

Promoting Child Health and Safety: Why Healthy Couple, Co-Parenting, and Marital Relationships Matter to Caregivers and Children

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Operator: Good day and welcome to the Promoting Child Health and Safety conference call. Today's conference is being recorded.

At this time, I would like to turn the conference over to Miss Andrea Strahan. Please go ahead.

Andrea Strahan: Thanks so much, Brian and hello everyone. I'd like to welcome you to the National Resource Center for Healthy Marriage and Family's Webinar entitled Promoting Child Health and Safety: Why Healthy Couples, Co-Parenting, and Marital Relationships Matter to Caregivers and Children. My name is Andrea Strahan and I am part of the Resource Center team. I'd like to thank everyone for joining us today.

Before we get started with the presentation, there are a few housekeeping items I'd like to go over. Just to let everyone know, we will be taking questions at the end of the presentation, but we encourage you to submit any questions that you have throughout the duration of the Webinar. To do this, find the question and answer pane designated by the letters Q&A on the left top portion of your screen.

You can click on that portion of the menu bar to open the pane or you can open the pane and drag it off the menu bar to display it as a stand-alone box. Type your question into the top box and then click the ask button. You will receive an automatic reply thanking you for your question. This frees up your question and answer pane, which allows you to ask another question if you choose.

Please note that this presentation, a frequently asked questions document will be posted to our Web site, at healthymarriageandfamilies.org within approximately 10 business days. If at any time you would like to view the presentation full screen, please press the F5 button. You can hit the escape button or the F5 button again to return to normal view.

So with that I will go ahead and turn the call over to Ted Futris, training and technical assistance coordinator here at the National Resource Center for Healthy Marriage and Families. Ted?

Ted Futris: Thank you, Andrea, and good afternoon, everyone, and thank you for taking time today to join us to learn a little bit more about the National Resource Center and ways that we can promote child health and safety through healthy couple, co-parenting, and marital relationships. I am Ted Futris, as Andrea mentioned, the training and technical assistance coordinator for the National Resource Center.

Also with us here this afternoon is Robyn Cenizal who is the project director for the National Resource Center, and you'll hear from her shortly as well as (Debra Gilmore), our family safety expert with the National Resource Center. (Debra), during her 20 plus year career in child and family welfare, her roles have included consultant, trainer, agency attorney, legislative counsel, women's shelter case manager and residential youth counselor. She's a certified child welfare law specialist, so she's worn many hats and will share with us a little bit about how taking into consideration family safety issues when integrating - choosing to integrate this into the services you provide.

We're also very pleased to have Dr. Brian Higginbotham. Brian is an associate professor and an extension specialist at Utah State University, and an expert on the development and enhancement of healthy family relationships. His work focuses on programs for at risk youth and their families, with a particular emphasis on enhancing couple and co-parenting relationships and step-family functioning.

And we're also very pleased to have Colleen Ellingson, who since 1984, has been the executive director of adoption resources of Wisconsin, a statewide adoption and foster care organization that provides information, training, and support to families, birth parents, and professionals. She holds board positions with the national adoption exchange association, and the Wisconsin Association of Children and Family Agencies. So - and Colleen will share with us a little bit about her experience in integrating and providing healthy marriage and relationship education with the services she provides.

And with that, we'll kind of highlight our Webinar goals. Our goals here today are threefold. One, describe the healthy marriage and relationship education, what it is and its relevance to promoting child health and safety, and Brian will share with us some of those highlights and key points. Share examples of how it can be integrated into services for caregivers and Colleen will share with us her examples. And then, announce some upcoming events and training opportunities to follow this Webinar in hopes that you can access and utilize some of the other Center resources, and Robyn will highlight some of those at the close of the Webinar.

But right now, let me introduce you to Robyn Cenizal, who is our project director, and she will highlight for you the mission of the Center and what we're trying to do with the National Resource Center. Robyn?

Robyn Cenizal: Thanks, Ted. And welcome to this afternoon's Webinar. I do feel that you'll find some wonderful information today, and I hope that you will take advantage of the resources that the Resource Center has to offer. So at the National Resource Center for Healthy Marriage and Families, our mission is connecting healthy marriage education skills and safety net services as an integrated approach to strengthening families.

So when we talk about safety net services, if you'll look at the graphic in front of you, you'll see that our safety net service providers refer to federal, state, tribal, and local government agencies such as those listed in the diagram, including child support, child welfare, head start, and temporary assistance for needy families, also known as TANF. We also work with work force investment boards and their community partners.

The healthy marriage education skills that we particularly focus on for integration are interpersonal skills such as communication and conflict resolution skills, as well as critical skills such as parenting and financial literacy skills. These skills not only benefit families within the family, but they also benefit them in the workplace as interpersonal skills are key to helping individuals get and maintain employment and conflict - or the skills such as financial literacy and parenting are also key to help increase in coping skills and reducing family stressors that are also helpful to certain families.

So a lot of times we hear folks say that, well, we don't work with couples, so healthy marriage education is not really important to the work that we do, but the reality is that many of these skills are also beneficial to individuals, and as I mentioned, getting and maintaining employment, financial self-sufficiency, reducing co-parenting conflicts, increasing family safety and stability, and strengthening parent/child relationships, they're also very helpful to young people who are coming out of foster care systems, young adults who are learning how to have relationships on their own. These skills are very helpful in a lot of family areas.

So the Resource Center offers research that supports and promotes integration of healthy marriage education, relationship education skills. We also offer tips and tools to use and share with family stakeholders, and training and technical assistance to support stakeholders. We look at this as there are three levels of integration. There's the basic level, which might just be handouts for the families that you serve, or for colleagues to increase awareness around the importance of healthy marriage education.

The second level might be partnerships, developing partnerships to refer families to, to receive these services, or partners who can bring these services into your organization. And the third level is full integration, where you actually integrate a curriculum into service delivery system that you offer. The virtual resource center is designed to be very easy to navigate. There are a lot of different ways you can navigate through the center. There's also a library that has over 300 resources. Everything is designed more like a tool kit, not text heavy, but here's some information; here are some tools to help you accomplish your mission.

You'll also, as mentioned earlier, find this Webinar on the Web site within the next ten days. As I mentioned, it is designed to be a tool kit, so for example under research and statistics you can find, what is healthy marriage? Why marriage matters, third edition, 30 conclusions from social sciences. You can find a lot of different information as well as, as I mentioned in integration, program development, partnerships, and how to actually accomplish all of these things.

Under safety net services, you'll see it's broken out by the different domains so that you can easily navigate the Resource Center and find what you're looking for. If you can't find what you're looking for, you can always contact us and we'll help you find it. And with that, I'm going to transition it back over to Ted.

Ted Futris: Thank you, Robyn. And so before we get into kind of describing the relevance of healthy marriage and relationship education, I wanted to kind of give you a quick intro in case -

you know, some of you on the call, this might be a very new area of programming or different - a new service that you're exploring, and to give you a sense of what healthy marriage relationship education is, you know, from an academic perspective, it entails efforts or programs that provide education, skills, teach principles that help individuals and couples to increase the chances of having healthy and stable relationships.

These programs, these efforts, can be provided to youth, can be provided premaritally, postmaritally, at different stages of marriage and during relationship development. Ultimately the goal is improved individuals' chances of enjoying healthy relationships, regardless of whether or not they are married. So there are programs and services out there for single adults, for cohabiting couples, for co-parents who just romantically are not likely to get together and stay together, but for the sake of the child want to work together, so for them, helping them build these healthy relationship skills that help them care for the child that they both share together.

And so the goal is to teach them these skills and principles that they can use individually and as a couple in their relationship. So ultimately the purpose is to promote these healthy relationship skills and reduce qualities that might lead to problems such as problems in the way they communicate or manage conflict, particularly in terms of ideally reducing the risk and chances of intimate partner violence and letting conflict get out of hand in such a way, co-parenting issues, problems around couple versus co-parenting issues. They might get along fine as a couple but really struggle working as a team to parent their child.

Intimacy, friendship, commitment issues - you know, promoting stability in the couple relationship, in the co-parenting relationship, that hopefully ideally also provide stability for the child. Self-care issues, financial management - we know that one of the biggest areas that couple often fight about deals with - focuses around finances and given the current financial situation and our economy, a lot of couples are struggling financially, and healthy relationship skills can help them talk through some of those challenges and - as they see their way through those.

And then dealing with decision-making - some couples struggle with how they make those decisions, resolve differences, and balance and manage their roles and responsibilities in their lives. So what we try to do - what we're trying to with the National Resource Center here is promote these healthy marriage and relationship education skills with a particular focus on interpersonal skills such as communication and conflict resolution, helping the clients that you work with learn those skills - critical skills that - so they can communicate effectively, manage differences, and hopefully work together as a team to raise their child, along with critical skills such as parenting and financial education, giving them those critical skills as well as they work together for the health and safety of their child.

And these skills can be successfully integrated, individually or collectively. You know, ideally it's best to try to teach these skills to the couple as a unit so they both are learning them, but sometimes we recognize that it's a challenge to get both partners together, whether you're doing a home visit and both of them are present, or you're doing a workshop and getting them both to come to the class.

But if you can get one of the partners to attend who can learn these skills and hopefully apply these skills as they try to parent and co-parent and handle differences and communicate their needs and wants to their partner, hopefully that will rub off on the other partner. But ultimately ideally, it's ideal to have both partners there together. But these can be taught - you know, either one on one to an individual or to a couple, group setting, one on one in a home visitation setting, and you'll hear some of these examples later on from both Brian as well as from Colleen.

And so I'd like to now transition over to Brian Higginbotham from Utah State University who is going to share with us why healthy couple co-parenting and marital relationships matter to caregivers and children. Brian?

Dr. Brian Higginbotham: Thanks, Ted. Thanks, Ted. I've been asked to talk about healthy relationships, and we'll be talking about a couple different aspects of that. First, there's a robust literature documenting how children in stable, committed, two-parent households showed fewer academic, emotional, and behavioral problems. In addition these children are less likely on average to use drugs, to engage in delinquent behaviors, and to participate in risky sexual activities. They are also less likely to have sleep or other health problems.

Adults in positive committed relationships also tend to be better off physically, socially, and emotionally. And so on average, these adults are healthier, live longer, and experience lower levels of stress as well as incidences of mental health issues. I think it's important to note that the research literature indicates the quality of the parental couple relationship is not isolated from the parent/child relationship. In other words, aspects of the couple relationship can actually spill over into the parent/child relationship, and ultimately impact child outcomes.

So for example, couples who are violent towards each other are more likely to be violent and abusive toward their children. And in turn, children who have experienced high levels of parental conflict tend to have more internalizing and externalizing behavior problems themselves.

Beyond the home, the cost of unhealthy, unstable relationships are also real and many are quantifiable. Businesses, for example, lose billions of dollars because of employees' relationship issues, and this is due to absenteeism, reduction in productivity, and increased health care costs. On the other hand, adults in healthy relationships that have lower rates - adults in healthy relationships have lower rates of absenteeism and child care and older as well as fewer accidents and higher levels of productivity.

This last bullet addresses the public or taxpayer cost of divorce and family fragmentation, and a couple of researchers have estimated that Utah - that United States spends over \$100 billion per year on the cost of family breakdown, and the Scaffity report actually breaks that down even further by state in case you are interested. This figure includes the direct and indirect costs associated with taxpayer expenditures such as anti-poverty measures, safety net provider services, of course, etcetera.

These estimates and others suggest that although relationships are private decisions, their outcomes have public consequences. In light of the literature I've just reviewed, let us consider for a few minutes why and how marriage and relationship education could be incorporated by safety net service providers. First, as previously mentioned by Ted, safety net service providers include but are not limited to entities, governments, and community social service agencies like work force services, child welfare offices, domestic violence prevention leaders, and agencies, head start, child support, education, etcetera.

So the short answer to this question is that safety net service providers are the ones who are dealing with the ramifications of unhealthy relationships and provide important programs for adults and children affected by family fragmentation. Because of their community presence, they tend to have the rapport and access to the families that need relationship and marriage education the most.

Public interest in marriage and relationship education is pretty well documented in statewide survey after survey. The majority of respondents indicate that they would use relationship education if it was available, and consider it a good idea for governments to be in the business of trying to strengthen marriage and reduce divorce. Interestingly, the support for relationship education is elevated in groups of low income and government assisted respondents.

This is an interesting study that was done. One of the researchers actually is on the phone, Ted Futris, but safety net service providers also repeat - report a need for and interest in relationship and marriage education, so in this study of child welfare professionals, there was broad agreement on the following statements: it is appropriate for child welfare professionals to help clients develop relationship skills; clients can benefit from participating in marriage relationship education programs; participation can help reduce incidences of child abuse and neglect; strong marital couple relationships lead to successful parenting; and training on recognizing characteristics of healthy marital and couple relationships can strengthen assessment and case planning.

So for those who may be interested in incorporating relationship education, or who are new to this whole initiative, let me just take a few minutes to debunk some myths that sometimes are perpetuated, and clarify what marriage and relationship education is not. First of all, there is no attempt and should never be an attempt to coerce anyone into an unhealthy relationship, or to remain in an unhealthy relationship if they are already, you know, married.

Marriage and relationship education is not about nor is it seeking to withdraw support from single parents, neither is it trying to diminish the efforts - their efforts of non-nuclear families. It's not about stigmatizing those who choose to divorce or limiting access to divorce. Those of us who offer marriage and relationship education recognize that it is not the panacea for achieving positive outcomes in child and family well-being, nor is it the silver bullet for reducing poverty.

And lastly, we make no attempt to run a dating service. So many providers have come to realize that what relationship education really is, and what it is, is a wonderful complement and support to existing social services, and the more comprehensive the

services that agencies provide, the more chance there is for a positive outcome, and this point was highlighted by President Obama in a book he wrote called *Audacity of Hope*, and he quote - and I'll quote him, "Preliminary research shows that marriage education workshops can make a real difference in helping married couples stay together and encouraging unmarried couples who are living together to form a more lasting bond. Expanding services to such services - expanding access to such services to low income couples, perhaps in concert with job training and placement, medical coverage, and other services already available, should be something everyone can agree on." End quote.

In Utah, we have kind of taken that framework to create initiatives that represent a broad integration of marriage and relationship education services via diverse partnerships with established state, county, and community organizations, and this is just kind of a hierarchical or a depiction of our program right now in Utah. We teach relationship skills in a variety of different venues through partnerships with local family service agencies, head start offices, public schools. All the high schools in the whole state actually receive some of our marriage education resources for seniors and juniors in high schools.

We partner with the department of work force services. We also have a domestic violence advisory board who works alongside us as well as the support of our state office of recovery services, and the association of county clerks. There are a couple others that actually - a lot of others, but I'm just going to highlight five, that have been funded to work specifically with social service providers.

The U-five are highlighted here on your screen, and these are the five universities who received funding from the administration for children and families to develop materials to train social service providers and professionals on how to effectively encourage healthier relationships with the end goal of encouraging healthy child development.

I also want to just highlight briefly here the healthy relationship and marriage education training project, also known as HRMET, which was funded by the children's bureau. The HRMET goals are to meet the safety, permanency, and well-being needs of vulnerable children and to reduce racial disproportionality in the child welfare system, and this is being done by increasing child welfare workers' access to relationship education by creating a cost effective and sustainable multi-stage delivery model.

And the team has already developed multiple resources, including curriculum, newsletters, and fact sheets, in the area of relationship education. So I share this because in closing, for those safety net providers - service providers and other social service agency staff, you don't have to reinvent the wheel. There are resources for you if you are interested in offering marriage and relationship education. The programs you already provide represent an impressive and important array of services.

That said, in an effort to further promote child safety, family stability, and self-sufficiency, there may be some value added by also incorporating healthy marriage and relationship education into your service offerings. With that I will turn it over to Debra.

Debra Gilmore: Thanks, Brian. My goal over the next few minutes is to expand really on Brian's points about what healthy marriage and relationship education is and is not, and how it helps promote healthy children and families by showing you a range of prevention strategies that help promote family safety by reducing risk. And that's really the key, or at least one of the keys is this notion of safety as being distinct from risk.

Robyn and Ted both mentioned communication as one of the core skills of healthy marriage and relationship education, and everything we do communicates something to someone somewhere, so when we hear phrases like domestic violence or intimate partner violence, child abuse and child neglect, what we usually picture are slides or pictures or photos - let me start over. What we usually picture are things like those scenes that you see on this slide. Sorry about the tongue-tie there.

But I'll tell you that I immediately picture these, and that's despite all my years working in this field. These are the sorts of things that I picture when I hear it, and I tend to picture the worst cases that I had. But then what I do is I take a step back and I try to convey the realities. The photos on this slide, as some of you may know, really show the worst and the most traumatic outcomes, but they're such a small fraction of all of the ways that family health and safety is compromised every day.

And in reality we know that there's a lot of variation, and it's most commonly connected with some sort of economic distress. That could be a single incident of physical abuse due to perhaps being laid off. It could be leaving your child at home alone due to a work schedule issue. And then it can range all the way up to complex and chronic problems, substance abuse, mental illness, all of these things intertwined with poverty and plaguing multiple generations of a family.

When we talk about what to do, one of our tools is this concept to the right of this slide of levels of prevention. At that tertiary or top level, whatever it is that we're trying to prevent, whether it's violence or child maltreatment, it's already happened, so what we're really trying to do is prevent it from happening again, and many if not all of you address this level at least at minimum with protocols for calling in to police or child protective services when you know or suspect that a client is in danger, and that's absolutely something that you should do.

And it is worth noting here that healthy marriage and relationship education is not a safety intervention, and like Brian mentioned, it's not about forcing people to stay in unhealthy relationships, and it's not a quick fix. What it is capable of doing is helping to reduced risk factors and strengthen families over time. Again, as Brian mentioned, there's a lot of safety net service providers with the opportunity in those periods to impact families.

But that said, some of you on this call may be a first responder, may be working for child protective services or the police. We have a wonderful range of folks who have registered for this Webinar, and when you do respond to a family crisis, you know how you benefit from using your own healthy communication and conflict resolution skills to negotiate and defuse those situations. But preventing violence, abuse, and neglect from happening again at this level typically requires partnerships, willing participants, and purposeful programs.

It typically takes effort to engage impacted family members, and it takes assessment, goal planning, and skill development to give individuals tailored health to reduce their risk of future maltreatment, and that might include strengthening their coping skills, understanding unhealthy relationship signs and patterns, or working on healthy communication while building financial capability.

At that secondary or middle level of prevention, we are talking families who statistics tell us are at higher risk, and we're aiming to reduce that risk. So this is a great fit for healthy marriage and relationship education integration across safety net services. In fact, researchers at the Kemp School of Social Work recently evaluated a healthy relationship education program that was specifically to determine whether it reduced intimate partner violence among its at-risk participants, and they saw statistically significant pre and post relationship education risk reduction. So that's very new research, and it was just published this year, but it's also quite promising.

In just another couple minutes, you will hear from Colleen, who'll give you another example of helping to reduce risk in her work with strengthening families adopting foster use, and you saw - and if you get a chance to take a closer look at the organizational type chart that Brian showed, you'll see that there are both secondary and primary prevention efforts going on in Utah.

So primary prevention - those kind are usually the ones that are geared to the general public, and they have a general goal of promoting health and well-being across the community to strengthen families and prevent abuse or neglect. So increasing access to services or knowledge for example, by offering healthy marriage and relationship skills education ((inaudible)), tip sheets, or classes to all parents regardless of the family structure through a program that - those are examples of primary prevention.

So we also refer to this type of knowledge dissemination as basic engagement, which Robyn mentioned at the beginning. This is primarily not only to arm your clients, but your community at large with knowledge about how these skills impact more than family functioning. And I'll leave you with a final thought about promoting family safety through relationship skills at this primary prevention level, and here if you've heard of this before, this is all about parallel process.

When you learn, model, and continuously improve your own communication skills and your use of consistently positive language about your own loved ones or with those loved ones as well as your friends, your work colleagues, and the families and caregivers with whom you work, you make an impact. Everything you do communicates something to someone somewhere.

So with that I'm going to ask Andrea to bring up our poll questions. We've done a lot of talking at you. We want to help get you involved in this Webinar a little bit, so if you could just use your mouse or something to click on the screen, a question to you is, in fiscal year 2010, what was the average length of time a child waited after termination of parental rights to be adopted? And I'll give you a few minutes to answer.

As you can see we have some answers going on right now already. Would you give it just a few more minutes? And then Colleen's really going to expand on how this is

meaningful in her work in just a few minutes. Great. So some of you are dead on, and some of you are even more pessimistic about our foster care system than it currently stands. The correct answer is about 13 months, and I believe the actual statistic for fiscal year 2010 is 13.7 months, and I'll just share this update on the last day of federal fiscal year 2010, the same year.

And we looked at these point in time specifics, we call them, and there were 54,000 children nationally in foster care whose parental rights had been terminated, and who were waiting for adoption, and 53,000 more children who had public child welfare agencies involved with them at the time and who had been adopted. Colleen, with that I'm going to turn it over to you. And Andrea, please bring this back.

Colleen Ellingson: Hello, everyone. It seems like maybe we have lost the - there we go. Okay. We're back. I'm going to just switch to the next slide a little bit, and I'm going to - I apologize. I'm going the wrong direction here. Okay, basically there's about a million kids at any one time who are either in foster care or who have been adopted or had guardianships from the child welfare system.

So it is a lot of kids in that population, and the other population of course is kids who are stepchildren and kids who have been adopted internationally or domestically. So there's a lot of kids involved who've had things happen to them in their life that have changed their lives forever. So when we looked at the kids and you know, you saw the polling about 13 months as the average time from when kids enter the system to when they leave.

The reality is, is that during that 13 months at least 20% of them have had three or more placements. The longer the children stay in care, they have many more placements, so it just keeps rising up. I always tell the story - I'm a storyteller - that we had one young boy that we were doing adoption recruitment services for a county in Wisconsin. He was seven years old. He had already moved 35 times, so when you look at the stability of a child like that, and you look at the impact that has for him on how he is ultimately going to make relationships, it's pretty significant.

Re-entry is a real issue today around the country. You know, if you have county human service directors, they are talking about the costs of it. The federal government just did an evaluation with the Casey Group that looked at re-entry after children either returned home or went to another planned placement like adoption or guardianship, and the re-entry rate of coming back into the system ranged from 1% to 28% in the first year after the reunification or the movement, so significant range across the country.

And that's somewhat related to the number of months until placement, so there's a range between our US state that reunifies quite quickly or makes placement decisions quite quickly, and sometimes that has an impact on re-entry because there are not enough supports connected to it. (Penny Maza), who is one of those gurus of the administration children and families who is retired but still doing research looked at re-entry and when kids come back into care, they're coming into care that is much more expensive. They are coming into institutional care; they are coming into group care and

at the same time they stay in care twice as long as children who are coming into care for the first time. So they're staying longer, and they're more expensive to care for.

So when you're around a lot like us for a long time and you're doing posted option support to families, you get the Friday afternoon calls at 4pm and they are saying we can't do it anymore. These kids are too tough. We're falling apart as a couple. One of us is wondering why we ever even went into this. We're finding that couple care, self-care is just zero. These are families that report to us that they haven't been on a date - they haven't been by themselves for five to ten years already. They're very, very desperate for help, and they really do not know how to communicate with each other anymore.

So when the federal government wonderfully had an adoption opportunity grant opportunity in 2004 around the healthy marriage area, we said we really need to do something. We've been doing a lot of training for years and we said what can we do. We knew that we had to bring in high change relationship skills to families because we could tell from all the posted option work we've done to date and all the training we've done for families is that they really didn't know how to communicate and build relationship skills, and if they didn't have that, they were going to fall apart.

We also knew that we had to get dads to buy in, because if dads didn't buy into change, it was not going to happen. So we knew we had to have something that was compelling to them that they felt comfortable coming to. We wanted them to have skills that they could use as - with themselves, as couples, but we also wanted something that they could model and use with their kids, because these were kids who hadn't had good relationship skills ever taught to them before. They had not had that, and first families in the middle of chaos and poverty and all those kinds of things, so we knew we really had to do some ground up work.

We also wanted to know that it was going to be something that was really going to be strongly evidence-based, so we thought about that at the time, and we also knew that if we were going to put in, you know, five years of work and the federal government was going to invest in us, we really wanted something that other people could use in the end. So that is really kind of the basis for how we developed our hallmark family.

We really knew that if we could get couple talking to each other and modeling behaviors for their children, things were going to happen within that family that was going to be good. So here's kind of a picture of the curriculum. This is really built under (Dr. John Gottman)'s Sound Relationships house theory, and we worked very closely with one of the divisions of the Gottman Group to develop this. We thought it was really, really important. We loved that it was about building friendships, managing conflict, creating shared meaning.

We started off with eight modules that ultimately built up to 18, partially because on some of the modules when we wrote them and trained them and we knew we had to split them into two modules because we just had too much content, we also recognized right from day one that we really started talking about post-placement realities for families, because that was where their pain was, and we knew we had to open it up right away from that to families.

We put - the federal government was very, very specific that, you know, we were doing it for families who had adopted from the child welfare system, but the reality was is that when the families walked into the door, they were an adopted family; they were a foster family; and they had done all types of adoption, so we really expanded how we wrote the curriculum over time so that we could really focus on all those areas.

The curriculum structure was really pretty easy. It held a format each time. We had 10 to 12 couples. That was kind of the ideal amount of people to have doing this at any one time, and it was over several weeks, so it was six to eight weeks. It was - we had a week in between so people could start to incorporate what they'd learned and model it and come back. So we started with a mock talk show, which really was - the families who took the class the first time became our talk show people, and we focused them on talking about the skill that we really wanted to work with within that module.

So they talked for five to seven minutes, and there would usually be a number of people per each little DVD, and then we - our facilitators jumped in, and we used both parent couples as well as a mental health clinician to really run the discussion. So they would really talk to the family then about what did they get from the talk show, what was that like. We then would have usually the clinician do an information piece that was maybe about ten minutes long that really talked about what's the research finding, because we really found that if families knew that if they do something it will make change in their families, it helped them work harder at incorporating skills.

The families then did some skill-building kinds of things and they would have exercises that came from the workbooks. They would do some exercises here. They would take some exercises home with them to do as a couple, and then also exercises that they would do with their children, so we really worked on trying to say that it's not coming for three hours and leaving. This really is about, you know, hunkering down and practicing these things each and every day.

So implementation - how did we make this happen over five years? We've been working with our Wisconsin department of children and families for 29 years now, so we were able to go to them and they were very excited about this project. We said, can you help us get access to families? So they allowed us to have the list of the last year's families who newly adopted, and so from the adoption assistance materials, so we could reach out to those families and say, you know, is your child between the seven and ten years? Have they been in your home at least one year? Would you like to be involved in this project?

And so that is how we started it. Over time we did outreach to agencies. We would always do that. What was extremely interesting and fun for us was the fact that families who had done the training came back and referred other families, and saying, "You've got to take this. This is really good stuff." One of the parents said, "This has changed my life each and every day, and that of my children." When we hear comments like that, we know we're really doing something good.

So we also though knew we had to make this compelling for families and helpful for them to be able to do it. We had families who traveled an hour each way to get to us. Some families travelled two and a half, three hours each way. So for them to give up

Saturdays and drive all that time, we knew we had to help them as some of the way, so we provided a child care stipend based on the number of children.

We provided some money for date nights, and we didn't just want to give them cash. They actually had to fill out a form and tell what they were going to do for that night, because we didn't want this to be, no, just taking the cash and now it's gone for groceries. We wanted to make sure that they were going to do something that was fun, and we would try to follow up with them at the next class to say, "Wow, how was the movie night?" So we did that.

We had - we do a lot of post supports for families, whether they're foster or adoptive families, so we have a huge library that they could do online checkout. We have training that goes on all the time. We have family days. We gave them some scholarships, so this was really you know, very involved. 95% of the families completed the full training, so we were very excited by that completion date - amount.

So how did it turn out? Well, we did testing - this was really - we worked very closely with a local university, and we did testing before they came into the group, at the end of their training, at the three-month level, at the one-year level and the five-year level, because we really wanted to see the variations on things. We knew we had increased relationship satisfaction. That stayed steady. It ((inaudible)) high right after the class, dipped down a little bit.

By the end of the five years, it was up higher, and we really saw that as a curve that we thought was very logical, based on the fact that you're excited and then you're working hard on this and it's not quite so easy, and now you have learned the skills, and so we were really seeing that little smile that we wanted to see in this.

We only had two divorces out of 110 couples, and in fact one of the couples came into the class, announced at the first class that they had already filed for divorce, and this - they had done the therapy thing. They had done everything else; this was the last step before the divorce. And they became some of our most successful parent facilitators ultimately, so we were very thrilled with them and that to happen.

The other piece in terms that we did not know we would necessarily see was reduced depression rates, and we used standard - this was back depression, so we were using that to kind of chart things with individual parents, and that reduction held one year after training at the reduced rate that it had at the time. Okay, so what happened to the couples? One of the things that is really - they're feeling that other people didn't understand what they went through, and you know, they've been evaluated. They've been checked out. They've been okayed, and so isolation becomes a huge issue for them. They really don't want to ask for help.

They feel that they need to be perfect to be evaluated and approved as a foster or adoptive family. They felt they couldn't admit they were in trouble to the agency that gives the licensing of them because they might not get any other children, and often their relatives were people who said, well, you got yourselves into this. You're going to have to work it through. So there was just a lot of that.

By the time they went through the training, they really knew that their feelings, their frustrations, their challenges, were really normalized because they were in the room seeing it with other families who also were having the same things happen, and they were all working together and they could talk to each other. They became support groups for each other that are - some of them are still going on and having parties today, which is very fun.

Did - they're feeling better about their parenting skills. They really came in not knowing how they could go ahead and do some things, and that improved by about 64%. You know, we didn't know that families were blowing up as much as they were, but they were. Moms and dads, you know, they lost their temper a lot, so if we could get it to move from about every three weeks that they were really falling apart to about every six weeks, we were feeling pretty good about that as well.

So what's happening with the kids? And we - you know, we did not know how much impact we were going to have when this - we weren't seeing the children. We weren't doing anything with the children, but you know, what the families reported to us is that before the kids were getting in a lot of fights. They were getting in fights at school. They were getting in fights at home. They were getting in fights at the neighborhood, and so that moved from about a seven-week interval of major fights to a 16-week interval.

In school, you know, parents were being called to school often, and so we were really saying, how often are you being called to school for school problems? And that's where we - this really moved from about every two months to every three months. So it - and educationally when we know that they're doing better, they're learning, so other outcomes - kids being in - having to go into out-of-home care, when they have to go into residential or institutional placement, it's a very expensive cost.

Here in Wisconsin it's about \$60,000 if a child is in residential treatment for a year. To see a 19% reduction in out-of-home care, substantial changing, and these kids, because we did know - we actually asked families, well, how often have they been seen for therapists, and you could see that there was really quite a range of that, but children have had a lot of therapists working with them over the years.

So why should you do it? I mean, why should you invest in it? What's going to happen with it? It totally is a great return on investment. When you have fewer divorces, you're having some of the data that Brian shared in terms of the stability of families and strong relationship and educational attainment, job kinds of things, you know, just all of success points, what we did find is that if you do this, you will tend to have families who call earlier for assistance, and more often, but they are using less costly services and support, so there is a high return on investment by them.

So how did we go from grand time which is lovely and wonderful to reality of what we've been doing here? Excuse me. The first thing that we really did is that when we knew there were some things we had to do - we had to go do and do kind of a rewalk through the curriculum and get it to a finalized look and finish all the DVDs and all those kinds of things that we could do, because we wanted to film foster families as well, and so we were doing all of that.

We also knew that we wanted to develop an online survey so that we would have some way of evaluating how successful the test is, how the training is doing for families. So we went to a foundation and said would you help us fund those things? And they came through with a few years of funding for us. We also did just a teeny bit of testing, how do some of these modules work as Webinars? And the reality was that some of the ones that were very foster-adoption focused did very well. Some of the other ones like reaching your boiling point and how do you come down in your anger, those did not work quite as well because you couldn't get as rich a dialogue between families.

So the end goal was really dissemination, and I'm really excited because in December last year we had the opportunity that a corporation got excited about us, and so far we have trained four agencies across the United States to do this. And so they are just in the pulling together so that they can start training, so we're very excited about that. So I am now going to transition over to Robyn.

Robyn Cenizal: Thank you. So I am going to take us all the way back to how the National Resource Center can help. So we heard a lot of interesting information on the call today. We heard Brian talk about some really interesting research. He mentioned the taxpayer cost of divorce. He also mentioned information related to the impact on the work force, and was basically referencing - there's some research called marriage and family wellness, corporate America's business.

Both of those pieces of research are available to you in the National Resource Center's library, so I would encourage you to visit the library and get that information. So in thinking about the resources that are available to you, we have the research such as those pieces that you can use to help make the case for why programs like this are important, why integrating healthy marriage education skills into your safety net service delivery systems makes sense as it impacts the bottom line, in addition to some of the other things that we've heard about, the less tangible things from the family perspective, as Colleen has shared with us.

Debra talked about domestic violence and child welfare. If you visit the Resource Center library, you can search domestic violence and you'll find 18 different items that you can look out, including protocols for developing DV screens, as well as information about domestic violence and divorce. If you search child welfare, you'll find 24 pieces of information in the library, some of which talks about a variety of programs that have been successful, some which talk about different programmatic aspects.

You heard Colleen talk about how they were able to get a grant and were able with this funding to do the work that she has shared with us. So what if you can't get a grant? What are some other options for you? The Resource Center can help you figure out how you can integrate in different levels as I mentioned earlier, basic handing out information to the families that you serve or your colleagues.

The second level is partnerships. We can help you identify partners who might be willing to provide healthy marriage education to the families that you serve. Those partnerships will require things like learning how to manage them. Maybe you need information about

how to develop partnership agreements. We have all that information on the Resource Center Web site, even things like how to determine what's an appropriate partner, and some information about some potential partners such as your county extensions - cooperative extension system, who might be at the county level that you might could partner with who's already providing some of these skills, relationship education skills, perhaps parenting classes, perhaps financial literacy programming. So there are some other ways that we can help.

We are also in a process of developing some curriculum that can be integrated, and we have on the Resource Center a list of free and low-cost curricula that might be appropriate to integrate into your service delivery system, since everyone doesn't have the opportunity to develop a new curriculum for this purpose. I hope that you'll take advantage of those opportunities.

Some other things that we're offering are some additional Webinars. We have some integration Webinars coming up in August, and we will be having an online training learning center that will be implemented after October of this year. We also do regional, state, local, and travel trainings and collaboration opportunities. As a matter of fact, this week we will be doing a presentation for a travel TANF meeting in Phoenix, and we will also be presenting at the pathways to adulthood conference in New Orleans to share with those attendees how to integrate healthy marriage education skills into independent living programs for young people aging out of the foster care system.

So with that we have a few - we have some poll questions that I want to ask you to hang around and participate in, but I'm going to turn it over to Andrea to actually facilitate a Q&A session for us so that you have an opportunity to get some of your questions asked, because I'm sure you have them, and again, thanks on behalf of the Resource Center for joining us. Andrea?

Andrea Strahan: Thanks, Robyn, and thanks so much to everyone for your presentations today. At this time we'd like to transition to our question and answer period. We've had some great questions submitted, and I'm about to pose them to our speakers, but I'd like to remind you that we will continue to accept questions throughout the question and answer period, so please feel free to continue to submit questions using the question and answer function on your screen.

So our first question is for Brian, and Brian, the question is how did you start your initiative in Utah, and how did you get all the agencies to share a common agenda?

Dr. Brian Higginbotham: The first part of the question, how did we start, and we were fortunate to - I was fortunate when I moved to Utah to - that there was already an initiative in place that (Governor Levitt) and (Jackie Levitt) about 14 years ago had set in motion, but it was you know, nothing extremely formalized nor the scope of which we are currently providing, but there was some RFPs that came out from the federal government, and we applied for them, and that's really what has - and then fortunately we were funded.

And so those federal funds in conjunction with the governor's commission on marriage, which is now called the department of work force services' commission on marriage has worked in partnership to leverage other community resources to get what we have now. In terms of getting everyone on the same page, I - you know, I don't know that I would say that we're there yet.

I - you know, everyone has different agendas and different missions, but there's commonalities amongst all of those, and so you know, we don't make an effort to have a lot of meetings where everyone tries to, you know, get it onto the same page on all issues, but pretty much everybody who deals with families wants kids to grow up and be successful and happy, and that's kind of the commonality that we really build on, and so as we approach different social service agencies, department, you know, administrators, we go with it from that angle, and they like it because they care about kids as well.

And then they're able to show the research that discusses how healthy relationship programming and marriage education for the adults can lead to better skills in the home and a more warm, supportive environment. It's not a tough sell for them to want to be part of the initiative, although they may not always have the funds to do something large scale. Simply having their support through letters of support and memorandums of understanding can go a long way when trying to secure fundings from sources that do require a state or community buy-in.

Andrea Strahan: Great. Thanks, Brian. Our next question is for Colleen, and the question is, is the curriculum you mentioned available for other communities as well?

Colleen Ellingson: Yes, it is. You know, we are having a license agreement with people and training for facilitators before they use it, because we think it's really important that yes, it is available.

Andrea Strahan: Absolutely. And is it free as well? That's another question we've received.

Colleen Ellingson: I'm sorry. It's not. It's relatively low cost I would say, but it is not totally free because we need to keep investing in enhancements to it, so there is a small cost yearly to use it, but it does not affect the number of participants who do it.

Andrea Strahan: Okay, great. And did anyone else want to respond to any of the questions we've had so far? Okay, so then the next question is also for you, Colleen, and it's why did you choose group workshops over couples counseling or individual assistance?

Colleen Ellingson: Great question. I think that we had done enough training over the years that we really like doing group training and families like that. I mean, and we knew that there were a lot of therapists out there in the state of Wisconsin, but nobody was actually

doing group training specifically for families who had adopted kids from child welfare system in this method.

And so it really was the one that we really wanted to focus on, you know, and partially because we really think that by bringing a number of people together in a room, what we knew we wanted to have happen was really that collective support for each other, and we would not get that through some of the other modalities.

Andrea Strahan: Okay, great. Thank you. All right, and our next question, it looks like it could be answered by possibly Robyn or Ted. It says you don't name using any licensed parent or family educators in this teaching. Is there a reason that resource has not been used? For example, if I were encouraging teaching in nutrition, I'd look for someone with training in that.

Robyn Cenizal: Well, Ted, I'll - this is Robyn. I'll start...

Ted Futris: Okay.

Robyn Cenizal: ...and then turn it over to you. Whenever we're talking about integrating healthy marriage education skills, depending on what type of program it is depends on who you need teaching it. There are certified family life educators. There are also parent family educators associated with the cooperative extension system that I mentioned earlier, and those are certainly folks who could be tapped to provide this type of education, but many of the curriculum don't actually require that level of our - or a specific background in teaching parent education or family life education in order to teach them.

The way the curriculum is designed makes a big difference. Colleen did mention that they do a certification program, and many of the family life type education programs, healthy marriage education programs, that I'm familiar with also do a certification type program, more to make sure that they who are facilitating the learning experience understand the concept of facilitating versus trying to be the expert at the front of the room.

And I think that that's somewhat different than some of the more academic programs that you might be thinking of. So with that, Ted, you want to pick it up from there?

Ted Futris: Sure, yes. I would just echo and say that a lot of these curricula that are out there are provided - some of them provide training for professionals with background in working with families. I think sometimes the clientele you work with, the way you deliver services, don't provide the time and the opportunity to bring in someone else, you know - and maybe that you have the trust and rapport already established with the client, the family, and it may be better received from you than from another stranger, despite their professional training and background.

Some of the curricula out there provide background materials for you to self-train, and depending on you know, all of it - you know, many of our - many of us in the safety net - safety stakeholder arena have experience and education and training to read through these curricula and materials to self - to teach ourselves. But when in doubt and when uncomfortable, you know, do look for professionals who are in the community who are trained in certain curricula.

Sometimes you can find that information on the Web site of a particular curricula. They provide access to a list of trained professionals in your area. Robyn mentioned earlier identifying and reaching out to your local cooperative extension service in your state or in your county as a potential resource. They may have individuals who are trained or at least know of those who might be trained and available in your area.

Robyn Cenizal: Thanks, Ted. I would also add that is one of the distinctions between healthy marriage education as a skill that can be integrated, and family counseling or couples counseling or something like that, a therapy session where certainly a higher level of credentialing and experience is necessary. In healthy marriage education skills as we are trying to integrate them into the safety net service delivery system, well, we're looking at it as an opportunity to share information, facilitate a learning experience, not for those who are actually providing the training to the expert if you will on the topic. Are there other questions, Andrea?

Andrea Strahan: I think that is all we have right now. Thank you, everyone, for those great answers and for your presentations today. Just a reminder to everyone on the line, a - this presentation, a transcript, and answers to this Q&A section will be posted to the Web site, healthymarriageandfamilies.org within about 10 business days. And also right now we're going to ask a couple poll questions to get your feedback so that we can know what you thought of this Webinar and use the information to keep making our future Webinars better and better.

But quickly I just wanted to note too that once we ask the poll questions we are going to be putting up our contact information here at the Resource Center, both the Web site and the email address, so if you're looking for that information, just stay tuned for a few more minutes and then we'll be posting that.

So our first poll question today is please rate your overall satisfaction with today's Webinar, and again this is a chance for you to click away and let us know what you think, and we will use this to plan for future Webinars, so we'll take about 30 seconds here to make sure that everybody gets a chance to give their feedback. Looks like we have a couple people still giving responses, so we'll give it a couple more seconds. If you haven't had a chance to give feedback, please do so.

All right, and our next question: after today's Webinar, I understand how healthy relationship education skills are relevant to child health and safety. Again, we'll take a couple seconds, about 30 seconds, for you to give feedback.

Okay, great. And our next question, are you likely to talk with colleagues about integrating healthy marriage and relationship education into your current services? We still have responses coming in, so we'll take a couple more seconds. If you haven't had a chance to respond, please do so.

And our final question, are you likely to use the National Resource Center's resources, training, or technical assistance in the future?

All right. Thank you so much for your responses, and I'd like to thank everyone for joining us today. Please have a great afternoon.

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