

Supporting Healthy Marriage (SHM) 12-month Survey Questions

Question-by-Question Justification

Question #(s)	Constructs	Primary hypothesis	Justification	Sources
A1-A5	Household structure and child information	Children of parents in the SHM program group will spend more time living in a stable household with both parents than their counterparts in the control group.	SHM programs aim to increase both the likelihood that children will live in two-parent households and their residential stability, both of which are positively related to child well-being (McLanahan & Sandefur, 1994; Moore & Vandivere, 2005; Stoneman, Brody, Churchill, & Winn, 1999). Demographic information will also be used to identify the SHM focal child and the age of this child. Lastly, questions on the number of children and other adults in the household will allow us to measure family size for determining poverty status. Poverty has been shown to have adverse effects on a wide array of child outcomes (Brooks-Gunn & Duncan, 1997) and is therefore an important outcome to examine in the SHM impact analysis.	SHM baseline survey; Hard-to-Employ KS/MO 15-month follow-up; Fragile Families 1-year mother follow-up;
B1-B5	Ideals, expectations, standards about marital relationships	The SHM program group will be more likely to report knowledge, attitudes, and expectations associated with healthy marital relationships than their counterparts in the control group.	SHM programs aim to impart knowledge that may change couples' attitudes and expectations about marriage, such as a greater willingness to sacrifice and work at their marriages; a greater understanding that all married couples have some disagreements; a stronger belief that two-way communication is important in marital relationships; greater support for egalitarian decision making and communication; and a lower acceptance of violence as a way of handling disagreements, all of which have been associated in the literature with increased	SHM baseline survey; Fragile Families 1-year mother follow-up; National Survey of Families and Households (NSFH); General Social Survey (GSS); National Survey of Family Growth

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			marital stability and/or greater marital satisfaction.	(NSFG)
C1-C9	Marital status and stability	The SHM program group will have lower rates of separation and divorce, and delay in separation or divorce for families who do experience them, relative to their counterparts in the control group.	These questions will allow us to examine the amount of time respondents have been married during the follow-up period. And, if respondents are separated or divorced, the questions will allow us to examine when these separations occurred, how long they lasted, and for what reasons. These questions will also allow us to assess whether respondents who are currently married at the follow-up point ever thought that their marriage was in trouble and whether the couple ever thought about separation or divorce, as additional indicators of marital stability and quality. We include measures about whether the respondent is involved with a new partner and the status of that relationship because research suggests that living with both biological parents is generally advantageous for children, but that living with a parent and his or her new partner is not (McLanahan & Sandefur, 1994). Lastly, two items assess how many times the respondent had been married prior to random assignment, since individuals who were previously married and divorced are at a higher risk of separation and divorce compared with those in their first marriages (Coleman, Ganong & Fine, 2000).	SHM baseline survey; Building Strong Families (BSF) 15-month follow-up;
D1-D16	Marital relationship outcomes	The SHM program group will demonstrate increased relationship quality when compared with their counterparts in the control group, namely, more positive	Assessing the quality of couple relationships is of central importance to the SHM impact analysis. Not only is relationship quality important for the well-being of parents (McLanahan & Sandefur, 1994; Cowan & Cowan, 2006), but it also may affect their children's well-being (Amato, 2000; Cummings & Davies, 1994; Emery, 1982;	SHM baseline survey; Building Strong Families (BSF) 15-month follow-up; ENRICH; Early Head Start (EHS); NSFH; Early childhood

		<p>interactions, fewer negative interactions, greater marital satisfaction, and greater marital commitment.</p>	<p>Grych & Fincham, 2001). In addition, relationship quality is highly correlated with the likelihood that the couple will stay together (McLanahan & Sandefur, 1994).</p> <p>Prior research suggests that relationship quality includes the following critical domains (Moore et al., 2007):</p> <p><u>Communication, Disagreement, and Conflict Resolution</u> – The SHM curricula focus largely on improving couples’ communication and conflict management skills, as prior research suggests that poorly managed conflict is highly predictive of relationship dissolution (Stanley, 2003) and high inter-parental conflict has been shown to have adverse consequences for child well-being (e.g., Cummings and Davies, 1994).</p> <p><u>Physical Violence and Emotional Abuse</u> – The absence of violence and abuse is a key characteristic of healthy couple relationships, as prior research suggests that domestic violence and psychological and emotional abuse are associated with poor mental and physical outcomes for the victim, a higher likelihood of the dissolution of the relationship, and poor outcomes for children, especially if they are exposed to the violence (Lawrence, 2002).</p> <p><u>Intimacy and Time in Shared Experiences/Interactions</u> – Positive aspects of couple interactions have been shown to counteract some of the negative effects of high conflict romantic relationships and are also</p>	<p>longitudinal survey-Birth cohort (ECLS-B)</p>
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			<p>highly predictive of whether couples remain together (Fincham 2003; Hawkins et al., 2006; Huston and Chorost, 1994; Shapiro et al., 2000), making these aspects of relationship quality important to the SHM impact analysis.</p> <p><u>Fidelity</u> – Infidelity is the most commonly reported reason for relationship breakup (Smock & Manning, 2004), making this an important aspect of relationship quality to examine in the SHM impact analysis.</p> <p><u>Commitment to the Couple</u> – Psychologists have found that commitment to the marriage is an important mediator of both marital satisfaction and stability (Amato & Rogers, 1999; Rusbult & Buunk, 1993; Stanley et al., 1999; Stanley & Markman, 1992; Van Lange et al., 1997; Whitton, Stanley & Markman, 2002). A primary target of the SHM curricula is fostering a greater commitment and confidence in marital relationships, and strengthening levels of respect between spouses.</p> <p><u>Joint Commitment to Children and Extended Family</u> – This element of relationship quality encompasses a long-term and joint commitment to caring for any children that are being raised in this relationship. Measures of commitment to extended family have also been included due to their cultural relevance for the black and substantial Hispanic populations served in SHM sites.</p> <p><u>Marital Satisfaction</u> – Overall happiness and satisfaction is one of the most frequently used</p>	
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			measures of relationship quality. Prior marriage education interventions with married couples have been shown to improve relationship satisfaction (e.g., Markman et al., 1988).	
E1-E8	Participation in services	The SHM program group will have higher rates of participation in marriage education services than their counterparts in the control group.	The survey will be administered to all participants in the program and control groups. Thus, the survey will be a key source of information about control group members' receipt of services. This is necessary in order to document the difference between the experiences of the treatment group and the control groups, which may have received some relationship services in the absence of SHM.	SHM control services survey (CSS); Building Strong Families 15-month follow-up (BSF); Employment Retention and Advancement Study (ERA)
F1-F15	Co-parenting and parenting	The SHM program group will show improvement in both co-parenting and individual parenting when compared to their counterparts in the control group.	According to the "spillover hypothesis," programs that attempt to reduce the level of conflict in and increase the quality of the couple relationship may positively affect the family climate, co-parenting relationship, parental aggravation and stress, and parent-child relationship (Erel & Burman, 1995; Haberstadt, 1983). A growing body of research has found links between marital quality and aspects of co-parenting (Katz & Low, 2004). Higher levels of marital conflict are linked with more frequent use of harsh discipline, less parental warmth, and less parental involvement and engagement with children (Buehler & Gerard, 2002; White 1999; Carlson et al., 2006). Marital distress can also lead parents to have high levels of overall stress and parenting stress in particular, both of which have been found to be related to internalizing (withdrawn, depressed) and externalizing (aggressive, impulsive) behavior problems among children living in low-income families (Conger et al.,	Fragile Families 1-year mother follow-up; ECLS-B-24 month follow-up; Moos Family Environment Scale; Panel Study of Income Dynamics-Child Development Supplement (PSID-CDS); National Longitudinal Survey of Youth-Round 1 (NLSY97); Minnesota Family Investment Program (MFIP); National Evaluation of Welfare to Work Strategies (NEWWS);

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			2002; McLoyd, 1990). Lastly, marital distress has also been shown to lead parents to interact less consistently with their children (e.g., due to depression) or to be less effective in coordinating their time spent with their children (Hops, 1992; McHale & Cowan, 1996; Lindahl et al., 1997). Thus, it is important to measure whether SHM programs improve these aspects of family functioning.	
G1-G6	Non-resident parent involvement	The SHM program group will show improvement in both co-parenting and individual parenting among parents who have separated or divorced, relative to their counterparts in the control group.	Even if couples separate or divorce, a program that helps parents improve their relationships or maintain civil relationships with their partners could enable non-resident parents to remain involved in the lives of their children after divorce or separation (Carlson & McLanahan, 2006). Thus, SHM programs may improve the quality of the co-parental relationship, such that non-residential parents are able to maintain higher levels of involvement with their children and child support payment compliance (Tishler et al., 2003; Emery et al., 2001; Bronte-Tinkew, Carrano, & Guzman, 2006; Minton & Pasley, 1996).	NLSY97; NSFG; ECLS-B; BSF 15-month follow-up; Fragile Families 12-month father interview
H1a-H11	Child outcomes	The children of SHM program group members will show fewer social, emotional and behavioral problems than their counterparts in the control group.	The ultimate goals of SHM are the support of healthy marriages and the improvement of child well-being. In addition to effects on parenting, healthy marriages might directly benefit children by exposing them to good models for healthy relationships, increasing their likelihood of living with both parents, increasing family income, and reducing exposure to parental conflict – one of the clearest risk factors for less favorable child outcomes (Cummings & Davies, 1994; Emery, 1982; Morrison & Coiro, 1999; Hetherington et al., 1992). The proposed survey instrument	ECLS-B, National Survey of Children’s Health; National Survey of Children: Wave 1

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			includes a short battery of parent reports on outcomes for all children in the family.	
I1-I7	Parental well-being	Adults in the SHM program group will exhibit improved mental, behavioral, and physical health outcomes when compared with their control group counterparts.	<p>SHM may affect mental and physical health in several ways. SHM could increase participants' provision of emotional and practical support in response to the difficulties that their partners face. Greater relationship quality and stability have been linked with improved mental and physical health for individuals (Fein et al., 2007; Karney & Bradbury, 2005; Ribar, 2004; Waite & Gallagher, 2000), which in turn may support children's development (Hair, McPhee, Moore & Vandivere, 2005; Moore et al., 2006). SHM programs will also provide couples with service referrals to address some of the stressful situations and living conditions (e.g., financial hardships, crowded and noisy living environments) that they might face.</p> <p>Finally, when substance abuse is present in a marriage, there are often adverse effects on relationship, family, and parental functioning (Yamaguchi & Kandel, 1985; Rotunda & Doman, 2001; Roosa & Tein, 1993). Individuals' substance abuse may be deterred by the activities and support provided in SHM marriage education groups, or by referrals to outside treatment. For all of these reasons, it is important for the SHM impact analysis to assess adults' mental, behavioral, and physical health.</p>	Perceived Stress Survey (PSS); National Health Interview Survey; SHM baseline survey
J1-J12	Employment, income, material hardship, and perceived financial strain	The SHM program group will have higher family incomes relative to needs than	Studies show that marital break-up is associated with substantial increases in poverty and economic stress (Spain & Bianchi, 1996). Thus, a key question for the impact analysis	BSF 15-month follow-up; New Hope 24-month survey; New Hope

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		their counterparts in the control group (primarily due to reduced rates of family disruption).	will be whether SHM programs affect families' economic and employment circumstances.	60-month survey; New Hope 24-month survey; MFIP; IWRE; FTP; USDA survey on public health
K1-K6	Social support	The SHM program group will report higher levels of instrumental and emotional support, and larger social networks than their counterparts in the control group.	Social support has been shown to have important implications for health and well-being (House et al., 1988; Turner and Turner, 1999). Moreover, social isolation and lack of support networks can be common among low-income families (Edin and Kafalas, 2005). The SHM model is delivered through group sessions that may increase participants' sense of social support, such as perceived emotional and instrumental support, and may directly increase the size of their social network by introducing them to other couples in the group.	SHM baseline survey; BSF 15-month follow-up; Chapin Hall Community Partnerships for Protecting Children; Social Capital Community Benchmark Survey; Penn State Marital Instability Study
L1-L6	Demographic information	The SHM program is likely to have varied effects for different ethnic subgroups.	Demographic information will be used to identify subgroups of interest based on particular ethnic and cultural norms, attitudes, and expectations that could influence the effectiveness, as well as take up rates of SHM services. For example, cultural values help to shape one's expectations and attitudes about marriage, as well as views on what constitutes acceptable modes of couple and family communication patterns. Therefore, the curriculum may have different patterns of impacts on members of different ethnic subgroups.	BSF 15-month follow-up