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Low-income mothers' participation in the Understanding Dads™ intervention and changes in self-reported coparenting

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ABSTRACT

This study presents findings of a mother-only coparenting intervention conducted in conjunction with fathers' participation in a fatherhood program. Specifically, this study sets out to determine whether there is an association between mothers' participation (N = 127) in the group-based intervention, Understanding Dads™, and changes in mothers' reports of the coparenting relationship and mothers' coparenting attitudes. The findings of this one group pretest/posttest/follow-up study showed that mothers reported fewer disagreements and less undermining of fathers following participation in the intervention. Mothers also indicated greater confidence in their ability to coparent cooperatively with the father after participation. Implications for fatherhood programs are discussed.

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There are increasing numbers of children who are being raised by parents who are no longer together. Nonetheless, positive relationships between coparents remain important for children's development (Cabrera et al., 2012). Accordingly, a wide range of programs have been developed to promote positive coparenting. Many of these programs focus on low-income nonresident fathers who frequently report that strained relationships with the child's mother prevent them from being involved with their children (McHale et al., 2012; Randles, 2019). However, this focus has created a gap for mothers whose child's father is participating in a fatherhood program, but themselves are not receiving services.

The U.S. federal government is one of the most significant sources of funding and support for what is known as responsible fatherhood programs. These programs are required to provide services to strengthen healthy relationships, including couple and coparenting relationships, increase responsible fatherhood, and foster economic stability to all fathers enrolled in the program (Office of Family Assistance, n.d.). The U.S. government defines responsible fatherhood as "taking responsibility for a child's intellectual,

emotional, and financial well-being” by choosing to be an actively engaged parent (U.S. White House, 2012, p. 1).

A comprehensive meta-analytic study of 24 fatherhood programs found significant increases in fathers’ coparenting skills following men’s participation in the program (Holmes et al., 2018). However, a recent randomized control trial involving four fatherhood programs (Parents and Children Together [PACT]) did not show significant program effects on fathers’ coparenting relationships with mothers (Avellar et al., 2018). Researchers have suggested the coparenting components of these programs would be more effective if mothers also received coparenting services (Cowan & Cowan, 1995; Fagan, 2008). Three out of the four fatherhood programs participating in the PACT evaluation encouraged current or past partners to join relationship workshops either with the father or by participating in a separate workshop for female partners (Dion et al., 2015). However, these workshops were often not well attended (Dion et al., 2015). Dion et al. (2015) suggested that mothers may not attend these workshops because some fathers have not had contact with the mother for a long time or mothers feel that the relationship is beyond repair. Despite these challenges, practitioners have noted that greater efforts and incentives are needed to address coparenting and to involve mothers in fatherhood programs (Froehle, 2008).

At this time, it is not known whether mothers, whose child’s father attends a fatherhood program, can be successfully recruited to participate in a coparenting intervention, and, if they participate in the intervention, whether it is associated with positive change in the mother-father coparenting relationship. The current one group pretest/posttest/follow-up study addresses this gap by exploring the following research question: is there an association between mothers’ participation in an intervention called Understanding Dads™, developed by the National Fatherhood Initiative (NFI), and changes in mothers’ reports of the coparenting relationship and mothers’ coparenting attitudes?

Background

The current study is based on Family Systems Theory which suggests that all actors in the family system interdependently enact family roles and rules with direct and indirect influences and consequences on each family member and family subsystem (McHale et al., 2012). Family Systems Theory suggests that when two parents work as a team and cooperate in parenting activities, they form an “executive subsystem” that enhances the functioning of the whole family and hence, child outcomes. Positive coparenting is characterized by joint investment in children, valuing the importance of the other parent for facilitating positive child development, respecting the other parents’ judgments, and engaging in ongoing communication about children’s needs (Cohen & Weissman, 1984). Parents who are no longer together romantically

often struggle to maintain a positive coparenting relationship and therefore to enact the executive subsystem. Mothers play a pivotal role in facilitating the father–child relationship in higher risk families (Schoppe-Sullivan et al., 2008). When the coparenting relationship deteriorates, nonresident fathers frequently experience a negative spillover to the father–child relationship as their parenting role diminishes (Carlson et al., 2008).

Family Systems Theory posits that coparenting is a dyadic process between parents but also that each family member may hold shared as well as unique perceptions of family functioning (Zabriskie & McCormick, 2001). An implication of these ideas is that coparenting interventions should be conducted jointly with fathers and mothers as a means to promote shared perceptions of the coparenting relationship, but also to increase parents' understanding that each adult has unique perceptions of the relationship (e.g., Cowan & Cowan, 1995). Some practitioners have observed that it is better to conduct separate coparenting interventions with mothers and fathers enrolled in fatherhood programs at first due to high levels of coparenting conflict and dissolution of the mother–father relationship (Panter-Brick et al., 2014). On the basis of these observations, the current study used the Understanding Dads™ curriculum, a coparenting intervention designed specifically for mothers in these circumstances. As described in a previous paper published by the (Fagan et al., 2015), the overall goal of the Understanding Dads™ program is to improve the quality of the coparenting relationship between mothers and fathers for the sake of their children. This education program for mothers focuses on three intervention components, including mothers' awareness of the quality of the relationship with the father (including their influence on fathers' involvement with children), effective communication with the father, and conflict resolution (Fagan et al., 2015). The curriculum also helps mothers to understand why father involvement is important, improves mothers' awareness of how her relationship with her own father impacts her relationship with the father of her child, and increases mothers' confidence to work together with the father even if they are no longer together as a romantic couple.

Current study

Pilot research with a small sample of mothers ($N = 30$) using a one group pretest/posttest design showed positive associations between mothers' participation in Understanding Dads™ and mothers' knowledge about healthy coparenting, confidence in one's ability to coparent effectively, and attitudes about the importance of coparenting (Fagan et al., 2015). In the current study, mothers were recruited from fatherhood programs, whereas in the pilot study mothers were recruited from four social service organizations that did not specialize in services to fathers. This is a significant distinction because studies have shown that mothers are reluctant to participate in interventions sponsored by

fatherhood programs (Whitton & Sperber, 2019) and that mother recruitment in such programs is very challenging (Dion et al., 2015). To ensure that we could examine mothers' participation in Understanding Dads™ with a larger sample of mothers whose children's fathers were attending a fatherhood program, we decided not to include a control or comparison group. Instead, we used a one-group pretest/posttest/follow-up design in which all mothers received the intervention.

The eight-session Understanding Dads™ curriculum was condensed into six sessions that took place over six consecutive weeks; each session was 2 hours in length. The sessions were condensed in order to conduct as many intervention cohorts as possible over a limited time period. The first three sessions focused on the roles of mothers and fathers and the impact of one's own father and mother on the self (Fagan et al., 2015). Content on the impact of one's own father and mother on the self were condensed into one session (these topics were addressed in two sessions in the Understanding Dads™ manual). The second half of the sessions focused on relationships with the fathers of their children, connecting the impact of these various relationships on their children, and healthy pro-relationship skills, such as building a foundation for effective communication, creating an open and safe environment for communication, and learning how to effectively listen to their partner. The curriculum content on effective communication and listening to one's partner were condensed into one session. Each session included a range of activities, including handbook work, discussion, presentation, and role play. Additionally, each session provided opportunities for mothers to gain relationship knowledge and awareness and to learn about relationship skills they could use in their daily lives.

Family systems theory suggests that coparenting is a multidimensional construct, consisting of both positive and negative interactions between parents (Feinberg et al., 2012). Feinberg et al.'s model of coparenting includes coparenting support, maintaining an ongoing communication around the needs of the child, coparenting conflict, gatekeeping and undermining, and coparenting alliance. To assess change in mothers' perceptions of their coparenting relationship associated with participation in the intervention, the current study focuses on the coparental support (i.e., coparenting alliance) and undermining domains because researchers have suggested that coparenting support is positively associated with, and undermining is negatively associated with, better parenting and child outcomes (Feinberg & Kan, 2008). Parenting alliance is conceptualized as the capacity of partners to "acknowledge, respect, and value the parenting roles and tasks of the partner" (Cohen & Weissman, 1984, p. 35) and undermining is defined as "hostile, critical or competitive behaviors between parents" (Altenburger et al., 2017, p. 229). Researchers have also suggested that because nonresident fathers and mothers report high levels of coparenting conflict, this domain should be included in coparenting

intervention studies with this population (Cowan et al., 2007). Conflict is defined as disagreements about childcare and child rearing between mothers and fathers. In response to this research, the current study hypothesized that mothers' participation in the intervention will be associated with maternal reports of increased coparenting alliance, and decreased disagreements and undermining. Based on pilot research on Understanding Dads™ (Fagan et al., 2015), we also hypothesized that mothers' participation in the intervention will be associated with increased confidence in their ability to coparent (attitudinal variable).

We examined several moderator variables in the current study. In a recent review of outcome studies of programs for low-income fathers, all but one of seven studies showed that higher dosage levels had positive associations with outcomes such as engagement with children, parenting satisfaction and self-efficacy, perception of coparenting quality, payment of child support, and earnings from work (Fagan & Pearson, 2018). Dosage has been defined as number of classes attended, number of weeks in attendance, hours of attendance, and learning units completed (Fagan & Pearson, 2018). We hypothesized that number of classes attended will moderate the association between mothers' participation in the intervention and changes in coparenting perceptions.

Previous studies found that nonresidential fathers reported better coparenting relationships following participation in a fatherhood program than residential fathers (Kim & Jang, 2018). Therefore, we tested whether residential status moderated the relationship between the intervention and change in mothers' self-reported coparenting. We also tested race and ethnicity, as previous studies find that some parenting interventions do not work equally well with all populations, and interventions may need to be modified to be culturally relevant (Breitenstein et al., 2012; Haggerty et al., 2006). We do not provide specific hypotheses for residential status or race/ethnicity due to limited research on these variables as moderators of coparenting interventions. We examined the timing of mother recruitment, that is, whether mothers were recruited through fathers who were already enrolled in fatherhood programs or mothers were recruited first before the father enrolled in a program. The moderator variables were also tested as possible covariates of outcome variables in the current study.

Method

This study employed a one group pretest/posttest/follow-up design with mothers in 22 cohorts across six urban social service agency sites (127 mothers attended at least one session of the intervention). Two cohorts took place in New York City, one in Colorado, two in Pennsylvania, two in New Jersey, eight in South Carolina, and seven in California. Each site was chosen due to

their active fatherhood programs and interest in implementing mother education programs. Mothers were interviewed at pretest, posttest (immediately following the intervention), and at three-month follow-up.

For the first nine cohorts, mothers were eligible if they were 18 years or older, did not reside all or most of the time with the father, had a child 19 years or younger who lived mainly with the mother, did not have a restraining or protection order saying the father could not have contact with the mother, felt safe working on coparenting with the father, could travel to the program, and the father was an active participant in a fatherhood program at the service agency site. We loosened the eligibility requirements after the first nine cohorts because of challenges with recruitment. The next 14 cohorts held the same eligibility requirements; however, we started to allow coparents who lived together to participate, as well as fathers who were willing to participate in a fatherhood program but were not yet actively involved at the time of mothers' recruitment.

Mothers were recruited in one of three ways: (a) the father was recruited through advertisements or information sessions at the fatherhood program and provided contact information for the mother, (b) the mother was recruited through advertisements in local and online mothering groups, or (c) the mother reached out to the coordinator after hearing of the class from a previous participant. Fathers who were recruited in a fatherhood program identified a "target mother" with whom they were interested in bettering their coparenting relationship and provided her contact information to the project coordinator who later reached out to her. Contact attempts included phone calls as well as text messages and were made by the site-specific project coordinator until (a) the coordinator could not get in contact with the mother after 20 attempts, but a voice mail or text message was left inviting her to participate in the study, (b) the mother expressed disinterest in the study as a whole, or (c) the mother expressed interest in the class. For mothers who were recruited by way of fathers providing the project coordinator with her contact information, an average of six contact attempts were made to each mother, with a maximum of 20 attempts, a minimum of 1 attempt, and a standard deviation of 4.27. If the mothers were recruited in the latter two categories (e.g., advertisements in local and online mothering groups), they would provide the coordinator with the father's contact information, and the coordinator would see if the father was (a) willing to enroll in the fatherhood program, and (b) interested in participating in the coparenting study. Mothers were only deemed eligible to participate in the coparenting intervention if the father responded affirmingly to both. Mothers were told that there would be financial incentives for participating in the program at the time of recruitment.

For the first two cohorts, qualifying mothers were compensated 30 USD after completing each of the three surveys and 15 USD per class in addition to on-site childcare during the classes. However, after learning that mothers

would prefer paying for their own childcare, we increased the compensation to 45–50 USD per class, depending on the site, and we did not provide on-site childcare for the next 20 cohorts. Anywhere from 6 to 10 mothers participated in each of the class cohorts.

Interest in the intervention

Mothers were asked about their interest in participating in a coparenting intervention during recruitment. Of the 316 mothers who were reached out to for this study, 8 mothers were ineligible, 31 mothers could not be reached after multiple calls and voice mail messages (these mothers were treated as “disinterested”), 124 mothers stated they were disinterested, and 153 were interested in participating in the coparenting program. This represents an interest rate of 49.70%. Of the 153 eligible mothers who expressed interest in the program, 141 mothers completed the pretest survey. Of the 141 mothers who completed the pretest, 127 mothers (83% of those who were *interested*) attended at least one session, 105 of these mothers completed the post-test survey, and 81 mothers completed the pretest, posttest, and three-month follow-up.

Procedures

The organizations that conducted the Understanding Dads™ program received a facilitator’s manual, DVD of videos used during sessions, workbooks for mothers in the program, and collateral materials to market the program. For reasons of relatability and comfortability, a female facilitator led each of the Understanding Dads™ cohorts. Each facilitator was an experienced parent educator. They received 2 hours of training specific to Understanding Dads™ prior to implementing the curriculum. Each site had only one facilitator who administered these sessions in order to maintain consistency and to build trust between facilitator and participants.

To ensure that facilitators administered the curriculum correctly, a fidelity checklist was created, which listed the items the facilitator was to cover during each session. Each site had its own fidelity checker who was instructed to sit in on each class and check off when the facilitator addressed each particular issue on the list. At the end of each session, the fidelity checker would go over the checklist with the facilitator to address any items the facilitator may have missed and was to address in the next class. After this meeting, the fidelity checker would write a couple of sentences about their observations of the session and submit the checklist and brief review to the research coordinator. According to these fidelity checklists, with the exception of only two sessions (in two separate sites) across all cohorts, all content was included in the sessions as prescribed. We did not omit these cohorts from the study because

of the overall high rate of fidelity (i.e., 99% of sessions covered curriculum materials as prescribed).

Measures

Each of the following measures was administered to mothers at pretest, posttest, and follow-up interviews.

Coparenting confidence

The coparenting confidence scale consists of 12 items relating to the mother's confidence in her ability to coparent with the father. The items were developed by the authors of Understanding Dads™ and have not been validated with low-income mothers, although they have been used in previous studies (Fagan et al., 2015). Each item was rated on a five-point scale asking mothers the degree to which they agreed or disagreed that an item applied to their coparenting (1 = *strongly disagree* to 5 = *strongly agree*). The scale includes statements such as, "I am confident I can stay calm when I talk to [FATHER] about [CHILD]," and "I am confident I can let go of unrealistic parenting expectations I have about [FATHER]." We explored the structure of the items in this measure at pretest with exploratory factor analysis. All items loaded on one factor (eigen value = 4.98). The single factor explained 45.23% of the variance in the data set. Mothers' responses to the 12 items were added together to construct a scale ranging from 12 to 60, with higher scores suggesting higher levels of confidence. The Cronbach's Alpha (α) for this scale was .88 at pretest, .89 at posttest, and .96 at follow-up.

Coparenting perceptions

The Coparenting Perceptions Scale used in this study was validated with low-income nonresident fathers (Dyer et al., 2018) and includes 11 items representing behaviors relevant to alliance, gatekeeping, and undermining. Only the alliance and undermining subscales were used in this study. Each item was rated on a five-point scale asking participants the degree to which they agreed or disagreed that an item applied to their coparenting (1 = *strongly disagree* to 5 = *strongly agree*). To assess undermining (three items), mothers were asked how much they agreed with the statements such as: "I contradict the decisions he makes about my [Target] child." The total undermining scale ranged from 3 to 15 with higher numbers representing perceptions of higher levels of undermining (pretest α = .79; posttest α = .77; follow-up α = .71).

To assess alliance (five items), mothers were asked how much they agreed with statements such as: "[FATHER] and I share information about [CHILD] with each other." The total alliance subscale ranged from 5 to 25 with higher numbers representing more positive perceptions of alliance (pretest α = .90; posttest α = .89; follow-up α = .90).

Coparenting disagreements

Mothers were provided a list of nine issues, developed specifically for this study, dealing with the care and rearing of children over which parents may disagree. Parents identified whether they and the child's other parent have *none*, *some*, or a *great deal* of disagreement on each issue, such as how to set limits and discipline [CHILD], [CHILD]'s daily routines, and the amount of time [FATHER] spent with [CHILD]. We explored the structure of the items in this measure at pretest with exploratory factor analysis. All items loaded on one factor for mothers (eigen value = 4.90). The single factor explained 54.44% of the variance in the data set. Mothers' responses to the nine disagreement items were summed. The total disagreement scale ranged from 9 to 45, with higher scores suggesting higher levels of disagreement. The α for this scale at pretest was .89, .91 at posttest, and .70 at follow-up.

Moderators/covariates

Four variables were tested as moderators and covariates: dosage, residential status, race/ethnicity, and whether the mother was recruited prior to the father. Of the 127 mothers who attended at least 1 session, 21 mothers attended 1 or 2 sessions, 32 mothers attended 3 or 4 sessions, and 74 mothers attended 5 or 6 sessions. Dosage was examined as both a continuous and dichotomous variable (mothers who attended at least five out of the six coparenting classes = high dose [$n = 74$, 58.3%] and mothers who attended 4 or fewer classes = low dose [$n = 53$, 41.7%]). Five out of six sessions were the cutoff based on previous studies that found approximately 80% of sessions attended yielded better coparenting outcomes (Kim & Jang, 2018). The *mother recruited first* variable was also dichotomized and distinguished between mothers who were recruited independently ($n = 47$, 37%) and mothers who were recruited via fathers' attendance in a fatherhood program ($n = 80$, 63%). Residential status was based on mothers' reports: 0 = *we do not live together*, 1 = *we live together all or most of the time*. Two items were used to assess mother's race/ethnicity. One question asked about the mother's race and a second item asked if she identified herself as Hispanic. These items were combined to construct a measure consisting of the following categories: non-Hispanic Black, non-Hispanic White, Asian/Pacific Islander, American Indian, Hispanic, and other/not specified.

Data analysis

The first step was to calculate descriptive statistics for all demographic characteristics and for mothers' interest in the program. Only a few cases (two at posttest and four at follow-up) were missing data at the item level (among outcome variables). The method used to address missing items and attrition was listwise deletion. We conducted *t*-tests (attrition analyses) to determine if

mothers who participated in the intervention ($n = 127$) differed on pretest measures from mothers who did not participate but completed the pretest ($n = 14$). Next, t -tests were calculated to determine if mothers who participated in the intervention and completed pretest ($n = 127$) differed from mothers who participated in the program but did not complete the posttest ($n = 24$ [2 out of 127 cases were omitted due to missing item data at posttest]). Next, t -tests were calculated to determine if mothers who participated in the intervention and completed pretest ($n = 127$) differed from mothers who participated in the program but did not complete the posttest and follow-up ($n = 52$ [6 out of 127 cases were omitted due to missing item data at posttest and follow-up]) We then examined correlations among the outcome measures. Bivariate tests were also conducted among possible moderators/covariates (e.g., co-residence) and outcome variables. Repeated measure MANCOVA was used as an omnibus test followed by repeated measure ANCOVA to determine if the intervention was associated with a change in outcomes. Because of high attrition during each wave of data collection, repeated measures MANCOVA and ANCOVA were first conducted to determine whether there was change in mothers' perceptions of outcomes (e.g., disagreements) from pretest to posttest. Next, repeated measures MANCOVA and ANCOVA were conducted to determine whether there was change in mothers' perceptions of outcomes from pretest to posttest to three-month follow-up. A series of repeated measure ANCOVAs were conducted to examine moderation effects (between-subjects effects) of dosage, residential status, race/ethnicity, and recruitment of mother before or after father was enrolled in the fatherhood program. We included these moderation variables in our final analyses only if they produced significant interaction effects on at least one outcome. *Partial eta squared* was also calculated to assess effect sizes, with .01 to .06 considered a small effect, .06 to .14 considered medium, and greater than .14 considered large.

Results

Participant characteristics

Demographic characteristics are based on the sample of mothers who completed the pretest survey and attended at least one intervention session ($n = 127$). Thirty-seven percent of the mothers were recruited before the father was enrolled in a fatherhood program (mothers were only allowed to participate if the father was interested in and planned to enroll in the program). The average age of the mothers who were surveyed was 31.10 years ($SD = 7.30$ years, range = 18–49 years, see Table 1). About 53.54% of the mothers identified as being non-Hispanic Black, 18.11% non-Hispanic White, 22.83% Hispanic, .80% Asian or Pacific Islander, 2.36% American Indian, and 2.36% identified as Other. Of the surveyed mothers, 11.02% had not completed high school, 36.22%, completed high school or received

Table 1. Demographic characteristics (N = 127).

Variable	<i>M</i>	<i>SD</i>	<i>n</i>	%
Mother age (years)	31.10	7.30		
Race				
Non-Hispanic White			23	18.11
Non-Hispanic Black			68	53.54
Hispanic			29	22.83
Asian/Pacific Islander			1	.80
American Indian			3	2.36
Other			3	2.36
Highest education level				
Less than high school			14	11.02
High school or GED			46	36.22
Technical school			7	5.51
Some college			43	33.86
College degree			12	9.44
Graduate school			5	3.94
Child age (years)	4.63	4.25		
Child sex				
Male			58	45.67
Female			69	54.33
Number of children	2.32	1.40		
Annual income	\$5,001-\$15,000			
Co-reside with other parent			17	18.50

their GED, 5.51% went to technical school following high school, 33.86% completed some college, 9.44% obtained a college degree, and the remaining 3.94% completed graduate school. Mothers reported an average annual income ranging from 5,001 USD-15,000 USD. Mothers had an average of 2.30 biological children ($SD = 1.40$, range = 1–5). The average age of the participants' children was 4.63 years ($SD = 4.25$ years, range = 1 month–16 years). Only 18.50% of mothers and fathers co-resided with each other. Fathers' average age was 34.20 years ($SD = 9.13$ years, range = 18–60 years; fathers' data are not reported in a table). Twenty-three percent had not completed high school, 43.00%, completed high school or received their GED, 6.60% went to technical school following high school, 19.00% completed some college, and the remaining 8.20% obtained a college degree.

Preliminary analyses

As noted earlier, after accounting for attrition and data missing at the item level, 127 mothers completed the pretest and participated in the intervention, 103 of these mothers completed the posttest (retention = 81.1%), and 75 mothers completed the posttest and follow-up (retention = 59.1%). Attrition analyses were conducted to determine whether mothers who participated in the intervention ($n = 127$) differed on study variables from mothers who were interested in the intervention but did not participate ($n = 14$). Results indicated no significant differences for mothers' pretest measures of coparenting confidence ($t[140] = .20$, *ns*) or coparenting alliance ($t[140] = 1.12$, *ns*).

However, participating mothers were significantly more likely to report disagreements with fathers at pretest ($t[140] = -2.44, p = .02$) and undermining the father at pretest ($t[140] = -3.01, p < .01$). These findings suggest that mothers who participated in the intervention had more coparenting challenges than mothers who did not participate.

We also examined whether mothers who participated in the intervention and completed the pretest *and* posttest differed from those who participated in the intervention but did not complete the posttest ($n = 24$). There were no significant differences between these groups for pretest measures of coparenting confidence ($t[126] = 1.72, ns$), coparenting alliance ($t[126] = .55, ns$), disagreements ($t[126] = 1.01, ns$), or undermining ($t[126] = -.76, ns$). Tests to determine whether mothers who participated in the intervention and completed the pretest, posttest, and follow-up differed from mothers who did not complete the posttest and follow-up ($n = 52$) indicated no significant differences between these groups for pretest measures of coparenting confidence ($t[126] = .29, ns$), coparenting alliance ($t[126] = -1.37, ns$), disagreements ($t[126] = .90, ns$), or undermining ($t[126] = -.04, ns$).

We calculated Pearson Correlation Coefficients among the outcome measures, including disagreement, undermining, coparenting confidence, and alliance (see [Table 2](#)). There was no evidence of collinearity among variables at pretest, among variables at posttest, and among variables at follow-up, assuming that a correlation above .70 is evidence of collinearity (see Dormann et al., 2013). The highest correlation among mothers was between pretest coparenting confidence and alliance ($r = .69$).

Bivariate associations (t -tests and one-way ANOVAs) were run to examine variables that covary with outcome measures. Mother-father residential status was the only variable that was significantly associated with mothers' coparenting confidence at pretest ($t[126] = -2.67, p = .009$) and posttest ($t[102] = -2.91, p = .005$). Residential status was also significantly associated with mothers' reports of alliance at pretest ($t[126] = -3.12, p = .002$). Pretest measures of outcomes were not significantly associated with race/ethnicity or mother's recruitment prior to the father's enrollment in the program (results available from authors). Based on these findings, residential status was included as a covariate in all repeated measures ANCOVAs.

Effects of the intervention

Pretest to posttest

Repeated measure MANCOVA conducted with mothers' reports of coparenting confidence, disagreements, undermining, and alliance showed a significant within subjects effect for time ($F[4,93] = 2.90, p < .05$). Repeated measure ANCOVAs were then conducted separately for each outcome variable. There was a significant main effect for time (within-subjects effects) for mothers'

Table 2. Correlation matrix.

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1.Confidence T1		.58***	.41***	-.32***	-.32***	-.27*	.69***	.55***	.45***	-.49***	-.37***	-.35***
2.Confidence T2			.54***	-.32***	-.37***	-.28*	.34***	.47***	.25*	-.38***	-.45***	-.31**
3.Confidence T3				-.21	-.27*	-.42***	.19	.28**	.25*	-.28**	-.25*	-.34***
4.Disagreements T1					.61***	.40***	-.35***	-.30**	-.24*	.23*	.22*	-.05
5.Disagreements T2						.29**	-.27**	-.39***	-.03	.22*	.29**	.14
6.Disagreements T3							-.11	-.20	-.08	.19	.16	.28**
7.Alliance T1								.54***	.39***	-.36***	-.22*	-.07
8.Alliance T2									.39***	-.46***	-.43***	-.34**
9.Alliance T3										-.26*	-.20	-.23*
10.Undermining T1											.58***	.44***
11.Undermining T2												.42***
12.Undermining T3												

* $p < .05$. ** $p < .01$. *** $p < .001$. Confidence = coparenting confidence. T1 = pretest. T2 = posttest. T3 = follow-up.

Table 3. Repeated measure ANCOVAs predicting outcomes from pretest to posttest and pretest to posttest to follow-up.

Variable	<i>M(SD)</i>	<i>F</i> /time	η^2	PC	<i>F</i> /time* dose	η^2
Confidence						
pretest	42.50(7.64)					
posttest	44.15(6.93)	7.82**	.08		1.05	.01
Follow-up	47.59(7.26)	25.01***	.44	1,2 < 3	.49	.01
Disagreements						
pretest	13.06(4.60)					
posttest	12.31(4.33)	16.69***	.16	5.75*	.06	
Follow-up	10.67(2.08)	10.64***	.25	2.14	.03	
Alliance						
pretest	11.95(5.44)					
posttest	11.99(5.06)	.01	.00		1.57	.02
Follow-up	12.15(4.64)	.35	.01	2.32	.03	
Undermining						
pretest	6.63(2.94)					
posttest	6.30(2.63)	3.09	.03		.56	.01
Follow-up	4.97(2.61)	19.05***	.37	1,2 > 3	.22	.00

* $p < .05$. ** $p < .01$. *** $p < .001$. Models include co-residence as a covariate. PC = pairwise comparison for repeated measures ANCOVAs with 3 factors (1 = pretest, 2 = posttest, 3 = follow-up). Confidence = coparenting confidence.

reports of coparenting confidence and disagreements, but not for mothers' perceptions of coparenting alliance or undermining (see Table 3). Mothers' coparenting confidence scores increased significantly from pretest to posttest; the effect size was medium. Mothers' perceived disagreements with the father decreased significantly from pretest to posttest, with a large effect size.

We examined the moderating effect of dosage in two ways: dosage as a continuous variable and dosage as a dichotomous variable (five or six sessions = high dosage). There was one moderation effect, and only when dosage was treated as a dichotomous variable: dosage moderated the effect of time on mothers' reports of posttest disagreements. Pairwise comparisons revealed that low-dose mothers reported significantly fewer disagreements at posttest than at pretest, with a large effect size ($F[1,28] = 5.86, p = .02, \eta^2 = .17$). High-dose mothers showed no significant decrease in disagreements ($F[1,62] = .13, ns, \eta^2 = .00$). There were no significant moderation effects for mother-father residential status, mother race/ethnicity, or recruitment of mother before or after the father was enrolled in the fatherhood program.

Pretest and posttest to follow-up

Repeated measure MANCOVA conducted with mothers' reports of confidence, disagreements, undermining, and alliance showed a significant within subjects effect for time (within-subjects effects for time 1, 2, and 3) ($F[8, 222] = 7.91, p < .001$). Repeated measure ANCOVAs showed significant main effects for time for mothers' reports of coparenting confidence, disagreements, and undermining, but not for mothers' perceptions of coparenting alliance (see Table 3). The effect sizes were large for these outcomes. Pairwise comparisons showed that mothers' confidence increased significantly from pretest to follow-up ($p < .001$), and from posttest to follow-up ($p < .001$). Pairwise comparisons showed

that mothers' perceptions of disagreements with the father decreased significantly from pretest to follow-up ($p < .001$), and from posttest to follow-up ($p < .001$). Pairwise comparisons showed that mothers' perception of their undermining the father decreased from pretest to follow-up ($p < .001$), and from posttest to follow-up ($p < .001$). There were no interaction effects for dosage, residential status, recruitment of mother before or after father was enrolled, or race/ethnicity.

Discussion

The current study was conducted because of growing interest among programs serving low-income, predominantly nonresident fathers to recruit mothers for coparenting interventions (Froehle, 2008). Our findings showed that slightly less than half of mothers were interested in the coparenting intervention. Extensive efforts were needed, however, to reach mothers and encourage their participation. Our findings showed that mothers who participated in the mother-only curriculum (Understanding DadsTM) reported positive changes in several but not all aspects of coparenting. Specifically, mothers reported greater confidence in their ability to coparent with fathers, less undermining, and fewer disagreements at posttest and three-month follow-up compared with pretest. The intervention was not significantly associated with change in maternal reports of coparenting alliance. These findings appear to suggest a pattern of increased confidence in coparenting and decreased perceptions of conflict between parents.

Interestingly, mothers reported a medium effect on coparenting confidence from pretest to posttest, and a large effect when three-month follow-up was conducted. Large effects were reported for disagreements from pretest to posttest and at three-month follow-up. These findings suggest that mothers continue to report improved coparenting several months after completion of the intervention. It should be noted that there was considerable attrition for mothers from the study from posttest to follow-up. The large effect sizes at follow-up (and medium effects for coparenting confidence at posttest) may suggest that mothers who reported positive coparenting changes were also more responsive to researchers' attempts to contact them at follow-up than mothers who did not report positive changes.

While the results of this study are promising, we cannot conclude that the mothers' intervention caused improvements in coparenting since we lacked a no-treatment control group. It is possible that the positive changes in coparenting were the result of passage of time. It is also difficult to state that the mothers' intervention was responsible for improved coparenting because many fathers were also involved in a coparenting intervention at about the same time as mothers. Conceivably, mothers' perceptions of improved coparenting resulted from fathers' changed behavior rather than their own. Future

research will need to closely examine fathers' simultaneous participation in coparenting programs to determine the predictors of change.

We find it interesting that the intervention was associated with increased self-reported maternal coparenting confidence and decreased conflict, but the program was not associated with increased alliance. These findings are consistent with the focus of the curriculum. Understanding DadsTM places considerable emphasis on reducing unrealistic expectations for one's parenting partner and obtaining a better understanding of realistic expectations. The curriculum also contains considerable content on improving communication. Qualitative data from a sample of mothers in this study (see authors) indicated that mothers found these parts of the curriculum to be particularly beneficial. These curricular components may be effective in decreasing the negative aspects of coparenting (e.g., conflict) but not in building the positive aspects of coparenting (sense of alliance). It is also possible that coparenting alliance may take longer to develop among mothers and fathers. On average, mothers indicated rather low coparenting alliance scores at pretest, suggesting that these parents are not initially supportive of one another and do not have high levels of respect for the other person. A six-week intervention may be too brief to affect change in these aspects of relationships which have been fraught with difficulties (see also Pruett et al., 2017).

The current study examined four moderator variables: dosage, residential status, race/ethnicity, and whether recruitment of mother occurred before or after father was enrolled in a fatherhood program. Dosage was a significant moderator for only one out of four outcome measures in the current study, and contrary to expectation, low-dose mothers reported greater change in disagreement (that is, less disagreement) at posttest than high-dose mothers. Moreover, dosage was a significant moderator only when it was treated as a dichotomous variable and not when it was treated as a continuous variable. One possible explanation for these findings is that low-dose mothers may have had fewer coparenting challenges with the father than high-dose mothers. These mothers may have been able to reduce the amount of conflict experienced with the father more easily due to having a better quality relationship. Conceivably, these mothers did not feel the necessity to attend most or all sessions, but instead their attendance at just a few sessions prompted them to make positive changes in their coparenting relationship. We caution, however, that dosage was not a significant moderator for 3 out of 4 outcomes at posttest, and for no outcomes at follow-up, suggesting that dosage was not an important factor as was shown in other studies (e.g., Kim & Jang, 2018). Residential status, race/ethnicity, and recruitment strategy were not significant moderators for any mother-reported outcomes. These findings suggest that the Understanding DadsTM curriculum is associated with positive coparenting changes across

different family structures, demographic characteristics, and recruitment approaches.

Additional limitations

As noted above, without the inclusion of a no-treatment control group we cannot say that the intervention caused coparenting changes. There was also considerable attrition from posttest to follow-up for mothers. There was much less attrition from pretest to posttest. One should be cautious in interpreting the follow-up results due to lack of retention. Another limitation is the mothers' confidence in coparenting measure has not been validated. We also note that the intervention may be less effective if it is administered without the strict fidelity measures used in this study. Finally, caution should be exercised in generalizing the findings of this study to all fatherhood programs. The program staff that participated in the study were very motivated to provide the coparenting intervention to mothers. Less motivated staff may be less successful in recruiting mothers and administering a high-quality intervention. Also, the findings of this study may not be applicable to same-sex couples and non-traditional family structures (e.g., foster families, grandparents/relatives as primary caregivers).

Implications for practice

This study yields several lessons about recruiting and engaging mothers in coparenting classes. First, about 49.7% of mothers were interested in participating in the intervention, and most of these mothers attended at least one session of the program. Second, it was easier to recruit mothers when the per class incentive was increased from 15 USD (with the provision of childcare at the fatherhood program) to 35 USD-45 USD (with no onsite childcare). Mothers preferred to receive extra cash and make their own childcare arrangements; programs were relieved not to have to deal with the mechanics and liabilities of providing onsite childcare. Naturally, this presents a considerable financial burden for community programs interested in engaging mothers in coparenting classes. Third, we found that it was best to recruit mothers in several different ways: directly through social media, word-of-mouth and community referrals, and through fathers already attending fatherhood programs. Previous studies suggest that at least some low-income, single mothers question whether fatherhood programs will have their best interests in mind and resist overtures by staff working with the fathers of their children (Whitton & Sperber, 2019). Indeed, engaging mothers first is often an effective way to bring fathers into a fatherhood program. Programs and policymakers may need to re-think how coparenting services are marketed and delivered to

ensure that mothers, who typically control access to children, experience the trust and support they need to engage and consider how to coparent.

In conclusion, the findings of this study indicate that low-income mothers report positive changes from a short group-based coparenting program (Understanding Dads™) that is for mothers only. Moreover, mothers report positive changes regardless of their residential status, race/ethnicity, or timing when they are recruited for the intervention. The benefits appear to be both attitudinal and behavioral. That is, the mothers expressed improved attitudes such as greater confidence in coparenting, but they also expressed reduced coparenting conflict in interactions with fathers. Finally, mothers' self-reported coparenting changes ranged from medium to large. These findings provide *preliminary* evidence to suggest Understanding Dads™ as an evidence-based intervention. It will be important, however, to conduct a randomized control trial of the intervention to confirm the value of this program. The results of the study suggest Understanding Dads™ may be a promising curriculum for fatherhood programs that wish to become more inclusive of mothers and families.

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