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## Divorce and Predictors of Child Outcomes: The Impact of Divorce Education, Parenting, Coparenting, and Adult Quality of Life

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**ABSTRACT.** This article describes a quasi-experimental design study comparing a sample of divorcing parents who attended a divorce education program to a sample of divorcing parents who did not attend a divorce education program. The data were analyzed using four child outcomes (emotional symptoms, conduct problems, peer problems, prosocial behaviors), with several predictors. Results indicated that divorce education was significantly correlated with improved child outcomes related to prosocial behavior; however, across models, positive parenting was the most common significant predictor. Implications of this study point to specific content areas that divorce education programs can focus on to improve outcomes for families, particularly around positive parenting.

*Keywords:* Divorce, divorce education, child outcomes, parenting, coparenting.

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## **Divorce and Predictors of Child Outcomes: The Impact of Divorce Education, Parenting, Coparenting, and Adult Quality of Life**

When parents divorce, some children can be at greater risk for negative outcomes due to an accumulation of risk factors. Identified risk factors for negative child outcomes include less effective and warm parenting practices, negative and conflictual coparenting relationships, and decreased parent quality of life (e.g., worsening psychological health, increased economic hardship, etc., Amato, 2000; Kelly, 2012). These variables are interactive in that improvements in one area may create iterative loops of positive spill-over into other areas (e.g., Katz & Gottman, 1996; Margolin, Gordis, & John, 2001; Leidy, Parke, Cladis, Coltrane, & Duffy, 2009). For example, a positive and supportive coparenting relationship may improve adult quality of life through sharing the parenting load and improving parenting practices, thus reducing overall stress in the family system (Fagan & Lee, 2014; Feinberg, 2003; Durtschi, Soloski, & Kimmes, 2017). Each of these variables—adult individual well-being, coparenting conflict, and parenting—all impact child outcomes post-divorce (Stallman & Ohan, 2016). Recognition of the role that parents play as protective factors for their children, particularly during developmental turning points (Rutter, 1987), is a strong argument for the importance of parent education for divorcing parents. Parent education, in turn, can create a ripple effect towards resilience in families' lives, with the potential to ameliorate the risks associated with some parental divorces (Doty, Davis, & Arditti, 2018).

Divorce Education (DE) programs widely proliferated in the 1990s in response to the need to address identified risk factors for children whose parents were divorcing (Geasler & Blaisure, 1999; Mulroy, Riffe, Brandon, Lo, & Vaidyanath, 2013; Pollet & Lombreglia, 2008). Research indicates that DE is moderately impactful in improving outcomes for children and families (Fackrell, Hawkins, & Kay, 2011). DE typically includes content related to parenting, coparenting, and other identified risk and protective factors for child outcomes during and after divorce. A review conducted by Geasler and Blaisure (1998) identified that DE programs often have a mix of parent-focused content, child-focused content, and court-focused content. Despite the proliferation of DE programs and the inclusion of identified risk and protective factors, the evidence of the effectiveness of these programs is limited by the lack of rigorous study design and analysis (Fackrell, Hawkins, & Kay, 2011; Sigal, Sandler, Wolchik, & Braver, 2011). The goal of the current study was to use a quasi-experimental design to identify how one DE program (Parents Forever) influenced parental reports of child outcomes along with other important predictors of risk and resiliency.

### **Literature Review**

#### **Divorce and Child Outcomes**

A resilience framework is helpful in describing the complex and dynamic nature of outcomes for children from divorcing families (Kelly, 2012). Based on a review of the empirical literature (from the 1990s through the aughts), Kelly (2012) described that after controlling for “pre-divorce variables,” the impact of divorce on children decreases as the amount of time elapsed since the divorce increases (p. 50). However, even with that adjustment, “the risk [of negative outcomes] is more than twice as large: 25% of children whose parents divorced had adjustment problems, compared to 10% of children and adolescents in still married families” (pg. 50). Therefore, there is some risk to children in families who divorce, however, the increased risk for poor outcomes may not be directly related to divorce, but, rather, influenced through other

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contextual variables. Kelly (2012) then describes the importance of two caveats when thinking about children of divorce: the risk for negative outcomes among children whose parents divorce is not unilateral; and most children exhibit resilience. For some children, an increased risk for poor outcomes is related to the higher level of conflict they experience between their parents, not an inherent risk associated with their parent's relationship dissolution. In these cases, children exposed to higher levels of conflict would be at greater risk, regardless of whether their parents divorce or not. In cases where divorce ends high-conflict relationships, children report "relatively high levels of well-being" (Booth & Amato, 2001, p.205) indicating that divorce, in fact, may contribute to higher well-being among some children, similar to children whose families experience intimate partner violence and family violence and who then divorce (Dare & Mallett, 2009).

On the other hand, when parents end low-conflict relationships, some children seem to be at a greater risk of negative psychological and social outcomes (Booth & Amato, 2001). Booth & Amato (2001) argue that low-conflict couples that stay married and low-conflict couples that divorce are not especially different except regarding moral and structural support for staying married. Their explanation for children's increased risk when parents end low-conflict relationships is connected to "children's perceptions of the divorce—the extent to which it is unexpected, unwelcome, and unpredictable" (Booth & Amato, 2001, p. 211). Children also experience loyalty toward their parents, and the process and logistics of parental separation can cause children to experience a variety of difficult feelings inherent to the process itself (Johnsen, Litland, & Hallström, 2018).

## Parenting

One of the primary ways that conflict between coparents affects child outcomes is through reducing the quality of one's parenting. When parenting is effective and warm, parents can act as protective factors for children, which is especially important during times of stress and transition (Masten, Best, & Garmezy, 1990). Effective and warm parenting is often measured through positive parenting (i.e., how encouraging, affectionate, and supportive a parent is), consistency of parental discipline practices, and levels of developmentally appropriate parental supervision (Elgar, Waschbusch, Dadds, & Sigvaldason, 2007).

Some literature about married parents indicates that those with higher levels of marital conflict tend to use harsher and more inconsistent parenting practices and are less warm and accepting with their children (e.g., Gonzalas, Pitts, Hill, & Roosa, 2000; Krishnakumar & Buehler, 2000; Sturge-Apple, Davies, & Cummings, 2006). However, Elam et al. (2019), found that irrespective of conflict levels, children were most at risk when parents had high levels of parenting time and low levels of parenting quality. The authors theorized that families early in the divorce transition, when stress levels were high, would be most likely to exhibit this pattern of high parenting time/low-quality parenting, but that over time this would improve as stress decreases.

There is also evidence to suggest that parenting post-divorce, particularly for fathers, is contextually influenced, with nonresidential fathers and fathers without joint custody arrangements (and less parenting time) having lower parenting quality than residential fathers, single fathers, and fathers with joint custody/shared parenting time (Bastaitis & Mortelmans, 2016). Particularly for nonresidential parents, coparenting is a key variable in how parenting is enacted in a post-divorce family (Fagan & Palkovitz, 2011). Additionally, there is some evidence

that a feeling of initiating the divorce is can play a role in parenting post-divorce: Baum (2003) found that fathers who felt that they had initiated the divorce tended to engage in higher quality parenting.

### **Adult Quality of Life**

Adults who divorce tend to have an increased risk of behavioral health problems, social difficulties, and economic stress (Amato, 2000). Many adults experience a short-term decline in psychological well-being that eventually improves (Blekesaune, 2008; Lorenz, Wickrama, Conger, & Elder, 2006). Divorce can cause disruptions in health insurance coverage, increased economic stress, and strains associated with single parenting, which may over time create a cumulative health impact for divorced persons (Peters, Simon, & Taber, 2014; Lorenz, Wickrama, Conger, & Elder, 2006). However, women seem to experience a sharper decline in physical health long-term compared to their still-married peers (Lorenz, Wickrama, Conger, & Elder, 2006). This decline for women is by no means unilateral and not all women experience declines in health. Women who end low-quality relationships seem to experience an increase in post-divorce life satisfaction (Bourassa, Sbarra, & Whisman, 2015).

The benefits and costs of marriage and divorce on adult quality of life are also contextually and culturally dependent. Research on diverse family formations in sub-Saharan African countries (Adeymi, 2017), women in Iran (Sheykhi, 2014), and married, divorced, and unmarried adults in South Korea (Han, Park, Kim, Kim, & Park, 2014) indicated a nuanced interplay of factors related to marriage, divorce, and quality of life. For example, Han et al., 2014 found that marriage had a positive impact on quality of life for both men and women, but that this impact dissappeared for people under the age of 30.

### **Coparenting**

Coparenting, as a construct, refers to the relationship parents have with each other as they engage in the task of parenting their shared children. This includes the extent to which care is coordinated between the two coparents and how each person feels supported in their parenting role by the other parent (Feinberg, 2003). Coparenting is a separate aspect of the relationship between parents. It is connected to, but different from, their romantic relationship, and is focused on how they raise children together. While coparenting is connected to other aspects of parents' relationship with each other (Lamela & Figueiredo, 2011), it is considered separate in that it focuses on aspects of the relationship connected to raising children (Feinberg, 2003).

Coparenting conflict is defined as a conflict between parents that centers around children, or conflict that inappropriately involves children. Examples include asking children to play intermediary between parents or engaging in intense fighting in front of the children (Feinberg, 2003). Lamela, Figueiredo, Bastos, & Feinberg (2016) found that a higher degree of coparenting cooperation and support and less coparenting conflict is associated with improved child outcomes post-divorce. Coparenting also operates within a social context with both social relationships (McHale, Kuersten-Hogan, & Rao; 2004) and perceived social group disapproval of one's former partner influencing coparenting conflict (Visser et al., 2017).

Interventions such as parenting coordination can be a resource for high conflict coparents struggling to coparent effectively post-divorce (Mitcham-Smith & Henry, 2007). This type of parenting coordination may be additionally helpful because when legal proceedings around

divorce are longer and more conflictual, the coparenting relationship is also negatively impacted (Baum, 2003). More research is needed, however, into what factors increase the likelihood of high conflict coparenting and what interventions can effectively address it. For example, one qualitative study of high conflict coparents found that parents reported mixed experiences around the effectiveness and helpfulness of parenting coordination (Mandarino, Pruett, & Fieldstone, 2016).

### **Overarching Research Question**

Will divorcing parents who participated in a DE course, when compared to divorcing parents who did not participate in a DE course (controlling for parenting, adult quality of life, coparenting alliance and coparenting conflict), have improved reports of child behavior i.e., emotional symptoms, conduct problems, peer problems, and prosocial behaviors?

### **Method**

#### **Procedure**

Studies were approved by the University of Minnesota Institutional Review Board. Parents Forever is a comprehensive curriculum designed for parents and caregivers of children who have experienced a family transition such as divorce or separation. The curriculum emphasizes not only improving child outcomes, but also the health and well-being of parents, coparents, and other caregivers. Parents Forever is organized into five main sessions that are intended to be taught in the following order: Introduction to the Course; Taking Care of Yourself; Taking Care of Your Children; Being Successful with Coparenting, and Course Conclusion.

Curriculum development was informed by adult learning theory (Knowles, 1984), which posits that adult learners represent a wide range of attitudes and abilities toward learning. As identified by Knowles, adults tend to: have a broad base of experience upon which to draw, have busy lives outside the classroom, want the information to be relevant and applicable, and want their learning to be problem-centered and personalized. The Parents Forever course objectives include: understanding the family transition journey and how each family member will be affected; recognizing and learning about the role of self-care, parent-child relationships, and coparenting in child well-being; identifying the families' internal and external resources; and planning how to leverage these resources to promote resilience for all family members involved.

#### **Divorce Education Sample (intervention)**

The intervention sample of participants (who attended a divorce education class) was recruited from an in-person DE program that teaches Parents Forever to parents mandated to attend within 60-90 days after filing for divorce. After registering for the course, parents were mailed letters inviting them to participate in the study with an option of completing the survey online or by paper. Participants took a survey within two weeks prior to the class, the two weeks after the class, and then a three-month follow-up. Post surveys (after the class) and the three-month follow-up were either mailed to participants or sent via email based on participants' preference. Research assistants and trained facilitators attended each class to do observations for fidelity testing. In total, data was collected over the course of 11 months. Classes were taught (alternating by month), in a single-day 8-hour block or in two 4-hour blocks. Participants were provided a \$10 gift card incentive for completing the pre and post surveys, and a \$20 gift card incentive for completing the follow-up survey.



The intervention sample (n=80) predominantly self-identified as White (93.8%, n=75) with the remaining identifying as multiracial (2.5%, n=2), choosing to not self-identify (2.5%, n=2), and Hispanic/Latino (1.3%, n=1). A slight majority of participants were female (58%, n=46) as compared to male (42%, n=34), with ages ranging from 23 to 57 (M=36.97, SD=7.29). Participants reported relationship length with coparent ranging from 2 years to greater than 20 years (M=13.29, SD=5.79).

**No divorce education (comparison sample).** A nonequivalent comparison group was recruited using an online workforce platform, Qualtrics Panels (n=142). Qualtrics Panels is an online survey workforce system that pays participants small incentives (e.g., frequent flyer miles, online shopping credits) with a monetary equivalent (ranging from \$2 to \$4) to complete surveys. Participants were recruited to complete a pre-survey if they had filed for divorce within the past 6 weeks, had minor children, and had not attended divorce education. The purpose of a comparison sample in this study was to collect data on a group of divorcing parents who did not complete divorce education. After completing a pre-survey (n=451), participants were asked to complete a follow-up survey 3-months later (n=150), with a final matched sample of 142 participants. Almost two-thirds of the sample self-identified as White (63.4%, n=90), with remaining participants reporting as Black or African American (12%, n=17), multiracial (11.3%, n=16), Hispanic/Latino (7%, n=10), Asian (4.9%, n=7), and American-Indian (1.4%, n=2). A slight majority of the sample was female (58%, n=82), compared to male (42%, n=60) with ages ranging from 18 to 63 (M=34.9, SD=8.01). Participants reported a relationship length with coparent ranging from 1 year to greater than 20 years (M=9.51, SD=4.97).

## Measures

**Strengths and Difficulties Questionnaire (SDQ).** The SDQ (Hill & Hughes, 2007) is a measure for parent report of a target child's behavioral outcomes and includes five subscales each containing five items. The scales measure prosocial behaviors, conduct problems, hyperactivity, peer problems, and emotional symptoms. Parents scored their children on a three-point Likert scale from 1 (certainly true), to 3 (not true), with higher scores indicating greater problems, with some items reverse coded. Example items include: "Many worries or often seems worried", and "Steals from home, school, or elsewhere". For this study we only examined four of the subscales, excluding hyperactivity. The internal consistency reliability scores of the various subscales in the original scale development (Hill & Hughes, 2007) were as follows: peer problems ( $\alpha=.64$ ), conduct problems ( $\alpha=.84$ ), prosocial behavior ( $\alpha=.84$ ), and emotional symptoms ( $\alpha=.74$ ). This can be compared to the reliabilities for our samples. For the divorce education sample, internal consistency reliability scores were as follows between time one and time two: peer problems ( $\alpha=.62-.71$ ), conduct problems ( $\alpha=.66-.70$ ), prosocial behavior ( $\alpha=.71-.77$ ), and emotional symptoms ( $\alpha=.70-.77$ ). For the comparison sample, internal consistency reliability scores were as follows between time one and time two: peer problems ( $\alpha=.63-.66$ ), conduct problems ( $\alpha=.74-.80$ ), prosocial behavior ( $\alpha=.67-.69$ ), and emotional symptoms ( $\alpha=.86-.88$ ).

**Parenting.** The Alabama Parenting Questionnaire (APQ; Elgar, Waschbusch, Dadds, & Sigvaldason, 2007) was used to assess three aspects of parenting; positive parenting, inconsistent discipline and poor supervision. The questionnaire consisted of nine items, with three-item subscales: Positive Parenting  $\alpha=.77$ ; Inconsistent Discipline  $\alpha=.74$ ; and Poor Supervision  $\alpha=.58$ . Each subscale was measured using three items. Parents were instructed to rate how often they engaged in a parenting activity from 1 (Never) to 5 (Always). An adaption was made to the scale

to include “not applicable, child too young” as an answer option because some questions seemed inappropriate for younger age children. This was coded as missing data. Examples of items included “You have a friendly talk with your child” and “You get so busy that you forget where your child is and what they are doing.” The published scale reliabilities described above can be compared to the reliabilities for the samples in this study. For the divorce education sample, internal consistency reliabilities were as follows between times one and two: positive parenting ( $\alpha=.86-.88$ ), inconsistent discipline ( $\alpha=.67-.74$ ), and poor supervision ( $\alpha=.81-.83$ ). For the comparison sample, internal consistency reliabilities were as follows between times one and two: positive parenting ( $\alpha=.79-.82$ ), inconsistent discipline ( $\alpha=.77-.83$ ), poor supervision ( $\alpha=.91-.92$ ).

**Adult Well-Being.** Participants’ self-report of their wellbeing was measured using the World Health Organization’s (WHO) Quality of Life Brief Scale (WHOQOL-BREF; WHO, 1996; Skevington, Lotfy, & O’Connell, 2004). Twenty-four items assessing four areas of well-being were used: physical ( $\alpha=.87$ ); psychological ( $\alpha=.87$ ); interpersonal ( $\alpha=.69$ ); and environmental ( $\alpha=.84$ ). Participants responded on 5-point Likert scales ranging from 1 (very dissatisfied or not at all) to 5 (very satisfied or completely). Higher scores represented greater self-reported quality of life. Example items include “How satisfied are you with yourself?” and “Do you have enough money to meet your needs?” The published reliabilities listed above can be compared to the reliability of this study’s samples. For the divorce education sample, internal consistency reliabilities were as follows between time one and two: physical ( $\alpha=.78-.86$ ); psychological ( $\alpha=.87-.88$ ); interpersonal ( $\alpha=.73-.74$ ); and environmental ( $\alpha=.82-.85$ ). For the comparison sample, internal consistency reliabilities were as follows between time one and two: physical ( $\alpha=.69-.73$ ); psychological ( $\alpha=.82-.83$ ); interpersonal ( $\alpha=.77-.85$ ); and environmental ( $\alpha=.88-.89$ ).

**Parental Conflict.** The Parent Adaptation of the Children’s Perception of Interparental Conflict (CPICS; Cookston, Braver, Griffin, De Luse, & Miles, 2007; Grych, Seid, & Fincham, 1992) was used to measure parental conflict. The self-report scale is composed of 15 items and uses three measurement points: true; sort of true; and false. The internal consistency reliability measures of the scale ranged from .86 to .90 (Cookston et al., 2007). Example items included, “Your child never saw you and your partner arguing or disagreeing,” and “Your child got scared when you and your partner argued.” The reliability from Crookston et al. (2007) can be compared to the reliability of this study’s samples. The internal consistency reliability measures of the divorce education sample ranged from .88 to .91. The internal consistency reliability measures of the comparison sample ranged from .73 to .78.

**Coparenting.** The coparenting relationship was assessed using the Parenting Alliance Inventory (PAYS; Abidin & Brunner, 1995; Dumka, Prost, & Barrera, 2002). The reported internal consistency reliability measure of PAYS is .97 (Abidin & Brunner, 1995). PAYS is a self-report scale containing 13 items and is measured using a 5-point response scale ranging from 1 (almost never or never) to 5 (almost always or always). Example items include, “When there was a problem with your child, you and your coparent worked together to find the best way to handle it,” and “Your coparent stood up for you in front of your child.” For this study, the divorce education sample internal consistency reliabilities ranged from .95 to .96. The comparison sample internal consistency reliability scores were .95 at both times.

**Analytical Framework**

Ordinary Least Squares linear modeling was conducted using the unstandardized residuals from each scale. Unstandardized residuals were used because we had multiple time points and needed to keep the data in its original scale, rather than standardized within time (McGuire & Gamble, 2009). The questionnaire data was coded into a STATA data file. The purpose of this study was to examine the effect of the divorce education on the score of the child variables— (i) Emotional Symptoms, (ii) Conduct Problems, (iii) Peer Problems, and (iv) Prosocial Behaviors; thus the effect was calculated using the regression method via STATA 15. The research question was analyzed using an Ordinary Least Squares model (OLS). Group was recoded into a dichotomous variable where 1 represented participation in divorce education, and 0 represented no participation in divorce education. To show the stability of the effect of treatment, we added the predictor variables in four steps: (Step 1) Divorce education or no divorce education, (Step 2) adult well-being, (Step 3) parent-child, and (Step 4) coparent relationship. Using these hierarchical steps, we estimated four models separately for the four child outcome variables.

**Results**

**Measures**

Tables 1-4 presents the effects of divorce education on the four child outcomes (emotional symptoms, conduct problems, peer problems, and prosocial behaviors, respectively) by using regression. Columns (1) through (4) show results on the full sample by including additional groups of control variables.

Based on the analysis, Table 1 displays results for child emotional symptoms.

**Table 1**

*Child Outcome: Emotional Symptoms*

Variables	Emotional Symptoms			
	(Step 1)	(Step 2)	(Step 3)	(Step 4)
Group-Participation (yes=1)	-0.11* (0.06)	-0.08 (0.06)	0.05 (0.09)	0.11 (0.08)
<b>Adult Well-Being</b>				
Adult Social Health		-0.01 (0.04)	0.02 (0.05)	0.03 (0.05)
Adult Self-Efficacy		-0.09 (0.05)	-0.05 (0.07)	-0.03 (0.07)
Adult Physical Health		-0.09 (0.07)	0.00 (0.08)	0.00 (0.08)
Adult Environmental Health		-0.00 (0.07)	0.09 (0.09)	0.08 (0.09)
Adult Psychological Health		0.07 (0.08)	0.03 (0.09)	-0.02 (0.09)
<b>Parent-Child</b>				
Inconsistent Discipline			0.14*** (0.05)	0.12** (0.05)



Variables	Emotional Symptoms			
	(Step 1)	(Step 2)	(Step 3)	(Step 4)
Positive Parenting			-0.14**	-0.17***
			(0.05)	(0.05)
Supervision			0.06	0.10**
			(0.05)	(0.05)
<b>Coparent Relationship</b>				
Conflict between Coparents				0.07
				(0.12)
Coparenting Alliance				0.04
				(0.05)
Constant	0.04	0.03	0.01	-0.03
	(0.03)	(0.04)	(0.04)	(0.04)
Observations	208	207	133	130
R-squared	0.02	0.04	0.19	0.26

Standard errors in parentheses  
 \*\*\* p<0.01, \*\* p<0.05, \* p<0.1

Parenting practices were significantly correlated to child emotional symptoms while divorce education participation was initially a significant predictor but became non-significant as other variables of interest were added into the model. Child conduct problem was the outcome variable in Table 2.

**Table 2**  
*Child Outcome: Conduct Problems*

Variables	Conduct Problems Symptoms			
	(Step 1)	(Step 2)	(Step 3)	(Step 4)
Group Participation (yes=1)	-0.11**	-0.10*	-0.04	0.01
	(0.05)	(0.05)	(0.07)	(0.07)
<b>Adult Well-Being</b>				
Adult Social Health		0.08**	0.13***	0.14***
		(0.04)	(0.05)	(0.05)
Adult Self-Efficacy		-0.02	-0.04	-0.03
		(0.05)	(0.06)	(0.06)
Adult Physical Health		-0.04	0.01	0.01
		(0.06)	(0.07)	(0.07)
Adult Environmental Health		-0.13**	-0.12	-0.12
		(0.06)	(0.08)	(0.08)
Adult Psychological Health		0.08	0.06	0.02
		(0.06)	(0.08)	(0.08)

Variables	Conduct Problems Symptoms			
	(Step 1)	(Step 2)	(Step 3)	(Step 4)
<b>Parent-child</b>				
Inconsistent Discipline			0.11** (0.04)	0.10** (0.04)
Positive Parenting			-0.10** (0.05)	-0.12*** (0.04)
Supervision			0.01 (0.04)	0.04 (0.04)
<b>Coparent relationship</b>				
Conflict between Coparents				0.02 (0.11)
Coparenting Alliance				0.02 (0.04)
Constant	0.04 (0.03)	0.04 (0.03)	0.03 (0.04)	0.00 (0.04)
Observations	209	208	133	130
R-squared	0.02	0.07	0.21	0.25

Standard errors in parentheses  
 \*\*\* p<0.01, \*\* p<0.05, \* p<0.1

In this model, divorce education participation was significantly correlated with conduct problems in the first two steps of the model but was no longer significant by the final step. Also, in Table 2, adult social health was a significant predictor of child conduct problem symptoms. Table 3 presents the model with the outcome variable of child peer problems.

**Table 3**  
*Child Outcome: Peer problems*

Variables	Peer Problems			
	(Step 1)	(Step 2)	(Step 3)	(Step 4)
Group-Participation (yes=1)	-0.22*** (0.05)	-0.18*** (0.05)	-0.08 (0.07)	-0.06 (0.07)
<b>Adult Well-Being</b>				
Adult Social Health		0.04 (0.04)	0.03 (0.05)	0.05 (0.05)
Adult Self-Efficacy		0.01 (0.05)	0.07 (0.06)	0.07 (0.06)
Adult Physical Health		-0.13** (0.06)	-0.07 (0.07)	-0.07 (0.07)
Adult Environmental Health		0.03 (0.06)	-0.00 (0.08)	0.02 (0.08)
Adult Psychological Health		-0.03 (0.06)	-0.04 (0.08)	-0.08 (0.08)

Variables	Peer Problems			
	(Step 1)	(Step 2)	(Step 3)	(Step 4)
<b>Parent-Child</b>				
Inconsistent Discipline			0.06 (0.04)	0.07 (0.05)
Positive Parenting			-0.12** (0.05)	-0.12*** (0.05)
Supervision			0.07* (0.04)	0.08* (0.04)
<b>Coparent Relationship</b>				
Conflict between Coparents				-0.06 (0.11)
Coparenting Alliance				0.04 (0.05)
Constant	0.08** (0.03)	0.06** (0.03)	0.05 (0.04)	0.04 (0.04)
Observations	210	209	134	131
R-squared	0.08	0.12	0.21	0.24

Standard errors in parentheses  
 \*\*\* p<0.01, \*\* p<0.05, \* p<0.1

In that model, divorce education was not a significant predictor in the final step (but was in the first two), while positive parenting and supervision were significant. In Table 4, child prosocial behaviors were the outcome variable, and, in this model, divorce education was a significant predictor of child outcomes along with positive parenting.

**Table 4**  
*Child Outcome: Prosocial Behaviors*

Variables	Prosocial Behaviors			
	(Step 1)	(Step 2)	(Step 3)	(Step 4)
Group Participation (yes=1)	0.11** (0.05)	0.10* (0.05)	0.13* (0.07)	0.14* (0.08)
<b>Adult Well-Being</b>				
Adult Social Health		0.04 (0.04)	0.06 (0.05)	0.06 (0.05)
Adult Self-Efficacy		0.04 (0.05)	0.01 (0.06)	0.01 (0.06)
Adult Physical Health		-0.03 (0.06)	-0.09 (0.07)	-0.10 (0.07)
Adult Environmental Health		0.03 (0.07)	-0.01 (0.08)	-0.03 (0.08)
Adult Psychological Health		0.04 (0.07)	0.09 (0.08)	0.09 (0.08)

Variables	Prosocial Behaviors			
	(Step 1)	(Step 2)	(Step 3)	(Step 4)
<b>Parent-Child</b>				
Inconsistent Discipline			-0.01 (0.04)	-0.01 (0.05)
Positive Parenting			0.14*** (0.05)	0.14*** (0.05)
Supervision			0.06 (0.04)	0.07 (0.04)
<b>Coparent Relationship</b>				
Conflict between Coparents				-0.05 (0.12)
Coparenting Alliance				-0.02 (0.05)
Constant	-0.04 (0.03)	-0.04 (0.03)	-0.02 (0.04)	-0.02 (0.04)
Observations	207	206	133	130
R-squared	0.02	0.06	0.19	0.19

Standard errors in parentheses  
 \*\*\* p<0.01, \*\* p<0.05, \* p<0.1

For all the models, positive parenting was significantly associated with child outcomes.

**Discussion**

A major goal of prevention programs for divorcing and separating parents is to promote resilience and positive outcomes for children, whether that is through supporting coparenting, supporting the parent-child relationship, and/or promoting adult well-being (e.g., stress reduction or financial education). Despite their wide-spread implementation (Mulroy et al., 2013; Pollet & Lombreglia, 2008), the field is still examining which prevention programs achieve their designed impacts (e.g., Becher et al., 2015; Galovan & Schramm, 2017). This study contributes to the current body of literature to describe how one DE program (Parents Forever) contributes to child outcomes, alongside the mechanisms of parenting, coparenting, and adult health and well-being. The study suggests areas where, through revisions to the curriculum, the program could potentially be more impactful and targeted. In particular, the results show that Parents Forever was effective at promoting the child outcome of improved prosocial behavior. The program was not a significant predictor of reduced conduct problems, child emotional symptoms, or child peer problems. Throughout the models, however, positive parenting emerged as a clear and significant predictor of child outcomes. This finding is consistent with Kaminski, Valle, Filene, and Boyle (2008), which found that parenting programs that focused on increasing positive parent-child outcomes have larger effect sizes.

A direct implication of this finding is the suggestion that a greater focus on positive parenting in the curriculum could yield improved child outcomes, a primary goal of DE programs. Currently, the program is evenly divided in content between the parent-child relationship, coparenting, and self-care. Of the section on the parent-child relationship, positive parenting is one component. When the curriculum is revisited (as it is periodically to ensure the content is up-to-date and informed by the most recent literature), one suggestion is to find ways

to boost, enhance, and overall scaffold positive parenting content and skills throughout. In 2018, Schramm, Kanter, Brotherson, & Kranzler (2018) conducted a systematic literature review of the programmatic content of over 100 divorce education programs. They created a tiered conceptual framework for DE programs that identify level one core content as supporting parents to ameliorate the impact of divorce on children and promoting parenting strategies during a divorce. Our findings suggest that, even more specifically within those content areas, content and activities to support the construct of positive parenting may be helpful.

In addition to positive parenting, other findings of this study emerge. Inconsistent discipline was a significant predictor of increased child emotional symptoms and conduct problems while poor supervision was a significant predictor of increased conduct problems and peer problems, but not emotional symptoms or prosocial behaviors. Reduced adult social health only emerged as a significant predictor of increased conduct problems and no other outcomes. What this indicates is that child outcomes are diverse and some outcomes are more or less sensitive to different aspects of parenting and adult-wellbeing. Given that the amount of time dedicated to DE may be limited (Cookston, Braver, Sandler, & Genalo, 2002), it may be necessary to focus on one aspect of parenting that yields benefits across multiple outcomes, such as positive parenting. This is in line with the work of Schramm et al., (2018) that identifies child-focused content as essential in DE programs. Additionally, it may be important to select a child outcome considered to be of most concern for families going through divorce given special circumstances (e.g., military families, families with special needs, families with domestic violence). Content could be created to focus on the specific predictors of change that would most effectively impact the outcome. This would allow practitioners to address what Schramm et al., (2018) identify as tier 2 and tier 3 content. Finally, Ferraro et al., (2018) have shown some promising results related to the use of videos to promote attitude change in divorcing parents towards their children, which may be a path forward in supplementing existing curricula with an additional method to introduce positive parenting content.

Another important finding from this study is that change in coparenting was a non-significant predictor of parent report of child outcomes, regardless of whether participants attended DE. For this finding, it is important to remember that, at the initial time point, participants were within 6 weeks of filing for a divorce and the second time point was 3 months later. Jamison, Coleman, Ganong, and Feistman (2014), in their grounded theory examination of resilience and coparenting, found that participants described a process of cognitive reorganization when parents shifted from thinking about each other as partners to thinking about each other as coparents. One of the primary barriers to cognitive reorganization was strong, negative emotions. Given the examination by Jamison et al., (2014), it may be that the time period of this study, at the zenith of the divorce process, was a time during which parents were still experiencing deep stress and negative emotions in response to the relationship dissolution. Coparents may still have felt deeply interconnected with the conflictual interspousal relationship. What this might suggest is that coparenting during the divorce process may look different than coparenting at other times in the family life cycle and, therefore, may need its own unique form of measurement.

## **Implications**

The first implication of this study is that there is a suggestion that the Parents Forever DE program has a positive impact on parent reports of the child outcome of prosocial behavior. The second implication is the suggestion that focusing on parenting, and positive parenting, for



Parents Forever and other DE programs, could impact a wide range of child outcomes. Several clinical intervention programs that focus on improving positive parenting and include positive parenting as a core outcome have shown well-studied positive impacts on children (e.g., Zand et al., 2018; Sanders, 1999). Therefore, evidence would indicate that teaching and coaching parents around positive parenting would yield a greater impact in terms of improving child outcomes generally. However, it would be important to understand what factors go into supporting someone in their positive parenting, such as improved self-efficacy or stress reduction.

Another implication from this study relates to the timing of when to teach various topics, in particular, coparenting. We know from the literature that supportive and low conflict coparenting is important for child outcomes (Teubert & Pinquart, 2010). However, because coparenting was an insignificant predictor in our study of parent report of child outcomes, this is a suggestion that the importance of coparenting may be overshadowed by the importance of individual parenting during the zenith of the divorce process (within 6 weeks of filing to 3 months post-filing). Therefore, it may be that coparenting strategies addressed during DE (often mandated at the point of filing for divorce, Pollet & Lombreglia, 2008) are more comparable to an investment that will yield dividends later and 3 months is too short a time frame to document the impact of healthy coparenting on child outcomes. If this is the case, then it would seem important to think about how to support healthy coparenting long-term, providing support for parents to revisit later and as needed. From a programmatic perspective, this information will be used to inform revisions to the coparenting content and resources provided as part of the Parents Forever curriculum, knowing that coparenting will become more important as time moves forward and the situation reaches new homeostasis.

### **Limitations**

The primary limitation of this study is its quasi-experimental design. Without true experimental design with randomization, the interpretation of these results should be considered with caution. In addition, the survey design was parental self-report of child outcomes instead of employing other triangulated data sources on child-wellbeing such as school-level data. Furthermore, measurement issues remain regarding coparenting as a construct with McHale, Kuersten-Hogan & Rao (2004) arguing for multi-dimensional and mixed methods of assessing coparenting, which this study did not use.

Another limitation of the study is its short timeframe of three months. It may be that many of the outcomes we are assessing such as the impact of DE on child outcomes, or the influence of coparenting, require a longer span of time to accurately assess change and influence over time. However, study attrition and retention were a concern and we ultimately decided to use a shorter span of time with the goal of less attrition.

Our sample includes two additional potential limitations. Our sample is not diverse in terms of race groups. Although we could eliminate this limitation by controlling for race/ethnicity in the regression model, our number of non-White samples was too small to be controlled for. The issue of racial and ethnic diversity in divorce education participation is an issue of concern and as Shramm and Becher (2020) noted, there are few culturally responsive divorce education programs and little research on how non White and non English speaking participants experience divorce education. Increased emphasis on reaching diverse participants and using sampling strategies to increase the sample size of non White participants is an important step for future research in this area. Another limitation is our sample size is quite

unequal between treated and comparison groups. However, the sample size of the treatment group was statistically large enough (i.e., over 30), that the effect of DE on child outcomes was not significantly affected.

While this study used a quasi-experimental design and relied on survey-based reports from one member of the family system over a period of 3 months, the results do contribute to the body of literature documenting the moderate effectiveness of DE programs in promoting positive outcomes. However, DE programs (particularly those with limited dosage), cannot be expected to act as a panacea for all negative outcomes for vulnerable families experiencing divorce. Divorce education is one piece of a larger program of prevention and must be accompanied by identifying families most in need of different forms of intervention (i.e., higher conflict) and then strategically referring them into needed programming.

In conclusion, greater research on what factors in DE promote positive outcomes for families through the divorce process is needed to understand how to create the most impactful prevention programs possible. Funding for longitudinal, randomized trials of divorce education programs that allow study teams to promote retention over a longer period would be helpful in continuing to explore the impact of these widely implemented, court-connected programs. Parents Forever is committed to using rigorous evaluation data to continue to improve its program and to promote more impactful positive outcomes. The current study is an attempt to address the call in the literature for greater rigor in evaluation studies of DE programs. While the study was a non-randomized, quasi-experimental design, the increased use of valid measurement and longitudinal design are an improvement over one-way pre-posttest or retrospective pre-post evaluation studies and, as such, can add value to the divorce education body of literature as well as contribute to the field of divorce studies as a whole.

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