



Does interparental conflict decrease following changes in observed parenting from a preventive intervention program?

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ARTICLE INFO

Keywords:

Interparental conflict
Parenting
Preventive interventions

ABSTRACT

Interparental conflict, which is common among families where a parent has a history of Major Depressive Disorder, is associated with deficits in parenting. Models of family functioning propose that interparental conflict and parenting behaviors are transactional in nature. Given the interdependent nature of family systems, increases in positive parenting practices may lead to subsequent decreases in interparental conflict. The current study was a secondary analysis of data from a preventive intervention to improve parenting, child coping skills, and child behavior in families with a history of parental depression. We hypothesized that increases in positive parenting strategies would be associated with decreases in interparental conflict 12 months later. Results supported the study hypothesis. Findings underscored the interdependent nature of parent-child and parent-parent subsystems.

1. Introduction

Family-based cognitive-behavioral therapy is an effective prevention and treatment approach for child and adolescent externalizing (e.g., aggression and noncompliance) and internalizing problems (e.g., depression and anxiety; see Weisz et al., 2017). For children who are nine years and older, these interventions often include both a parenting component (e.g., parents are taught to use positive reinforcement for appropriate behaviors and disciplinary skills for inappropriate behaviors) and a child component (e.g., children are instructed in social skills and coping skills) (Compas et al., 2015; Kazdin, 2010; Lochman, Boxmeyer, Powell, Barry, & Pardini, 2010). Although these interventions are effective in changing parenting and child behavior, the changes into other areas of family functioning, such as interparental conflict, have received far less attention. The current paper aims to examine the effects of changes in parenting practices due to an intervention on changes in interparental conflict.

Cox and Paley (1997) proposed that families can be conceptualized from a dynamic systems perspective. Specifically, the family system is constituted by *interdependent* subsystems that exert “a continuous and reciprocal influence on one another” (p. 246). Of particular relevance, the parent-child and the parent-parent subsystem can influence each other. One hypothesis for how this process occurs is the spillover hypothesis (Erel & Burman, 1995).

This hypothesis proposes that affecting interactions within one subsystem (e.g., the parent-child dyad) spills over into a second subsystem (e.g., the parent-parent dyad). Thus, stress and conflict between the parent and child may lead to stress and conflict between parents. Building on this hypothesis, altering parenting through an intervention may influence the relationship between adults who co-parent a child. In the non-intervention literature, there is substantial evidence that parenting and interparental conflict are related (e.g., Kaczynski, Lindahl, Malik, & Laurenceau, 2006; for a review, see; Krishnakumar & Buehler, 2000). Most theoretical perspectives (e.g., family systems theory, social learning, and role strain theory) are based on the assumption that interparental conflict leads to disruptions in parenting (Krishnakumar & Buehler, 2000). However, the direction of effect is not clear as the majority of studies have been cross-sectional, leading Krishnakumar and Buehler (2000) to call for longitudinal research.

Although interparental conflict can disrupt parenting (Kaczynski et al., 2006; Krishnakumar & Buehler, 2000), it also is possible that increases in positive parenting practices can lead to decreases in interparental conflict (Brody & Forehand, 1985; Zemp, Milek, Davies, & Bodenmann, 2016). For example, learning, using, and modeling positive interaction behaviors may generalize from the parent-child to the parent-parent dyad. The intervention literature offers the opportunity to examine if improvements in parenting can lead to decreases in interparental conflict.

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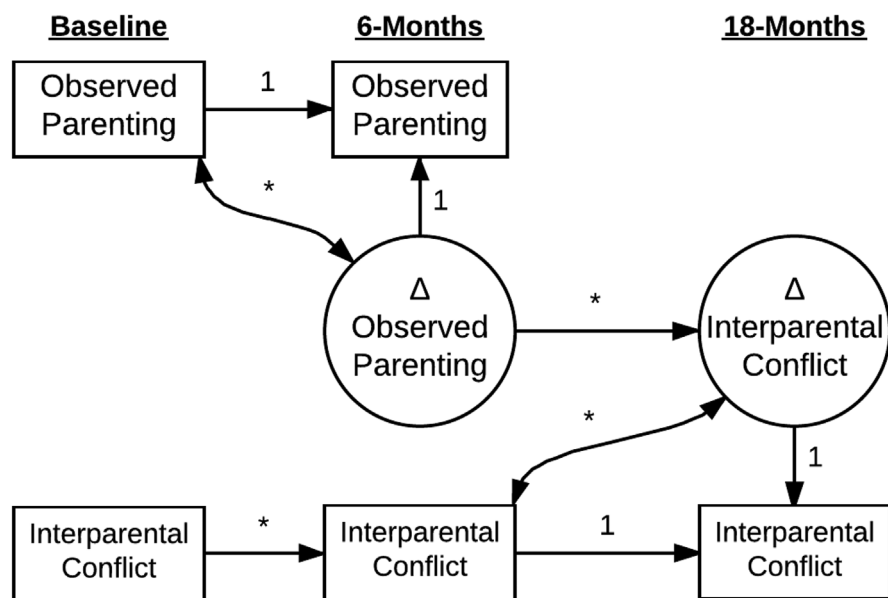


Fig. 1. Primary latent change score model examined.

Note: * = freely estimated paths; latent change score variables were regressed on dichotomized marital status (0 = single and 1 = married or cohabiting).

To date, to the best of our knowledge, only five studies have examined changes in the interparental relationship after an intervention that included a parenting component (Brody & Forehand, 1985; Henggeler et al., 1986; Pisterman et al., 1992; Sanders, Markie-Dadds, Tully, & Bor, 2000; Zemp et al., 2016).¹ Notably, four of these studies used clinical samples (i.e., parents of noncompliant children; Brody & Forehand, 1985; parents of juvenile offenders; Henggeler et al., 1986; parents of children with early onset conduct problems; Sanders et al., 2000; parents of children with ADHD, Pisterman et al., 1992), whereas one of the studies used a community sample (e.g., Zemp et al., 2016). Only four of these studies included an assessment of parenting (Brody & Forehand, 1985; Henggeler et al., 1986; Sanders et al., 2000; Zemp et al., 2016) and, of these four studies, only two (Sanders et al., 2000; Zemp et al., 2016) included longitudinal data. Brody and Forehand (1985) found that, when parenting improved, there was more of an increase in marital satisfaction for a group endorsing high levels of marital distress than for a group endorsing low levels of distress at post-intervention. Zemp et al. (2016) found partial support for changes in self-report parenting leading to longitudinal changes in self-report interparental relationship quality. Among fathers, but not mothers, improvements in self-reported parenting predicted improvements in relationship quality. No other support has been found for a change in the parent-parent subsystem following change in parenting within the parent-child dyad through an intervention. However, with the exception of Henggeler et al. (1986), none of the studies specifically assessed interparental conflict; instead, a more general measure of relationship satisfaction was utilized. The former has been found to be a more potent predictor of child outcomes than the latter (e.g., David, Steele, Forehand, & Armistead, 1996; Davies & Cummings, 1994). Utilizing conflict, particularly that occurring in front of the child, would provide a more relevant and, perhaps, sensitive measure of the adult subsystem.

The selection of a sample for studying associations between parenting and interparental conflict is important, as baseline levels of negative parenting and conflict may be low in non-clinical samples or among parents without a history of psychiatric diagnosis. An intervention study with a clinical sample or a preventive study where there

is a history of psychiatric diagnosis becomes critical in evaluating such a question. One such sample that fits the latter category includes families where a parent has a history of depression, a highly prevalent diagnosis among parents (England & Sim, 2009). Research has long indicated that conflict between parents is higher in such samples than in non-depressed samples (see Downey & Coyne, 1990; Hammen & Brennan, 2002), suggesting that a history of parental depression may provide adequate baseline levels of interparental conflict for study.

The current study involves secondary analyses of a preventive intervention to improve parenting and child coping skills with the goal of preventing youth psychopathology when a parent has a history of depression (Compas et al., 2015). Families were randomly assigned to either a family group cognitive-behavioral (FGCB) intervention or a written information (WI) condition (i.e., families were given reading materials). The current analyses examined if rate of within-family change in observed positive parenting throughout the course of the intervention (baseline to a 6-month assessment after all booster sessions were completed) was associated with the distal rate of within-family change in interparental conflict one year later. We hypothesized that for the intervention group, but not the WI group, increases in observed positive parenting behaviors following the intervention would be associated with subsequent decreases in interparental conflict. Fundamental to our hypothesis was examining whether within-family changes in parenting produces subsequent within-family changes in interparental conflict and that this positive spillover change process would occur in only the FGCB intervention group. As such, we tested a multiple-group latent change score model in order to directly model between-family differences in within-family changes separately by experimental group (see Fig. 1).

2. Method

2.1. Participants

One hundred and eighty families, all of whom had at least one caregiver with a history of MDD and one child in the target age range of 9–15 ($n = 242$; 49.4% females; $M_{age} = 11.46$; $SD = 2.00$), were recruited from the larger Burlington, Vermont, and Nashville, Tennessee areas. For families with more than one eligible child who participated in the study, the present analyses utilized one randomly selected child per family. The majority of the target parents (i.e., those identified as having a history of MDD) were female (88.9%), married or living with

¹ Zemp et al. (2016) did not directly address the question of association of changes in parenting with interparental conflict but rather included parenting as a control variable. Nevertheless, it is possible to examine the parenting-interparental relationship association in this study.

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