Preparing Professionals to support the safety and permanency needs of at-risk children through relationship and marriage education

esearch has shown that unhealthy or abusive relations between parents is detrimental to children's development and safety (Appel & Holden, 1998; Davies et al., 2002; Downs et al., 2004; Erel & Burman, 1995). Child welfare experts recommend that child welfare professionals (CWPs) reinforce elements of healthy family functioning (including healthy parenting dyad relationships) in order to minimize these risks to children and "maximize the opportunity for children or youths" who are at risk for maltreatment to remain safely with their families" (Pecora et al., 1998, p. 5). Despite the established role that marriage/partner relationships play in children's welfare, CWPs often focus only on antecedents of healthy marriage/relationships (Moore et al., 2004)—such as stresses associated with unemployment and underemployment, poor mental and physical health, and substance abuse and not on relationship skills themselves. Orthner, Jones-Sanpei, and Williamson (2004) note that "those who work with [at-risk] low-income families must understand the interconnection between strengthening families economically and relationally" (p. 166). They further argue that "the value of strengthening relationships should be given equal attention by those who provide support services" (p. 166). Both elements are important in influencing positive adult and child outcomes.

A preventive approach in helping individuals and couples learn relationship skills that promote healthy couple functioning is an effective strategy for improving outcomes for parents and children alike. Currently, CWPs receive preparation in how to work with distressed marital and family relationships; however, a focus on equipping them to teach skills that strengthen these relationships is lacking. Arming CWPs with the skills and resources to provide healthy relationship and marriage education (RME) to the families they serve is a critical step toward bridging gaps in services to families.

The Healthy Relationship and Marriage Education Training (HRMET) project is a five-year \$1.2 million federally funded multi-state cooperative agreement with the Administration on Children, Youth and Families Children's Bureau. The goal of the HRMET project is to meet the safety, permanency, and well-being needs of vulnerable children in the child welfare system by increasing CWPs' access to and implementation of relationship and marriage education. Through a partnership among Cooperative Extension Specialists in Human Development and Family Science from land-grant universities in Missouri, Georgia, North Carolina, lowa, and Arkansas, a curriculum has been developed to train CWPs to assess and serve the relationship needs of the individuals and couples with whom they work. Currently, this training curriculum is being piloted through graduate course seminars and community workshops. As well, online courses and training modules will be developed to facilitate accessibility to the information and to reinforce inperson trainings.

The HRMET curriculum provides information and tools that child welfare workers can use in their direct work with families. This curriculum addresses healthy marriage and relationship skills for populations underserved in the general population and overrepresented in the child welfare system. Specific target populations include families who have few resources, single parents, immigrant families, and

The HRMET team includes several members of the core National Extension Relationship and Marriage Education Network (NERMEN) Working Group, all of whom were specially selected because of their leadership within Extension and in their states in relationship and marriage education (RME). The NERMEN team has already developed multiple resources (e.g., curriculum materials, newsletters, fact sheets) in the area of RME that are widely used. They have also been involved in empirically documenting the impact of RME programs, have

published in peer reviewed journals on the research and practice associated with RME, have presented on research and best practices for RME to state and national audiences, and developed RME online tools and resources for both professionals and community members. They are each experienced collaborators on RME projects in their states and have developed strong partnerships with state and national organizations. To learn more, visit NERMEN www.nermen.org.

ethnically diverse families. Training participants will be prepared to teach skills that reinforce essential characteristics of healthy relationships and marriages. They will receive informational toolkits containing handouts, brief activities, and other skill building resources that focus on specific situations and issues that their families might be experiencing. These toolkits are designed to be flexible based on different learning styles and needs. As such, they can be adapted for use as needed and will offer suggestions about how to handle situations better.

Ultimately the piloting and research of the HRMET curriculum will yield an evidence- based national training resource to promote the development of healthy relationships and marriages for all individuals and couples. As noted by Antle and colleagues (2010) "couple relationships are relevant to child welfare workers" because "they impact child outcomes of safety, permanency, and well-being" (p. 224). **Children whose parents have healthy relationships are at less risk for abuse, experience greater stability, and fare better on a broad range of child outcomes**.

References:

- Antle, B. F., Frey, S. E., Sar, B. K., Barbee, A. P., & van Zyl, M. A. (2010). Training the child welfare workforce in healthy couple relationships: An examination of attitudes and outcomes. *Children and Youth Services Review*, 32(2), 223-230.
- Appel, A. E., & Holden, G. W. (1998). The Co-Occurrence of Spouse and Physical Child Abuse: A Review and Appraisal. *Journal* of Family Psychology, 12(4), 578-599.
- Davies, P. T., Harold, G. T., Goeke-Morey, M. C., Cummings, E. M., Shelton, K., & Rasi, J. A. (2002). Child emotional security and interparental conflict. *Monographs of the Society for Research in Child Development*, 67(3), i-113.
- Downs, S. W., Moore, E., McFadden, E. J., Michaud, S. M., & Costin, L. B. (2004). Child welfare and family services: Policies and practice (7th ed.). Boston: Pearson.
- Erel, O., & Burman, B. (1995). Interrelatedness of marital relations and parent-child relations: A meta-analytic review. *Psychological Bulletin*, 118(1), 108.
- Moore, K. A., Jekielek, S. M., Bronte-Tinkew, J., Guzman, L., Ryan, S., & Redd, Z. (2004). What is "healthy marriage"?: Defining the concept. *Child Trends Research Brief*, #2004-16.
- Orthner, D. K., Jones-Sanpei, H., & Williamson, S. (2004). The resilience and strengths of low-income families. *Family Relations*, *53*, 159-167.
- Pecora, P. J., Duva, J., Fluke, J., Hjermstad, H., McCarthy, P., & Winterfeld, A. P. (1998). Assessing outcomes in child welfare services: Principles, concepts, and a framework of core outcome indicators. Englewood, CO: The Casey Outcomes and Decision-Making Project.

The HRMET curriculum, which reinforces a "do no harm" approach and emphasizes that safety in relationships is a priority, highlights the following core components featured in the National Extension Relationship and Marriage Education Model (see <u>www.nermen.org/NERMEM.php</u>):



Care for Self – While better health is a consequence of healthy marriages, attending to one's physical, mental, and emotional well-being also fosters healthier couple and marital relationships.



Choose – A strong, healthy, long-lasting relationship does not just happen by chance but, instead, through deliberate and conscientious decisions to be committed, intentional, proactive, and strengths-focused.



Know – To develop and sustain healthy relationships partners must develop intimate knowledge of each other's personal and relational needs, interests, feelings and expectations.



Care – Individuals who express kindness, attempt understanding, demonstrate respect, and invest time to be available and open to their partner are able to maintain stable, healthy couple and marital relationships.



Share – Being a healthy couple involves spending meaningful time together and fostering a shared sense of couple identity in order to sustain a close friendship based on trust and love.



Manage – Because conflict is normal in couple relationships, healthy couples use strategies to stay calm, manage stress, soothe their partner, listen attentively to understand their partner's point of view, accept differences, and ensure emotional and physical safety.



Connect – The connections that couples develop with their family, peers, and community offer a source of meaning, purpose, and support that influence the health and vitality of their couple or marital relationship.



Funding for this project was provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant: 90CT0151. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.

www.hrmet.org

HRMET-F1 ©2013