The Effects of Parent Participation in Relationship/Marriage Education on Coparenting and Children's Social Skills: Examining Rural Minorities' Experiences

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Introduction & Purpose
Substantial evidence supports the salience of couple functioning in predicting adjustment and well-being in children (Cummings & Davies, 2002; Grych & Fincham, 2001; Grych, Harold, & Miles, 2003; Juntila, Vauras, & Laakkonen, 2007; Ladd, 1999). Researchers have found that conflict between parents is related to harsh/poor parenting styles, which are associated with negative child outcomes such as maladjustment, social skill deficits, and internalizing and externalizing behaviors (Grych, Harold, & Miles, 2003; McDowell & Parke, 2009; Shelton & Harold, 2008). These and similar findings provide rationale for programmatic work that promotes healthy couple relationships for the purpose of promoting positive child outcomes. A few intervention studies indicate that addressing the couple relationship in addition to addressing parenting practices has added value for parenting outcomes and child outcomes (e.g., Cowan & Cowan, 2003). Recent efforts to enhance relational skills among couples and coparents have focused on outcomes for the adult relationships; limited attention has been given to the test of spillover to coparenting and to child outcomes. Additionally, in studies of relationship/marriage education program (RME) and in the intervention studies of parenting programs, populations served are primarily European American, married, and middle to higher income (Hawkins, et al., 1999). Intervention studies of RME work with minority couples and coparents, particularly nonmarried, is virtually nonexistent.

The purpose of the current study was to determine whether parental participation in marriage and relationship education (RME) benefits preschool children's social competence and their parents’ relationship. The RME course offered for low-income, minority parents focused primarily on the couple and coparenting relationship and did not emphasize parenting or parent-child interactions.

Sample
N = 93 Head Start participants (66% female, 34% male); data were obtained from Head Start centers in a southeastern county over the duration of two years—about half of the parents participated the 1st year and the other half the 2nd year.
71 Participants, 22 Controls
Data were collected over 4 waves—initial/pre-test (6 months), post-test (12 months), and follow-up data (4 & 12 months). Ninety-six percent of participants and controls returned follow-up data from the previous year.

African-Americans comprised 97% of the sample, and the other 3% of the sample was European-American or biracial.

Marital Status: 41% were married; 59% were nonmarried.

Age: Mean of 32 years (SD = 14; 19-42; 31% were 25-30; 29% were 31-40; 15% were over 40)

Total Household Income: $25,000 or less (79%), $25,000-$39,999 (17%); $40,000+

Method
Procedure: RME was delivered in 6 sessions to parents who voluntarily opted to participate in the Together We Can (TWC) curriculum (Shirer, Contras, Adler-Baeder, 2006). TWC is a research-based educational program designed for lower literacy populations and addresses core relationship skills for adults and can be used with married and nonmarried individuals and couples evaluation materials for the program were collected over 4 waves.

Measures
Children’s Social Skills (CSS) (Dodge & Somberg, 1987): 4 items on a 5 point scale; higher scores indicate higher level of children’s general social skills in high school. Item example: “Coming up with good quality solutions to problems with others.” Cronbach’s alpha = .80.

Positive Parenting (Validated in pilot study): 7 items on a 4 point scale; “Rarely” (1) to “Daily”; higher scores indicate higher frequency of use of positive parenting strategies. Cronbach’s alpha = .80

Coparenting Quality (CPQ) (adapted from Ahrons & Wallisch, 1987): 8 items on a 5 point scale; “Never” (1) to “Always”; higher scores indicate a higher level of cooperation in the co-parent relationship. Item example: “How often do you and your children’s other parent agree on child rearing?” Cronbach’s alpha = .76.

Test-group. Dummy variable—1 indicating participants and 0 indicating controls.

Results
A repeated measures ANCOVA was conducted to assess the change across time in CSS from pre- to post-test while controlling for dependency (the covariate). The time X group interaction approached significance (p = .072). It appeared that participants’ CSS scores were lower than the controls at the initial assessment; however, at post-test, participants demonstrated higher levels of CSS in comparison to controls (Figure 1). To date, sustained effect of group has not been demonstrated.

Figure 1. Coparenting Quality from pre-test to post-test

An additional RM ANCOVA was conducted to assess the change across time in CSS while controlling for dependency and positive parenting (controls reported higher PP scores at pre-test) for the first 5 waves of data collection. There was no main effect for time; however, there was a significant time X group interaction [F(1, 89.9) = 1, p = .001]. Participants reported increased CSS scores over time—while controlling for all else in the model (Figure 2).

For analyses of change in Children’s Social Skills across the 4 time-points, we utilized growth curve analyses. The unconditional growth model (Model A) revealed that the population average for children’s social skills was 4.27 at pretest and increased by .072. The null hypothesis for both the slope and initial status (p < .05 & p = .001, respectively) were rejected, indicating significant change across time in CSS.

However, when test group was entered in the model and dependency controlled, the slope parameter was nonsignificant and a marginally significant differential between participants and controls in their change across time was shown (β = -.079, p = .10). Model B. While the main effect in Model B indicates that Children’s Social Skills for the group decreased an average of .072 at each assessment, the time X group interaction effect indicates that participants’ Children’s Social Skills scores improved at each assessment an average of .072 (See Figure 3 and Table 1). Both participants’ and controls’ Children’s Social Skills scores (CSS) at time 1 were relatively the same. However, the average participant’s CSS score increases to 4.9 at 12-month follow-up, while the average control’s CSS score decreased to 3.6 over the same time period. Figure 4 plots time over parents in each group with average positive parenting scores, essentially controlling for the effect of positive parenting levels among parents. This enhances the picture of change in CSS based on their parents’ group membership.

Given that participants reported lower positive parenting (PP) scores at pre-test, we entered the effects of PP in Model C. The slope parameter in Model C was significant, in that, the main effect in Model C indicates that Children’s Social Skills for the group decreased an average of .080 at each assessment; however, the significant time X group interaction effect indicates that participants’ Children’s Social Skills scores improved at each assessment an average of .48 (See Figure 4 and Table 1). Both participants’ and controls’ Children’s Social Skills (CSS) at time 1 were relatively the same. However, the average participant’s CSS score increases to 4.8 at 12-month follow-up, while the average control’s CSS score decreased to 3.6 over the same time period. Figure 4 plots time over parents in each group with average positive parenting scores, essentially controlling for the effect of positive parenting levels among parents. This enhances the picture of change in CSS based on their parents’ group membership.

Summary
Most studies have utilized primarily middle-class, married European American samples to examine the effects of RME. This study is unique in that it adds evidence that the effects of RME transcend majority populations to diverse and economically disadvantaged populations.

There has been a focused effort in the last several years to include RME in family programs with the assertion that efforts will positively affect parenting relationships and children’s well-being (i.e., the Healthy Marriage Initiative). No study to date has tested this assumption. Essentially, we have early evidence that parental participation in RME enhances coparenting quality immediately after program participation, but the group effect is not sustained. Not surprisingly for a volunteer program participant parents entered the program with lower levels of coparenting and use of positive parenting than control parents, indicating a comparatively higher need for parenting resources.

Most significantly, findings suggest RME participation enhances low-income African American preschool children’s social skills trajectory (i.e., one indicator of child well-being) from pre-program to 12 months following their parent(s’) program participation.

Increasing the sample size with the current year’s participants and control parents may further strengthen the trends observed to date. Plans are to further validate the findings of the current study, by examining teacher and observer reports of children’s social competence across the 4 time points.

Table 1. Taxonomy of Fitted Nested Models

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<th>Mod. C</th>
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