

Implementing Healthy Marriage and Relationship Education Programs with Couples

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Overview

High-quality and stable romantic relationships can have important benefits for both partners and their children.^{1,2,3} To promote healthy romantic relationships, healthy marriage and relationship education (HMRE) programs provide information and coaching on relationship skills such as managing conflict, improving communication, and building intimacy.⁴ In addition to class or workshop content on relationship skills, many HMRE programs also offer case management services, employment assistance, and parenting content, which are meant to further support the quality and stability of romantic relationships.^{5,6,7} These types of HMRE programs are designed to work with either individuals or couples, and the topics that HMRE programs address may be similar regardless of whether one or both partners participate. However, working with couples in HMRE programs is different than working with individuals.⁸

A couple is typically composed of two people who have a romantic and/or co-parenting relationship, who form a team or unit, and who have some shared experiences, concerns, plans, and goals. Those two partners are also individuals with separate personalities, histories, perspectives, desires, and needs. Although couples can participate in HMRE programs together, and may share some goals for their relationship, each partner may have different reasons for attending the program. Each partner may also differ by level of commitment to the relationship, degree of willingness to work on problems in the relationship, and amount of recognition of their own contributions to problems in the relationship.⁸ These differences can make programming for couples somewhat challenging.



MAST CENTER RESEARCH

The Marriage Strengthening Research and Dissemination Center (MAST Center) conducts research on marriage and romantic relationships in the U.S. and healthy marriage and relationship education (HMRE) programs designed to strengthen these relationships. This research aims to identify critical research gaps, generate new knowledge, and help programs more effectively serve the individuals and families they work with. MAST Center research is concentrated in two areas:

- **Relationship Patterns & Trends.** Population-based research to better understand trends, predictors, dynamics, and outcomes of marriage and relationships in the United States.
- **Program Implementation & Evaluation.** Research that helps build knowledge about what works in HMRE programming, for whom, and in what context.

This brief draws on implementation evaluation research and descriptive reports on the design of HMRE programs for couples to provide an overview of HMRE program implementation with couples. First, the brief describes the characteristics of couples participating in HMRE programs and how these programs define couples. It then summarizes a range of approaches HMRE programs use to recruit, retain, and engage couples. When possible, it highlights specific challenges and successes related to these approaches that have been identified in the literature. Given the unique safety concerns associated with working with couples, especially in cases where one or both partners disclose violence in the relationship, the brief also discusses how HMRE programs create opportunities for disclosure of domestic violence and respond to domestic violence among couples (see Spotlight on preventing and addressing intimate partner violence in HMRE programs).

Key Findings

Existing HMRE programs may need to be tailored for a wider range of couples.

HMRE programs work with couples with varying sociodemographic characteristics, relationship statuses, and relationship dynamics. Although HMRE programs are often implemented with couples who are Black, Indigenous, and people of color (BIPOC), our review found little implementation evaluation research on how programs are tailored for BIPOC populations or whether they address issues of racism that may shape couples' experiences.^a We also found limited evaluation literature on whether, or how, HMRE programs are implemented with couples who are lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ).

- Gaps in the implementation literature on BIPOC couples point to the importance of culturally responsive training for facilitators and the value of developing guidance for implementing culturally responsive HMRE programs for racially and ethnically diverse couples.
- HMRE programs working with LGBTQ couples may need to review their practices for assumptions of heterosexuality and for applicability to LGBTQ couples. Research is still needed on how HMRE programs can best recruit, retain, and engage LGBTQ couples.

Strategies that respect couples' unique dynamics can help with recruitment, retention, and engagement.

The HMRE programs included in the implementation literature reviewed here incorporate a variety of unique strategies to recruit, retain, and engage couples. Strategies include having pairs of male-female co-facilitators; designing some workshop activities to allow couples to work together and others that ask couples to separate and then reunite; conducting relationship inventories with both members of the couple; and using case management meetings to allow couples to practice workshop skills.

- HMRE programs should pay extra attention to the unique dynamics of working with couples. For example, they should ensure buy-in from both partners during recruitment and balance facilitator and case manager relationships with each individual when retaining couples.

HMRE practitioners need to establish and maintain trust with couples.

Working with couples requires that facilitators balance relationships with both members of the couple—a challenging skill to master. Similarly, navigating couples' conflicts and reinforcing new relationship skills can be particularly challenging for case managers working with couples.

- HMRE programming could benefit from training staff in establishing and maintaining trusting relationships with both members of a couple.

^a One exception is the Hispanic Healthy Marriage Initiative, which consisted of an implementation evaluation of select federally funded HMRE programs that served Hispanic families. Findings from the Hispanic Healthy Marriage Initiative are cited throughout this brief.

HMRE practitioners should be prepared to respond to intimate partner violence.

Safety concerns related to intimate partner violence can be more immediate when working with couples, as opposed to individuals.

- HMRE practitioners working with couples need to be prepared to respond to disclosures of intimate partner violence or to provide resources to help prevent future violence.

Methods

For this brief, the research team identified HMRE implementation evaluation studies conducted in the United States, written in English, and published from 2008 to 2019. We searched multiple research databases using the search terms “healthy marriage and relationship education,” “couple relationship education,” “marriage education,” and “relationship education.” In addition, we reviewed the bibliographies and references of meta-analyses and more recent articles to identify studies for inclusion. We also reviewed the Office of Planning, Research, and Evaluation (OPRE) website and curriculum developer websites to locate evaluation reports. In total, we identified 23 implementation evaluations of couple-focused HMRE programs. We supplemented the implementation evaluations with 13 descriptive reports on the design of HMRE programming for couples to provide additional information about how programs recruit, retain, and engage couples.

Characteristics of Couples in HMRE Programs

HMRE programs target and serve couples in a range of relationship statuses and stages.

HMRE programs that serve couples work with a wide variety of married and unmarried couples. When defining couples, programs commonly focus on pairs of individuals who are in a romantic relationship, although they may also work with pairs of individuals who share parenting responsibilities but are not romantic partners (i.e., coparents). Some programs also consider the level of commitment that individuals have to their relationship. For example, the Parents and Children Together evaluation did not require couples to be married, but it did require that couples self-report their relationship as “committed.”⁷ With regard to relationship stage, programs may target couples during the transition to marriage (engaged couples), the transition to parenthood, or during the “middle” of their relationship. Some programs work with couples in danger of breaking up, whereas others specifically target relationships “not in extreme relationship distress.”⁹

This review primarily includes programs that work with married or cohabitating couples, although a substantial number of couples were separated or married previously but in a new relationship (i.e., repartnered or remarried).^b The majority of programs serve couples who had been together for at least one year when entering the program. However, participating couples tended to be in longer-term relationships, with many couples together for three to five years. Although programs may be tailored for a specific relationship stage, couples’ relationship status is dynamic and may change while a couple is attending a program. At least one program included in this review continues to work with couples to support their coparenting relationship if they break up.¹⁰

^b Although not specifically the target population, single people participated in a few of the programs. For example, the Community Healthy Marriage Initiative’s (CMHI) Jacksonville, FL program site included single parents who may or may not be in a relationship.

HMRE programs often target couples experiencing poverty or other forms of economic marginalization.

Programs may target couples based on other factors that affect their relationship quality and stability. In some couples, one or more couple member may be unemployed, underemployed, incarcerated, or recently reentering from incarceration.^{6,11,12} Parents who have recently adopted a child, parents in stepfamilies, and parents engaging with the child support system are also groups that some programs target.^{12,13,14} Some programs consider couples' socioeconomic status and target couples living in poverty.¹⁵ For example, many of the implementation evaluations examined for this brief focused on programs that serve couples with low levels of formal education and couples with at least one unemployed partner. Economic disadvantage, and its associated stressors, tends to be more concentrated among unmarried HMRE participants than among married HMRE participants.¹⁶

HMRE programs typically serve people of color who are under age 35 and in mixed-gender relationships.

The HMRE programs studied serve a wide age range, from teenagers to middle-aged adults; however, the majority of those served were ages 20 to 35. For example, at the Community Healthy Marriage Initiative (CMHI) Boston program site, almost one quarter of participants were under age 20, and many were parents or involved in the justice system.¹⁷ Most couples served identified as Black or Hispanic. While programs served some White participants, very few programs served Asian, Native American, or Pacific Islander participants. Among the implementation literature reviewed for this brief, reports from the Hispanic Healthy Marriage Initiative (HHMI) were the only literature that described culturally specific tailoring for a target population.^{18,19} No implementation evaluations reviewed for this brief discussed whether programs considered couples' sexual orientation, but the content seemed to assume that couples were heterosexual. We found no mention, in any implementation reports, of programs working with same-gender couples, tailoring for same-gender couples, or even serving same-gender couples. However, some exploratory studies, including two descriptive reports included in this review, have started to examine the relevance of HMRE to same-gender couples and explore how HMRE programs could be more inclusive of same-gender couples.^{20,21}

Approaches to Recruiting, Retaining, and Engaging Couples in HMRE Programs

Working with couples, as opposed to individuals, creates some practical implications for programming. For example:

- For a couple to attend an HMRE program, workshops must be held at a time that fits both partners' schedules.
- Child care may be a more pressing need for programs that engage both parents than those that engage only with individuals, because neither partner will be able to look after the child during the workshop.
- Programs must make their messaging feel relevant to people who are already in a relationship and avoid messaging that may be seen as threatening or suggest that couples have problems in their relationship.¹³
- Navigating couple dynamics in a group workshop may be more challenging than working with a group of individuals, and reinforcing workshop skills during case management meetings requires considerable interpersonal skills, especially when relationship difficulties are present among couples.²²

Key terms

- **Recruitment:** program efforts to reach and enroll couples in HMRE programming
- **Retention:** program efforts to ensure that couples keep attending and complete HMRE programming
- **Engagement:** program efforts to connect with couples through curriculum content, activities, and additional services

- Working with couples can also present administrative challenges, such as deciding whether participants can attend sessions without a partner, tracking attendance if only one partner attends a given session, managing couple activities when only one partner is present, and determining what to do if a couple breaks up but one member wants to continue the program.²³

Below, we summarize various approaches that programs have used to respond to these unique dynamics of serving couples. These approaches are drawn from existing research and evaluation findings on HMRE programming for couples and address strategies related to recruiting, retaining, and engaging couples in HMRE programs. Unique considerations for HMRE program content and activities for couples are also discussed.

Recruiting couples

Prioritize recruitment opportunities where both members of the couple are present.

When working with couples, programs face the initial challenge of ensuring that both members of the couple sign up. Programs report primarily focusing their recruitment efforts on locations where both members of a couple are often present, including hospitals, clinics, WIC centers, and child support offices. Programs reported the importance of conducting intakes with both partners; as such, they prioritized in-person recruitment efforts in these locations on individuals whose partners were also present.²⁴ Multiple programs required both partners to attend the intake session and consent to enrollment; these programs reported that this was more difficult when only one partner was present during recruitment.^{6,7,24} Programs that worked with incarcerated men approached recruitment somewhat differently, enrolling male partners first and then contacting female partners to recruit them.²⁵ Programs in correctional facilities were also exceptions in having greater difficulty recruiting women than men, whereas programs in the community consistently faced difficulties recruiting men.²⁵

Develop clear recruitment messaging that appeals to both partners.

Programs need to use recruitment messaging that will appeal to both members of a couple. Programs described the need to address “the potential for confusion with marital therapy and the perception that participation would represent an admission of marriage problems.”²⁶ One strategy was to use “date night” messaging that described the program as something fun for couples to do together to grow closer.¹⁸ Programs also used positive, family-strengthening messaging, as opposed to messaging about fixing problems in a relationship or therapy-oriented messaging.¹⁸ Programs in correctional facilities emphasized “quality time” for couples during the program that would not otherwise be available.²⁵

Retaining and engaging couples

Working with couples requires program staff to navigate relationships with both partners as individuals and as a couple.

HMRE programs that work with couples may need specific strategies to retain and engage both partners, but implementation studies and design reports do not typically differentiate between couple-oriented and individual-specific approaches. However, some research points to the need for facilitators and case managers working with couples to balance the relationships they develop with each individual member of a couple with their relationship with the couple as a unit.⁸ Despite the fact that program staff may more easily develop rapport with one partner than the other, they must consider the couple unit as their client and maintain balance in their relationship with the couple to avoid alienating one partner.⁸ Importantly, program staff must also avoid getting caught in the middle of couples’ disagreements or arguments, as the perception that staff are taking sides can harm their ability to work with the couple.⁸ One area of disagreement that may arise in workshops is partners’ differing levels of comfort with discussing personal

information or experiences in their relationship in a group setting. Given that a couple is composed of two individuals, they can be expected to have different boundaries about which information is okay to share with the group.⁸

Use mixed-gender pairs of facilitators to support engagement among mixed-gender couples.

The evaluation studies examined for this brief focus exclusively on programs for mixed-gender couples. These studies highlight the importance of ensuring that pairs of male-female co-facilitators run the couple-based workshops, both to help men and women feel welcome and to model positive male-female interactions.²⁷ Having mixed-gender pairs of facilitators also allows one facilitator to follow up with a partner of the same gender about any issues. This was noted as particularly important for male participants.²⁸ Overall, dynamic facilitators can encourage couples to attend workshops, and skilled facilitators are crucial for retention, as they must navigate relationships with both members of a couple.⁷ In group-based workshops, some of the activities facilitators use for working with couples include separating couples into groups with other workshop attendees (sometimes by gender) and then reuniting couples to discuss the activity.¹⁰ Facilitators also engage couples through role-playing activities.¹²

Working with men

A commonly mentioned challenge to working with couples in HMRE programs is recruiting and engaging male partners.^{9,30} Programs report using the following strategies to promote men's participation in HMRE programming:

- Involve male staff in recruitment efforts to increase recruitment of men.^{24,27}
- Offer financial incentives for program participation to attract men.²⁴
- Coach women on how to talk to male partners about the program to help recruit men who were not present when the female partner was recruited.¹⁸
- Offer classes at times that fit with traditional and nontraditional work schedules to allow more men to attend the program.¹⁸
- Refer to programs as a relationship “tune up” or “workshop” rather than as a “class” or “group” to make programs more appealing to men.^{8,18}
- Create a physical environment in the program space that is welcoming to men—including male-friendly magazines, posters with positive representations of men, and couches or recliners—to encourage them to attend the program.⁸
- Incorporate breakout groups by gender as part of the program to engage men and promote social relationships among male participants.⁸
- Schedule home visits (for programs that include home visits) at times when men are at home to promote men's involvement in the program.²⁴

Contact both partners and focus on the couple unit to promote retention.

Some programs use couple-focused outreach strategies to promote retention. One strategy includes sending both partners reminder text messages that emphasize the importance of couples attending workshops together.²⁹ Similarly, some programs call both partners prior to workshop sessions and ask about transportation or child care needs for the upcoming session.²⁷ These strategies seek to meet couples' needs that could otherwise represent barriers to attendance, while also reminding them about the upcoming session.²⁴ Programs also offer unique incentives when serving couples, including reduced marriage license fees, wedding-focused door prizes, and social events with other couples.

Program content and activities for couples

Couple-focused programs encourage reflection on the relationship and provide practical relationship tools.

HMRE programs for couples often use different curricula from programs for individuals. Content in couples-based programming emphasizes the value of both partners participating in workshops and the importance of a “joint investment in improving their marriage.”²⁷ Program content also encourages attendees to focus on both partners’ “personalities and perspectives,” asks partners to build understanding of each other, and provides tools for working together.⁷ One commonly employed strategy is for couples to take a “relationship inventory to help them identify strengths and challenges in their relationship, and encourage efforts to address potential problems.”²⁸ Another approach is to have practice periods during the workshops when couples can work on the skills they are learning while facilitators observe and provide coaching.²³ Stanley et al. suggest having additional facilitators or educators available during practice periods to offer more focused coaching for each couple.²³ Programs should also highlight and support a shared understanding and appreciation of what couples learn together in the program and provide couples with new skills each session that are “immediately useful” as they head home.²⁶

Social opportunities with other couples are an important component of HMRE programs for couples.

HMRE programs serve an educational and coaching function, but also as an opportunity for couples to extend and strengthen their social networks. HMRE programs typically host group social activities, including date nights, community service events, family activities, groups for moms, and groups for dads.²⁷ Programs report that the social relationships participants develop with other couples encourage retention in the program because these friendships motivate attendance.²⁴ The social relationships couples develop also support their romantic relationships. Throughout the program, couples learn about other couples and how they have faced challenges in their relationships. Learning about other couples can help to normalize relationship struggles and model how couples can work out their problems.²⁴

Case management, or family support coaching, creates a space for couples to work as a team and practice new relationship skills.

Some HMRE programs include a case management component in which each couple meets individually with a case manager. These case management services vary in duration, intensity, and focus. During case management sessions, often referred to as “family support” meetings or coaching, case managers work with couples individually to assess their needs, define goals and develop plans, connect with community support services and program partners, and reinforce and practice skills and behaviors the couple has learned in the workshops.^{15,24,27} Case management is an opportunity for couples to work collaboratively to plan their future or engage in joint financial planning.²⁷ Case management may also support retention of couples if programs successfully address couples’ emergent needs.¹³ However, case management with couples is a challenging endeavor. Case managers are tasked with addressing and balancing both individual (potentially conflicting) needs and joint needs, and with navigating relationship conflicts. They are also expected to provide positive reinforcement when they observe couples using tools learned in the workshop to work together on goals—something that may require different skills and/or additional training for case managers.²⁴



Spotlight: Preventing and Addressing Intimate Partner Violence in HMRE Programs



HMRE programs that work with couples face important challenges around intimate partner violence (IPV). IPV refers to a pattern of violence or aggression between current or former romantic partners that encompasses physical and sexual violence, stalking, and psychological aggression.³¹ HMRE programs can play a role in preventing and addressing IPV, and many HMRE programs use a range of strategies to invite disclosure of IPV, to respond to IPV, and to teach participants about IPV.³² Because both partners attend couple-based HMRE programs, if there is violence in the relationship, HMRE programs must consider participants' immediate safety in ways that programs for individuals do not. Importantly, federally funded HMRE programs are required to consult with experts in IPV, including relevant community domestic violence coalitions, in developing their program models and activities and to comprehensively approach how they address IPV.^{33,34}

Creating opportunities for disclosure of intimate partner violence

Some HMRE programs address IPV by creating opportunities for participants to disclose IPV (screening), although approaches vary in terms of timing and method.^c Some programs invite disclosure of IPV at intake, others do so over the phone before couples attend any workshops, and still others invite disclosure of IPV in-person when couples attend on-site registration.^{19,32} Specific examples of approaches to invite IPV disclosure (drawn from a broader sample of HMRE programs serving a range of diverse couples) include giving participants a structured IPV assessment tool, asking open-ended questions about the relationship, and asking whether participants are interested in information about IPV services.³² Some studies indicate that providing multiple opportunities for disclosure, particularly after participants have had time to build trust and rapport with program staff, may be the most effective approach to screening.^{34,35} More recent findings from the Responding to Intimate Violence in Relationship Programs (RIViR) study indicate that HMRE programs should address confidentiality protections and limitations before inviting participants to disclose IPV.³⁶ RIViR also found that HMRE participants may prefer brief, straightforward IPV assessment tools, and that questionnaires such as the Intimate Justice Scale are more likely to prompt disclosures from participants experiencing IPV than approaches focused on universal education.³⁶

One common feature across programs' approaches to creating opportunities for IPV disclosure is that programs typically separate couples and screen each partner individually. This makes disclosure more likely, safer, and confidential.³² Most federally funded programs report deliberately creating opportunities for only female participants to disclose IPV, rather than male participants as well.³³ Some programs did not want male participants to be aware that they were creating opportunities for female partners to disclose IPV and took steps to prevent suspicion, such as adding an equivalent number of pages as the IPV questionnaire to men's intake packets.³² This protocol is in line with guidance from the National Healthy Marriage Resource Center and the National Resource Center on Domestic Violence, which describes direct screening of men "for either victimization or perpetration" as "too risky to recommend" when working with couples.³⁷ However, less direct methods of assessing victimization and perpetration by either partner are still recommended—for example, watching for indications of victimization, creating opportunities to talk about abuse, or providing information and access to IPV-related resources.³⁷

Responding to intimate partner violence

After HMRE program staff learn about violence in a couple's relationship, responses can include seeking additional information from the individual partners, conducting a safety assessment, developing a safety plan, and/or referring one or both partners to domestic violence services.^{19,32} Program staff should respond to participants' IPV disclosures promptly, follow up proactively, and maintain communication.³⁶ When a participant discloses violence in their relationship, either at enrollment or later in the program, program

^c We follow the lead of the Responding to Intimate Violence in Relationship Programs (RIViR) project in choosing to use language such as "creating opportunities for IPV disclosure" and "inviting IPV disclosure" in place of the more common term "screening." McKay et al. (2016) explain, "Advocates have cautioned against relying on the term "screening," arguing that it invokes a disease model and medical primary prevention approach in which a pre-symptomatic or mildly progressed condition is identified early, and minimizes the agency of survivors in choosing to disclose their experiences."

staff typically discuss the level of violence and immediate safety concerns with the participant.³² Staff then typically address immediate safety concerns and provide the participant with referral information, often for a local domestic violence agency.³² Decisions about whether the couple should continue in the HMRE program following IPV disclosure should focus on the survivor's wishes and assessment of safety. Programs may benefit from engaging an IPV advocate to conduct a safety assessment during these conversations.^{32,37} Program responses to IPV must be tailored to the individual situation and should consider the timing in relation to the HMRE program (e.g., whether the couple has begun participation), the nature and severity of the abuse, whether the survivor has chosen to disclose the abuse or staff have identified it indirectly, and the wishes of the survivor.³⁷

Teaching about intimate partner violence

HMRE programs typically include some educational content on IPV. The Hispanic Healthy Marriage Initiative (HHMI) found that couple-serving programs grappled with how best to share information about IPV with an audience of mixed-gender couples, but this challenge is unlikely to be limited to Latinx-serving programs.¹⁹ In the HHMI, some programs focused on the characteristics of healthy and unhealthy relationships, providing only introductory information about IPV and its signs, whereas other programs took a more direct and comprehensive approach to teaching about IPV.¹⁹ One program tried separating groups by gender when discussing IPV, but found that separate groups sent the message that “only (or all) men were perpetrators and only (or all) women were victims”; this program instead opted for a mixed-gender format.¹⁹ Another program located in a small-town setting had concerns about confidentiality related to IPV. This program used written responses on sticky notes during discussions about IPV to protect participants' anonymity better than oral responses.¹⁹

HMRE curricula vary widely in the level of information they provide on IPV and programs need to be careful about how they discuss IPV.³² Some developers of couple-focused HMRE curricula have expressed reservations about including IPV content in curricula because of the potential safety risks for participants who disclose IPV in the HMRE program, or for those who attempt to communicate openly with their partner about IPV as HMRE encourages couples to do about other problems.³² For example, “in the relative safety of the HMRE program group environment and with new insights about what a ‘healthy relationship’ looks like, a victim might share details of their abusive partner’s behavior that increases the danger of retaliation once they leave the protective class environment.”³⁷

Despite these cautions, HMRE programs can contribute to IPV prevention efforts by educating participants about IPV, providing information about multiple IPV resources, and helping meet participants' expectations for healthy romantic relationships.^{36,38} HMRE programs are not designed to be IPV interventions, but some HMRE participants are IPV survivors who enroll because they are seeking help related to a current or past abusive relationship.³⁶ HMRE protocols for inviting participants to disclose IPV and connecting some participants to IPV services can position HMRE programs as stepping stones to IPV interventions. HMRE programs also focus on more universal relationship education that can serve as a point of prevention; many programs typically address healthy and unhealthy relationship behaviors, even if they do not discuss IPV explicitly.^{34,37}

Recommendations for Research and Practice

The findings in this brief draw on implementation evaluation literature to summarize how HMRE programs work with couples. Factors examined include characteristics of the couples served; programs' approaches to recruiting, retaining, and engaging couples; and the unique challenges associated with couple-based programming. Implementation evaluations, also referred to as process evaluations, assess *how* programs are implemented and the extent to which implementation is aligned with program models. Implementation evaluations of HMRE programs have studied a variety of questions. For example: How did programs identify and recruit participants?²⁴ What were the characteristics of participants who enrolled in the program?²⁴ What program supports encouraged participation?²² Which services were delivered?⁷ How did the program

operate?²⁶ What challenges did the program face?²² As such, implementation research, like the studies analyzed here, can help practitioners assess how well their program approaches are tailored and responsive to the unique strengths and needs of couples.

Below, we discuss several key recommendations based on our findings for HMRE program providers, along with recommendations for future research directions.

HMRE programs for couples—and research on these programs—should consider couples’ unique strengths and needs to ensure that programming is appropriate and tailored.

HMRE programs engage couples who are diverse in terms of their relationship and parental statuses, relationship dynamics, and important sociodemographic characteristics that are relevant for the quality and stability of their relationships. Evaluated HMRE programs serve married couples, cohabiting couples, remarried couples in stepfamilies, and parents. These distinctions matter for programming. For example, recent research suggests that HMRE programs serving unmarried couples should evaluate the strengths of the couples’ relationships, help them build commitment and trust, and focus on improving their economic security.¹⁶ Some couples participating in HMRE programs may end their romantic relationship with each other, but still may benefit from continued support as coparents.¹⁶ Although the literature reviewed for this brief mentions that HMRE programs work with coparents, little information was available on *how* programs work with coparents that was distinct from information on how programs work with participants in romantic relationships.

Programs should further consider the diversity of the couples they serve, particularly around sexual orientation.

Our review revealed a notable absence of programmatic approaches to working with LGBTQ couples. We identified just one exploratory study that examined whether programs work with LGBTQ couples and discussed approaches that programs could adopt to be more inclusive of LGBTQ couples.²⁰ Otherwise, the literature we reviewed had implicit assumptions of couples’ heterosexuality and suggested that HMRE programming for couples is highly heteronormative. Thus, many approaches to working with couples identified in this brief are specific to working with mixed-gender couples. These include strategies for outreach to male partners, the use of mixed-gender pairs of facilitators, and approaches to IPV screening and response. However, other approaches to working with mixed-gender couples are more likely to translate to LGBTQ couples, including the use of recruitment messaging that appeals to both members of a couple; positive, family strengthening messaging; and couple-focused strategies to promote retention that highlight and support a shared understanding and appreciation of what couples learn together in the program. Overall, HMRE programs that aim to be more inclusive of LGBTQ couples will need to review their practices for assumptions of heterosexuality and for applicability to LGBTQ couples; however, research is still needed on how programs can best recruit, retain, and engage LGBTQ couples.²¹

HMRE programs that serve specific cultural groups should consider the cultural appropriateness of program content and facilitator training.

HMRE programs often work with couples living in poverty. The tailoring of programs to couples’ economic situations is evident in their use of financial incentives, transportation vouchers, child care support, scheduling support, financial coaching, and employment supports for both partners. However, similar considerations for tailoring programs to specific racial, ethnic, or cultural groups were very limited (e.g., the Hispanic Healthy Marriage Initiative³⁹). Notably, the HMRE programs included in the literature reviewed for this brief work with high proportions of Black couples. However, the literature made no mention of tailoring programming for Black participants or of ensuring program staff members’ understanding of anti-Black racism,⁴⁰ addressing their commonly held misperceptions about Black Americans’ attitudes toward marriage,^{41,42} or addressing the effect of mass incarceration on marriage and family formation in the Black community (to list some examples).^{43,44,45} These gaps point to the value of developing guidance for implementing culturally responsive HMRE programs for racially and ethnically diverse couples.

Couples-oriented programs need different strategies to recruit, retain, and engage participants than programs focused on individuals.

The research reviewed in this brief identifies some unique couple-specific strategies implemented by HMRE programs. For example, some couple-based programs were delivered by pairs of male-female co-facilitators. Others held some workshop activities that allowed couples to work together, while others had couples separate and then reunite. Some conducted relationship inventories with both members of the couple, and some used case management meetings as an opportunity for couples to practice workshop skills. Overall, programs should pay extra attention to the unique dynamics of working with couples. For example, they should ensure buy-in from both partners during recruiting and balance facilitator and case manager relationships with each individual when retaining couples.

HMRE facilitators may benefit from additional training related to working with couples.

The literature reviewed for this brief highlights both the importance and the challenge of ensuring an appropriate balance between addressing the needs of individuals and the needs of the couple. For example, descriptive literature suggests that facilitators and case managers must balance the relationship and rapport they develop with each partner and prioritize their relationship with the couple as a unit.⁸ Broadly, it can be considerably more challenging to facilitate workshops and provide case management to couples (including the practice of relationships skills) than to conduct either activity with individuals.⁸ Thus, it may be helpful for programs to train facilitators on the differences between HMRE implementation with couples versus individuals and on maintaining the appropriate balance with partners. Using an appropriate facilitator structure with trained staff may also improve couples' engagement and retention by ensuring a more effective learning environment for both partners.⁸

Enhance training for facilitators to manage safety concerns related to IPV.

HMRE programs that have IPV protocols typically partner with local DV agencies, conduct some type of screening for IPV, and provide referrals and safety assessments when participants disclose abuse. Given the significant challenges and high stakes of responding to disclosures of IPV in couple-based programming, program staff may need additional training on safely responding to disclosures of IPV, carefully observing power dynamics during class time and other forms of indirect assessment, and integrating content to address and prevent violence in HMRE programs in appropriate and safe ways. Given that HMRE programs often target couples experiencing poverty, programs may also wish to ensure that staff have some understanding of the relationship between poverty and IPV and the ways in which poverty can constrain survivors' options.^{46,47}

More rigorous testing that links implementation strategies to participant outcomes may help researchers better determine what approaches work.

Although implementation evaluation research is valuable for describing how a program is implemented, it does not tell us whether certain aspects of implementation lead to improved outcomes for program participants without formally testing these associations. None of the evaluations we reviewed explicitly tested whether the implementation strategies described resulted in better outcomes for couples. More research is needed to examine whether couple-based implementation strategies result in more effective programming than strategies that do not consider the unique circumstances of working with couples.

Conclusion

This brief summarizes descriptive information and implementation evaluation research on HMRE programming for couples. It draws on information from studies of HMRE programs that vary considerably in terms of the types of couples they target and serve; their approaches for recruiting, retaining, and engaging couples; and the activities they conduct. Although it is challenging to draw conclusions about the overall effectiveness of the strategies described here, they do reflect potentially promising practices for recruiting, retaining, and engaging couples in HMRE programs. We hope this information will be useful for HMRE practitioners as they consider the unique challenges and possibilities involved in working with couples, as well as some strategies for doing so. We also hope this brief encourages researchers to think more comprehensively about how research and evaluation studies can inform and improve future HMRE programming for couples.

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About the MAST Center

The Marriage Strengthening Research and Dissemination Center (MAST Center) conducts research on marriage and romantic relationships in the U.S. and healthy marriage and relationship education (HMRE) programs designed to strengthen these relationships. The MAST Center is made up of a team of national experts in marriage and relationship research and practice, led by Child Trends in partnership with Public Strategies and the National Center for Family and Marriage Research at Bowling Green State University.

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