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1

Evaluating a Relationship Education Program with Incarcerated Adults

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Research indicates healthy family relationships can reduce recidivism. More effort has been placed towards providing family life programming in prisons to promote healthy individual and relational functioning, yet only a handful of studies have evaluated and provided insight on relationship education (RE) for incarcerated adults. This study contributes to this emerging effort and examines changes following participation in a RE program, using a sample of 461 incarcerated men and women. Findings indicate significant improvements in anxiety and depressive symptoms and conflict resolution skills. Additional tests of moderation of change by gender, relationship status, and child age revealed a greater change in individual functioning for those in a relationship compared to those who were not. Indications are that RE programs hold promise for contributing to better individual well-being and healthy relationships during incarceration and the potential for reducing recidivism incidence after re-entry.

Keywords: program evaluation, relationship education, incarceration, mental health, family relationships

Introduction

Over the course of a decade, from 2008 to 2018, the United States experienced an unprecedented 15% decrease in its adult incarceration rate (lowest since 1996). However, challenges of mass incarceration are still prevalent (Carson et al., 2020). According to the Bureau of Justice Statistics, an estimated 1,518,535 adults are imprisoned in state and federal facilities (Glaze & Maruschak, 2010). This report also indicates that of those incarcerated, 809,800 prisoners are parents to about 1,706,600 children under the age of 18. A 2018 special report on recidivism rates between 2005 to 2014 indicated that 5 in 6 prisoners (across 30 states) were rearrested within nine years (Alper et al., 2018). This revolving door effect has prompted policymakers and researchers to develop programs aimed at reducing recidivism rates (Naser & La Vigne, 2006). Many programs tend to focus on employment readiness and substance abuse, yet family relationships also play a key role in recidivism (Naser & La Vigne, 2006).

Social support, particularly family support, can be important for prisoners' re-entry into society (La Vigne et al., 2005). Naser and La Vigne (2006) posit that families can support or help prisoners with the challenges associated with returning to society. Garofalo (2020) asserts that family-based support can reduce recidivism, improve parenting skills, and contribute to family cohesion. However, a lack of evaluation studies for family-based interventions in incarcerated settings creates a challenge for the necessary resources and funding to support such initiatives (Garofalo, 2020). Clone and DeHart (2014) conducted a qualitative analysis of the experiences of 60 incarcerated women regarding the role social support plays in their well-being. Open-ended questions addressed physical and psychological victimization, family and relationship history, delinquency and crime, and experiences with the legal system. Results highlighted that family members were the most common source of support in areas relevant to emotional support, tangible needs, and advice (informational support). La Vigne et al. (2005) found that the nature of relationships between male prisoners and family members and the level and type of contact (during prison) were predictors of positive post-release outcomes for male prisoners. Overall, research suggests that family support (emotional or tangible) can reduce the chances of rearrests substance use and lead to more success (e.g., employment) following release (Garofalo, 2020; La Vigne et al., 2005).

According to Wallace et al. (2016), prisoners who experience challenges with mental health can benefit from social or familial support. The authors highlight that incarcerated individuals may experience strained or negative levels of family support. The authors examined whether positive or negative interactions from family members during and after the incarceration affected prisoners' mental health outcomes post-release. The results indicated that positive familial support while in prison does not affect mental health but does post-release. Negative familial support was associated with poorer mental health outcomes at post-release. The predictability of a prisoner's re-entry success can depend on the family's role during and after incarceration (Mowen & Visher, 2015). Mowen and Visher (2015) found that when studying drug usage and criminal desistance of formerly incarcerated individuals and the relationship to familial support and conflict, family support during incarceration was not significantly related to decreases in drug use and crime upon release. However, formerly incarcerated individuals who experienced family conflict during release were at increased odds of engaging in substance abuse and crime.

Further, indications are that both marital and parental relationships are vulnerable to dissolution during incarceration; this can be due to complications surrounding limited in-person communication like visitation (due to distance) or the costliness of phone calls (Hairston, 1991). Apel (2016) explored the stability of marital and cohabiting relationships in incarcerated settings. A quantitative analysis via self-reports from the National Longitudinal Survey of Youth found that incarceration was disruptive for unions (marital and cohabiting) as early as one-month post-release. This effect was also found for long-term transitions to marriage. According to Hairston (1991), another challenge of couple relationships and incarceration is that married couples

cannot sustain their relationship because of the inability to engage in experiences, everyday interactions, and sexual intimacy.

In addition to challenges within couple relationships, incarcerated individuals may face difficulties in co-parenting relationships (Arditti et al., 2005). Arditti et al. (2005) conducted a qualitative study of 51 imprisoned fathers that detailed their involvement and identity as a parent. The study contained interviews that focused on father-child relationships, prison experiences, contact with family members, and father-mother relationships; however, the relationship status of the father-mother relationships (e.g., married, divorced, nonmarried) was not stated. Regarding co-parenting, the study found that fathers identified challenges in making contact with children and relying on the biological mother for collaboration to make contact. Some fathers noted that "gate-keeping" (mothers' attempts to limit a father's involvement in children's lives) was an issue in their ability to co-parent children. Ultimately, the study showed that co-parenting relationships between mothers and incarcerated fathers played a role in father-child relationships. Muentner and Charles (2020) conducted 38 semi-structured interviews with 19 fathers postincarceration, nine mothers who were co-parenting, and ten relatives. Participants were asked to detail information regarding fatherhood post-release. Specifically, results highlighted the theme of family support-based programs and assistance. Participants reported a desire for familyfocused activities (e.g., barbeques), parenting classes, and family therapy.

Research also finds that incarceration can affect family ties and place children at risk for challenges (Johnson & Easterling, 2012). During separation, children of incarcerated parents may experience economic, emotional, and residential instability and disrupted caregiving relationships (Murray & Murray, 2010; Parke & Clarke-Stewart, 2003). Restrictions of contact or communication between family members and prisoners can cause disruptions within relationships (La Vigne et al., 2005). Ultimately, the child's well-being may be negatively affected by the challenges of parental incarceration (Johnson & Easterling, 2012).

A Family Systems Framework

Family systems theory is based on the foundational beliefs and tenets of psychiatrist Dr. Murray Bowen, who sought to develop a more integrative and broad approach to treating clients within a family context (Kerr & Bowen, 1988). The theory assumes that a family is more than just the individuals that make it; rather, it is an interconnected unit with influences among its members (Bowen, 1978). An individual and their thoughts, feelings, and behaviors have the potential to influence the entire family and are influenced by others in the system because family systems are defined by their communication and feedback, which guides a family's behavior (Smith & Hamon, 2017). The theory asserts that family members and their behavior can be understood within the context of the family unit. In families with dysfunction (negative displays or patterns of communication), families may attempt to correct the dysfunction through feedback loops. According to Smith and Hamon (2017), positive feedback loops are formed when a family

member or members encourage functional or more positive change. Negative feedback loops develop when a family member or members do not encourage change in dysfunctional behavior.

Bowen's early work showed that family functioning might be influenced by chronic anxiety that stems from the challenges of forming and maintaining family connections while maintaining self and a sense of differentiation (Bowen, 1978; Kerr & Bowen, 1988). Incarceration may threaten the development or maintenance of relationships and overall differentiation because of a lack of communication between incarcerated individuals and family members (Arditti et al., 2005; Hairston, 1991). With limited opportunities to communicate (e.g., phone calls, visitation), this threat can bring forth negative communication patterns that might ultimately lead to relationship dissolution (Hairston, 1991).

When individuals can manage and balance conflicts between separateness and togetherness within the family system, they can attain healthy levels of differentiation of self. As a result, individuals can engage in and form healthy relationships (Kerr & Bowen, 1988). Research indicates that higher levels of differentiation and skills (affect regulation) are predictive of higher marital quality and satisfaction and interpersonal functioning (Gubbins et al., 2010; Peleg, 2008; Timm & Keiley, 2011). As such, scholars suggest that individuals can develop communication and general relationship skills that can affect an individual's well-being as well as interactions and relationship quality throughout the family system (Visvanathan et al., 2014), setting the stage for interventions and programs for incarcerated individuals. Relationship education (RE) programs may assist incarcerated individuals and their families develop positive communication and feedback loops that aid with both intra- and interpersonal challenges that may arise (Smith & Hamon, 2017).

Relationship Education in the Prison Setting

The study of RE with incarcerated adults can be viewed through the lens of family systems theory. In incarcerated settings, as noted, it can be emotionally and mentally straining to develop and maintain relationships (La Vigne et al., 2005). Hairston (1991) emphasizes that these strains may create stress and dysfunction among the incarcerated and their families. A movement in which more RE programs are being funded has emerged to offer RE to incarcerated men and women to receive the opportunity to learn and apply skills within their relationships (e.g., coparenting, couple, and parental). These skills may be effective in changing or altering more functional communication patterns. Further, positive feedback from participants' families may encourage the utilization of the skills gained from RE (Visvanathan et al., 2014).

Research has shown that community-based programs centered on RE can provide skills (e.g., communication, co-parenting) and insight to diverse populations (e.g., Halford et al., 2009; Visvanathan et al., 2014) and benefit the individual and the family system. Early RE research mostly targeted well-educated, middle-class populations (Hawkins & Erickson, 2014). Within the past decade, federal and state governments have allocated significant funding towards

providing RE to more diverse populations, particularly low-income populations (Arnold & Beelmann, 2019; Hawkins & Erickson, 2014). This initiative was spurred on by findings indicating the negative effects of family instability and the populations at-risk for poverty, low education, and similar hardships (Hawkins & Erickson, 2014). Currently, only five studies have addressed the evaluation and implementation of RE for prison populations.

Decades ago, Accordino and Guerney (1998) were the first to focus on RE for incarcerated men and developed a two-day (eight hours a day) marriage enrichment program for 22 Jewish prisoners and their wives. The program sought to enhance relationship skills focused on expression, empathy, and negotiation. At the conclusion of the program, participants were asked to assess whether their marital needs were met by the RE program. This was done via a program evaluation questionnaire that assessed clarity of objectives, organization of the program, pace of the program, suitability of material, breadth of training, active involvement of participants, overall program rating, leader's interest/enthusiasm, leader's attitude towards participants, leader competence, leader's stimulation of learning, and overall leader rating. A qualitative assessment was also provided at the conclusion of the RE program via four open-ended items that asked what the couples liked best about the RE program, what they liked least about the program, suggestions to improve future RE programs at the facility, and any comments regarding their reaction to the program. Participants qualitatively reported that the program enabled them to solve problems within their marriages, work and communicate with other couples, and function within a relaxed environment. Overall, results indicated that the RE program positively affected participants' marital relationships. With this insight, the RE program continued for several years.

More recently, Einhorn et al. (2008) conducted a study in which inmates in Oklahoma participated in *Prevention and Relationship Enhancement Program Inside and Out: Marriage Education for Inmates* (PREP). The study included 254 inmates with or without their partners who participated in a 12-hour RE program. The program assessed satisfaction with their relationship dedication, confidence, communication skills, friendship, and negative interactions from pre-test to post-test. Results indicated gains in all areas, regardless of race or gender. Participants showed improved levels of relationship confidence and dedication, more relationship satisfaction and friendship, positive changes in communication, decreases in negative interactions, and feeling less lonely. Additionally, participants rated and reported that PREP provided them with the training and material they needed to make their marriages work. Staff at the correctional facility also rated and detailed high levels of satisfaction with PREP because it was properly adapted to fit the incarcerated population.

Shamblen et al. (2013) further investigated marital relationships within the context of incarceration. The study included 144 married couples (one spouse incarcerated) who took part in an adaptation of *Creating Lasting Family Connections* (CLFC) Marriage Enhancement Program, which focused on effective communication, marriage enrichment, conflict resolution, developing responsible and healthy attitudes and behaviors regarding substance abuse, and

positive parenting practices. Participants were assigned to either a treatment (took part in the program) or control (did not take part in the program) group. The program was offered as a weekend retreat (two, eight-hour sessions) or a 10-session format (five, two-hour sessions). Participants were given a survey at pre-test, post-test, and a three-month follow-up that examined communication skills, conflict resolution skills, intrapersonal skills, emotional awareness, emotional expression, inter-personal skills, relationship management skills, relationship satisfaction, and relationship commitment. Results showed improvements in the relationship skills of husbands who took part in the program relative to a sample of men who did not participate in the program, improvements in relationship skills for both husbands and wives, and improvements in relationship skills that were sustained at the follow-up period.

Harcourt and Adler-Baeder (2015) detailed an evaluation of a RE program that was provided to 502 prisoners in Alabama (across eight counties). Like previous studies, this study assessed the couple domain, but it uniquely included an assessment of individual functioning and skills learned via RE that had not been explored (e.g., self-esteem, individual empowerment, depression). The study included participants who were married, nonmarried (partnered), and single. The population also included prisoners with or without children. The program consisted of six group sessions that taught relationship skills (e.g., being supportive, enhancing health and wellness) found in the National Extension Relationship and Marriage Education Model (Futris & Adler-Baeder, 2013). The study assessed pre-test to post-test changes in relationship functioning and individual and parenting domains. The results showed improvements in parenting efficacy, depression, conflict management, individual empowerment, help-seeking attitudes, self-esteem, trust, global life stress, and confidence in the relationship. Females indicated a greater change in levels of intimacy (pre-test to post-test), while males maintained similar levels of intimacy (pretest to post-test). Regarding parenting efficacy, moderation analyses revealed that both African Americans and European Americans showed positive change; yet European Americans showed significantly larger gains.

Harcourt et al. (2017) researched the effects of a RE program with a different sample of 122 incarcerated adults. Similar to the previous study, the study assessed domains of couple functioning, individual functioning, and parental functioning from pre-test to post-test. The study included the previously explored moderators of gender and race/ethnicity. Uniquely, the study assessed age, relationship status, and education as additional moderators of change in the three domains. The participants' relationship status and parental status included married, partnered, single, and with or without children. The participants took part in a federally funded healthy relationship initiative that included the *Together We Can* curriculum. The curriculum, which occurred across six to eight weeks, focused on providing prisoners with skills relevant to forming healthy couple and co-parenting relationships. The results indicated significant changes in all three domains; five of the eight outcome measures demonstrated significant positive change (i.e., negative interactions in romantic relationships, individual empowerment, depressive symptoms, parenting efficacy, and parenting stress).

Results also showed that relationship status was not found to moderate outcomes associated with couple functioning. Ethnicity did not moderate any of the outcomes. Participants without a high school degree reported a greater positive change in relation to the stress experienced from visitation from pre-test to post-test, compared to those in other educational levels, who did not report significant change from pre-test to post-test. Participants 37 and younger reported greater improvement in conflict management from pre-test to post-test than participants 38 and older. Males reported a significant positive change in measures of individual empowerment from pre-test to post-test, while females did not indicate any change from pre-test to post-test.

Previous studies have made strides in further understanding and investigating the effects of RE for incarcerated populations. These strides include demonstrating enhanced couple relationships (married and nonmarried) and developing better communication skills and efficacy in the individual and parental domains. Additionally, studies (e.g., Shamblen et al. 2013) have shown positive results in follow-up assessments of RE's impact on incarcerated individuals across time. Studies have included investigations into the role that different demographic characteristics like age, gender, ethnicity, education, and relationship status can play in the pre-test to post-test assessment, informing practitioners of enhanced needs for some sub-populations. However, studies have yet to examine diverse variables (e.g., participants' children, communication frequency with family members) relevant to incarcerated individuals. Because of the small number of studies, there is much room for growth in learning about RE within incarcerated populations.

Current Study

Studies have suggested that family relationship development and enhancement can be key in reducing recidivism rates among prisoners (Naser & La Vigne, 2006). RE programs with incarcerated populations have further shown positive changes (from pre-test to post-test) in individual, couple, and parenting functioning. On average, some sub-sample experiences may differ (e.g., Harcourt & Adler-Baeder, 2015). In order to advance the understanding of program effects and develop best practices, the field will benefit from replication and further exploration of other forms of diversity within the incarcerated population. In the current study, we replicated previous studies (Harcourt & Adler-Baeder, 2015; Harcourt et al., 2017) that assessed pre- to post-program change among a large, diverse sample of incarcerated individuals in the couple, parenting, and individual well-being domains. Additionally, we included a broad sample of men and women, parents and non-parents, and married and nonmarried individuals. Further, we replicated the assessment of gender and relationship status (in a relationship or not in a relationship) as moderators. We added a novel element by exploring whether the age of their youngest child moderated change in parental functioning. Ultimately, the current study aimed to replicate previous findings (Harcourt & Adler-Baeder, 2015; Harcourt et al., 2017) and explored more diverse variables relative to incarcerated populations enrolled in RE programs. The current

study hypothesized there would be increases in all three levels of functioning (H1). The study also addressed the following research questions:

- (1) Are differences across time in the individual or parenting domains based on the relationship status of the participants?
- (2) Are there differences across time based on the age of the youngest child in parental functioning?
- (3) Are differences across time in parental functioning based on the gender of the parent?

Methods

Program Description and Procedures

Incarcerated adults in seven different federal and state facilities (within Alabama, including minimum, medium, and maximum-security facilities) participated in *Together We Can: Creating a Healthy Future for Our Family*. It is a program for co-parents that is a part of a federally funded initiative that focuses on providing RE to youth and adults (Shirer et al., 2009). *Together We Can* was designed to provide marriage and child support education services to culturally and ethnically diverse groups. The program incorporates healthy co-parenting and couple relationship skills that can assist parents in providing support and care to each other as a strategy for promoting benefits for their children (Shirer et al., 2009). The program has five goals: (1) to prepare parents in creating goals for their children's future, (2) to establish positive communication and co-parenting relationships, (3) to ensure the parental involvement of both parents, (4) to ensure financial and other forms of support in the children's lives, and (5) to assist parents in making healthy decisions about their couple relationships with their children in mind (Shirer et al. 2009). *Together We Can* has been shown to have significant findings relative to positive gains (pre to post) in co-parenting and in individual, couple, and parenting domains (Gregson et al., 2012; Harcourt et al., 2017; Shirer et al., 2009).

The *Together We Can* curriculum comprises six learning modules, with 24 lessons delivered in small group settings that ranged in size but averaged 26 participants per group. Trained facilitators from a university-based RE project implemented the classes. The program facilitators participated in an 8-hour training in which they learned how to facilitate *Together We Can* in accordance with evidence-based guidelines. The evidence-based guidelines are reflective of National Extension Relationship and Marriage Education Network's (Futris & Adler-Baeder, 2014) seven core principles: (1) *connect* (operating in positive social relationships), (2) *manage* (working through differences in a healthy manner), (3) *share* (maintain and creating a healthy couple identity), (4) *care* (displaying affectionate and nurturing behavior), (5) *know* (having knowledge of your partner's life), (6) *care* for self (caring for physical, emotional, spiritual, and sexual well-being), and (7) *choose* (making intentional decisions about relationships). The learning modules focus on skills relative to goal setting, parenting together, building relationships, communication, stress management, budgeting, and child needs. All six learning

modules were presented. Facilitators adapted wording when delivering the modules to recognize and address the prison setting and limitations for family contact.

Surveys assessing multiple domains (e.g., individual, couple, parental) designed by the federal agency funding the initiative were collected at the program's start and conclusion using an approved IRB protocol for incarcerated human subjects. The Administration for Children and Families (ACF) selected the measures for the surveys for the 2015-2020 cohort of Healthy Marriage and Responsible Fatherhood (HMRF) grantees with input from multiple sources (Mathematica Policy Research, 2018). The measures were selected that had been used previously, were appropriate to the population, were free and publicly available, and had good statistical properties. Although the measures were created from previous measures, they were tailored to the specific needs of HMRF grantees. For this study, we utilized the face validity and the reliabilities of the utilized measures found in our sample. This study represents a secondary data analysis of the information collected from incarcerated participants.

Participants

The analytic sample consisted of 461 adult prisoners who voluntarily attended RE classes for six weeks and completed the pre-test and post-test (see Table 1). Pre-test (T1) assessments occurred at the beginning of the RE program, and post-test assessments (T2) occurred after the program was completed. Participation in the program was voluntary. Participants were given the opportunity to participate if they were "in good standing" as determined by the prison administrators, and no specific incentive was offered for participation. Recruitment methods varied based on the policies and procedures of the facility; however, flyers with class information and sign-up sheets were a common method of recruitment. Participants in the sample identified as 52.7% White, 36.2% Black or African-American, 2.2% American Indian or Alaska Native, 0.9% Asian, 0.2% Native Hawaiian or other Pacific Islander, and 6.1% other. The sample included 68.8% of participants who identified as male and 29.5% who identified as female. Overall, about 73% (n = 335) of participants reported having children (biological or legally adopted) under the age of 21:29.5% had one child, and 43.2% had more than one child.

Participants who had children under 21 were prompted to provide the age and initials of their youngest child and (if there was more than one child under 21) the age and initials of the next youngest child. Thirty-eight percent (n = 126) of participants, who had children under age 21, reported "living with the child all or most of the time," likely their living arrangement if they were not incarcerated. Per the survey design provided by the federal funder and used for a broad range of RE programs, participants who did not have children under 21 and/or did not report living with their children were not prompted to complete items related to parenting. At T1, 121 participants reported parenting measures, and at T2, 133 participants reported parenting measures. At both T1 and T2, parenting measures were completed by 100 (matched pairs from pre-test to post-test) respondents. Participants' relationship status included 40.8% never married,

17.6% divorced (not remarried was not an option on the survey), 16.5% married, 9.3% separated, 8.9% engaged, and 1.7% widowed. Of the total, 67.5% of participants reported not currently being in a relationship and did not complete questions about couple functioning.

Table 1. Participants' Demographics (N = 461)

	n	Percent (%)
Gender		
Female	136	29.5
Male	317	68.8
Race		
White	243	52.7
Black/African American	167	36.2
American Indian or Alaska Native	10	2.2
Asian	4	0.9
Native Hawaiian or Pacific Islander	1	0.2
Other	28	6.1
Age		
18-20 years	5	1.1
21-24 years	25	5.4
25-34 years	166	36.0
35-44 years	172	37.3
45-54 years	69	15.0
55-64 years	15	3.3
65 years or older	3	0.7
Education		
No degree or diploma	92	20.0
GED	100	21.7
High School Diploma	63	13.7
Some college/ no completion	73	15.8
Vocational/technical certification	34	7.4
Associate degree	14	3.0
Bachelor's degree	18	3.9
Master's/advanced degree	12	2.6
Number of Children		
One child under 21	136	29.5
More than one child under 21	199	43.2
No children	79	17.1
All children 21 or older	35	7.6
Relationship Status		
Never married	188	40.8
Divorced	81	17.6
Married	76	16.5
Separated	43	9.3
Engaged	41	8.9
Widowed	8	1.7

Measures

In addition to demographics, items related to individual, couple, and parent functioning were assessed using a survey designed by the federal funding agency (see Table 2). Surveys were designed to be completed at program "entrance" (T1) and again at "exit" (T2). The surveys were completed via paper and pencil and were entered into an electronic data system by trained data entry personnel. Staff monitoring the data collection were trained to fully inform the participants of their rights as evaluation participants, especially the completely voluntary nature of participating, and their answers would not be seen by the facilitator or any personnel within the Department of Corrections. During the informed consent process, prisoners were also informed that if they chose to not participate in the evaluation (survey), they could still participate in the *Together We Can* program.

Parental Functioning Domain

Quality of parenting was measured using the one item relevant to incarcerated parents; participants responded to the item: "Child 1 and I are very close to each other" using a 4-point Likert scale ranging from 1 (never) to 4 (often).

Couple Functioning Domain

Two multi-item measures assessed aspects of couple functioning. *Relational conflict resolution* included six items (e.g., "My partner and I were good at working out our differences") that assessed couples' responses to relational conflict. These items were averaged together to create a mean score. Participants responded on a 4-point Likert scale with values that ranged from 1 (never) to 4 (often). The item "When my partner/spouse and I argued, past hurts got brought up again" was reverse coded to reflect the nature of the other items. The Cronbach's alpha reliability was good: $\alpha = 0.79$. *Couple Quality* was measured by five items like "I trust my partner/spouse completely" on a 4-point Likert scale, from 1 (strongly agree) to 4 (strongly disagree). A mean score was created by averaging the items together. The Cronbach's alpha reliability was excellent: $\alpha = 0.91$.

Individual Functioning Domain

Two multi-item measures assessed aspects of individual functioning. *Anxious symptomology* assessed the presence of anxiety symptoms within participants through 3 items (e.g., "During the past 30 days, how often have you felt nervous?"). These items were averaged together to create a mean score. A 5-point Likert scale reflected values from 1 (none of the time) to 5 (all of the time). The Cronbach's alpha reliability for the sample was good: $\alpha = 0.81$. *Depressive symptomology* included three items (e.g., "During the past 30 days, how often have you felt so depressed that nothing could cheer you up") that assessed symptoms of depression; a mean score

was developed by averaging together these items. The Likert scale ranged from 1 (none of the time) to 5 (all of the time). The Cronbach's alpha reliability for the sample was good: $\alpha = 0.79$.

Moderators

Several demographic characteristics were used as moderators to explore potential differences in pre to post-test change. *Gender* was coded as 1 (male) or 2 (female). *Youngest child's age* groups were divided into three categories 1 (ages 0-4), 2 (ages 5-12), and 3 (ages 13-18) based on typical developmental groups of pre-school, school-age, and adolescence. *Relationship status* was coded as 1 (not in a couple relationship) or 2 (in a couple relationship).

Table 2. Descriptive Statistics for All Outcomes

	Pre-test							
	n	Min.	Max.	M	SD	Skew.	Kurt.	
Parental Functioning								
Parental Quality	200	2	4	3.96	0.2307	-5.59	34.283	
Individual Functioning								
Anxious Symptomology	675	1	5	2.50	0.976	0.368	-0.288	
Depressive Symptomology	675	1	5	2.18	1.02	0.803	0.089	
Couple Functioning								
Relational Conflict Resolution	349	1.43	4	3.01	0.573	-0.614	0.166	
Couple Quality	351	1	4	3.26	0.687	-0.888	0.559	
Couple Quality	351	1	4	3.26	0.687	-0.888	0	

	Post-test								
	n	Min.	Max.	М	SD	Skew.	Kurt.		
Parental Functioning									
Parental Quality	147	1	4	3.84	0.52	-4.06	17.89		
Individual Functioning									
Anxious Symptomology	491	1	5	2.19	0.899	0.69	0.383		
Depressive Symptomology	490	1	5	1.91	0.895	1.117	1.124		
Couple Functioning									
Relational Conflict Resolution	260	1.43	4	3.09	0.58	-0.95	0.75		
Couple Quality	260	1	4	3.28	0.045	-1.098	0.955		

Analytic Strategy

To assess pre/post program changes in all domains (H1), paired-sample t-tests were performed using IBM Statistical Package for the Social Sciences (SPSS) 24. For RQ 1, repeated measures analysis of covariance (RMANCOVA) was used to examine the interaction of participants' relationship status and time when assessing depressive and anxious symptomology and parenting from pre- to post-program. RQ 2 also utilized RMANCOVAs to assess the interaction of participants' age of their youngest child and time on changes in parental quality. RMANCOVAs were used to address RQ 3 to examine the interaction of gender and time on changes in parental

quality. All RMANCOVAs were conducted using SPSS. All analyses were conducted using listwise deletion of missing data. Attrition analyses indicated that those who completed both a T1 and T2 survey were not statistically different than those that completed just a T1 survey on gender, age, race, education, number of children, or partner status.

Results

Hypothesis 1: Improvements in all 3 Levels of Functioning (Parental, Couple, and Individual).

The paired sample t-tests showed significant changes in four of the five measures (*depressive* symptomology, anxious symptomology, relational conflict resolution, and parental quality) representing all the functioning domains (individual, couple, and parental) across time (see Table 3); however, there were desired changes in only two of the three domains. Specifically, in the individual functioning domain, significant reductions were found across time for the average participant rating in measures of *depressive symptomology* (t(460) = 4.942, p < .001) and anxious symptomology (t(460) = 5.262, p < .001). Results also indicated a significant change in the couple functioning domain; the measure of relational conflict resolution showed positive change across time from pre-test to post-test for the average participant rating (t(205) = -2.390, p < .05). Changes in couple quality were not significant (t(207) = .804, t > .05). A significant change in the parental functioning domain from pre-test to post-test was found in the measure of parental quality (t(99) = 2.005, t > .05); however, the change indicated a reduction in parent-child relationship quality. The effect sizes across measures ranged from -0.24 to .35 (see Table 3), representing small effects (Cohen, 1988).

Table 3. Paired Sample t-tests Examining Changes from Pre- to Post-Assessment

	Pre		Post				
	M	SD	M	SD	df	t	Cohen's D
Parental Functioning							_
Parental Quality	3.980	.141	3.870	.544	99	2.005*	0.34
Individual Functioning							
Anxious Symptomology	2.421	.961	2.204	.891	460	5.262***	0.35
Depressive Symptomology	2.132	1.003	1.925	.894	460	4.942***	0.33
Couple Functioning							
Relational Conflict Resolution	3.028	.549	3.126	.573	205	-2.39*	-0.24
Couple Quality	1.730	.692	1.692	.712	207	0.804	0.08

^{*}p < .05, **p < .01, ***p < .001, two-tailed tests

RQ 1: Are there Differences across Time in the Individual or Parenting Domains based on the Relationship Status of Participants?

The results of the RMANCOVA showed a significant time X relationship status interaction effect on *depressive symptomology*, F(1,449 = 0.17), p < .05, partial eta squared = .013. Post

hoc paired-sample t-tests revealed that participants who were in a relationship showed a significant change in the desired direction across time in depressive symptomology, but those who were not currently in a couple relationship did not show change (Figure 1). No significant interaction effects for relationship status X time on changes in anxiety or parenting were found (see Table 4), indicating the amount of change in each did not differ by relationship status group.

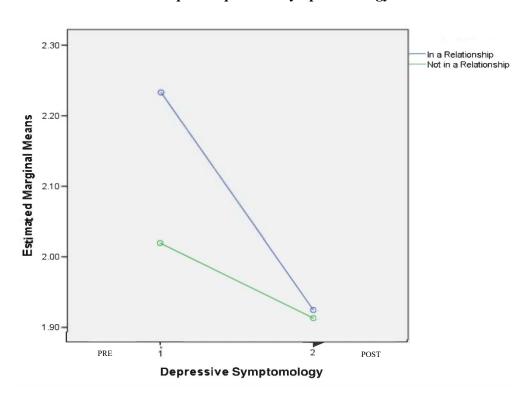


Figure 1. Differences Between Participants in a Relationship and Participants not in a Relationship in Depressive Symptomatology Across Time

RQ 2: Are there Differences across Time in Parental Functioning based on the Age of the Youngest Child?

The results of the RMANCOVA, based on the age of the youngest child, did not indicate any significant effects in the interaction of time X parental functioning (see Table 4), indicating the amount and type of change was similar across age groups.

RQ 3: Are there Differences across Time in Parental Functioning based on the Gender of the Parent?

No significant effects were found across time in parental functioning based on the gender of the parent (see Table 4), indicating the amount and type of change in parent-child relationship quality reported by men and women were similar.

Table 4. Repeated Measure Analysis of Covariance, Time X Moderator

	Type III Sum of	,	Mean			Partial Eta
	Squares	df	Square	$\boldsymbol{\mathit{F}}$	Sig.	Squared
Parental Functioning						
Parental Quality X Relationship Status	0.005	1	0.005	0.081	0.776	0.001
Parental Quality X Child Age	0.158	4	0.158	0.580	0.678	0.025
Parental Quality X Gender	0.027	1	0.027	0.412	0.522	0.004
Individual Functioning						
Anxious Symptomology X Relationship Status	1.047	1	1.047	2.708	0.101	0.006
Depressive Symptomology X Relationship Status	2.332	1	2.332	5.695	0.017	0.013

Discussion

The study results show some positive pre to post-test change in individual and couple functioning in a large sample of incarcerated men and women. Notably, this study documents an improvement in anxiety, depression, and relational conflict resolution following RE for incarcerated individuals, key target outcome areas that have implications for healthier functioning during incarceration and beyond. In addition, there was some evidence of variation in outcomes based on relationship status, with enhanced improvements in depressive symptoms among those in couple relationships. No positive change results were found for this sample in reports of parent-child relationship quality. Overall, we provide additional evidence that RE may benefit prison populations. We provide further discussion of the results and suggestions for future research and practice implications.

Similar to the Harcourt and Adler-Baeder (2015) and Harcourt et al. (2017) studies that found improvements in the individual, couple, and parenting domains, the current study validates improvements for RE participants in the individual and couple domain in another large, diverse sample of inmates. Further, this study adds evidence of reductions in anxious symptoms among incarcerated RE participants, which was not assessed in previous studies. This study also unveils a "masked" effect of change in depressive symptomology not seen in previous studies. Figure 1 shows a greater slope in positive change in depressive symptomology for those in a couple relationship, compared to those not in a relationship, and post hoc testing confirmed that those not in a relationship did not report significant improvements in depressive symptomology. This finding could be because those in relationships also reported improvements in the couple functioning domain regarding relational conflict resolution. A great deal of research links couple functioning and mental health symptomology (e.g., Cooper et al., 2021; Kiecolt-Glaser et al., 2002; Pepping et al., 2020); thus, it is likely that improving skills aimed at conflict resolution may concurrently relieve symptoms of depression. However, because the outcomes were assessed simultaneously, it also may be that reductions in depression and anxiety could have enhanced conflict resolution skills for those in relationships. For those not in romantic

relationships, it may be that the link between parent-child relationship quality and indicators of mental health are more closely linked (e.g., Merrill & Afifi, 2017). Since reports of parent-child closeness did not indicate improvements in our sample, those not in couple relationships may also not have reported improvements in depressive symptoms.

Unlike the previous studies that found significant positive changes in parenting efficacy (Harcourt & Adler-Baeder, 2015; Harcourt et al., 2017) and parenting stress (Harcourt et al., 2017), this study did not find the desired effect of the program on reports of parent-child relationship closeness in our sample. Instead, on average, parents reported feeling less close to their children following RE. This finding may be because parents may not have been in contact or proximity with their children and, through the program, could have become more aware of this feeling of not being connected. Being incarcerated can limit or strain parent-child relationships because of barriers like visitation (e.g., travel) and communication (Hairston, 1991). Participating in an RE class may have the effect of highlighting the limitations on their relationship, resulting in reporting a lower score on parent-child closeness at post-program.

A unique feature of this study was the exploration of moderation of the parenting outcome based on the age of the youngest child. While no significant interaction effects were found, this also is likely due to the small sample size of parents who completed these items. A larger study of a wider array of parenting outcomes may demonstrate differences based on the age of the youngest child, and we encourage further exploration.

In totality, the results of this study highlight positive change for incarcerated individuals. The skills acquired from RE may be used by incarcerated individuals when interacting with their families, ultimately creating positive feedback loops that enable the family system to effectively communicate and establish support for incarcerated individuals (Smith & Hamon, 2017). For example, the study indicated a positive change in areas relative to anxiety and depression (individual domain). Those who gained techniques relative to managing anxiety and depression may be able to better function and communicate with family members, and in return, family members may reciprocate a similar communication pattern. Studies designed with follow-up sessions post-incarceration may be needed to establish the effects that the skills gained via RE programs may have on the family system.

Limitations and Future Research

Although this study validates, diversifies, and contributes to current research on RE in incarcerated settings, several limitations should be acknowledged. Importantly, many of these limitations are specific to conducting research in the prison setting and should be considered more broadly as challenges in future research for incarcerated individuals. The assessment from pre- to post-test relied solely on the reporting by the prisoners involved, which could lead to issues regarding self-reporting bias (e.g., under-reporting, social desirability). The assessment of changes specific to the couple relationship and parenting did not include all parties involved

(e.g., children, partners); therefore, varying opinions on change may exist. Including multi-informant assessment of measures in future research is recommended, although this can be challenging in the prison setting. Also, when assessing parental functioning, the sample used in this study may not reflect a general sample of incarcerated parents. As noted, originally, 335 participants reported having children under the age of 21; however, about 30% provided responses at both pre-test and post-test. Another limitation within the study is that no follow-up assessments were conducted to assess the changes in the functioning domains beyond the final class session. Without follow-up assessments post-program, there are no means to state that the results found are withstanding across time or that there were delayed effects of the program. This is also a limitation of the few previous studies of RE in prisons. Certainly, follow-up assessment is challenging in the prison setting due to transfers, releases, and administrators' emphasis on programming rather than research; however, we encourage exploration of acceptable ways for re-accessing the program participants for follow-up data collection.

A third limitation is that the sample included prisoners from multiple facilities (i.e., prisons) across the state. Each may operate their prisons or facilities differently regarding policies and procedures for access to certain resources (e.g., phone calls, visitation) and their family members. Prisoners with less access to those they have relationships with may have been limited in their application of RE skills and assessment of change. The opposite may hold true for those with more access to resources and communication with family members. We did not have access to data that describes each prison and its specific policies for prisoners regarding communication (i.e., visitation, phone calls) to factor into our analyses.

We also encountered methodological issues in the data. The survey was designed by the federal funder and used for both community-based and prison-based programs. Prior to completing parenting questions, the respondent was asked whether they live with their child the majority of the time. If the response was "no," the respondent was directed to skip the parenting questions. This resulted in a substantial loss of eligible respondents. Likely, this small subsample of parents (38% of the 335 parents) did not represent the larger sample of parents. We were limited to using one item that could reasonably be asked of incarcerated parents (i.e., other items assess caregiving). This combined with the "live together" question that excluded more than two-thirds of the parents from completing parenting questions, limited a better understanding of changes across the parental domain.

A final limitation is the absence of a control group to establish validity, rule out biases, and compare changes to normative trajectories without RE participation. Programming and research in prisons are subject to wardens' policies. In our case, program participants were selected for participation, and no allowance was given to collect data from a group of non-participants.

Conclusion and Future Implications

RE has been shown to benefit family units by providing individuals with skills (e.g., coparenting, communication) that can enable them to succeed (e.g., Halford et al., 2009; Visvanathan et al., 2014). According to Smith and Hamon (2017), a family systems perspective assumes that positive changes in individual knowledge and skills can have positive effects in multiple domains within the family. Within the diverse setting of incarceration, a total of five studies (e.g., Accordino & Guerney, 1998; Shamblen et al., 2013) have examined the positive effects associated with RE and incarcerated populations. Taken together with this sixth study, we have evidence that RE programs positively affect individuals, couples, and parents in the short term via skills that enhance or improve communication, conflict resolution, confidence, positive parenting practices, parenting efficacy, depression, and anxiety (e.g., Accordino & Guerney, 1998; Einhorn et al., 2008; Harcourt & Adler-Baeder, 2015; Shamblen et al., 2013). The collection of positive results from previous studies and the current study may be applied towards policy focused on assisting incarcerated individuals while in prison and in the reintegration process. The immediate and direct results of RE programs in the different functioning domains provide prisoners with skills that can be used to traverse other challenges that may not be based solely on the reintegration process. Therefore, there is reason to assert that RE programs may enable prisoners to use RE skills to form and maintain healthy relationships during incarceration and post-release (Naser & La Vigne, 2006). It is crucial that future research continues to examine RE in prisons and the outcomes following participants' release dates and to explore methods for enhancing family involvement in both the program and evaluation experiences.

We encourage efforts to develop RE programs that include families, which could further provide prisoners the opportunity to exercise and practice skills within RE programs. Likely, providing prisoners the opportunity to interact with families involves changes in policies regarding how prison systems manage the contact between families and the incarcerated. Challenges in communication like proximity (distance), visitation, and the costliness of phone calls can dissolve or damage couple and familial relationships (Hairston, 1991). Ultimately, familial support through RE programs may aid in lowering rates of recidivism if formerly incarcerated individuals have relationships that may buffer challenges in reintegration. Likewise, the direct results of better mental health functioning and communication skills may buffer other challenges that prisoners may face within and outside of incarceration.

Future research should involve family members in the assessment of program effects in functioning across time, rather than basing evaluation of programs solely on self-reports of the prisoner. In addition, it would be valuable to continue to explore contextual and demographic variables that may act as moderators (e.g., length of sentencing time, relationship quality prior to arrest) when assessing RE with incarcerated individuals because results may vary based on participants' characteristics and different conditions. Additional supports may be needed for some populations. Finally, we encourage interdisciplinary collaborations across the fields of

criminal justice and family sciences that allow each field to inform the other in ways to develop holistic programs that assist both the incarcerated and their families, as well as the prison system.

In sum, prison programs have mainly focused on providing prisoners with skills relevant to vocational gains and substance abuse (Naser & La Vigne, 2006). However, indications from a small but growing research base suggest that providing prisoners with family relationship skills may prove to be just as important (Naser & La Vigne, 2006). Through RE programs, prisoners have the opportunity to learn and develop skills that can be used in the individual, couple, and parental domains and may have implications for peer and inmate/correctional officer relationships and behaviors in the prison setting. However, this has yet to be tested. Overall, these skills may provide prisoners with essential tools needed for positive re-entry, reduced incidence of recidivism, and healthy individual and family trajectories.

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