

**Exploring the Influence of Residential Status of Stepparents on Program Effects of Couple  
and Relationship Education**

by

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## Abstract

While the research on CRE programs has expanded significantly in the past decade, only a handful of studies have considered family structure and its influence on the program experience or explored the specific experiences of stepparents in CRE. This study explored the comparative baseline levels of depressive symptoms for residential and non-residential stepparents in CRE and the influence of residential status on the amount of change in several areas of individual (depressive symptoms, positive assertiveness, conflict management skills) and relational functioning (couple quality and confidence and dedication in the couple relationship). Findings from a sample of 324 residential and non-residential primarily European-American and African-American stepparents indicate that non-residential (i.e., part-time) stepparents were more distressed, as indicated by significantly higher levels of depressive symptoms, at program start. Further, neither group showed any improvement in conflict management skills or depressive symptoms; however, for both groups there was a significant positive shift in their report of couple quality and confidence in the stability of the couple relationship. Time X residential status interaction effects found changes in two domains: dedication to the relationship and use of positive assertiveness skills. In both cases, it was residential stepparents who experienced beneficial changes in these areas, while non-residential stepparents did not demonstrate significant beneficial changes in either. Implications for programs and future research will be presented.

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## I. Introduction

“So long as you have stepchildren you might as well have them with you, otherwise it’s too complicated... Visiting is a very complicated arrangement both for parents and children. So that part is dicey” (Ambert, 1986, p.795).

Over the years there has been considerable scholarly focus on marital quality and stability, as well as explorations of the effects of divorce and remarriage (Amato, 2010; Cherlin, 2010b). The U.S. continues to boast higher rates of marriages and divorces than any other country in the Western hemisphere (Cherlin, 2010b). In addition, the experience of remarriage continues to be prevalent following divorce, with the majority of divorced individuals remarrying (Chadwick & Heaton, 1999; Coleman, Ganong, & Fine, 2000). Cherlin (2010a) reports that the United States remarriage rates have remained consistent over the last decade. A recent Census report indicates that 12% of all currently married couples consist of either a wife with a previous marriage or a husband with a previous marriage, and 1% reported both husband and wife having been married 3 times or more (U.S. Census Bureau, 2011).

Most repartnering and remarriage involves children from previous relationships (U.S. Census Bureau, 2010). In 2009, 5.6 million children lived with at least one stepparent (U.S. Census Bureau, 2009) and according to the most recent U.S. Census, reportedly 5.9% of households have stepchildren (U.S. Census Bureau, 2010). Another recent state survey indicated that among married couples with children, 40% reported that one or both partners had a child from a previous relationship either living in the home or non-residential (Karney, 2003). Despite this prevalence, there remains comparatively limited research attention on the dynamics and development in stepfamilies (Stewart, 2001). Demographic information indicates that stepfamily couples are at greater risk of relationship dissolution, perhaps due to the complex family

relationship inherent in these families (Stewart, 2001), making them a prime target for intervention.

The literature on the positive benefits of marriage, and the associated negative outcomes of divorce motivated policymakers to encourage government involvement in the funding of programs and interventions whose primary focus centered on building and maintaining healthy relationships (Ooms & Wilson, 2004). In 2006, efforts increased to provide couple relationship education (CRE) to a broad segment of the population through federal funding provided for a Healthy Marriage Initiative (ACF, 2005). The intent is to enhance individual relationship knowledge and skills and increase the likelihood of couple relationship quality and stability. While the evaluation research on CRE has grown and information on variations in outcomes based on participant characteristics is emerging (Wadsworth & Markman, 2012). However, only one study specifically examined the experiences of those in remarriages compared to those in first married couples (Lucier-Greer, et al., 2012), finding limited evidence of differences in experience in the program. Other studies have focused on the experiences of stepparents in CRE (e.g., Garneau & Adler-Baeder, 2014; Lucier-Greer et al., 2014; Higginbotham & Adler-Baeder, 2007; Higginbotham et al., 2012), but have not explored differences among stepparents. Continuing to explore variations in outcomes for subcategories of participants has the potential for informing practitioners on similarities and differences to expect when serving diverse populations (Wadsworth & Markman, 2012). The current study seeks to expand on the efforts that consider family structure and examines whether residential and non-residential stepparents in CRE programs begin at different levels of distress and how stepparent residency influences the amount of change in targeted outcomes following CRE program participation.

## **Guiding Theory**

Family systems theory provides the structure for most research on family and marital relationships and provides a framework for the many interconnected systems that are indicative of stepfamily formation (Bronfenbrenner, 1987). A systems theory approach offers a theoretical framework regarding the underpinnings of varying developmental issues, including connectedness, conflict, and communication (Higginbotham et al., 2012). Via this framework, we can consider the influence of residential status of stepparents on their roles and relations with others in the family. The proximity of the stepparent, whether residing in the household or living predominantly outside a stepchild's primary household, may differentially influence individual well-being and relationship quality (Dunn, 2004). This model also guides the assumptions of connectedness between individual, dyadic, and familial outcomes (Hetherington & Stanley-Hagan, 1999) and supports the notion that the experience of the stepfamily is varied among each of its members, and these experiences will alter the perceptions and interactions of individual members.

## **Couple and Relationship Education Research**

The government's role in the implementation and targeting of families in regards to healthy relationships began in the 1950's (DeMaria, 2003), yet made substantial progress in the early 1990's (Stanley, 2001). Both private and public entities were actively involved by the mid 2000's investing in programs that targeted healthy relationships. Specifically, in 2005, then President George W. Bush and the Administration for Children and Families, began the Healthy Marriage Initiative. Grants initially funded under this initiative enabled agencies to provide increasing support to families in accessing resources in the form of healthy relationship programming, which have been found beneficial in promoting and teaching skills to foster

healthy relationships both among families and within marriages (Dion, 2005). One such project, the Alabama Healthy Marriage and Relationship Education Initiative (AHMREI) sought to “provide access to resources regarding healthy relationships and marriages, thereby, raising awareness on the importance of healthy and stable relationships and marriages, enhancing relational skills linked to children, family and community well-being” (The Initiative, n.d.).

Skills-based Relationship Education (RE), also known as Couple Relationship Education (CRE), and Marriage and Relationship Education (MRE), seeks to enhance couples relationship skills and reduce the risk of future relationship problems (Adler-Baeder, Robertson, & Schramm, 2010; Halford, Markman, Kline, & Stanley, 2003). CRE has a specific goal, which is to enable all couples to construct healthy and stable relationships (Blanchard, Hawkins, Baldwin, & Fawcett, 2009). Researchers investigating these programs have focused on sets of skills taught in CRE targeting both individual and couple functioning. Also, CRE programs seek to address relational qualities such as commitment, sacrifice and forgiveness all in an effort to focus on elements that characterize healthy relationships (Fincham, Stanley, & Beach, 2007).

A body of research, including several meta-analyses, documents positive benefits for the average participant in CRE (e.g., Carroll & Doherty, 2003; Hawkins, et al., 2008). More recent efforts are focusing on the diversity in current samples of participants (e.g., Adler-Baeder, Kerpelman, Schramm, Higginbotham, & Paulk, 2007; Antle, Sullivan, Karam, & Barbee, 2011; Schilling, Baucom, Burnett, Allen, & Ragland, 2003) and emphasizing examinations of factors that moderate program outcomes, providing more information for practitioners on sub-populations’ experiences (Adler Baeder, et al., 2010; Hawkins et al., 2010). This represents a “next generation” of studies of CRE (Wadsworth & Markman, 2012).

## **Stepfamily CRE**

In a summary of the relevant literature on stepfamily development and implications for CRE for “stepcouples,” Adler-Baeder & Higginbotham (2004) suggested that the skills which are taught in “general” CRE (e.g. communication, values, beliefs, and positive marital illusions) can benefit couples in first marriages, as well as remarriages. However, they noted that much still remains to be examined within CRE research on whether those in stepfamilies have differing needs and outcomes in CRE. One study found that couples in remarriages benefitted similarly compared to couples in first marriages and these benefits were similar, whether they participated in a “general” CRE program or one designed specifically for stepfamilies (Lucier-Greer & Adler-Baeder, 2012). Another recent study found that stepparents in CRE had enhanced parenting and co-parenting quality after CRE (Garneau & Adler-Baeder, 2014), emphasizing the link between enhanced couple relationship quality and enhanced parenting and co-parenting relationships. Another found that relationally distressed couples in a stepfamily-specific CRE program showed improvements in individual well-being and couple quality following CRE participation compared to a comparison group of stepcouples (Lucier-Greer, et al., 2014). Higginbotham et al. (2012), in a formative, qualitative study with fourteen stepfathers, examined their experiences following participation in a stepfamily education program. The findings revealed that there were several positive benefits gained from attending CRE, to include improved communication skills, empathy and understanding of their roles. These results indicate that stepfamily relationships can be improved following CRE.

In each of these studies, however, there were no distinctions made between stepparents living primarily with their stepchildren (residential) and “part-time” stepparents (i.e., non-

residential). This latter family system subset (non-residential stepparent-stepchild) has been largely ignored in research and practice due in part to the nature of household surveys. Both at the national and local level, families are typically considered to be those who reside within the residence, and therefore, non-residential stepparent status is usually not established in family data collection (Stewart, 2001). Family science studies of stepparents primarily focus on the experiences of residential stepmothers and/or stepfathers (Doodson & Morley, 2006; Weaver & Coleman, 2005; Higginbotham, Davis, Smith, Dansie, Skogrand, & Reck, 2012; Levin, 1997). Overlooking this distinction of residential status is highlighted in a recent study of parental stress and depressive symptoms among stepmothers and biological mothers (Shapiro & Stewart, 2011). The authors explicitly indicate they were unable to examine residential and non-residential parental status and highlight that these differences in residence and proximity should be considered in future research (Shapiro & Stewart, 2011).

Attention to residential status of stepparents can promote our understanding of effects of proximity and distance and can enhance our ability to offer recommendations for developing a workable parental coalition for the best interest of the child, the couple, and the family (Kheshgi-Genovese, & Genovese, 1997; Pasley & Ihinger-Tallman, 1989; Stewart, 2005). While a limited amount of research attention on whether the couple relationship and individual well-being in the stepfamily is influenced in different ways, depending on the residence of the stepchild, some clues exist. More time spent in the home with stepchildren has been associated with increased stepfamily problems and poor adjustment for stepparents (Gosselin & David, 2007), suggesting that non-residential stepparents' well-being may be less impacted by their stepparent role than residential stepparents. However, other research suggests that problems between stepchildren and stepparents are greater when stepchildren are not full-time residents in the stepparent's home

because the role of the stepparent is not well-defined (Gosselin, 2010). The scant research considering stepparent residential status and these few conflicting findings warrant further research that includes an attention to stepparents and their physical proximity and to and time spent with their stepchildren.

### **Current Study**

In the current study, “residential” stepparent was the term used to describe a parent who lives in a household and is not biologically related to a child or children living in the home with their biological parent at least 50% of the time (Hadfield & Nixon, 2013). The term “non-residential” stepparent signifies that the biological child of the remarried parent resides in the household less than half of the time. In general, residential and non-residential stepparents differ on key demographic factors such as gender of the stepparent, mean age, employment, union status, and number of marriages (Stewart, 2001). That is, residential stepparents tend to be male, slightly older ( $M = 36.3$  years), more likely to have a college degree, are employed full-time, and have a marginally higher income.

As noted, while most CRE programs have solely focused on first marriages and “general” couple relationship skills, we know that they also can benefit those in remarriages (e.g., Lucier-Greer, et al., 2014). The value of the current study was based on the substantial number of stepfamilies that are formed each year and who participate in CRE. While evidence indicates that stepcouples benefit from participation in CRE, we have no information on variations in needs at program start and differences in change patterns due to varying characteristics of stepparents. Accordingly, the primary purpose of this quantitative study was to extend previous literature by exploring whether residential and non-residential stepparents differed on measures

of distress at baseline and whether the impact of CRE differs for residential and non-residential stepparents.

The current study used a racially and economically diverse sample of stepparents and explored the following research questions:

**Research Question 1:** Do measures of distress at baseline differ for residential and non-residential stepparents?

**Research Question 2:** Does the effects of couple and relationship education (CRE) on reports of positive assertiveness, dedication, confidence, couple quality, depressive symptoms and conflict management differ for residential and non-residential stepparents?

## Methods

### *Participants*

The analytic sample is comprised of 324 (67 couples) residential and non-residential stepparents and is drawn from an overall sample of 507 (108 couples) who attended community-based CRE programs between 2007-2011. Stepparents who reported on both residential and non-residential stepchildren were excluded from this study ( $n = 11$ ). Stepparents who did not provide both pre- and post-program survey information were also excluded from this study ( $n = 172$ ).

At pre-program participants reported their demographic information. The mean age for the sample was 34.8 years ( $SD = 9.6$  years) and ranged in age from 17 to 74 years old. Gender was relatively evenly distributed: 53% male and 47% female. The sample consisted of a relatively equal number of stepfathers and stepmothers: 52% and 46%, with 2% not identifying their gender. Of these, 32% identified as residential stepfathers, 20% as residential stepmothers, 19% as non-residential stepfathers, and 27% as non-residential stepmothers. The average age of residential versus non-residential stepparents was similar (Res.  $Mage = 34.9$ ;  $SD = 9.7$  and Non-Res  $Mage = 34.6$ ;  $SD = 9.6$ ). Sixty-five percent of participants were married, 20% engaged, 15% dating, and of those not married 24% reported living together (i.e. cohabitation). Years married ranged from 0-29 years, with an average of 6 years ( $SD = 5.4$ ), while cohabiting couples reported being together an average of 3 years, and ranged from 0-23 years ( $SD = 3.3$ ). The sample was racially diverse with: 55% White/Caucasian, 40% African-American/Black, 1% Hispanic/Latino, 2% other (e.g. Asian-American, Native-American, Bi-racial or other-not listed) and 2% did not identify their ethnicity. Seventeen percent of participants had less than a high

school education, 29% had completed high school or GED, 23% completed some college, 16% completed a 2-year college or technical school degree, 8% completed a 4-year college degree, and 6% completed some post-college degree (e.g. Master's, Ph.D., M.D.). The sample was economically diverse with 15% reporting a total household income of less than \$7,000, 10% reported between \$7,000 to \$13,999, 11% reported \$14,000 to \$24,999, 16% reported \$25,000 to \$39,000, 28% were between \$40,000 to \$74,999, 6% were between \$75,000 to \$100,000 and 5% reported over \$100,000 total household income.

This sample consisted of participants who attended one of seven CRE programs: 26% *Together We Can: Caring for My Family* ( $n = 85$ ), 20% *Basic Training for Couples: Black Marriage Education* ( $n = 64$ ), 14% *Mastering the Mysteries of Love* ( $n = 44$ ), 10% *Smart Steps for Stepfamilies* ( $n = 30$ ), 9% *JERK* ( $n = 27$ ), 7% *Relationship Smarts Plus* ( $n = 21$ ), and 4% *RESPECT* ( $n = 12$ ). All of these programs were offered in community settings and therefore, no selection criteria were used. This demographic information was gathered from a subset of questions as part of the larger pre-program survey prior to participants completing the CRE program.

### *Procedure*

Participants were recruited by community agencies in a moderately-sized Southeastern state (at the middle of the population range for the United States) to attend Couple and Relationship Education classes, free of charge. Programs consisted of six to eight weekly, 2 hour session. Participants in this study completed one of seven curricula (*Together We Can*, *Basic Training for Couples: Black Marriage Education*, *Mastering the Mysteries of Love*, *Smart Steps for Stepfamilies*, *Relationship Smarts Plus*, *JERK*, or *RESPECT*) that were chosen due to their inclusion of the seven core relationship topics/skills identified by the National Extension

Relationship Marriage and Education Network (NERMEN) through an assessment of the research on predictors of marital quality and stability (Futris & Adler-Baeder, 2013). The core concepts are categorized as *Choose*- the use of intentionality in relationships; *Know*- the development of intimate knowledge of partner; *Care*- the demonstration of kindness, affection, and support; *Share*- development of friendship and “we-ness”; *Connect*- engagement of social support and sources of personal meaning; *Manage*- use of strategies for handling differences and stresses, and *Care for self* - use of strategies for nurturing individual psychological well-being (e.g. focusing on being more positive), and giving attention to the importance of physical self-care and health. Prior to program participation, participants completed self-report questionnaires assessing domains of individual, couple and family functioning. Demographic information was also included in the pre-program questionnaire. Immediately after program completion, participants completed a post-program questionnaire assessing the same domains. Signed informed consent forms were obtained from participants for the use of their responses in research; protection of participants was regulated by an Institutional Review Board, who reviewed the protocol, at an accredited institution.

## **Measures**

Participants completed items on the pre-program survey indicating demographic information. Stepparents were asked to fill in or circle the options that indicated their age, gender, ethnic background, marital status, education level, and annual household income. The pre- and post-program questionnaire included items drawn from established valid and reliable social science measures, designed to assess individual, couple, and family functioning (e.g., awareness, knowledge, attitude, skills, behaviors, relational quality, and individual well-being). The current study utilized measures of individual and couple well-being to include: positive

assertiveness, dedication, confidence, couple quality, depressive symptoms, and conflict management.

### **Demographic Control Variables.**

We controlled for several variables that could influence the outcomes of interest, including stepparents' age (in years), gender (1 = female, 0 = male), ethnicity (1 = Caucasian/White, 2 = African-American/Black, 3 = Hispanic/Latino, and 4 = all other ethnicities; dummy code was created where 1= Caucasian/White, 2= African-American/Black, and 3= All other ethnicities), marital status (dummy code was created where 1 = Married and 0 = All other Relationship Statuses), educational level (1 = No High School degree, 2 = High School or GED, 3 = Some college, 4 = 2-year college degree, 5 = 4-year college degree, and 6 = Post-college degree), and income (1 = less than \$7,000, 2 = 7,000 to \$13,999, 3 = \$14,000 to \$24,999, 4 = \$25,000 to \$39,000, 5 = \$40,000 to \$74,999, 6 = \$75,000 to \$100,000 and 7 = greater than \$100,000 total household income all of which have been used in previous CRE work (see Table 1). These variables were used as controls/covariates throughout analyses. When gender was tested as a moderator, it was removed as a control variable.

### **Outcome Variables.**

***Positive Assertiveness.*** Participants responded to four items about their positive assertion competence from the Interpersonal Competence Scale (Burhmeister, Furman, Wittenberg, & Reis, 1988) on a 5-point Likert scale, from 1 (“not at all like me”) to 5 (“very much like me”), to the items, “I tell a person when I don’t like a certain way he or she has been treating me;”, “I tell a person when he/she has made me angry or hurt my feelings.”; “I am a good and sensitive listener.”; “I show genuine concern and compassion when a person needs help or support.” The average score at post-test, 3.90 ( $SD = 1.10$ ), suggests those with higher scores indicated a greater

ability in taking a proactive communication role with one's partner. Alpha coefficients were  $\alpha = .87$  at pre-test and was  $\alpha = .85$  at post-test.

***Dedication.*** The Confidence and Dedication Scale is a measure conceptualizing commitment to the couple relationship (Stanley & Markman, 1992). For the purpose of this study, commitment was defined as “personal dedication...the desire for an individual to maintain or improve the quality of his or her relationship for the joint benefit of the participants” (Stanley & Markman, 1992, p.595). Participants responded to two items on a 5-point Likert scale, from 1 (“not committed at all”) to 5 (“completely committed”) to the items, “How committed are **you** to maintaining your current couple relationship?;” “In your opinion, how committed is **your partner** to maintaining your current couple relationship?”. The average score at post-test, 4.28 ( $SD = 1.01$ ), suggests those with higher scores indicated more dedication to the couple relationship by both partners. Alpha coefficients were  $\alpha = .80$  at pre-test and was  $\alpha = .80$  at post-test.

***Confidence.*** The Confidence and Dedication Scale is a measure capturing “the degree to which a person wants the relationship to continue over time” (Stanley & Markman, 1992, p.596). Participants responded to three items on a 5-point Likert scale, from 1 (“strongly disagree”) to 5 (“strongly agree”) to the items, “I feel good about our chances to make this relationship work for a lifetime;” “I feel very confident when I think about our future together;” “We have the skills a couple needs to make a marriage last.” The average score at post-test, 4.23 ( $SD = 0.98$ ), suggests those with a higher score indicated greater intent on making the relationship work throughout their lifetime. Alpha coefficients were  $\alpha = .91$  at pre-test and was  $\alpha = .94$  at post-test.

***Couple Quality.*** Relationship quality was assessed at pre-program and again at post-program using five items from the Quality of Marriage Index (QMI; Norton, 1983). Previous

pilot work informed the reduction of the original scale. Psychometric analyses (i.e. confirmatory factor analysis) allowed for selection of fewer items to assess a measure of relationship quality without compromising reliability. Participants responded on a 7-point Likert scale, from 1 (“very strongly disagree”) to 7 (“very strongly agree”) to the 5 items, “We have a good marriage/relationship;” “My relationship with my spouse/significant other is very stable;” “Our marriage/relationship is strong;” “My relationship with my spouse/significant other makes me happy;” “I really feel like part of a team with my spouse/significant other.” The average score at post-test, 5.55 ( $SD = 1.36$ ), suggests those with higher scores indicated better communication patterns. Alpha coefficients were  $\alpha = .96$  at pre-test and was  $\alpha = .98$  at post-test.

***Depressive symptoms.*** Depressed affect was measured at pre-program and again at post-program using three items from the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). Again, previous pilot work informed the reduction of the original depression scale. Participants responded on a 4-point Likert scale, from 0 (“None”) to 3 (“3 + times”) to the 3 items, “In the past week, I felt sad that I could not shake off the blues even with the help of my family and friends;” “In the past week, I felt depressed;” “In the past week, I felt sad.”. The average score at post-test, 0.96 ( $SD = 0.98$ ), suggests those with higher scores indicated depressive symptoms. Alpha coefficients were  $\alpha = .87$  at pre-test and was  $\alpha = .85$  at post-test.

***Conflict Management.*** Conflict management skills were measured at pre-program and again at post-program using six items from the Interpersonal Competence Scale (Burhmeister, Furman, Wittenberg, & Reis, 1988). Participants responded on a 5-point Likert scale, responses ranged from 1 (“not at all like me”) to 5 (“very much like me”) to the items, “I am able to admit that I might be wrong when a disagreement with a close companion begins to build into a serious fight;” “I am able to put aside begrudging (resentful) feelings aside when having a fight with a

close companion;” “When having a conflict with a close companion, I really listen to his/her complaints and not trying to “read” his/her mind;” “I am able to take a close companion’s perspective in a fight and really understand his/her point;” “When angry with a close companion, I am able to accept that s/he has valid point of view even if I don’t agree with that view;” “I don’t explode at a close companion (even if justified) in order to avoid a damaging argument.”. The average score at post-test, 3.55 ( $SD = 0.94$ ), suggests those with higher scores indicated greater competence regarding how conflict is managed in the relationship and with their partner. Alpha coefficients were  $\alpha = .79$  at pre-test and was  $\alpha = .86$  at post-test.

### **Plan of Analysis**

Descriptive statistics and correlations were computed in SPSS. To examine RQ1, (i.e., whether residential and non-residential stepparents differed on measures of distress at baseline), an independent sample  $t$  test was conducted using data from pre-program surveys. In order to examine RQ2 (i.e., whether changes in the outcomes differed for stepparents based on residence; time X residential status), we used separate two-way mixed between-within groups repeated measures analysis of covariance (RMANCOVA) tests were conducted for each outcome variable (*Positive Assertiveness, Confidence, Conflict Management, Couple Quality, Dedication, and Depressive symptoms*) to examine change over time from pretest to posttest by group. This allowed change scores of residential stepparents to be directly compared with the change scores of non-residential stepparents. Analyses were fit separately for each outcome because they represent conceptually distinct domains of individual and couple functioning. Participant age, ethnicity, marital status, educational level, income, and gender were entered as control variables (i.e., covariates).

## Results

### Preliminary Analyses.

Prior to testing research questions for the current study, descriptive statistics for the dependent variables (outcomes) were computed and analyzed across two time points. The descriptive statistics are presented in Tables 2 and 3. This preliminary assessment checked for normal distribution, skewness, kurtosis, normality, reliability, and homogeneity. Assumptions were supported for all analyses with no serious violations discovered.

We also examined the correlations between possible control variables and the outcomes. Only those with significant linear relationships were included as controls in analyses.

### *Primary Results*

#### **Research Question 1: Do measures of distress differ at baseline differ for residential and non-residential stepparents?**

An independent samples t-test was conducted to determine if stepparents differed on levels of distress prior to programming based on their residency status. On average, there was a statistically significant difference in level of distress between residential and non-residential stepparents. A review of the mean scores at pre-program indicated that, on average, non-residential stepparents reported beginning CRE programming significantly more distressed ( $M = 1.32, SD = 1.05$ ) compared to residential stepparents ( $M = 1.09, SD = 1.01$ );  $t(318) = -2.03, p = .04$ .

**Research Question 2: Does the impact of couple and relationship education (CRE) differ for residential and non-residential stepparents?**

A repeated measures mixed between-within analysis of covariance (RMANCOVA) was conducted to assess the impact of CRE on indicators of individual and couple well-being post-program. Main effects revealed improvement in several domains, regardless of stepparent residency status, prior to controlling for all covariates (see Table 4).

A repeated measures mixed between-within analysis of covariance (RMANCOVA) was conducted to assess the impact of CRE on stepparent positive assertiveness over time. The analysis for positive assertiveness did not control for ethnicity, marital status, educational level, or gender since these four variables were not significantly correlated with the outcome variable. After controlling for participants age and income, there was a significant interaction effect for time X residential status on *Positive Assertiveness*, Wilks' Lambda = .99,  $F(1,279) = 3.83$ ,  $p = .051$ , partial eta squared = .01 (see Table 3). Post-hoc paired samples t-tests were conducted to compare change in positive assertiveness for residential stepparents (pre-test,  $M = 3.66$ ,  $SD = 1.19$ ; post-test,  $M = 3.93$ ,  $SD = 1.05$ ;  $t(168) = -3.49$ ,  $p = .001$ ) and for non-residential stepparents (pre-test,  $M = 3.85$ ,  $SD = 1.19$ ; post-test,  $M = 3.87$ ,  $SD = 1.16$ ;  $t(148) = -0.20$ ,  $p = 0.84$ ). Importantly, on average, residential stepparents changed significantly and reported being more assertive after taking CRE programs than non-residential stepparents who did not change significantly.

A repeated measures mixed between-within analysis of covariance (RMANCOVA) was conducted to assess the impact of CRE on stepparent *confidence* over time. The analysis for confidence did not control for stepparents age, ethnicity, educational level, income or gender since these five variables were not significantly correlated with the outcome variable. After

controlling for marital status, there was no significant time X residential status interaction effect on *Confidence*, Wilks' Lambda = .99,  $F(1,302) = 6.89$ ,  $p = 0.11$  partial eta squared = .03.

However, there was a significant main effect for time on confidence, Wilks' Lambda = .98,  $F(1,302) = 7.04$ ,  $p = 0.008$ . Thus, regardless of stepparent residential status, all participants showed significant increase in their confidence.

A repeated measures mixed between-within analysis of covariance (RMANCOVA) was conducted to assess the impact of CRE on stepparent *conflict management* over time. The analysis for conflict management did not control for stepparents age, ethnicity, marital status or gender since these four variables were not significantly correlated with the outcome variable. After controlling for educational level and income, there was no significant time X residential status interaction effect on *Conflict management*, Wilks' Lambda = .99,  $F(1,283) = 0.26$ ,  $p = 0.61$ , partial eta squared = .03. There was no significant main effect for time on conflict management, Wilks' Lambda = .99,  $F(1,283) = 1.68$ ,  $p = 0.20$ . Thus, the stepparents did not report change in their conflict management skills.

A repeated measures mixed between-within analysis of covariance (RMANCOVA) was conducted to assess the impact of CRE on stepparent *couple quality* over time. The analysis for couple quality did not control for stepparents age, ethnicity, educational level, income or gender since these five variables were not significantly correlated with the outcome variable. After controlling for marital status, there was no significant time X residential status interaction effect on *Couple quality*, Wilks' Lambda = .99,  $F(1,301) = 0.29$ ,  $p = 0.58$  partial eta squared = .03. However, there was a significant main effect for time on couple quality, Wilks' Lambda = .96,  $F(1,301) = 11.49$ ,  $p = 0.001$ . Thus, regardless of stepparent residential status, all participants showed significant increase in their couple quality.

A repeated measures mixed between-within analysis of covariance (RMANCOVA) was conducted to assess the impact of CRE on stepparent *dedication* over time. The analysis for dedication did not control for stepparents age, ethnicity, educational level, or gender since these four variables were not significantly correlated with the outcome variable. After controlling for marital status and income, there was a significant interaction effect for time X residential status on *Dedication*, Wilks' Lambda = .98,  $F(1,269) = 6.90$ ,  $p = .009$ , partial eta squared = .01 (see Table 3). Post-hoc paired samples t-tests were conducted to compare change in dedication for residential stepparents (pre-test,  $M = 4.23$ ,  $SD = 1.02$ ; post-test,  $M = 4.43$ ,  $SD = 0.86$ ;  $t(163) = -2.90$ ,  $p = .004$ ) and for non-residential stepparents (pre-test,  $M = 4.26$ ,  $SD = 1.01$ ; post-test,  $M = 4.13$ ,  $SD = 1.15$ ;  $t(137) = 1.53$ ,  $p = 0.13$ ). Importantly, on average, residential stepparents changed significantly and reported being more dedicated after taking CRE programs than non-residential stepparents who did not change significantly.

A repeated measures mixed between-within analysis of covariance (RMANCOVA) was conducted to assess the impact of CRE on stepparent *depressive symptoms* over time. After controlling for marital status, educational level, income, and gender there was no significant time X residential status interaction effect on *Depressive symptoms*, Wilks' Lambda = .99,  $F(1,279) = 1.93$ ,  $p = 0.17$ , partial eta squared = .03. There was no significant main effect for time on depressive symptoms, Wilks' Lambda = .99,  $F(1,279) = 0.47$ ,  $p = 0.50$ . Thus, the stepparents did not report change in their depressive symptoms.

## **Discussion**

While the research on CRE programs has expanded significantly in the past decade, only a handful of studies have considered family structure and its influence on the program experience or explored the specific experiences of stepparents in CRE (e.g., Lucier-Greer, et al., 2014; Garneau & Adler-Baeder, 2015; Higginbotham et al., 2012). Stepfamilies are unique family formations and the complexities of the relationships created by a couple union involving children from previous relationships warrants further attention. Findings pertaining to the experience of the “average” CRE participant (e.g., Hawkins & Fackrell, 2010) or even the “average” stepparent (Garneau & Adler-Baeder, 2015) do not serve to provide information on the needs and experiences of residential and non-residential stepparents (Gosselin & David, 2007; Ahrons & Wallisch, 1987) and whether these are similar or different. This study, therefore, offers novel information regarding the comparative baseline levels of distress for residential and non-residential stepparents in CRE and the influence of residential status on the amount of change in several areas of individual (depressive symptoms, positive assertiveness, conflict management skills) and relational functioning (couple quality and confidence and dedication in the couple relationship).

### **Differences between Program Participants at Baseline**

In our sample of racially and economically diverse stepparents we found that non-residential (i.e., part-time) stepparents were more distressed, as indicated by significantly higher levels of depressive symptoms, at program start. These are stepparents who report living with their stepchildren less than 50% of the time. Residential stepparents, those who live with their stepchildren more than 50% of the time were comparatively less distressed, on average, at the program start. We controlled for other variables that could explain these mean differences,

enhancing our confidence that it is something about residential status that explains the difference in depressive symptoms, however, there could be other contributing factors that were not measured. Our findings were consistent with Gosselin (2010) who suggested that problems between stepchildren and stepparents are greater when stepchildren are not full-time residents in the stepparent's home. Yet, contrasted with both Gosselin and David (2007) and Ahrons and Wallisch (1987) whose studies suggested that non-residential stepchildren had less detrimental impact on their non-residential stepparents and on their parent/non-residential stepparent's marital quality. These contrasted findings may be explained due to sample differences. The couples in our sample were more established, together an average of 3 years for cohabiting couples and 6 years for married couples.

While residential stepparents can experience negative stepparent-stepchild relationships which negatively influences their marital quality and their individual sense of well-being (Coleman Ganong, & Fine, 2010), we also know this is more the case in the beginning of stepfamily formation for residential stepfamilies (Coleman & Ganong, 2003). Thus, in this sample it may be that stepparents in more established residential households were better off than those in non-residential situations. Scholars invoking role theory suggest that it is easier to establish an agreed-upon role in the stepchild's life when in residence with a stepchild compared to when a stepchild visits the home sporadically. Our findings carry implications for practitioners who may want to pay special attention to those participants who report being a non-residential stepparent. It may be that additional program content on self-care could be particularly helpful, as well as referrals to therapeutic services and counseling.

## **The Influence of Stepparent Residential Status on Program Outcomes**

Our results indicated both similarities and differences for residential and non-residential stepparents, depending on the outcome measure. Neither group showed any improvement in conflict management skills or depressive symptoms. It could be that this was due to a ceiling/floor effect, in that the average rating for conflict management skills was quite high at pre-program ( $M = 4.04$ ) on a scale of 1-5 and that although there was a significant difference in baseline depressive symptoms based on residential status, the average rating was a low 1.2 on a scale of 0-3. It may also be that more effort should be made to work with stepparents to enhance their conflict management and self-care skills.

For both groups there was a significant shift on two key couple outcomes – their report of couple quality and their report of confidence in stability of the relationship. There were no differences in the degree of change due to residential status of the stepparent. This is good news for program directors since enhancing couple quality and stability are the primary goals for CRE work (ACF, 2005). Enhanced confidence in the stability of their couple relationship may be especially important since previous research indicates that higher marital confidence among couples in remarriages can help buffer stress and challenges faced in the remarriage and buffer the risk of dissolution Brimhall, Wampler, and Kimball (2008).

Interaction effects, however, were found for changes in dedication to the relationship and use of positive assertiveness skills. In both cases, it was residential stepparents who experienced beneficial changes in these areas, while non-residential stepparents did not demonstrate significant beneficial changes in either. It appears that non-residential stepparents are less open to expressing their needs and desires and are less likely to indicate enhanced dedication and commitment to their couple relationship. These differences are noteworthy and seem to indicate

that for this sample, it is the non-residential stepparents who may warrant extra attention in CRE programs and related services.

## **Limitations**

The present study offers enhanced understanding into the experiences of stepparents living both with and without their stepchildren. The study, however, was conducted through secondary analyses of an existing dataset in which these research questions were not originally conceptualized. Limitations of this study are acknowledged, along with the suggestion for caution on generalizing the findings and interpretations of these findings. First, while the sample is more diverse than is typically seen in studies of CRE and studies of stepfamilies, the sample primarily consisted of Caucasian and African-American stepparents, therefore, we cannot generalize findings to other ethnic minority stepparents and we encourage extension of research involving other minority stepfamilies in the future.

A second limitation of this study, frequently found in the literature regarding stepfamilies and CRE, is that data obtained were from individual stepparents who self-reported measures and did not report on their partner. Empirical research on adults and social desirability have found that there is a link between response biases in self-report measures (Van de Mortel, 2008). It is possible that stepparents whose stepchildren live with them the majority of the time may report greater levels of change. This may be due in part to greater investment in positive change due to the proximity of their stepchildren, and thus provide higher ratings of individual, couple and family functioning indicators at post-program. It is recommended that future research include multiple informants on measures, particularly dyadic assessments, such as couple quality.

Finally, this study focused on examining the changes in attitude, skills, and perception about couple relationship outcomes immediately following CRE participation. Follow-up data were not available. In order to more accurately examine this change, immediate and consistent follow-up reports would be essential to examining any long-term change or behavior modification. Since many of the skills taught in CRE need to be integrated into daily interactions, this type of follow-up is critical for determining trajectories of change and exploring the possibility of delayed effects or deterioration of effects for each subgroup over time.

### **Conclusions and Future Directions**

In a large, diverse sample of stepparents participating in CRE, we find that consideration of stepparent residency may be necessary in the implementation of CRE; however, we also suggest the need for additional investigation. We found that European-American and African-American non-residential stepparents may enter CRE programs more in need, particularly in the area of self-care. In addition, although some similarities were found between residential stepparents and non-residential stepparents in regards to their positive change in couple quality and confidence, their lack of change in depressive symptoms and conflict management skills suggests additional emphasis in these areas for stepparent program participants. Also important is the need for extra attention in positive assertiveness skills and dedication to the relationship for non-residential stepparents, in the form of additional content and services, in order for these stepparents to experience program benefits similar to those of residential stepparents.

This study of stepparents represents an incremental step forward in comparison to previous studies of stepfamilies and stepparents in CRE, by considering residential status; however, we encourage the continued exploration of other characteristics and combinations of characteristics that may distinguish further differences among stepparents. Among these, gender

and race should be considered. The preponderance of stepfamily research has examined the role of residential stepfathers, since most biological mothers have custody of their biological children. Research indicates that stepmother families may face more specific challenges than stepfather families (Hadfield and Nixon, 2012); however, this information comes primarily from the few studies of stepmothers that typically include mostly non-residential stepmothers (Henry & McCrue, 2009; Doodson & Morley, 2006; Weaver & Coleman, 2005; Church, 1999; Orchard & Solberg, 1999; Levin, 1997). Studies including residential stepmothers and non-residential stepfathers are virtually absent in family science research and would allow for the disentangling of the effects of gender and residential status. Further, exploring differences by race in stepfamily research remains an uncharted area of study even though scholars have asserted differences may be present (Crosbie-Burnette, 1992).

Because stepparents are an understudied group of participants in CRE, qualitative investigations that explore the processes in stepfamilies before, during, and after CRE participation could help to uncover critical information. These more nuanced studies of program participants that consider complex family relationships and family context are important efforts that serve to inform both practice and evaluation research design in the future.



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Table 1

*Demographics of Sample by Parental Stepparent Status (n = 324).*

	Residential (n = 172)	Non-Residential (n = 152)
<b>Ethnicity</b>		
Caucasian/White	92 (55.4%)	85 (56.3%)
African-American/Black	67 (40.4%)	63 (41.7%)
Hispanic/Latino	3 (1.8%)	1 (0.7%)
Other	4 (2.4%)	2 (1.4%)
<b>Education</b>		
No HS degree	27 (16%)	28 (18.8%)
HS degree or GED	60 (35.5%)	34 (22.8%)
Some College	29 (17.2%)	44 (29.5%)
2-year college degree	25 (14.8%)	26 (17.4%)
4-year college degree	15 (8.9%)	11 (7.4%)
Post-college degree	13 (7.6%)	6 (4.0%)
<b>Income</b>		
Less than \$7,000	24 (14.9%)	23 (17.4%)
\$7,000-\$13,999	22 (13.7%)	10 (7.6%)
\$14,000-\$24,999	23 (14.3%)	13 (9.8%)
\$25,000-\$39,999	21 (13.0%)	32 (24.2%)
\$40,000-\$74,999	48 (29.8%)	43 (32.6%)
\$75,000-\$100,000	12 (7.5%)	7 (5.3%)
More than \$100,000	11 (6.8%)	4 (3.0%)
<b>Stepfather</b>	108 (62.8%)	63 (41.4%)
<b>Stepmother</b>	64 (37.2%)	89 (58.6%)

Table 2.  
*Descriptive Statistics of Dependent Variables- Pre-Program (n = 324)*

Descriptive Statistics								
Scale	N	Min	Max	M	SD	Skewness	Kurtosis	Reliability
<b>Positive Assertiveness</b>	321	1.00	5.00	3.74	1.20	-.50	-.91	.87
<b>Confidence</b>	321	1.00	5.00	3.35	1.05	-.34	-.51	.91
<b>Conflict Management</b>	313	1.00	5.00	4.04	1.03	-1.13	.72	.79
<b>Couple Quality</b>	311	1.00	7.00	5.24	1.48	-.86	.33	.96
<b>Dedication</b>	309	1.00	5.00	4.22	1.04	-1.30	.91	.80
<b>Depressive symptoms</b>	320	.00	3.00	1.20	1.03	.38	-1.16	.87

Table 3.  
*Descriptive Statistics- Post-Program (n = 324)*

Descriptive Statistics								
Scale	N	Min	Max	M	SD	Skewness	Kurtosis	Reliability
<b>Positive Assertiveness</b>	318	1.00	5.00	3.90	1.10	-.74	-.37	.85
<b>Confidence</b>	311	1.00	5.00	4.23	0.98	-1.48	1.67	.94
<b>Conflict Management</b>	319	1.00	5.00	3.55	0.94	-0.33	-0.31	.86
<b>Couple Quality</b>	312	1.00	7.00	5.55	1.36	-1.15	1.20	.98
<b>Dedication</b>	311	1.00	5.00	4.28	1.01	-1.40	1.19	.80
<b>Depressive symptoms</b>	318	.00	3.00	0.96	0.98	.81	-0.57	.90

Table 4.

*Change in Outcome Variable by Stepparent Residential Status*

Variable	<i>Df</i>	F	Partial $\eta^2$	<i>p</i>
<b>Positive</b>	1,316	5.58	.02	.02
<b>Assertiveness</b>				
RS	1,316	4.16	.01	.04
<b>Confidence</b>	1,303	10.69	.03	.001
RS	1,303	2.88	.01	.09
<b>Conflict</b>	1,317	16.85	.05	.000
<b>Management</b>				
RS	1,317	.084	.00	.772
<b>Couple Quality</b>	1,302	21.30	.07	.000
RS	1,302	.391	.001	.53
<b>Dedication</b>	1,300	.51	.002	.47
RS	1,300	9.39	.03	.002
<b>Depressive</b>	1,315	20.68	.06	.000
<b>symptoms</b>				
RS	1,315	1.71	.005	.19

*Note.* RS = stepparent residential status

## Appendix A

### From the Interpersonal Competence Scale-Assertiveness J-K (Burhmeister et al., 1988)

Think about how you act in relationships – in general – with friends, family, and/or your partner. Use the scale to tell how well the statement describes you. **FILL IN ONE CIRCLE.**

	Not at all like me		Somewhat like me		Very much like me
<b>POSITIVE ASSERTIVENESS</b>					
<b>G.</b> I tell a person when I don't like a certain way he or she has been treating me.	<input type="radio"/>				
<b>H.</b> I tell a person when he/she has made me angry or hurt my feelings.	<input type="radio"/>				
<b>I.</b> I am a good and sensitive listener.	<input type="radio"/>				
<b>J.</b> I show genuine concern and compassion when a person needs help or support.	<input type="radio"/>				

## Appendix B

### From the Confidence/Dedication Scale (Stanley & Markman, 1992)

Please use the following scale to FILL IN ONE circle for the answer that best describes your relationship:

<b>DEDICATION</b>	<b>Not Committed At All</b>		<b>Committed</b>		<b>Committed</b>		<b>Committed</b>		<b>Committed</b>	<b>Completely Committed</b>
<b>A.</b> How committed are <b>you</b> to maintaining your current couple relationship?	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>B.</b> In your opinion, how committed is <b>your partner</b> to maintaining your current couple relationship?	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Please FILL IN ONE circle to show how much you agree or disagree with the following statements.

<b>CONFIDENCE</b>		<b>Strongly Disagree</b>	<b>Disagree More Than Agree</b>	<b>Neutral</b>	<b>Agree More Than Disagree</b>	<b>Strongly Agree</b>
<b>D.</b> I feel good about our chances to make this relationship work for a lifetime.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E.</b> I feel very confident when I think about our future together.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>F.</b> We have the skills a couple needs to make a marriage last.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix C

### From the Quality Marriage Index (Norton, 1983)

Please FILL IN ONE circle per question about your current marriage/relationship.

<b>COUPLE/MARITAL QUALITY</b>	<b>Very Strongly Disagree</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Mixed</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Very Strongly Agree</b>
<b>A.</b> We have a good marriage/relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.</b> My relationship with my spouse/significant other is very stable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.</b> Our marriage/relationship is strong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>D.</b> My relationship with my spouse/significant other makes me happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E.</b> I really feel like part of a team with my spouse/significant other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix D

**From the Depression/Distress Scale (Center for Epidemiological Studies (CES-D); Radloff, 1977)**

**In the *past week*, how often did you experience the following (FILL IN ONE CIRCLE):**

<b>DEPRESSIVE SYMPTOMS/DISTRESS</b>		<b>None</b>	<b>1 Time</b>	<b>2 Times</b>	<b>3+ Times</b>
<b>A.</b>	I felt sad that I could not shake off the blues even with the help from my family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.</b>	I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.</b>	I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix E

### From the Interpersonal Competence Scale- Conflict Management A-F (Burhmeister et al., 1988)

Think about how you act in relationships, in general. Use the scale to tell how well the statement describes you.

<b>CONFLICT MANAGEMENT</b>		Not at all like me		Somewhat like me		Very much like me
<b>A</b>	I am able to admit that I might be wrong when a disagreement with a close companion begins to build into a serious fight.	<input type="checkbox"/>				
<b>B</b>	I am able to put begrudging (resentful) feelings aside when having a fight with a close companion.	<input type="checkbox"/>				
<b>C</b>	When having a conflict with a close companion, I really listen to his/her complaints and not trying to “read” his/her mind.	<input type="checkbox"/>				
<b>D</b>	I am able to take a close companion’s perspective in a fight and really understand his/her point.	<input type="checkbox"/>				
<b>E</b>	When angry with a close companion, I am able to accept that s/he has valid point of view even if I don’t agree with that view.	<input type="checkbox"/>				
<b>F.</b>	I don’t explode at a close companion (even if justified) in order to avoid a damaging argument.	<input type="checkbox"/>				