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Effects of Relationship/Marriage Education on Co-parenting and Children's Social Skills: Examining Rural Minority Parents' Experiences

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Abstract

Research indicates that the quality of co-parenting and couple relationships has an impact on parenting and on children's development, including their social skills and academic abilities. However, few applied studies have tested whether efforts to enhance the couple and co-parenting relationship result in benefits to the children, and no research exists that tests these assumptions with underrepresented populations. This article provides information on an ongoing novel study of Head Start parents and their children. An initial cohort of 80 primarily African American, low-income parents participated in a quasi-experimental study as either participants in a relationship education program or as participant controls. Relationship education participants completed a 6-week community education program focusing on couple and co-parenting dynamics and relationship quality. Relationship education participants demonstrated better outcomes than the control participants in the area of co-parenting disagreements and reported positive effects on preschool children's social competence. Participants' scores on both measures show significant improvement at one-year follow-up, while control parents and their children demonstrate more co-parenting disagreements and decreases in children's social competence. This promising early finding, if validated through final results of the study, may lead to enhanced family programming that includes marriage and relationship education as a means to promote more prosocial behaviors in children.

Introduction

Substantial evidence supports the salient role of interparental functioning in predicting adjustment and well-being in children (Cummings & Davies, 2002; Grych & Fincham, 2001; Grych, Harold, & Miles, 2003; Junttila, Vauras, & Laakkonen, 2007; Ladd, 1999). Researchers have found that conflict between parents has the potential to negatively affect children's cognitive, emotional, social, and physical development (Ablow, Measelle, Cowan, & Cowan, 2009; Adamson & Thompson, 1998; Buckhalt, El-Sheikh, & Keller, 2007; El-Sheikh, Buckhalt, Keller, Cummings, & Acebo, 2007; Grych et al., 2003; McDowell & Parke, 2009).

The spillover hypothesis is useful for investigating these family processes and individual outcomes. Couple/relationship conflict does not only affect the couple. It also impacts their children, both directly and indirectly; harsh or rejecting parenting, for example, is frequently associated with conflict between parents. The spillover hypothesis is based on the assumption that aspects of the intimate relationship, such as couple conflict, permeate parenting behaviors, which subsequently affect both the quality of parent-child relationships and child outcomes (Grych & Fincham, 2001; Zimet & Jacob, 2001). Support for the spillover hypothesis is robust. Krishnakumar and Buehler (2000) conducted a meta-analysis of 39 studies and found an average effect size of d = -0.62, which indicated that high levels of interparental conflict were associated with more negative parenting. Harsh discipline styles, lack of parental involvement, and parent-child conflict are potential by-products of marital/interpersonal conflict (Katz & Woodin, 2002). Therefore, it is assumed that interventions for parents and partners may positively affect the dynamics of the couple relationship, in turn resulting in positive

outcomes for parenting practices and the children involved.

These findings provide a rationale for programmatic work that promotes healthy couple and co-parenting relationships for the purpose of enhancing positive child outcomes. Studies of the effects of relationship and marriage education (RME) have been primarily focused on examinations of the benefits to the couple's relational health (Hawkins, Blanchard, Baldwin, & Fawcett, 2008). Although comparatively less research has examined the benefits of RME on child outcomes, long-term benefits of RME on children's well-being have been demonstrated within a sample of middle-class, primarily European American families (Cowan & Cowan, 2005; Cowan, Cowan, & Barry, 2011). In a recent 10-year follow-up study of this sample, the authors reported that children whose parents participated in a RME program prior to the child's kindergarten entry showed lower rates of externalizing symptoms (for example, aggressive behaviors and hyperactivity) than the children of families who were in the control group (Cowan et al., 2011).

A meta-analytic review of 117 studies of the efficacy of RME (Hawkins et al., 2008) demonstrated moderate effect sizes for both relationship quality and communication skills, but the authors concluded that the relative homogeneity of the samples limited the generalizability of their findings to more ethnically and socioeconomically diverse populations. Only recently have experiences of more diverse populations in RME been examined (Adler-Baeder, Bradford, Skuban, Lucier-Greer, Ketring, & Smith, 2010; Cowan, Cowan, Pruett, Pruett, & Wong, 2009; Hawkins & Fackrell, 2010). The effectiveness of implementing RME with couples from more diverse populations has been demonstrated recently in the work of Cowan, Cowan, Pruett, Pruett, and Wong (2009). The researchers found that the positive effects of an intervention focused on father engagement (e.g., higher levels of father engagement, better couple relationship quality, and lower levels of problem behaviors in their children) were better sustained over time for fathers who participated in the program with their co-parenting spouse or partner in comparison to fathers who attended alone.

The purpose of the current study was to determine whether parental participation in RME affects co-parenting quality and preschool children's social competence. We explore these questions using a sample of couples and co-parents whose children are in Head Start programs, which included couples from racial and ethnic minority backgrounds. (In the United States, children are eligible to attend Head Start if the family income is at or below the poverty level as established by the federal government.)

Method

Procedures

A partnership was established between a university and a Head Start program in the southeastern United States. This Head Start program serves children ages 3–5 who live in a rural, primarily African American community. Flyers about the RME program and this study were distributed throughout the six Head Start centers in the surrounding county.

Researchers utilized a quasi-experimental design; parents could volunteer to participate in either the program or the comparison group. No significant socio-demographic differences existed between participants and controls. Both groups received compensation for completing pre-program surveys and follow-up surveys. The control parents volunteered to complete the surveys for compensation of $50 and were notified that they could participate in the RME program at a later date.

Data were collected from parents, from teachers, and through classroom observations in four waves—initial/pre-test, post-test (1.5 months), a 4-month follow-up, and a 12-month follow-up. Sixty percent of the entire sample returned data at 1.5 months, 58% at the 4-month follow-up, and 49% at the 12-month follow-up. Those returning follow-up data did not differ significantly in terms of demographics from those who did not or have not yet provided follow-up data. Data collection is ongoing; 21 participants had not yet been contacted to complete their 12-month follow-up questionnaire.

Graduate research assistants and postdoctoral fellows distributed, collected, and managed the data. For the pre-test, and the 4-month and 12-month follow-ups, parents participating in the RME completed questionnaires independently at home and returned the materials to their respective Head Start centers. Parents were notified via phone by graduate research assistants that the materials would be placed in their child's book bag. For the post-test, RME parents completed the questionnaire in-session shortly after the classes ended. For parents in the control group, all four questionnaires were delivered via their children's book bags and were completed at home.

Participants

There were 80 female caregivers in the study—91% mothers (n = 73), one of whom was an adoptive mother (n = 1 and 1% of all mothers), and 8% grandmothers (n = 7)—with an average age of 30.93 years (SD = 9.53, range 19 to 65 years) who reported having a child enrolled in Head Start. No participant reported on more than one child enrolled in the program, and no siblings were included in the sample. Fifty-six of the women attended the RME class, and 24 were in the control group that did not attend. Sixty-nine percent (38

individuals) completed the course by attending at least four classes; 31% partially completed the course. Participants who partially completed the program were contacted by phone in order to gain information on their inability to fully complete the program. Transportation and work schedules were the most notable indicated barriers to attendance. Fifty-four percent (n = 30) of the participants attended the class with their co-parenting and/or relationship partner; data on the partners were excluded from the study to prevent collinearity, which would be caused by having two dependent respondents reporting on the behavior of one child. See Table 1 for participants' demographic information.

Table 1

Socio-Demographic Description of Sample *(N = 80)*

	Overall Sample (n = 80)		Participants in RME (n = 56)		Control Sample (n = 24)	
	N	**%**	***N***	**%**	***N***	**%**
Ethnicity						
African American	75	93.8	53	94.6	22	91.7
European American	1	1.3	1	1.8	0	0.0
Other	4	5.1	2	3.6	2	8.3
Education						
Less than high school	13	16.7	9	16.7	4	16.7
High school	22	28.2	15	27.8	7	29.2
Some post-secondary education	43	55.1	31	55.6	13	54.1
Marital Status						
Married	28	36.8	19	35.2	9	40.9
Cohabitating	17	22.4	15	27.8	2	9.1
Dating, but not cohabitating	23	30.2	13	24.1	10	45.4
Single	8	10.5	7	13.0	1	4.5
Annual Income						
Less than $14,000	37	48.7	27	50.0	10	45.4
$14,000 to $25,000	22	28.9	17	31.5	5	20.8
Greater than $25,000	17	22.4	10	18.5	7	31.8

Program Design and Implementation

The *Together We Can* (TWC) curriculum was used in the RME (Shirer et al., 2009). TWC is a research-based educational program that includes the core components considered essential for relationship education by the National Extension Relationship and Marriage Education Network (NERMEN, 2005). The seven core components are Choose, Know, Care, Care for Self, Share, Connect, and Manage. *Choose* is the program component that is concerned with the individual's use of intentionality in relationships; for example, the ability to determine if he or she would like to be in an intimate relationship with a potential intimate partner. The component referred to as *Know* has to do with the development of intimate knowledge about the partner, such as family background, personal interests, and values. *Care* is the program component related to the individual's demonstration of kindness, affection, and caring support toward his or her intimate partner. *Care for Self* refers to the individual's maintenance and enhancement of physical, psychological, and sexual health and wellness. The component referred to as *Share* focuses on the development of friendship and a sense of interconnectedness with one's intimate partner. The *Connect* component concerns the engagement of social support, community ties, and sources of personal meaning outside of the couple relationship. The seventh component, *Manage*, has to do with the individual's use of strategies for engagement and interaction around differences, stresses, and issues of safety within the relationship (NERMEN, 2005). The curriculum includes discussions of and skills training in communication strategies (e.g., listening skills, conflict management, and assertiveness skills), intimacy-building, growing support networks, financial management, and stress and anger management.

TWC targets unmarried parents and focuses on strengthening the couple and co-parenting relationships in an effort to promote the child's well-being. The program was designed for use with participants with lower literacy levels and can be used with both married and nonmarried individuals and couples. Implementation of the TWC curriculum is based on a prevention science and risk-resilience approach, which focuses on strengthening protective relationship factors and curtailing maladaptive functioning (Coie et al., 1993). The program's theory of pedagogy is built on a framework of experiential learning theory (Kolb, 1984), which considers learning to be a process by which individuals gain knowledge by transforming their personal experiences. In the delivery of the program, we were mindful of approaches that have been found to be particularly effective when working with low-resource and African American participants. The focus was on directly incorporating the participants' life situations (Costin, 1988, as cited in Hogarth & Swanson, 1995), facilitating in an informal setting (Briscoe & Ross, 1989), and fostering an empowering learning experience (Hogarth & Swanson, 1995). Lastly, our approach also considered Adlerian theory (Watts, 2003), which assumes that parents want to be connected to their children and to do well in relationships. Facilitators guided the courses grounded in the belief that the participants had good intentions for their co-parenting and couple relationships.

It has been noted in the literature that low-income individuals are less likely to utilize mental health services for a variety of reasons that include high cost, health care issues, possible stigma, cultural insensitivity in delivery of the services, and transportation difficulties (Harrison, McKay, & Bannon, 2004; Mojtabai, 2007). Given these potential obstacles to providing clinical services, we surmised that a program using an educational model might be more readily received by our participants than would one using a mental health services model (Ganong et al., 2007). Furthermore, the TWC approach is prevention based and targets the broad population of low-income families, rather than individuals with "relationship problems."

TWC classes were each 2 hours long and were offered for 6 consecutive weeks. A participant was considered to have "completed" the course if he or she attended at least four of the sessions. Five different sets of classes were held. Two sets of husband/wife teams, trained in the curriculum by the program developer, facilitated the classes. All facilitators had served in local chapters of different service organizations and were trusted individuals in the community. Free child care was provided for the children during the classes. Refreshments and $10 "gas cards" were also provided to each participant at each session. Parents in the program received $100 for completing each survey, which contained over 300 items. Comparison group parents were given $50 for completing the survey, which was identical to the participants' survey except for items that specifically addressed participants' evaluation and experience of the RME classes.

Measures

Children's social competence and co-parenting disagreement ratings were assessed using established social science survey measures. Copies of the survey items can be obtained from the first author. Descriptive statistics for all measures are presented in Table 2.

Children's Social Competence (Dodge & Coie, 1987). Participants responded to seven items regarding their child's social competence, using a 5-point scale ("Never" to "Almost Always"); higher scores indicate higher level of children's general social competence when interacting with their peers. Cronbach's alpha = 0.74 at pre-test, 0.81 at post-test, 0.88 at the 4-month follow-up, and .84 at 12-month follow-up.

Co-parenting Disagreements (CPD—adapted from Ahrons and Wallisch, 1987). Participants rated four items on a 5-point scale ("Never" to "Always") regarding their current level of disagreement with their co-parenting partner. Higher scores indicate a higher level of disagreement in the co-parenting relationship. The last item of this scale rated the overall co-parenting relationship—"Not Supportive" (1) to "Very Supportive" (5). Cronbach's alpha = 0.70 at pre-test; 0.86 at post-test; 0.93 at the 4-month follow-up; and 0.77 at the 12-month follow-up.

Table 2

Descriptive Statistics of Dependent Variables

	Participants in RME (n = 56)			Control Sample (n = 24)		
	N	**Mean**	***SD***	***N***	**Mean**	***SD***
Co-parenting Disagreements						
Pre-test	55	2.05	0.89	23	1.99	0.80
Post-test	40	2.08	1.03	17	2.21	1.02
4-Month follow-up	31	1.99	1.13	15	2.48	0.97
12-Month follow-up	29	2.12	0.97	10	3.03	1.18
Children's Social Competence						
Pre-test	55	4.32	0.52	23	4.25	0.53
Post-test	41	4.29	0.54	17	4.15	0.63
4-Month follow-up	31	4.42	0.61	15	3.98	0.90
12-Month follow-up	28	4.26	0.43	10	3.82	0.54

Results

Descriptive statistics regarding co-parenting disagreements and children's social competence are shown in Table 2. A repeated measures analysis of variance (RMANOVA) was conducted to assess the change across time in CPD and differences in change between RME participants and the control group. The RMANOVA involves determining differences between groups (i.e., control vs. participant; Pallant, 2007). There is no significant difference in the initial levels of co-parenting disagreements between control and RME groups at pre-test (t = -0.28, p = *ns)*, post-test ($F(1,53) = 0.15$, p = *ns*), nor at 4-month follow-up ($F(1,53) = 0.42$, p = *ns*). However, the one-year follow-up indicated a significant interaction between RME participation and time. Specifically, reports from those individuals who did not attend RME classes showed an increase in disagreements with co-parenting partners ($F(1,36) = 4.20$, $p < 0.05$), while the level of co-parent disagreements among RME participants remain relatively stable and nonsignificant (see Figure 1).

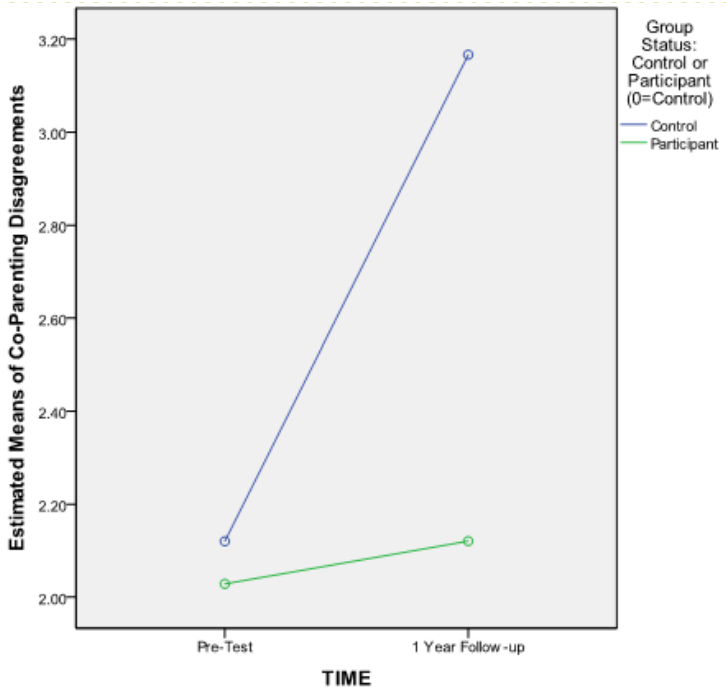

Figure 1. Co-parenting disagreements from pre-test to one-year follow-up.

An additional RMANOVA was conducted to assess the change across time in children's social competence (CSC) for RME participants and participant controls. No difference was found between the control group parents and the RME participants in reports of children's social competence at pre-test (t = -0.59, p = *ns*) nor at the initial post-test ($F(1,53)$ = 0.19, p = *ns*). However, at the one-year follow-up, there is a significant time-X group interaction ($F(1,36)$ = 3.84, $p < 0.05$). RME participants reported a slight increase in their children's social competence from pre-test to one-year follow-up; and concomitantly, control parents report decreases in children's social competence scores over time (see Figure 2).

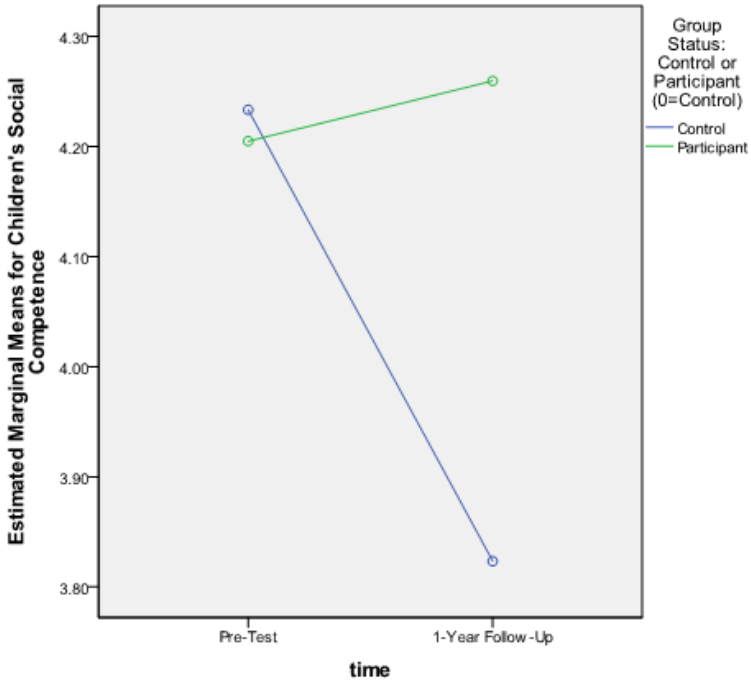

Figure 2. Children's social competence from pre-test to one-year follow-up.

For further analyses of change in CSC across the four time points, we utilized growth curve analyses. Longitudinal growth curve modeling is a multilevel approach that determines within-person and between-person change over time (Singer & Willett, 2003). We utilized the PROC MIXED method in SAS to conduct these procedures, which enables the examination of both fixed and random effects (Singer, 1998; Singer & Willet, 2003). The unconditional growth model (see Table 3) reveals that the population average for children's social skills was 4.26 at pre-test and increased by 0.005. While the null hypothesis for the initial status ($p < .05$) was rejected, indicating that the initial scores of children's social competence were significantly different from

0, the null hypothesis for the slope was not rejected, which demonstrated that change across time in social competence for the full sample was not significant. As it was hypothesized that this nonsignificant slope may be a result of the interaction between time and test group status, an additional model was analyzed. For this second model (see Table 3), when test group was entered in the model, the slope parameter continued to be nonsignificant (β = -.018, *p* = *ns*); however, there was a significant interaction between reports of children's social competence in the participant and control group over the four time-points (β = .031, *p* < .05). See Figure 3 and Table 3.

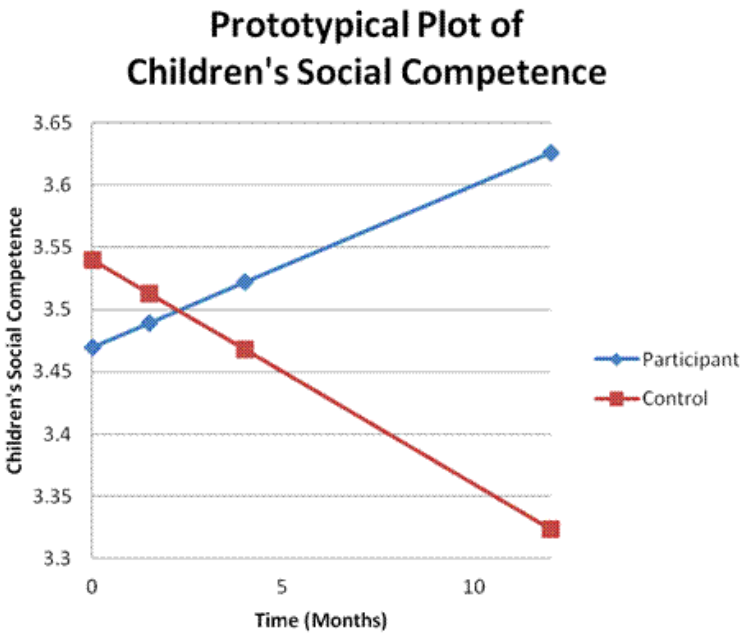

Figure 3. Prototypical plot of social competence over time by group.

Table 3
Taxonomy of Fitted Nested Models

Fixed Effects	Parameter	Unconditional Growth Model	Model B
Initial status (π_{0i})	γ_{00}	4.26***	3.54***
Test group (participant/control)	γ_{01}		-0.07
Rate of change (π_{1i})			
Months centered	γ_{10}	0.005	-0.018
Months centered x test group	γ_{11}		0.031*
Goodness of fit			
Deviance (-2LL)		437.90	328.50
Degrees of freedom		2	2
ΔD		--	109.40

Summary

Most assessments of RME target adult and couple outcomes (Hawkins et al., 2008). Although basic research demonstrates links between couple functioning and child outcomes, extremely limited evidence exists on whether couple and relationship education for parents can positively affect young children. Studies considering child outcomes have utilized samples of married, primarily European American, middle- to high-income couples (Cowan & Cowan, 2005). Findings from the current study suggest that for this particular group of low-income parents who are African American, RME participation may enhance co-parenting quality and preschool children's social competence growth trajectory (i.e., one indicator of child well-being) from pre-program to 12 months following the parent's program participation.

The difference between participants and controls on the outcomes assessed in the study are not evident until the one-year follow-up assessment. This information is valuable information in light of the fact that few RME courses are evaluated at one-year follow-up. Even fewer are evaluated using a control group (Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Einhorn, Williams, Stanley, Wunderlin, Markman, & Eason, 2008; Hawkins et al., 2008; Hawkins & Fackrell, 2010). The RME participants reported consistent child social competence over time, while the control parents reported that their children's social competence declined over time.

It should be noted that these children are at preschool age, which is an important point in development. A normative enhancement of social competence is to be expected between ages 4 and 5 (Rubin, Bukowski, & Parker, 1998). If the decline in children's social competence reported by control group parents in this study is instead a typical trajectory among low-income preschoolers, then perhaps providing RME to parents of Head Start children could serve as a protective factor.

Similarly, survey results from the RME participants indicate that they maintained lower levels of co-parenting disagreements between the pre-test and the 12-month follow-up, while control group parents reported escalation in the number of such disagreements over time. Given that child social competence and co-parenting disagreements may be linked, future research can consider and test the direction of effects between these two dimensions over time. In addition, research with a larger sample size could explore variations in experiences and trajectories using potential moderators such as participant characteristics, facilitator characteristics, and program characteristics.

This early evidence of the positive "spillover" of program impact is promising. Repeating the study reported here during the current year and subsequent years will increase the sample size and may further strengthen evidence of the trends observed to date. However, the results of this study must be considered in the context of its limitations. First, the study did not randomly assign individuals into the intervention groups, and comparison parents were recruited to be in the control group. Second, this study utilized a single informant per couple and per child in the assessment of co-parenting and child social competence. In order to augment the single perspective on each child's social competence, we are collecting and analyzing data from teacher reports and observational data collected on the children.

If those results support the existence of the trends suggested in this report, there may be reason to recommend enhanced family programming that includes relationship education for parents in Head Start as a means for promoting children's prosocial behaviors in the classroom in addition to promoting improved co-parenting relationships. Therefore, the authors are currently expanding RME programming and this research to other Head Start programs throughout the state by coordinating with the state's Department of Children's Affairs, the Children's Trust Fund, and several family resource centers.

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