

Promoting Healthy Children by Supporting Healthy Couples: Impacts of Relationship Education for a Diverse Array of Couples

The quality of couple relationships and ability of couples to effectively parent together have major implications for children's wellbeing. Research has consistently highlighted connections between couple relationships and parenting. Based on this premise, relationship education programs have recently received attention, with many showing promising results for encouraging better quality relationships and parenting practices. The goal of relationship education is often to teach couples skills to resolve issues, including those pertaining to intimate relationships and co-parenting. Prior generations of relationship education have been designed for and tested primarily with fairly homogenous samples. Research has shown that many demographic (e.g., race/ethnicity, SES, age) and relationship factors (e.g., experience of intimate partner violence, going through the transition to parenthood) may put couples at increased risk of relationship maladjustment, which can be deleterious for children. Thus, such groups may be most in need of relationship education. Fortunately, recent efforts have begun to address this issue through programs designed specifically for diverse populations.

This symposium will present results from a series of independent longitudinal randomized controlled trials that tested the efficacy of relationship and parenting education programs for diverse groups of couples. Collectively, these programs have served couples from a variety of backgrounds (e.g., Latinos, African Americans, low-income) and different life stages (e.g., teenagers, transition to parenthood). Two evaluations also included couples with a history of domestic violence. In all cases, results highlight the positive impact that programs for couples can have on family-level outcomes, such as relationship quality, parenting, individual functioning, and child adjustment.

Improving the Co-Parenting Alliance by Strengthening Couple Relationship Quality

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Although couples' relationships, parenting, and intimate partner violence (IPV) are closely related areas of family functioning, interventions that address these issues are often designed to operate independently of each other. The Creating Healthy Relationships Program (CHRP)—a 22-week psycho-educational program for parent couples—was designed to address these areas by: 1) encouraging healthy relationships; 2) promoting positive co-parenting; and 3) reducing a low-level but prevalent form of IPV—situational violence (i.e., infrequent, non-injurious physical/psychological violence perpetrated by both partners; Johnson, 2006; Straus & Smith, 1990).

This work evaluated the impact of CHRP on the co-parenting alliance. Prior results from this study have shown CHRP to be effective at encouraging relationship satisfaction and use of healthy relationship skills (Bradley et al., 2011), and reducing observed behaviors that show a propensity toward violence (Bradley et al., in press). In addition, couples who engaged in healthy relationship skills also later showed a reduction in IPV (Bradley & Gottman, 2012). We hypothesized similarly positive impacts of the CHRP program on co-parenting.

Using a newly validated screening tool to distinguish various forms of violence, 116 low-income situationally violent parent couples were identified and invited to participate. Most couples were living with 3-4 family members ($M=3.76 \pm .9$), had an average combined household income of \$53,664 ($\pm \$29,088$), were married (73.2%), and Caucasian (78.8%). Couples were randomly assigned to the intervention ($n=63$) or a control group ($n=53$) and assessed four times: baseline (Time 1), ~6 months after baseline (Time 2), ~12 months after baseline (Time 3), and ~18 months after baseline (Time 4). The treatment group was offered the CHRP intervention between Times 1 and 2. Couples independently completed surveys on relationship qualities (i.e., the Reduced Sound Relationship Questionnaire, which provides subscales for levels of friendship—knowledge of and fondness/admiration for one's partner, and emotional connectedness between the couple—and shared meaning—level of couple agreement on shared goals, roles, and rituals) and co-parenting (i.e., the Parenting Alliance Inventory).

ANOVA models were run to assess the impact of the intervention on co-parenting. Analyses showed no direct impact of the intervention on co-parenting over time. Based on previous work that suggests that parenting may be positively influenced by relationship quality (Carlson et al., 2011) and prior findings from the current trial showing direct effects of the intervention on couple's relationships (Bradley et al., 2011), mediation analyses were run to assess possible indirect effects (i.e., the impact of CHRP on co-parenting via couple relationship quality). Analyses were done using the products of coefficients method, described by MacKinnon et al. (2002). Results showed that co-parenting in the long-term (at Times 3 and 4) was bolstered when couples' relationships were strengthened shortly after intervention completion. Specifically, participation in the intervention group prompted greater friendship and more shared meaning, which subsequently predicted a stronger parental alliance.

Results suggest that improvements in co-parenting can be promoted via improvements in couples' relationships, which were brought on by intervention completion. Findings imply that relationship education can have positive impacts on relationship quality and co-parenting.

Supporting Father Involvement: Fathers and Couples Groups Enhance Family Well-Being

Phil Cowan and Carolyn-Pape Cowan

The Supporting Father Involvement (SFI) project evaluated 276 families, comparing a 16-week fathers group (32 hours) and a 16-week couples group with a one-session low-dose control (Cowan, Cowan, Pruett, Pruett, & Wong, 2009). Over a period of 18 months, both of the ongoing interventions produced significant increases in fathers' involvement in the daily care of their children, with positive effects on children's problem behaviors. The couples groups prompted the additional benefit of maintaining couple relationship satisfaction and reducing parenting stress, suggesting that the inclusion of the couples component is advantageous. Although the emerging national emphasis on healthy relationships and father involvement is justified largely because of the correlation with children's well-being, the SFI program appears to be one of the few fatherhood/couple relationship programs to date to report on how parents' participation in such programs affects children's adjustment. The current work describes findings from two unpublished replications of the SFI project done with more diverse samples.

Within the first replication (Wave II), a new sample of 280 ethnically diverse families was invited to participate in either an SFI fathers group or couples group. The evaluation produced similar, somewhat stronger results for Mexican American families than the original study, and positive effects on African American participants, including improved father involvement, couple relationship quality, child outcomes, and reduced parenting stress. Furthermore, analyses done via LVPLS structural equation modeling showed support of hypotheses regarding how the intervention works. Changes in couple relationship quality were associated with changes in father-child and mother-child parenting quality, which, in turn, were associated with both parent-reported and observational measures of children's externalizing and internalizing behavior. These findings suggest that programs that improve the quality of couples' relationships can have positive impacts on both parenting practices and child functioning.

In the second replication (Wave III), 257 families were recruited; half of the couples were referred by the Child Welfare System (CWS) for intimate partner violence or child abuse. Two-thirds of the CWS and non-CWS participants were randomly assigned to participate in intervention groups immediately. To create a control condition, the other third were invited to participate in SFI groups after a seven month delay (and encouraged to take advantage of other domestic violence treatment options in the meantime). Using Multivariate Analyses of Variance, we found advantages of the immediate treatment compared with the delay condition at the first post-test. For individuals, symptoms of anxiety and depression decreased significantly, and alcohol use decreased. Couples reported decreased conflict and violent problem solving, and increases in quality co-parenting. In the parent-child domain, father involvement increased, while harsh parenting and parenting stress decreased. All effects were found in families referred for domestic violence. Data was gathered in June 2012 for another post-test that includes parent-reported child outcomes and observational data and will also be reported via this symposium.

In sum, replications of the SIF program confirm that both couples groups and fathers groups are effective in maintaining couple relationship quality, increasing father involvement and positive parenting, and affecting children's behavior for the better.

Supporting Positive Co-Parenting and Parenting Among Young Latino Couples

Paul Florsheim, Jason Burrow-Sanchez, and Cristina Hudak

Latinos are the fastest growing minority group in the United States and also have the highest rate of adolescent childbirth (Ventura et al., 2012). Given these trends, there is a pressing need for culturally sensitive and accessible educational programs designed to reduce the interpersonal risks associated with young parenthood, including parenting stress, intimate partner violence, and harsh parenting. These interpersonal risks in parents have been linked to psychological and health risks among children (Kaczynski et al., 2006). This paper presents results of a study testing the efficacy of a new program to reduce these risks: the Young Parenthood Program (YPP). Drawing from an integration of family systems theory and attachment theory, the primary premise of the YPP is that young parents are in particular need of programs that will help them develop skills to maintain a positive, supportive “co-parenting” relationship with their partners, enabling them to maintain a stable, nurturing environment for their child. Previous research has indicated that the YPP helps promote positive paternal engagement and reduce IPV (Florsheim et al., 2011; Florsheim et al., 2012).

Based on the positive results and limitations identified in a previous study, the program was modified to better meet the needs of young couples by incorporating cultural factors relevant to Latinos, offering services in English and/or Spanish, and adding a case management component to address common life stressors associated with early parenthood. Latino couples ($N=102$) were randomly assigned to one of three groups: Treatment as Usual (TAU), a 24 week Case Management group (CM), or YPP, which included both co-parenting counseling (12 weeks) and CM (24 weeks). This design helped differentiate the effects of YPP counseling from the effects of CM. Average age of mothers was 16.1 and fathers was 18.3. Data collection occurred during the second trimester (pre-test), ~6-months post-birth (post-test), and 18-months post-birth (follow up). Co-parenting competence was measured using Capacity for Interpersonal Bonding scores (Ngu & Florsheim, 2011). IPV was based on coded responses to interview questions about arguments and physical conflict (Florsheim et al., 2011). Parenting stress was measured using the Parenting Stress Inventory (Abidin, 1997). Parenting behaviors were measured with the Parenting Behavior Checklist (Fox, 1999).

Preliminary results indicated that, compared to TAU and CM couples, couples in the YPP condition demonstrated improved co-parenting skills and lower IPV scores. Mothers in the CM condition reported higher rates of nurturing behavior at the follow up than couples in other conditions. Positive changes in co-parenting competence (from pre- to post-test) among young mothers in the CM condition predicted lower maternal stress and higher maternal nurturance at the follow up.

Results suggest that YPP is an effective approach for supporting young Latino couples across the transition to parenthood. CM services may be sufficient to reduce stress and support positive parenting in mothers. This study, which focused on supporting interpersonal development of adolescent parents and healthy co-parenting, addresses an important public health concern from a distinctively relational perspective. Findings illustrate positive impacts of programs for diverse young couples on relationships and parenting.

Family Foundations: The Effects of Supporting Coparenting at the Transition to Parenthood

Mark E. Feinberg, Damon E. Jones, Anna Solmeyer, Michelle Hostetler, and Kari-Lyn Sakuma

This presentation will describe the theoretical underpinnings and randomized-trial results of a new preventive program for first-time parents focusing on enhancing the co-parenting relationship. This proximal target was chosen based on research and theory indicating that the co-parenting relationship is a significant influence on individual adjustment, parenting, and child outcomes. Family Foundations is a psycho-educational program with modest dosage (8 sessions) delivered in a universal framework through childbirth education programs.

In the first trial, 169 working- and middle-class couples expecting a first child were randomized to an intervention or control condition. Data collection included prenatal pretest, posttest (child age 6 months), and follow-up (child age 1 year) data collection in home visits. Intent-to-treat analyses of intervention effects at posttest and follow-up controlled for age, education, and social desirability. For parent self-report data at posttest, results indicated intervention impact on maternal depression, father relationship with the infant, co-parenting, and child self-regulation. Two further waves of follow-up data obtained through child age 3 years indicated that intervention impact was sustained 3.5 years past baseline. In addition, intervention effects were detected on harsh parenting, child social competence, and behavior problems. Moderator analyses indicated that posttest results were stronger for families in which parents had lower education or fathers reported lower levels of emotional security. At follow-up, moderation results yielded a pattern of intervention effects on parental physical aggression towards the child for another group of higher risk parents: Parents who had demonstrated elevated levels of couple conflict during pregnancy. In fact, parents at elevated risk at baseline who were assigned to the intervention showed physical aggression levels that were similar to low-risk parents. The conceptual model was supported by mediation analyses indicating that intervention impact on co-parenting had a positive downstream impact. We will also present preliminary results from a second trial of the program in which the curriculum is integrated with standard childbirth education material ($N = 400$).

We will make brief comments on the status of research on versions of the program that are being tested with teen parents and in the context of prenatal home visiting programs, as well as large-scale dissemination in the UK and the U.S. Department of Defense. The presentation will then include a discussion of what these results and field experiences imply for universal family-focused prevention at the transition to parenthood.