

## **Abstract**

Research indicates the quality of the interparental and couple relationships have an impact on parenting and child development, including children's social skills and academic abilities. However, few applied studies have tested whether efforts to enhance the couple and co-parenting relationships result in benefits to children, and no research exists that tests these assumptions with underrepresented populations. This research brief provides information on an ongoing novel study of Head Start parents and their children. Using a quasi-experimental design, an initial cohort of 80, primarily African American, low-income parents participated in the study as either participants in a relationship education program or 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 demonstrate better outcomes than the control participants in the area of co-parenting disagreements, and reports of 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 programs for parents inclusive of couples and relationship education, as a means for promoting more prosocial behaviors in the classroom.

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

Substantial evidence supports the salience of coparenting couple 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 et al., 2007; Harold, Aitken, & Shelton, 2007; Grych, Harold, & Miles, 2003; McDowell & Parke, 2009).

The spillover hypothesis is useful for investigating these family processes and individual outcomes. Couple conflict does not solely affect the couple; it also impacts their children, both directly and indirectly, often through punitive, harsh, or neglectful parenting practices. Assumptions of the spillover hypothesis are that aspects of the intimate relationship, (ie. couple conflict) permeate parenting behaviors, which subsequently affect the quality of parent-child relationships and child outcomes (Grych & Fincham, 2001; Zimet & Jacob, 2001). Support for the spillover hypothesis is quite robust. Krishnakumar and Buehler (2000) conducted a meta-analysis of thirty-nine 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 the potential byproducts of marital/interparental conflict (Katz & Woodin, 2002). Therefore, it is assumed that interventions for parents and coparents may positively affect the dynamics of the intimate relationship, resulting in positive outcomes for parenting practices and the children involved.

These findings provide rationale for programmatic work that promotes healthy couple and co-parenting relationships for the purpose of promoting positive child outcomes. Some limited research (e.g., Cowan & Cowan, 2005) using samples of married, higher-income couples has documented the benefits for children of addressing the couple relationship in parenting programs. However, studies of relationship and marriage education (RME) effects have been limited to examinations of the benefits to the couple relational health (Hawkins, Blanchard, Baldwin, & Fawcett, 2008). While a meta-analytic review of 117 studies on the efficacy of RME (Hawkins et al., 2008), demonstrated moderate effect sizes for both relationship quality and communication skills, the authors concluded that the relative homogeneity of the samples limited the ability to generalize these findings to ethnically and socio-economically diverse populations. Only recently have experiences of more diverse populations in RME been examined (Hawkins & Fackrell, 2010) and these studies focused on couple outcomes. The effectiveness of implementing RME with diverse couples has been demonstrated in the work by Cowan, Cowan, Pruett, Pruett, and Wong's (2009) – which found that the positive effects of their father engagement intervention (e.g. higher levels of father engagement, better couple relationship quality, and lower levels of children's problem behaviors) were better sustained over time for fathers who participated in the program with their intimate partner in comparison to fathers who attended alone.

The purpose of the current study was to determine whether parental participation in RME positively affects coparenting quality and preschool children's social competence. Moreover, we explore these questions using a sample of limited resource minority couples and coparents whose children are in Head Start programs.

## **Method**

## Participants

There were 80 female caregivers—91% mothers ( $n=73$ ), 8% grandmothers ( $n=7$ ), and 1% adopted mothers ( $n=1$ )—in the study with an average age of 30.93 years ( $SD = 9.53$ , range 19 to 65 years) who reported about their child enrolled in the Head Start. No participant reported on more than one child enrolled the program, and no siblings were included in the sample. Twenty-four of the women were in the control group and 56 of the women attended the RME class. Sixty-nine percent (38 individuals) completed the course, which consisted of 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 romantic partner/spouse, whose data is not reported in this study. Partner data was 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 demographic information.

Table 1. Socio-demographic description of sample ( $N=80$ )

	Overall Sample ( $n = 80$ )		Participants in RME ( $n = 56$ )		Control Sample ( $n = 24$ )	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<b>Ethnicity</b>						
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
<b>Education</b>						
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 Ed.	43	55.1	31	55.6	13	54.1
<b>Marital Status</b>						
Married	28	36.8	19	35.2	9	40.9
Cohabiting	17	22.4	15	27.8	2	9.1
Dating, but not Cohabiting	23	30.2	13	24.1	10	45.4
Single	8	10.5	7	13.0	1	4.5
<b>Annual Income</b>						
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

## Procedures

A partnership was established between the university and a Head Start program in the southeastern region of the United States. This Head Start program services children ages 3-5 years who live in a rural, mostly African-American community. Flyers about the RME program and study were distributed throughout the 6 Head Start centers in Tuskegee-Macon County.

We utilized a quasi-experimental design; parents could volunteer to participate in either the program or the comparison group. Both groups received compensation for the completion of

the surveys at pre/post and follow-ups. The control parents volunteered to complete the surveys for compensation of \$50, and they were notified that they could participate in the program at a later date. There were no significant socio-demographic differences between participants and controls.

Data were collected from parents, from teachers, and through classroom observations, over 4 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 the 1.5 months; 58% at 4 months, and 49% at the 12 month follow up. Those returning follow-up data do not differ significantly in terms of demographics from those who did not or have not yet provided follow-up data. As data collection is ongoing, 21 participants had not yet been contacted to complete their 12-month follow-up questionnaire.

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

### **Program Design and Implementation**

The *Together We Can* curriculum was used (Shirer, Chen, Contreras, Hamler, Harris, Lacina, London, & Cardona, 2007). TWC is a research-based educational program that includes the core research-based components essential for relationship education identified by the National Extension Relationship and Marriage Education Network (Adler-Baeder & Futris, in

press). These core components included the following topics: *Choose*—the use of intentionality in relationships/the ability to determine if you would like to be in an intimate relationship with a potential intimate partner; *Know*—the development of intimate knowledge of partner such as family background, personal interests, and values; *Care*—the demonstration of kindness, affection, and caring support by an individual toward his/her intimate partner; *Care for Self*—maintenance and enhancement of physical, psychological, and sexual health and wellness as an individual; *Share*—development of friendship and a sense of interconnectedness; *Connect*—engagement of social support, community ties, and sources of personal meaning outside of the couple relationship; and *Manage*—use of strategies for engagement and interaction around differences, stresses, and issues of safety (Adler-Baeder & Futris, in press). The content of the curriculum includes discussions 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 child well-being. In addition, this program was designed for lower literacy populations and can be used with both married and nonmarried individuals and couples. A prevention science and risk/resiliency approach was implemented by social science researchers to focus on strengthening protective relationship factors and curtailing maladaptive functioning (Coie, Watt, West, & Hawkins, 1993). Also with regards to the program's theory of pedagogy, experiential learning theory served as the framework (Kolb, 1984), which considers learning to be the process by which individuals gain knowledge by transforming their personal experiences. In the delivery of the program, we were mindful of factors which demonstrated effectiveness in working with low-resource and African American participants. The focus was

on directly incorporating the individuals' life situations (Costin, 1988; as cited in Hogarth & Swanson, 1995), facilitating in an informal setting (Briscoe, 1990), and fostering an empowering learning experience (Hogarth & Swanson, 1995). Lastly, the approach also considered a tenet of Adlerian theory (Watts, 2003), which assumes that parents want to be connected to their children and to do well in relationships. Therefore, our facilitators guided and facilitated the courses with the belief that the participants had good intentions for their parental and intimate 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—high cost, healthcare issues, stigma, cultural insensitivity, and transportation issues (Ganong, Coleman, Beckmeyer, Benson, Jamison, McCaulley, & Sutton, 2007). In consideration of these obstacles to clinical services, we surmised that an educational model may be more readily received (Ganong, Coleman, Beckmeyer, Benson, Jamison, McCaulley, & Sutton, 2007). Furthermore, our approach is prevention-based and targets the broad population of low-income families—not individuals with “relationship problems.”

The classes were 2 hours each and offered for 6 consecutive weeks. A participant was considered as "completed" if they attended at least four of the sessions. Five different sets of classes were held, and two sets of husband/wife teams, trained in the curriculum by the program developer, facilitated the classes. All facilitators were trusted individuals in the community; having served in local chapters of different service organizations. Free child care was provided for the children. Refreshments and \$10 gas cards were also provided to each participant at each session. Program parents received \$100 for completing each survey, which contained over 300 items; comparison group parents were given \$50 for completing the same survey.

## **Measures**

We assessed children’s social competence and coparenting disagreement ratings using established social science survey measures. Copies of the survey items can be obtained from the first author.

*Children’s Social Competence* (Dodge & Coie, 1987): Participants responded to 7 items regarding their child’s social competence. Items were on 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 four-month follow-up, and .84 at twelve month follow-up (see Table 2).

*Co-parenting Disagreements* (CPD; adapted from Ahrons & Wallisch, 1987): Participants rated 4 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 (see—Appendix B). 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 four-month follow-up; and .77 at T4 (See Table 2). Example item: “Overall, how supportive are you and your child’s parent of each other in your parenting?”

Table 2. Descriptive Statistics of Dependent Variables

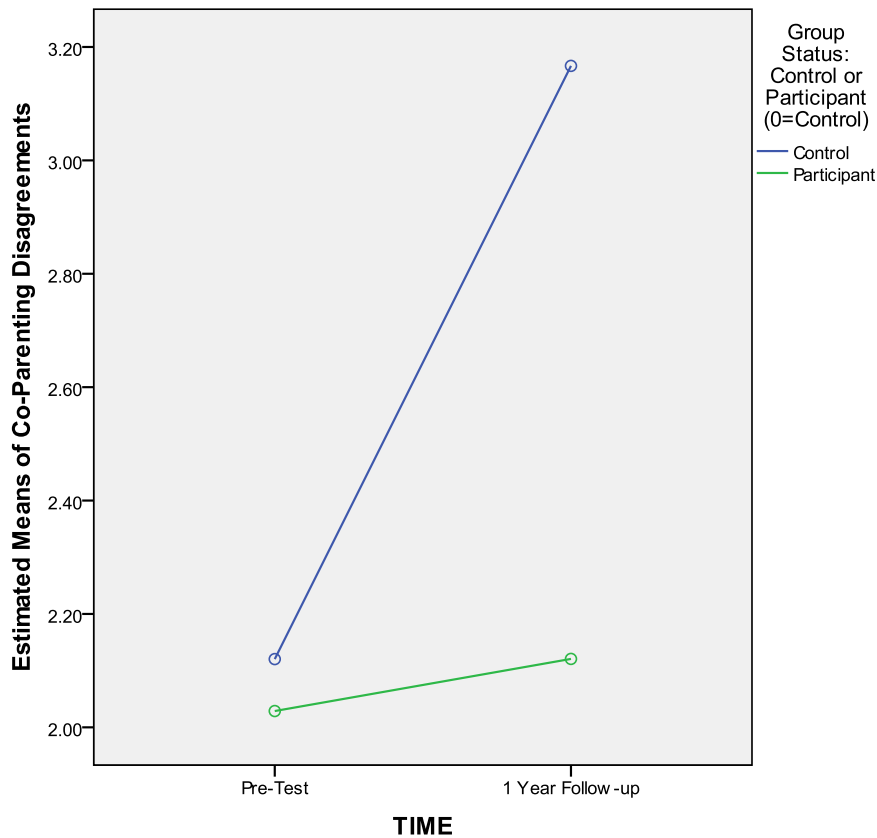
	Participants in RME			Control Sample		
	(n = 56)			(n = 24)		
	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>
<b>Co-parenting Disagreements</b>						
<b>Pre-test</b>	55	2.05	0.89	23	1.99	0.80

<b>Post-test</b>	40	2.08	1.03	17	2.21	1.02
<b>4-month Follow-up</b>	31	1.99	1.13	15	2.48	0.97
<b>12-month Follow-up</b>	29	2.12	0.97	10	3.03	1.18
<b>Children's Social Competence</b>						
<b>Pre-test</b>	55	4.32	0.52	23	4.25	0.53
<b>Post-test</b>	41	4.29	0.54	17	4.15	0.63
<b>4-month Follow-up</b>	31	4.42	0.61	15	3.98	0.90
<b>12-month Follow-up</b>	28	4.26	0.43	10	3.82	0.54

## Results

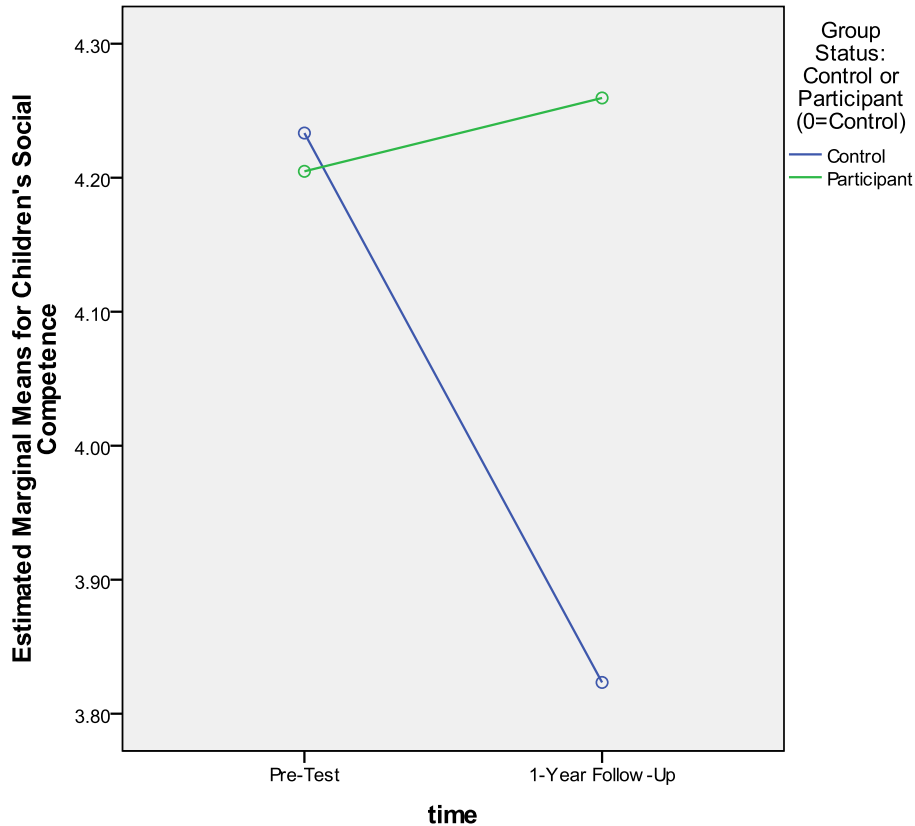
Descriptive statistics for the co-parenting disagreements and children's social competence are shown in Table 2. A repeated measures analysis of variance (RMANOVA) was conducted to assess the change across time in CPD, and differences in change between RME participants and the control participants. The RMANOVA involves determining differences between groups (ie. 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, those individuals who do not attend RME classes show 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 non-significant (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. There was no difference between the control group and the RME participants in caregiver's reports of children's social competence at pre-test ( $t = -0.59, p = ns$ ) nor at 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 1-year follow-up; and concomitantly, control parents report decreases in children's social competence scores over time (See Figure 2).

Figure 2. CSC from Pre-Test to One Year Follow-Up



For further analyses of change in CSC across the 4 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, 2002). We utilized the PROC MIXED method in SAS to conduct these procedures, which enables the examination of both fixed and random effects (Singer, 1998). The unconditional growth model (see Table 3) reveals that the population average for children's social skills was 4.26 at pretest 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 non-significant slope may be due to 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 ( $\beta = -.018, p = ns$ ); however, there was a significant interaction between reports of children's social competence in the participant and control group over the 4 timepoints ( $\beta = .031, p < .05$ ) (See Figure 3 and Table 3).

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

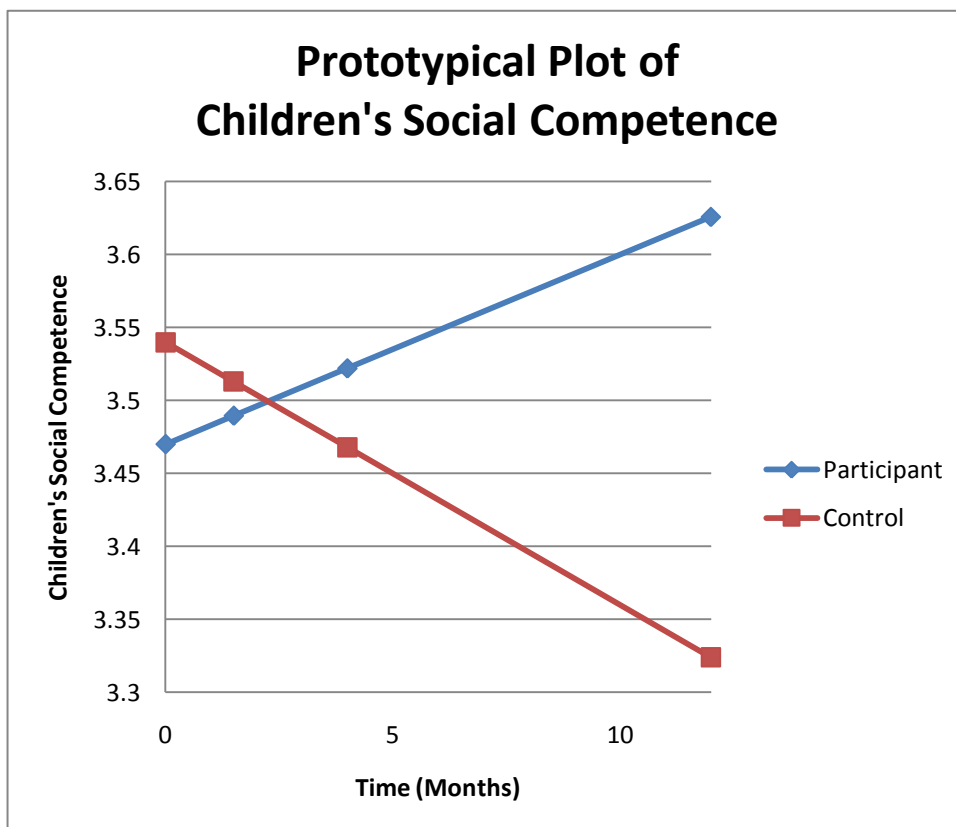


Table 3. *Taxonomy of Fitted Nested Models*

<b>Fixed Effects</b>	<b>Parameter</b>	<b>Unconditional Growth Model</b>	<b>Model B</b>
	$\gamma_{00}$	4.26***	3.54***
	$\gamma_{01}$		-0.07
	$\gamma_{10}$	0.005	-0.018
	$\gamma_{11}$		0.031*
		437.90	328.50
		2	2
		--	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 parents who are African American and low-income, RME participation may enhance coparenting 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

Importantly, the difference between participants and controls on the outcomes assessed in the study are not evident until the one-year follow-up assessment. This 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 (Hawkins, et al., 2008; Hawkins & Fackrell, 2010). The RME participants report consistent child social competence over time, while the control parents report declines in their child's social competence over time.

It should be noted that these children are pre-school age and are at an important point in development. We expect a normative enhancement of social competence between ages 4 and 5 (Rubin, Bukowski, & Parker, 1998). If a natural trajectory among low-income preschool children is a decline in social skills, it may be that RME could serve as a buffer.

Similarly, the participants maintain lower levels of coparenting disagreements, while control group parents report escalation in their level of disagreements about parenting over time. Possibly, child social competence and coparenting disagreements may be linked. Future research can consider and test the direction of effects between these two dimensions over time. In addition, future research with a larger sample size could explore variations in experiences and trajectories using potential moderators that may include participant characteristics, facilitator characteristics, and program characteristics.

This early evidence of the positive “spillover” of program impact is promising. Increasing the sample size with the current year's participants and control parents may further strengthen the trends observed to date. However, the results of this study must be considered in the context of its limitations: the study did not randomly assign individuals into the

participant/comparison groups (e.g. the comparison parents were recruited to be in the control group), and the study also utilized self-report. To address the issues related to self-report, we are collecting and in the process of analyzing teacher reports and observational data collected on the children as well. If preliminary trends found here are validated through final results of the study, there may be implications for enhanced family programs for parents in Head Start, inclusive of relationship education, as a means for promoting more prosocial behaviors in the classroom in addition to promoting high quality coparenting relationships. Therefore, we are currently coordinating with the Alabama Department of Children's Affairs, the Children's Trust Fund, and several family resource centers to develop plans for possibly expanding of our efforts to more Head Start programs throughout the state.

## REFERENCES

- Ablow, Jennifer C., Measelle, Jeffrey R., Cowan, Philip A., & Cowan, Carolyn P. (2009). "Linking marital conflict and children's adjustment: The role of young children's perceptions. *Journal of Family Psychology* 23(4), 485-499.
- Adamson, Jackie L., & Thompson, Ross A. (1998). Coping with inter-parental verbal conflict by children exposed to spouse abuse and children from nonviolent homes. *Journal of Family Violence* 13(3), 213-232.
- Adler-Baeder, Francesca, Bradford, Angela, Skuban, Emily, Lucier-Greer, Mallory, Ketring, Scott, & Smith, Thomas. (2010). Demographic predictors of relationship and marriage education participants pre- and post-program relational and individual functioning. *Journal of Couple and Relationship Therapy*, 9, 113-132.
- Adler-Baeder, Francesca., & Futris, Ted. (Eds.) (in press). *The National Extension Relational and Marriage Education Model: Empirically-derived core concepts for programs*. USDA/CSREES.
- Ahrons, Constance R., & Wallisch, Lynn. (1987). Parenting in the binuclear family: Relationship between biological and stepparents. In Kay Pasley & Marilyn Ihinger-Tallman (Eds.), *Remarriage and step-parenting* (pp. 225-256). New York: Guilford Press.
- Briscoe, Diane. B. & Ross, Jovita. M. (1990). Racial and ethnic minorities and adult education. In S.B. Merriam and P.M. Cunningham, (Eds.) *Handbook of adult and continuing education*. San Francisco: Jossey-Bass.

Buckhalt, Joseph A., El-Sheik, Mona, & Keller, Peggy. (2007). Children's sleep and cognitive functioning: Race and socioeconomic factors as moderators of effects. *Child Development*, 78(1), 213-231.

Coie, John.D., Watt, Norman.F., West, Stephen.G., Hawkins, David., Asarnow, Joan.R., Markman, Howard.J., Ramey, Sharon.L., Shure, Myrna.B., and Long, Beverly. 1993. The science of prevention: A conceptual framework and some directions for a national research program. *American Psychologist* 48(10):1013–1022.

Cowan, Carolyn P., & Cowan, Philip A. (2005). Two central roles for couple relationships: breaking negative intergenerational patterns and enhancing children's adaptation. *Sexual & Relationship Therapy*, 20(3), 275-288.

Cowan, Philip A., Cowan, Carolyn P., Pruett, Marsha K., Pruett, K., & Wong, Jessie J. (2005). Promoting fathers' engagement with children: Preventive interventions for low-income families. *Journal of marriage and Family*, 71(3), 663-679.

Cummings, E. Mark, & Davies, Patrick T. (2002). Effects of marital conflict on children: Recent advances and emerging themes in process-oriented research. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 43, 31–63.

Dodge, Kenneth A., & Coie, John D. (1987). Social-information processing factors in reactive and proactive aggression in children's peer groups. *Journal of Personality and Social Psychology*, 53(6), 1146-1158.

El-Sheikh, Mona, Buckhalt, Joseph A., Keller, Peggy S., Cummings, E. Mark, & Acebo, Christine. (2007). Child Emotional Insecurity and Academic Achievement: The Role of Sleep Disruptions. *Journal of Family Psychology, 21*(1), 29-38.

Ganong, Lawrence, Coleman, Marilyn, Beckmeyer, Jonathan, Benson, Jacquelyn, Jamison, Tyler, McCaulley, Graham, & Sutton, Eva. (2007). Mental health challenges of low income families. In Department of Human Development and Family Studies (Eds). *Connecting Baby: Creating healthy relationships*. MO: University of Missouri.

Grych, John H., & Fincham, Frank. (Eds.). (2001). *Interparental conflict and child development: Theory, research, and application*. New York: Cambridge University Press.

Grych, John H., Harold, Gordon, T., & Miles, Claire J. (2003). The prospective investigation of appraisals as mediators of the link between interparental conflict and child adjustment. *Child Development, 74* (4), 1176-1193.

Harold, Gordon T., Aitken, Jessica J., & Shelton, Katherine H. (2007). Inter-parental conflict and children's academic attainment: a longitudinal analysis. *Journal of Child Psychology & Psychiatry, 48*(12), 1223-1232.

Hawkins, Alan J.; Blanchard, Victoria L.; Baldwin, Scott A.; Fawcett, Elizabeth B. (2008). Does marriage and relationship education work? A meta-analytic study. *Journal of Consulting and Clinical Psychology, 76*(5), 723-734.

Hogarth, Jeanne M., & Swanson, Josephine (1995). Using adult education principles in financial education for low income audiences. *Family Economics and Resource Management Biennial*, 139-146.

Junttila, Niina, Vauras, Marja, & Laakkonen, Eero. (2007). The role of parenting self-efficacy in children's social and academic behavior. *European Journal of Psychology of Education - EJPE*, 22(1), 41-61.

Katz, Lynn F., & Woodin, Erica M. (2002). Hostility, hostile detachment, and conflict engagement in marriages: Effects on child and family functioning. *Child Development*, 73(2), 636-652.

Kolb, David A. (1984) *Experiential learning: Experience as the source of learning development*. Englewood Cliffs, NJ: Prentice Hall.

Krishnakumar, Ambika, & Buehler, Cheryl. (2000). Interpersonal conflict and parenting behaviors: A meta analytic review. *Family Relations*, 49 (1), 45-44.

Ladd, Gary W. (1999). Peer relationships and social competence during early and middle childhood. *Annual Review of Psychology*, 50, 333-359.

McDowell, David J., & Parke, Ross. (2009). Parental correlates of children's peer relations: An empirical test of a tripartite model. *Developmental Psychology*, 45 (1), 224-235.

Pallant, Julie. (2007) *SPSS Survival Manual: A step-by-step guide to data analysis using SPSS for Windows (Version 15)*. 3<sup>rd</sup> edition. Allen & Unwin. Crows Nest, Australia.

Rubin, Kenneth H., Bukowski, William, & Parker, Jeffrey G. (1998). Peer interactions, relationships, and groups. In Damon, William, & Eisenberg, Nancy (Eds.) *Handbook of Child Psychology: Social, emotional, and personality development* (pp. 619-700). New York, New York: John Wiley & Sons, Inc.

Shirer, Karen, Chen, Ching-Ju, Conteras, Dawn, Hamler, Saneya, Harris, Angela, Lacina, Holly, London, Erika, & Cardona, Jose R. (2007). *A Curriculum to Improve Co-Parenting Relationships of Single Parents*. Michigan: Michigan State University Board or Trustees.

Singer, Judith D., & Willet, John B. (2003). *Applied Longitudinal Data Analysis: Modeling Change and Event Occurrence*. New York: Oxford University Press.

Watts, Richard E. (2003). Adlerian, cognitive, and constructivist therapies: An integrative dialogue. New York: Springer.

Zimet, Daniel M., & Jacob, Theodore. (2001). Influences of marital conflict on child adjustment: Review of theory and research. *Clinical Child and Family Psychology Review*, 4, 319-335.