

MCSC & ASU Pilot Study Results

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Parent Education for High Conflict Separated/Divorcing Parents

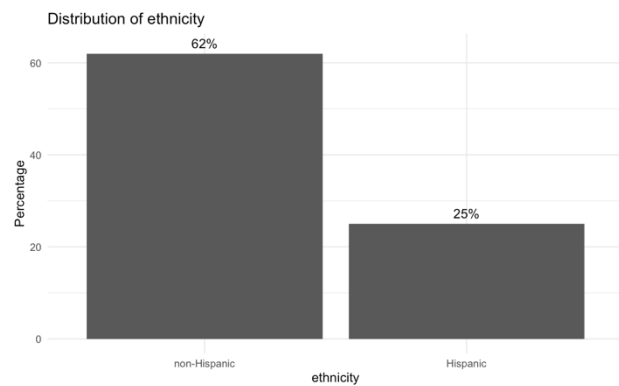
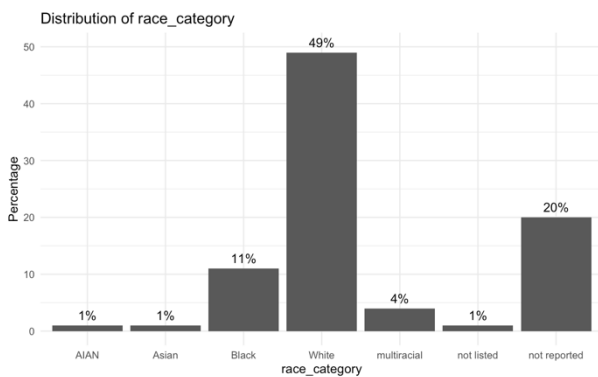
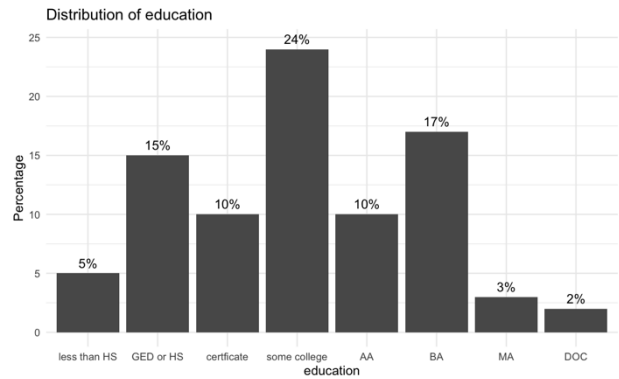
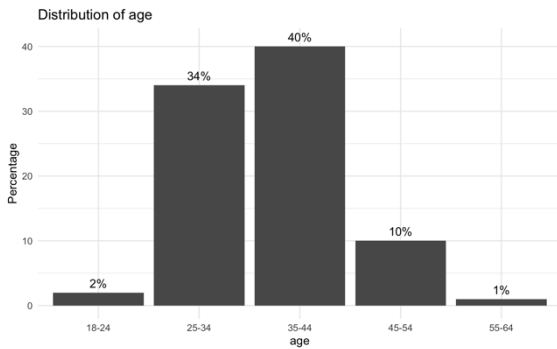
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Overview

This report presents the results of a collaborative pilot study that compared two court-ordered parent education programs for separated/divorcing high-conflict parents.

The court randomized 264 parents to FIT or PCR. Of those randomized, 214 completed at least one survey, representing the study sample. In the study sample, 56% took PCR and 44% took FIT. The majority (51%) were women, 34% were men, and 1% indicated that their gender was either not listed or they preferred not to disclose. Nearly half of the sample (43%) had never been married to their child's other parent (43% were previously married; 14% did not report prior marital status). See below for other demographic details of the sample.



Research Question #1

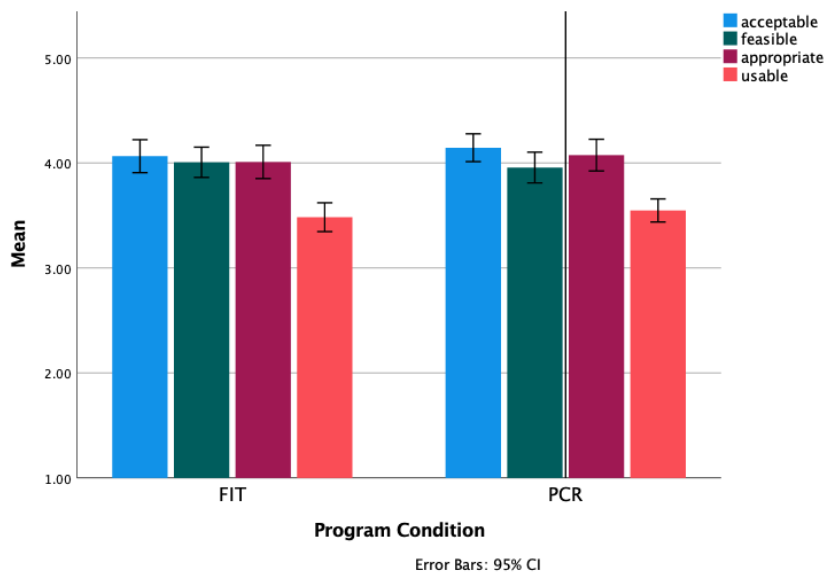
Are there differences in the perceived acceptability, feasibility, appropriateness, and usability of the content taught in FIT vs. PCR?

No. There were no statistically observed differences in the mean level of perceived acceptability, feasibility, appropriateness, and usability of the content taught in FIT vs. PCR.

Parents rated several statements related to the acceptability, feasibility, appropriateness, and usability of the content taught in their assigned program using a scale of [1] *Completely Disagree* to [5] *Completely Agree*. Higher scores indicated higher perceived acceptability, feasibility, appropriateness, and usability of the program content. On average, the participants *minimally to moderately agreed* (i.e., ~ 3.5 – 4 on a 5-point scale) that the content was acceptable, feasible, appropriate, and usable. The parents assigned to FIT *moderately to strongly agreed* that the online program itself was highly usable. They did not believe they needed extra support or knowledge in order to use the online program.

Group Statistics

	Program Condition	N	Mean	Std. Deviation	Std. Error Mean
acceptable	FIT	73	4.07	.67	.08
	PCR	110	4.15	.70	.07
feasible	FIT	73	4.01	.62	.07
	PCR	110	3.96	.78	.07
appropriate	FIT	73	4.01	.68	.08
	PCR	110	4.08	.80	.08
usable	FIT	73	3.48	.59	.07
	PCR	110	3.55	.58	.06



Research Question #2

Did participants report significant changes in conflict or emotion regulation from the beginning to the 30-day follow-up? And, did these changes differ between the FIT and PCR programs?

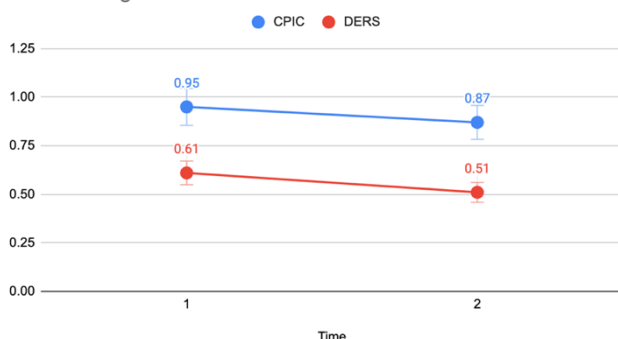
When examining the entire sample as a whole, there was a notable decline in self-reported interparental conflict from the start of the program to the 30-day check-in ($t[145] = 3.44, p < .001$). However, across all participants, there wasn't a statistically significant shift in self-reported emotion regulation issues ($t[146] = 0.74, p = .460$).

Next, we analyzed the changes specific to each program. In the FIT program, parents noted a significant reduction in conflict ($t[67] = 3.78, p < .001$). However, there was no significant change observed in emotional regulation issues ($t[69] = 0.21, p = .834$). In contrast, within the PCR program, the reduction in conflict was not statistically significant ($t[76] = 1.25, p = .216$), and similarly, there was no significant shift in emotional regulation problems ($t[75] = 0.78, p = .442$). Upon comparing both groups, even though the decrease in conflict appeared more pronounced in the FIT program than in the PCR program, this difference did not reach statistical significance.

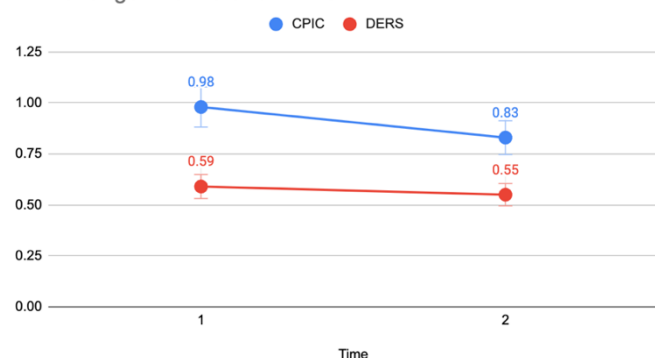
<p>How is it possible to observe change in one group, no change in another, yet still not definitively conclude that the two groups are different?</p>	<p>Imagine you have two radio stations: one playing songs from the 'FIT' program and the other from the 'PCR' program.</p>
	<p>On the FIT station, listeners (or parents) reported hearing less static (representing conflict) with a strong certainty (those numbers, $t[67] = 3.78, p < .001$, confirm it). However, when it came to interference in the tune (or emotional regulation problems), the signal stayed pretty much the same ($t[69] = 0.21, p = .834$).</p>
	<p>On the PCR station, listeners said there was perhaps a bit less static, but they weren't very sure ($t[76] = 1.25, p = .216$). And just like the FIT station, the interference in the tune remained unchanged ($t[75] = 0.78, p = .442$).</p>
	<p>Here's where it gets interesting: even though we noticed this change more clearly on the FIT station, we can't say for sure that the FIT station is definitely better than the PCR station. The difference we observed might just be like catching a rare song on the radio — it could be a genuine hit, or maybe just a one-time fluke.</p>
	<p>Our radio setup was pretty high-tech, designed to detect even subtle differences in music quality. Still, the difference we picked up between the stations was quite soft. The more listeners (or bigger sample size) we have, the clearer we can hear if one station is truly better, or if it's just random noise.</p>

	CONFLICT [scale 0 - 2]			EMOTION REGULATION [scale 0 - 4]		
	Pretest	30-day follow/up	DIFF	Pretest	30-day follow/up	DIFF
Full Study	.97	.85	.12	.60	.53	.07
FIT	.98	.83	.15	.59	.55	.04
PCR	.95	.87	.08	.61	.51	.10

PCR: Change in CPIC and DERS



FIT: Change in CPIC and DERS



Research Question #3

Did participants report significant changes in child mental health problems from the beginning to the 30-day follow-up? And, did these changes differ between the FIT and PCR programs?

We investigated mental health problems in children, focusing on two main categories. The first is externalizing problems, which include acting out and disruptive behaviors. The second is internalizing problems, characterized by issues like depression and anxiety.

When examining the entire sample as a whole, there was a notable decline in parent-reported child externalizing problems from the start of the program to the 30-day check-in ($t[161] = -2.36, p = .019$). However, across all participants, there wasn't a statistically significant shift in parent-reported child internalizing problems ($t[163] = -1.53, p = .128$).

Next, we analyzed the changes specific to each program. In the FIT program, parents noted a significant reduction in child externalizing problems ($t[51] = -2.42, p < .018$). However, there was no significant change observed in child internalizing problems ($t[52] = -1.28, p = .205$). In contrast, within the PCR program, the reduction in child externalizing problems was not statistically significant ($t[109] = -1.42, p = .159$), and similarly, there was no significant shift in child internalizing problems ($t[110] = -0.83, p = .407$). Upon comparing both groups, even though the decrease in child externalizing problems appeared more pronounced in the FIT program than in the PCR program, this difference did not reach statistical significance.

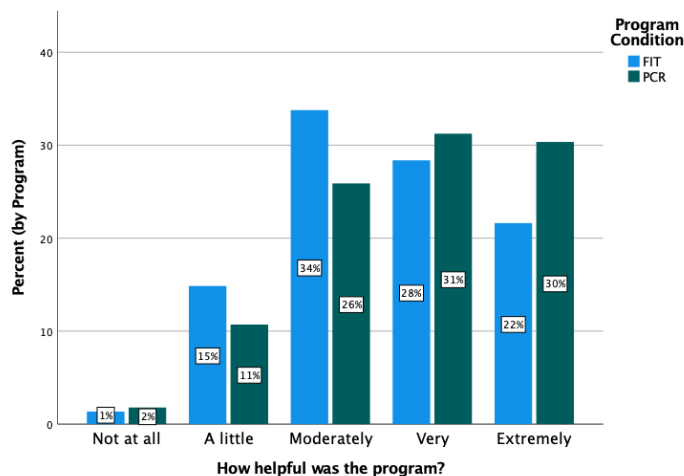
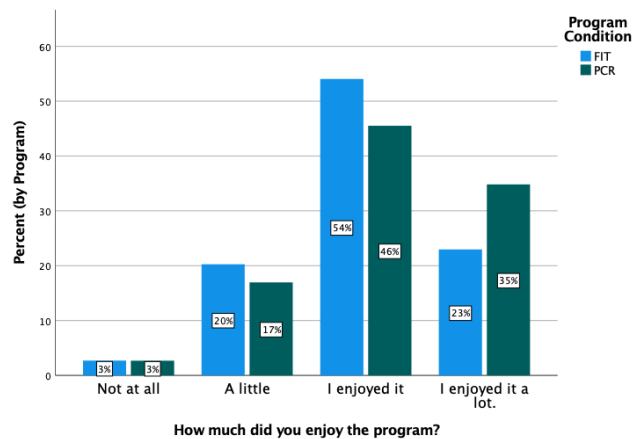
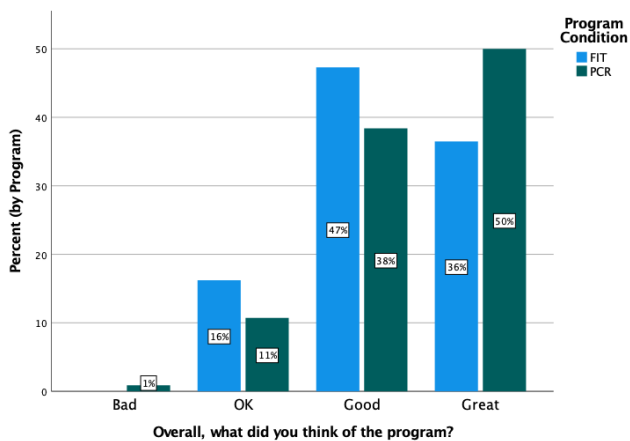
Ancillary Research Questions

What insights can we gain from the way the participants experienced the two programs that can inform our next steps in parent education programs for high-conflict separated/divorcing parents?

How did parents experience the two programs overall?

On average, parents described both FIT and PCR as “Good” or “Great.” Parents assigned to both programs reported moderate to strong enjoyment and it was “moderately” to “very” helpful.

	Program Condition	N	Mean	Std. Deviation	Std. Error Mean
Overall, what did you think of the program?	FIT	74	3.20	.702	.082
	PCR	112	3.38	.712	.067
How much did you enjoy the program?	FIT	74	2.97	.740	.086
	PCR	112	3.13	.784	.074
How helpful was the program?	FIT	74	3.54	1.036	.120
	PCR	112	3.78	1.054	.100



Given the option to take a program online or in person, which do parents prefer?

The majority (59%) of participants preferred an online program, regardless of which program they were assigned. Of those who took the online program, only 5% indicated they would have preferred an in-person program. Of those who took the in-person program, 32% indicated they would have preferred an online program.

