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Does Couple and Relationship Education Work for Individuals in Stepfamilies? A Meta-analytic Study

Recent meta-analytic efforts have documented how couple and relationship education (CRE) programs promote healthy relationship and family functioning. The current meta-analysis contributes to this body of literature by examining stepfamily couples, an at-risk, subpopulation of participants, and assessing the effectiveness of CRE programs for individuals in these relationships. Findings are aggregated from 14 evaluation studies of CRE programs designed for stepcouples. Analyses examine effects by study design (i.e., comparison-group and one-group/pre-post) and within specific domains (i.e., family, parental, and couple functioning). The interventions have, on average, small effects overall (comparison-group: $d = .20$; one-group/pre-post: $d = .23$), and slightly larger effects in family and parental functioning when examining specific outcomes ($d = .20$ to $.35$). An examination of effectiveness over time reveals that earlier studies (i.e., 1980s and 1990s) show larger effects than more recent studies. Implications for CRE programs for stepfamilies and evaluation needs are discussed.

Family life education programs date back to the 1800s, when the U.S. government recognized

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the value in providing families with resources to enhance the home environment as a means to strengthen the community and well-being of society (Duncan & Goddard, 2005). Programs focused on parenting, financial management, and nutrition have developed through the Cooperative Extension System, general university-based outreach, community movements, and grassroots organizations (Duncan & Goddard, 2005). It was not until recently, however, that the Administration for Children and Families (ACF), a federal agency in the U.S. Department of Health and Human Services responsible for programs that enhance the economic and social well-being of communities, earmarked competitive funds to specifically support community-based couple and relationship education (CRE) programs. These funds were provided in an effort to promote healthy relationships and marriages through skills-based education (U.S. Department of Health and Human Services, 2010).

Early on, researchers noted the importance of documenting the effects of family life programs in general (Lehman, 1947) and CRE programs specifically. Individual studies provide indications of how educational programs affect the well-being and functioning of participants, yet questions remain about the overall utility of programs such as CRE across studies. Meta-analytic procedures provide researchers a tool to systematically integrate the findings from individual quantitative, evaluation studies, allowing researchers to assess overall effectiveness (Borenstein, Hedges, Higgins, & Rothstein, 2009). It also provides study population

effect size(s) against which current and future individual evaluation studies can compare the magnitude of their results.

One of the earliest meta-analytic efforts of CRE examined 85 premarital, marital, and family enrichment programs and found positive moderate effect sizes ($d = .42$ to $.55$) when assessing measures of relationship satisfaction, relational skills, and individual functioning (Giblin, Sprenkle, & Sheehan, 1985). It was also noted that programs with longer interventions had stronger effects. Using meta-analytic strategies, Butler and Wampler (1999) found that across 16 studies of CRE, couple communication and satisfaction improved immediately after engaging in the program ($d = .21$ to $.74$), yet effects were not sustained at follow-up. Carroll and Doherty (2003) used meta-analysis to examine 23 published evaluation studies of premarital programs and concluded that premarital prevention programs are generally effective in producing gains in interpersonal skills and relationship quality with a large mean effect size ($d = .8$). Reardon-Anderson, Stagner, Macomber, and Murray (2004) conducted a meta-analysis on the effectiveness of 39 diverse types of marriage programs. Findings described in their technical report suggested that program participants reported moderate improvements in relationship satisfaction and small improvements in communication. Additionally, therapy type programs produced large effect sizes ($d = .8$), whereas education and enrichment programs produced small to moderate effect sizes ($d = .2$ to $.5$).

Recently, a flurry of “second generation” meta-analytic efforts have aimed to further assess CRE program effectiveness by examining diverse outcomes and including unpublished studies. Hawkins, Blanchard, Baldwin, and Fawcett (2008) examined 117 studies to understand how characteristics of the participants influenced program effects. They found that participating in CRE programs strengthened relationship quality ($d = .30$ to $.36$) and communication ($d = .43$ to $.45$) but did not find evidence of differential effects by race, economic status, or sex of the participant. Blanchard, Hawkins, Baldwin, and Fawcett (2009) conducted a meta-analysis to compare program effects on communication for couples with different levels of distress using observational and self-report methods. Results from this meta-analysis of 97 studies suggest that CRE positively influences communication for distressed and nondistressed

couples ($d = .23$ to 1.57) with larger effects documented from observational assessments. A follow-up analysis of premarital programs by Fawcett, Hawkins, Blanchard, and Carroll (2010) included published and unpublished studies (47 total). Unlike Carroll and Doherty (2003), mixed results for effectiveness surfaced; there was no direct effect on relational quality, but a modest effect on communication ($d = .45$ to $.54$).

This next step in meta-analytic studies includes the exploration of subpopulations to understand how at-risk or high-need groups benefit from CRE programs. Hawkins and Fackrell (2010) examined the effectiveness of CRE for lower income couples; findings across 15 studies suggest that these programs produced effect sizes fairly similar to those of previous meta-analyses using middle-income participants ($d = .25$ to $.29$). Pinquart and Teubert (2010) examined 21 CRE programs for parents during the transition to parenthood; small effects were found for individual functioning and communication ($d = .21$ to $.28$) with stronger effects emerging for programs that were 5+ sessions, taught by professionals, and included both prenatal and postnatal components.

To contribute to this evolving literature, the current study is a first attempt to investigate the effectiveness of CRE programs for another subpopulation of participants identified by ACF as high need and as a population that would benefit from specialized educational programming: couples who form stepfamilies or “stepcouples” (Adler-Baeder, Robertson, & Schramm, 2010). Recently published meta-analytic efforts may have included stepcouples as they examined broad programmatic effects and even in their examination of effects of generalized CRE; however, there has been no attention given to meta-analyzing evaluation studies of CRE programs designed specifically to address the needs and stressors of stepcouples.

Unique stressors for stepcouples not associated with first marital relationships often lead to higher rates of marital instability and greater risks of marital dissolution (Adler-Baeder, Robertson, et al., 2010; Coleman, Ganong, & Fine, 2000). Estimates suggest that second and higher order marriages are often less stable than first marriages, such that 40% of remarriages end in divorce within a decade compared to 32% of first marriages (Bumpass & Raley, 2007). These higher rates of instability and dissolution are

noteworthy given that between one third and one half of all marriages each year are remarriages for at least one partner (Kreider & Ellis, 2011). In addition, an increasing number of first marriages form stepfamilies because of nonmarital births; thus, these families are faced with similar challenges (Sweeney, 2010). As such, the need for effective programming is highly relevant and, perhaps, key to increasing stepfamily stability (Halford, 2004). Recommendations from the empirical literature suggest that in order to meet the needs of stepcouples, CRE programs should include basic relationship skills as well as specialized information pertaining to parenting stepchildren, negotiating stepfamily roles and rules, navigating relationships with former partners, debunking myths, and gaining realistic expectations about stepfamily development (Adler-Baeder, Robertson, et al., 2010). Efforts have been made to design classes that focus on these specific needs related to stepcouple functioning (Adler-Baeder & Higginbotham, 2004). The studies in this meta-analysis used curricula with similar program content and consistent with the design recommended for CRE for stepcouples (Adler-Baeder, Robertson, et al., 2010). These classes have been implemented and documented since the late 1970s (Messinger, Walker, & Freeman, 1978) and the prevalence of classes for stepfamilies has grown in part because of increased federal funding. Yet, we are still in the early stages of examining the effectiveness of these programs.

In a recent literature review on stepfamily programs, Whitton, Nicholson, and Markman (2008) examined evaluation studies of programs designed for stepcouples by describing information on the context, content, and findings of 20 studies from the extant literature. They reported that interventions appeared well grounded in empirical literature and predominantly used educational models targeted at prevention. The researchers reported challenges in drawing conclusions on the effectiveness of programs because of the limited number of available evaluation studies, relatively small sample sizes in existing studies, and diverse evaluation measures used across studies. They offer a “vote count” method for summarizing program effectiveness by listing whether findings were significant or not for each indicator by study. Their review provides a meaningful initial step by describing evaluative work on CRE for stepcouples through 2007, but it does not

provide comprehensive information on program effectiveness or an understanding of the magnitude of effects or information on the variation in effects based on study context and outcome focus.

Current Study

Meta-analysis is designed to address the concerns presented by Whitton et al. (2008) pertaining to the amount of available data, the sample sizes of studies, and diverse evaluation measures by utilizing appropriate methods for aggregating quantitative data across relevant studies and incorporating study features in analyses (Borenstein et al., 2009). Through the use of meta-analytic techniques, this study extends recent efforts to meta-analyze CRE for subpopulations and efforts to organize information on stepfamily programs. The focus on individuals in stepcouple relationships is particularly relevant given the greater risk of marital dissolution and high prevalence rate of stepcouples. Despite over three decades of program implementation, evaluation studies of CRE for stepcouples have only now accumulated to a point at which a meaningful meta-analysis can be conducted. Early studies of stepfamily programs relied heavily on field notes and observer judgment of participants’ satisfaction with the course (e.g., Messinger et al., 1978; Pill, 1981). Since that time, methodological advances have been implemented, moving to pre-post, quasi-experimental, and experimental designs that utilize standardized family science measures as indicators of individual and relational functioning (e.g., Gellat, Adler-Baeder, & Seeley, 2010). These advances have resulted in a small but adequate sample of studies that now allow for the aggregation of findings. This study is an initial attempt to move beyond vote counting methods and conceptual syntheses to meta-analyze the effectiveness of CRE programs for stepcouples.

Research Questions

The following research questions were addressed:

RQ1: How effective is CRE that targets individuals in stepcouple relationships? For this question, effectiveness was broadly defined (similar to recent studies; e.g., Fawcett et al., 2010; Holmes,

Galovan, Yoshida, & Hawkins, 2010). Variables related to family, parental, couple, and individual functioning were standardized and aggregated to gauge the overall sense of functioning reported by participants prior to and following participation in a stepfamily focused CRE program.

RQ2: How effective is CRE that targets individuals in stepcouple relationships in specific target outcome domains, including family functioning, parenting, couple quality, and individual functioning? This second set of analyses utilized a nuanced perspective on effectiveness, as several relevant outcomes of stepfamily functioning were distinguished and examined separately.

RQ3: Have CRE programs that target stepcouples improved in their effectiveness over time? A cumulative effects procedure was conducted to assess how the effectiveness of stepfamily-specific CRE programs has changed or evolved over time. For this meta-analysis, stepfamily program evaluation studies span three decades of research ranging from 1982 to 2011. The studies in the current meta-analysis do not use different iterations of the same program, yet the assumption is that more recent programs benefit from recent research and theory related to stepfamily functioning. A review of CRE programs for stepcouples illustrates that, although “core” content is similar, earlier programs were often more narrow in focus, whereas recent programs tend to use a more comprehensive lens in terms of content, explicit theoretical base, and outcome goals (Adler-Baeder & Higginbotham, 2004). Through the use of available evaluation studies, this research question examined whether programs designed for stepcouples improved over sociohistorical time.

METHOD

Meta-analytic techniques provide transparent and objective tools that allow researchers to move beyond descriptive synthesizing by quantitatively aggregating outcome data from individual studies to produce an overall effect size. Effect sizes communicate the magnitude and direction of the treatment by standardizing and integrating outcome data, sample size information, and the variance of measured outcomes from studies that propose a similar set of research hypotheses (Borenstein et al., 2009). Effect sizes are standardized in the metric of standard deviation units and in this study communicate the

impact of the CRE program on participant functioning. Each study contributes an *individual effect size*, which represents the standardized findings for that study. The assumption is that studies are drawn from the same underlying population—stepcouples in the United States—and, thus, can be statistically combined as indicators of the same phenomenon. The aggregation of individual effect sizes provides researchers with a *summary effect*, which represents the weighted mean of the individual effects. In meta-analysis, random-effects models assume that the true effect size varies across studies based on study context; thus the summary effect represents the distribution of effects and an estimate of the mean of these effects.

Search Procedure and Inclusion Criteria

The process of examining stepfamily program effectiveness began by our conducting an extensive search for published and unpublished intervention studies focused on stepfamilies. *Stepfamilies* were defined as a family unit containing a couple in which one or both partners had a child or children from a previous relationship. This definition is descriptive of family dynamics and moves beyond classifications by marital status. We utilized the book chapter by Whitton and colleagues (2008) as a starting point. Then, systematic searches of electronic databases (e.g., EBSCO-Host, PsycINFO, Academic Search Premier, Psyc-ARTICLES, and ProQuest Dissertation and Theses database) were conducted using combinations of the following terms: stepfamily, evaluation, remarriage, education, intervention, and program. We also reviewed content-specific journals (e.g., *Family Relations* and *Journal of Divorce & Remarriage*) and reference pages from relevant articles. Direct appeals were also sent to relevant listservs (e.g., certified family life educators list and extension human sciences network) and known program developers. Finally, we reviewed 226 abstracts of healthy marriage and fatherhood programs funded by ACF and contacted sites that reported using a stepfamily-specific CRE curriculum. The inclusion of unpublished studies avoids publication bias, the assumption that only studies with significant effects are published (Borenstein et al., 2009).

Twenty-eight reports of studies evaluating interventions for stepfamilies were located.

Inclusion criteria for the current study were that (a) adult participants were part of a stepfamily couple and programs utilized educational components—not therapeutic interventions—with stepfamily-specific content (4 studies excluded) and (b) quantitative pre-post data were collected on self-reported psychosocial measures (10 studies excluded). Studies that utilized a comparison-group design (experimental and quasi-experimental) and those that utilized a one-group/pre-post design were included. Fourteen studies met all inclusion criteria (see Table 1 for the complete list). Although small, this number is adequate, as analyses can be conducted with as few as three studies (Valentine, Pigott, & Rothstein, 2010). The sample size also is fairly consistent with recently published meta-analyses focused on family life education (e.g., Hawkins & Fackrell, 2010; Holmes et al., 2010).

Coding Procedure

Studies were coded by the first author to assess the inclusion criteria and to document available data. A codebook was created to guide the coding process. In general, classes were taught over 4 to 8 weeks with an average of 13 hours of program participation. Different programs were used across most of the studies, but all programs addressed (a) normalizing the stepfamily experience, (b) issues of parenting children (yours, mine, and ours) and the links to couple functioning, (c) positive couple communication, and (d) couple conflict management. For early studies that reported participant demographics, samples were often small ($M = 32$ participants) and homogeneous in terms of the racial makeup of participants ranging from 85% to 92% European American. Samples after 2001 were larger ($M = 833$ participants) and reported more racial heterogeneity: 65% to 73% European American. Most studies (71%) included only married couples with a broad range of years married. Four studies, all produced after 2001, included cohabiting stepcouples. All participants had children, but data were not available to consistently identify child demographic information. It should be noted that over half of the studies—mostly earlier studies—did not include full sample descriptions.

Measured outcome variables were divided into target outcome domains: family, parenting, couple, and individual functioning. Family

functioning was captured with measures of family cohesion, conflict, organization, adaptability, and harmony. Parenting was measured via instruments assessing parental support, conflict over children, parenting practices, coparenting quality, and parental efficacy. The couple relationship was examined using measures of adjustment, communication, commitment, trust, and stability. Individual functioning was measured via scales assessing depression, self-esteem, ability to cope, and individual empowerment (i.e., confidence in personal capabilities and intentionality in the use of personal strengths). Overall effectiveness was determined by aggregating these target outcomes. An expert on stepfamily education programs and evaluation reviewed half of the studies to assess coding reliability. Disagreements were resolved by discussion. Any resulting changes in coding were extended to the entire data set.

Each of the studies reported pretest data (i.e., means, standard deviations, and sample size) prior to program participation and posttest data immediately after program completion. Program evaluators were contacted directly when the study report did not provide statistics needed for the meta-analysis. When coding the one-group/pre-post studies, correlation assessments between the pretest and posttest were needed to calculate precise effect sizes. These were available in most studies, but when they were unavailable and could not be obtained, we estimated them to be .50, an estimate that does not bias the overall effect size (Hawkins & Fackrell, 2010; Nowak & Heinrichs, 2008).

Effect Size Computation

Summary effect sizes, which will be referred to simply as effect sizes, are calculated differently by study design. Effect sizes for comparison-group design studies represent the overall standardized mean difference between the treatment and comparison group; effect sizes for one-group/pre-post studies represent the standardized mean gain score between the pretest and posttest. Because the effect sizes across study design represent different types of comparisons (Lipsey & Wilson, 2001), the analyses in the current study were conducted separately by study design.

Of the comparison-group studies, four utilized an experimental design (randomized treatment and control) and three studies utilized a

Table 1. Overview of Included Intervention Studies:

Study	Program	No. of Research Participants	Study Design	Outcomes
Adler-Baeder & Lucier-Greer (2011) ^a	<i>Smart Steps</i> (Adler-Baeder, 2007) or <i>Together We Can</i> (Shirer, 2009)	E = 539 C = 61	Pre-post	F, P, C, I
Bielenberg (1991) ^a	<i>Strengthening Your Stepfamily</i> (Einstein & Albert, 1986)	15	Pre-post & 8-week follow-up	F, P, I
Brady & Ambler (1982) ^a	Program created by author based on research	33	Pre-post	F
Cuddeby (1984)	Program created by author based on research	24	Pre-post & 4 week qualitative follow-up; control group but outcome data not reported	F, P
Gellat et al. (2010) ^a	Parenting Toolkit: Skills for Stepfamilies	E = 140 C = 148	Pre-post & 8 week follow-up; randomized control group	F, P, C
Gibbard (1998)	<i>Effective Stepparenting</i>	26	Pre-post	F, P, C
Henderson (2001)	<i>Strengthening Your Stepfamilies</i> (Albert & Einstein, 1986)	E = 30 C = 30	Pre-post; randomized control group	F
Higbie (1994)	<i>Empowering Stepfamilies Program</i> (n = 22); OR Support group format (n = 21)	E = 21 C = 22	Pre-post & 6 week follow-up; quasi-experimental comparison-group	F, C
Higginbotham (2010) ^a	<i>Smart Steps</i> (Adler-Baeder, 2007)	2,332	Pre-post; 6-week follow-up	F, P, C
Nelson & Levant (1991) ^a	Combination of recommended skills (listening, self-awareness, communication)	E = 14 C = 20	Pre-post; quasi-experimental comparison group	F, P
Nicholson & Sanders (1999) ^a	Program of addressing child behavior problems in remarried families (Lawton & Sanders, 1992)	E = 52 C = 32	Pre-post & 6-week follow-up; randomized control group	P
Oregon Social Learning Center (2010) ^a	Parent Management Training from Oregon (PMTO)	E = 67 C = 43	Pre-post & 12-month follow-up; randomized control group	P, C
Stroup (1982)	Multiple Family Group Treatment with content selected during pilot work	14	Pre-post	F, C
Webber, Sharpley, & Rowley (1988) ^a	<i>Living in a Stepfamily</i> (Webber)	20	Pre-post	C, I

Note: E = experimental/treatment group; C = control/comparison group; F = family, P = parenting, C = couple, I = individual.

^aPeer-reviewed publication.

quasi-experimental design (sorting participants into the treatment or comparison-group often based on participant availability). Combining experimental and quasi-experimental studies is a fairly common practice in programmatic meta-analysis with smaller sample sizes (e.g., Hawkins & Fackrell, 2010; Holmes et al., 2010), but to ensure that this was appropriate, we tested whether the effect sizes for the experimental and quasi-experimental studies were statistically different. No statistically significant differences in the effect sizes ($Q = .70$, $p = .40$) were found. Q represents the test of homogeneity of the effect size or, in other words, tests the null hypothesis that groups share a common effect size. Significant effects indicate heterogeneity or evidence that the true effects vary between groups. Therefore, the pooling of the experimental and quasi-experimental studies in our analyses appears justified.

Effect sizes were calculated using a random effects model with Hedges' (1981) correction, which adjusts effect size analyses accounting for small sample bias, as many of the studies reported relatively small sample sizes (i.e., <50 participants). Each effect size was weighted by the inverse of its variance (which includes both within-study and between-study variance) and averaged to create the overall summary effect size. Weights based on inverse variance rather than sample size provide a more nuanced measure, as the variance takes into account the total sample across studies as well as the sample size of each group. All analyses were conducted using Comprehensive Meta Analysis (CMA) Version 2.

RESULTS

RQ1: Effects on Global Functioning

To address RQ1, the overall effectiveness of CRE programs for individuals in stepcouple relationships was examined to assess changes in participant functioning. Self-reports on measures of family functioning, parenting or the coparenting relationship, the couple, and the individual were combined using standardized scores. For the studies that employed a comparison-group design, the overall standardized mean difference effect size was calculated. A small but significant change in functioning was found ($d = .20$, $p = .008$, $k = 7$, 95% CI: .05–.35, $Z = 2.63$,

$p = .008$), indicating that participants reported improvements in functioning after participating in the CRE class. The Q test for homogeneity was conducted to ascertain whether the effect sizes from the individual studies estimated the same population effect size; statistics indicated that this was a homogeneous set of studies ($Q = 4.57$, $p = .60$). The range of effect sizes was fairly large, from $d = .07$ to $.72$. Publication bias did not appear to be an issue, as there was no significant difference between published and unpublished studies ($Q = .44$, $p = .51$).

As a general guide of effect size interpretation, a Cohen's d of .20 is considered to be a small change, .50 is moderate, and .80 is large (Cohen, 1977). Because participants in an educational program (a) may already be at a higher level of functioning and (b) experience the program for a relatively brief period (4–8 weeks, on average), Wolf (1986) suggested that an effect size around .25 represents a practical educational difference. Using the Rosenthal and Rubin (1982) Binomial Effect Size Display (BESD), a standardized mean difference is translated into a success rate indicator noting the percentage of participants above the success threshold at posttest for both the treatment and comparison groups. According to the BESD, an effect size of .20 can also be interpreted to mean that about 55% of treatment group participants and 45% of those in the control condition would show above median improvements in functioning.

Next, program evaluation studies that utilized a one-group/pre-post design were examined, comparing scores of the treatment group at pretest to the scores of that same group at posttest. The overall effect of relationship education for individuals in stepfamily couple relationships was significant ($d = .44$, $p = .006$, $k = 8$, 95% CI: .13–.76, $Z = 2.75$, $p = .006$), yet the Q test for the hypothesis of homogeneity had to be rejected, indicating that there was substantial unexplained variance ($Q = 24.19$, $p < .001$). An outlier test was conducted, and the meta-analysis was then conducted again without the outlier (Stroup, 1982). The effect size of the Stroup study, an unpublished dissertation, was $d = 3.25$, $p < .001$, indicating a shift in the mean score of over three standard deviations. When we excluded this study, the range of effect sizes was more modest, from $d = .1$ to $d = .52$, and the overall effect size across studies decreased but remained significant ($d = .23$, $p = .004$, $k = 7$, 95% CI: .07–.38,

$Z = 2.88, p = .004$). With the outlier study removed, the Q test indicated that these were homogenous studies ($Q = 7.43, p = .28$). After program participation, about 59% of participants were above the overall preprogram median score. For one-group/pre-post studies, the difference between published and unpublished studies was significant when the Stroup (1982) study was included ($Q = 18.51, p < .001$), but no differences were found when this study was removed from the analysis ($Q = 1.739, p = .19$).

RQ2: Effects in Specific Domains

RQ2 examined effects of specific target outcomes; thus, separate analyses for each of the outcomes were conducted. Unfortunately, not enough data were available to test for an effect of CRE on individual functioning (k should be ≥ 3 ; Valentine et al., 2010). For the comparison-group studies, small but significant effect sizes were found for family functioning measures ($d = .20, p = .018, k = 5, 95\% \text{ CI: } .03 - .37, Z = 2.36, p = .018$) and parenting variables ($d = .24, p = .004, k = 5, 95\% \text{ CI: } .08 - .41, Z = 2.84, p = .004$). The effect size for enhancements in the couple relationship was nonsignificant ($d = .07, p = .38, k = 4, 95\% \text{ CI: } -.09 - .24, Z = .88, p = .38$).

For the one-group/pre-post studies, results are reported with the identified outlier (Stroup, 1982) excluded. Significant effect sizes were found for family functioning measures ($d = .24, p = .014, k = 6, 95\% \text{ CI: } .05 - .43, Z = 2.45, p = .014$) and parenting measures ($d = .35, p = .008, k = 4, 95\% \text{ CI: } .09 - .61, Z = 2.65, p = .008$). The effect size of the

couple measures was also significant, but very small ($d = .08, p = .017, k = 4, 95\% \text{ CI: } .02 - .15, Z = 2.39, p = .017$).

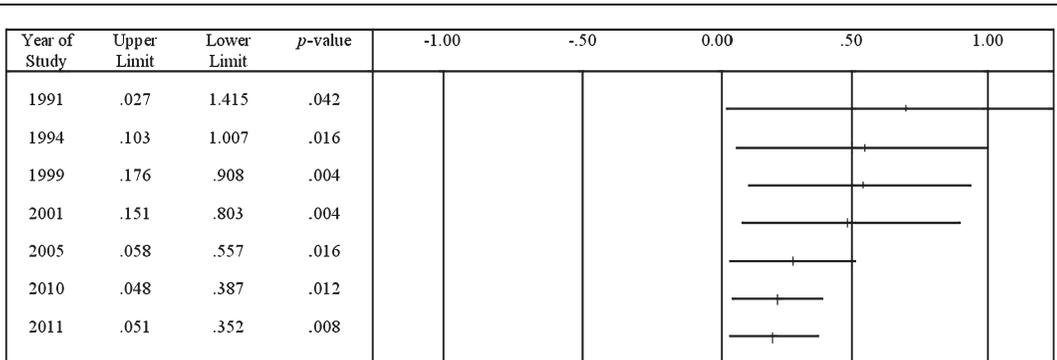
RQ3: Cumulative Effects

RQ3 addressed cumulative effects over time across the studies. Cumulative effects procedures are used as a mechanism for displaying or illustrating a series of analyses in a single plot. The order of these analyses is based on some factor, in this case, time. Thus, the display illustrates how the estimate of the effect size shifts as a function of time (Borenstein et al., 2009). Separate cumulative effects plots were created for comparison-group and one-group/pre-post studies (see Figure 1). For both the comparison-group and one-group/pre-post studies, there appears to be a trend of smaller, although still statistically significant, effect sizes across time, suggesting that more recent programmatic evaluations appear less effective than those implemented three decades ago. Post hoc meta-regression analyses confirm this trend ($B = -.02, Z = -1.81, p = .07$), such that, on average, for every year, there is a corresponding $-.02$ decrease in the effect size. As depicted in Figure 1, however, confidence intervals become more precise over time, indicating higher quality studies and larger sample sizes. This trend is also found for one-group/pre-post studies ($B = -.01, Z = -2.70, p = .007$).

DISCUSSION

In this meta-analysis, 14 studies spanning four decades were examined to assess the effectiveness of CRE for stepcouples. These

FIGURE 1. CUMULATIVE EFFECTS FOR COMPARISON-GROUP STUDIES ARRANGED CHRONOLOGICALLY.



programs address the compounded needs of this at-risk population of couples who are repartnered with a child or children from one or more previous relationships and utilize a family systems approach to couple strengthening by targeting several subsystems of the stepfamily (Adler-Baeder, Robertson, et al., 2010). The analyses reveal small yet significant results of overall effectiveness for individuals in stepcouples (comparison-group studies: $d = .20$; one-group/pre-post studies: $d = .23$). This indicates that the mean level of reported functioning improved just over a fifth of a standard deviation after participants engaged in CRE programs.

These effects are only slightly smaller than those found for lower income samples ($d = .25$ to $.29$ for overall effects; Hawkins & Fackrell, 2010) and couples transitioning to parenthood ($d = .28$ for communication; $d = .21$ for psychological well-being; Pinquart & Teubert, 2010) but considerably smaller than those found for studies of generalized CRE ($d = .30$ to $.36$ for relationship quality; Hawkins et al., 2008) and distressed couples ($d = .23$ to $.57$ for communication; Blanchard et al., 2009). The effect sizes in the current meta-analysis are close to the threshold noted as “practically meaningful change” for participants in educational settings (i.e., $d \geq .25$; Wolf, 1986) but are still considered comparatively small. This may indicate that more needs to be done to improve the effectiveness of programming for stepcouples, but it also may be because of the focus of the measures of functioning. Only 2 of the 14 studies used stepfamily-specific measures (e.g., stepfamily adjustment). It could be that variables such as couple quality and family functioning look different in stepfamilies and include other dimensions not assessed. Stepfamily-specific measures may capture a truer picture of the change that may be occurring for these participants.

When examining specific target outcomes, small, positive effect sizes were found for family functioning in comparison-group ($d = .20$) and one-group/pre-post design studies (Stroup, 1982, excluded: $d = .24$) and for parenting in comparison-group ($d = .24$) and one-group/pre-post design studies ($d = .35$). The effect on couple functioning at postprogram was not significant for comparison-group design studies and was very small for one-group/pre-post studies (Stroup, 1982, excluded: $d = .08$). From

this pattern of findings, a few suppositions are offered. Perhaps CRE programs may currently be more effective at targeting the broader family dynamics and parenting issues related to stepfamily development compared to issues related specifically to the couple relationship. Although it is shown that the quality and stability of the couple relationship in the stepfamily is directly related to the quality of other family relationships, particularly the stepparent-stepchild relationship (Hetherington & Kelly, 2002), it may also be that participants are coming to these classes looking for solutions to issues related to the family unit and parenting rather than couple dynamics. Cartwright (2010) found that, in general, stepcouples often do not report the couple’s relationship as a primary source of concern. More focus tends to be placed on roles within the family, the stepparent-stepchild relationship, and parenting concerns, particularly in the early years of stepfamily formation (Ganong & Coleman, 2004). This finding may also indicate a process of change among subsystems in the family rather than concurrent change. That is, enhancements to the couple relationship may follow enhancements in other areas. Unfortunately, follow-up data were not sufficient in the existing studies to examine this possibility.

Finally, a cumulative effects procedure was conducted. This is a common procedure in meta-analysis, especially in medical research, yet this appears to be a unique addition to the study of CRE. As previously stated, cumulative effects models are used as a mechanism to display trends across sociohistorical time, from the beginning of CRE programming to the current day. The assumption was that program development has occurred within the context of a developing empirical literature such that program enhancements and the potential for greater effects would be expected over time as new empirical literature is contributed (Higginbotham, Henderson, & Adler-Baeder, 2007; Hughes, 1994; Jacobs, 1988). Although programs over this 30-year span cover much of the same core programmatic content (Whitton et al., 2008), the more recent programs include additional content and an explicit theoretical base (Adler-Baeder & Higginbotham, 2004).

Interestingly and contrary to expectations, trends from the cumulative effects models for the comparison-group and one-group/pre-post

studies suggest that more recent studies produce smaller but more precise effect sizes. Meta-regression analyses confirmed this trend. The post hoc nature of this research question only allows for speculation as to why more recent programs are less effective than those implemented three decades ago. Because stepfamilies have become increasingly prevalent over the years, it may be that the experience has become comparatively more “normalized,” resulting in entry into recent programs of less distressed couples. Another observation is that earlier studies served predominantly European American (often >90%) and middle-income married couples, whereas studies conducted after 2001 served more ethnically and economically diverse samples (approximately 65% European American) of both married and nonmarried couples. The research basis for content of the CRE curricula used in the studies is the empirical literature on stepfamilies, which continues to be dominated by study samples of married, European American, middle-class stepfamilies (Coleman et al., 2000; Sweeney, 2010). Perhaps program design adjustments are necessary to provide a better match with the current population served.

Research and Practice Implications

The results of the current study serve to inform the research literature on CRE and stepfamily interventions as well as several invested groups, including funding agencies, practitioners, and stepcouples themselves. From this initial meta-analytic study, we can conclude that CRE programs that target participants in stepfamilies, both married and nonmarried, are modestly effective in influencing overall participant functioning as well as specific target outcomes, including family functioning and parenting, and appear worthy of support. We suggest, however, that this not be the final step in the evaluation process. Evaluation is intended to be an iterative process in which research informs practice to benefit the experiences of those who seek educational services. Thus, CRE program development should be a dynamic process fueled by existing research results, including the current meta-analysis, and next steps include continued evaluations that inform the refinement of CRE programs (Higginbotham et al., 2007; Hughes, 1994; Jacobs, 1988). Individual evaluation studies with strong research designs are essential

as they dig deeper, evaluating factors related to program effects, such as the context of the implementation setting, including ethnic and economic diversity of participants. Understanding both broad effects and more specific processes will serve to inform research and practice. Specifically, it is important to explore further the lack of evidence of program effects in the couple domain for CRE targeting stepfamilies.

It is not possible to determine from the current study if improvements in family functioning and parenting would eventually lead to couple-level changes because of the lack of studies with long-term follow-up data. Understanding of the patterns of change among multiple outcome areas across time for CRE participants is needed (Adler-Baeder, Bradford, et al., 2010). In addition, evaluations of general CRE programs would benefit from the examination of change patterns by couple type (e.g., first marriage, stepfamily, cohabiting couple) and relationship stage (e.g., newlywed, early marriage, later marriage).

The cumulative effects procedure raises important questions for the field of CRE and stepfamily programming specifically. Researchers are encouraged to examine trends in CRE effectiveness with other subpopulations of participants. Early CRE programs for stepcouples appear more effective than recent studies, but the findings of the more recent studies suggest more precise estimates likely because of larger sample sizes being examined. Efforts to understand this apparent trend are critical to the development of best practices. Researchers are encouraged to implement evaluations that utilize an action research approach coupled with an ecocultural lens. This requires that researchers and program developers collaborate with community partners, educators, and participants to understand program context and needed changes as a means to inform scholarship and practice and lead to better outcomes for participants (Small & Uttal, 2005). It is also critical that the empirical study of stepfamilies include samples that more closely resemble characteristics of the current population of stepfamily couples attending CRE.

Study Limitations

This meta-analysis provides novel information on the effectiveness of stepfamily educational programming; however, limitations should be

noted. First is the limited sample size. It is evident that further work is needed to build on this body of research, as inclusion of a greater number of studies allows researchers the ability to conduct analyses of specific target outcomes. In the current study, it was not possible to assess individual functioning or examine moderators such as program context because of the limited number of studies that contributed relevant data. Most notably, the long-term effects of CRE for stepcouples could not be addressed with the current sample of evaluation studies. The lack of studies with follow-up data, in general, and data that goes beyond 2 months, more specifically, leaves a gap in our understanding of these long-term effects. This deficit limits our ability to fully evaluate programs for their sustained or delayed effects or both and limits potential policy implications. At present, the most we can say is that the findings are informative of initial effects of CRE programs for stepfamilies.

It is important also to acknowledge that the relatively small number of studies included in this meta-analysis may not represent the population of effects for all stepcouples served in CRE. It is not clear how representative these 14 studies are of all the educational programs offered to couples in stepfamilies over the past four decades; thus, interpretations should be made with some caution. Previous work in this field and methodological guidelines suggest, however, that this is an adequate number of studies to meaningfully contribute to the body of literature on stepfamilies and CRE. Valentine et al. (2010) noted that “given the need for some kind of synthesis, all the available alternatives are worse than meta-analysis (even those with few studies), in that they are likely to be based on less defensible assumptions and on less transparent processes” (p. 239). A larger sample of studies that collect pre-, post-, and follow-up data using empirically validated measures can further develop our knowledge of the sustained impact of CRE for stepcouples and the variations in outcomes that may exist based on stepfamily couple characteristics.

Finally, in an attempt to be inclusive of all evaluation studies, this study included both published and unpublished work. This is beneficial to avoid publication bias and the overestimating of effects as noted in previous meta-analyses (e.g., [Fawcett et al.](#),

[2010](#)). Although no statistical differences were found, it is still difficult to determine the quality of work contributed by unpublished studies, as these studies have not undergone a peer-reviewed evaluation process.

Conclusions and Future Directions

CRE programs for stepcouples have, on average, small but significant effects overall; however, larger effects were found for changes in family and parental functioning following program participation. Suggested future directions of this work include empirical and evaluative work as well as critical programmatic assessments. Increasing the empirical knowledge of stepfamily development and functioning among more diverse populations is essential (Sweeney, 2010). In addition, researchers and program developers are encouraged to continue implementing an iterative approach to program evaluation and refinement using individual research findings and the findings of the current study, as these can provide insight into the strengths and areas of needed development for CRE programs for stepcouples. Quality research designs framed with an ecocultural lens using control groups and long-term follow-up procedures are needed. Additionally, using a variety of measures specific to couples in stepfamilies and stepfamily functioning, including stepparenting behaviors and quality and coparenting behaviors and quality, will enhance our understanding of these CRE programs’ effects and continue to move the study of CRE programs forward.

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