Manage)*

Conclusion

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

- The training positively influenced participants' perceptions and beliefs about the value of marital preparation and healthy couple and marital relationships on successful parenting.
- The training impacted how participants felt about working with clients and families on healthy relationship issues, with more favorable views on the relevance of RME to their work following the training.
- Following the training, individuals reported increased knowledge and general feelings of efficacy about working with families on ways to support healthy couple relationships.
- Most of the participants indicated that the training was useful and relevant, and particularly favored the tools and skills they had opportunities to practice in training and apply afterwards.
- The majority of participants reported sharing materials with supervisors/administrators and co-workers following the training, and perceived their co-workers as being supportive of the materials.
- Despite some variations by state and round, overall, respondents shared favorable reviews of the training. Also, higher ratings in the last round of piloting (2013) may be reflective of the revisions made to the materials in response to participants' feedback in 2011 and 2012.

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

- *A couple who had been married many years and had not given each other the time and attention needed to maintain a healthy couple relationship. With my help, they learned to try to put themselves in the other person's shoes and to better understand how that person felt. (AR)*
- *Thank you for the resource. They are simple but effective to jump start conversations between couples and are great for "writing" and documenting discussions and ideas to make the discussions "concrete" and not just abstract concepts that are not implemented and secured with steps to help the thoughts to materialize and become a reality. (GA)*
- *The information provided during this training was exceptionally helpful; although the information given was familiar, as I have been taught and have read about these topics repeatedly throughout my graduate course, it was extremely useful to hear it delivered in such a practical manner to a community audience. The worksheets and handouts are tools I will certainly consider using as I continue work with my community. Thank you for sharing such great information! (IA)*
- *During the one time meeting with a young couple I was able to talk to them about the importance of providing a stable home for their children. I encouraged them to seek support/counseling and pointed them in the direction of help. I was able to speak confidently with them about supporting each other and not giving up because they are in the middle of the turmoil right now but instead to step back and take a deep breath and reevaluate and then continue trying. (MO)*
- *The information provided during this training was exceptionally helpful; although the information given was familiar, as I have been taught and have read about these topics repeatedly throughout my graduate course, it was extremely useful to hear it delivered in such a practical manner to a community audience. The worksheets and handouts are tools I will certainly consider using as I continue work with my community. Thank you for sharing such great information! (NC)*
- *The training provided a better way to see the importance of healthy relationships to the family as a whole and also provided some helpful strategies to implement with my families. (GA)*
- *I think this training needs to be provided again. I feel the social workers in our agency would benefit from this. At this time there is a huge turn over in our agency and the new staff would benefit from this training and learning these skills which would make them more success in this job and possibility increase retention. (MO)*
- *This has been one of the most valuable trainings I've been to. The information was presented in a practical, clear manner and I feel like I have many tools to help the families I work with. (IA)*

Appendix A: Training Implementation and Evaluation Outputs.

Training Date	Registered	Attended	Completed										
			Pre-test	Post-test	1-week	All 3 Surveys	2-month	6-month	2- and/or 6-month	All 5 surveys			
Round 1													
Arkansas (1 Trainings)	70	41	38	40	29	26 (63.4%)	17	17	22	11 (26.8%)			
Georgia (1 Trainings)	23	13	13	11	9	9 (69.2%)	8	4	9	2 (15.4%)			
Iowa (2 Trainings)	64	58	56	53	41	36 (62.1%)	24	10	26	6 (10.3%)			
Missouri (6 Trainings)	139	106	102	106	90	90 (84.9%)	62	54	70	43 (40.6%)			
Total (10 Trainings)	296	218	209	210	169	161 (73.9%)	111	85	127	62 (28.4%)			
Round 2													
Arkansas (2 Trainings)	79	66	60	58	26	25 (37.9%)	16	14	19	9 (13.6%)			
Georgia (3 Trainings)	108	92	90	89	48	46 (50.0%)	30	20	37	11 (12.0%)			
Iowa (3 Trainings)	59	49	48	49	29	29 (59.2%)	17	12	22	7 (8.9%)			
Missouri (5 Trainings)	101	93	83	90	75	68 (73.1%)	53	47	66	29 (31.2%)			
North Carolina (5 Trainings)	214	185	168	171	83	78 (42.2%)	55	43	72	23 (11.9%)			
Total (18 Trainings)	561	485	449	457	261	246 (50.7%)	171	136	216	79 (16.3%)			
Round 3													
Arkansas (3 Trainings)	81	60	59	57	24	23 (38.3%)	10	13	15	7 (11.7%)			
Georgia (8 Trainings)	298	281	267	278	170	165 (58.7%)	108	78	132	47 (16.7%)			
Iowa (2 Trainings)	44	37	33	36	24	20 (54.1%)	10	11	17	4 (19.5%)			
Missouri (6 Trainings)	209	155	140	153	115	106 (68.4%)	74	45	82	34 (22.0%)			
North Carolina (5 Trainings)	181	139	125	131	65	58 (41.7%)	42	22	49	12 (5.0%)			
Total (24 Trainings)	813	672	624	655	398	372 (55.4%)	244	169	295	104 (15.5%)			
Overall Totals	1670	1375	1282	1322	828	779	526	390	638	245			
Overall Percentages			93.2%	96.1%	60.2%	56.7%	38.3%	28.4%	46.4%	17.8%			

Appendix B: Descriptive Statistics for Evaluation Variables.

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

Learning Readiness	Time	N	Alpha	M	SD	Range
General attitudes regarding marriage and relationships (5-items)	Pre	797	.63	3.90	.51	1.4-5.0
	1WK	796	.74	4.12	.54	1.0-5.0
In your opinion, how important is it for couples to prepare for marriage through educational classes, workshops, or counseling designed to help them get off to a good start?	Pre	792		3.39	.61	1.0-4.0
	1WK	780		3.56	.55	2.0-4.0

Utility Reaction	Time	N	Alpha	M	SD	Range
Relevance of RME to Child Welfare clientele (2-items)	Pre	793	.59	4.20	.56	1.0-5.0
	1WK	789	.68	4.30	.58	1.0-5.0
Relevance of RME to Child Welfare professionals (3-items)	Pre	796	.76	4.17	.54	1.0-5.0
	1WK	795	.79	4.24	.56	1.0-5.0
Helpfulness of training CWP's to support healthy relationships and marriage	Pre	791		3.53	.55	1.0-4.0
	1WK	777		3.63	.60	1.0-4.0
Appropriateness of CWP's assisting individuals/families develop RME skills	Pre	789		3.37	.60	1.0-4.0
	1WK	781		3.59	.61	1.0-4.0

Learning: Knowledge, Ability/Comfort, and Resource Awareness	Time	N	Alpha	M	SD	Range
Knowledge of healthy relationship and marriage education (3-items)	Pre	320	.80	3.25	.74	1.0-5.0
	1WK	319	.77	4.04	.54	1.0-5.0
	6 mo	311	.86	4.00	.61	1.0-5.0
Ability and comfort with offering healthy relationship and marriage education (4-items)	Pre	320	.77	3.42	.67	1.3-5.0
	1WK	320	.79	4.01	.54	1.8-5.0
	6 mo	311	.84	4.00	.67	1.0-5.0
Awareness of resources and services to support couple relationships (2-items)	Pre	318	.81	3.33	.86	1.0-5.0
	1WK	317	.72	4.00	.64	1.0-5.0
	6 mo	311	.79	4.04	.66	1.0-5.0
Change in knowledge (3-items)	1WK	783	.87	3.05	.75	1.0-4.0
Change in ability and comfort (4-items)	1WK	783	.91	2.93	.80	1.0-4.0
Change in awareness of resources (2-items)	1WK	773	.81	2.83	.90	1.0-4.0

Learning: Confidence in Teaching RME	Time	N	Alpha	M	SD	Range
Overall Confidence (7-items)	Post	380	.94	3.23	.53	1.7-4.0
	6 mo	340	.94	2.98	.59	1.0-4.0
Helping clients develop and maintain a healthy committed relationship. (CHOOSE)	Post	380		3.17	.63	2.0-4.0
	6 mo	334		2.92	.71	1.0-4.0
Helping clients develop shared intimate knowledge. (KNOW)	Post	380		3.13	.63	1.0-4.0
	6 mo	334		2.77	.78	1.0-4.0
Helping clients demonstrate care in their relationships. (CARE)	Post	379		3.32	.57	2.0-4.0
	6 mo	339		3.03	.67	1.0-4.0
Helping clients support healthy living choices. (CARE FOR SELF)	Post	380		3.34	.59	2.0-4.0
	6 mo	336		3.15	.62	1.0-4.0
Helping clients develop meaningful couple time that fosters friendships. (SHARE)	Post	380		3.27	.62	2.0-4.0
	6 mo	333		2.91	.73	1.0-4.0
Helping clients manage differences and conflicts. (MANAGE)	Post	380		3.17	.68	1.0-4.0
	6 mo	339		2.99	.68	1.0-4.0
Helping clients become better connected with their support systems. (CONNECT)	Post	379		3.26	.61	1.0-4.0
	6 mo	340		3.09	.62	1.0-4.0

Affective Reaction	Time	N	Alpha	M	SD	Range
Training Satisfaction	Post	1287		4.55	.86	1.0-5.0
Training Rating (4-items)	Post	1314	.76	4.43	.57	1.0-5.0
Training Relevance and Usefulness (3-items)	Post	1309	.88	4.37	.65	1.0-5.0
Instructor Rating (5-items)	Post	1312	.91	4.65	.49	1.0-5.0

Organizational Support	Time	N	Alpha	M	SD	Range
In your opinion, how relevant did your supervisor/administrator perceive the information and/or tools you shared to be for your work?	1WK	418		3.53	.69	1.0-4.0
In your opinion, how relevant did your co-workers perceive the information and/or tools you shared to be for your work?	1WK	445		3.44	.69	1.0-4.0
Expected supervisor/administrator support	1WK	637		3.58	.70	1.0-4.0
Actual supervisor/administrator support	2M	308		3.31	.87	1.0-4.0
	6M	219		3.24	.93	1.0-4.0
	2M/6M	369		3.26	.87	1.0-4.0
Expected co-worker support	1WK	641		3.51	.65	1.0-4.0
Actual co-worker support	2M	305		3.16	.90	1.0-4.0
	6M	224		3.13	.92	1.0-4.0
	2M/6M	266		3.12	.86	1.0-4.0

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