



Hope, Stress, and Post-Divorce Child Adjustment: Development and Evaluation of the Co-Parenting for Resilience Program

Ronald B. Cox, Matthew Brosi, Todd Spencer & Katey Masri

To cite this article: Ronald B. Cox, Matthew Brosi, Todd Spencer & Katey Masri (2021) Hope, Stress, and Post-Divorce Child Adjustment: Development and Evaluation of the Co-Parenting for Resilience Program, *Journal of Divorce & Remarriage*, 62:2, 144-163, DOI: [10.1080/10502556.2021.1871831](https://doi.org/10.1080/10502556.2021.1871831)

To link to this article: <https://doi.org/10.1080/10502556.2021.1871831>



Published online: 13 Jan 2021.



Submit your article to this journal [↗](#)



Article views: 1244



View related articles [↗](#)



View Crossmark data [↗](#)



Hope, Stress, and Post-Divorce Child Adjustment: Development and Evaluation of the Co-Parenting for Resilience Program

Ronald B. Cox^a, Matthew Brosi^a, Todd Spencer^b, and Katey Masri ^a

^aHuman Sciences, Oklahoma State University, Stillwater, Oklahoma, USA; ^bDepartment of Family Studies, Utah Valley University, Orem, Utah, USA

ABSTRACT

Two studies examine the effectiveness of Co-Parenting for Resilience, a program targeting divorcing or separating parents with a minor child in common. Study-one (N = 132) uses a within-group design to assess whether parent scores on key constructs improve across time. Study-two (N = 330) employs a control group to assess whether change can be attributed to the program. Within-group results indicate significant increases on parental hope and child adjustment, and decreases on parental stress and conflict with a co-parent. Between-group analyses find significant differences in parental hope, stress, conflict with a co-parent, collaborative co-parenting, and child adjustment. Implications for policy are discussed.

KEYWORDS

Co-parenting; Divorce; Education; Resilience

Introduction

Divorce has become ubiquitous in U.S. society. When parents separate, fundamental changes occur within the family system. Although most children eventually overcome the impact of their parent's separation, about 25% go on to have major long-term mental health problems (Hetherington & Kelly, 2002). Even among those who do adjust well, many go through a phase of considerable sadness, anger, and emotional pain that can last for years with sequelae in the form of depression, suicide, school dropout, substance use, and teen pregnancy (Kelly, 2012; Salem et al., 2013). Because much of the variance in post-divorce child-adjustment can be explained by how parents manage the divorce, family courts throughout the U.S. have opted to refer couples to divorce education programs in an effort to ameliorate the potential negative effects of divorce on children. (Hughes & Kirby, 2000).

Divorce education is a specific form of parent education that is typically delivered after parents file for divorce or legal separation, but before legal paperwork is finalized. Because a majority of states in the U.S. require that parents attend divorce education and allow programs to charge a fee for their

service, the number of programs have grown exponentially over the years (Pollet & Lombreglia, 2008; Salem et al., 2013). Despite rapid proliferation, limited information exists about how these programs were developed and the theory used to identify core components. Additionally, a majority of programs have not been evaluated or have substantial methodological weaknesses and mixed findings (e.g., Fackrell et al., 2011).

Co-Parenting for Resilience (CPR) is a research-based psychoeducational program designed to reduce adjustment problems and strengthen the factors that lead to resilience among children of divorcing parents. To promote changes in behavior CPR draws from established theories such as the Family Stress Theory (McCubbin et al., 1982), the Transtheoretical Model of Change (Prochaska & Velicer, 1997), Brief Family Therapy (Weakland et al., 1974) and hope theory (Fredrickson, 2001). Strategies are applied within a prevention science framework through a four-hour educational intervention that uses videos, activities, lecture, and discussion of real-life scenarios. Core components of CPR are designed to alter the parental behaviors that exacerbate the stress and trauma experienced by children through changes in parental perceptions of their own and their partner's behavior. In this paper we briefly discuss the development of CPR and report findings from an initial evaluation of its effectiveness.

Background

Program development

Co-Parenting for Resilience was developed by researchers from Oklahoma using community-based participatory methods in a multi-stage iterative process that included therapists, judges, Oklahoma Cooperative Extension educators, and separating parents from Oklahoma communities. In the first stage, community partners and researchers worked together to identify problems among divorcing parents, translate research findings into core program components, and discuss how to present the content for maximal impact. After each meeting, the research team synthesized key discussion points and incorporated them into a new version of the program that was again scrutinized by community partners until a consensus on a final product was reached. The process required a total of eight meetings over an 18-month period.

A second stage consisted of a feasibility study that vetted the measures, research protocols, and participant acceptance of the different parts of the program. This involved several rounds of interviews with: 1) parents taking the program, 2) Cooperative Extension educators delivering the program, and 3) support staff at county offices involved in the registration process and other logistics. County staff and Extension educators participated in the selection of measures and the development of research protocols to ensure functionality

and “buy-in” within their unique community contexts and with their available resources.

The third stage in the development of CPR piloted the program utilizing a quasi-experimental design with a control group to examine program impacts. Five counties, including both urban and rural communities, were selected to participate and the Extension educators in each county were trained on the curriculum. Debriefing interviews with the educators led to further development of training materials and protocols. Data from divorcing individuals who participated in CPR were collected over three months. Individuals were assessed at baseline, immediately post program completion (process variables), and at 12-month follow-up.

Core component development

Ahrons (1979) created the term “binuclear family” to describe a family system that exists across two households (paternal and maternal) as the result of divorce or parental separation (heretofore referred to as divorce). Although separate, members of the system are linked by their mutual interest in the children and confronted with the daunting task of discovering new ways of relating to one another as each takes on new identities, roles, and functions. The parental dyad must encounter a means to terminate spousal roles while redefining their roles as co-parents (Metts & Cupach, 1995). They must grapple with the need to negotiate a “separate togetherness” (Masheter & Harris, 1986) or “uncoupling without unfamilizing” (Ahrons & Rogers, 1987). Although many families manage the transition of divorce well (Amato, 2010), others become mired in stress and strain (Lucas, 2005).

Theoretical foundations

Family stress theory

Divorce most certainly ranks high among life’s major stressors. Parents who separate face numerous logistical obstacles (e.g., visitation schedules, holidays), financial burdens, and emotional challenges (including mourning the end of the relationship), as well as the need to restructure social networks, change parenting practices, overcome feelings of guilt and rejection, and alter one’s self-identity to a new reality (Amato, 2010). A solid literature base has shown that stress affects parents’ ability to effectively parent. For instance, the number of negative stressors present in families significantly discriminates between abusive families and non-abusive families (Whipple & Webster-Stratton, 1991), and between children who develop attachment difficulties and children who do not (Vaughn et al., 1979). Mothers experiencing high negative life stress perceive their children’s behavior as more deviant than do low-stress mothers (Middlebrook & Forehand, 1985), and parents reporting

high rates of stress are twice as likely to have a child with conduct problems (Webster-Stratton, 2000). It is, therefore, not surprising that experiencing stress is associated with inept discipline strategies such as explosive and inconsistent discipline (Capaldi et al., 1997). Parents experiencing the stress of divorce have also been shown to be less affectionate and more punitive and irritable when parenting (Wallerstein & Kelly, 1980).

Likewise, research shows that a temperamentally difficult child increases the stress experienced by parents and negatively affects parental functioning (Webster-Stratton, 2000). It is difficult to discern from correlational studies whether the stress experienced by divorcing parents is the cause or the result of having a child with behavior problems, and is most likely reciprocal in nature. However, what is clear from the literature is that the pile up of multiple stressors has an impact on the family's ability to cope and adjust to the divorce (McCubbin et al., 1982). Family Stress Theory suggests that intervening at any one of three major points – accumulation of stressors, resources for coping with stress, and definitions or perceptions of the stressor event – will help families successfully navigate the divorce process. The CPR program intervenes at all three points to help reduce stress and promote positive adjustment. For example, CPR teaches mindfulness strategies to help parents cope with stressful situations, and helps parents learn how to take the other parent's perspective, which allows for an alternative understanding of the behavior and subsequent reduction in stress.

Transtheoretical model of change (TTM; Prochaska & Velicer, 1997)

Rather than view change as an outcome (e.g., quitting smoking, drinking, or overeating), TTM describes behavioral change as a process that occurs over time in a series of five stages. TTM asserts that people transition from either being unaware of a problem or unwilling to consider change due to being in a demoralized state (precontemplation stage), to an acknowledgment of a problem that they would like to change (contemplation stage), to making a commitment to resolve the problem (preparation stage), to actively making changes in their behavior (action stage), to finally having maintained changes anywhere from six months to five years depending on the person (maintenance stage). Although the five stages of change help to identify when changes occur, TTM also identifies 10 stage-specific change processes that must be implemented for change to occur (Prochaska & Velicer, 1997). These processes, when adapted into a program, promote an individual's transition from stage to stage by affecting the decisional balance of pros and cons that maintain behavior. As the decisional balance shifts, the individual is able to transition from one stage to the next. Over time, as the pros increase and the cons decrease, confidence in one's ability to cope with high-risk situations and avoid relapses grows, and the temptation to revert back to previous behavior is eventually extinguished. At distinct points in the CPR program different

processes are used to promote change from one stage to another. For instance, through the use of videos and other materials, parents are led through the TTM process of self-reevaluation that helps them create a new self-image which shifts the decisional balance and promotes a transition from one stage to the next.

Brief family therapy (Weakland et al., 1974)

Brief Family Therapy contends that an individual's behavior is continually being shaped, maintained, and changed through interactions with others in their social environment. Clinical problems emerge when normal life difficulties, such as transitions in the family life cycle are mishandled. For a difficulty to become a problem, two conditions must be met: (1) the difficulty is mishandled, and (2) when the difficulty is not resolved, more of the same "solution" is attempted. When problems arise, families attempt to deal with them in ways that are consistent with their culture and their frame of reference, that is, their perception of reality and what they believe to be the correct way to behave. They persist in their "attempted solutions" because to them they are logical, necessary, or the only reasonable course of action. When the problem continues despite their best attempts, this is considered evidence of the severity of the problem, which is dealt with by increasing the intensity of "more of the same" solution. Although the attempted solutions may seemingly vary (e.g., shouting, withholding child support), in general they send the same message (e.g., they demand compliance). This results in the original difficulty being exacerbated by creating a self-perpetuating system of interaction. Accordingly, if new information is introduced into the system it has the potential to generate benevolent change in the interactional pattern allowing for the resolution of the problem through the generation of alternative solutions, that is, something besides "more of the same."

Applying Brief Therapy to divorce education, CPR seeks to: (1) alter the parents' perception of the problem; and (2) interrupt the problem-maintaining behavior of the parent. This is primarily accomplished through introducing new information into the system through a process of normalizing and reframing or relabeling behavior. For instance, a frequently used solution to exact compliance to overt or covert demands is behavior by one parent that restricts access to the children by the other parent. In CPR, this behavior is reframed as a gift to the parent whose access is restricted allowing him or her to remake his or her life more quickly. At the same time, a self-inflicted punishment on the restricting parent who, in addition to being emotionally and physically taxed by having sole responsibility for the children, misses out on remaking his or her life. This new information changes perceptions of past behaviors, interrupts the problem-maintaining "solution" and frees the person restricting the access to explore alternative solutions that are more beneficial.

Hope

Positive emotions, such as hope, have been shown to promote a larger array of behavioral action and to expand people's perspective on available coping resources, which result in an "undoing" effect on negative affect (Fredrickson, 2001). Hope is especially important for individuals when personal resources are exhausted or when they are in a threatening situation with an uncertain outcome (Park et al., 2004). Although most research on the experience of hope has been carried out with chronically ill cancer patients, hope is also emerging as increasingly important in the recovery process of individuals experiencing trauma, suicide ideation, and other mental illness (Snyder, 2000). Hope also impacts parental appraisals of stress, which in turn determine the degree to which that stress interrupts parenting practices and the risk for negative child outcomes (Webster-Stratton, 2000).

Hope has been shown to reduce perceived stress and increase the coping strategies that are necessary to release a person's natural potential to find solutions to their problems. A fundamental belief of the CPR program borrowed from Brief Therapy (Weakland et al., 1974) is that people are doing the best they can at all times, but become stuck navigating change due to their perception of available solutions or pathways. Research from the field of psychotherapy suggests that parents are less likely to make permanent changes in their behavior when framed negatively. Because divorcing parents often become trapped in a self-perpetuating system of interaction that attempts to reach interpersonal accord through argument, the conflict further exacerbates their feelings of hopelessness. The CPR program helps individuals view the more destructive aspects of divorce such as conflict, as an attempted (albeit failed) solution that may be replaced by a more adaptive path. This alternative view does not require blaming or labeling the parent as bad and tends to restore hope. Hope then encourages the parent's ability to explore and create alternative coping strategies and solutions.

In addition to the underlying theories of behavior and behavior change that inform much of the content and organization of the CPR program, CPR also incorporates more traditional aspects of divorce education classes that provide important information for parents. Some of these topics are: child development and how children respond to the stress of divorce by different ages; how stress affects parenting and practical advice to avoid reactive parenting, custody and visitation plans that are most beneficial to children; tips on accelerating the adjustment process for children; parental behaviors and attitudes that increase the trauma that children experience; and a worksheet to help parents develop a co-parenting plan.

Data analytic plan, research questions, and hypothesis

This paper reports on two studies designed to assess the effectiveness of CPR in helping participants adjust to their divorce and ameliorate the negative

effects of their separation on their children. More specifically, we test whether CPR affects divorcing parents reports on measures of hope, perceived stress, effective co-parenting, and child positive adjustment. To accomplish this goal, we conduct both a within group (study 1) and a between group analysis (study 2). While within group analyses test for significant changes in behavior over time and helps estimate the magnitude of a program's effect, between group analyses (i.e., comparison to a control group) test whether any within group differences are simply a function of time, that is, whether individuals naturally improve over time without the need of an intervention.

First, to assess within-group change, a series of paired sample t-tests were conducted to test mean differences between measures at baseline (before attending CPR) and at a 12-month follow-up among participants in the CPR program. Second, a series of four ANCOVAs (analysis of covariance) were used to assess treatment vs. control effects on our four outcome variables: hope, perceived stress, effective co-parenting, and child positive adjustment; ANCOVAs controlled for parental gender, first or other divorce, time since filing for divorce, level of education, income, and child's age. All analyses used a Bonferroni correction to adjust for multiple comparisons. For all measures negative items were reverse coded and all items were summed to create a composite score such that an increase in value represents increases in that construct.

Methods

Participants

Study 1

Participants in the within group analysis consisted of 132 adults mandated by the court to attend a divorce education program as a condition of being granted a divorce. Participants were from five counties in a Midwestern state, had a child under the age of eighteen, a mean age of thirty-five ($SD = 7.72$), were 61.4% female, 72.7% rural, and had an average annual income of 33,000. USD Participant ethnicity was: 83.1% Caucasian, 3.1% African-American, 5.4% Latino, 3.2% Asian, and 3.1% mixed. 72% reported having at least some college or tech school. Data was collected mostly online and participants were paid 40 USD for completing the follow-up questionnaire.

Study 2

The between group analysis consisted of two different groups: 1) the treatment group ($n = 165$) who completed the CPR divorce education curriculum twelve months prior to filling out a self-report survey of their post-divorce adjustment; and 2) the control group ($n = 165$) who divorced during the same time

frame as the treatment group but did not attend a divorce education curriculum.

Participants in the treatment condition. The treatment sample consists of 53.3% females ($n = 88$) and 46.7% males ($n = 77$). The median age was 36.35 years old ($SD = 8.94$). The median annual income among participants was 30,000. USD Additionally, 82.4% of participants reported this as their first divorce. Participant ethnicity was reported as follows: 71.0% Caucasian, 9.3% African-American, 8.0% Latino, 3.1% Asian, and 1.2% mixed. Approximately a quarter (26.6%) reported having a college degree. Additionally, the mean age of their oldest child who the participants provided data for was 8.34 ($SD = 5.87$).

Participants in the control condition. Because the state legislature passed a law requiring all divorcing couples to attend a divorce education class at the beginning of the proposed study, it was not possible to collect a control group from the same state as the treatment group. Instead, the research team contracted with Qualtrics, a nationally recognized data management firm, to collect a control group from states that did not have a statewide mandate for divorcing parents to attend divorce education classes. A total of 320 participants were recruited for the control group from four states (Arkansas, Texas, Kansas, & South Dakota); all of which do not require a divorce education program for divorcing parents while maintaining similar midwestern demographics as the participants in the treatment condition group. All participants were screened to ensure that they were divorced or divorcing, had not participated in a divorce education class, and had a child under the age of 18 at the time of divorce. From this sample, participants were matched to the treatment group on age, income, level of education, age of the child, the number of divorces experienced by participants, and time since filing for a divorce. After matching, participants were randomly selected with replacement until a sample of 165 matched controls were obtained to match the sample size of the treatment group. We matched the sample sizes across groups to protect against violations of assumption of homogeneity of variance (Box, 1953). The final sample had a mean age of 38.52 years ($SD = 9.14$), were 80% female, 64.5% rural, and had an average annual income of 30,000. USD Additionally, 81.2% of control condition participants reported this as their first divorce. Participant ethnicity was: 77.6% Caucasian, 8.5% African-American, 9.1% Latino, 2.4% Asian, 2.4% mixed, and 49.1% had a college degree. Additionally, the mean age of their oldest child who participants provided data for was 9.17 years ($SD = 5.67$). Data for the control group were collected online and participants were paid by Qualtrics per completed survey.

The Oklahoma Institutional Review Board (IRB) approved all study procedures (approval number HE-1272). All participants were over the age of 18 and provided written informed consent. Individuals in the treatment group who did not agree to participate in the follow-up assessment, were not included in the study.

Measures

Herth hope index (HHI; K. Herth, 1991)

Hope is a construct that has been shown to be fundamental to spiritual and psychological well-being and to an individual's ability to successfully adapt, cope, and adjust to traumatic and stressful experiences (e.g., K. Herth, 1991; Snyder, 2000). The HHI is a 12-item scale measured on a 4-point Likert format (values ranged from 12 to 48) that captures three identified dimensions of hope: 1) cognitive-temporal (the perception that a positive, desired outcome is realistically probable in the near or distant future), 2) affective-behavioral (a feeling of confidence with initiation of plans to affect the desired outcome), and 3) affiliative-contextual (the recognition of the interdependence and interconnectedness between self and others and between self and spirit). Items include: *"I have a positive outlook toward life."* Cronbach's alpha, indicated high internal consistency, $\alpha = .86$.

Perceived Stress Scale (PSS; Cohen 1988) is a widely-used psychological instrument that measures the degree to which life situations are appraised as unpredictable, uncontrollable, and overwhelming during the previous month. The PSS also includes several direct queries about current levels of experienced stress. The PSS has 10 items measured on 5-point Likert type scale from "0 = never" to "4 = very often." Items include: *"In the last month, how often have you been upset because of something that happened unexpectedly?"* Cronbach's alpha indicated high internal consistency, $\alpha = .89$.

Child Positive Adjustment was measured using the *Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001)*. The SDQ is a well-validated brief behavioral screening questionnaire that captures parental perceptions of child behavior in the area of: 1) emotional symptoms, 2) conduct problems, 3) hyperactivity/inattention, 4) peer relationship problems, and 5) prosocial behavior. The SDQ has 25 items measured on a 3-point Likert type scale, "0 = not true," "1 = somewhat true," "2 = Certainly true." In the event participants had more than one minor child with the partner from whom they were separating, they were instructed to think of the behavior of their oldest child over the past month. Sample items include: (Child's name) *"is considerate of people's feelings"* *"is often unhappy, depressed or tearful."* Internal consistency was high, $\alpha = .86$.

Effective co-parenting

Effective Co-parenting is a measure designed for this study to assess how well parents work together to parent their child during and after a divorce. The measure was developed based on the clinical experiences of the first two authors' work with hundreds of divorcing parents, focus groups with Cooperative Extension Personnel who teach divorce education classes and have regular interactions with divorcing parents, and the extant literature. The measure consists of two sub scales: collaborative co-parenting and conflictual co-parenting. The collaborative co-parenting subscale captures positive interactions between divorcing parents emphasizing inclusion and teamwork. Sample items include, "*I make sure my co-parent and I discuss things together before making an important decision regarding our child,*" and "*I can honestly say that I treat my child's other parent like a valued member of a team.*" The conflictual co-parenting subscale captures negative interactions between divorcing parents such as resentment and criticism. Sample items include, "*I say and do things to get back at my co-parent*" and "*I sometimes criticize my child's other parent in front of my child.*" Because there were minor variations in how each subscale was measured across the two studies, their properties are described separately below. Research materials related to this manuscript including data may be made available upon request.

Study 1

The within group analysis assessed collaborative co-parenting and conflictual co-parenting on a 10-point Likert scale. The collaborative co-parenting subscale contained 3-items and the conflictual co-parenting subscale contained 5-items. Participants reported on the extent they agreed on each statement where a value of 1 indicated a low level of agreeableness and 10 indicates a very high level of agreeableness. The items were summed with a possible range of 3–30 for collaborative co-parenting and 5–50 for conflictual co-parenting, where higher scores indicate more of each construct. Both sub-scales had acceptable internal consistencies, with $\alpha = .71$ and $\alpha = .72$ respectively.

Study 2

The between group analysis measured collaborative co-parenting and conflictual co-parenting on a 4-point Likert scale. The collaborative co-parenting subscale contained 5-items and the conflictual co-parenting subscale contained 3-items. Participants reported on the extent they agreed on each statement where a value of 1 indicated a low level of agreeableness and 5 indicates a very high level of agreeableness. Items were summed to create a composite score with a possible range of 5–20 for collaborative co-parenting and 3–12 for conflictual co-parenting where higher scores indicate more collaborative co-parenting or higher conflictual co-parenting. Cronbach's alpha indicated good

internal consistency for collaborative co-parenting $\alpha = .79$ and moderate internal consistency for conflictual co-parenting, $\alpha = .61$.

Self-of-the-researcher

The two lead authors have partial appointments as Cooperative Extension State Specialists and have a long history working to develop, deliver, and evaluate divorce education programs. All the authors have clinical training in the theoretical models utilized in developing the CPR program. They also have experience training extension educators to deliver the program throughout the state and exercise oversight for data collection and evaluation related to the program.

Results

Parent participants answered a series of questions at the end of the classes to assess the extent of their satisfaction with the program. Nearly all parents (95–98%) rated the program as beneficial and stated that they would recommend the program to friend. They especially appreciated the discussion of ways to avoid mistakes with their ex-partner, the videos helping them take their child's perspective on parental conflict, and the use of real-life scenarios.

Study 1

To assess for change within individuals a series of paired-samples t-tests compared CPR participant reports on hope, stress, effective co-parenting, and child positive adjustment from baseline to 12-month follow up. Additionally, an effect size for each variable was calculated using Cohen's d (see Table 1.).

Table 1. Results of paired t tests and ANCOVAs.

	Within Group				Between Group					
	t	df	p	Mean Difference	d	F	df	p	Mean Difference	d
Hope	2.00	131	<.05	−0.80	0.17	67.70	1,322	<.001	5.95	1.06
Perceived Stress	−2.90	131	<.05	−1.47	−0.25	34.86	1,322	<.001	−4.85	0.77
Child Adjustment	7.55	131	<.001	5.73	0.66	22.58	1,322	<.001	5.14	0.70
Collaborative Co-Parenting	−0.13	131	.90	−.07	0.01	40.77	1,322	<.001	2.16	0.70
Conflictual Co-Parenting	−2.29	131	<.05	.82	0.22	6.42	1,322	<.05	−1.01	0.41

Hope

Parents reported significant increases on the Herth Hope Index from baseline ($M = 42.82$, $SD = 5.14$) to 12-month follow-up ($M = 43.61$, $SD = 4.49$); $t(131) = 1.96$, $p < .05$ suggesting that parents became more hopeful after participating in the CPR program. The effect size for hope was small ($d = .17$).

Stress

There was a significant difference in reports of stress between baseline ($M = 23.64$, $SD = 7.03$) and 12-month follow-up ($M = 22.17$, $SD = 6.43$); $t(131) = -2.90$, $p < .005$ indicating that parents' level of stress decreased after participating in the CPR program. Cohen's d indicated a small effect size ($d = .25$) for stress.

Effective co-parenting

There was a significant difference in reports on conflictual co-parenting subscale between the pretest ($M = 5.52$, $SD = 4.15$) and the posttest ($M = 4.70$, $SD = 3.10$); $t(131) = -2.49$, $p < .05$ indicating an decrease of conflict between co-parents participating in CPR from baseline to 12-month follow-up. The conflictual co-parenting paired-samples t -test had a small effect ($d = .22$). No significant difference was found for collaborative co-parenting between baseline ($M = 24.38$, $SD = 6.48$) and the 12-month follow-up ($M = 24.32$, $SD = 6.13$).

Child positive adjustment

Within individuals results on the SDQ found a significant increase in parent report of child positive adjustment between baseline ($M = 35.57$, $SD = 7.24$) and 12-month follow-up ($M = 41.30$, $SD = 6.68$); $t(131) = 7.55$, $p < .001$. This suggests that CPR was effective in improving child well-being over time. Child positive adjustment had a medium effect ($d = .66$).

Study 2

To further examine the impact of CPR we conducted a series of one-way ANCOVAs to test for differences between CPR and a control group. Each analysis controlled for parental gender, first or other divorce, time since filing for divorce, level of education, income, and child's age. Effect sizes were calculated using Cohen's d . (see [Table 1.](#)). Correlations among the independent variables showed low singularity indicating the assumption of multicollinearity was not violated. Additionally, Levene's tests indicated the assumptions of homogeneity of variance between the control and treatment groups were upheld across all outcomes with the exception of hope ($p < .01$). However, when sample sizes are equal, analysis of variance tests are robust against violations of homogeneity (Box, 1953).

Hope

Mean differences in hope between CPR participants and the control group were significant ($F(7,329) = 67.70, p < .001$) showing that participants of CPR reported higher levels of hope ($M = 43.36, SD = 4.59$) compared to the control group ($M = 37.41, SD = 6.48$) after accounting for covariates. The between group difference in hope had a large effect ($d = 1.06$).

Stress

Mean differences between the treatment group and the control group on stress were significant ($F(7,329) = 34.86, p < .001$), indicating that participants of CPR reported lower levels of stress ($M = 14.08, SD = 6.04$) compared to the control group ($M = 18.93, SD = 6.62$) after accounting for covariates. The effect size for stress was large ($d = .77$).

Effective co-parenting

Results of the ANCOVA for conflictual co-parenting showed significant differences between treatment and control groups ($F(1,322) = 6.42, p < .05$) indicating that participants of CPR reported lower conflictual co-parenting ($M = 4.87, SD = 2.63$) compared to the control group ($M = 5.88, SD = 2.33$) after accounting for covariates. The between group mean difference for conflictual co-parenting had a medium effect ($d = .41$). Likewise, mean differences in collaborative co-parenting showed significant differences between treatment and control ($F(7,329) = 40.79, p < .001$) indicating that participants of CPR reported greater collaborative co-parenting ($M = 12.40, SD = 3.14$) compared to the control group ($M = 10.24, SD = 3.04$) after accounting for covariates. The between group difference for collaborative co-parenting had a medium effect ($d = .70$).

Child positive adjustment

Mean differences in child positive adjustment between CPR participants and the control group were significant ($F(7,329) = 22.58, p < .001$) indicating that participants of CPR ($M = 38.07, SD = 6.69$) reported higher levels of child positive adjustment compared to the control group ($M = 32.93, SD = 8.04$) after accounting for covariates. Differences in child positive adjustment showed a medium effect ($d = .70$).

Discussion

The key findings of this study show that divorcing parents who participated in the Co-Parenting for Resilience program reported significant within person increases in hope and child adjustment, and reductions in perceived stress and in conflictual co-parenting from baseline to a 12-month follow-up. Furthermore, almost identical gains were found when participants of CPR

were compared to a control group of divorced parents who had never participated in a divorce education program. The difference being that the within-individual study found significant decreases in conflictual co-parenting, but not increases in collaboration between co-parents, while the between group study found significant differences between treatment and control on both measures. These findings provide initial support that CPR is effective in helping divorcing parents move toward healthy post-divorce adjustment and that this adjustment is beneficial for their children.

Hope as a measurable construct has been used extensively in medical research as an indicator of resilience in individuals diagnosed and undergoing treatment for life threatening disease and disability because of its fundamental place in an individual's ability to successfully adapt, cope, and adjust to new living circumstances (e.g., Duggleby et al., 2007; Snyder, 2000). To our knowledge, this is the first application of hope as a construct for the evaluation of a psychoeducational intervention for parents overcoming the challenges of divorce. By increasing hope and reducing the stress associated with divorce, parents may be less inhibited to explore and more able to find alternative coping strategies that are better aligned with their values, goals, and vision for the future. Others have also found that hope is responsive to interventions (e.g., K. A. Herth, 2001), including brief one-session interventions (Feldman & Dreher, 2012). Because of its potential to promote positive adjustment and well-being, our results provide additional support for inclusion of strategies that increase hope in psychoeducational interventions.

An interesting aspect of the two studies is that although the within individual gains in hope were modest ($d = .17$), the between group differences were very large ($d = 1.06$). Similar gains were evident in perceived stress ($d = -.25$ and $.77$ respectively). This suggests that an important effect of CPR may be to stop the downward spiral that many divorcing parents experience as they progress through the divorce process (Amato, 2001; Kelly, 2000).

Numerous studies have found that parental conflict has deleterious effects on post-divorce child adjustment and well-being. Findings from our two studies suggest that CPR decreases parental conflict and increases parental report of child positive adjustment. Although we did not examine mediational pathways from CPR to child adjustment, others have found that ongoing parental conflict produces a disruption in the nurturing domain that, in turn, affects child well-being (Kaplan & Pruett, 2000; Wallerstein & Kelly, 1980). This diminished capacity to parent experienced by divorcing parents is further aggravated by the adversarial nature of the legal system (Pruett & Pruett, 1999). Co-Parenting for Resilience may help to arrest this process by highlighting common ways in which parents are drawn into unnecessary and harmful conflict and providing alternative strategies to accomplish their goals. The positive effects of these strategies are likely to trickle down over time to

children, given the extensive literature supporting the benefits of lower parental conflict on child well-being (Amato & Rezac, 1994; Grych et al., 2001).

To our knowledge this study represents a first attempt to adapt tenets and strategies from Brief Family Therapy into an educational program for divorcing parents. Our experience working with divorcing parents suggests they often carry the same interpersonal problems they experienced in their union into the separation process. Moreover, they frequently continue to use “more of the same” solution that had repeatedly failed in the past. Brief Family Therapy offers a theoretical lens to guide the development of psychoeducational interventions to help couples interrupt their self-perpetuating cycle and find alternative solutions to their relationship difficulties. Additionally, attempting different solutions can lead to reductions in stress as problems are resolved. Reductions in stress allow parents to interact with their children in ways that express more caring and warmth. Although not a direct test of these techniques, the success of CPR to impact hope, stress, parenting, and child adjustment suggests that this may be a promising approach for interventionists developing psychoeducational materials and merits further study.

Limitations

Support for the Co-Parenting for Resilience program should be considered in the context of several limitations. First, the control condition used a matched comparison design rather than participants being randomly assigned to treatment and control conditions. Random assignment has clear benefits over quasi-experimental designs such as eliminating potential biases and confounds that could affect point estimates. However, denying individuals a service for which all available evidence suggests a beneficial effect has ethical implications that argue against the use of random assignment. To address concerns associated with quasi-experimental designs we took several steps to bolster confidence in our findings: (a) We used two different analytical approaches. The agreement between the findings from both approaches provides strong support for the CPR program. (b) We used a matching procedure to better ensure between-group equivalency. By matching on key variables the opportunity for bias is reduced. and (c) We randomly selected participants from the control condition to create equivalent sample sizes to protect against violations of homogeneity of variance. When group sample sizes are equal, ANOVA is robust against departures from homogeneity of variance. Furthermore, when homogeneity of variance is violated in smaller to moderate sized samples, the F statistic will be biased against finding a difference and significance will be under estimated. Although these steps bolster confidence in our findings, a randomized controlled trial is needed to definitively answer questions of effectiveness.

A second limitation is only five Oklahoma counties were included in the study and participants were mostly Caucasian, which limits generalizability. This limitation is primarily addressed by use of a theoretical frame (e.g., Hope, Brief Family Therapy) whose empirical base was developed through a multitude of studies using diverse samples over several decades in different countries. For instance, the construct of hope has been used with numerous nationalities (Roesch, & Vaughn, 2006) and Brief Strategic Family Therapy has been successfully implemented cross-culturally (Szapocznik & Williams, 2000). Although future tests of CPR should employ a larger and more diverse sample, having as a foundation well-established theory lends confidence to the generalizability of the current findings. Finally, the data collected relied on parental report. Future research that incorporates direct observations of child behavior would provide a more definitive assessment of CPR's ability to impact child adjustment.

Implications and future directions

Co-Parenting for Resilience is a new approach to divorce education programs and is, we believe, the first of such programs to clearly integrate theories of behavior change from brief therapeutic approaches into a psychoeducational format. This study is also the first formal evaluation of the effectiveness of CPR and finds that it holds promise to be effective in increasing parents' repertoire of bonadaptive coping strategies. Armed with more effective strategies, parents can reduce the accumulation of stressors associated with divorce and work more successfully to improve child adjustment. Findings from this study also support the importance of incorporating resilience-based concepts such as hope into psychoeducational programming efforts.

One important implication of this approach is that divorcing parents and their children can be free of mental illness and at the same time be unhappy and display a high level of dysfunction in their daily life (Keyes, 2007). Our findings suggest that parents exposed to CPR may increase on important indicators of psychological well-being such as hope and decrease on markers of dysfunction such as perceived stress and interparental conflict. An abundant literature supports multiple benefits of psychological well-being such as increases in work productivity, meaningful relationships, and physical health (e.g., Diener & Chan, 2011; Howell et al., 2007; Keyes & Grzywacz, 2005; Lamers et al., 2012). Although tentative at this point, interventions that promote aspects of positive psychology may go beyond improved coping resulting in the reduction of mental and physical illness and begin to foster well-being leading to improved mental and physical health.

A second important implication relates to the courts, funding agencies, and consumers requiring program developers to provide evidence of program effects beyond attitudinal shifts and satisfaction surveys. Though parent education programs for divorcing parents generally have intuitive appeal and wide acceptance among the public and the courts (Goodman, Bonds, Sandler, & Braver, 2004), very few have been rigorously tested (Cookston et al., 2007; Goodman et al., 2004; Salem et al., 2013). Among those programs that were tested, most did not show significant reductions in parental conflict, or increases in co-parenting skills (Cookston et al., 2007), or were methodologically flawed such that their findings are suspect (Fackrell et al., 2011). The studies in this paper add to the literature in that they examine the core components of divorce education such as collaborative co-parenting, conflict reduction, and child adjustment.

An important next step for the CPR program and for divorce education programs in general is to conduct more rigorous outcome evaluations. As Fackrell and colleagues report, only a handful of studies evaluating divorce education programs have used random assignment in their design. Similarly, the motivation for many stakeholders that support divorce education classes is the belief in their potential to improve child adjustment. However, we are not aware of any study, including our own, that has assessed for actual behavior change in child behaviors and very few include parent-report of child behaviors. Finally, almost no studies report on the effectiveness of divorce education with different ethnic groups (e.g., Hispanics, African Americans, Native American, Asians), or by gender. Future research will need to identify subgroups for whom divorce education classes is more or less effective as well the core components of programs that drive parental behavior change and facilitate positive child adjustment.

Disclosure statement

The authors declare that there are no conflicts of interest in the publication of this paper.

Funding

This project was supported in part by the Masonic Charity Foundation of Oklahoma, and the George Kaiser Family Foundation Endowed Chair in Child and Family Resilience.

ORCID

Katey Masri  <http://orcid.org/0000-0002-5636-7544>

References

- Ahrons, C. R. (1979). The binuclear family. *Alternative Lifestyles*, 2(4), 499–515. <https://doi.org/10.1007/BF01082682>
- Ahrons, C. R., & Rodgers, R. H. (1987). *Divorced families: A multidisciplinary developmental view*. WW Norton & Co. <https://doi.org/10.2307/583551>
- Amato, P. R. (2001). Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology*, 15(3), 355. <https://doi.org/10.1037/0893-3200.15.3.355>
- Amato, P. R. (2010). Research on divorce: Continuing trends and new developments. *Journal of Marriage and Family*, 72(3), 650–666. <https://doi.org/10.1111/j.1741-3737.2010.00723.x>
- Amato, P. R., & Rezac, S. J. (1994). Contact with nonresident parents, interparental conflict, and children's behavior. *Journal of Family Issues*, 15(2), 191–207. <https://doi.org/10.1177/0192513x94015002003>
- Box, G. E. (1953). Non-normality and tests on variances. *Biometrika*, 40(3/4), 318–335. <https://doi.org/10.1093/biomet/40.3-4.318>
- Capaldi, D. M., Chamberlain, P., & Patterson, G. R. (1997). Ineffective discipline and conduct problems in males: Association, late adolescent outcomes, and prevention. *Aggression and Violent Behavior*, 2(4), 343–353. [https://doi.org/10.1016/S1359-1789\(97\)00020-7](https://doi.org/10.1016/S1359-1789(97)00020-7)
- Cohen, S. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The Claremont Symposium on Applied Social Psychology. The social psychology of health* (p. 31–67). Sage Publications, Inc.
- Cookston, J. T., Braver, S. L., Griffin, W. A., De Lusé, S. R., & Miles, J. C. (2007). Effects of the dads for life intervention on interparental conflict and coparenting in the two years after divorce. *Family process*, 46(1), 123–137. doi:10.1111/j.1545-5300.2006.00196.x
- Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being*, 3(1), 1–43. doi:10.1111/j.1758-0854.2010.01045.x
- Duggleby, W. D., Degner, L., Williams, A., Wright, K., Cooper, D., Popkin, D., & Holtslander, L. (2007). Living with hope: Initial evaluation of a psychosocial hope intervention for older palliative home care patients. *Journal of Pain and Symptom Management*, 33(3), 247–257. <https://doi.org/10.1016/j.jpainsymman.2006.09.013>
- Fackrell, T. A., Hawkins, A. J., & Kay, N. M. (2011). How effective are court-affiliated divorcing parents education programs? A meta-analytic study. *Family Court Review*, 49(1), 107–119. <https://doi.org/10.1111/j.1744-1617.2010.01356.x>
- Feldman, D. B., & Dreher, D. E. (2012). Can hope be changed in 90 minutes? Testing the efficacy of a single-session goal-pursuit intervention for college students. *Journal of Happiness Studies*, 13(4), 745–759. <https://doi.org/10.1007/s10902-011-9292-4>
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218. <https://doi.org/10.1037//0003-066x.56.3.218>
- Goodman, M., Bonds, D., Sandler, I., & Braver, S. (2004). Parent psychoeducational programs and reducing the negative effects of interparental conflict following divorce. *Family Court Review*, 42, 263–279. <https://doi.org/10.1111/j.174-1617.2004.tb00648.x>
- Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(11), 1337–1345. <https://doi.org/10.1097/00004583-200111000-00015>
- Grych, J. H., Grych, J. H., & Fincham, F. D. (Eds.). (2001). *Interparental conflict and child development: Theory, research and applications*. Cambridge University Press. <https://doi.org/10.1017/cbo9780511527838>

- Herth, K. (1991). Development and refinement of an instrument to measure hope. *Scholarly Inquiry for Nursing Practice*, 5(1), 39–51.
- Herth, K. A. (2001). Development and implementation of a hope intervention program. *Oncology Nursing Forum*, 28(6), 1009–1016. <https://pubmed.ncbi.nlm.nih.gov/11475874/>
- Hetherington, E. M., & Kelly, J. (2002). *For better or for worse: Divorce reconsidered*. W. W. Norton & Company. <https://doi.org/10.2143/int.8.2.2004434>
- Howell, R. T., Kern, M. L., & Lyubomirsky, S. (2007). Health benefits: Meta-analytically determining the impact of well-being on objective health outcomes. *Health Psychology Review*, 1(1), 83–136. <https://doi.org/10.1080/17437190701492486>
- Hughes, R., & Kirby, J. J. (2000). Strengthening evaluation strategies for divorcing family support services: Perspectives of parent educators, mediators, attorneys, and judges. *Family Relations*, 49(1), 53–61. <https://doi.org/10.1111/j.1741-3729.2000.00053.x>
- Kaplan, M. D., & Pruett, K. D. (2000). Divorce and custody: Developmental implications. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (2nd ed., pp. 533–547). Guilford.
- Kelly, J. B. (2000). Children's adjustment in conflicted marriage and divorce: A decade review of research. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(8), 963–973. <https://doi.org/10.1097/00004583-200008000-00007>
- Kelly, J. B. (2012). Risk and protective factors associated with child adolescent adjustment following separation and divorce. In K. Kuehnle & L. Drozd (Eds.), *Parenting plan evaluations: Applied research for the family court* (pp. 49–84). Oxford University Press. <https://doi.org/10.1093/med:psych/9780199754021.003.0003>
- Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95. <https://doi.org/10.1037/0003-066X.62.2.95>
- Keyes, C. L., & Grzywacz, J. G. (2005). Health as a complete state: The added value in work performance and healthcare costs. *Journal of Occupational and Environmental Medicine*, 47(5), 523–532. <https://doi.org/10.1097/01.jom.0000161737.21198.3a>
- Lamers, S. M., Bolier, L., Westerhof, G. J., Smit, F., & Bohlmeijer, E. T. (2012). The impact of emotional well-being on long-term recovery and survival in physical illness: A meta-analysis. *Journal of Behavioral Medicine*, 35(5), 538–547. <https://doi.org/10.1007/s10865-011-9379-8>
- Lucas, R. E. (2005). Time does not heal all wounds: A longitudinal study of reaction and adaptation to divorce. *Psychological Science*, 16(12), 945–950. <https://doi.org/10.1111/j.1467-9280.2005.01642.x>
- Masheter, C., & Harris, L. M. (1986). From divorce to friendship: A study of dialectic relationship development. *Journal of Social and Personal Relationships*, 3(2), 177–189. <https://doi.org/10.1177/0265407586032004>
- McCubbin, H. I., Cauble, A. E., & Patterson, J. M. (1982). *Family stress, coping, and social support*. Charles C. Thomas.
- Metts, S., & Cupach, W. R. (1995). Postdivorce relations. In M. Fitzpatrick & A. Vangelisti (Eds.), *Explaining family interactions* (pp. 232–251). Sage. <https://doi.org/10.4135/9781483326368.n8>
- Middlebrook, J. L., & Forehand, R. (1985). Maternal perceptions of deviance in child behavior as a function of stress and clinic versus nonclinic status of the child: An analogue study. *Behavior Therapy*, 16(5), 494–502. [https://doi.org/10.1016/S0005-7894\(85\)80027-7](https://doi.org/10.1016/S0005-7894(85)80027-7)
- Park, N., Peterson, C., & Seligman, M. E. (2004). Strengths of character and well-being: A closer look at hope and modesty. *Journal of Social and Clinical Psychology*, 23(5), 628–634. <https://doi.org/10.1521/jscp.23.5.628.50749>
- Pollet, S. L., & Lombreglia, M. (2008). A nationwide survey of mandatory parent education. *Family Court Review*, 46(2), 375–394. <https://doi.org/10.1111/j.1744-1617.2008.00207.x>

- Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion, 12*(1), 38–48. <https://doi.org/10.4278/0890-1171-12.1.38>
- Pruett, K. D., & Pruett, M. K. (1999). “Only god decides”: Young children’s perceptions of divorce and the legal system. *Journal of the American Academy of Child & Adolescent Psychiatry, 38*(12), 1544–1550. <https://doi.org/10.1097/00004583-199912000-00016>
- Roesch, S. C., & Vaughn, A. A. (2006). Evidence for the factorial validity of the dispositional hope scale: Cross-ethnic and cross-gender measurement equivalence. *European Journal of Psychological Assessment, 22*(2), 78–84. <https://doi.org/10.1027/1015-5759.22.2.782>
- Salem, P., Sandler, I., & Wolchik, S. (2013). Taking stock of parent education in the family courts: Envisioning a public health approach. *Family Court Review, 51*(1), 131–148. <https://doi.org/10.1111/fcre.12014>
- Snyder, C. R. (Ed.). (2000). *Handbook of hope: Theory, measurement, and interventions*. Academic Press.
- Szapocznik, J., & Williams, R. A. (2000). Brief strategic family therapy: Twenty-five years of interplay among theory, research and practice in adolescent behavior problems and drug abuse. *Clinical Child and Family Psychology Review, 3*(2), 117–134. doi:10.1023/A:1009512719808
- Vaughn, B., Egeland, B., Sroufe, L. A., & Waters, E. (1979). Individual differences in infant-mother attachment at twelve and eighteen months: Stability and change in families under stress. *Child Development, 50*(4), 971–975. <https://doi.org/10.2307/1129321>
- Wallerstein, J., & Kelly, J. (1980). *Surviving the breakup: How children and parents cope with divorce*. Basic Books. <https://doi.org/10.1093/sw/26.3.256-a>
- Weakland, J. H., Fisch, R., Watzlawick, P., & Bodin, A. M. (1974). Brief therapy: Focused problem resolution. *Family Process, 13*(2), 141–168. <https://doi.org/10.1111/j.1545-5300.1974.00141.x>
- Webster-Stratton, C. (2000). Oppositional-defiant and conduct-disordered children. In M. Hersen & R. T. Ammerman, eds. *Advanced abnormal child psychology*. 2nd (pp. 387–412). Erlbaum. <https://doi.org/10.4324/9781410605320>
- Whipple, E. E., & Webster-Stratton, C. (1991). The role of parental stress in physically abusive families. *Child Abuse & Neglect, 15*(3), 279–291. [https://doi.org/10.1016/0145-2134\(91\)90072-L](https://doi.org/10.1016/0145-2134(91)90072-L)