

## BRIEF REPORT

Enhancing Fathers' Parenting Through Strengthening Couple Functioning:  
A Randomized Controlled Trial of Low-Income CouplesHannah C. Williamson<sup>1</sup>, Po-Heng Chen<sup>1</sup>, and Justin A. Lavner<sup>2</sup><sup>1</sup> Department of Human Development and Family Sciences, University of Texas at Austin<sup>2</sup> Department of Psychology, University of Georgia

**Objective:** High levels of father engagement are associated with better outcomes for children across a number of domains. Correlational evidence suggests that the quality of the romantic relationship between parents plays a strong role in the extent to which fathers are meaningfully involved with their children, but existing literature cannot address whether this link is causal. To address this gap, the present study leveraged data from a randomized controlled trial of a couple-focused relationship education program for low-income couples to examine whether intervention-induced improvements in couple functioning led to better fathering outcomes. **Method:** Data were drawn from the Supporting Healthy Marriages study, in which 6,298 low-income, married couples with children were randomized to an intervention or control condition. Couple relationship functioning was assessed 12-months postrandomization, and fathering behavior across four dimensions (involvement, warmth, responsiveness, and monitoring) was assessed 30-months postrandomization. **Results:** Structural equation models revealed that the intervention had a significant direct effect on fathers' and mothers' couple functioning, but did not have a significant direct effect on fathering outcomes. However, the intervention did have a significant indirect effect on fathering outcomes through fathers' ratings of couple functioning, such that the intervention was associated with small positive indirect effects on fathers' involvement, warmth, responsiveness, and monitoring. **Conclusions:** Intervention-derived improvements in the couple relationship led to improvements in father engagement, supporting a causal association between these variables. Couple-focused interventions may be a viable option to enhance couple functioning and (indirectly) fathers' parenting among families living with low incomes.

**What is the public health significance of this article?**

Children who have meaningful involvement from their fathers have better outcomes across multiple areas of their life, including better social behavior, academic achievement, cognitive development, and self-esteem. These findings from a randomized controlled trial of low-income married couples with children indicate that fathers' parenting can be enhanced by improving couple functioning, suggesting that strengthening the quality of parents' romantic relationship may be a viable path to enhancing fathers' engagement with their children.

**Keywords:** fathering, low-income couples, parenting, relationship education, couple relationship quality

Children with high levels of positive engagement from their fathers experience better outcomes across multiple domains, including academic achievement, social behavior, cognitive development, and self-esteem (Sarkadi et al., 2008). Fathers' engagement with

their children is strongly influenced by the quality of their relationship with their child's mother—fathers who are in a healthy, stable romantic relationship with their child's mother are more likely to be involved with their child and to have higher quality involvement

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editing and equal role in conceptualization.

The data reported in this article were obtained from publicly available data [the Supporting Healthy Marriage project, <https://www.icpsr.umich.edu/web/DSDR/studies/34420>]. A bibliography of journal articles, working articles, conference presentations, and dissertations using the Supporting Healthy Marriage project is available at <https://www.icpsr.umich.edu/web/DSDR/studies/34420/publications>. The variables and relationships examined in the present article have not been examined in any previous or current articles, or to the best of our knowledge in any articles that will be under review soon.

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than fathers who have a poor quality relationship with their child's mother (Carlson et al., 2011). Longitudinal research has provided preliminary support for the idea that the association between couple relationship quality and fathering behavior is directional: Father involvement drops sharply after the relationship between the parents ends (Tach et al., 2010) and couple relationship quality predicts future parental engagement for mothers and fathers, but parental engagement does not predict future couple relationship quality (Carlson et al., 2011). However, this work is correlational, leaving open the question of whether the link between couple relationship functioning and father engagement is causal.

Studies testing whether interventions that improve the couple relationship also improve fathers' parenting would allow for an experimental test of this idea. A recent meta-analysis of Couple Relationship Education (CRE) programs found that these types of interventions did not have a significant direct effect on parenting ( $d = .023$ ; Hawkins et al., 2022). However, because significant effects on parenting in these programs are theorized to arise from enhancements in couple functioning, tests of *indirect* effects are also needed; these analyses offer a more precise test of theory and greater statistical power than tests of direct effects, particularly when associations are small (Hayes et al., 2011). To date, these tests remain rare in the literature. One randomized controlled trial (RCT) of 239 fathers and their coparenting partners participating in a group-based fatherhood and couple intervention found that intervention-induced reductions in couple conflict from baseline to 2-months postintervention (the first postintervention assessment) were significantly associated with concurrent reductions in anxious/harsh parenting (Pruett et al., 2019), but effects for fathers specifically were not reported. Another recent RCT of 1,042 couples who participated in a couples-based fatherhood intervention found an indirect effect of the intervention on the parent-child relationship, mediated by personal distress and coparenting relationship quality (Cowan et al., 2022); again effects for fathers were not reported separately and all outcomes were assessed at the same time, leaving open questions about whether this chain of associations was causal. Finally, an RCT of 346 African American fathers who participated in a couple-focused intervention showed improvements in couple functioning relative to controls and this was associated with better parent-child relationship quality 8 months later, but no other parenting measures were reported (Lavner et al., 2020). Taken together, these studies provide tentative support for the idea that a couple-focused intervention might yield positive effects on father engagement indirectly through improving couple relationship functioning.

To provide a more robust test of these linkages, the present study examines the theorized causal link between couple relationship functioning and fathering behavior among a sample of 6,298 low-income couples. Data are drawn from the Supporting Healthy Marriage (SHM) study, which was funded through the federal healthy marriage initiative. SHM offered CRE to low-income married couples, in light of evidence that their relationships are more tenuous and at higher risk for father disengagement than those of more socioeconomically advantaged couples (McLanahan & Beck, 2010). The primary goal for this program was to improve marital quality and in turn generate positive downstream effects for other outcomes like fathers' parenting behavior (see "The SHM program model and theory of change," Lundquist et al., 2014, p. 6). Main effects from the SHM program indicate that it was successful in improving romantic relationship outcomes compared to a no-treatment control group, but there were no

significant direct effects on fathers' parenting outcomes (Lundquist et al., 2014). Indirect effects have yet to be examined, however, despite SHM's significant effects on couple functioning making it an ideal design to experimentally test the theorized indirect links between couple functioning and fathering behaviors. The present study addresses this gap by examining whether SHM leads to significant indirect effects on fathers' parenting at 30-month follow-up through improvements in couple functioning at 12-month follow-up.

## Method

### Transparency and Openness

We report how we determined our sample size, all data exclusions (if any), all manipulations, and all measures in the study, and we follow Journal Article Reporting Standards. Data and materials are available through the Inter-university Consortium for Political and Social Research (ICPSR) data repository (ICPSR Study No. 34420). Analysis code is available at <https://osf.io/vknsb>. This study's design and its analysis were not preregistered.

### Participants and Procedure

Married couples<sup>1</sup> ( $N = 6,298$ ) who had or were expecting a child together and had a household income below \$50,000<sup>2</sup> took part in the study, which was implemented at eight sites in seven different states. Enrollment occurred from February 2007 to December 2009. Study staff obtained informed consent and enrolled participants into the study. Partners separately completed self-report questionnaires (T1) then received their random assignment to the SHM program or to the no-treatment control condition. A first follow-up telephone interview was conducted separately with fathers and mothers about 12 months after enrollment (T2) and a second follow-up telephone interview was conducted separately with fathers and mothers about 30 months after enrollment (T3). Response rates for the T2 interview were 80% for fathers and 85% for mothers; at T3 response rates were 74% for fathers and 80% for mothers. Participant demographics are shown in Table 1 and a flowchart is provided in Figure 1. The secondary analyses reported in this article received institutional review board approval from the University of Texas.

### The SHM Program

The SHM program consisted of three parts: curriculum-based relationship and marriage education skills workshops in small groups, supplemental activities, and family support services. Sites used one of four different curricula for their relationship skills workshops, all of which focused on common themes such as commitment, trust, conflict management, and promoting positive connections and intimacy. These four curricula offered 24–30 hr of programming, which local sites were free to deliver however they chose (e.g., full-day Saturday workshop vs. weekly sessions). Sessions were attended by

<sup>1</sup> Although couples were required to be married at the time of enrollment, proof of marriage was not requested. Couples were asked to report their marital status at the 12-month assessment, where it was discovered that 80.9% of all SHM couples were married at the time of enrollment (Miller Gaubert et al., 2012).

<sup>2</sup> \$60,000 for programs located in Seattle and the Bronx.

**Table 1**  
*Participant Demographics at Baseline (T1)*

Variable	Statistic
Married (%)	82%
Average No. of children residing in the home	2
Average age	31.4
Either spouse currently employed	81%
Poverty level (%)	
<100% of the federal poverty level	43%
Between 100%–200% of the federal poverty level	39%
Receiving public assistance	72%
Education (%)	
Neither spouse had at least a high school diploma	20%
Only one spouse has at least a high school diploma	20%
Both spouses have at least a high school diploma	50%
At least one spouse graduated from a 4-year college	16%
Race/ethnicity (%)	
Both spouses Hispanic	43%
Both spouses African American, non-Hispanic	11%
Both spouses White, non-Hispanic	21%
Some other combination	25%

both spouses; 83% of couples attended at least one workshop session, and couples received 60% of workshop hours, on average (17 hr).

In addition to the relationship skills workshops, supplemental activities offered couples opportunities to attend educational events (e.g., seminars on financial management and parenting), participate in social events (e.g., date nights, family outings), practice skills from the workshops, and build networks with other couples in the program. Finally, couples were paired with a family support staff member who had three goals: maintain contact with couples to facilitate their participation in the other two program components, help couples reduce family stressors and address family needs by linking them to community resources, and reinforce key workshop themes in personal meetings with couples. See Miller Gaubert et al. (2012) for additional details regarding recruitment, implementation, and intervention curricula.

## Measures

### *Couple Functioning*

Two latent variables representing fathers' and mothers' self-reported couple relationship functioning at 12-months postrandomization are used in the present study, both with five constructs serving as indicators.<sup>3</sup> *Relationship happiness* is a single item which asked "All things considered, on a scale from 1 to 7, where one is "completely unhappy" and seven is "completely happy," how happy are you with your marriage to SPOUSENAME?" *Marriage in trouble* is a single item which asked whether participants thought that their marriage was in trouble in the past 3 months, coded as 1 = *yes* and 0 = *no*. *Warmth and support* is a seven-item scale measuring expressions of affection and caring toward the partner (sample item: "My spouse expresses love and affection toward me"). Items were scored on a 1–4 scale and averaged to form the scale score (fathers'  $\alpha = .83$ ; mothers'  $\alpha = .86$ ); higher scores reflected more warmth and support. *Positive communication* is a seven-item scale measuring how well the couple communicates during disagreements (sample item: "We are good at working out our differences"). Items were scored on a 1–4 scale and averaged to form the scale score (fathers'  $\alpha = .76$ ; mothers'  $\alpha = .82$ ); higher scores reflected more positive communication. *Negative communication* is a

seven-item scale measuring negative interactions that occur during disagreements (sample item: "My spouse was rude and mean to me when we disagreed"). Items were scored on a 1–4 scale and averaged to form the scale score (fathers'  $\alpha = .87$ ; mothers'  $\alpha = .88$ ); higher scores reflected more negative communication.

### *Fathers' Parenting*

Self-reported fathering behaviors at 30-months postrandomization were assessed along four dimensions.<sup>4</sup>

**Involvement.** Five items assessed the degree to which fathers spend time with their child and take interest in their child's activities<sup>5</sup> (sample item: "How often in the past month have you talked with your child about school, grades, or other things he/she does at school?"). Items were scored on a 1–4 scale and averaged to form the scale score ( $\alpha$  values were .78, .73, and .75 for the three age-groups); higher scores reflected more involvement.

**Warmth.** Three items measured expressions by the father of positive affect, love, affection, acceptance, and admiration for his child (sample item: "Over the past month how often have you told your child you love him/her?"). Items were scored on a 1–4 scale and averaged to form the scale score ( $\alpha = .85$ ); higher scores reflected more warmth.

**Responsiveness.** Three items measured the extent to which fathers are sensitive to their child's initiations, distress, and needs (sample item: "During the past month, how often have you considered your child's thoughts or feelings when making rules for him/her?"). Items were scored on a 1–5 scale and averaged to form the scale score ( $\alpha = .72$ ); higher scores reflected more responsiveness.

**Monitoring.** Four items measured the extent to which the father is aware of details about his child's life<sup>6</sup> (sample item: "Over the past month, how often did you know where your child spent his/her free time?"). Items were scored on a 1–5 scale and averaged to form the scale score ( $\alpha = .81$ ); higher scores reflected more monitoring.

## Results

Data were analyzed using Mplus, Version 8.7 (Muthén & Muthén, 1998–2017). Descriptive statistics and correlations among study variables are presented in Table 2. Figure 2 summarizes results from the central structural equation model examining linkages between intervention condition, mothers' and fathers' reports of couple functioning 12-months postrandomization, and fathers' reports of their parenting 30-months postrandomization. The overall model indicated good model fit,  $\chi^2(74) = 749.53$ ,  $p < .001$ ; comparative fit index = .97, RMSEA = .038, standardized root-mean-square residual = .027, and all factor loadings on the latent variables were above .70.

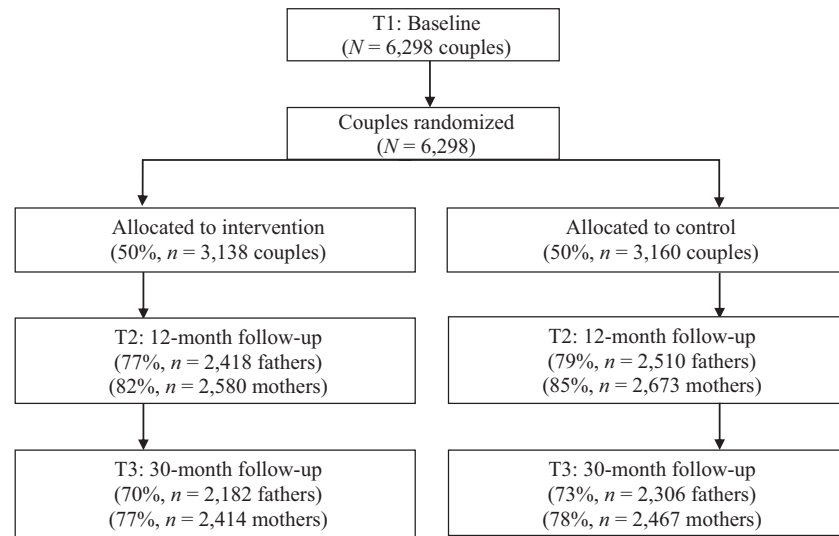
<sup>3</sup> The five constructs include the primary self-report couple relationship outcomes that were examined in the SHM evaluation (Hsueh et al., 2012).

<sup>4</sup> The four constructs include the positively-valenced parenting outcomes that were examined in the SHM evaluation (Lundquist et al., 2014).

<sup>5</sup> In order for item content to be developmentally appropriate, children were grouped into three age groups and item content differed by age group: 2 years–4 years, 11 months; 5 years–8 years, 5 months; 8 years, 6 months to 17 years, 11 months. Cronbach's  $\alpha$  values calculated separately by age group for this construct indicate strong internal consistency (ranging from .83 to .88) and tests of measurement equivalence indicated that these constructs were equivalent across age groups (Lowenstein et al., 2014).

<sup>6</sup> This measure was not administered for fathers with focal children in the 2 years–4 years, 11 months age group.

**Figure 1**  
Participant Flowchart Following CONSORT Guidelines



*Note.* Analyses include reports of couple functioning from mothers and father at 12 months and reports of parenting behavior from fathers at 30 months. CONSORT = Consolidated Standards of Reporting Trials.

As expected based on earlier findings from the SHM evaluation (Hsueh et al., 2012), there were significant intervention effects on couple functioning at 12-months postrandomization for fathers ( $\beta = .07$ , 95% CI [.043, .104],  $p < .001$ ) and mothers ( $\beta = .08$ , 95% CI [.048, .105],  $p < .001$ ), such that intervention participants reported higher couple functioning than participants in the no-treatment control group. Additionally, there were no direct effects of SHM on any of the four fathering outcomes at 30-months postrandomization<sup>7</sup> (see Figure 2 for test statistics), consistent with earlier findings from the SHM evaluation (Lundquist et al., 2014).

We next examined whether 12-month levels of couple functioning predicted 30-month fathering outcomes to establish the viability of indirect linkages. Results indicated significant positive associations between fathers' reports of couple functioning and all four fathering outcomes (see Figure 2 for test statistics). Associations between mothers' reports of couple functioning and the fathering outcomes were not significant.

As a final step, we examined indirect effects (IEs) from intervention to 30-month fathering outcomes through fathers' and mothers' 12-month couple functioning using 2,000 bias-corrected bootstrapped samples with 95% confidence intervals (CIs) involving unstandardized parameter estimates (e.g., Path  $a_i \times$  Path  $b_j$ ; Hayes et al., 2011). Results (shown in Table 3) indicated significant indirect effects for SHM on each of the four fathering outcomes through fathers' couple functioning, such that SHM participation was associated with increased involvement, warmth, responsiveness, and monitoring. The indirect effects for SHM on each of the four fathering outcomes through 12-month mothers' couple functioning were not significant.<sup>8</sup>

## Discussion

The present study aimed to test previous claims from correlational studies that the quality of the couple relationship drives the extent to

which fathers are engaged with their children (Carlson et al., 2011) by leveraging an RCT of CRE among 6,298 low-income couples with children to test the causal nature of this link. Results indicate that although the intervention did not have direct effects on fathering outcomes, there were small, significant positive indirect effects on multiple dimensions of fathering (involvement, warmth, responsiveness, and monitoring) through intervention-induced improvements in couple relationship functioning. Notably, the indirect effects were only present for fathers' reports of couple functioning, not mothers', indicating that fathers' views of their relationship with the mother of their child predict their self-reported engagement with their child 18 months later. Documenting even small enhancements in fathers' parenting is important in light of evidence that low-income couples, such as those studied here, are at higher risk for father disengagement than more socioeconomically advantaged couples (McLanahan & Beck, 2010). Furthermore, linkages between fathers' parenting and their children's outcomes have been well-established in the correlational literature (Sarkadi et al., 2008), and there is some evidence that indirect effects of couple interventions on father-child relationships extend to enhanced child well-being as well (Lavner et al., 2020).

Previous studies examining the effects of couple-focused interventions on parenting outcomes have typically focused on direct effects of interventions, which have largely revealed nonsignificant effects (Hawkins et al., 2022). Given that the conceptual models underlying these interventions highlight directional effects from intervention to couple functioning to parenting (Lundquist et al., 2014), however, more sophisticated statistical approaches are needed to provide a more robust test of intervention effects. In doing so here, using a very large sample of

<sup>7</sup> This result was also observed when direct effects of the SHM program on fathering outcomes were examined without the two couple functioning variables in the model.

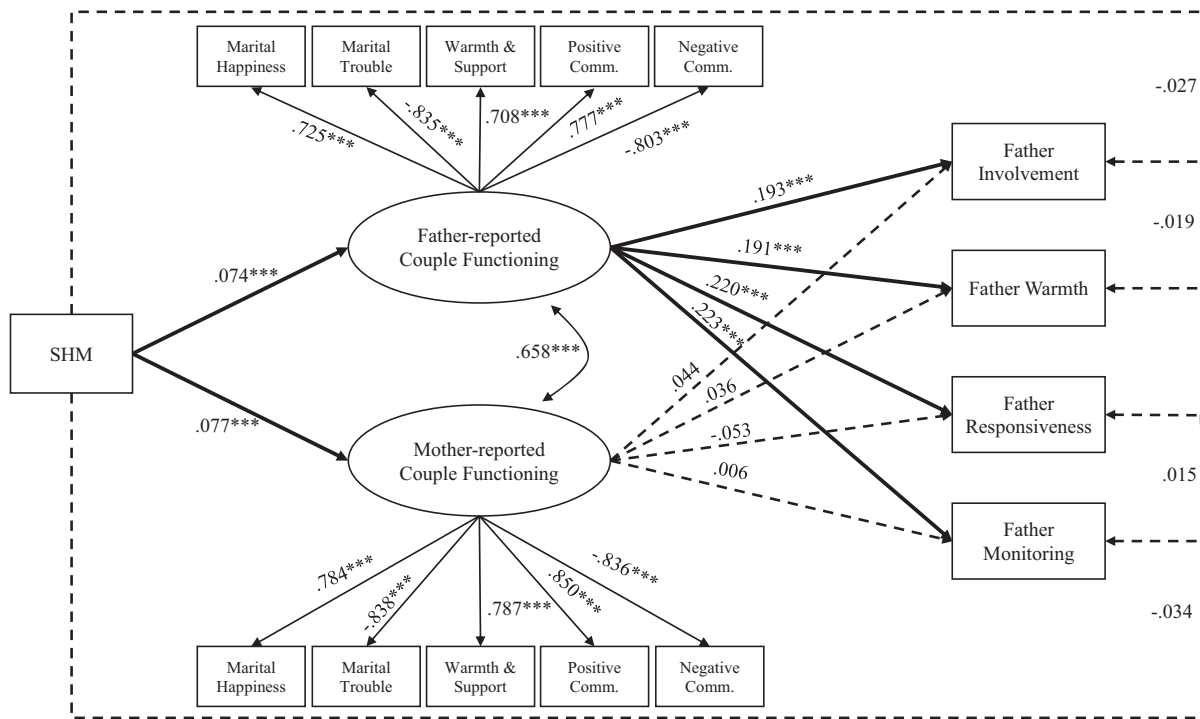
<sup>8</sup> All results remain unchanged when accounting for clustering by site.

**Table 2**  
*Descriptive Statistics and Correlations Among Study Variables*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. SHM intervention	—														
2. Father marriage in trouble	-.05***	—													
3. Mother marriage in trouble	-.06***	.42***	—												
4. Father marital happiness	.06***	-.49***	-.30***	—											
5. Mother marital happiness	.07***	-.36***	-.52***	.40***	—										
6. Father warmth and support	.05***	-.42***	-.27***	.58***	.34***	—									
7. Mother warmth and support	.05***	-.32***	-.50***	.35***	.68***	.38***	—								
8. Father positive comm.	.05***	-.48***	-.33***	.53***	.34***	.61***	.34***	—							
9. Mother positive comm.	.06***	-.38***	-.54***	.36***	.64***	.35***	.71***	.45***	—						
10. Father negative comm.	-.05***	.58***	.38***	-.56***	-.37***	-.53***	-.35***	-.67***	-.45***	—					
11. Mother negative comm.	-.07***	.40***	.61***	-.36***	-.62***	-.34***	-.63***	-.41***	-.73***	.50***	—				
12. Father involvement	-.01	-.13***	-.11***	.15***	.10***	.17***	.14***	.18***	.15***	-.15***	-.12***	—			
13. Father warmth	-.00	-.14***	-.10***	.14***	.09***	.14***	.10***	.17***	.14***	-.15***	-.13***	.61***	—		
14. Father responsiveness	.03	-.08***	-.06***	.14***	.07***	.12***	.06***	.17***	.08***	-.14***	-.07***	.37***	.37***	—	
15. Father monitoring	-.02	-.14***	-.09***	.13***	.09***	.11***	.08***	.20***	.14***	-.19***	-.14***	.55***	.54***	.44***	—
Mean (SD)	.50 (.50)	.33 (.47)	.41 (.49)	6.00 (1.16)	5.77 (1.32)	3.44 (.45)	3.35 (.53)	3.22 (.53)	3.19 (.60)	2.20 (.76)	2.15 (.79)	3.13 (.68)	3.72 (.54)	4.28 (.76)	4.37 (.80)

Note. Comm. = communication, SHM = Supporting Healthy Marriage.  
\*\*\*  $p < .01$ . \*\*  $p < .001$ .

**Figure 2**  
Structural Equation Model Examining Direct and Indirect Effects of the SHM Intervention on Fathering Outcomes



*Note.* Supporting Healthy Marriage (SHM) condition was coded 0 for control and 1 for intervention. Bolded lines represent the paths of interest. Solid lines are significant paths and dashed lines are nonsignificant paths. \*\*\*  $p < .001$ .

socioeconomically disadvantaged couples who completed follow-up assessments at 12 and 30 months, we were able to demonstrate that indirect effects on fathering outcomes did occur as a result of the intervention, despite nonsignificant direct effects. These findings bolster emerging evidence that couple-based interventions can indirectly improve parent and child outcomes, even in the absence of significant direct effects (e.g., Cowan et al., 2022; Lavner et al., 2020; Pruett et al., 2019), and suggest that these types of programs do hold promise for benefitting the family system more broadly to the extent that the couple relationship can be successfully improved.

This study had several methodological strengths, including the use of a large sample of low-income couples, who are at higher risk for poor relationship outcomes (Karney, 2021), as well as the use of an RCT with lagged assessments to establish temporal precedence

and causal linkages. However, there were limitations as well, including the fact that only self-report data were available for the variables of interest—mothers’ collateral reports of fathers’ parenting were not assessed (which may also account for the nonsignificant association between mothers’ couple functioning and fathering behavior), and no observational data were available to objectively examine fathering behaviors. Future research would ideally incorporate these types of measurements.

Notwithstanding these limitations, the current findings provide the strongest evidence to date that the association from fathers’ romantic relationships with their child’s mother to their subsequent parenting behavior is causal. Future research on couple-focused interventions should continue to leverage sophisticated, rigorous modeling approaches to accurately describe the full range of potential benefits from these programs, which continue to be an important target of federal policy. Careful investigation of these programs to determine their holistic benefits for the family system and the well-being of couples and their children can help direct federal funds toward effective approaches to supporting low-income families.

**Table 3**  
Indirect Effects of the SHM Intervention on Fathering Outcomes

Fathering outcome	IE through fathers’ couple functioning		IE through mothers’ couple functioning	
	IE	95% CI	IE	95% CI
Involvement	.014	.008, .022	.003	-.001, .008
Warmth	.014	.007, .022	.003	-.002, .008
Responsiveness	.016	.009, .025	-.004	-.009, .001
Monitoring	.016	.008, .026	.001	-.006, .007

*Note.* CI = confidence interval; SHM = Supporting Healthy Marriage. IE = indirect effects.

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