

Appendix A
Site Visit Guide

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**SITE VISIT GUIDE
COMMUNITY HEALTHY MARRIAGE INITIATIVE (CHMI)**

The Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Confidentiality Statement

Before beginning the interview, I (we) want to thank you for agreeing to participate in the study. I (we) know that you are busy and we will try to be as focused as possible. We have many questions and are going to talk to many different people, so please do not feel as though we expect you to be able to answer every question. In addition, before we start, I want to let you know that though we take notes at these interviews, information is never repeated with the name of the respondent. Do you have any questions before we begin?

INTRODUCTORY EXPLANATION OF SITE VISIT PURPOSE

Our visit here today is part of a national evaluation of Community Healthy Marriage Initiatives funded by the U.S. Department of Health and Human Services. A major aim of the evaluation is to identify lessons learned from grantee experiences in implementing the Community Healthy Marriage demonstrations. In each of the CHMI sites around the country, we are talking to core project staff, partner staff, coalition members, community stakeholders, and others.

We are here to learn about your initiative, the challenges you have encountered, how you have addressed them, and the successes you have had. Our aim is to learn from your experience, not audit or judge your project. Are there any questions we can answer before we begin?

Site Visitor(s): _____

This discussion guide is to be used to stimulate discussion and to serve as a checklist to ensure that all critical topics have been covered. The items included in each discussion, and their order, will vary for each participant. No participant will be asked all the questions; rather, the guide will be tailored to the individual site's structure and operations so that specific questions will be asked of those respondents most knowledgeable about each area. Pilot testing of the discussion guide indicated that interviews with administrators ranged from about 45 minutes to 1½ hours, averaging 1 hour. Interviews with partners, program managers, and frontline staff ranged from about 35 minutes to 1 1/4 hours, averaging 1 hour.

General: Demonstration and Respondent Identification

Demo Grantee Information

Date of Site Visit: _____ Interviewer: _____
Grantee Name: _____ Site Location: _____
Grant Project Period: Start Date: __/__/__ End Date: __/__/__

Respondent Information

Respondent Name: _____
Respondent Title: _____
Phone: _____ Fax: _____
E-Mail: _____
Major Role/Function: What is your overall role/involvement in the CHMI demonstration, in your primary job (if different), in any other community healthy marriage initiatives?

[general introduction to interview]

I. Mission, Goals and Philosophy

1. What are the primary goals of the demonstration project?
2. Is there a set of core values and beliefs underlying the project? Please describe.

3. Please discuss:

- the community-based dimension of the initiative and its role/importance in relation to the initiative's goals and underlying philosophy.
- the marriage-related and child-support related goals of the initiative. In what ways do these goals overlap/reinforce one another? In what ways do they not? Does this have implications for the design and implementation of this demonstration project? If so, please elaborate.
- Other priorities or goals that help shape the overall project design and structure (e.g., the role/importance of including a faith-based dimension, desire to improve family stability within low-income communities).

II. External Contextual Factors

1. Are there any particular Federal or state policies or laws regarding child support, marriage or divorce that could positively (or negatively) impact the initiative's ability to achieve its objectives?

2. Are there any other efforts to support healthy marriages in your community that are providing marriage-related activities? Please describe.

3. What is the local economy like right now for your target population (e.g., availability of job openings, kinds of jobs held by participants, unemployment rates, typical wage rates)? What impact do you think these labor market conditions might have on the initiative's ability to achieve its objectives?

4. Are there particular demographic or cultural characteristics in the community served by the CHMI initiative that are important for understanding implementation issues and/or potential outcomes?

5. Are there other aspects of the community that are important for understanding the context in which the CHMI initiative is being implemented?

III. Overview of CHMI Project Structure and Services

1. Please provide an overview of how your CHMI initiative is structured and the services it provides.

Core Project Staff Structure

2. Please describe the core project administrative structure.

3. How many staff? FT? PT?

4. What are staff responsibilities for the project?

5. What are the home institutional affiliations of project staff and their non-project responsibilities?

6. What is their professional experience/background?

Coalition Structure

7. Do you have a community coalition associated with the CHMI demonstration project?

- How long has this coalition been in place?
- How often does the coalition meet?
- What is its primary purpose/objective?
- Who is on the coalition?
- How does a person/organization become a coalition member?
- Are there plans to expand the coalition? Please describe.

Service Delivery Structure

8. Please describe the service delivery structure of the CHMI project and the services provided.

- E.g.,
- Child Support Enforcement (IV-D) Agency
 - Faith-based organizations (e.g., churches, faith-based service providers)
 - Community-based organizations
 - Child care/Child development (e.g., Head Start)
 - Health and mental health organizations/providers (e.g., hospitals, clinics)
 - Employment service providers
 - Education and training providers
 - Domestic violence organizations
 - Family Service providers
 - Judicial (e.g., judges, court staff)
 - Social service/assistance programs (TANF, WIC, Food Stamps)

9. For each, please provide:

- The name of the organization
- Role of the organization
- Whether it is considered a primary/key or secondary partner
- Type of agreement with partnering organization (subcontract, MOU, informal)
- Types of CHMI service(s) provided by each organization:
 - E.g.,
 - o recruitment and referrals;
 - o training on providing marriage services;
 - o marriage education-related services (e.g., premarital, marriage, relationship classes and counseling, mentoring);
 - o employment and other self-sufficiency services;
 - o child support assistance;
 - o outreach efforts (e.g., media campaign, written materials, presentations, etc.);
 - o domestic violence assistance;
 - o follow-up services (e.g., home visiting, phone calls, etc.)
 - o other
- Setting in which the service is provided

10. What other programs or local initiatives provide similar types of services in the area where CHMI is being implemented? Are they coordinated with the CHMI initiative in any way?

11. What factors had the greatest influence on getting partner organizations to become involved with the CHMI initiative? How and when did the linkage come about? If the linkage was established prior to CHMI, how has it changed over time?

12. How satisfied are you with the degree of coordination and cooperation between the core project and key partners?

13. What setbacks or pitfalls have you experienced in building partnerships and linkages with other organizations? What would you like to see improved?

14. Are there lessons you have learned or is there advice you would like to share with other locales or policymakers about collaborations with partners in community-based healthy marriage initiatives?

Partner Organization Structure

15. Please provide a general overview of this organization

- overall mission/goals
- year in which organization was established
- type of organization (public/forprofit/nonprofit, faith-based, cbo)
- total # of staff/# of staff involved in CHMI related services/activities
- target population
- geographic service delivery area
- major funding source(s)

16. Please describe the range of services provided by this organization.

- Specifically, what CHMI related services/activities (including recruitment and referral) does this organization provide?
 - o When were these first implemented?
 - o Are these services new and different, an expansion of existing services, or a new funding source for providing similar services?

17. How do the CHMI-funded marriage/relationship services interact with other services offered? Probe: Is there an effort to coordinate services on behalf of the participant?

18. How and why did the partner agency become involved in the CHMI initiative? Is this a new partnership/linkage or does it build on previous relationships?

19. Are there lessons you have learned or is there advice you would like to share about collaborating and partnering with community-based healthy marriage initiatives?

III. Service Delivery Area and Target Groups

1. What geographic area is served by the CHMI initiative (e.g., specific political and geographic jurisdictions—region/city/counties/locales)?

2. Please identify your target groups (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Couples (with children) | <input type="checkbox"/> Couples (without children) |
| <input type="checkbox"/> Considering marriage | <input type="checkbox"/> Considering marriage |
| <input type="checkbox"/> Not yet considering marriage | <input type="checkbox"/> Not yet considering marriage |
| <input type="checkbox"/> Already married | <input type="checkbox"/> Already married |
| <input type="checkbox"/> Expecting a child | <input type="checkbox"/> Expecting a child |
|
 | |
| <input type="checkbox"/> Single Individuals (with children) | <input type="checkbox"/> Single Individuals (without children) |
| <input type="checkbox"/> Expecting a baby | <input type="checkbox"/> Expecting a baby |
| <input type="checkbox"/> In a relationship | <input type="checkbox"/> In a relationship |
| <input type="checkbox"/> Not in a relationship | <input type="checkbox"/> Not in a relationship |

- Minority (African American, Hispanic, other)
- TANF/Medicaid/FS/WIC recipients (circle appropriate programs)
- IV-D participants
- Noncustodial parents
- Incarcerated parents
- Other (please specify)

3. Are these the same types of clients/persons this organization/program has served in the past, or are they different?

4. Do you have any specific eligibility criteria for participating in CHMI activities? (e.g., age restrictions, income restrictions, being a parent)

5. Which, if any, additional target groups do you think should be included in your current initiative? Why aren't they?

6. Are there other efforts in this community to provide similar services to different target groups (or to the public at large)? If yes, please describe.

7. What is the nature and level of interaction between the CHMI initiative and these other efforts in terms of reaching different populations?

IV. Funding

1. If this is an 1115 waiver-supported demonstration, please describe the project's experience in identifying and securing the required state match.

- Confirm source and amount of state match
- What difficulties, if any, were experienced in identifying and securing the state match?
- What funding sources were approached?
- When was the state match secured?
- Did match issues create any start-up problems for the project?

2. Are there additional sources of non-Federal funding (besides the state match) used to support the demonstration? Please identify these sources, the level of funding (if possible), and the types of activities they support.
3. What types and amounts of in-kind contributions support the CHMI demonstration (e.g., donated space, equipment, volunteers)?
4. How do these additional sources of funding increase and/or supplement programmatic efforts funded through the ACF funding?
5. Are any funding issues currently causing implementation challenges or issues for the program? Please describe.
6. Are there other sources of non-Federal funding used to support other community-based marriage promotion efforts? Please identify these sources, the level of funding (if possible), the types of activities they support, and the connection between these efforts and those funded by ACF.

V. Targeted Outreach/Recruitment Activities and CHMI Referral Process

1. Please identify all the agencies/programs that provide referrals to CHMI and the types of staff from these agencies that are involved in conducting CHMI recruitment/referral.
2. How did you identify and engage these agencies/programs for this purpose?
3. Can you provide a general description of how the referral process is supposed to work?
 - Who makes referrals? Are those who make referrals paid staff or volunteers?
 - Are there written procedures for making referrals?
 - How formalized is the process (e.g., referral forms?)
4. What kinds of guidance and training were staff members provided on recruitment and referral procedures? Did they receive any training on identifying domestic violence?
5. Overall, what is staff reaction/receptivity to CHMI among those being given responsibility for informing potential participants about CHMI and/or making referrals?
 - Is there buy-in by staff? Are most staff members supportive or resistant?
 - Has there been a change in staff reaction over time?
 - Do staff attitudes toward CHMI vary by the type of agency/staff? If yes, how so?
6. What, if any, difficulties have been encountered with the referral process to date?
 - Are referrals appropriate?
 - Are individuals/couples informed correctly about the program?
7. What has been the overall experience with generating interest and getting people into CHMI services? Are there too many or not enough people interested? More or less than originally anticipated?

8. Which referral sources have generated the most referrals? Which have generated the least? What accounts for their relative success or difficulty in recruitment and referral for these kinds of services?

9. Have any changes been made thus far to improve the referral process? Are any planned? Please describe.

10. Are there lessons or advice you would like to share regarding:

- ✓ Recruiting people into healthy marriage/relationship programs/services?
- ✓ Implementing referral procedures?

11. Please describe how you recruit and/or refer people to CHMI services.

- Are there established criteria or other types of procedures to help guide this process? If so, please describe.
- What do you tell individuals/couples about the CHMI initiative?
- What other information do you provide (e.g., brochures, flyers, referral forms) when discussing this initiative with potential participants?

12. In addition to providing information about the program, do you strongly encourage individuals/couples to engage in CHMI?

13. Do you screen for domestic violence before referring individuals/couples to CHMI program services? When? Where? Under what circumstances would a DV disclosure cause a person/couple to be screened out? Is this common or uncommon?

14. Do you take specific steps to create opportunities for safe disclosure of domestic violence clients after enrollment in CHMI services?

15. What steps are taken when a client discloses a problem with domestic violence? Does the program have a written protocol guiding domestic violence issues and procedures?

16. Do you think the recruitment and referral process works well? What factors account for this? What aspects of the process do not work well or could be improved?

17. Have any changes been made thus far to improve the referral process? Are any planned? Please describe.

18. Are there certain types of individuals/couples that are more receptive to the idea of participating in a marriage education activity than others? Who are the most receptive? Who are the least?

- What has been the experience in recruiting men, particularly noncustodial fathers?
- What has been the experience in recruiting couples?

19. Are there lessons or advice you would like to share about:

- ✓ Recruitment strategies for healthy marriage/relationship programs/services
- ✓ Implementing referral procedures?

VI. Client Flow and Services

A. Client Flow

1. Can you walk me through how individuals flow through the various components of your demonstration, from the point of intake/enrollment/exposure to a CHMI activity, to when they are no longer considered a participant?

B. Program Services

Intake/Enrollment

2. Please describe the intake/enrollment process (e.g., what information and materials are individuals/clients provided, what intake information is gathered, who conducts it and where it occurs).

3. Does someone have to be referred before they can be enrolled or can they be walk-ins? Is this common or uncommon?

4. Are individuals/couples screened as part of the intake/assessment process? Please describe.

5. Do you screen for domestic violence before enrolling individuals/couples in CHMI program services/activities? When? Where? Under what circumstances would a DV disclosure cause a person/couple to be screened out? Is this common or uncommon?

6. Do you take specific steps to create opportunities for safe disclosure of domestic violence clients after enrollment in CHMI services?

7. What steps are taken when a client discloses a problem with domestic violence? Does the program have a written protocol guiding domestic violence issues and procedures?

8. Is a formal or informal assessment included in the intake process? Please describe the purpose of the formal/informal assessment, what it covers, and who receives it.

Marriage-Related Services (e.g., Relationship-Skills Building, Parenting Education, Marriage Preparation and Enrichment)

9. What marriage-related services do you provide? Please describe.

10. What type of staff members provide the services (i.e., family life educators, social workers, mental health professionals, ministerial providers, or medical professionals)?

- Did staff receive any special training? If yes, please describe.
- Do you think this level of training is appropriate? Why or why not?

11. Do you use a curriculum? What curriculum do you use?

12. What are the primary topics covered in the curriculum?

13. How and why did you select this curriculum?

14. Have you adapted or made changes to the curriculum prior to use or since you started using it? If so, please describe these changes and explain why they were made.

15. What parts of the curriculum (i.e., topics/issued) do participants respond most positively to or seem to get the most out of? What parts of the curriculum are participants most challenged or resistant to? Does this vary by the type of client (e.g., single versus married)?

16. How is child support addressed in the curriculum (or other marriage-related services/materials offered)?

- How do participants generally respond to this message?
- Do participants raise questions or issues about the child support system or their own child support case? What are the most common issues/challenges raised?
- Have you been able to answer their questions or refer them to someone who could answer their questions?

17. How is parenting or co-parenting addressed in the curriculum (or other marriage-related services/materials offered)?

18. How is domestic violence addressed in the curriculum (or other marriage-related services/ materials offered)?

What training on domestic violence did staff providing CHMI services receive?

Does the program use procedural guidance regarding disclosures and referrals related to domestic violence, e.g., a program-wide protocol?

What issues regarding domestic violence have come up during interaction with participants? How have you dealt with them? Do issues around domestic violence come up frequently?

19. Please describe the approaches used:

- Classroom, lectures?
 - Who is targeted?
 - What topics are covered?
 - Total hours?
 - When offered [one time or over a series of sessions]?
 - Duration?
 - Group size?
- Couple-to-couple mentoring?
 - Who is targeted?
 - Who does the mentoring (volunteers from churches, successful married parents)?
 - What does mentoring entail?
 - How structured (i.e., regular meetings (frequency) or on ad-hoc basis)
 - Duration?
 - Curriculum used?
 - What training (if any) do mentors receive?
- Individual counseling? Please explain.
 - Who is targeted?
 - Frequency and duration?
- Inventories?
 - Which ones are used?
 - How are results used?

- Home visits? Please explain.
Who is targeted?
Frequency and duration?
- Support groups?
Purpose?
Who is targeted?
Frequency and duration?
- Special one-time events/workshops/presentations?
How many?
Main purpose?
Where did it occur?
Who provided it?
Who is targeted?
How many attended?

20. How many individuals/couples have enrolled in these activities since the inception of the program? Has the pace of enrollments changed? If yes, how and why?

21. Do you have any requirements that participants have to fulfill (in terms of attendance or completion of activities) in order to “complete” the program?

22. Please describe any follow-up services after individuals complete the program? What are the specific procedures (e.g., home visits, phone calls, letters, contact at church, etc.)?

23. Are there problems or concerns over attrition? If yes, what are the most common reasons people do not complete the program? Does it vary by service/activity offered? Does it vary by client characteristics (e.g., gender, marital status)? Do you provide any incentives to encourage participation and completion of the program?

24. Did you make any adaptations to the curriculum to make it culturally sensitive to your target population? Please discuss how and why these changes were made.

25. What are the major implementation challenges associated with providing these services? Have you made any significant changes in the marriage education services you offer? Please describe.

26. Describe any child support services that your program has been engaged in (e.g., assistance with modifying orders, forgiving arrears), What type of service is provided?

- Who provides the services?
- Who is targeted for services?
- Is it offered in-house or is a referral made?
- What proportion of participants use this service?

Employment Services

27. Describe any employment-related services (e.g., job search, job training)

- What type of service is provided?
- Who provides the services?
- Who is targeted for services?
- Is it offered in-house or is a referral made?

Child Support Services

28. Describe any child support services (e.g., assistance with modifying orders, forgiving arrears).

- What type of service is provided?
- Who provides the services?
- Who is targeted for services?
- Is it offered in house or is a referral made?

Other Types of Services

29. Please describe the other types of services provided through the CHMI program:

e.g.,

- Domestic violence assistance
- If your program does not provide domestic violence services directly, where do you refer clients who disclose problems or request assistance?
- Health care and mental health treatment
- Anger management
- Child care assistance
- Substance abuse counseling
- Housing assistance
- Legal assistance
- Food assistance
- Other

30. For each service identified: Is this service provided in-house or through a referral?

31. Are there other kinds of supportive services that you currently do not provide (or that are easily accessible through referrals) that you think would make this healthy marriage demonstration more effective?

VII. Management Information System—Data Reporting and Management

1. Did you develop a new MIS system for the demonstration or adapt an existing system?

2. What major challenges were encountered in developing and implementing an MIS system for this demonstration? Of these, which were resolved? Which remain?

3. When did the MIS system become operational?

4. Is the MIS satisfactory? Can you get the information you need for administrative and management purposes?

5. How is “enrollment” defined? When is someone considered to be enrolled (i.e., after filling out the intake form, after attending certain activities)? How is “completion” defined?

6. What types of data are *not* captured in your MIS system that you think are important for understanding the full range services offered and its potential impact on the community? What

CHMI services/activities might an individual/couple be exposed to or involved in that would not be captured by the MIS?

7. Are there any confidentiality issues that affected the MIS system development, implementation, or ability to collect information that is supposed to be entered in the MIS system? Explain.

8. Do you have suggestions for improving the MIS? What lessons would you share with other communities regarding developing and implementing a MIS system for similar kinds of initiatives?

VIII. Public Awareness/Media Campaign

1. Does the CHMI initiative include a public awareness/media campaign aimed at promoting marriage generally in the community (rather than being focused on a particular target group)?

2. What is the purpose of the communications campaign? What specific outcomes do you hope to achieve through these kinds of communication efforts?

3. Who are the main partners and groups involved in the media campaign? What is their role?

4. Please describe the communication methods/channels that are being used in your public awareness/media campaign:

- Interpersonal or group communication channels (e.g., presentations, classes, counseling, speeches)
- Organizational or community channels (e.g., educational programs, add-ons to regular communications, special events, issue fairs, conferences, forums)
- Mass media channels (e.g., television, radio, magazines, newspapers, placards, videotapes, internet)
- Other

5. What is the planned timeline/schedule for implementing the various aspects of the public awareness/media campaign?

6. Who are your target audiences? (Is there a primary and secondary audience?)

7. How broad is the reach of the public awareness campaign? (community, city, metropolitan area)?

8. Do you have any estimates on the number of people who have been/will be exposed to the message?

9. Have you received any feedback that will allow you to assess the relative effectiveness of the communication efforts undertaken to date?

- What did you learn from the feedback?
- How has this feedback been used?
- Was the message refined in any way as a result?
- Was the method changed in any way as a result?

10. What aspects of your media campaign do you think have been the most effective? The least effective? Why?

11. What have been the biggest implementation challenges associated with developing and carrying out the public awareness campaign?

IX. Design and Implementation Issues

1. Please describe the design phase of this initiative. What did the design process entail? Who were the key players? How long did it take? What factors were most important in shaping the design of this CHMI initiative? What additional design and planning activities and decisions occurred after ACF funding was approved?

2. What major start-up challenges have been encountered? Which of these have been resolved or at least significantly improved? What was done to accomplish this? (Discuss challenges that have been resolved and those that remain outstanding problems).

3. Were any components of the original program not implemented or abandoned early on? Why?

4. Have there been any important additions/changes to the program design set forth in your funding proposal? What are they? Why were they made?

5. Are there plans to add new program components/services/procedures staff in the future (also ask about client flow, and staffing)? If yes: When do you foresee adding them?

6. Are there lessons you have learned or is there advice you would like to share about developing a community-based healthy marriage initiative? What implementation challenges should they expect? Do you have any advice on how to avoid or minimize some of the implementation challenges your project has encountered to date?

7. To what extent do you think your program could be replicated in other localities? What features of your program are most amenable to replication? Least amenable? Why?

8. What features/aspects of the initiative would you like to see changed to improve it or make it more successful?

Appendix B
Small Group Interview Guide

Small Group Interview Guide Evaluation of the Community Healthy Marriage Initiative (CHMI)

TARGET RESPONDENTS: Current or Recent Participants in a CHMI Class/Program

The Paperwork Reduction Act of 1995

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INTRODUCTION:

Good afternoon/evening. My name is _____, and I am the moderator for today's group discussion. My colleague, _____, will be taking notes and assisting me with our meeting. We are conducting a study of community-based initiatives that are designed to support healthy marriages and relationships and our purpose today is twofold:

1. To hear your thoughts and opinions about marriage and relationships and how they affect you as a parent and how you deal with your children, and
2. To learn about your experiences with the *[name of local CHMI]* class/program, which you are currently attending (or recently attended).

This discussion is one of a series that will be held in about 20 communities across the country over the next two years. This project is being sponsored by the U.S. Department of Health and Human Services. We are researchers from *[name organizational affiliation]* and have been hired to conduct this study; we are not part of any government agency.

Thank you for agreeing to be here for this session. Your views and opinions are very important and will provide some "real world" perspective to policymakers and program planners as they develop and improve services to help other families across the country.

There are a few things I'd like to review before we get started...

DISCLOSURES:

- **CONFIDENTIALITY.** First, we want you to know that everything that you say here will be kept strictly confidential. All of the information we collect will be summarized and nothing said in this group will ever be associated with an individual by name. We would also like to ask that you too maintain the confidentiality of what is said in the group.

Nothing you say will affect any benefits or services you or other members of your family may receive now or in future, or your eligibility for services. It also will not affect any groups or agencies that have helped you or the money they receive to provide support services.

- **VOLUNTARY PARTICIPATION.** Your participation in this group is entirely voluntary. You may stop participating at any time. You do not have to answer any questions that you do not wish to answer. You may withdraw from the group at anytime with no consequences. The consent forms you have in front of you provide more detailed information regarding confidentiality and the voluntary nature of your participation. If you haven't already done so, please sign the consent form.
- **AUDIO-TAPING.** Because your thoughts and viewpoints are so important to us, we are audio-taping the session only so we can write an accurate report, to not identify who said what. _____ will also be taking notes. The members of our research team are the only ones who will review the tapes. The tapes themselves will be kept in a locked file cabinet and destroyed at the conclusion of this study. We are also willing to temporarily pause the tape if you wish to say something you do not want recorded. Is this acceptable with everyone?

SOME GROUND RULES:

- ✓ This is an informal discussion but please talk one at a time and avoid side conversations so that everyone can hear what each other has to say. Please try to speak in a voice as loud as mine so that so that the recorder can pick up your voice.
- ✓ We're very interested in hearing what everyone has to say in the course of the discussion, but don't feel like you have to answer every question. And feel free to respond directly to someone who has made a point, you don't have to address your comments to me to get them on the table.
- ✓ Because we only have a short time together, I might need to interrupt you to give everyone a chance to speak or to change the subject.
- ✓ Please remember there are no "right" or "wrong" answers here. Remember, the purpose of this group discussion is for us to learn from you so we are interested in hearing your thoughts and your experiences. There may be some topics on which you all agree and others for which you have very different perspectives. That is absolutely fine – we want to hear as many points of view as possible. All comments, both positive and negative, are welcome.
- ✓ This meeting will last about 1.5 hours. There won't be any formal breaks but don't hesitate to get up to stretch and please help yourself to refreshments at any time.
- ✓ At the end of the session, there will be a short anonymous information form for you to fill out and give to us. Please don't put your name on the form. All of the information you provide on the form will be kept confidential. When you turn in that form, we will give you \$30 and have you sign a receipt to indicate that you have received payment.
- ✓ Are there any questions before we begin?

GROUP INTRODUCTIONS:

Please introduce yourself to the group (first name only) and tell us a little bit about yourself... whether you are currently in a relationship or married, if you have children--how many and their ages. *[If participants are drawn from classes held in different settings or using different curriculums]:* Tell us what class/program you participated in and/or where they take/took place.

ATTITUDES ABOUT MARRIAGE/RELATIONSHIPS

Let's begin by talking just a bit about relationships between couples, and specifically about marriage. I'm sure we all know couples who seem to have marriages or are in relationships that are working well, and others for whom the opposite is true. We all have opinions as to what makes the difference.

Warm-up: 1. Thinking about strong marriages or relationships between couples you know, what do you think makes these marriages or relationships particularly good ones? What is it about a relationship that makes it strong?

E.g., Good communication, commitment, mutual respect, friendship, being responsible, being romantic, being good providers for children

Warm-up: 2. What do you think are the key reasons why some marriages or relationships experience significant difficulties?

*E.g., Not having a steady job? Lack of mutual trust, respect?
Stress from money problems?
Parenting issues? Communication issues? Arguing or fighting?
Not having any good role models? Living in separate places?
One person in prison? Depression or problems with drug abuse?
Not being able to afford a good place to live as a family?
Physical or emotional abuse? Lack of commitment?
Having children with someone else? Unfaithfulness/infidelity?*

Probes:

*Overall, which of these difficulties do you think causes the greatest problem for a marriage or relationship?
Which are the hardest to deal with and resolve?*

3. Based on your own experience or your observations about other people who have been in relationships but did not go on to marry (or later got divorced), what are the most important reasons that they did not marry?

*E.g., Not having enough support from family or friends?
Concern over not having enough money/financial?
Communication problems?
Previous relationships or children from other relationships?
Difficulty making and sustaining long-term commitment?
Religious concerns or differences?
Government programs/policies (e.g., eligibility for benefits, immigration issues)*

4a. In general, how do you think people in your neighborhood/community view marriage?

Probes:

*Is much emphasis or value placed on getting married? Staying married?
Do people generally think they will some day get married? Why or why not?
Do perceptions regarding marriage vary significantly by men and women? How so?*

4b. How are your views similar to or different from what's been said about the community's views on marriage?

Probes:

*How much do you think the views of your community in this regard influence your own views and behavior?
How has your own experience shaped your attitudes toward marriage?
Can you give me some examples?*

VIEWS ON LOCAL CHMI PROGRAM/CLASS

Now I'd like to talk about your experiences in *[name of local CHMI program/name the class is known by]*.

1. How did you first learn about this service/program? Why did you decide to participate?

Probes:

Who referred you to this program?

Were you already familiar with or had used other services by the agency/provider offering [name of class]? Did that make a difference when you were considering whether to participate?

Are you aware of or participated in any other marriage/relationship education and support services in your community?

- 2a. What kinds of issues and topics were covered and discussed in the sessions you attended?

- 2b. Which issues/topics did you think were the most helpful or useful?

Probes:

What skills do you feel you learned or upgraded?

Do you think you have/or will be able to apply the skills you gained through participating in this class in current or future relationships—if so, how (ask for concrete examples)?

- 2c. Overall, what aspects of the class did you like the least? The best?

Probes:

Were there any particular ways (e.g., role-playing, interactive exercises, group discussions) in which these issues/topics were covered that you found helpful?

Did you like that the issues are covered in a group setting, or class, or would you prefer one-on-one counseling instead of this? Why? [Tailor question to site]

- 2d. How do you think this program could be improved?

*E.g., the quality of the instructor,
the topics covered, the length/number of sessions, size of class
group composition of session (e.g., couples, singles)
additional services such as counseling/co-parenting instruction*

- 2e. Are there other ways in which the agency/provider offering this class can give you support in improving your relationship/marriage and the well-being of your family?

Probe:

If the agency or community had the money to provide other supportive services to this program, what kinds of things would you suggest that would be helpful to you?

- 3a. How many sessions did you attend: a few; most; or all? If you missed some, why did you miss?

- 3b. Have you talked about the kinds of issues and ideas that were addressed in this class/program with friends or family or other people? Who?

Probes:

What did you tell them?

Have you encouraged anyone to participate?

CONCLUSION/WRAP-UP

Before we end our conversation, is there anything else anyone would like to add? Any final experiences, thoughts, or suggestions you'd like to share?

Please take a few minutes to fill out the anonymous information form. Again, all of this information will be kept private and used only for our research. When you complete the form, please give it to _____ and she will give you \$30 and ask you to sign the receipt.

Thank you again for coming to this meeting and sharing your thoughts and experiences with us.