

## Introduction

- Substantial evidence supports the salience of couple functioning in predicting adjustment and well-being in children (Cummings & Davies, 2002; Grych & Fincham, 2001; Shelton & Harold, 2008).
- Researchers have found that intraparental conflict is negatively associated with children's social behaviors and attention skills (Buckhalt, El Sheikh & Keller, 2007; Grych, Harold, & Miles, 2003; McDowell & Parke, 2009).
- Limited applied research has examined how interventions targeting the couple and co-parenting relationship benefit children's social competence. However, existing intervention studies indicate that addressing the couple relationship has added value for parenting outcomes and child outcomes (e.g., Cowan & Cowan, 2005).
- Results for relationship and marriage education (RME) work with minority couples/coparents and underrepresented populations is virtually nonexistent.
- The following research examined long-term changes in coparenting quality and preschoolers social development following participation in RME.

## Method

### Sample

The sample includes 80 children ( $n=41$  boys, 51.3%), aged 3 to 5 years, enrolled in Head Start centers in central Alabama over a period of two years. 57 (71.3%) of the children had primary caregivers who participated in the RME curriculum, and 23 (28.8%) of the children had caregivers who were controls. African-Americans comprised 97% of the sample.

Caregiver Education: 13 (16.7%) did not complete high school; 22 (28.2%) had a High Education/GED; 31 (39.7%) had some post-secondary education; 12 (15.4%) had a Bachelor's Degree or higher.

Caregiver Relationship Status: 28 (36.8%) reported as married; 40 (52.6%) as dating/cohabitating; 8 (10.5%) as single.

Of the 57 caregivers who attended the RME classes, 34 (59.6%) had partners/co-parents who also attended.

Annual Household Income: Less than \$14,000 (49.3%); \$14,000-24,999 (29.3%); \$25,000-\$39,999 (16%); greater than \$40,000 (5.3%).

### Procedures

RME was delivered in 6 sessions to parents who voluntarily opted to participate in the *Together We Can* (TWC) curriculum (Shirer, Contraras, Adler-Baeder, 2006). TWC is a research-based educational program designed for lower literacy populations and addresses core relationship skills for adults. This curriculum can be used with both married and non-married individuals and couples.

Primary Caregivers completed questionnaires on their individual functioning, relationship, parenting behaviors and their children's social competence at 4 time points: Initial/pre-test (0 months); post-test (1.5 months); 4-month follow-up; and 12-month follow-up. Parents who volunteered to be part of the study, but not the program completed questionnaires at similar time points.

Teachers completed questionnaires on the children's social competence at Pre-Test, Post-Test and at a 6-Month Follow-Up. Two teachers completed a questionnaire on each child. Teacher reports were averaged to create a composite rating for each measure for each child. Of the 80 children who had caregivers participating in the study, 76 (95%) had teachers who also completed questionnaires on the children's social competence.

### Measures

**Teacher Rating Instrument (TRI; Dodge & Coie, 1987).** Two scales, Social Skills and Peer Social Competence from the TRI were completed by both the caregivers and teachers of the children. The Social Skills Scale includes 7-items assessing the children's ability to interpret and understand social cues and situations, and had an internal consistency ranging from 0.86 to 0.87. The Peer Social Competence Scale queries teachers and caregivers about the ability a child has to appropriately engage and interact with peers, and had an internal consistency ranging from 0.67 to 0.88.

**Social Competence and Behavior Evaluation (SCBE-30; LaFreniere & Dumas, 1996).** Teachers and caregivers both completed the SCBE-30 at each time point. This scale includes questions about the child's ability to use prosocial methods of responding to peers and adults and had an internal consistency ranging from 0.77 to 0.89.

**Coparenting Quality (CPQ; & Wallisch, 1987):** 8 items on a 5 point scale; "Never" (1) to "Always" 5; higher scores indicate a higher level of cooperation in the co-parenting relationship. Item example: "How often do you and your child(ren)'s other parent agree on child rearing?" Cronbach's alpha=.73.

## Results

**Changes in Co-Parenting Quality.** An RMANOVA was conducted to assess the change across time in co-parenting quality. From the pre-test to 12-month follow-up, there was a main effect for time,  $F(1, 36)=6.82, p < 0.05$ . There was also a significant time X group interaction  $F(1, 36)=8.41, p < 0.01$ . Participants reported relatively stable levels of co-parenting quality over the course of a year ( $t = 0.33, p = ns$ ) while control parents reported decreased levels of coparenting quality ( $t = 2.44, p < .005$ ) (See Figure 1.)

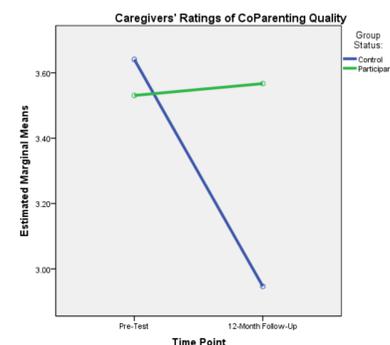


Figure 1. Changes in Caregiver Ratings of CoParenting Quality

**Changes in Children's Social Skills.** An RMANOVA was conducted to assess the change across time in caregivers' ratings of children's social skills. From the pre-test to 12-month follow-up, there was not a main effect for time; however, the time X group interaction was significant  $F(1, 36)=4.84, p < 0.05$ . It appeared that children of RME participants showed a significant gain in social skills ( $t = 3.62, p < 0.0001$ ) while the comparison parents reported no significant change. Teachers reported a similar pattern between the pre-test and 6-month follow-up ratings of children's social skills. From the pre-test to the 6-month follow-up, there was not a main effect for time; however, the time X group interaction showed a non-significant trend similar to what was seen in the caregivers' reports  $F(1, 40)=3.55, p < 0.07$ . (See Figure 2.)

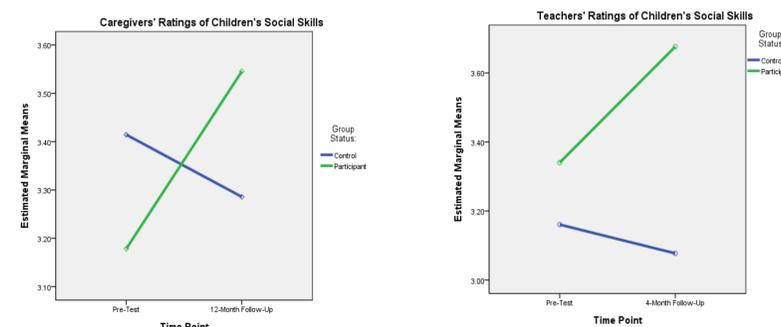


Figure 1. Changes in Caregiver and Teacher Ratings of Children's Social Skills

**Differences on the SCBE-30.** A RMANOVA assessed changes across time in ratings of children's social competence. For teacher ratings of social competence on the SCBE-30, there was no main effect of time; however there was a significant time X group interaction between the pre-test and 6-month,  $F(1, 40)=4.45, p < 0.05$ . Teachers reported that children of RME participants showed significant gains in social competence ( $t = 3.30, p < 0.01$ ) while the children of the comparison group showed no change over time. Similarly, caregiver's reports of change across time showed no main effect of time while the time X group interaction trended toward significant,  $F(1, 37)=2.81, p < 0.10$ . (See Figure 3.)

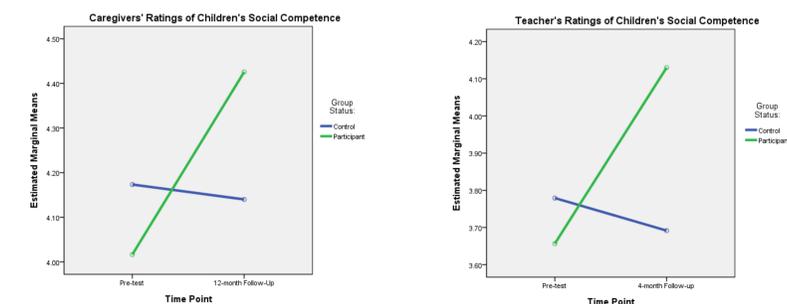


Figure 3. Changes in Caregiver and Teacher Ratings of Children's Social Competence on the SCBE-30.

**Growth Curve Analyses.** For further analyses of change in children's social competence, we utilized growth curve analyses across the 4 assessment periods using caregivers' reports of social competence on the Social Competence Scale (Dodge & Coie, 1987). The unconditional growth model was significant and indicated that the population average for children's social skills was 4.26 at pretest and increased by 0.005. However, 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 was due to the interaction between time and test group status, an additional model was analyzed. 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 time points (See Figure 4).

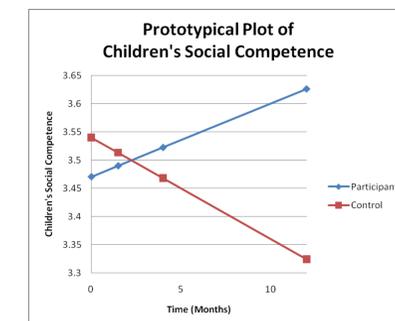


Figure 4. Prototypical plot of social competence over time by group.

## Summary

• Findings from the current study indicate that RME participation among low income African American parents of preschoolers led to long-term changes in both caregivers and teachers' perceptions of children's social competence.

• Further, RME participation appears to promote the maintenance of high quality co-parenting relationships, with changes noted at 12-months post-program, which indicates that the program effects appear to be sustainable.

• It is important to note that no changes in caregiver or teacher reports' of social development were observed between the pre-test and post-test, which was administered 6 weeks later. These findings suggest that there is a gradual spillover effect. Perhaps the period immediately following RME participation is focused on the couple/coparenting relationship, and following a period of time in which the family interactional style is more positive, children's social competence increases.