

THE EFFECT OF AN ACCEPTANCE AND COMMITMENT THERAPY CO-PARENTING
EDUCATION INTERVENTION: AN ANALYSIS OF CO-PARENTING SELF-EFFICACY,
SELF-REGULATION, AND PSYCHOLOGICAL FLEXIBILITY AMONGST HIGH
CONFLICT CO-PARENTS

By

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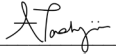
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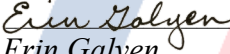
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ABSTRACT

Establishing a cooperative co-parenting relationship following parental divorce or separation is critical for children's and parents' well-being. While most parents can achieve this without excessive hostility or litigious action, this is not true for all. Amidst negotiation of child custody and other co-parenting matters, there is potential for bitter interpersonal discord to be incited between parents. The result of this can be devastating and precipitate high conflict in co-parenting. The ongoing hostility among high conflict co-parents has been associated with substantial negative implications and may produce vulnerability to critical interpersonal processes such as co-parenting self-efficacy, self-regulation, and psychological flexibility.

In an attempt to mitigate, co-parenting education interventions have become increasingly popular. While the exploration of high conflict co-parenting interventions is a developing area of study, extant interventions have been slighted for lack of theoretical implementation and lack of core content attending to the interpersonal needs of co-parents. In response, interventions grounded within an evidence-based theory, such as Acceptance and Commitment Therapy (ACT), may address these limitations. Indeed, ACT has the potential to fill theoretical and curricular gaps while supporting the educational and interpersonal needs of high conflict co-parents.

This study examined the effect of an Acceptance and Commitment Therapy co-parenting education intervention on co-parenting self-efficacy, self-regulation, and psychological flexibility amongst a group of high conflict co-parents. Pre- and post-assessment data were collected from intervention participants to investigate the research variables using the Co-Parenting Self-Efficacy Scale, the Difficulties in Emotion Regulation Scale- Short Form, and the Acceptance and Action Questionnaire-II. Paired samples *t*-tests were used to analyze the three

research questions: (1) Will there be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention? (2) Will there be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention? (3) Will there be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention?

CHAPTER I

INTRODUCTION

Divorce has become a ubiquitous and omnipresent event in United States society. Indeed, nearly half of all marriages will end in divorce (Ferraro, 2016). Of those marriages, many will include children (Schramm & Becher, 2020). Thus, it is estimated that before the age of 17, 45-50% of children will witness the end of their parents' relationship (Koppejan-Luitze et al., 2021). However, even though marriages and cohabitating unions may end, co-parenting relationships endure.

Co-parenting is a parenting arrangement in which parents continue to share the responsibility of raising a child although the romantic relationship has ended (Bailey et al., 2020). The foundational intent of co-parenting is to protect children's right to access two loving parents who will remain present in their life regardless of parental relationship status (Rothman, 2000; Bailey et al., 2020). This relationship is critical, as there is substantial evidence to support that parents' ability to establish a cooperative co-parenting relationship predicts adjustment outcomes for parents and children alike (Whiteside, 1998; Amato, 2000; Adamson & Pasley, 2006; Cox et al., 2021; Koppejan-Luitze, 2021). Even under amicable circumstances, the process of adjustment post-divorce and separation can elicit vulnerability to psychological distress and declines in well-being amidst numerous transitions, a loss of routine, and a period of mourning (Lebow, 2003; Leopold & Kalmjin, 2016; Brown, 2021). It is thus essential for parents to fervently commit to cooperating to mitigate the potential effect of these vulnerabilities to the best of their ability.

The process of how co-parents shape their new family dynamic varies by each family's unique circumstances and culture. However, this process is generally reflected by co-parents

negotiating a parenting-plan agreement (e.g., custody agreement) (Brown, 2021). Parenting plans outline the terms of access and responsibility both parents must abide by and upon which children will learn to depend (Brown, 2021). Although negotiating parenting plans is generally amicable, some parents cannot agree on child custody and other co-parenting matters. In such situations, negotiations can incite bitter interpersonal discord between parents (Bailey et al., 2020). Hence, in the family court and divorce literature, co-parenting relationships have been conceptualized along a continuum of functioning. Cooperative co-parenting is on one end of the continuum, while high conflict co-parenting is on the latter (Anderson et al., 2010; Lamela et al., 2016).

Cooperative co-parenting is characterized by parents who compartmentalize their interparental relationship from their co-parenting relationship to focus on civil and collaborative child-rearing (Anderson et al., 2010). The positive implications of cooperative co-parenting are well-established (Feinberg, 2003; Visser et al., 2017; Choi et al., 2018; Cox et al., 2021; Koppejan-Luitze, 2021). Cooperative co-parenting serves as a protective factor for reducing the risks that have been associated with children's mental health, emotional and behavioral well-being, and insecure attachment following the end of their parents' union (Adamson & Pasley, 2006; Salem, Sandler, & Wolchik, 2013; Visser et al., 2017; Choi et al., 2018; Nunes et al., 2021). Likewise, cooperative co-parenting reduces the potential for parents to experience declines in well-being, challenges with regulating emotion, impulsive behavior, and mental health concerns following their divorce or separation (Bonds et al., 2002; Feinberg, 2003; Ferraro et al., 2016; Visser et al., 2017; Koppejan-Luitze et al., 2021).

Conversely to cooperative co-parenting, high conflict co-parenting can devastate children and parents alike (Whiteside, 1998; Amato, 2000; Balmer, Matthewson, & Haines, 2017;

Miralles, Godoy, & Hidalgo, 2021). High conflict co-parenting is characterized by parents who cannot differentiate their interpersonal discord from their responsibilities as co-parents (Anderson et al., 2010). As a result, interactions include a chronic degree of extreme emotion, reactivity, blaming, vilification, and parents' inability to take responsibility for their role in disputes (Demby, 2009). This dynamic is produced by various personal factors and experiences, although arguably the most common impetus has been associated with child custody disputes (Malcore et al., 2009). In such circumstances, parents often remain entrenched in conflict as they fail to reach solutions or compromise (Blaisure & Geasler, 2006).

Relentless parental adversary incurs pernicious consequences for the children of high conflict co-parents (Oehme et al., 2016). Ongoing parental hostility is inherently divisive, and as the conflict between parents continues to escalate, children perceive more significant pressure to either side with one parent or damage their relationship with both (Miralles, Godoy, & Hidalgo, 2021). Consequently, children often find themselves in the middle of their parent's dysfunctional relationship and at risk of experiencing anger, low self-esteem, anxiety, and depression (Miralles, Godoy, & Hidalgo, 2021). Antagonistic co-parenting is also destructive for parents, as interparental conflict can elicit extreme stress, frustration, mental health issues, hopelessness, and rage (Balmer, Matthewson, & Haines, 2017).

To counter the potential for adverse consequences, family court systems have used professional mediators, parenting coordinators, therapists, and psychoeducation interventions to assist co-parents in learning to co-parent cooperatively (Blaisure & Geasler, 2006). Co-parenting education interventions have been a prevalent psychoeducation intervention over the last decade (Dealy, 2019; Schramm & Becher, 2020). The primary objective of co-parenting education interventions (CEIs) differs by program. Still, central to the overall concept is providing co-

parents with an opportunity to learn healthy and positive co-parenting skills (Schramm & Becher, 2020). However, not all CEIs interpret and implement co-parenting education in alignment with this concept; many tend to focus on parent-child matters rather than co-parenting (Salem, Sandler, & Wolchik, 2013).

Although recent studies and evaluations have resulted in a better understanding of CEIs, precise measurement of these interventions' widespread impact and long-term effects still must be established (Oehme et al., 2016; Schramm & Becher, 2020). Despite this lack of evidence, the judicial system and its stakeholders seemingly operate under a blind assumption that existing interventions will significantly impact co-parents' relationships (Owen & Rhoades, 2012). In reality, there are too many unknowns to draw such definitive conclusions, and there is a great need for more research on this subject to improve both the content and instructional strategies of existing CEIs (Salem, Sandler, & Wolchik, 2013).

Another criticism of CEIs is that despite their rapid proliferation, limited information exists regarding their development (Salem, Sandler, & Wolchik, 2013). Indeed, evidence of an organized theoretical framework, and research-informed curriculum, are few and far between in the current literature published on CEIs (Hardman et al., 2019; Szepsenwol, 2020). The absence of theory and empirical evidence may explain why some have criticized CEIs for having left more to be desired in terms of developmental context (Salem, Sandler, & Wolchik, 2013). Without this, it is unclear what has informed interventions' conceptualization of co-parenting conflict and what has guided the process of identifying core concepts and skills (Blaisure & Geasler, 1996). To address this, CEIs must establish an identifiable theoretical framework and transparency around their curriculum development process.

A theory that may prove to be helpful in co-parenting education interventions' plight for credibility is acceptance and commitment therapy (ACT). ACT uses evolutionary and contextual principles to address the consequences of processes related to language, cognition, behavior, and personal beliefs based on internal and external experiences (Hayes, 2004). This approach may be favorable, as ongoing conflict can impede parents' views on their ability to manage the relationship (Billings, Robbins, & Gordon, 2008). Despite this, existing CEIs have seemingly failed to recognize the barriers these beliefs may pose to co-parents' motivation and perceived capability to co-parent cooperatively. Consequently, this can manifest in a substantial lack of perspective for recognizing solutions to conflict and how to forge non-litigious pathways forward (Cox et al., 2021).

Processes of co-parenting and its associated interventions must be understood within the context of parents' co-parenting-related beliefs, experiences, and goals (McHale, Kuerston-Hogan, & Rao, 2004). A tumultuous history of negative interparental experiences can commission beliefs, thoughts, and feelings in which attempts at cooperation may be perceived as pointless (Luchs, 2016). This is a notable concern, as an attachment to real or imagined futility and anticipation of failure may occlude parents' motivation to persevere towards goals of cooperative co-parenting. Thus, it is troubling that the implications of low co-parenting self-efficacy (CPSE) have not been considered in the literature on co-parenting and CEIs. However, ACT CEIs may potentially incite necessary recognition and mediation of low CPSE.

Central to ACT is psychological flexibility, which enables a more remarkable ability to be present, experience awareness versus avoidance, and persist toward goals despite negative experiences (Harris, 2006). Thus, psychological flexibility could benefit parents' motivation to persist toward goals relative to cooperative co-parenting while also potentially allowing them to

distance themselves from self-defeating beliefs (Hayes et al., 2006). Inversely, psychological inflexibility can narrow parents' perception of opportunities for developing more effective behavior (Burton & Bonanno, 2016). Indeed, inflexibility triggers experiential avoidance of one's emotions, cognitions, and behavior in the present (Hayes et al., 2006). As a result, it has been suggested that this avoidance may impair self-regulation (SR) (Schultz & Ryan, 2015), a relevant consideration, as there is evidence that high conflict co-parents, in particular, struggle with understanding their feelings and controlling their impulses amidst challenges in co-parenting (Demby, 2009; Bailey et al., 2020).

The implications of poor self-regulation can result in parents' exhibiting disproportionate reactivity, lack of behavioral awareness, and irrationality when met with real or perceived conflict from their co-parent (Deutsch, Drozd, & Ajoku, 2020). Despite these implications, self-regulation has yet to be considered a critical element of cooperative co-parenting within the CEI literature. Indeed, of the interventions that incorporate content on self-regulation, this is generally done within the context of parents helping their children to regulate (Garber, 2004; Schramm & McCauley, 2012; Van Lawick & Visser, 2015; Deutsch, Drozd, & Ajoku, 2020). Although, this is remiss, as parents function as the executive subsystem of the family (Minuchin, 1974). If they cannot control their impulses or regulate their emotions, it is questionable how they will offer co-regulation to their children (Volpe, 2018). Without effective interventions to improve self-regulation, high conflict co-parents will likely continue to experience lapses in self-control and escalate conflict (DeWall et al., 2007; Mischel, DeSmet, & Kross, 2014).

The extant body of research on CEIs is relatively scarce (Schramm & Becher, 2020). Existing CEIs must evolve to incorporate more content and skill-building opportunities exclusively for high conflict co-parenting (Geasler & Blaisure, 1998). In particular need of

attention is the development of interventions that may effectively address parents' deficiencies in co-parenting self-efficacy, psychological inflexibility, and self-regulation (Deutsch, Drozd, & Ajoku, 2013; Xiao & Loke, 2021). Furthermore, to adequately address these concerns, it is necessary that CEIs establish a clear theoretical foundation (Blaisure & Geasler, 2006). Thus, highlighting the importance of further research on the effect of CEIs grounded within a clear and identifiable theory such as ACT.

Scope of the Problem

In most cases following divorce or separation, parents are able to establish a cooperative, equitable, and collaborative co-parenting relationship without excessive hostility or litigation. In fact, only a mere 5% of co-parenting disputes ever escalate to the courtroom, and the cases that do, account for just 8-10% of family courts' caseload in the United States (Mitcham-Smith & Henry, 2007). Despite this relatively small percentage of cases, these absorb an astounding 90% of family courts' time (Mitcham-Smith & Henry, 2007). In an attempt to mitigate, CEIs have become increasingly popular (Blaisure & Geasler, 2006; Dealy, 2019; Oehme et al., 2016; Schramm & Becher, 2020). However, substantial limitations have been observed within existing interventions.

Arguably one of the greatest limitations of existing interventions is observed deficiencies in theoretical implementation and lack of context for core concepts and curriculum development (Hughes, 1994; Malcore et al., 2009; Bowers et al., 2011). The absence of an organizing theory poses barriers to identifying relevant core concepts and development of a curriculum in which it is clear how co-parenting conflict, mechanisms of change, indicators of progress, and overall assessment are conceptualized (Salem, Sandler, & Wolchik, 2013). There is a need for both existing and developing interventions to incorporate a clear and evidence-based theoretical

framework (Geasler & Blaisure, 1998). In practice, this may also aid in examining the impact of CEIs, as empirical evidence has yet to establish a consensus on their effect (Schramm & Becher, 2020).

Without an organizing theory and verification of efficacy, it is unclear whether core concepts of interventions are truly applicable to addressing high conflict co-parenting (Malcore et al., 2009). Consequently, existing CEIs have been slighted for focusing on content that is not necessarily relevant to high conflict co-parenting (Salem, Sandler, & Wolchik, 2013). Rather than including information and strategies for circumventing interparental conflict, many focus on how to parent through a divorce and children's adjustment. Indeed, few interventions exclusively target how to navigate high conflict. As a result, most 'co-parenting' education interventions primarily attend to parent-child interactions and relationships. While this is certainly valuable, it is impractical for addressing high conflict co-parenting, as parenting skills differ significantly from co-parenting skills (Szepsenwol, 2020).

In addition to misaligned content, existing CEIs have not devoted sufficient attention to addressing interpersonal, behavioral, and emotional vulnerabilities of high conflict co-parenting (Oehme et al., 2016). This is concerning, as there is evidence to support that parents' vulnerabilities impact the functioning of the relationship (Adamson & Pasley, 2006; Szepsenwol, 2020). In high conflict situations, attending to behavioral and emotional vulnerabilities may be more important than the facts of any case itself (Luchs, 2016). Thus, litigation between parents often manifests as somewhat of a catch-22. Many parents turn to the court as a last resort;. However, the more litigation is utilized, the more pronounced the divide between parents becomes, and dependency is established on third parties and the court to settle their disputes (Malcore et al., 2009; Luchs, 2016). What appears as the only path toward resolution often is

derailed by a vicious cycle of litigious parental adversary (Blaisure & Geasler, 2006; Oehme et al., 2016). Despite evidence that this does not establish peaceful or sustainable resolutions, one-fifth of high conflict co-parenting disputes remain engaged in this cycle for three years or more (Raley & Sweeney, 2020).

The ongoing use of third parties as referees for decision-making and interparental conflict is damaging in more ways than one. Besides the devastating impact this has on the well-being of parents and their children, it occludes co-parents from developing the personal agency to manage the challenges of their relationship independently (Malcore et al., 2009; Ferraro, 2017). As a result, this may hold negative implications for co-parenting self-efficacy. Self-efficacy beliefs are among the most crucial determinants of agency (Bandura, 2001). While high self-efficacy influences action, low self-efficacy often stagnates individuals (Marat, 2003). Low self-efficacy often produces self-fulfilling feedback loops; thus, co-parents who avoid handling their issues independently may lack the perceived self-efficacy to do so (Ferraro, 2017).

Although some CEIs have endeavored to provide skills and strategies for more cooperative co-parenting, they have failed to consider the possibility that low self-efficacy may impede parents' ability to manage the relationship directly and independently. However, interventions that focus on strengthening co-parenting self-efficacy may enable parents to develop positive beliefs in their ability to persist in co-parenting independently, despite the potential for challenges or setbacks.

Similarly, existing CEIs have also failed to consider self-regulation as an essential interpersonal construct of co-parenting. High conflict co-parents are especially vulnerable to self-regulation failure due to intense emotions and frequent disagreements that escalate into hostile interactions (Mutchler, 2017; Bailey et al., 2020). This is an apparent issue, as co-parents'

inability to self-regulate makes establishing a cooperative co-parenting relationship unlikely (Mischel, DeSmet, & Kross, 2014). In response, interventions must prioritize skills and strategies for strengthening self-regulation by incorporating content on how to manage emotion, maintain self-control, and adjust behavior when necessary.

Psychological flexibility is another interpersonal factor that has not been considered in high conflict CEIs. Following divorce or separation, parents in high conflict situations often carry the emotions, pain, and memories of this dissolution into the co-parenting relationship (Farahanifar et al., 2019). This makes it challenging for parents to differentiate the history of their intimate relationship from their new roles as co-parents (Anderson et al., 2010). While instruction in co-parenting skills is beneficial, the ability of parents to implement these is uncertain if interventions do not acknowledge the unresolved interpersonal issues that may be responsible for keeping co-parents stuck in conflict.

Indeed, the negative associations linked to their ex-partner often make it difficult to adopt and apply cooperative co-parenting practices (Mchale, Kuersten-Hogan, & Rao, 2004). Rather, these associations often fuel frustration and a habit of trying to control aspects of the other parent that they disagree with, or dislike, as opposed to accepting and adapting to co-parenting despite these characteristics (Demby, 2009). Given this consideration, co-parenting interventions must attend to psychological flexibility to facilitate co-parents' detachment from the past, acceptance of what they cannot control, and experiencing emotions without allowing them to dictate their behavior (Farahanifar et al., 2019).

Background of the Present Study

The existing literature on CEIs has not provided a substantial foundation of evidence to demonstrate their efficacy or how they are developed (Salem, Sandler, & Wolchik, 2013).

Coupled with this limitation is the criticism interventions have sustained for failing to articulate their theoretical framework clearly and attend to the interpersonal dimensions of co-parenting. Thus, there is a need for further research that may address these limitations.

In light of this, the presented background will provide context and support for the relevance of the present study's exploration of an ACT co-parenting education intervention and its potential effect on co-parenting self-efficacy, self-regulation, and psychological flexibility.

Co-Parenting Self-Efficacy

The construct of self-efficacy is central to Albert Bandura's Social Cognitive Theory. Bandura (1977) postulates that self-efficacy is an individual's belief in their own capacity to execute and succeed in behaviors necessary to obtain a specific outcome. Self-efficacy is unique to other psychological constructs, as it is not conceptualized as a general trait. Rather, it is a belief system that is applied to specific domains across various contexts (Bandura, 1977). Self-efficacy is measured on a continuum of strength (i.e., high self-efficacy) and limitations (i.e., low self-efficacy). The strength of an individual's self-efficacy beliefs manifests either positively or negatively with processes such as decision-making ability, motivation, behavior, and self-context (Pajares, 2002).

Self-efficacy has been considered among the most important factors of the self-system due to its implications for motivation and behavior in adapting to significant life transitions (Jerusalem & Mittag, 1995; Ferraro, 2017). While the literature on parenting self-efficacy amidst divorce or separation is highly saturated, perceived self-efficacy associated with co-parenting has yet to be explored. However, evidence has supported a significant relationship between conflict, co-parenting behaviors, and self-efficacy (Ferraro, 2017). Thus, exploring this construct relative

to co-parenting might be practical; accordingly, the study at hand introduces a novel domain of self-efficacy: co-parenting self-efficacy.

A definitive set of tasks or behaviors associated with co-parenting has yet to be established. Although it has been suggested that providing support, adequate communication, disagreeing without hostility, coping with challenges within the relationship, trust, and alignment might encompass tasks within this construct (Feinberg, 2003; Caprara et al., 2004; Xiao & Loke, 2021). Co-parents' beliefs in their competency to execute and succeed in these tasks and behaviors may indicate high or low self-efficacy. Like all constructs of self-efficacy, the strength of co-parenting self-efficacy may be reinforced by perceived successes. Inversely, perceived failure may reinforce self-defeating beliefs, decrease motivation, and facilitate pessimism toward continued attempts to co-parent (Wilde & Hsu, 2019; Cox et al., 2021; Goldberg, Allen, & Smith, 2021). However, attachment to such beliefs is detrimental, only breeds avoidance and anxiety, and creates an even stronger aversion to co-parenting over time (McHale, Kuerston-Hogan, & Rao, 2004).

Aversion to cooperative co-parenting as a possible symptom of low co-parenting self-efficacy may be a significant barrier to managing interparental conflict and is likely not an issue easily resolved on its own. To address this, parents must have access to an intervention to learn cooperative co-parenting tasks, skills, and behaviors that may enable a positive shift in their beliefs associated with co-parenting (Blaisure & Geasler, 1998). Parents must be able to actively practice and apply such skills in a structured environment to form mastery experiences, increase motivation, and transform self-defeating beliefs of their ability to co-parent. Thus, it may be beneficial to consider co-parenting self-efficacy as a critical construct of cooperative co-parenting and structure CEIs accordingly.

Self-Regulation

Self-regulation is the process of adjusting thoughts, emotions, and behavior as needed to maintain control over impulsive urges and undesirable behaviors (Baumeister, Heatherton, & Tice, 1994). Self-regulation is determined by the interaction of four core components: self-monitoring, individual standards, willpower, and motivation (Baumeister, Heatherton, & Wagner, 1994). In simple terms, self-regulation is an individual's ability to think before acting when met with distressing emotions and impulses. Baumeister, Tice, & Vohs (2007) theorized that self-regulation functions similarly to a muscle. The more self-regulation is exerted, the further it becomes exhausted. Consequently, exercising self-control in subsequent tasks or events is more challenging. When self-control is negatively affected, this depletes individuals' source of willpower, which precipitates the risk of self-regulation failure and response-focused regulation (Baumeister, Schmeichel, & Vohs, 2007; Koppejan-Luitze et al., 2021).

Resources of willpower and energy to exercise self-control can be impacted by stress, anger, and frustration (Koppejan-Luitze et al., 2021). The extreme amount of energy required to perpetuate conflict may sap parents' ability to regulate emotion and behavior in heated moments (Feinberg, 2003). Thus, unsurprisingly, it has been suggested that the ability to self-regulate may play an important role in establishing cooperative co-parenting (Koppejan-Luitze et al., 2021). Individuals who effectively self-regulate act according to their values and can remain calm despite feeling intense emotion (Baumeister, Schmeichel, & Vohs, 2007). Therefore, allowing for a greater likelihood of upholding cooperative behavior. In contrast, high conflict co-parents often struggle to regulate their emotions, manifesting in negative displays of impulsivity (Billings, Robbins, & Gordon, 2008).

Poor self-regulation negatively impacts motivation toward desirable behavior and strengthens avoidance of personal control over emotions and behavior (Baumeister, Schmeichel, & Vohs, 2007). As a result, co-parents often rationalize uncooperative behavior as a justifiable reaction to the other parent rather than acknowledging personal responsibility for their actions (Wilson & Muller, 2004; Deutsch, Drozd, & Ajoku, 2020). The more personal accountability is avoided, the motivation to self-monitor and pursue cooperation may further denigrate, resulting in constant arguing, blaming, and defensive behavior (Mischel, DeSmet, Kross, 2014).

Despite this creating an apparent barrier to cooperation, most CEIs have neglected to implement strategies for improving self-regulation. However, this is remiss, as self-regulation failure may likely be at the root of why many co-parenting conflicts escalate (Paley, Lester, & Mogil, 2013; Dealy, 2019). Indeed, CEIs' efforts to provide cooperative co-parenting strategies and skills may be wasted if parents lack the ability to regulate their emotions and behavior enough to implement these skills and strategies in the first place.

Acceptance and Commitment Therapy & Psychological Flexibility

Without theoretical implementation, the credibility of CEIs may continue to be questioned, a significant concern, as CEIs have the potential to provide a much-needed alternative to litigation (Blaisure & Geasler, 2006). However, interventions that incorporate an evidence-based theoretical framework, such as acceptance and commitment therapy, may effectively lend greater credibility to CEIs, while simultaneously mitigating conflict. Although ACT has not been implemented in interventions for high conflict co-parenting, its effectiveness in psychoeducational interventions for marital functioning, parent and child well-being, and positive parenting suggest it may apply to CEIs (Bogels et al., 2014; Farahanifar et al., 2019).

ACT is rooted in evolutionary and contextual principles and applies concepts of modern behavioral psychology and mindfulness to the processes of acceptance, commitment, and action (Hayes, Stroschal, & Wilson, 1999). ACT's intent is to address the internal and external problems that faulty cognitive associations can create, and postulates that suffering results from an amalgamation of processes tied to language, cognition, behavior, and learning from direct experiences (Hayes, 2004). ACT does not attempt to eradicate suffering or problems; instead, it seeks to transform the function of thoughts, emotions, and behaviors associated with problems (Hayes, 2004). In simple terms, the problem itself is not the problem; it is the context in which individuals interact with the problem (Harris, 2009). Thus, a primary goal of the theory is for individuals to create a rich and meaningful life while accepting that pain and suffering are inevitable.

ACT's philosophy might be particularly applicable to high conflict CEIs, as one of the most salient barriers to cooperative co-parenting is that parents often feel restrained by the issues in their relationship that are outside their control (Stokkebekk et al., 2021). Indeed, co-parents often become hyper-fixated on eliminating what is "wrong" with the other parent, failing to recognize that no attempts to control, attack, or coerce will effectively change their behavior (Mutchler, 2017; Ramaci et al., 2019). However, the processes of ACT: acceptance, cognitive defusion, being present, self as context, values, and committed action, may enable parents to relinquish the need for control. Thus, potentially enabling a more workable context in which negative associations with one another may be transformed.

Such transformations may be facilitated by psychological flexibility, a central aim of ACT, which refers to the capacity to be present and accept thoughts and emotions without judgment, avoidance, or impulsive action. Psychological flexibility is achieved by effectively

regulating the aforementioned processes of ACT. These processes are non-linear, although they are interrelated, and implement mindfulness, acceptance processes, context transformation, values identification, and committed action to facilitate psychological flexibility (Hayes, 2004). The opposite of psychological flexibility is psychological inflexibility, which is produced by experiential avoidance, cognitive fusion, attachment to a conceptualized past, future, and sense of self, loss of contact with values, and unworkable action (Hayes et al., 1999).

It is logical to assume that high conflict co-parents are psychologically inflexible, as attempts to control one another and fusion with rigid thought patterns exemplify inflexibility. Attempts to gain control are symptomatic of experiential avoidance and failure to accept what cannot be changed, as are internalized negative beliefs about their co-parent, both of which may hinder motivation to co-parent (Ramacci et al., 2019). Despite this, high conflict CEIs have not considered the role that psychological inflexibility may possibly play in perpetuating conflict and how this may only lead to greater suffering over time (Ramacci et al., 2019).

In addition to potentially addressing co-parents' psychological inflexibility, ACT may also effectively address poor self-regulation. Indeed, interventions implementing ACT's core processes have effectively improved self-regulation and the use of healthy coping skills (Ramacci et al., 2019). As a result, ACT has been specifically suggested as a framework that may effectively address intense negative emotions and poor self-regulation within the context of co-parenting (Koppejan-Luitze et al., 2021). Acceptance-based strategies may be particularly effective for promoting processes of adaptive behavior (Forman & Butryn, 2015), and mindfulness may enable parents to be more present and aware of their emotions. This may circumvent uncooperative behavior and influence responses to conflict that are directed by parents' values rather than their impulses (Koppejan-Luitze et al., 2021).

Acceptance, cognitive defusion, and values-directed action weaken impulsive responses, distressing emotions, avoidance, and self-defeating thoughts (Ramacci et al., 2019). Given this consideration, ACT may also be effective for addressing low co-parenting self-efficacy. Low self-efficacy is often perpetuated by cognitive fusions and hampered motivation based on past experiences and perceived failures (Pajares, 2002). However, ACT's mindful and non-judgmental position may enable positive beliefs about perceived competency to co-parent, and a greater ability to remain present in co-parenting interactions, rather than fixating on the past or flawed conceptualizations of self. As a result, CEIs that implement ACT strategies and skills that allow co-parents to remain in contact with the present moment and transform self-defeating beliefs could potentially be instrumental in fostering co-parenting self-efficacy.

Purpose Statement

The negative impact of high conflict co-parenting on the well-being of parents and children is well-documented. However, the development and efficacy of CEIs for addressing high conflict co-parenting remains an underexplored area of research (Leopold & Kalmjin, 2016; Cox et al., 2021). The purpose of this study was to explore if an 8-week ACT co-parenting education intervention designed for a group of high conflict co-parents would affect co-parents' psychological flexibility, co-parenting self-efficacy, and self-regulation pre- and post-participation in the intervention.

Rationale

Based on the evidence provided thus far, it is apparent that further contribution is needed to the literature on CEIs (Blaisure & Geasler, 1996; Bowers et al., 2011; Cronin et al., 2017). The numerous concerns and limitations of existing interventions for high conflict co-parents have been highlighted throughout this chapter, providing a clear foundation for the rationale of

the study at hand. Examining the effectiveness of an ACT co-parenting education intervention on interpersonal constructs of co-parenting, such as psychological flexibility, co-parenting self-efficacy, and self-regulation, may help address notable gaps within the existing literature.

The small number of quantitative studies that have examined the development and outcomes of CEIs have yielded little empirical support for their effect on reducing aspects of interparental conflict and its associated behaviors (Owen & Rhoades, 2012). Such may be attributable to a lack of context, rigor, or structure within previous studies (McHale, Kuerston-Hogan, & Rao, 2004; Blaisure & Geasler, 2006; Salem, Sandler, & Wolchik, 2013). Furthermore, the significantly limited information on how interventions identify core concepts, develop curriculum, or contextualize high conflict co-parenting may also complicate investigators' determination of the most relevant content areas to examine.

It has been suggested that deficiencies in understanding how interventions identify core concepts, develop curriculum, and contextualize high conflict co-parenting, may all be symptomatic of existing interventions' notable lack of theoretical framework (Salem, Sadler, and Wolchik, 2013). To address these gaps in understanding, the current study provided an in-depth overview of the development and effectiveness of a CEI grounded within a clearly identifiable theory, acceptance and commitment therapy.

The rationale for implementing ACT was based on the consideration that it is an evidence-based and widely used approach in psychoeducational interventions (World Health Organization, 2021; American Psychological Association, n.d.). Although ACT has not been applied within the context of high conflict CEIs, its foundation of evidence and demonstrated efficacy across other family-based contexts suggested it may be effective in supporting high conflict co-parents as well (Koppejan-Luitze et al., 2021). The present study leaned on the

philosophical underpinnings and six core processes of ACT to develop a comprehensive intervention designed specifically for high conflict co-parents. The intervention focused on applying ACT to target specific interpersonal constructs of co-parenting, as interpersonal constructs of co-parenting are substantially underexplored in the current body of literature.

Despite the evidence presented throughout this chapter suggesting that poor self-regulation, low co-parenting self-efficacy, and psychological inflexibility may incur negative implications for co-parenting, existing interventions have not provided sufficient attention to these specific constructs (Ferraro, 2017; Ramaci et al., 2019; Bailey et al., 2020). However, this may be shortsighted as each of the aforementioned constructs has been linked to influencing interpersonal conflict (Ferraro, 2017; Fluja-Contreras, García-Palacios, & Gómez, 2021). Therefore, the need for CEIs that provide sufficient attention to such constructs is apparent. ACT may be a particularly suitable theory to provide a framework for developing interventions that address psychological flexibility, co-parenting self-efficacy, and self-regulation.

Significance of this Study

High conflict co-parenting devastates each member of the family system (Anderson et al., 2010). Given this consideration, there is a continued need for developing interventions that may effectively mitigate the negative impact of interparental discord (Schramm & Becher 2020). This study's exploratory findings may contribute to this significant endeavor in multiple ways.

The present study's findings may hold positive implications for CEI program evaluation and development. The structure and development of the CEI presented in this study could potentially serve as a blueprint for future interventions that seek to implement evidence-based theories and focus exclusively on high conflict co-parenting. Additionally, the findings of this study may advocate for the need for CEIs to begin implementing strategies and skills for

addressing interpersonal aspects of co-parenting that may play a role in keeping co-parents mired in conflict.

At the very least, this study may contribute to understanding the applicability of acceptance and commitment therapy in a CEI designed for high conflict co-parents and how this may potentially affect psychological flexibility, co-parenting self-efficacy, and self-regulation.

Research Questions and Hypotheses

This study intended to provide exploratory findings of the effect of an ACT co-parenting education intervention for high conflict co-parents by examining the following questions:

Research Question One

Will there be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention?

There were two hypotheses for the first research question:

H₀ Hypothesis A1: There will not be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention.

H_a Hypothesis A2: There will be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention.

Research Question Two

Will there be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention?

There were two hypotheses for the second research question:

H₀ Hypothesis B1: There will not be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention.

H_a Hypothesis B2: There will be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention.

Research Question Three

Will there be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention?

There were two hypotheses for the third research question:

H₀ Hypothesis C1: There will not be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention.

H_a Hypothesis C2: There will be a significant change in high conflict co-parents' regulation pre- and post-participation in an ACT co-parenting education intervention.

Organization of this Dissertation

Chapter I of this Dissertation provides the scope of the problem and rationale for the present study, including the background, purpose, significance, research questions that will guide the methodology, and definitions of key terms. Chapter II provides a detailed review of the literature associated with co-parenting and CEIs, including conceptualization of the construct and literature on cooperative co-parenting, child custody, high conflict co-parenting, co-parenting education interventions, co-parenting self-efficacy, self-regulation, and Acceptance and Commitment Therapy. Chapter III provides an in-depth overview of the evaluation, development, and application of an 8-week ACT co-parenting education intervention. Chapter

IV provides a detailed outline of the methodology for the study, including sampling, measures, and statistical procedures. Chapter V presents a description of the results of the investigation. The concluding chapter, Chapter VI, discusses the results, addresses the study's limitations, and lists implications and suggestions for future research on theory-driven co-parenting interventions for high conflict co-parents.

Definition of Terms

Co-parenting is the collaborative relationship between divorced or separated parents, in which they each share the responsibility of caring for and raising a child together (Bailey et al., 2020).

Cooperative co-parenting refers to co-parents who have established a relationship with minimal conflict and effective communication. Both parents encourage children's right to maintain a loving relationship with each parent after a divorce or separation. Cooperative co-parents are supportive of one another, agreeable, and equally divide parenting responsibilities (Lamela et al., 2016).

High conflict is a term regularly used in divorce and co-parenting literature, although a single definition or defined set of behaviors for high-conflict has eluded co-parenting researchers (Anderson et al., 2010), as what constitutes conflict can be subjective and highly variable based on context and culture. Thus, high-conflict primarily functions as an umbrella term (Saini & Birnbaum, 2007) for co-parenting situations and patterns of behavior that include ongoing disagreements, inability to communicate civilly, reciprocal anger and hostility, dualistic thinking, mistrust, defensiveness, and weaponizing the use of litigation (Mitcham-Smith & Henry, 2007; Saini & Birnbaum, 2007; Anderson et al., 2010).

High conflict co-parenting is the terminology used to refer to co-parenting dyads that fail to separate interpersonal discord from the responsibilities they share as parents following a divorce or separation (Anderson et al., 2010). High conflict co-parents have markedly adversarial relationships fueled by emotional reactivity and hostility (Oehme et al., 2016). High conflict co-parenting is often instigated by child custody battles, poor communication, interpersonal animosity, parents' lack of desire to cooperate, and lack of accountability for inappropriate and impulsive behavior (Anderson et al., 2010; Saini et al., 2019; Bailey et al., 2020; Szepsenwol, 2020).

Co-parenting education interventions provide co-parents with an opportunity to learn healthy and positive co-parenting skills by developing an understanding of the skills and knowledge necessary to co-parent cooperatively (Schramm & Becher, 2020). Although there are co-parenting education interventions designed for parents in intact families, they are most commonly associated with parents who have separated or are divorced and experiencing conflict, often due to contested custody cases (Barth et al., 2020).

Co-parenting self-efficacy is a domain of self-efficacy that includes co-parents' beliefs in their capacity to execute and succeed in skills, behaviors, and tasks associated with cooperative co-parenting. Self-efficacy beliefs are influenced by co-parents' interpretation of their personal mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective states relative to a particular domain (Bandura, 1977). Although a defined set of tasks or behaviors associated with high co-parenting self-efficacy have yet to be established, co-parents' capacity to support each other, adequately communicate, disagree without interactions turning hostile, capability to cope when met with co-parenting challenges, and ability to trust and align may potentially be relevant (Caprara et al., 2004).

Self-regulation is the process of changing thoughts, feelings, and actions to control impulsive urges, feelings, and actions (Baumeister et al.1994). Self-regulation is dictated by a conceptualization of standards of desirable behavior, self-monitoring to recognize and adjust behavior accordingly, willpower to exercise self-control over behavioral and emotional urges, and motivation to pursue goals relative to conforming to desirable standards of behavior (Baumeister et al.1994).

Acceptance and commitment therapy (ACT) is a third-wave cognitive behavioral therapy grounded within evolutionary and contextual principles (Hayes, Stroschal, & Wilson, 1999). ACT applies modern behavioral psychology and mindfulness concepts to acceptance, commitment, and behavior modification (Hayes, 2004). ACT postulates that suffering results from processes tied to language, cognition, behavior, and learning from direct experience (Hayes, 2004). Strategies within ACT seek to transform these processes into more workable functions to achieve psychological flexibility and a valued life.

Psychological flexibility is the overarching goal of ACT and is regulated by six core processes: acceptance, cognitive defusion, being present, self-as context, values, and committed action (Hayes, 2006). Psychological flexibility describes an individual's capacity to remain present in the moment (Hayes et al., 2006). This includes being open to and mindful of thoughts and emotions without trying to change or avoid them or allowing them to take control (Hayes et al., 2006; Harris, 2009). Psychological flexibility enables individuals to adjust or persist in behavior despite obstacles or challenges to pursue living a valued life (Harris, 2009).

The six core processes of ACT regulate psychological flexibility. (Hayes, 2006). The relationships between processes are nonlinear, although the direction of each process is theoretically meaningful (Harris, 2006).

1. *Acceptance* enables individuals to acknowledge and accept their thoughts, feelings, and behaviors without attempts to avoid or reject them (Hayes, 2006). Acceptance combats experiential avoidance by enabling mindful awareness of internal experiences and events (Hayes, 2006). Acceptance allows individuals to experience events directly to foster values-based action and to accept the reality of situations rather than formulating aversive attachments to events (Hayes, 2006).
2. *Cognitive defusion* is a process that attempts to change how an individual relates to unwanted thoughts, feelings, and behaviors by creating alternate contexts in which the function of these thoughts, feelings, and behaviors is transformed into workable functions. Within a workable context, thoughts can be mindfully noticed without attachment and subsequently externalized or assigned as a non-evaluative observation.
3. *Being Present* is an individual's capacity to contact the present moment to remain non-judgmental and aware (Harris, 2009). The purpose of this process is for individuals to mindfully connect to their world in a manner that will allow for less rigidity and actions aligned with their values (Hayes, 2006). Being present elicits greater self-control and the development of self as context (Hayes, et al., 2013).
4. *Self as Context* seeks to detach individuals' from relational frames by undermining fusion to a conceptualized self, formed by language, personal narratives, and evaluative stories (Hayes, 2004). Self as context considers the individual as they are in the present rather than an amalgamation of their own stories and experiences (Hayes, 2004).
5. *Values* are the chosen qualities that individuals consider to be the most meaningful aspects of their lives (Hayes, 2006). In ACT, values are not conceptualized as something that an individual can "achieve" as they are present across contexts to guide individuals forward

(Hayes, 2006). Values may be held consciously or unconsciously and leverage the power of language to direct individuals toward purposeful action in pursuit of what they find to be most meaningful (Hayes, 2004; Hayes, 2006). Values guide an individual's actions to reduce suffering and pursue a valued life.

6. *Committed Action* is directed by chosen values (Hayes, 2006). Commitment provides direction toward what an individual cares about the most, while personal values serve as the motivator (Hayes, 2006). Psychological flexibility allows individuals to commit to actions that enable them to function in a more workable and valued context (Hayes, 2004). Commitment enables individuals to respond differently to their world, persist toward meaning, and be more flexible in behavioral responses (Hayes, 2006).

CHAPTER II

LITERATURE REVIEW

Co-Parenting

Dissolution of Marriage & Separation

Price & McKerny (1988) describe the dissolution of marriage, better known as divorce, as “the legal dissolution of a socially and legally recognized marital relationship that alters the obligations and privileges of the two persons involved.” Divorce is inherently similar to separation, which in Western cultures is the term used to describe the dissolution of a committed romantic union among two people who cohabitate in the same residence but are not married (Rindfuss & VandenHeuvel, 1992). Though staggering statistics provide an understanding of the frequency of separation and divorce in our society, decisive factors associated with predicting these outcomes have eluded researchers for decades (Apostolou, Constantinou, & Anagnostopoulos, 2018). However, seemingly common influences have been attributed to enduring vulnerabilities, stressful events, violations of trust, childrearing disagreements, and ongoing conflict (Karney & Bradbury, 1995; Clements, Stanley, & Markman, 2004; Apostolou, Constantinou, & Anagnostopoulos, 2018).

Although, it is reasonable to infer that these factors cannot begin to describe or generalize the complexity of the larger context of divorce and separation. Ultimately, the end of romantic relationships, regardless of marital status, is likely attributable to an amalgamation of concerns and situations that are unique to each union (Karney & Bradbury, 1995). However, despite rates of divorce and separation steadily increasing over the past several decades, the United States has recently reached a 50-year low. Although, it is not understood if this is due to an increase in

marital satisfaction and stability or if this is more likely attributable to the significant rise in couples choosing cohabitation as an alternative to marriage (Raley & Sweeney, 2020).

Following the aftermath of separation and divorce, individuals are vulnerable to psychological distress, declines in well-being, and decreased life satisfaction, all of which can be particularly detrimental for those with children (Leopold & Kalmjin, 2016). This is of notable concern, as most divorces in the United States include children, as do 40% of separations among cohabitating couples (Manning, 2015). While most parents can collaborate and manage the transition cooperatively, the family is generally still thrust into a momentary state of crisis (Lebow, 2003; Brown, 2021). The extent of physical and psychological loss associated with parental separation and divorce can feel intangible for all members of the family system. Thus, it is common for members of once-intact family systems to feel significant loss and experience a mourning period for the family as they had known it (Dowling & Barnes, 2020). Accompanied by feelings of loss is the disruption to stability and virtually every aspect of the family's day-to-day life (Brown, 2021). Innumerable transitions are unavoidable, and among the most significant is the process of parents' uncoupling and redefining their relationship (Raley & Sweeney, 2020). Although this is a necessary process, the fact remains that this often feels jarring for parents and children alike (Hagestad & Smyer, 1982).

Co-Parenting

The concept of shared parenting, better known as co-parenting, materialized in the 1970s by family systems theorists who characterized parents as the executive subsystem of the family whose relationship serves to regulate the relationships, behaviors, interactions, and outcomes within the system (Minuchin, 1974; Feinberg, 2003). Although there is not one true definition of co-parenting, it is considered as the collaborative relationship between parents who share the

responsibility of caring for and raising a child (Bailey et al., 2020). The ecological context, internal structure, and constructs that compromise co-parenting are likely innumerable and dynamic; however, the literature has yet to establish definitive and consistent information relative to such (Schramm & Becher, 2020). However, Feinberg (2003) has suggested that co-parenting may include constructs relative to child-rearing agreement, division of labor, co-parenting support versus undermining, and joint family management.

Co-parenting relationships are multidimensional and occur in various contexts, including divorce, separation, and intact romantic unions (Blaisure & Geasler, 2006). However, co-parenting is most commonly associated with parents who are no longer in a romantic relationship (Bailey et al., 2020). Co-parenting enables children to maintain their bonds with each parent independent of the interparental relationship (Feinberg, 2009; Barth et al., 2019). Post-divorce and separation, establishing a cooperative co-parenting relationship is of paramount importance for families to adequately adjust to the new dynamic (Bailey et al., 2020; Koppejan-Luitze et al., 2021). While most parents successfully and amicably handle this transition, some dyads fail to do so (Cox et al., 2021). Due to this variation in experience, co-parenting relationships are commonly conceptualized on a continuum of functioning, from cooperative relationships to high conflict relationships (Feinberg, 2003; Anderson et al., 2010; Lamela et al., 2016)

Cooperative Co-Parenting

Within the past 20 years, the interest in understanding the characteristics and dynamics associated with co-parenting relationships has continued to gain momentum (Szepsenwol, 2020). Although despite this momentum, there has yet to be a consensus on specific attitudes, qualities, and behaviors that characterize cooperative co-parenting (Lamela et al., 2016; Barth et al., 2019). Although, endeavors such as Lamela et al.'s (2016) cluster analysis of separated and post-

divorce relationship typologies proposes that qualities of cooperative co-parenting include supportive and agreeable attitudes and equal consideration of parental responsibility. Caprara et al. (2004), Anderson et al. (2010), and Nunes et al. (2021) have also proposed that cooperative co-parenting may be associated with effective communication, minimal instances of overt conflict between parents, and encouragement of children's right to maintain a loving relationship with each parent.

Feinberg (2003) described that cooperative co-parenting is not simply the absence of conflict. Rather, it is the positive, consistent, and shared sense of commitment to parenting that is fostered between co-parents. Thus, children's adjustment to divorce and separation has been highly attributed to how effective and consistent parents' are in managing the family collaboratively (Cox et al., 2021; Koppejan-Luitze et al., 2021). This is paramount, as even children that appear to be adjusting well to the new family dynamic are often still at risk for experiencing a period of sadness and emotional pain (Cox et al., 2021). However, cooperative co-parenting has been well-established as an influential protective factor against the development of emotional, behavioral, and mental health issues following divorce and separation (Adamson & Pasley, 2006; Salem, Sandler, & Wolchik, 2013; Visser et al., 2017; Choi et al., 2018).

Children's adjustment is positively influenced by parents who model respect and support their children in accepting and loving each parent equally (Harold & Sellers, 2018; Koppejan-Luitze et al., 2021). Optimal outcomes of adjustment are primarily a factor of parents' diligence, self-monitoring, and accountability in maintaining a relationship where the love and well-being of their children are the priority (Irving, 2011). Hence, establishing a cooperative co-parenting relationship has been considered valuable for the family system overall (Sobolewski & Amato, 2007; Koppejan-Luitze et al., 2021). The positive implications for children are clear, although

cooperative co-parenting is equally beneficial for parents both as individuals and as caregivers. Co-parents that support one another experience greater well-being, less stress, and an increased ability to cope with complex emotions (Koppejan-Luitze et al., 2021). This enables co-parents to experience negative emotions associated with the divorce or separation with less intensity and protects them from the risk of developing mental health concerns, impulsive behavior, and feelings of resentment (Feinberg, 2003; Ferraro et al., 2016; Visser et al., 2017). Bonds et al. (2002) also suggest that the degree of mutual support among co-parents facilitates greater quality of parenting. When co-parents perceive support and shared responsibility, this enables confidence in managing co-parenting matters and problem-solving (Feinberg, 2003; Whitehurst, O'Keefe, & Wilson, 2008).

Unique Considerations of Co-Parenting

Effective childrearing is a considerably challenging task regardless of parents' relationship status. However, compared to parenting within an intact relationship or marriage, fulfilling the responsibilities and obligations of parenting post-separation and divorce includes innate obstacles, tasks, and challenges (Cox et al., 2021). Potentially among the most notable is that the degree of collaboration necessary for co-parenting can be particularly taxing when parents are trying to cope simultaneously with the end of the relationship (Koppejan-Luitze et al., 2021). This is especially salient for co-parenting dyads whose romantic relationship ended due to a gross violation of trust or betrayal (Demby, 2009). Despite interpersonal challenges, parents must still commit to investing a significant amount of time, resources, and patience, towards effectively coordinating with each other to adequately support children's day-to-day needs (Feinberg, 2003).

However, the host of new tasks to manage and negotiate can seem daunting. Tasks such as coordinating co-parenting time exchanges, and alternating birthdays, holidays, and vacation schedules, are piled on top of an already long list of parenting responsibilities. Parents must be diligent and active in coordination to ensure children's needs are met, which requires a highly structured, organized, and consistent plan to collaboratively manage the family. However, even the most structured parenting plans and time-share schedules can feel hectic and confusing and require significant communication to maintain (Garber, 2004). This is further exacerbated whenever inconvenient, although inevitable, unforeseen deviations must be made that stretch outside the agreements established within the parenting plan (Bird & Kuhlman, 2007). Thus, to maintain a cooperative and effective relationship, co-parents must continually remain flexible and be willing to adjust (Garber, 2004).

Flexibility and willingness to adjust are tasks that co-parents must continue to exercise throughout children's development (Garber, 2004). Although a particular parenting plan may have been sufficient when a child was younger, parents must commit to altering this plan periodically to meet children's changing needs (Steinbach, 2019). Especially as children mature into adolescence, flexibility must take precedence over continuity to support children's social life and extracurriculars. Furthermore, as parents begin to forge their own separate personal lives, the plan may also need to be reviewed based on circumstances such as a parent making a substantial career change, a parent moving excessively far away, or a parent remarrying (Soderman & Matthijs, 2014; Hock et al., 2022).

Child Custody

Among parents' initial duties in navigating separation and divorce is to establish how parenting decisions, childcare responsibilities, and time with children will be spent within the

context of the new family dynamic. Child custody is a legal term that refers to the lawful determination of parents' rights post-divorce or separation in two domains: legal decision-making (e.g., legal custody of the child) and practical custody (e.g., physical custody of the child) (Nielson, 2018; Doskow, 2020). Legal custody (LC) refers to parents' right to make decisions and handle the significant responsibilities of the child's life, including but not limited to education, medical and mental health care, religion, and extracurricular activities (Doskow, 2020). Physical custody (PC) refers to a child's time with each parent and outlines their living arrangements (Doskow, 2020). In general, the goal of child custody cases is for parents to negotiate a custody agreement, commonly referred to as a parenting plan, that will govern parents' agreement of legal decision-making, physical custody, financial child support, and logistics related to parenting. The specificities of what is included in a parenting plan vary based on the unique needs of each family and state statutes. Although, a schedule for parenting time, how the child's day-to-day needs will be met, the mediums parents use to communicate, and child exchange guidelines are common topics outlined in parenting plans (Doskow, 2020).

Family courts in the United States strongly prefer granting parents shared legal decision-making and physical custody to preserve stability and children's access to each parent (Nielson, 2018; Brown, 2021). This arrangement is commonly referred to as joint custody (JC) and is the most typical arrangement (Brown, 2021). In this arrangement, decision-making and managing significant responsibilities for the child is a collaborative effort between parents. Parents also operate on a time-sharing schedule for parenting time with their children (e.g., physical custody). The percentage of parenting time associated with joint custody varies by state and situation, although it is common for children to alternate between each parent's home 30%-70% of the time (Nielson, 2018; Steinbach, 2019). Joint custody provides two stable and consistent homes,

which has inspired some states to adopt a legal presumption or consideration of joint custody as a starting point for negotiating child custody unless evidence demonstrates that a parent has a history of acts such as child abuse, neglect, parental substance use, or domestic violence (Brown, 2021). It is common for physical custody to correspond with legal custody. However, there are instances where only one parent may be granted both physical and legal custody, referred to as sole legal custody and sole physical custody (SC) (Steinbach, 2019). In such situations, the parent granted sole custody holds final decision-making authority (Doskow, 2020; Brown, 2021).

Although most parents are amenable to negotiating a fair parenting plan amongst themselves, some cannot resolve disputes independently. In such situations, it is common for parents to participate in mediation. This process involves a neutral third party to assist parents in structuring negotiations, facilitating compromise, and managing conflict without bringing the case to a judge (Doskow, 2020). However, an estimated 8% to 10% of child custody cases become particularly volatile and require intervention from the court to manage custody negotiations and decisions (Koppejan-Luitze et al., 2021).

Contested child custody cases are among the most complex matters presented in family courts (Brown, 2021). Courts determine custody based on various factors that vary by family and state guidance (Doskow, 2020). Although ultimately, a judgment is determined based on the best interest of the child standard, a deliberation that courts undertake to determine actions and orders that will best serve the child and assess the suitability of each parent to care for the child (Brown, 2021). What constitutes as best interest varies by jurisdiction, although in general, it includes factors such as the mental and physical fitness of each parent, consideration of incidents of child abuse or neglect, parental substance use, and children's need for a stable living environment with access to healthy interpersonal relationships (Doskow, 2020).

The impact associated with custody rulings is dynamic and varies based on familial factors and context. Children of parents with a JC agreement tend to adjust better to their parents' separation or divorce independent of factors such as parental conflict and parent-child relationships (Nielson, 2018). Compared to sole custody agreements, JC has been acknowledged as more beneficial for developing close familial relationships and secure attachment between parents and children (Nielson, 2018). Indeed, in a review by Nielson (2018), it was revealed that sole custody agreements tend to be associated with a general decrease in children's well-being and an increase in emotional and behavioral regulation issues (Nielson, 2018). Furthermore, sole custody arrangements have been criticized due to the potential risk for circumstances in which one parent has significantly greater access to the child, effectively creating an intrinsic power dynamic (Ferraro, 2017). Within this dynamic, only one parent manages the child's daily routine and interactions; regardless of intention, this can create distance between the child and the other parent (Miralles, Godoy, & Hidalgo, 2021). However, intentionally restricting the child's access to both parents is psychologically distressing and potentially damaging (Miralles, Godoy, & Hidalgo, 2021).

Despite joint custody arrangements generally being held in high regard and empirically supported, some have criticized this arrangement when excessive conflict exists between parents (Emery & Pruett, 2015; Emery, 2016; Smyth et al., 2016). It has been proposed that the sustained contact and interaction required to uphold joint custody can create ripe opportunities for escalating conflict and could negatively impact parents and children alike (Emery & Pruett, 2015; Emery, 2016; Smyth et al., 2016). Additionally, context must be accounted for when one parent has committed child abuse, neglect, or domestic violence. In such circumstances, SC arrangements are likely a more appropriate starting point for custody negotiation to protect the

safety and best interests of the child (Brown, 2021). However, in high conflict situations, it is not uncommon for the parent with restricted access to continue to file legal motions against their co-parent despite the judge's ruling of what is in the best interest of their child (Brown, 2021).

High Conflict Co-Parenting

Lamela et al.'s (2016) continuum of co-parent functioning positions high conflict co-parenting at the opposite end of the continuum from cooperative co-parenting. In the family court and divorce literature, high conflict is the terminology used to describe co-parenting relationships in which parents cannot separate their interpersonal discord from their roles and responsibilities as co-parents (Anderson et al., 2010). The inability to differentiate fuels intense emotion, reactivity, and hostility, making it nearly impossible for a co-parenting relationship to develop outside of an adversarial context (Anderson et al., 2010).

Although there has yet to be a consensus on specific attitudes, qualities, and behaviors that characterize high conflict co-parenting in the literature, it has been suggested that qualities may include poor communication, interpersonal animosity, and frequent, purposeful attempts to undermine one another (Feinberg, 2003; Anderson et al., 2010; Xiao & Loke, 2021). It has been proposed that decreased inhibitions of guilt may influence these qualities, as well as a lack of empathy, poor self-awareness, and parents' refusal to accept accountability for their actions (Anderson et al., 2010; Saini et al., 2019; Bailey et al., 2020; Koppejan-Luitze et al., 2021). Although, arguably the most consistent influences cited in the literature have been associated with problematic attitudes, tendencies, and behaviors often promulgated by bitter child custody disputes (Anderson et al., 2010; Bailey et al., 2020; Szepsenwol, 2020).

Child custody battles are often at the epicenter of parental discord (Bailey et al., 2020). For several decades, this has necessitated family courts to spend an overwhelming majority of

time on the notably small subset of cases deemed high conflict (Blaisure & Geasler, 2006). Consequently, robust evidence has demonstrated that lengthy and hostile custody battles have a devastating effect on children's overall well-being (Amato, 2000; Oehme et al., 2016). Nevertheless, parents who engage in custody battles often feel justified in their actions (Johnston, 2000). Ironically, many parents believe that aggressive litigation is necessary to "protect" their child, even if there is no apparent threat or overt evidence to suggest that their co-parent may place the child at risk (Mutchler, 2017; Doskow, 2020).

This is counterintuitive and often incites unnecessary fear, anxiety, and disruption to children's sense of stability and safety (Bailey et al., 2020). By vilifying their co-parent, parents place their children at higher risk of becoming alienated from that parent (Miralles, Godoy, & Hidalgo, 2021; Harman, Leder-Elder, & Biringen, 2016). It is estimated that roughly 25% of children in high conflict situations become alienated from a parent due to another parent's extreme lack of empathy and vilification (Miralles, Godoy, & Hidalgo, 2021). Being estranged from a parent is a traumatic experience and can produce significant and long-term consequences such as struggles with anxiety, depression, or the development of personality disorders (Miralles, Godoy, & Hidalgo, 2021).

Thus, high conflict co-parents have been criticized for being self-centered and placing their own needs above their children (Gaulier et al., 2006). Over time parents' initial, albeit misguided, intent to protect their children is eventually superseded by targeted attempts to undermine and present the negative characteristics of the other parent in court (Anderson et al., 2010; Johnston, 2000). In such situations, co-parents often triangulate family courts, attorneys, and other professionals to perpetuate the legal process, inhibit closure, and obstruct one another from moving on (Anderson et al., 2010). Furthermore, the substantial investment of time and

financial resources required for parents to remain in ongoing litigation inevitably affects the degree to which co-parents can provide for their children and distracts from nurturing parent-child relationships (Nielson, 2018).

High conflict co-parents experience greater burnout, unrelenting stress, and intense negative emotions (Bailey et al., 2020). It has been suggested that feeling depleted, stressed, and excessively emotional can hamper co-parents' ability to self-regulate their emotions, thoughts, and behaviors amidst their interactions (Bailey et al., 2020; Koppejan-Luitze et al., 2021). Consequently, this poses significant limitations to opportunities for parents to communicate with one another effectively. In some cases, any form of communication between co-parents may be prohibited to prevent further conflict or decrease the potential risk for domestic violence (Anderson et al., 2010). In these circumstances, communication is often carried out exclusively through third parties such as attorneys or judges.

Although, prolonged involvement of third parties hinders co-parents' development of the skills necessary for addressing co-parenting matters independently (Henry, Fieldstone, & Bohac, 2009). Furthermore, the longer co-parents avoid direct communication, the greater the risk of children becoming triangulated within their parents' conflict (Garber, 2004). Indeed, to avoid interacting with one another, children can become go-between messengers for their parents (Rothman, 2000). However, children serving as the keepers of information for their parents poses an unnecessary risk of them being placed in the center of their parent's conflict (Stone, Clark, & McKenry, 2001).

Addressing High Conflict

In the division of assets post-divorce and separation, parents' most precious assets are their children. Thus, certain circumstances provoke otherwise caring, attentive, and loving

parents to lose sight of their sense of rationality and decency (Szepsenwol, 2020). Reasonably, a subset of high conflict co-parents likely experiences some degree of cognitive dissonance relative to their conflict's negative impact on their children (Mchale, Kuerston-Hogan, & Rao, 2004). Although, many are too consumed by emotions, rage, and hatred to recognize the complete devastation their children suffer (Blaisure & Geasler, 2006).

Divorce and separation are not inherently the culprit of triggering distress, declines in well-being, and issues with familial adjustment (Lansford, 2009). Rather, the actions and behavior of parents post-divorce or separation are considered what places the family at higher risk of adverse consequences (Kelly, 2012; Lamela et al., 2016). In high-conflict situations, co-parents exhibit disproportionately greater emotions of hatred, disgust, rage, and decreased inhibitions of guilt (Koppejan-Luitze et al., 2021). Indeed, high conflict situations often expose parents' most self-centered and ruthless behavior (Demby, 2009). Consequently, children that are directly or indirectly exposed to this are negatively affected (Anderson et al., 2010).

The extent of negative implications associated with high conflict are likely innumerable and may have a lasting effect on families long after their children have turned 18 (Demby, 2009). Within the last few decades, state superior courts, attorneys, and family therapists have begun to heavily encourage parents to participate in co-parenting education interventions that may enable them to mitigate conflict and develop and improve their co-parenting skills (Mitcham-Smith & Henry, 2007; Owen & Rhoades, 2012).

Co-Parenting Education Interventions

Co-Parenting Education

Establishing a functional co-parenting dynamic can be laden with conflict and strain for some parents (Cox et al., 2021). Parents that lack practical knowledge and skills to resolve co-

parenting disputes have a greater tendency to rely on courts for assistance despite this perpetuating conflict rather than solving it (Blaisure & Geasler, 2000). Thus, in recent years, a growing number of referrals have been made for high conflict co-parents to participate in co-parenting education interventions (CEIs) (Visser et al., 2015; Hardman et al., 2019). CEIs are psychoeducational interventions intended to support the development of healthy co-parenting and parenting practices following divorce or separation (Schramm & Becher, 2020). In general, CEIs provide parents with the opportunity to learn skills for establishing cooperative co-parenting practices (Douglas, 2006).

Co-parenting education has been regarded as a positive intervention for circumstances in which the role of the court has become a de-facto venue for problem-solving parental disputes (Shepherd, 2004; Blaisure & Geasler, 2006). Redirecting parents away from the court and towards co-parenting interventions has generally been considered beneficial for assisting co-parents in resolving conflict without continued litigation (Shepherd, 2004). Hence, although the field of CEI is still in development, this likely explains the prolific acceleration and endorsement of interventions within the last couple of decades (Schramm & Becher, 2020).

The root of CEIs originates from court-affiliated divorce education programs (Schramm & Becher, 2020). In the United States, divorce education began to materialize in the 1970s via the development of General Responsibilities as Separating Parents (GRASP), an educational program for newly divorced parents. GRASP is widely considered as one of the earliest forms of co-parenting education (James & Roeder-Esser, 1994). Initially, divorce education programs were generally focused on helping families manage parenting responsibilities within the context of divorce. However, given the observed benefits of GRASP and other subsequently developed

programs, the field of divorce and co-parenting education has only continued to evolve (Geasler & Blaisure, 1998; Blaisure & Geasler, 2000; Schramm & Becher, 2020).

CEIs are most commonly associated with supporting parents that are transitioning from a romantic relationship to a purely co-parenting dynamic (Schramm & Becher, 2020). While some parents voluntarily seek the support of CEIs, a sizable portion of parents that engage in CEIs are often involved in a contested custody case (Blaisure & Geasler, 2006; Barth et al., 2020). Parents in these circumstances often participate in CEIs to fulfill an order of the court (Barth et al., 2020). In fact, 17 states have a state-wide mandate that divorcing parents must participate in an educational program regardless of if the divorce is contested or not (Ferraro et al., 2020).

Intervention Modalities & Structure

CEIs have traditionally been delivered face-to-face in a classroom-like setting by a trained professional. The structures of traditional interventions vary, although standard designs include interactive groups with several participants, intimate groups with few participants, and lecture-based delivery. While some parents participate in interventions independently, others are concurrently enrolled in the intervention with their co-parent. The general structure in these circumstances is for the same intervention to be held on two different days to keep co-parents separated (Blaisure & Geasler, 2006). Although this may sound counterintuitive, separating co-parents is a common practice of CEIs to ensure participants' safety and preserve the intervention's productivity (Owen & Rhoades, 2012). Conversely, although rare, some interventions are designed intentionally for co-parents to attend together (Visser et al., 2015).

Although CEIs have historically been delivered in person, advancements in technology and the COVID-19 pandemic have elicited many interventions that were once face-to-face to adopt an online modality (Schramm & Becher, 2020). Indeed, Co-Parenting for Successful Kids

(Choi et al., 2018) and Focus on Kids (Schramm & McCauley, 2012) are two examples of traditional interventions that have transitioned to a virtual environment. Like traditional programs, the structure of online interventions varies. A typical structure of online CEIs is a self-directed asynchronous model that provides automated feedback (Bowers et al., 2011). Other interventions are delivered in a synchronous live-online environment by a facilitator and function similarly to traditional in-person interventions. Another common structure is demonstrated by interventions such as Co-Parenting for Successful Kids (Choi et al., 2018), which combines facilitator-based learning and self-study by utilizing an online learning platform and a facilitator from a distance.

As more co-parenting education interventions have continued to shift towards online modalities, there has been curiosity as to whether face-to-face and online interventions produce similar experiences and outcomes (Schramm & McCauley, 2012). Although there is currently not enough empirical support to definitively assess this, individual studies of traditional and online CEIs, have highlighted that each modality has its own merits. Still, neither is free of limitations (Bowers et al., 2011).

Online CEIs have been praised for convenience and the ability to reach a larger population (Bowers et al., 2011). They have been cited to include unique benefits such as eliminating transportation-related concerns, a need for childcare coordination, and greater flexibility with parents' work obligations (Schramm & Becher, 2020). To better understand the merits and limitations of online CEIs, Bowers et al. (2011) evaluated six online CEIs based on the quality of program content, overall design, theoretical and empirical foundation, and methods and strategies of instruction.

All CEIs evaluated were asynchronous, self-directed models. While it was determined that this structure was beneficial regarding flexibility with parents' schedules, the most notable limitation was relative to passive instruction strategies. The interventions lacked sufficient attention to effective online learning strategies and required minimal effort from parents other than to read, watch, or listen. There were also limited opportunities for evaluating participation, engagement, and progress besides virtual quizzes. The interventions also appeared not to take full advantage of technology's innovative and interactive capability. While it was concluded that online interventions likely had the potential to be practical, substantial limitations must be addressed (Bowers et al., 2011). Although online CEIs have begun to address many limitations relative to online delivery within the last decade, an inherent and unavoidable fact remains that many online interventions lack accurate monitoring of co-parents' progress (Schramm & Becher, 2020).

Evaluations of traditional interventions by Blasiure & Geasler (2000), Owen & Rhoades (2012), Barth et al. (2020), and Cox et al. (2021) have each highlighted the benefits of in-person interventions. In general, in-person CEIs have been considered to provide an engaging and interactive experience (Owen & Rhoades, 2012; Barth et al., 2020; Schramm & Becher, 2020). In-person interventions offer the distinct benefit of live observation and evaluation and provide co-parents with individualized feedback (Blasiure & Geasler, 2000). Traditional interventions also allow for establishing rapport among participants and between participants and facilitators (Barth et al., 2020; Schramm & Becher, 2020). Rapport has been considered beneficial for encouraging participant buy-in in CEIs, knowledge retention, and motivation (Owen & Rhoades, 2012; Barth et al., 2020).

Although there are notable benefits to traditional interventions, they have sustained criticism for being expensive, inconvenient, and inflexible compared to online modalities (Bowers et al., 2011; Fackrell, Hawkins, & Kay, 2011; Schramm & McCauley, 2012). It is undeniable that face-to-face interventions pose more significant logistical challenges to participation. Most notably, transportation-related concerns for parents who lack access to personal or public transit, are home-bound or live in rural areas, and challenges associated with finding or affording childcare are all considerable drawbacks.

Another structural consideration of CEIs is relative to the length of interventions. While online self-directed and distance models may feasibly be completed within any time frame, in-person and live online CEIs vary from as short as one hour to as long as three months (Blasiure & Geasler, 1998). Currently, there is no clear understanding of the effect of the length of interventions on participant outcomes (Schramm & Becher, 2020). While some argue a need for breadth and depth, others have emphasized brevity to maintain engagement (Schramm & Becher, 2020). The answer to this debate is likely dependent upon what interventions intend to achieve and their audience. Thus, a triage model has been proposed by Blasiure & Geasler (2000). The model suggests that co-parents with more fundamental concerns about adjustment and satisfaction with their custody arrangement likely require shorter interventions. In contrast, parents whose relationship includes multiple stressors and conflict may benefit from longer interventions that emphasize behavioral modification.

Core Concepts, Curriculum, & Methods of Instruction

The core concepts, curriculum, and instruction methods for CEIs vary by individual intervention, as a consistent curriculum or set of core concepts has yet to be established.

However, results of program evaluations by Geasler & Blasiure (1998) and Fackrell, Hawkins, &

Kay (2011) have organized standard content and curricular areas into three broad categories: parent-focused content, child-focused content, and court-focused content. Within these categories, common concepts include instruction relative to state-specific requirements, the impact of divorce on children, cooperative co-parenting, parental behaviors, conflict resolution, and helping children cope with divorce.

While it has been observed that CEIs share some similarities in content and focus, there is considerable variation between how much time and attention interventions devote to co-parenting issues, child-related issues, and court issues. For instance, the curriculum of the Working Together Program (WTP) (Owen & Rhoades, 2012) is heavily focused on co-parenting issues and content relative to healthy co-parenting communication, joint family management, common instigators of interparental conflict, and self-awareness of emotional reactions. Conversely, interventions such as Co-Parenting for Successful Kids program (CPSK) (Choi et al., 2018) focus significantly more on parenting and child-related issues and content relative to general parenting information, the impact of divorce on children, child development, discipline, keeping children out of the middle of interparental conflict, and parenting plans.

The methods of instruction implemented in CEIs also vary regarding the amount of parental involvement required. Blaisure & Geasler (1998) developed classifications of interventions based on required parental involvement; interventions that include no active participation from parents, minimal to moderate discussion-based involvement, and active involvement, including skill-building exercises, self-awareness activities, and role play. Required parental involvement also provides context to CEIs variation regarding the time spent teaching facts versus active facilitation of skill development (Geasler & Blaisure, 1998). For instance, the WTP implemented methods of instruction that focused on developing and practicing

communication, decision-making, conflict resolution, and skills for regulating emotional reactions to co-parenting. In contrast, the CPSK focused on more passive and self-directed instruction methods by implementing learning modules, readings, videos, and reflection assignments for co-parents to enhance their knowledge of parenting amidst a divorce. However, it has been emphasized that CEIs should focus on instruction of skill development and practice, as enhancing knowledge is only so effective without skills to apply this (Geasler & Blaisure, 1998). Despite this, many existing CEIs do not include tangible skills training.

The process for how CEIs have identified core constructs, developed curricula, and established methods of instruction has varied (Salem, Sandler, & Wolchik, 2013). There is no consistent or clear manner in which CEIs accomplish these tasks. Although individual interventions have provided detailed descriptions of content, curriculum, and methods of instruction, many have failed to provide context as to how these were developed. The amount of information CEIs have disclosed relative to this process, overall, lacks a substantial description of the underlying fit between curriculum, core concepts, instructional strategies, methods of evaluation, and theory (Geasler & Blaisure, 1998; Bowers et al., 2011). Few existing interventions have documented curriculum development's theoretical, empirical, or experiential elements (Geasler & Blaisure, 1998). Primarily, CEIs have provided vague references to an overall premise or references to generic concepts rather than an established theory. Potentially exacerbating this is that few interventions have documented which literary resources were used to direct the developmental process. Thus, it is unclear if interventions are being developed within the most current and valid knowledge relative to co-parenting or within any evidence-based parameters (Bowers et al., 2011; Hardman et al., 2019).

For instance, although the CPSK intervention (Choi, 2018) described the content of the intervention as being “research-based,” there was no explanation as to what “research” was being referenced. Similarly, while the WTP intervention referenced clear themes in CEI research that were used to inform curriculum development, there was no explicit or implicit evidence of a theoretical framework. However, not all existing interventions have failed to document theoretical underpinnings. For example, Co-Parenting for Resilience (CPR) (Cox et al., 2021) and Families in Transition (FIT) (Yankeelov et al., 2003) documented empirical and experiential basis for curriculum, including interventions.

Theoretical Framework of Co-Parenting Education Interventions

It has been emphasized that implementing theory is an essential consideration in the development and delivery of CEIs; despite this, it is evident that the field continues to neglect to demonstrate this (Geasler & Blaisure, 1998; Adamson & Pasley, 2006; Hardman et al., 2019). The purpose of theory is to provide a lens for conceptualizing and understanding particular phenomena. In turn, this lens can inform the development of core content and curriculum (Eccles, 2006).

An exemplary model of a theoretically-informed CEI is Co-Parenting for Resilience (CPR) (Cox et al., 2021). CPR was designed to assist co-parents in adjusting to divorce or separation and ameliorate potential adverse effects. CPR’s goals, curriculum, and structure were formulated within the principles of Family Stress Theory (FST); a theory of how families adapt to frequent adversities, the Transtheoretical Model of Change (TTM); a model that asserts change is dependent upon individuals’ readiness and continued involvement, Brief Family Therapy (BFT); a theory focused on modifying maladaptive patterns of interactions among family members, and Hope Theory (HT); a goal-oriented theory that encourages exploration of

different paths to meet goals, and emphasizes self-agency in instigating change (McCubbin, Cauble, & Patterson, 1982; Prochaska & Velicer, 1997; Szapocznik, Hervis, & Schwartz, 2003; Snyder, 2000). CPR's theoretical implementation allowed for the measurement of explicit, theoretically-informed constructs grounded within FST, TTM, BFT, and HT. Thus, providing a lens for conceptualizing and understanding CPR's positive effect on hope, stress, and decreasing interparental conflict.

Families in Transition (FIT) (Yankeelov et al., 2003) also exemplifies a theoretically-informed CEI. FIT was designed to assist parents in coping with divorce and in enhancing co-parenting knowledge. FIT's structure, goals, and curriculum were driven by the intervention's implementation of the Theory of Planned Behavior (TPB), a theory that suggests behavior is influenced by intentions determined by attitudes, subjective norms, and perceived behavioral control and that external factors may force or prevent behaviors (Ajzen, 1991). A well-established theoretical framework of human behavior enabled the use of validated measures designed to assess TPB constructs such as attitude, intent, and behavior. Thus, similar to CPR, the positive effect of FIT on improving attitudes towards co-parenting, and intention and likelihood to engage in positive co-parenting behaviors, was contextualized within theoretical evidence and not unscientific inferences.

The developers of CPR and FIT attributed the interventions' success partly to solid theoretical foundations. The positive outcome of interventions such as these highlight the significant need for existing CEIs to implement an explicit theoretical framework (Bowers et al., 2011; Hardman et al., 2019). The current lack of theoretical framework in CEIs may explain the questioning and criticism of the credibility of some CEIs (Geasler & Blaisure, 1998; Bowers et al., 2011; Oehme et al., 2016). Although the importance of theory and research-informed

curriculum has continued to be emphasized in the literature on CEIs, it is evident that the field continues to struggle to address this (Geasler & Blaisure, 1998; Hardman et al., 2019).

The Effect of Co-Parenting Education Interventions

CEIs are generally held in high regard by stakeholders within high conflict co-parenting matters, such as attorneys, judges, and therapeutic interventionists (Schramm & McCauley, 2012; Dealy, 2019). However, the field of co-parenting education has not established enough evidence to provide an empirically-informed evaluation of their effectiveness overall (Salem, Sandler, & Wolchik, 2013).

In studies of specific CEIs (Geasler & Blaisure, 1998; Malcore et al., 2009), a significant reduction in parental conflict has been observed in interventions that require a high degree of parental involvement and utilize active methods of instruction to incorporate cooperative co-parenting skill development and training. Indeed, such interventions have demonstrated a positive effect on co-parenting behavior and attitudes towards co-parenting (Geasler & Blaisure, 1998; Schramm & McCauley, 2012; Barth et al., 2020). Furthermore, parents learning and applying these skills has been shown to decrease the potential for children to be negatively impacted by co-parenting conflict and for parents to experience less stress and intense emotions (Cronin et al., 2017; Cox et al., 2021).

However, efforts to provide a summative evaluation of the effect of CEIs have revealed notable challenges. While these specific studies provide promising information on the efficacy of certain CEIs, there is a substantial need for a comprehensive and generalizable evaluation of the effectiveness of CEIs. To draw robust and generalizable conclusions about the efficacy of CEIs, there is a need for greater rigor and more true experiments that implement random sampling and a control condition (Stratton, 2019). Although, it has been challenging for CEI researchers to

conduct enough large-scale experiments to provide a generalization of their effect, as a significant barrier to experimentation has routinely been related to limited resources and recruiting a large enough sample (Pearson, 1995; Geasler & Blaisure, 1998; Schramm & Becher, 2020). Thus, the few experiments with samples sizes ≥ 200 participants have primarily been associated with projects that are in direct collaboration with state family court systems, grant-funded university programs, or state Cooperative Extension Services (Whitehurst, O'Keefe, & Sullivan, 2008; Ferraro, 2017; Barth et al., 2020; Cox et al., 2021).

Another barrier to providing a summative evaluation of the effect of CEIs may be the ambiguity and lack of distinction regarding what constitutes a CEI (Salem, Sandler, & Wolchik, 2013). Co-parenting and parenting interventions are often considered collectively or interchangeably, even though there is a significant difference between parenting and co-parenting (Szepsenwol 2020). While parenting education is concerned with skills and information to enhance parent-child relationships, co-parenting education focuses on skill development to improve interparental cooperation. Logically, this lack of distinction and clarity between the two creates an omnipresent confound in CEI research that may dilute the interpretation of their effect and pose substantial limitations to conducting reliable and valid studies.

Co-Parenting Self-Efficacy

Social Cognitive Theory & Self-Efficacy

The construct of self-efficacy (SE) is central to Albert Bandura's Social Cognitive Theory (SCT). SCT suggests that individuals have agency over proactively facilitating their own development and are capable of achieving a specific outcome based on their actions (Bandura, 1977). Personal agency is facilitated by individuals' perception of control over their feelings,

thoughts, and actions. Thus, the core process of SCT, self-efficacy, refers to “an individual's belief in their capacity to execute behaviors necessary to produce specific performance attainments” (Bandura, 1977).

Self-efficacy beliefs provide a foundation for how individuals approach tasks, goals, and challenges (Bandura, 1977). SE is considered a personal resource unique to the individual and reflects perceived competence in controlling motivation, behavior, and social environments that may influence particular outcomes (Taylor & Stanton, 2007). Self-efficacy is distinct from other psychological constructs due to its domain specificity; in essence, self-efficacy is not a general trait but is relative to specific tasks and contexts. For instance, an individual's sense of self-efficacy concerning academic achievement could vastly differ from their perceived self-efficacy relative to athleticism.

Sources of Self-Efficacy

Self-efficacy beliefs interact with every aspect of individuals' lives, including decision-making ability, behavior, productivity, degree of optimism, and emotional regulation (Pajares, 2002). Perceived self-efficacy beliefs are influenced by an individual's interpretation of personal mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective states related to a particular domain (Bandura, 1977; Bandura, 2006). Personal mastery experiences refer to individuals' historical interpretations of their perceived success or failure in performing behaviors and tasks necessary for obtaining a particular outcome within a specific domain (Pajares, 2002).

Vicarious experiences provide individuals with a social model in which they can compare their capabilities with someone else's that they consider similar to themselves. Observing others

perceived as similar persist towards goals and achieve success influences self-efficacy beliefs in an individual's capability to achieve success as well (Pajares 2002).

Verbal persuasion also influences individuals' anticipation of success or failure (Pajares, 2002). Individuals can be persuaded of their capability to obtain a desired outcome within a particular domain. This increases persistent effort toward goals and greater motivation to succeed (Pajares, 2002).

Individuals also rely on their physiological and affective states to assess their capability. How individuals interpret their stress reactions can affect how they perceive their performance within a particular domain; high stress is interpreted as poor performance, while low stress is interpreted as solid performance (Pajares, 2002). Furthermore, affective states can also impact individuals' self-beliefs, as a content mood can enhance self-efficacy, while a negative mood can decrease it (Pajares, 2002).

Processes of Self-Efficacy

Bandura (1977) posed that self-efficacy beliefs are measured on a continuum of patterns of strength (i.e., high self-efficacy) and limitations (i.e., low self-efficacy). The differentiation between low and high self-efficacy has been described as a byproduct of the influences that personal mastery experiences, verbal persuasion, vicarious experiences, and physiological and affective states have on individuals' cognition, selection processes, motivation, and affective processes (Bandura, 1994).

Cognition

Cognitive processes and forethought regulate much of human behavior (Pajares, 2002). Thus, self-efficacy beliefs influence the goals individuals set, their perspective of their capability to perform, and how they anticipate the outcome of their performance within a specific domain

(Bandura, 1994). High self-efficacy elicits greater self-evaluation of capability, the anticipation of success, and more substantial commitment toward pursuing their goals despite challenges or uncertainty (Bandura, 1994). However, low self-efficacy beliefs negatively influence the goals individuals set for themselves. Poor self-evaluation of the capability to perform within a particular domain creates anxiety over how attempts may go wrong. Individuals with low SE anticipate that their performance will be met with failure and struggle to persist in facing challenges or uncertainty (Bandura, 1944).

While high SE enables individuals to perceive control over the outcome of events in their life, low SE impairs individuals' perception of agency over the outcome of events in their life (Bandura 1994; Taylor & Stanton, 2007). Consequently, it is not uncommon for individuals with low SE to perceive themselves as victims of circumstance and attribute their failure to external forces (Wilde & Hsu, 2019).

Selection Processes

Self-efficacy beliefs can shape individuals' lives by influencing the direction of actions they believe they are capable of pursuing and the environments they choose to immerse themselves (Bandura, 1994). Individuals' choices affect their personal development and cultivation of different competencies, values, and interests (Bandura, 1994). High SE supports individuals' readiness to engage in challenging tasks or situations, as they perceive these as opportunities to form mastery experiences (Pajares, 2002). On the contrary, individuals with low SE have a narrower perspective of this and feel threatened by stressful or challenging tasks (Pajares, 2002). Thus, they may void circumstances in which they believe their ability to cope will be exceeded. Low SE facilitates greater susceptibility to interpret otherwise neutral

situations to be intimidating, dwell on past failures, and ruminate over the negative memories and self-appraisal they have associated with a particular task (Bandura, 1994).

Motivation

Self-efficacy beliefs are central to self-regulating motivation (Bandura, 1994). Motivation is regulated by expectations that a given behavior will produce specific outcomes and by perceived success in completing a task (Bandura, 1977). Mastery of tasks fosters perceptions of capability and beliefs of positive results, which individuals use to guide their actions, set goals, and plan further courses of behavior (Bandura, 1994). High SE allows individuals to persist in adversity, intently commit to tasks, and quickly recover from setbacks (Wilde & Hsu, 2019); Furthermore, failures are perceived as a result of insufficient effort. In contrast, those with low SE internalize failures and perceive them as a function of their incapability or external forces (Bandura, 1994), which negatively influences the anticipation of positive outcomes and the motivation to persist when faced with challenges (Bandura, 1994). Indeed, there are likely numerous tasks that individuals may avoid or never pursue due to their perceived lack of capability and fear of failure (Bandura, 1994).

Affective Processes

Individuals' belief in their ability to cope affects their persistence and the stress level they might experience in a difficult situation (Bandura, 1994). Perceived self-efficacy is necessary for self-control, the accurate judgment of perceived threats, and controlling negative thoughts (Bandura, 1994). Thus, individuals with high SE do not conjure negative thought patterns and perceive themselves as equipped to handle threats, cope with stress, and approach challenging tasks calmly (Pajares, 2002; Saltzman & Holahan, 2002). Whereas individuals with low SE do not believe they can manage threats and experience stress, anxiety, and vulnerability to being

affected by the negative judgment of others (Wilde & Hsu, 2019). Indeed, low SE can cause individuals to magnify the severity of perceived threats, dwell on their inability to cope, experience negative ruminating thoughts, and develop avoidant behavior of potentially threatening activities (Bandura, 1994).

Co-Parenting Self-Efficacy

Self-efficacy is considered a resource in humans' adaptational process, especially in critical life transitions (Jerusalem & Mittag, 1995). Thus, perceived self-efficacy may be particularly relevant for parents transitioning to co-parenting (Ferraro, 2017). While parenting responsibilities remain constant, the structural shift of the relationship necessitates parents to learn new tasks and skills for cooperating within the new family dynamic (Whiteside, 1998; Cox et al., 2021). However, even in amicable circumstances, the adjustment and establishment of stable co-parenting patterns and behaviors can potentially take years post-divorce and separation (Adamson & Pasley, 2006).

Indeed, this often requires extensive trial and error for each parent to find a middle ground where they believe they can effectively collaborate with their co-parent (Cox, 2012). In other words, establishing a cooperative relationship is often a cycle of mastery experiences and failures across various co-parenting situations. Reasonably, parents often perceive the experience of transitioning to co-parenting as challenging, stressful and confusing (Bird & Kuhlman, 2007). Logically, this may influence parents' perceived capability to co-parent and their motivation to remain committed to cooperation, which may be best understood as a function of co-parenting self-efficacy (CPSE).

To understand CPSE, it is essential to draw a clear distinction between this domain and parenting self-efficacy (PSE). PSE is parents' belief in their capability to perform the tasks

necessary for children's development and meet their cognitive, behavioral, physical, and social needs (Albanese, Russo, & Geller, 2019). This differentiation is critical as tasks, behaviors, and actions blatantly more pertinent to the interparental relationship are often grouped indiscriminately with functions of PSE in the co-parenting literature. This is a notable concern, as the perceived capability to perform parenting tasks and the perceived capability to perform co-parenting tasks are vastly different concepts (Szepsenwol, 2020). While PSE is a generally well-understood construct and heavily saturated within the literature, co-parenting has yet to be identified as a distinct domain of self-efficacy (Albanese, Russo, & Geller, 2019; Xiao & Loke, 2021). However, prolific evidence supports that the quality, extent of mastery, and cooperation among co-parents are crucial in parent and child outcomes post-divorce and separation (Whiteside, 1998; Merrifield & Gamble, 2013).

There has yet to be a consensus on specific attitudes, qualities, tasks, and behaviors that characterize cooperative co-parenting as an overall construct; however, these may be inferred by what is presented in the existing literature on co-parenting (Feinberg, 2003; Caprara et al., 2004; Blaisure & Geasler, 2006; Lamela et al., 2016; Barth et al., 2020). Thus, CPSE may be best conceptualized as a function of parents' perceived capability in performing tasks such as providing support, adequately communicating, disagreeing without interactions turning hostile, coping with co-parenting challenges, trust, and alignment with their co-parent.

Providing support refers to parents' perceived capability to treat one another as equals in parenting, uphold each other's authority over their children, and support their co-parent in stressful or complex circumstances (Feinberg, 2003; Caprara et al., 2004).

Adequate communication refers to parents' interpretation of their capability to remain in consistent contact with their co-parent, collaboratively discuss child-related matters and

decisions, prioritize informing the other parent when child-related concerns arise, and communicate openly without attempts to undermine, criticize, or belittle (Feinberg, 2003; Caprara et al., 2004).

Like communication, disagreeing without becoming hostile is co-parents' perceived capability to resolve differences in child-rearing matters without being defensive, argumentative, or casting blame, regulating emotional reactions, and actively listening to the other parent's perspective even if they disagree (Caprara et al., 2004).

The ability to cope with co-parenting challenges refers to parents' interpretation of their ability to manage taxing co-parenting situations, remain calm amidst stressful circumstances, persevere through challenges without attempts to avoid or deflect, persist towards opportunities for cooperation despite setbacks, and accept accountability (Caprara et al., 2004).

Alignment refers to co-parents' belief in their capacity for maintaining a solid child-rearing alliance despite interparental discord, willingness to be flexible, working together to support their children, recognizing each other's contributions as parents, and establishing a stable routine that they consistently follow (Minuchin, 1974; Feinberg, 2003; Caprara et al., 2004).

Lastly, the perceived ability to trust includes accepting feedback without taking it personally or interpreting it as criticism, trusting the intentions of their co-parent to be well-meaning, respecting their co-parent, and considering one another's feelings with equal importance (Caprara et al., 2004).

Co-parents' perceived competency to perform and anticipate positive outcomes for providing support, adequately communicating, disagreeing without interactions turning hostile, ability to cope when met with co-parenting challenges, trust, and alignment, may have the potential to either positively or negatively influence co-parenting self-efficacy beliefs.

High Conflict Co-Parenting & Co-Parenting Self-Efficacy

A significant relationship exists between conflict, co-parenting behaviors, and self-efficacy (Ferraro, 2017). The strength of self-efficacy beliefs either positively or negatively influences parents' cognitive thought patterns, motivation, behaviors, and reactions (Pajares, 2002). Like all domains of self-efficacy, the strength of CPSE may be reinforced by self-beliefs, perceived successes, and failures (Wilde & Hsu, 2019). Thus, high conflict co-parents may struggle to perform the tasks and behaviors necessary for developing CPSE while engaging in conflictual behaviors, self-doubt, internalizing negative appraisal, and ruminating on negative thought patterns. However, the implications of this can be deleterious to the potential of parents ever achieving effective and cooperative co-parenting practices.

Providing Support

Low CPSE may provide context for high conflict co-parents' tendency to define themselves in opposition to one another (Demby, 2009). This suggests that perceived CPSE may be a factor in establishing cooperation, as cooperative co-parents support each other and consider one another as equals (Lamela et al., 2016). Conversely, low self-efficacy may explain behaviors that perpetuate conflict, as parents' animosity erodes their capacity to provide or perceive support from one another (Demby, 2009).

While individuals with high SE measure success in terms of self-control and improvement, individuals with low SE measure success by the ability to control or triumph over others (Demby, 2009). Thus, high conflict co-parents may interpret supporting one another and upholding each other's authority as relinquishing the little control they may have (Demby, 2009). Consequently, situations that may require co-parents to support one another are frequently

avoided, as maintaining the upper hand is often considered a function of devaluing and exploiting one another's vulnerabilities (Anderson et al., 2010).

Adequate Communication

It has been suggested that self-efficacy is a mediator for perceived competence in interpersonal communication (Rubin et al., 1993). Individuals with high self-efficacy are competent in interacting with others flexibly and can shift their communication patterns to be effective across contexts (Rubin et al., 1993). Co-parents' capacity to communicate may be impacted by conflict, as pervasive negative interactions are destructive to self-efficacy beliefs (Rubin et al., 1993; Ferraro, 2017). Personal feelings and past interactions may affect co-parents' accurate interpretation of the messages they send and receive from one another (Deutsch, Drozd, & Ajoku, 2020). Thus, low CPSE may play a role in co-parents' establishment of rigid communication boundaries (Rubin et al., 1993).

Negative interactions and emotions lead to dismissive and defensive conversations and the development of conversation-based power dynamics (Garber, 2004). When communication is perceived within a win-lose context, parents may experience demotivation to pursue further interactions directly. This may explain co-parents' regular triangulation of courts, attorneys, and their children, to avoid direct communication (Bird & Kuhlman, 2007; Barth et al., 2020). Thus, negative self-evaluation of parents' capacity to effectively communicate likely affects continued court involvement, impedes necessary parenting responsibilities, and disrupts the family's ability to adapt to the new family dynamic (Malcore et al., 2010).

Disagreeing Without Interactions Turning Hostile

Low SE impacts individuals' ability to think logically and self-monitor emotions, actions, and impulses, in stressful circumstances (Bandura, 1994). As the adjustments and negotiations

following a divorce can often lead to disagreements, it may be reasonable to assume that low CPSE may explain how simple differences of opinions between co-parents can result in heated arguments (Barth et al., 2020). While individuals with high SE assert their input without violating the rights of others, low SE facilitates misinterpretation of otherwise neutral situations; thus, disagreements may escalate quickly and result in a series of verbal counterattacks (Demby, 2009). In such circumstances, parents are more likely to be invested in self-serving solutions rather than realistic compromises (Demby, 2009). However, the inability to productively work through disagreements perpetuates conflict.

Furthermore, low CPSE may also facilitate parents' avoidance of negotiating co-parenting matters directly with one another. Indeed when co-parents believe they will be attacked for sharing their opinions or that their attempts to compromise will be unsuccessful, they may perceive future attempts to negotiate without the use of third parties to be pointless (Malcore et al., 2010).

Coping with Co-Parenting Challenges

High conflict co-parents are at a greater risk of internalizing negative self-appraisal (Demby, 2009; Jeppsen, 2017). It has been suggested that self-efficacy beliefs may be essential in influencing parents' ability to cope with co-parenting challenges (Ferraro, 2017). Co-parents with high self-efficacy are likely resilient to setbacks and maintain motivation and persistence despite these (Pajares, 2002). However, co-parents with low CPSE likely struggle to cope with setbacks and may be demotivated to persist through challenges (Pajares, 2002). This can elicit tasks of co-parenting to seem exceedingly difficult and negatively affect co-parents' pursuit of mastery experiences and perceived competence to cooperatively co-parent (Jeppsen, 2017).

Consequently, lack of persistence and avoidance perpetuate low self-efficacy, as mastery experiences are among the primary determinants of self-efficacy (Wilde & Hsu, 2019).

Low self-efficacy may also lead to negative thought patterns, enabling parents to rationalize their avoidance of performing specific tasks (Bandura, 1996). This possibly explains why a typical behavior among high conflict co-parents is to avoid handling co-parenting challenges directly by utilizing third parties to settle disputes and make decisions (Malcore et al., 2010; Dealy, 2019). However, avoidance further impairs the perceived ability to cope and persistence (Pajares, 2002). Inevitably, this may distort parents' perception of control over the outcome of events in their life (Wilde & Hsu, 2019). In such circumstances, parents may focus on an external enemy (e.g., their co-parent) to justify avoidance or explain poor performance rather than accepting accountability for their own low self-efficacy (Anderson et al., 2010).

Alignment

The chief task of co-parenting is to effectively collaborate and manage the responsibilities of child-rearing together (Caprara et al., 2004; Feinberg, 2003; Irving, 2011). Establishing an ongoing co-parenting alliance is critical for the stability of the new family system (Whiteside, 1998). However, high conflict co-parents often become habituated to conflict and do not recognize how their divisive relationship affects the co-parenting alliance and, tangentially, their children (Mchale, Kuerston-Hogan, & Rao, 2004). Indeed, alignment is often perceived as counterintuitive due to parents' past experiences in which attempts to collaborate created more stress than solutions (Jeppsen, 2017). As a result, unaligned co-parents often develop rigid boundaries, disengage, and isolate their parenting from one another (Minuchin, 1974). However, disengagement facilitates breakdowns in communication, exacerbates conflict, and avoidance of other events in which collaboration may be required (Demby, 2009).

Rigid boundaries and sustained conflict may also negatively impact parents' motivation to be flexible in collaboratively establishing consistent routines for their children (Mchale, Kuersten-Hogan, Rao, 2004). Failure to effectively collaborate may likely lower CPSE and erode perceived capability to align with one another. Consequently, low CPSE could explain why co-parents frequently rationalize the counterproductivity of continuing to work against one another (Demby, 2009; Stokkebekk et al., 2021). However, allowing interpersonal differences to excuse a lack of collaboration only results in criticism, self-victimization, and blaming (Blaisure & Geasler, 2006; Demby, 2009). As a potential result, assigning blame and criticism may elicit co-parents to internalize negative appraisal and feel even further disincentivized to pursue alignment.

Trust

Interparental discord is often a result of violations of trust (Anderson et al., 2010). Consequently, high conflict co-parents demonstrate a high level of distrust and may gradually become accustomed to anticipating the worst of their co-parent (Blaisure & Geasler, 2006; Jevne & Andenæs, 2017). However, this is often unjustified and can facilitate polarizing beliefs and paranoia that their co-parent is constantly attempting to undermine them (Johnston, 2000; Demby, 2009). Perceived competence can become distorted by paranoia, which may pose a barrier to parents' motivation to co-parent cooperatively (Demby, 2009). Paranoia influences perceived victimization, a significant indicator of low self-efficacy (Wilde & Hsu, 2019). Perceived victimization may explain why co-parents' often do not trust each other's feedback and perceive this as a personal attack instead (Lee, 1984). Co-parents' self-efficacy might suffer due to perceived victimization, as feedback that is misinterpreted as criticism holds negative

implications for verbal persuasion and may be more likely to be internalized (Deutsch, Drozd, & Ajoku, 2020; Pajares, 2002).

Mistrust is not always a byproduct of unjustified internal thought patterns (Jaffe, Crooks, & Bala, 2009; Johnston, 2000). There are many situations in which a legitimate reason for mistrust might be fostered, such as a parent making false reports to law enforcement and child protective agencies alleging child abuse or neglect, violations of privacy, stalking, or domestic violence (Stahl, 1999; Jaffe, Crooks, & Bala, 2009; Markwick et al., 2019; Saini, Laajasalo, & Platt, 2020). Indeed, in particularly volatile cases, co-parents have been known to fabricate accusations of child abuse or neglect to try and gain a tactical advantage in court (Saini, Laajasalo, & Platt, 2020). Co-parents stalking one another in the hope of capturing evidence of suspected wrongdoing is also not uncommon, nor is recording private calls or interactions without the knowledge or consent of the other parent (Stahl, 1999; Markwick, 2019). Stalking can also include cyber-stalking and exploitation of their co-parent via remotely installed spyware or hacking email or social media accounts (Markwick, 2019). Lastly, many parents in high conflict situations have experienced domestic violence as victims, perpetrators, or both (Pollet & Lombreglia, 2008). Even if this was not a factor in the intact relationship, the intense emotion surrounding child custody disputes could trigger domestic violence (Pollet & Lombreglia, 2008). Reasonably, domestic violence and the other behavior mentioned above are barriers to establishing trust between co-parents, as parents are acutely aware of the potential for violence or exploitation (Jaffe, Crooks, & Bala, 2009). Thus, avoidance is often perceived as a solution (Johnston, 2017), indicative of low self-efficacy.

Negative Implications of Low Co-Parenting Self-Efficacy

Self-efficacy beliefs have been considered essential factors of the self-system and critical to adapting to significant life transitions (Jerusalem & Mittag, 1995). If parents do not believe they are capable of effectively performing co-parenting specific tasks, this may influence maladaptive behavior, anxiety, or withdrawal (Feinberg, 2003). Although, these behaviors and cognitive states have the potential to exacerbate perceived shortcomings and further lower confidence (Pajares, 2002).

Consequently, such inefficacious cognitive states may perpetuate conflict and potentially increase parents' susceptibility to developing stress and impaired functioning (Bailey et al., 2020). Indeed, Millings et al. (2020) have suggested that inadequate capability to co-parent cooperatively is a critical determinant of emotional well-being. As a result, high conflict co-parents and their children are at greater risk for experiencing mental health disorders, impaired ability to cope with negative emotions, and poor regulation of emotional responses (Bailey et al., 2020).

Self-Regulation

Self-Regulation

Baumeister et al. (1994) describe self-regulation as “the self’s capacity for regulating its behaviors” and enables individuals to adjust their actions to fit social and situational demands. Self-regulation theories focus on the processes individuals use to override or alter their responses to identify and pursue goals and to modify personal and environmental opportunities or constraints (Baumeister, Schmeichel, & Vohs, 2007). There are multiple theories of self-regulation, although Baumeister et al.’s (1994) Strength Model of Self-Regulation is among the most well-established. This model theorizes that self-regulation is relative to exercising self-

control, in which willpower is used to modify or change emotions and behavior. Within this framework, self-control is considered a strength rather than a skill or a state of cognition. In essence, self-control functions like a muscle (Baumeister, Schmeichel, & Vohs, 2007). When individuals exercise self-control and resist acting on their impulses, they draw from a reserve of limited self-regulatory resources (Baumeister et al., 1994). Although continual exertion of self-control can deplete its strength, and when resources of self-control are exhausted, there is a greater likelihood of self-regulation failure on subsequent tasks (Baumeister et al., 1994).

Components of Self-Regulation

An individual's ability to self-regulate in any given situation is determined by the interaction among four components: Standards, self-monitoring, willpower, and motivation.

Standards

Self-regulation is a process of changing the self. Although, the change would be purposeless and random without formulation of how the self should be (Baumeister, Schmeichel, & Vohs, 2007). Thus, conceptualizing standards of desirable behavior is necessary (Baumeister, Schmeichel, & Vohs, 2007). Self-regulation requires well-defined standards relative to self-regulatory goals and conceptualizations of possible states of being to alter emotional reactions and behavior (Baumeister & Vohs, 2007). Individuals achieve goals by changing their thoughts, feelings, and behaviors (Baumeister, Tice, & Vohs 2007). Ambiguous goals and unclear standards make improving self-regulation more complex; thus, goals exist on a continuum from clear to abstract (Baumeister, Tice, & Vohs, 2007). For instance, the goal of "being healthier" is abstract; although, providing greater structure and clarity to the goal increases the likelihood of it being achieved (Baumeister, Tice, & Vohs, 2007). A goal that may contribute to being healthier that has a clearer path to success may be losing weight, as it includes smaller concrete, tasks,

such as exercising and eating a healthy diet, providing greater structure and standards of behavior to achieve the goal (Baumeister, Tice, & Vohs, 2007).

Self-Monitoring

There is a salient connection between self-awareness and self-regulation (Baumeister, Schmeichel, & Vohs, 2007). Indeed, it may be challenging to change, alter, or regulate emotions and behaviors that one is not maintaining conscious awareness of. Emotions and behavior must be self-monitored and compared to an individual's standards. When standards of conduct fall short, self-monitoring is necessary to recognize and adjust behavior accordingly (Baumeister, Tice, & Vohs, 2007). Although emotion may not dictate behavior, it may impact judgment and result in undesirable responses in high-stress situations (Baumeister, Schmeichel, & Vohs, 2007). Self-monitoring is facilitated by the conscious awareness of emotion and behavior in order to process feedback, reflect, and draw comparisons between present states of behavior and desirable standards of behavior (Baumeister, Schmeichel, & Vohs, 2007). When individuals monitor their behavior and emotions, they are more likely to anticipate and identify situations that may provoke the urge to act undesirably (Baumeister, Schmeichel, & Vohs, 2007).

Willpower

Self-improvement is challenging and requires the capacity to use internal strengths and self-control over impulses and urges to elicit change (Baumeister, Tice, & Vohs, 2007). This capacity is referred to as self-regulatory strength, or more colloquially, willpower. Although it is often assumed that willpower is only exerted when individuals encounter temptation, it is also used to control thoughts, emotions, behavior, task performance, and decision-making (Baumeister & Vohs, 2007). Indeed, most people exercise willpower numerous times throughout their day, every day (Baumeister, Tice, & Vohs, 2007). Although, continual exertion of

willpower can result in “ego depletion” of self-regulatory resources. In states of ego depletion, individuals experience greater vulnerability to self-regulatory failure, in which self-control is bypassed by highly emotional and impulsive reactions (Baumeister, Schmeichel, & Vohs, 2007). However, willpower is likened to a muscle, and the threat of ego depletion can decrease long-term the more individuals effectively exercise self-control (Baumeister, Schmeichel, & Vohs, 2007).

Motivation

Motivation is required to achieve goals for regulating the self and conforming to self-established standards (Baumeister, Schmeichel, & Vohs, 2007). Motivation is critical, as an individual may have clear standards, be effective at self-monitoring, and have an abundance of willpower, yet still fail to self-regulate if there is no inclination to want to change (Baumeister & Vohs, 2007). If an individual is indifferent, unwilling to put forth effort towards their goal, or denies having the control to do so, it is unlikely there will be any improvement. Motivation to self-regulate can fluctuate as a function of perceived rewards, anticipated results, utility, and efficacy expectations (Baumeister & Vohs, 2007). When motivation is high, it can be an adequate substitute for willpower and can positively influence change. Although, low motivation coupled with states of ego depletion negatively impact motivation to change, perceived control, and recognition of a need to change (Baumeister, Schmeichel, & Vohs, 2007).

Self-Regulation & High Conflict Co-Parenting

Clear standards, or goals, must be set to achieve effective self-regulation. Self-regulation requires individuals to set clear standards, self-monitor, exercise willpower, and maintain motivation towards altering or modifying behavior as necessary (Baumeister & Vohs, 2007). However, successful integration of these processes is a task high conflict co-parents have a low

ability to realize (Bailey et al., 2020). To set goals for achieving particular standards of behavior, individuals must perceive the need to change, recognize themselves as agents for change, and accept responsibility for control over themselves (Mischel, DeSmet, Kross, 2014).

However, high conflict co-parents are often characterized as substantially lacking in self-awareness and are more apt to focus on the characteristics of their co-parent's behavior that need to change rather than how they must alter their own (Anderson et al., 2010). Co-parents seldom acknowledge that their behavior may also be one in need of adjustment. Thus, standards for behavior are often projected outside of themselves and focused on the other parent's behavior. However, this is not only setting an impossible goal but limiting attention to their own self-regulatory shortcomings (Mischel, DeSmet, & Kross, 2014; Stokkebeek et al., 2021). Indeed, co-parents who do not perceive improving self-regulation as necessary or meaningful will likely not be motivated to set clear standards of behavior or goals to achieve this (Baumeister, Schmeichel, & Vohs, 2007).

Unclear standards and lack of self-awareness make it difficult, if not impossible, to self-monitor undesirable behavior (Baumeister & Vohs, 2007). High conflict co-parents' deficient self-awareness limits their capacity to identify, track, and correct potentially undesirable behaviors (Feinberg, 2003; Demby, 2009; Bailey et al., 2020). While reflecting on the characteristics of the other parent's behavior, they fail to be aware of their responsibility to control their own emotions, impulses, and reactions in the heat of the moment (Mischel, DeSmet, & Kross, 2014; Stokkebeek et al., 2021). A relevant illustration of this may be when co-parents find themselves in an argument (Mischel, DeSmet, & Kross, 2014). Disagreements among co-parents often escalate due to uncontrolled impulses and highly reactive behaviors (Adamson et al., 2010). However, in the absence of self-awareness, co-parents seldom examine how their

failure to self-monitor thoughts, emotions, and behavior contributed to the conflict (Demby, 2009; Koppejan-Luitze et al., 2021).

To stride towards desirable standards of behavior, individuals must interpret the need for change and be motivated contributors in the process (Baumeister, Schmeichel, & Vohs, 2007). However, the focus of high conflict co-parents is often directed toward their co-parents' lack of self-monitoring and what they must change (Demby, 2009). Both parents in high conflict situations are known to position themselves as the "good" co-parent (Mutchler, 2017). From this point of view, the good co-parent does not need to monitor their behavior. Indeed, the "good" co-parent often blames their undesirable behavior on their co-parent (Stokkebekk et al., 2021). Thus, their behavioral contribution to conflict is often passed off and attributed as a manifestation of their co-parent provoking them (Deutsch, Drozd, & Ajoku, 2020; Stokkebekk et al., 2021). As a result, this can lead co-parents down a path of rumination and assigning blame, effectively placing them even further from self-awareness (Mischel, DeSmet, & Kross, 2014).

High conflict co-parents are generally vulnerable to extreme stress (Bailey et al., 2020). The experience of ongoing conflict and volatile custody battles demands a significant amount of parents' energy (Baumeister, Tice, & Vohs, 2007; Bailey et al., 2020). The stress of juggling so many complex and highly emotional tasks saps co-parents' source of self-regulatory resources, creating particular vulnerability for ego depletion (DeWall et al., 2007). Attempting to maintain self-control amidst this juggling act reasonably suggests that co-parents may feel like they are pouring from an empty cup. Given this, it is unsurprising that high conflict co-parents often behave impulsively (Baumeister, Schmeichel, & Vohs, 2007; Demby, 2009).

When interactions are imminent, co-parents' attempts to manage the intense emotions leading up to this may deplete their willpower, effectively leaving them with fewer resources

amidst the interaction itself (Mischel, DeSmet, & Kross, 2014; Bailey et al., 2020). However, managing the impact of ego depletion could be the difference in co-parents cooperating or lashing out (Mischel, DeSmet, & Kross, 2014). A state of ego depletion can dominate parents' judgment and affect the self-control necessary for rationally navigating stressful situations (DeWall et al., 2007; Mischel, DeSmet, & Kross, 2014). Although self-regulation is likely a challenge for most individuals in the heat of the moment, this is especially true for those that enter the conflict already in a state of ego depletion (Mischel, DeSmet, & Kross, 2014). Under such conditions, co-parenting interactions are at risk of devolving into aggressive and impulsive exchanges (DeWall et al., 2007). In part, this may provide context as to how co-parents' continue to perpetuate their adversary despite this being observably unproductive by everyone involved.

Indeed, co-parents' tendency for response-focused regulation is significantly taxing and may weaken willpower. Although, effective self-regulation enables greater self-monitoring and better anticipation of events in which parents may be triggered to lose control or act impulsively (Baumeister, Schmeichel, & Vohs, 2007). Thus, improved self-regulation may allow co-parents to be proactive in potentially preventing them from engaging in opportunities to lose control in the first place.

High Conflict Co-Parenting & Self-Regulation Failure

Self-awareness is a key resource for effective self-regulation and a critical determinant of self-control (Donoghue & Rabin, 2001; Baumeister, Schmeichel, & Vohs, 2007). High conflict co-parents' diminished sense of self-awareness has the potential to undermine self-control and influence the interpretation that any interaction among parties is a threat (Kleiman & Enisman, 2018; Deutsch, Drozd, & Ajoku, 2020). This may provide an explanation for the highly emotional and impulsive reactions often displayed by parents who appear reflexively triggered

by any interaction with one another (Bailey et al., 2020). Given this, it is not surprising that high conflict co-parents often are at greater risk for self-regulation failure. (Demby, 2009; Baumeister, Schmeichel, & Vohs, 2007; Bailey et al., 2020).

The relationship between ego depletion, highly emotional and impulsive reactions, and self-regulatory failure is relatively straightforward. When parents' self-regulatory resources are low in high-stress situations, a state of ego depletion enables a bypass of conscious control over themselves (Mischel, DeSmet, & Kross, 2014). As self-regulation failure occurs emotional responses are triggered, and conflict is readily activated (Deutsch, Drozd, & Ajoku, 2020). This may suggest that many of the hostile interactions that occur among co-parents may likely contain self-regulatory failure at the root (Bailey et al., 2020; Baumeister, Schmeichel, & Vohs, 2007).

Implications of Self-Regulation Failure

The consequences of self-regulation failure likely will have some degree of negative impact on most individuals' lives (Baumeister, Schmeichel, & Vohs, 2007), but this may be particularly true for high conflict co-parents as the stability of their alliance is fundamentally affected by how they regulate their behavior (Bailey et al., 2020). Thus, the optimal well-being of all family members within high conflict family systems may be at risk amidst co-parents' uncontrolled emotional impulses (Feinberg, 2003; Bailey et al., 2020).

Indeed, this poses a threat to children's development of their own self-regulatory strength and self-control (Feinberg, 2003). Children learn many essential tasks from observing their parents, including the ability to self-regulate (Volpe, 2018). In the absence of parents' ability to self-regulate, they cannot model or offer co-regulation to their children, who may not be capable of doing so on their own (Bailey et al., 2020). Indeed, children may feel helpless in managing their emotions and experience difficulty understanding how to react appropriately when escalated

(Feinberg, 2003). This is a cause for concern, as ineffective self-regulation predicts adverse outcomes for children's socioemotional adjustment, academic performance, social competence, and attachment pattern (Schoppe-Sullivan & Mangelsdorf, 2013; Mischel, DeSmet, & Kross, 2014).

Acceptance and Commitment Therapy

Functional Contextualism & Relational Frame Theory

To develop a complete interpretation of Acceptance and Commitment Therapy (ACT) it is essential to understand the theoretical and philosophical underpinning that Functional Contextualism (FC) and Relational Frame Theory (RFT) provide. FC suggests that psychological events should be understood as ongoing and within context (Hayes et al., 1999). From a pragmatic perspective, FC emphasizes that any internal or external event must be understood within the present and in terms of its function to organize, predict, and influence behavior (Hayes et al., 1996). Essentially, within context, all behavior, thoughts, and feelings serve a function that is logical, valid, and directed toward achieving a given outcome. For example, a tire that cannot be patched may instinctively be associated with trash; however, this would be a failure to consider the tire within context. In one context, the tire may be trash. However, it may be repurposed and functional within an alternative context, such as a swing or a valuable element of an art installation. This process is referred to as workability and is central to FC's belief that the nature or form of thoughts, feelings, and behaviors are secondary to the context they occur (Hayes, 2004). In place of assigning judgmental labels to thoughts, behavior, or emotions, labels remain flexible, fluid, and dependent on circumstance (Harris, 2009).

RFT, a behavioral theory of human language and cognition, proposes that individuals' cognition and communication are conceptualized by associations generated among events and

stimuli arbitrarily controlled by context (Blackledge & Hayes, 2001; Blackledge, 2003). In essence, relating one concept to another is the foundation of human language. Language is responsible for transferring knowledge to events or stimuli that may not necessarily be related, but are related based on social convention (Hayes, 2004). Three components of RFT allow for the development of new relational networks: Mutual entailment, combinational entailment, and transformation of function (Hayes, Follette, & Linehan, 2004). Mutual entailment describes a symmetrical relationship between stimuli; if stimulus A relates to stimulus B in a particular context, humans can derive that B also relates to A (Hayes, 2004). Combinational entailment refers to when two stimuli are combined to produce a third relationship; if stimulus A is related to stimulus B, which is related to stimulus C, then stimulus A must also be related to stimulus C and vice versa. Lastly, function transformation occurs when a stimulus is transformed within the context of related stimuli (Hayes, 2004). For instance, if an individual is playing with a dog and experiences joy, the function associated with the dog is to create joy. However, if the dog were to bite them, they may experience fear. Thus, the function associated with the dog has transformed from joy to fear. When all three components mentioned earlier are established within context and a relational response, this is referred to as a “relational frame” (Blackledge, 2003; Wilson & Murrell, 2004).

Acceptance and Commitment Therapy

RFT and FC provide the foundation of ACT (Hayes, Barne-Holmes, & Roche, 2001; Hayes et al., 2004). ACT was initially theorized in the 1980s and has grown in robustness, validity, and sophistication since its inception (Hayes et al., 1994; Hayes, 2006). ACT is an evidence-based psychological theory that is applied broadly within an array of contexts, research, and clinical practice (Hayes et al., 1999; Lundgren et al., 2006; Gregg et al., 2007; Chase et al.,

2013; O'Donoghue et al., 2018; Aydin & Aydin, 2020; Giovannetti et al., 2022; Han, Wilroy, & Yuen, 2022). ACT is rooted in evolutionary and contextual principles (Hayes, Strosahl, & Wilson, 1999) and developed as an extension of B. F. Skinner's philosophy of radical behaviorism. ACT applies modern behavioral psychology and mindfulness concepts to acceptance, commitment, and behavior modification (Hayes, 2004).

ACT is a "third-wave" cognitive behavioral therapy, which emphasize acceptance and a more nuanced perspective of human behavior by considering humans within a more comprehensive context (Salande & Hawkins 2017). A core element of ACT is acceptance of the notion that all humans will inevitably experience psychological suffering, which results from processes tied to language, cognition, behavior, and learning from direct experiences (Hayes, 2004; Ciarrochi, Bilich, & Godsell, 2010). Strategies within ACT seek to transform these processes into more workable functions and strive to improve the overarching goal of ACT, psychological flexibility.

The practical application and efficacy of ACT has been evidenced in over 260 randomized controlled trials (Farahanifar et al., 2019; Hayes, 2019). The theory provides a unified model of behavior change and is unique from other evidence-based behavioral therapies often applied with pathology-based behavioral symptoms in mind (Hayes, Pistorello, & Levin, 2012; Strosahl, Robinson, & Gustavsson, 2012). ACT is flexible and does not include a rigid set of techniques allowing for its application past any one type of intervention, issue, or condition. In fact, ACT is adaptable to support potentially any individual and set of circumstances (Strosahl, Robinson, & Gustavsson, 2012). ACT has demonstrated evidence as a culturally responsive and effective theory for working with an array of populations, including the disability community, racially and ethnically diverse populations, individuals of low SES, and other marginalized

peoples and groups (Gaudiano & Herbert, 2006; Lundgren & Dahl, 2006; Gregg et al., 2007). Furthermore, ACT strategies have provided long-term positive outcomes for individuals across multiple contexts, including most areas of mental and behavioral health, chronic disease and medical disorders, weight management, and substance use (Hayes, Pistorello, & Levin, 2012).

Psychological Flexibility

Psychological flexibility (PF) is central to ACT and refers to an individual's capacity to remain present in the moment (Hayes et al., 2004). Furthermore, being open to and mindful of thoughts and emotions without endeavoring to alter them or allow them to take control (Hayes et al., 2006). Harris (2009) summarized PF simplistically as "being present, opening up, and doing what matters." PF enables individuals to change or persist in behavior despite obstacles or challenges to pursue living their most valued life (Harris, 2009).

Six core processes regulate psychological flexibility: acceptance, cognitive defusion, contact with the present moment, self as context, values, and committed action (Hayes, 1994). While each process is distinct, they are interrelated and best understood within the context of each other (Harris, 2009). The relationships between processes are nonlinear, although the direction of each process is theoretically meaningful (Harris, 2009). For instance, acceptance seems dependent on being in contact with the present moment, which also appears reliant on cognitive defusion, and so forth.

To strengthen PF, ACT focuses on applying mindfulness, acceptance processes, and commitment to behavioral change to improve flexibility (Hayes, 2004). Mindfulness has an underlying presence in all processes within ACT (Hayes, 2004). Thus, ACT defines the concept as "the defused, accepting, open contact with the present moment and the private events it

contains, as a conscious human being, experientially distinct from the content being noticed” (Hayes, 2004).

Acceptance

The process of acceptance encourages individuals to accept their thoughts, feelings, and behaviors without attempts to avoid or reject them (Wilson & Muller, 2004). Acceptance is considered the inverse of experiential avoidance (Hayes et al., 2012). RFT describes the concept of experiential avoidance as the unwillingness to interact with particular internal stimuli, experiences, or events due to maladaptive relational frames (Hayes, 2004). Experiential avoidance is considered detrimental to the processes necessary to behave flexibly and effectively (Hayes et al., 2011; Ramaci et al., 2021). Attempts to eliminate, escape, or reduce the frequency of interactions with specific events or contexts create further distance from resolution and may cause psychological or behavioral harm (Hayes, 2004; Hayes et al., 2011).

Acceptance combats avoidance by enabling mindful awareness of internal experiences and events that may otherwise be consciously or unconsciously avoided (Baer, 2010). Although acceptance does not end suffering, the process allows individuals to experience events directly as they occur to foster values-based action (Harris, 2009). Essentially, the more extensively an individual can perceive and accept the reality of situations, the less prone they will be to formulating aversive attachments to stimuli or events (Hayes, 2006).

Cognitive Defusion

RFT proposes that language creates conditioned responses developed between words, feelings, and thoughts (Blackledge, 2003). This is referred to as cognitive fusion, which suggests that relational frames keep individuals trapped, or “fused,” to specific mental, emotional, and behavioral patterns (Hayes, Stroschal, & Wilson, 1999). Cognitive defusion strengthens

psychological flexibility and modifies undesirable functions of thoughts, feelings, and behavior by altering the context in which individuals interact with these (Hayes, 2006).

Cognitive defusion generally manifests as decreased believability and personal attachment to thoughts, feelings, and behaviors. Utilizing language as a tool, instinctive responses can be weakened, allowing individuals to transform contexts into more workable functions (Hayes, 2006). Within a workable context, individuals can interact with thoughts by mindfully noticing them and their function and subsequently externalizing or assigning non-evaluative observations. For example, an individual may transform a thought from “I am incompetent” to “I am noticing I have a thought that I’m incompetent.” Effectively creating an alternative context where the thought is not directly experienced as what it refers to but within a context where the thought is nonlinear or evaluative (Hayes et al., 2013).

Being Present

An individual’s capacity to remain in contact with the present moment is central to ACT (Harris, 2009). Lending from the philosophical roots of FC, ACT emphasizes that it is imperative to remain non-judgmentally aware and in constant contact with the present moment (Hayes, 2006). When individuals are engaged in experiential avoidance, the desire to remove themselves from anywhere other than where the aversive event is occurring becomes a central focus (Hayes et al., 2012).

Cognitive fusions significantly impair individuals' ability to be present (Larsson et al., 2016). Fused thoughts, emotions, and behaviors impact workability and have the potential to control individuals’ experience of direct consciousness (Hayes, 2006). Thus, the fundamental purpose of this process is for individuals to mindfully connect to their world in a manner that will allow for less rigid behavior and actions that are more aligned with their values (Hayes,

2006). When workability can exert control over reactive responses, individuals can be conscious of direct experiences without attempting to predict, alter, or assign judgment. This produces greater self-control and the development of self as context (Hayes et al., 2013).

Self as Context

RFT describes human language development as the impetus of relational frames used to conceptualize a sense of self and locus of perspective (Hayes, Barne-Holmes, & Roche, 2001). The conceptualized self allows for self-positioning within various “I-positions” (Schultz & Ryan, 2015). These are used to describe senses of self, thoughts, feelings, or behavior via statements such as “I am...” or “I did...”. For instance, individuals may evaluate themselves by the statement, “I am intelligent.” Although the declaration of self, “I am...”, is tied to language and not necessarily reflective of the content, “intelligence,” but of the perspective in which the evaluation was made (Hayes, Barne-Holmes, & Roche, 2001). Thus, when individuals self-assign labels and create narratives of themselves and their behaviors, thoughts, and feelings, they become beholden to language (Harris, 2010).

Self as context considers the individual as they are in the present rather than an amalgamation of their own stories and historical experiences (Hayes, 2004). ACT seeks to detach individuals from language by undermining a perceived conceptualized self that has been developed by personal narratives and evaluative stories (Hayes, 2004). Detachment from language fosters cognitive defusion, perspectives of self within alternative contexts, and greater flexibility to allow content to simply be noticed and accepted without assigning personal attachment (Hayes, 2006). Essentially, individuals can be aware of their own history and perspective without allowing this to dominate their contact and perception of self in the present.

Values

The core processes of ACT discussed thus far are not ends in themselves; rather, they act to clear the way for people to live consistently within their values. Values are what individuals consider to be the most meaningful aspects of their lives (Chase et al., 2013). These may be held consciously or unconsciously, providing direction for purposeful action (Harris, 2009). ACT utilizes values clarification to leverage the power of language to motivate individuals toward behavioral change in the direction they find to be the most meaningful (Hayes, 2004). This allows for choices that will reduce suffering and enable the pursuit of a life well-lived. Within ACT, values are not conceptualized as something that can be “accomplished” but are omnipresent across contexts to guide individuals to recognize a path forward (Wilson & Murrell, 2004; Ciarrochi, Bilich, & Godsell, 2010). Values motivate individuals towards committed actions that will allow them to live a life consistent with their values (Chase et al., 2013).

Committed Action

Commitment describes action towards values (Gaulier et al., 2006). Commitment directs what individuals care about the most, while values serve as a motivator (Hayes, 2006). Individuals who have successfully integrated the core processes of ACT can commit to actions that will allow them to function in a more workable and valued context (Hayes, 2004). As commitments towards a goal, process, or task carry individuals forward, they must continue to take action in that direction even when met with obstacles.

Commitment enables individuals to respond differently to their world, persist toward meaning, and be more flexible in behavioral responses (Hayes, 2006). Although, committed action is not a singular effort in which behavior is organized thereafter. ACT poses that the

process of committed action may require individuals to continuously return to endeavors that will move them toward valued directions (Hayes, 2006).

Acceptance and Commitment Therapy & High Conflict Co-Parenting

The six core processes of ACT are interrelated and must work in concert to achieve psychological flexibility (Hayes, 2006). However, high conflict co-parents demonstrate substantial deficiencies within each process. Psychological inflexibility impedes co-parents' capacity to act intentionally, and the inverse of the six core processes; experiential avoidance, cognitive fusion, the dominance of the conceptualized past and future, attachment to the conceptualized self, loss of contact with personal values, and unworkable action, allow thoughts to dominate parents consciousness and disrupt behavior that is aligned with their values (Harris, 2009).

Experiential Avoidance

Conflict in and of itself is a form of experiential avoidance (Hayes, Pistorello, & Levin, 2012). Ongoing conflict often distracts co-parents from experiencing more painful emotions that generally lie beneath the surface amidst high conflict divorces or separations, such as disappointment, sadness, and loss (Hayes, Strosahl, & Wilson, 2011). Avoidance of these feelings provides a method for intellectualizing their situation instead of processing it (Strosahl, Gustavson, & Robinson, 2012).

Despite being at the epicenter of ongoing conflict, co-parents seldom accept responsibility for their actions that initiate conflict and generally avoid this by blaming their co-parent (Anderson et al., 2010; Deutsch, Drozd, & Ajoku, 2020). However, this demonstration of experiential avoidance only creates an ongoing opportunity for blame, accusations, and skirting

accountability. This cycle is unproductive and perpetuates suffering (Demby, 2009; Stokkebekk et al., 2021).

Cognitive Fusion

Cognitive fusion is an entanglement of thoughts that dominate individuals' awareness and behavior (Harris, 2008). Cognitive fusion may explain why high conflict co-parents struggle to separate their interpersonal discord from the context of their co-parenting relationship (Anderson et al., 2010; Barth et al., 2020). Cognitive fusions are often formulated by pain and anger, which may generate fusion to a context in which co-parenting serves an adversarial function (Mischel, DeSmet, & Kross, 2014; Oehme et al., 2016). Thus, relational frames are developed that allow co-parents to remain entrenched in negative emotions and critical thoughts about their co-parent. This not only facilitates rumination but potentially stunts opportunities for growth, as the attachment to their co-parent's critical, dogmatic, or inflexible beliefs provides little room for developing a more flexible perspective (McHale, Kuerston-Hogan, & Rao, 2004). Hence, this may explain why an estimated 20% of high conflict co-parents remain in court single-minded towards "winning" custody for three or more years (Anderson et al., 2010).

Dominance of the Conceptualized Past & Future

Lack of self-awareness, intense emotion, and cognitive fusion are barriers to remaining in contact with the present moment (Mischel, DeSmet, & Kross, 2014). High conflict co-parents' fusion to interactions serving a combative function evokes the establishment of preconceived notions and expectations before any interaction even occurs (Demby, 2009). This poses an obvious challenge to being present during interactions and makes it difficult for parents to be mindful of regulating their thoughts, behavior, and emotions (Mischel, DeSmet, & Kross, 2014).

In the moment, it is not uncommon for co-parents to become subsumed by past events, distrust, and hatred (Demby, 2009). However, this evokes a need to dominate and control interactions in the here and now, further limiting the capacity to focus attention inwards and experience the interaction fully and accurately (Demby, 2009; Bogels et al., 2014). Consequently, the inability to be present directly impacts individuals' ability to make contact with their values (Strosahl, Gustavson, & Robinson, 2012). As a result, responses are dominated by impulses and emotions (Strosahl, Gustavson, & Robinson, 2012).

Attachment to the Conceptualized Self

The hatred fostered between high conflict co-parents diminishes their capacity for reflective self-awareness (Demby, 2009). In the absence of self-awareness, co-parents often become attached to an idealized conceptualization of self (Stokkebekk et al., 2021). Even co-parents who otherwise have achieved an integrated and objective sense of self may regress and begin to define themselves in reaction and opposition to the other parent (Demby, 2009). Co-parents' linguistic processes and relational facilitate the development of "I-positions" (Hayes, 2006; Stokkebekk et al., 2021). Despite the shared contribution to conflict, co-parents often evaluate themselves through positions such as "I am the good co-parent," regardless of whether or not this declaration is an accurate reflection (Hayes, 2006).

These positions demonstrate poor self-awareness and increased use of defense mechanisms (Schultz & Ryan, 2015). In such cases, exemplary aspects of one parent are categorically denied in favor of the other parent's narrative (Demby, 2009). Conveniently, this provides a means of justifying poor behavior (Stokkebekk et al., 2021). This also allows co-parents to avoid emotion and accountability, which could likely reveal a more accurate self-representation (Hayes, 2004).

Loss of Contact with Personal Values

It has been suggested that personal values are a powerful motivator of behavior (Chase et al., 2013). Values provide individuals with a guide for making choices; however, in high conflict situations, co-parents' values system and morality can be subsumed by hatred (Demby, 2009; Chase et al., 2013). Co-parents' poor self-awareness and denial of personal responsibility limit their capacity to remain in contact with their values (Adamson & Pasley, 2006; Gomez et al., 2014). Even parents with adequate self-awareness may intentionally avoid connecting with their values, as this would shatter their rationalization for engaging in ongoing conflict (Strosahl, Gustavson, & Robinson, 2012). Thus, co-parents' loss of contact with their values often manifests as avoidance of adaptive behavior or actions driven by fusion and disinhibited guilt (Harris, 2009; Koppejan-Luitze et al., 2021).

Unworkable Action

When individuals lose contact with their values, they experience a loss of direction, meaning, and a sense of ownership over their lives (Strosahl, Robinson, & Gustavson, 2012). A lack of valued direction produces patterns of unworkable action that pull individuals away from mindfulness and directs them towards avoidance or impulsive reactions (Harris, 2009; Baer, 2010). This renders individuals less motivated and prepared to pursue actions that may lead to more meaningful ends (Bogels et al., 2014). Within the context of high conflict co-parenting, this is often demonstrated by impulsive reactions to perceived threats or avoidance of actions that may be more meaningful (Koppejan-Luitze et al., 2021). Instead, parents' efforts are often directed toward avoiding criticism or accountability (Harris, 2009; Strosahl, Robinson, & Gustavson, 2012). Although, this effectively confines parents to suffering within an ongoing cycle of pain, rumination, and inaction toward what is meaningful.

A Call for Intervention: High Conflict Co-Parenting & ACT

When chronic conflict has been established, especially at more severe levels, it is unlikely that parental disputes will be resolved without intervention (Demby, 2009). The risk of increasing children's exposure to the damaging effect of conflict may continue to rise significantly unless firm structures can be externally imposed (Demby, 2009). In light of this, court officials and family professionals continue to call for further development of interventions that may provide a non-litigious alternative to addressing co-parenting conflict (Blaisure & Geasler, 2006; Mitcham-Smith & Henry, 2007; Schramm & Becher, 2020). Indeed, there is a need for interventions that may evoke high conflict co-parents to experience a paradigm shift that may positively impact their ability to co-parent (Barth et al., 2020). To answer the call for intervention, ACT may provide pertinent assistance to high conflict co-parents and a credible framework for supporting CEIs.

CHAPTER III

PROTOCOL OF THE INTERVENTION

Background of the Initial Intervention

Arizona state law requires all divorcing or separating parents to participate in a parenting education course via the Arizona Superior Court (Geasler & Blaisure, 1999). However, completing this course requires as little as four to six hours. While the course provides some information on co-parenting, it generally focuses on children's adjustment to divorce and separation. Thus, the need for an intervention that would devote specific attention to high conflict co-parenting was apparent, leading to the development of the original intervention in 2019 by a private psychological practice in southern Arizona, specializing in reunification family therapy, custody evaluations, and other services relative to high conflict families. Although the intervention was not affiliated with the Arizona Superior Court, participants primarily included parents involved in contested custody matters.

The intervention was initially developed as an 8-week co-parenting education course. Per Geasler & Blaisure's (1999) categorization of the size of CEIs, the intervention was considered a small-scale intervention intended to serve less than 300 parents annually. The intervention was advertised as an educational program for co-parenting communication and parenting skills using Bowlby & Ainsworth's attachment theory. The curriculum covered co-parenting topics such as compromising, keeping children out of the middle, parenting-time exchanges, and assorted parenting topics such as the developmental stages of children, parent-child attachment, and the five love languages of children. Books and manuals on co-parenting, divorce, and parenting (Ricci 1997, 2006, 2012; Bird & Kuhlman, 2007; Johnson, 2019) and online resources were used to develop the intervention's curriculum. Although less prominent, peer-reviewed content was

also consulted (Ainsworth & Bowlby, 1991; Baker et al., 2011; Nicols, 2014; Van Lawick & Visser, 2015).

The intervention implemented a traditional CEI structure, with group sessions held in person and led by a facilitator. However, due to the COVID-19 pandemic, the intervention was rapidly shifted to a live-online format in March 2020. The structure for course delivery intended to balance lecture, discussion, and skill application with frequent communication skills-building opportunities and role play. In addition to the group sessions, homework reflections were assigned weekly and were evaluated based on completion. After the intervention, parents who attended all sessions and submitted all reflections received a certificate of completion.

Redevelopment of the Intervention: Informal Program Evaluation

It is essential to periodically evaluate an intervention's content and implementation to make necessary updates and adjustments to ensure efficiency (Pancer & Westhues, 1989). However, the existing intervention had not undergone any evaluative process or updating since its development in 2019. Thus, an informal program evaluation was conducted by observing the full 8-week intervention. The goal of the evaluation was to evaluate the intervention's infrastructure, course curriculum development, materials used to inform core content, degree of theoretical implementation, and the quality of facilitation. While the systematic process of a formal program evaluation may have provided greater depth, both formal and informal evaluations can significantly support identifying necessary improvements to ensure quality and greater programmatic success (Koroluk, 2017).

Infrastructure & Delivery

The COVID-19 pandemic necessitated the intervention's transition to live-online delivery. While shortcomings related to this adjustment could reasonably be expected initially,

these had not been rectified in the existing CEI. Poor adaptation of in-person interventions to online can affect motivation and learning outcomes (Mullen & Tallent-Runnels, 2006), which may potentially explain why many CEIs have sustained criticism for demonstrating minimal consideration towards engagement and instruction methods specifically optimized for online delivery (Bowers et al., 2011; Schramm & Becher, 2020). However, when used intentionally and to its full extent, live-online delivery provides ample possibilities for engagement and interaction.

The intervention did not use technology to its advantage; supplemental materials to support engagement, such as infographics, slide presentations, or interactive learning tools, were not observed during the program evaluation. This was a notable limitation, as interactive elements are critical for engagement in virtual CEIs (Bowers et al., 2011; Choi et al., 2018). The resources used to deliver the intervention, including the video platform and online classroom application, further limited engagement. The platform lacked interactive features such as breakout rooms, and while it did include a chat feature, this was not highlighted or used. The classroom application was similarly inefficient, as most of its features were disabled. Most notably, although a grade book and feedback feature were available, these were not implemented to assess the weekly reflections. High conflict co-parents generally lack self-awareness (Demby, 2009), making the lack of interactive and tangible feedback a critical concern.

Relevance & Quality of Content

The intervention lacked a clear and consistent foundation of evidence from the literature and research on CEIs. Although some of the books used to develop the intervention's curriculum were authored by credible scholars and experts in court-involved family matters (Ricci 1997, 2006, 2012; Bird & Kuhlman, 2007; Johnson, 2019), less reliable sources of information such as

attorney websites, editorial pieces, and parenting and therapy blogs, were also consulted.

However, using potentially biased and unscientific materials threatens the quality and experience of an intervention (Geasler & Blaisure, 1998; Billings, Robbins, & Gordon, 2008). Indeed, previous participants' feedback revealed skepticism about the credibility of certain materials and doubts about the efficacy of the intervention based on certain content that seemed anecdotal or biased. Of particular note was using self-assessment tools to determine their “love language,” parenting style, and communication style; participants found these unrealistic and questioned the validity of these tools and their sources.

Mixed feelings were also noted regarding the inclusion of topics such as parallel parenting, a method of shared parenting in which parents are instructed to disengage and interact as little as possible (Blaisure & Geasler, 2006), and the controversial, widely denounced, and debunked concept of parental alienation syndrome (PAS) (Dalton et al., 2006; Meier, 2009; Saunders, Faller, & Tolman, 2012; Milchman, Geffner, & Meier, 2020; Warshak, 2020), a theorized mental disorder that postulates children reject a target parent singularly in response to another parent's persistent manipulation to indoctrinate children to hate the target parent (Gardner, 1999). Overall, the content of the intervention could have been more legitimate and topical.

Despite the intervention's intent to focus exclusively on high conflict co-parenting, topics that were not directly relevant to this were included. Significant attention was given to parenting content, including parenting skills, developmental stages of children, parent-child attachment, disciplining children, and helping children cope with emotion. While this was valuable information, it distracted from the intervention's primary intent. Potentially further exacerbating this may have been a lack of content relevant to the interpersonal factors of co-parenting, even

though individual vulnerabilities and interpersonal issues heavily influence conflict (Demby, 2009; Anderson et al., 2010; Oehme et al., 2016; Szepsenwol, 2020).

Indeed, the extent of content relative to interpersonal aspects of co-parenting was limited to information about primary and secondary emotions. The negative implications of resentment were briefly noted, but there was no opportunity for parents to reflect on how resentment had affected their ability to co-parent. However, this process is essential, as parents must address feelings of resentment to co-parent cooperatively (Malcore, Windell, & Hill, 2009).

Lack of Theoretical Implementation

The intervention's deficient foundation of literary evidence on CEIs, the debatable quality of materials consulted in curriculum development, and an insufficient theoretical framework may have been responsible for the lack of clarity on the intervention's intent and purpose. To conceptualize curriculum development, activities, facilitation, progress, and outcome expectations, CEIs must be grounded within a relevant and well-articulated theoretical framework (Hughes, 1994). Furthermore, the importance of utilizing empirical, peer-reviewed, and theoretically-informed content to develop psychoeducational interventions continues to be heavily emphasized (Blaisure & Geasler, 2006; Billings, Robbins, & Gordon, 2008; Hardman et al., 2019). Despite this, consultation of materials of this nature was seemingly limited in curriculum development and course delivery.

While the intervention purportedly was intended to be based on attachment theory, observations during the program evaluation yielded that the intervention sorely lacked a clear theoretical foundation. Indeed, this was not evident, despite the intent of an attachment-based framework. The extent of the observed implementation of attachment theory was limited to providing parents with information about different attachment styles. Apart from this, an explicit

or implicit underpinning of attachment theory was not apparent. It is also worth considering that even had attachment theory been applied, a parent-child attachment theory may not be the most applicable for an intervention targeting co-parenting.

Quality of Facilitation

The initial framework that intended to balance facilitation between lecture, discussion, and opportunities for skill application was markedly imbalanced. Except for communication skill-building exercises, the intervention primarily involved lectures. This imbalance may have been a side-effect of lacking an established conceptual framework to guide facilitation. While facilitators must uphold an intervention's intended design, this is impossible without a clear framework (Billings, Robbins, & Gordon, 2008). Thus, continuity between theory and practice is necessary for upholding the quality, implementation, and effect of CEIs (Salem, Sandler, & Wolchik, 2013).

A guiding theoretical framework is critical for interventions to accomplish what they intend (Hughes, 1994; Billings, Robbins, & Gordon, 2008; Keating, 2011; Bowers et al., 2014; Hardman et al., 2019). When inconsistent and disorganized evidence provides the foundation for an intervention, facilitators are more likely to “stray from the intended content and preach their own doctrine” (Billings, Robbins, & Gordon, 2008). This consideration may provide context to the observation that the facilitator’s perspective, individual anecdotes, and personal family stories were routinely interwoven into the content. While there is something to be said for self-disclosure, frequent use of personal stories can distract and dilute the efficacy of an intervention’s curriculum (Billings, Gordon, & Robbins, 2008).

Although the facilitator shared extensively, it was observed that parents significantly lacked opportunities to share or connect. The lecture-style facilitation could have been much

more engaging and provided opportunities for interaction between participants and between participants and the facilitator. Instead, it effectively inhibited parents from experiencing the therapeutic processes of a group, such as universality or validation, which may impact the motivation of a group to perform optimally (Yalom, 1995).

Despite the established evidence that group-based CEIs are effective (Owen & Rhoades, 2012; Barth et al., 2020; Cox et al., 2021), groups that lack interaction and strategies to engage parents have the potential to affect their experience, comprehension, and willingness to co-parent (Barth et al., 2020). Furthermore, the behavior and manner in which facilitators engage with a group impact participants' perceptions of their helpfulness and competence (Kivilghan, Multon, & Brossart, 1996; Barth et al., 2020). Thus, it may not be unreasonable to assume that the role of the facilitator as a detached lecturer may have posed a barrier to the effect of the intervention.

Redevelopment of the Intervention

Parents and other stakeholders in high conflict co-parenting matters should be assured that CEIs are monitored for quality, updated periodically, and demonstrate evidence of effectiveness (Billings, Robbins, & Gordon, 2008; Oehme et al., 2016). However, only 14% of CEIs have reported that their program has undergone any evaluation (Ellis & Anderson, 2003; Whitehurst, O'Keefe, & Wilson, 2008). Thus, the informal program evaluation, previous participants' feedback, and the literature on high conflict co-parenting and CEIs, were used to address the limitations observed within the intervention.

Addressing Infrastructure & Delivery

The informal program evaluation revealed many deficits in the intervention's infrastructure and delivery. CEIs must be purposeful in using technology, online learning strategies, and methods for engagement (Turner et al., 2021). Indeed, Bowers et al. (2014)

suggest that the success of CEIs depends on the efficient implementation and management of technological infrastructure. To accomplish this, program evaluations of online CEIs (Bowers et al., 2011, 2014; Ferraro et al., 2016; Cronin et al., 2017; Choi et al., 2018; Schramm & Becher, 2020; Turner et al., 2021) were reviewed to identify ways in which the infrastructure and delivery of the intervention could be improved.

To reflect the trends in the literature, it was a priority to integrate best practices to enhance interaction, engagement, and understanding (Hughes, 1994); in response, presentation slides were developed, and images and multimedia (e.g., videos and audio clips) were added to the curriculum. A program evaluation by Bowers et al. (2011) of six online CEIs was particularly instrumental in this process. The evaluations concluded that interventions that took full advantage of technological resources and online instructional strategies were more interactive and engaging. These findings were consistent with information presented in other program evaluations of online CEIs that have suggested implementing best practices, such as providing high-quality audio, modern graphics, videos, and ample opportunities for interaction, may mediate the outcome of interventions (Bowers et al., 2014; Ferraro et al., 2016; Cronin et al., 2017; Choi et al., 2018; Schramm & Becher, 2020; Turner et al., 2021).

A more interactive and sophisticated video platform that included breakout rooms, a hand-raise function, and a chat feature for co-parents to engage and interact throughout sessions was also adopted. The classroom application was redeveloped, and features such as assignment folders, assignment dropboxes, and the grade book and feedback component were all enabled. These modifications enhanced organization and delivery and, perhaps most importantly, allowed participants to receive consistent feedback on their progress.

Establishing a Foundation in Scientific Evidence & Content

An intervention's conceptual and scientific foundation must be represented within the materials and strategies used to develop core content and activities (Salem, Sandler, & Wolchik, 2013; Blaisure & Geasler, 2006). However, participants of CEIs have expressed skepticism about how current, credible, or applicable the materials and information used to develop interventions are (Geasler & Blaisure, 1998; Oehme et al., 2016; Turner et al., 2021). Specific to this intervention, feedback from previous participants reflected a similar degree of skepticism. This feedback, and observations from the informal program evaluation, reflected a need for the curriculum to be redeveloped using legitimate research and literature on CEIs.

Some topics and activities from the initial curriculum were retained, including assorted co-parenting content, such as the benefits of co-parenting, managing expectations, communication styles, and exercises for developing and practicing cooperative communication skills. Topics that did not exclusively apply to co-parenting (e.g., the five love languages of children, disciplining children, helping children cope with emotions, etc.) were removed. The topics of parallel parenting and parental alienation syndrome were also removed, as neither topic supports cooperative co-parenting.

An essential task of CEIs is establishing content priorities to ensure that the most relevant and valuable topics are addressed (Turner et al., 2021). To redevelop the curriculum, multiple program evaluations and studies of CEIs were sourced to identify common topics, how other CEIs have determined core concepts, and how they have implemented a clear theoretical framework (Geasler & Blaisure, 1999; Feinberg, 2003; Caprara et al., 2004; Adamson & Pasley, 2006; Bird & Kuhlman, 2007; Billings, Robbins, & Gordon, 2008; Demby, 2009; Anderson et al., 2010; Malcore et al., 2010; Bowers et al., 2011; Owen & Rhoades, 2012; Salem, Sandler, &

Wolchik, 2013; Lamela et al., 2016; Ferraro, 2017; Jeppsen, 2017; Choi et al., 2018; Steinbach, 2019; Bailey et al., 2020; Barth et al., 2020, Szepsenwol, 2020; Nunes et al., 2021). Consultation of these materials informed which new topics would be included in the curriculum. These topics included active listening, conflict resolution, and Feinberg's (2003) components of cooperative co-parenting (e.g., joint family management, support vs. undermining, child-rearing agreement, and division of labor).

While reviewing the more recent literature on CEIs, it was observed that a greater emphasis had been placed on content relative to how high conflict co-parenting precipitates distressing interpersonal issues. Interpersonal struggles, such as disrupted cognitive processes, and feeling emotionally overwhelmed, hopeless, impulsive, and insecure, have all been suggested as particularly salient issues that may affect how parents co-parent (Ferraro et al., 2016; Cronin et al., 2017; Barth et al., 2020; Bailey et al., 2020; Deutsch, Drozd, & Ajoku, 2020; Cox et al., 2021; Koppejan-Luitze et al., 2021). Given that the original curriculum significantly lacked attention to interpersonal issues, it was evident that there was a need to include and prioritize content, information, and skills for identifying and coping with interpersonal issues that may affect co-parenting. To sufficiently accomplish this, establishing a theoretical framework that would support interpersonal and co-parenting-educational needs was necessary.

Implementing a Clear Theoretical Framework: Acceptance and Commitment Therapy

Acceptance and commitment therapy was established as the foundation of the intervention. ACT is an evidence-based psychological theory that has been widely researched and supported across a broad range of psychoeducational interventions (Hayes et al., 1999; Lundgren et al., 2006; Gregg et al., 2007; Chase et al., 2013; O'Donoghue et al., 2018; Aydin & Aydin, 2020; Giovannetti et al., 2022; Han, Wilroy, & Yuen, 2022). ACT has provided the

foundation for many successful family-based therapeutic and educational interventions that have addressed matters like marital functioning, parent well-being, positive parenting strategies, and divorce (Coyne, McHugh, & Martinez, 2011; Bogels et al., 2014; Farahanifar et al., 2019; Byrne et al., 2021).

Although ACT had not been implemented as a framework for CEIs, its effectiveness within similar populations and circumstances suggested it may be particularly applicable. Furthermore, ACT's contextual underpinnings were anticipated to meet co-parents' needs, as the theory postulates that the development and maintenance of individuals' problems occur within an interpersonal and relational context (Coto-Lesmes, Fernandez-Rodriguez, Gonzalez-Fernandez, 2020). The successful regulation of ACT processes could enable parents to confront, cope, and detach from unworkable contextualization that have interfered with how they function and interact within their co-parenting relationship.

Research on family-based ACT psychoeducational interventions was reviewed to develop the intervention's framework and to inform its structure, facilitation, and curriculum. An example of one of these studies was Byrne et al.'s (2021) systematic review of 27 ACT-based supportive parenting interventions. The curriculum of the interventions examined in the review emphasized mindfulness skill development, acceptance, and cognitive defusion exercises. The systematic review concluded that, on average, participants demonstrated improved psychological well-being and less stress following ACT-based interventions. These results assisted in the rationale for implementing ACT strategies and exercises for mindfulness skill development, acceptance, and cognitive defusion within the new curriculum.

A study by Peterson et al. (2009) also informed redevelopment within ACT. The investigation examined the effect of a multi-session ACT intervention for distressed couples via

cognitive defusion exercises, mindfulness, acceptance techniques, and values-directed action. The results indicated that partners' engagement with ACT strategies increased their relationship satisfaction and interpersonal functioning and reduced feelings of distress. Given high conflict co-parents' significant struggles with interpersonal functioning (Demby, 2009) and high stress (Bailey et al., 2020), these results provided even further rationale for implementing ACT.

Flujas-Contreras, García-Palacios, & Gómez's (2021) analysis of an ACT-based parenting intervention's effect on improving emotion regulation and psychological flexibility was consulted in the curriculum redevelopment process as well. The intervention engaged parents in exercises for promoting awareness and attention to the present, using acceptance-based regulation strategies to prevent avoidant behavior and emotional suppression, perspective-taking, defusion, and values-driven behavior. Post-intervention, parents reported improvements in healthy coping skills and psychological flexibility.

Core concepts, strategies, and exercises noted within Byrne et al.'s (2021) review, Peterson et al.'s (2009), and Flujas-Contreras, García-Palacios, & Gómez's (2021) studies, and other ACT interventions to be explored later in this chapter (Gomez et al., 2014; Larsson et al., 2016; Paliliunas, Belisle, & Dixon, 2018; Naghani, Najarpourian, & Samavi, 2020; Bodden & Matthijssen, 2021), were added to the curriculum. Specifically, mindfulness training, values exploration and clarification, acceptance techniques, acceptance-based regulation strategies, preventing avoidance and emotional suppression, perspective taking, use of direct and indirect metaphors, paradoxical activities, cognitive defusion exercises, and experiential exercises focused on values-committed action. These concepts, strategies, and practices were supplementally supported via consultation of ACT manuals (Hayes et al., 2004; Hayes, Follette,

& Linehan, 2004) and clinical manuals authored by internationally renowned ACT experts (Harris, 2006, 2008, 2009, 2010, 2013; Hayes, Strosahl, & Wilson, 2011)

Reconceptualizing Facilitation

Reconceptualizing the intervention within ACT addressed limitations associated with substandard facilitation. Nearly every aspect of the intervention's facilitation was discarded or redeveloped; however, the intervention was still facilitated in a group. This element was retained, as CEIs' implementation of engaging and interactive group facilitation can positively influence co-parents' transition through stages of change (Barth et al., 2020). The benefits of engaging and interactive group CEIs can be substantial, although this can be derailed by a lack of interaction between participants and detached, minimally engaging facilitation.

Barth et al. (2020) highlighted this by examining which specific mechanisms of CEIs contribute to co-parents' willingness to engage in cooperative co-parenting. The findings reflected that minimally interactive lecture-focused facilitators who appeared to be "just going through the motions" were perceived as incompetent and elicited co-parents to feel invalidated and judged, and had no positive effect on parents' motivation to co-parent. On the contrary, a correlation was found between co-parents' willingness to co-parent and facilitators' effectiveness in leading the group in activities, validating participants, and engaging the group in discussion. The quality of the interaction between facilitators and participants was the most significant contributing factor to co-parents' experiencing a shift in willingness to co-parent.

Considering the findings of Barth et al. (2020), and other research found within the group CEI literature (Whitehurst, O'Keefe, & Wilson, 2008; Owen & Rhoades, 2012; Cox et al., 2021), it was glaring that a change needed to be made in the intervention's facilitation. Thus, modifications were made to reflect trends of successful interventions within the CEI literature

and to incorporate ACT. Adjustments included opportunities for parents to share and receive validation while maintaining clear boundaries to ensure that all co-parenting-educational content would be covered. The environment cultivated by implementing ACT was also anticipated to provide a particularly safe and nonjudgmental framework for supporting frequent opportunities for connection, more significant interactions, and relatability between participants and the facilitator (Lewin et al., 2020). The rationale for this was that ACT-informed facilitation does not unnecessarily endorse power dynamics between facilitators and participants. Instead, facilitators serve as collaborative and supportive guides who provide individuals with empathy, understanding, and perspective (Pakenham, Scott, & Uccelli, 2018).

Facilitators also provide a model for vicarious learning, psychological flexibility, and present-moment awareness (Harris, 2013; Pakenham, Scott, & Uccelli, 2018). This model is essential, as parents learning to notice their thoughts and emotions in the moment, without judgment, holds potential implications for enhancing values-driven behavior (Lewin et al., 2020). Regularly orienting parents to the present can influence mindful awareness and disincentivize preoccupation with negative thoughts, feelings, and memories (Moran, 2019; Lewin et al., 2020). Indeed, being present can underscore greater motivation toward values and the development of psychological flexibility (Lewin et al., 2020). In turn, psychological flexibility may be a valuable resource for co-parents (Bond, Hayes, & Barnes-Holmes, 2006).

Psychological Flexibility & the Intervention at Hand

Following divorce or separation, co-parents can become consumed by angry and resentful thoughts, feelings, and behavior (Demby, 2009; Koppejan-Luitze et al., 2021). Consequently, this can negatively affect psychological flexibility and derail parents from acting in alignment with their values (Daks & Rogge, 2020). Inflexibility can lead parents to constant rumination and

avoidance of their emotions (Mischel, DeSmet, & Kross, 2014), often symptomatic of cognitive fusions exacerbated by unresolved emotion and avoidance (Bond, Hayes, & Barnes-Holmes, 2006).

Avoidance and anger serve as mechanisms of control to insulate parents from experiencing painful thoughts and emotions (Anderson et al., 2010; Hayes, Strosahl, & Wilson, 2011). While these mechanisms may work temporarily, they are not sustainable and can result in lower family cohesion, rigid attitudes, and dysregulated behavior (Daks & Rogge, 2020; Coto-Lesmes, Fernandez-Rodriguez, Gonzalez-Fernandez, 2020; Koppejan-Luitze et al., 2021). This can trap co-parents in a never-ending feedback loop of negative thoughts and feelings, which effectively inhibit any ability to be present (Bonach, 2007; Strosahl, Gustavson, & Robinson, 2012). In light of these considerations, the intervention sought to undermine parents' agenda of avoidance, control, and fusion via the development of psychological flexibility.

Defusion from thoughts and emotions that inhibit the ability to be present and pursue values-driven behavior is essential for developing psychological flexibility (Harris, 2009). Cognitive defusion trains individuals to transform how they relate to their thoughts, fully experience the present, and notice distressing thoughts and emotions without feeling compelled to act on, dwell on, or attach to them (Bond, Hayes, & Barn-Holmes, 2006; Harris, 2009).

The benefit of cognitive defusion has been demonstrated in studies such as Larsson et al.'s (2016) analysis of cognitive defusion exercises for coping with negative thoughts. Participants engaged in acceptance and defusion exercises targeting thought believability, the interaction between thinking and mood, alternative contexts, and detachment from judgments and emotions associated with the thought. The results demonstrated decreased thought believability and frequency, increased positive mood, and greater comfort and willingness to be

present and experience the thought. Barth et al. (2020) corroborated these benefits, suggesting that acceptance and contextual shifts are necessary for willingness to co-parent and enable parents to consciously direct, broaden, or refocus their attention toward the present and what they value (Pakenham, Scott, & Uccelli, 2018).

A well-known ACT intervention, “Hands as Thoughts” (Harris, 2009), was implemented to facilitate cognitive defusion from parents’ unresolved thoughts and feelings. This experiential exercise is intended to enhance awareness of how cognitive fusions can impede psychological flexibility by limiting awareness of the present, values, and actions. The exercise required co-parents to place their hands over their eyes and to imagine that everything they found meaningful was on the other side. Their hands represented remoteness from their values and cognitive fusions that have posed a barrier to meaningful action. When their hands were lowered, this represented awareness of their expanded view and how they may miss out on a meaningful life when constantly obstructing their own view. Like their hands, thoughts, and feelings can be noticed but will not disappear. Thus, parents have a choice in allowing or prohibiting thoughts and emotions to disconnect them from the present and what they value; this fosters psychological flexibility by attention to the present and directing action toward values (Harris, 2009; Strosahl, Gustavson, & Robinson, 2012).

Those with high psychological flexibility can transform the function of certain stimuli to more workable contexts to pursue what they value (Blackledge & Hayes, 2001; Blackledge, 2003). Conversely, inflexibility creates rigidity and can result in co-parenting associated with pain, anger, and distress (Harris, 2009; Bailey et al., 2020). Consequently, co-parenting within this context poses a significant barrier to cooperation (Anderson et al., 2010). Thus, emphasis was placed on experiential exercises to transform the context of co-parenting by promoting

defusion from unworkable relational frames that have caused avoidance or provided an excuse for inflexibility (Blackledge, Ciarrochi, & Deane, 2009).

An exercise, “The Values Gap” (Harris, 2009), was implemented for this purpose. This introduced a dynamic method for addressing inflexibility, avoidance, cognitive fusion, attachment to a conceptualized self, and unworkable action via parents' imagination of a context in which their co-parent was their idea of a perfect co-parent. They considered, within this context, what would be different about how they chose to approach co-parenting. Specifically, what behaviors they would eliminate and attitudes they might cultivate about their co-parent. By exploring what they would eliminate, this forced recognition of inflexibility, acknowledgment of uncooperative behavior, and revealed illogical excuses they have made to justify their behavior that is rooted and reinforced by their perspective (Hayes, 2004; Schultz & Ryan, 2015). Thus, their idea of a perfect co-parent only exists within their perspective, which might place unrealistic expectations on their co-parent (Alden, Bieling, & Wallace, 1994).

Rigid expectations are often symptomatic of “invisible rules” individuals develop to provide unspoken order (Minuchin, 1974; Hayes, Strosahl, & Wilson, 2011). However, expectations distract from the present, do not account for context, and are often unrealistic (Hayes, 2005). Parents contemplated how projecting their expectations onto their co-parent makes it impossible not to take their co-parent’s actions (or inactions) personally (Savage, 2016). Thus, defusion from unrealistic expectations and acknowledgment that these are not “real” possibly disinclines perceiving their co-parent’s behaviors as personal slights (Billings, Robbins, & Gordon, 2008) and perceiving them in a more realistic and workable context.

Co-Parenting Self-Efficacy & the Intervention at Hand

The fusion of thoughts, feelings, and memories of perceived ineffectiveness and failure can become self-affirmed (Blackledge & Hayes, 2001). Thus, attachment to such beliefs within a co-parenting context might impede motivation, incite avoidance, and negatively affect self-efficacy (Pajares, 2002). If co-parents believe their interactions and attempts to collaborate will only be met with pushback or failure, logically, this may create avoidance and defensiveness (Luchs, 2016). Thus, avoiding cooperation and engaging in conflict with one another may be symptomatic of low co-parenting self-efficacy, as a significant relationship exists between co-parenting behaviors, conflict, and self-efficacy (2017).

Given these considerations, co-parents must have the opportunity to address attachment to self-defeating beliefs and to develop, actively practice, and apply cooperative co-parenting skills to form mastery experiences and enhance motivation. Thus, the intervention's redevelopment focused on therapeutic and educational opportunities for strengthening co-parenting self-efficacy. Utilizing literature on family-based self-efficacy (Kurtz & Derevensky, 1994; Feinberg, 2003; Caprara et al., 2004; Merrifield & Gamble, 2013; Albanese & Gellar, 2019) and ACT interventions for enhancing self-efficacy within familial domains (Naghani, Najarpourian, & Samavi, 2020; Bodden & Matthijssen, 2021), this portion of the curriculum was developed.

A primary aim of ACT is for individuals to successfully regulate psychological flexibility, which holds positive implications against internalizing negative appraisal (Naghani, Najarpourian, & Samavi, 2020). Thus, this may suggest that ACT may be particularly effective for addressing self-efficacy beliefs. Although ACT had not been implemented in CEIs, nor within the context of co-parenting self-efficacy, its successful implementation in other familial domains was encouraging. An example of this is gleaned from Naghani, Najarpourian, &

Samavi's (2020) analysis of an ACT parenting program for strengthening parenting self-efficacy. Parents in the program participated in mindfulness training, perspective-taking, acceptance exercises, and exploration of parenting within different contexts. Following participation in the program, parents experienced a positive shift in their perception of parenting competency and decreased their instances of avoidant tendencies. Similarly, Bodden & Matthijsen (2021) highlighted ACT's positive implications for self-efficacy by examining an ACT model of parent counseling. The model focused on defusion from feelings of parenting incompetence, utilizing mindfulness, acceptance, cognitive defusion exercises, and commitment to personal values—these enabled parents to experience a significant increase in perceived competence and a reduction of cognitive fusions.

The results of these studies suggested that ACT could be an applicable framework for redeveloping a CEI to focus on strengthening parents' perceived co-parenting self-efficacy. This was approached by focusing on enhancing perceptions of competency relative to specific co-parenting tasks, including providing mutual support, adequate communication, disagreeing without hostility, coping with co-parenting challenges, alignment, and trust.

Providing Support

It is a priority for parents to defuse from contexts in which supporting their co-parent is perceived as harmful, a sign of weakness, being taken advantage of, or “losing” (Demby, 2009). Given this, parents were taught components of cooperative co-parenting, such as the benefit of supporting one another by fairly dividing parenting responsibilities and not engaging in undermining behavior (Feinberg, 2003). Exercises for cognitive defusion, acceptance, and values-driven behavior, provided parents with skills for making contact with the present to positively redirect undermining behaviors towards more meaningful (i.e., cooperative) action.

This possibly enabled parents to develop a more workable context for how they perceived co-parenting to pursue supportive behavior that may ultimately serve valued ends (Whiteside, 1998; Feinberg, 2003).

Adequate Communication

Adequate communication is imperative for avoiding conflict and is a topic pervasively covered in CEIs (Whitehurst, O’Keefe & Wilson, 2008; Bowers et al., 2011, 2014; Barth et al., 2020; Cox et al., 2021; Koppejan-Luitze et al., 2021). To recontextualize communication as a tool for collaboration and resolution rather than a mechanism for creating conflict, the intervention implemented ACT strategies to address poor communication, emphasizing defusion from rigid boundaries and negative relational frames associated with co-parenting interactions.

Parents were also taught cooperative communication skills such as active listening, making requests without demanding, formulating “I-statements,” and reflective listening responses. I-statements, in particular, have been considered one of the most effective communication skills for high conflict situations (Gaulier et al., 2006; Brosi, Cox, & Barth, 2019). I-statements enable the communication of thoughts and feelings concisely and clearly without defending, threatening, blaming, or judging (Brosi, Cox, & Barth, 2019). I-statements require parents to take accountability for their feelings, identify the experiences that produce them, and clearly communicate a resolution or compromise. These statements inherently incorporate processes of ACT, such as acceptance, being present, and committed action.

Skills-oriented CEIs are significantly endorsed, as it has been suggested that they are more likely to lead to change than interventions that implement more passive strategies (Blaisure & Geasler, 1996; Geasler & Blaisure, 1998; Schramm & Becher, 2020; Cox et al., 2021). Indeed, developing and mastering new skills within a specific domain positively influences a sense of

preparedness and perceived competence, which may strengthen self-efficacy (Bandura, 1994; Pajares, 2002). The ability to master a skill is relative to consistency and the number of opportunities an individual has to practice (Pajares, 2002). Role play, in particular, serves a dynamic purpose in enhancing self-efficacy by incorporating opportunities for both vicarious learning and mastery experience (Van De Laar & Van Der Bij, 2002). As such, participants engaged in role-playing co-parenting scenarios, using only I-statements or reflective listening responses to communicate.

By actively practicing and observing peers, parents had opportunities for feedback and to reflect on what they may still need to work on within their delivery (Van De Laar & Van Der Bij, 2002; Hulbert-Williams et al., 2021). A significant opportunity for strengthening self-efficacy was also provided via the intervention's requirement of co-parents (in the intervention concurrently) to practice communication skills together in facilitator-mediated practice sessions.

Disagreeing Without Interactions Turning Hostile

It has been suggested that individuals with high self-efficacy are less likely to experience hostile interpersonal conflict (Ferraro & Lucier-Greer, 2022). Thus, the intervention sought to enhance parents' perceived competence in interacting with their co-parent, despite disagreements, to raise their children without hostility. ACT strategies were implemented for parents to identify ineffective problem-solving methods such as yelling at one another, losing control of their emotions, blaming, refusing to compromise, and avoiding, and how to use personal values to redirect these behaviors towards meaningful action. Parents were also guided through multiple cognitive defusion exercises to defuse self-contextualized narratives in which they had to be "right," a common instigator of co-parenting disagreements becoming hostile (Johnston, 2000; Baer, 2010).

Additionally, mindfulness training supports the ability to be present to regulate impulsive reactions and minimize verbal defense mechanisms such as blaming, derailing, or sparring in heated situations (Baer, 2010; Schultz & Ryan, 2015; Farahanifar et al., 2019). These considerations were particularly relevant when discussing how to navigate tenuous parenting-time exchanges, as exchanges provide ripe opportunities for disagreements to become unmanageable and dangerous (Johnston, 2006; Bird & Kuhlman, 2007). Thus, being present was essential to assisting parents who may be escalated or triggered by role-play exercises that focused on handling tenuous exchange-based disagreements. This was critical, as this practice may have had positive implications for mastery of child-friendly exchange interactions, which may possibly enhance parents' sense of competence and preparedness to cope with and navigate disagreements.

Coping with Co-parenting Challenges

High conflict co-parents often externalize and blame the other parent for their own uncooperative behavior to justify avoiding situations in which their ability to cope might be exceeded (Deutsch, Drozd, & Ajoku, 2020). This may likely be intertwined with co-parenting self-efficacy, as low self-efficacy distorts individuals' perception of control over their lives (Wilde & Hsu, 2019). Indeed, refusing accountability and avoidance are maladaptive coping mechanisms and can be symptomatic of low self-efficacy (Bandura, 1994). ACT strategies emphasize being present and confronting experiential avoidance of internal and external events to live a valued life (Strosahl, Gustavson, & Robinson, 2012). Thus suggesting it may be instrumental for adaptive coping and persistence toward cooperation despite setbacks or challenges. An experiential ACT exercise, "Overcoming F.E.A.R" (Harris, 2009), was implemented in the intervention to facilitate this.

F.E.A.R. represents barriers to action: fear, excessive goals, avoidance of discomfort, and remoteness from values. The opposite of F.E.A.R. is D.A.R.E.; defusion, acceptance of discomfort, realistic goal setting, and embracing values. D.A.R.E. addresses avoidance and encourages persistence and resilience (Harris, 2009). The exercise called for parents to list memories of perceived failure, thoughts, and emotions within the context of co-parenting that denigrated motivation to persist through co-parenting issues and how they cope with setbacks. Parents categorized each item as a barrier associated with fear, excessive goals, avoidance of discomfort, or remoteness from values.

Using D.A.R.E., parents reviewed each item on their list and devised an action plan for coping with these using acceptance strategies, defusion, realistic goal setting, and connection with their values. All of these potentially address self-efficacy, particularly, affective processes, and motivation, by providing a plan for coping with emotions to instill greater motivation to persist in co-parenting despite the intensity of discomfort or the potential for setbacks.

Alignment

Effective joint-family management, collaborative child-rearing, controlling uncooperative behavior, and managing conflict are necessary to establish a co-parenting alliance (Feinberg, 2003; Xiao & Loke, 2021). Given high conflict co-parents minimal capacity to accomplish these tasks, the intervention provided opportunities to build positive collaboration skills for practical problem-solving, conflict resolution, and perspective-taking (Billings, Gordons, & Robbins, 2008). All of which may positively contribute to perceived competence to co-parent collaboratively.

To understand how an alliance is formed, it was essential to address how parents perceived the function of a co-parenting alliance and their role within it (Mchale, Kuersten-

Hogan, & Rao, 2004). This required awareness of how uncooperative behavior affects an alliance and the damage that may incur due to parenting in isolation from one another (Whiteside, 1998). Parents engaged in reflective exercises to identify how avoiding and working against one another has affected the potential for forming an alliance, perpetuated discord, and hurt their children. Both avoidance and pushback are often attributable to fusion with binary thought parents, such as needing to be “right” or fusion to unworkable contexts of collaboration (Bond, Hayes, & Barnes-Holmes, 2006; Demby, 2009; Stokkebekk et al., 2021).

Cognitive fusions associating collaboration with feeling manipulated, inadequate, or taken advantage of may enhance rigidity and weaken self-efficacy (Mchale, Kuersten-Hogan, Rao, 2004). Thus, an ACT experiential activity, “Psychological Smog” (Harris, 2009), was implemented to confront rigidity. Psychological smog tasked parents to recall attempts at collaboration that, from their perspective, failed, and to list the memories, thoughts, and emotions attached to these. The exercise required parents to read through their list repeatedly, as repeated exposure to thoughts can reduce their power and potentially eliminate fear, anxiety, and avoidance with the related experience (Luoma & Hayes, 2009). This is a common cognitive defusion technique in ACT; when thoughts are continuously repeated, the words eventually lose context and evaluative power, thus allowing defusion to occur. Defusion enables consideration of the alliance within the present and not from a conceptualized past or future of how parents believe collaboration “has been” or “should be” (Harris, 2009).

Trust

Violations of trust can result in perceived victimization, distressing thoughts, emotions, and memories (Johnston, 1997). Consequently, in the context of high conflict co-parenting, parents often form negative assumptions that their co-parent is perpetually functioning with

malintent (Johnston, 1997; Demby, 2009). However, trust is necessary for perceived competence to co-parent, as those that anticipate violence or malintent reasonably may avoid their co-parent due to these perceived threats (Johnston, 1997). Given this consideration, co-parents engaged in decision-making and perspective-taking exercises to enhance competence in assessing and identifying situations within the present to detect real versus imagined threats more accurately. In turn, this could enable a greater sense of safety, an essential to rebuilding trust (Lebow, 2005).

Acceptance exercises also supported co-parents in identifying and coming to terms with events of the past that could not be changed and defusing the thoughts, feelings, and memories associated with violations of trust. The intervention's incorporation of reflective exercises also addressed how assumptions of being undermined and ruminating on the other parent's intentions drain their energy and inhibit meaningful behavior. Recognizing the consequences of fused assumptions could encourage motivation toward meaningful action and recontextualization of their co-parent's intentions as benign (Demby, 2009).

Self-Regulation & the Intervention at Hand

It has been suggested that the implications of low self-efficacy may play a role in disrupting self-regulation (Bandura, 1991; Bouffard-Bouchard, Parent, & Larivee, 1991). Whether parents are conscious of it or not, issues pertaining to poor self-regulation have likely disrupted their co-parenting relationship (Bouffard-Bouchard, Parent, & Larivee, 1991). Considering this, it has been suggested that high conflict co-parents must develop skills and awareness of self-regulation (Bailey et al., 2020). Thus, the intervention's redevelopment focused on opportunities to affect self-regulation, as high conflict co-parents are often at greater risk of self-regulation failure (Bailey et al., 2020).

ACT has been applied to psychoeducational and therapeutic interventions designed to improve self-regulation in various contexts, including psychological disorders and family management issues (Clarke et al., 2015; Forman & Butryn, 2015; Karekla, Karademas, & Gloster, 2019). ACT strategies were presumed to provide opportunities for awareness, behavioral accountability, and self-regulatory skills. The rationale for this was supported by Koppejan-Luitze et al. (2021), who expressly noted ACT as a framework that may be effective for addressing poor self-regulation and overwhelming emotion associated with parental divorce and separation. (Koppejan-Luitze et al., 2021). Indeed, acceptance-based exercises may be practical for this population; as self-regulation increases, avoidant behavior decreases (Gratz & Gunderson, 2006; Baer, 2010; Forman & Butryn, 2015).

Standards

Personal values act as a mechanism of comparison for individuals to reflect on their behavior (Gomez et al., 2014; Schultz & Ryan, 2015). Indeed, being aware of personal values enables individuals to direct their behavior toward purposeful and meaningful action (Harris, 2009). In terms of self-regulation, awareness of personal values may provide a standard of behavior for parents to strive towards and draw comparisons from (Hayes, Strosahl, & Wilson, 2011; Gomez et al., 2014). Indeed, personal values are a powerful conduit for formulating and achieving goals in psychoeducational interventions (Chase et al., 2013; Paplilunas, Belisle, & Dixon, 2018). Accordingly, at the onset of the intervention, co-parents completed a values inventory. They used their five core values to develop goals for participation, using these as a standard of desirable behavior.

Values identification, and commitment to valued standards of behavior, promote the development of flexibility necessary for adjusting emotion and behavior as different situations

require (Farahanifar et al., 2019). A study by Paliliunas, Belisle, & Dixon (2018) provided rationale for this emphasis via examination of the effect of a 6-week ACT program that focused on increasing values-driven behavior, psychological flexibility, and academic performance among students. Participants were provided education on values, clarified their personal values, and engaged in interventions for values-driven action. As a result, participants of the ACT training group experienced more significant improvement compared to the control group in values-driven behavior, improvement in grades, educational values, and psychological flexibility. Although in a different context, these results encouraged the intervention's incorporation of education on values, clarification, and consideration of values as a standard for behavior to motivate parents to direct their actions away from conflict.

Self-Monitoring

High conflict co-parents often lack accurate insight into the reasons for their ongoing conflict (Gauiler, 2006). This may be symptomatic of their inability to empathize or consider the other parent's perspective (Billings, Robbins, & Gordon, 2008). Thus suggesting that co-parents are either willingly or unconsciously unaware of the consequences of their behavior (Billings, Robbins, & Gordon, 2008). ACT is an extension of Skinner (1938), who conceptualized self-awareness as a process of "social contingencies that reinforce the distinction of one's behaviors, thus the sense of self becomes abstracted," which may contextualize parents' convenient self-evaluations that position themselves as the victim and their co-parent as the villain—avoiding accountability, and externalizing the blame for conflict (Wilson & Muller, 2004; Deutsch, Drozd, & Ajoku, 2020). Idealized self-evaluations relieve parents of personal responsibility and include the psychological advantage of limiting conscious awareness of more painful thoughts and emotions beneath the surface (Scultz & Ryan, 2015; Hayes, Strosahl, & Wilson, 2011).

In response, the curriculum focused on cognitive defusion from idealized self-evaluations to promote acceptance, awareness, and accountability. Exercises for recognizing responsibility and acknowledging painful emotions, and thoughts, were aimed at defusing parents' unrealistic conceptualizations of self that have posed a barrier to co-parenting. Another way this was accomplished was via the frequent use of ACT metaphors that assist in cognitive defusion by implementing linguistic representations that promote psychological flexibility (Barnes-Holmes, 2006; Coto-Lesmes, Fernandez-Rodriguez, Gonzalez-Fernandez, 2020). ACT postulates that metaphors are either interactive or non-interactive. Interactive metaphors include a component of interaction, and non-interactive metaphors are expressed verbally without the inclusion of an interactive element. Metaphors provide a useful method for developing insight and self-awareness necessary for self-monitoring (Coto-Lesmes, Fernandez-Rodriguez, Gonzalez-Fernandez, 2020).

When a metaphor is sufficiently perceived, the function of particular stimuli can be accepted and transformed (Baer, 2010). Different ways of looking at personal experiences can enable more adaptive behavior and a positive shift in perspective (Barnes-Holmes, 2006). This may draw awareness to self-monitoring and adjustment of behavior and perspective as situations require. ACT metaphors were implemented, including the popular “going west” metaphor, the passengers on the bus metaphor, the quicksand metaphor, and the sushi train metaphor (Harris, 2009; Hayes, Strosahl, & Wilson, 2013) for this purpose. However, a particularly powerful metaphor for this was the chessboard metaphor (Harris, 2009), which elucidates each of the processes of ACT to illustrate the recontextualization of negative internal experiences to regulate responses and actions. In this metaphor, parents are represented by the board, and the chess pieces represent their thoughts and feelings. Pieces of contrasting colors lie on opposite sides of

the board; one color represents desired thoughts and feelings, while the other represents the opposite. Often, human nature is to battle the undesired pieces by knocking them off the board or trying to eliminate them. Although, when pieces are removed from the board, they do not disappear.

In essence, this illustrates how avoidance and individuals' fusions to the expectation that reality will suddenly change in their favor or unpleasant experiences will disappear is a fallacy. This parallels the inflexibility of parents' perspective that they cannot, or should not, have to self-monitor, as they attribute their co-parent's poor behavior as the cause of their own. Although, the internal struggle that ensues from this inflexibility perpetuates suffering, as they cannot control their co-parent's behavior (Gaulier, 2016). Ruminating on characteristics or experiences that will not "disappear" and what they cannot control creates remoteness from values, depletes willpower, and risks self-regulation failure (Deutsch, Coleman, & Marcus, 2011). However, as the "board," parents can adjust how they relate to the "pieces" by simply becoming an observer of their thoughts, feelings, and experiences as they come (Harris, 2009).

Indeed, it is possible to step back and observe thoughts and emotions while still remaining in contact with them and their experience (Bond, Hayes, & Barnes-Holmes, 2006). Parents could still allow space for these, but it is their responsibility to not to become fused, act on, or engage them in battle. Regardless of the "game's" outcome, the board can never lose within this context (Heffner et al., 2002). This potentially enabled more significant contact with the present and energy towards adjusting behavior in service of values (Harris, 2009).

There is potential for greater self-awareness and self-monitoring when parents direct their behavior in service of values (Adamson & Pasley, 2006). A study by Gomez et al. (2014) highlighted this by examining an ACT intervention for self-regulation, impulsive behavior, and

conduct issues. The intervention focused on accountability, values clarification, consequences of impulsive behavior, cognitive defusion skills, and values-directed behavior. The results demonstrated positive change through decreased impulsive behavior and increased accountability and values-directed behavior. Potentially suggesting that accountability and values-directed action could encourage a more remarkable ability to observe, adjust, and monitor behavior (Hayes, Strosahl, & Wilson 2011). This awareness could allow parents to preserve energy and avoid states of ego depletion that may threaten to derail standards of meaningful behavior (Deustch, Coleman, & Marcus, 2011).

Willpower

Billings, Robbins, & Gordon (2008) suggest that high conflict co-parents exhibit immature and ineffective methods for coping that instigate conflict and poor self-control. This may partially explain high conflict co-parents' difficulty experiencing and interpreting emotions (Demby, 2009). Considering this, the intervention incorporated content relative to emotion and stressor identification, exercises for coping with resentment, anger, and rumination, and recognition of co-parenting "hot buttons."

Hot buttons are a metaphor for comparing the experience of pressing (i.e., activating) a hot button and the intense emotional reactions elicited by certain behaviors and actions of their co-parent. When hot buttons are activated, the ability to self-regulate is threatened. To address hot buttons, parents identified the most frustrating situations or behaviors exhibited by their co-parents. With a clear awareness of what activates strong emotions, parents could implement mindfulness strategies for coping with these experiences and maintaining self-control.

Mindfulness enables individuals to make contact with their responses to emotional, cognitive, and behavioral triggers (Bond, Hayes, & Barne-Holmes, 2006). Through mindfulness,

psychological flexibility and resilience are fostered, enabling parents to adopt more adaptive methods of coping with emotionally charged situations (Hayes, 2004; Farahanifar et al., 2019). Metaphors have been suggested as an effective mechanism for helping individuals understand and implement mindfulness practices (Varra, Drossel, & Hayes, 2009). Hence, a wave at sea metaphor provided the perspective of using mindfulness to cope with hot buttons. When triggered, intense emotions rise rapidly, like a wave. However, there is a choice to drown or ride the wave, a metaphor for making contact with the present and exercising acceptance rather than being swept up by impulses. Mindfulness strategies for parents to avoid being swept up included guided imagery, contemplative thought exercises, and mindful breathing.

Rumination over the desire to be right and to achieve total compliance with their idea of what is “right” is another threat to parents’ willpower (Willen, 2005). High conflict co-parents often exhibit a notably strong level of conviction in establishing that they are right (Baer, 2010). However, this behavior is unworkable; the frustration associated with being anchored within this context often incites avoidance and repression of more painful emotions (Willen, 2015). Anger is common in co-parenting interactions due to an intense desire for control and rightness (Fruzzetti & Fruzzetti, 2003). Although anger is a defense mechanism that justifies the refusal to consider alternative perspectives, and constantly remaining in defense mode is detrimental to parents’ energy (Baumeister, Schmeichel, & Vohs, 2007). When willpower is depleted, activity in the amygdala, the brain’s “fear center,” increases (Wagner & Heatherton, 2012). This increase in activity can create automatic responses that lower inhibitions of self-control, possibly explaining why some parents' reactions to conflict appear to reflexively bypass consciousness of control and manifest in hostile behavior (Wagner & Heatherton, 2013; Mischel, DeSmet, & Kross, 2014).

Regulating impulsive responses is essential for preserving willpower (Baumeister, Schmeichel, & Vohs, 2007). Parents were introduced to adaptive coping skills to regulate impulsivity, such as the ACT strategy, S.T.O.P., an acronym for slowing your breathing, taking note of your experience, opening up to your feelings, and pursuing your values (Harris, 2009). The purpose of S.T.O.P. was to help parents regulate their impulses by making contact with the present, acknowledging their emotions without becoming cognitively fused, and redirecting energy from highly emotional responses to actions aligned with their values (Pakenham, Scott, & Uccelli, 2018). Skills for managing reactivity allow parents to mindfully observe their behavior and experience fewer opportunities for ego depletion (Schultz & Ryan, 2015; Hayes, Follette, & Linehan, 2004; Baumeister, Schmeichel, & Vohs, 2007), which may contribute to more cooperative co-parenting.

Motivation

Facilitating co-parents' development of awareness of the consequences of failing to self-monitor, and understanding their values, was intended to positively contribute to parents' ability to maintain self-control. Accepting and regulating emotion increases tolerance for discomfort and enhances willingness to pursue more adaptive behavior (Baer, 2010). Indeed, self-regulation enables individuals to rebound from painful thoughts, emotions, and experiences to commit to action consistent with their values (Gaulier et al., 2006).

Pursuing behavior in service of values can be powerful for reinforcing motivation, and understanding valued ends may provide a meaningful reward for committing to desirable standards of behavior (Chase et al., 2013). To develop this awareness and understand valued ends, ACT metaphors were implemented to target the functional value of behavior to provide perspective of costs and benefits to motivate parents towards meaningful action and away from

impulses. In particular, journey metaphors provide awareness of the direction of individuals' life within the context of their current behavior (Strosahl, Gustavson, & Robinson, 2012). ACT Metaphors that illustrate steps along a journey compare current behavior to valued ends and encourage commitment toward action that will lead to the most meaningful result (Barnes-Holmes, 2006).

Background of the Redeveloped Intervention

Intervention Overview & Procedure

The redeveloped intervention sought to provide strategies for cooperative co-parenting while simultaneously attending to interpersonal aspects of co-parenting, such as psychological flexibility, co-parenting self-efficacy, and self-regulation. The intervention was still offered voluntarily; any community member who fits the participant criteria was eligible to participate. Like many CEIs, though, intervention participants also enrolled based on recommendations of a judge, family therapist, or by the suggestion of an attorney (Garber, 2004; Blaisure & Geasler, 2006). The number of parents enrolled in the intervention at a time was generally consistent with Vinogradov & Yalom's (1989) standard for optimal group sizes (i.e., 4-12 participants) and Shiflett & Cummings (1999) standard for optimal group sizes for CEIs (i.e., 6-12 participants).

The intervention was still disseminated over eight weeks; sessions were held live online for two hours weekly, as weekly meetings are considered best practice for interventions that include a predetermined number of sessions (Vinogradov & Yalom, 1989). Similar to other CEIs (Blaisure & Geasler, 2006; Billings, Robbins, & Gordon, 2008; Owen & Rhoades, 2012), identical group sessions were held twice a week to accommodate co-parents participating in the intervention concurrently. Although co-parents were strongly encouraged to enroll in the intervention concurrently, it was not a requirement.

The intervention was facilitated by a licensed associate counselor with expertise in ACT and clinical experience with high conflict families; it was structured within a closed group format and was primarily psychoeducational. However, elements of interpersonal process groups were also incorporated to enhance self-awareness by exploring participants' perspectives and feelings while also providing opportunities for support, encouragement, and feedback.

Standards of Evaluation & Organization

While reflection is necessary for change, interventions must provide meaningful opportunities for participants to apply knowledge (Geasler & Blaisure, 1998). Thus, homework activities were developed that balanced reflection with opportunities for scaffolding and mastery. The new homework activities were grounded within the principles of ACT, and although the nature of the activities varied, each included reflective and co-parenting skill-based elements. Evaluation criteria and a points system were established to assess progress and provide feedback. Each homework activity was worth five points and was evaluated based on practical requirements such as accuracy, word count, and completion, but also on parents' demonstration of remaining self-focused, exercising accountability, and refraining from disrespectful comments about their co-parent.

While physical attendance was still included in evaluative criteria, this was now supplemented by evaluating parents' active and appropriate participation using a points system. Each session was scored out of 30 points; while five points were provided for physical attendance, most were awarded based on co-parents' self-focused and respectful engagement in all discussions and activities. In total, between homework and participation points, co-parents were required to maintain 96 points or greater to receive a certificate of participation for the intervention.

In addition to establishing a formal evaluation system, session content guides that included the topics, ACT strategies, skill-building activities when applicable, and the homework activity for each session were developed (see Appendix E). Each ACT strategy was labeled to identify if it was an experiential exercise, discussion, or interactive or non-interactive metaphor. It was also clarified for each strategy which ACT processes (acceptance, being present, cognitive defusion, self as context (SAC), values, and committed action), and interpersonal aspects (psychological flexibility, self-regulation, and co-parenting self-efficacy) the strategy targeted.

CHAPTER IV

METHODOLOGY

This exploratory study examined an 8-week ACT co-parenting education intervention designed for high conflict co-parents using a quasi-experimental within-subjects pretest-posttest design, utilizing one group and no control condition. Paired samples *t*-tests were used to address the research questions that focused on whether a group of high conflict co-parents would experience a significant change in psychological flexibility, co-parenting self-efficacy, and self-regulation, pre- and post-participation in the intervention. This chapter provides a descriptive

overview of the development of the study's protocol and methodology, including the research design, data analysis, research questions, ethical considerations, and limitations.

Research Design

This study employed quantitative methods and a quasi-experimental within-subjects pretest-posttest design utilizing one group and no control condition to examine the research questions relative to an ACT co-parenting education intervention. Broadly, there are two categories of experiments: quasi-experiments that lack randomization and randomized experiments, both of which are often used to evaluate the effectiveness of a treatment (Baldwin & Berkeljon, 2010). Apart from differences in random assignment, these otherwise serve a similar purpose and share a similar structure (Sackett, 1979). In either type of experiment, the independent variable is manipulated. However, in quasi-experiments, participants are not randomly assigned to treatment conditions (Cook & Campbell, 1979). Thus, quasi-experiments are commonly used in field research across disciplines in which random assignment may be difficult or impossible to access (Sackett, 1979).

To infer a cause-and-effect relationship, quasi-experiments must meet three basic requirements. The cause must precede the effect, the cause must covary with the effect, and alternative explanations for the causal relationship are implausible. Thus, the outcome result can be causally tied to an intervention to the extent to which the assumption can be made that other possible alternative hypotheses are implausible. However, quasi-experiments cannot eliminate the problem of confounding variables.

Quasi-experiments often incorporate pre- and post-measures to infer causal relationships between an intervention and identified outcomes. Pretest-posttest research involves collecting information to measure a study's dependent variable once before the treatment is implemented

and after it has been implemented (Salkind, 2010). Indeed, the pretest-posttest design's use of multiple data points is why it is often considered among the most logical methods for detecting the effect of an intervention (Stratton, 2019).

Quasi-experimental pretest-posttest studies vary in terms of the structure of participant groups. One example of these structures is the one-group within-subjects design implemented in this study. This design observes the outcome of an intervention on one sample of participants at two different points in time without using a control group. This design is often used when an investigator cannot recruit a sample that is large enough to divide into two groups, they cannot access a control group due to practical or ethical reasons, or they are mainly concerned with a specific intervention's effect on a particular group (Sackett, 1979).

The present study collected data from a group of high conflict co-parents pre- and post-participation in an ACT co-parenting education intervention. Given this study's particular interest in the effect of this specific intervention for this specific group of co-parents and ethical constraints associated with a true experimental design, a control condition was not included. This fact, and limitations relative to accessing a large enough sample size, affirmed that a quasi-experimental within-subjects pretest-posttest design utilizing one group and no control condition would be most appropriate to explore a causal inference between the intervention and the outcome variables.

Research Questions and Hypotheses

This study intended to provide an exploratory investigation of the effectiveness of an ACT co-parenting education intervention for high conflict co-parents. Specifically, pre- and post-intervention, if the intervention yielded a significant change in co-parents' psychological

flexibility, co-parenting self-efficacy, and self-regulation. Paired samples *t*-tests were used to examine each research question in this study.

Research Question One

Will there be a change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention?

There were two hypotheses for the first research question:

H₀ Hypothesis A1: There will not be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention.

H_a Hypothesis A2: There will be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention.

Research Question Two

Will there be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention?

There were two hypotheses for the second research question:

H₀ Hypothesis B1: There will not be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention.

H_a Hypothesis B2: There will be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention.

Research Question Three

Will there be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention?

There were two hypotheses for the third research question:

H₀ Hypothesis C1: There will not be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention.

H_a Hypothesis C2: There will be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention.

Measures

The instruments used in this study included the Acceptance and Action Questionnaire II (AAQ-II), a modified version of the Perceived Marital Self-Efficacy Scale (e.g., the Co-Parenting Self-Efficacy Scale, CPSES), and the Difficulties in Emotion Regulation Scale Short Form (DERS-SF), and a demographic questionnaire.

Acceptance and Action Questionnaire II

The Acceptance and Action Questionnaire (AAQ-II) is a 7-item self-report measure designed to provide a unidimensional assessment of the central purpose of ACT, psychological flexibility. Each statement reflects psychological inflexibility relative to the six core processes of ACT (acceptance, cognitive defusion, being present, self as context, values, and committed action) via statements such as “worries get in the way of my success” and “my painful memories prevent me from having a fulfilling life.” Participants rate each statement on a 7-point Likert-type scale to indicate how true each statement is to them, ranging from 1, indicating “never true,” to 7, meaning “always true.” Given its unidimensional design, the results of the AAQ-II are interpreted by summing participants' responses to obtain a total score, with higher total scores

(>24) indicating lower psychological flexibility and lower total scores indicating higher psychological flexibility (Bond et al., 2011).

The AAQ-II (Bond et al., 2011) was developed as a revised version of the Acceptance and Action Questionnaire I (AAQ-I) developed by the theorist of ACT, Steven Hayes, and colleagues. The intent for the development of the AAQ-II was to create a measure that could measure the same construct as the AAQ-I (psychological flexibility) but with greater psychometric consistency. The items for the AAQ-II were generated by a panel of researchers and clinicians that aided in the development of ACT and the AAQ-I. A factor analysis was performed using the items of the AAQ-I and newly constructed items focused on dominance (inflexibility) and non-dominance (flexibility) of participants' internal events in determining values directed committed action. Following the factor analysis, the seven items that loaded the strongest to the unidimensional construct of psychological flexibility were retained.

The final evaluation of the psychometric properties of the AAQ-II yielded strong concurrent validity with the AAQ-I ($r = .97$). Although the same construct was being evaluated (e.g., psychological flexibility), the psychometric consistency relative to validity and reliability were stronger in the AAQ-II than that of the AAQ-I. Indeed, the measure established adequate discriminant validity, stronger internal consistency (.84), and notable test-retest reliability over a period of 3 months (.81) and 12 months (.79).

The AAQ-II is the most widely used instrument for measuring the construct of psychological flexibility (Hayes et al., 2013; Clarke et al., 2015; Viskovich & Pakenham, 2018; Karekla, 2019). Given the AAQ-II's good psychometric properties and because it is considered the gold standard measure of psychological flexibility, it was selected as the most logical instrument to measure the outcome variable of psychological flexibility in this study.

Co-Parenting Self-Efficacy Scale

A validated instrument that measures the construct of co-parenting self-efficacy has yet to be established. Thus, to measure participants' perceived co-parenting self-efficacy, a modified version of Caprara et al.'s (2004) Perceived Marital Self-Efficacy Scale (PMSES), the Co-Parenting Self-Efficacy Scale (CPSSES), was used. Although the structure of the items remained unchanged, the use of the word "spouse" was replaced by the use of the word "co-parent" to align with the present context.

The PMSES is a 12-item self-report measure of spousal self-efficacy. The scale provides a unidimensional assessment of individuals' perceived competency to effectively manage prototypic situations as a married couple, including providing emotional support, communicating openly, confiding in each other, addressing problems without blaming each other, resolving differences on how to handle their children's development, and setting aside time to talk about matters of concern. The PMSES requires participants to complete the measure by rating the 12 items presented on a 7- point Likert-type scale based on their perceived competence to perform certain tasks as a spouse ranging from 1, "not well at all," to 7, "very well." To score the measure, an average of the responses to the 12 items is taken to provide a total score in which lower scores indicate lower self-efficacy and higher scores indicate higher self-efficacy.

The PMSES was developed by Caprara et al. (2004), in which the construction of items was focused on generating items relative to spouses' efficacy beliefs as it pertains to nurturing feelings of mutual trust and loyalty, providing adequate mutual support, avoidance of allowing disagreements to turn into hostile exchanges, improving communication, and using coping strategies when faced with challenges within the relationship (i.e., child management and relationship satisfaction). A large sample of male and female spouses with children was recruited

to participate in a study to demonstrate the sound psychometric properties of the measure. This study revealed that the scale yielded high internal consistency (.94). Furthermore, given that the spouses in this sample were also parents, to establish criterion validity of the measure (.98), the investigators examined this using correlating items of the scale with other criteria of family functioning whose validity has been well-established such as open communication, parental monitoring, and management of conflict.

Although the items are intended to measure spousal self-efficacy, the investigators' correlation of the scale with validated criteria of general family functioning, and how the items of the PMSES are written, appears to place a clear emphasis on tasks of non-intimate co-parenting relationships as well. This is indisputably demonstrated by items such as: "support your spouse when the children ignore what they are asked to do," "get your spouse to agree on how to deal with problems with your children and their schooling," and "get your spouse involved in important decisions about how to run the family." The residual items on the measure also include relational functioning tasks such as: "Deal with problems together without blaming each other," "prevent disagreements from turning into angry exchanges," and "respect your spouse's views on matters even if you disagree with them," for example. This is relevant to the present study because although these tasks are characteristic of married couples with children, they are not exclusive to this subset.

Currently, an instrument to measure the construct of co-parenting self-efficacy does not exist. However, each item on the PMSES (see Appendix B) aligns with tasks necessary for maintaining a non-intimate and cooperative co-parenting relationship, according to several studies on the subject (Rettig et al., 1999; Gable et al., 2000; Blumberg, 2001; Ferraro, 2017; Koppejan-Luitze et al., 2020). Specifically, tasks associated with open communication,

collaboration, respect for one another's parenting authority, tolerance of different perspectives, remaining civil amidst conflict, and accountability. Considering this, it appeared that the PMSES could be compatible with the context of the current study to measure co-parenting self-efficacy. Thus, the present study altered the scale by replacing the word "spouse" with "co-parent."

Further rationale for selecting and altering the PMSES was supported by the fact that only a few established measures currently exist to measure constructs of co-parenting. Many studies on co-parenting and CEIs have had to adapt or alter the language of existing validated measures to fit with a co-parenting population (Owen & Rhoades, 2012; Cronin et al., 2017; Koppejan-Luitze et al., 2021). To preserve the credibility of measures and report accurate findings, investigators often run statistical reliability tests and factor analyses to examine the effect that any alterations may have had on the measure's psychometric properties (Owen & Rhoades, 2012; Yu, 2017). A study by Yu (2017) demonstrated this by replacing the word "spouse" on the PMSES with "partner." The results of the reliability test yielded that even with the modification, the scale remained reliable (.86). Thus, possibly supporting that small changes to language are less likely to have a significant impact on psychometric properties (Sauro, 2016).

The Difficulties in Emotion Regulation Scale Short Form

The Difficulties in Emotion Regulation Scale Short Form (DERS-SF) is an 18-item self-report measure designed to evaluate perceived difficulties in regulating emotion during times of distress. The DERS-SF includes six subscale domains: (a) *nonacceptance of emotional responses* (tendency toward negative secondary responses to emotion and/or denial of distress), (b) *difficulties engaging in goal-directed behavior* (problems concentrating and completing tasks while experiencing negative emotions) (c) *impulse control difficulties* (difficulty controlling behavior when upset), (d) *lack of emotional awareness* (inattention to emotional responses), (e)

limited access to emotion regulation strategies, (belief there is little an individual can do to regulate their emotions effectively after becoming upset) and (f) *lack of emotional clarity* (the extent to which individuals are unclear about experienced emotions) (Kaufman et al., 2015). Each domain is represented in the measure by three statements, for a total of 18 statements.

Participants rate each statement on a 5-point Likert-type scale to indicate how true each statement is to them, ranging from 1, indicating “almost never”, to 5 indicating “almost always”. The DERS-SF can yield both a total score for difficulty in regulating emotion and subscale scores for difficulty in regulating emotion within each particular domain. The total score, the subscale scores, or both can be used to interpret and explain results (Boscoe, Stanbury, & Harrison, 2021). Although, the DESR-SF is designed without standardized cutoff scores to indicate a high or low ability to emotionally regulate. Rather, cutoffs are determined via the norms of the participants to whom the instrument is administered. For instance, when determining the subscale scores, the responses within each of the six domains are independently summed (with the lack of awareness subscale requiring reverse scoring, e.g., 1=5, 5=1), and an average is taken for each domain. The average for each domain is then used to determine a cutoff score within each domain. For example, if $\mu = 3$, 3 would act as the domain's cutoff, with scores exceeding 3 indicating greater difficulty in regulating within that domain. The total score is calculated through a similar process. All 18 responses to the instrument's items are summed (with items 1, 4, and 6 requiring reverse scoring). The average of the total score of the items is then used to norm the measure to participants to establish cut-off scores. For instance, if $\mu = 42$, scores exceeding 42 indicate greater difficulty regulating emotion.

The DERS-SF is a brief version of the widely used and well-validated 36-item Difficulties in Emotion Regulation Scale (DERS) (Gratz & Roemer, 2014). The DERS-SF was

adapted from the DERS by Kaufman et al. (2016), who discovered that multiple questions on the DERS assessed similar constructs. As a result, Kaufman et al. (2016) developed the DERS-SF to streamline the measure and reduce participant response burden. The items of the DERS-SF were developed via factor analysis of items constructed by the investigators that were generated based on examination and review of related measures such as the DERS, the Beck Depression Inventory-II (BDI-II), the Deliberate Self-Harm Inventory (DSHI), Symptom Checklist-90-Revised (SCL-90-R), and the Acceptance and Action Questionnaire- II (AAQ- II). The final evaluation of the DERS-SF's psychometric properties demonstrated that it maintained the strong psychometric properties of the DERS with half of the number of items. Cronbach's alpha for the DERS-SF total scale and its six subscales all exceeded .70, with subscale domains ranging from .78 to .91. The DERS-SF established concurrent validity via correlation patterns with the DERS ranging from .90-.98, and by results that yielded that the DERS and DERS-SF reflect 81-96% of shared variance.

Given the DERS-SF's strong psychometric properties, structure, and breadth of its applicability to the present study, it was selected as the measure for the outcome variable of self-regulation. Structurally, the DERS-SF appears to agree with the current study, given its frequent use in clinical research settings to measure the effect of treatments on adult dysregulation. Complimentary to this, the DERS-SF's brevity is optimal for the present study to maintain respondents' engagement with the pre-and post-assessment. Furthermore, the DERS-SF is rooted in third-wave models of CBT that propose a central theme of experiential avoidance and maintenance of emotional distress (Hayes & Hofmann, 2021). Specifically, the DERS-SF has been suggested to be in alignment with third-wave theories such as DBT and ACT (Kaufman et al., 2016). Relative to ACT, this is clear by the measures' emphasis on evaluating emotional

awareness, acceptance, controlling impulses and behavior, ability to regulate in circumstances in which intense negative affect and other strong emotional experiences seem overwhelming. This makes the DERS-SF a particularly applicable measure for the present study in which there is an inference that an ACT co-parenting education intervention may significantly affect self-regulation.

Sample

To qualify for participation in the study, co-parents must be 18 or older and currently enrolled in the co-parenting intervention at the host agency. Other than the minimum age requirement, there were no demographic requirements to participate. Thus, this study's sample included co-parents across a broad range of ages, gender, and various educational and socioeconomic backgrounds.

Although to provide further context for this study's sample, it is worthwhile to understand the inclusion criteria for the intervention. Participation criteria for the intervention were determined by the host agency and were separate from the requirements of the study. The standards required participants to be at least 18 years of age, fluent in English, have access to the internet and a device with a microphone and camera, and be separated or divorced from their co-parent. The intervention was not provided as a court-mandated service, and co-parents from the community chose to participate voluntarily. However, some parents participate based on a judge's recommendation, a court-appointed therapeutic interventionist working with the co-parent(s), or an attorney representing a parent in a contested custody matter. While it is encouraged that co-parents participate in the intervention concurrently, it is not a requirement.

Regardless of circumstance, all prospective participants are screened for appropriateness to ensure prospective participants are at least 18 years of age, fluent in English, and not currently

in a romantic relationship with their co-parent. The screening also assesses for specific high conflict attributes such as current involvement in contested custody litigation, a history of domestic violence (physical, emotional, verbal, or sexual) between co-parents, and a criminal history involving the prospective participant's co-parent or their child. As a part of the screening process, parents were also required to provide an initial goal for their participation to assess if these were compatible with the intervention.

Parents enrolled in the intervention were not required to participate in the study. Thus, this study relied on a convenience sample of participants recruited voluntarily from the intervention. In the first week of the intervention, parents were given a brief presentation explaining the study, its risks and benefits, and the requirements for participation. All parents were given the link to a Qualtrics survey, where they could elect to provide their consent to participate in the study or decline to participate in the study. Parents who elected to participate completed the demographic questionnaire, AAQ-II, CPSES, and DERS-SF. In the final week of the intervention, the Qualtrics link was provided again for participants to record their post-intervention responses on the AAQ-II, CPSES, and DERS-SF.

The sample for this study $N = 13$ was small due to limitations associated with resources and the structure of the intervention. Per Geasler & Blaisure's (1999) categorization of CEIs, the intervention was considered small-scale, serving less than 300 parents annually (Geasler & Blaisure, 1999). The host site limited the number of parents that could participate in the intervention to ensure the facilitator's ability to adequately attend to individual needs. On average, the intervention generally includes 10-14 participants. As such, with the forethought and awareness that small samples threaten a study's ability to achieve adequate statistical power ($1-\beta = .80$), an appropriate analysis, the paired samples *t*-test, was selected accordingly.

The paired samples *t*-test was considered an ideal analysis for the present study, given its inherent engineering for compatibility with small sample sizes ($N < 30$) (De-Winter, 2013) A-priori power analyses were performed to determine the number of participants necessary for the paired samples *t*-tests, assuming a large effect size (.08), and an alpha level of .05, to achieve 80% statistical power, revealing that the study required data from 14 participants.

Data Collection

Due to the anonymous nature of this study, all parents participating in the intervention were provided access to the link for the Qualtrics survey to participate. The pre-intervention survey data were collected during the first week, and the post-intervention survey data was collected during week 8. The pre-and post-intervention surveys were identical. Participants were first met with an informed consent document when they accessed the survey. Following the participants' agreement to read the informed consent document and provide their consent, they could access the survey. The pre-and post-intervention surveys were identical and included the Co-Parenting Self-Efficacy Scale (CPSES), The Difficulties in Emotion Regulation Scale Short Form (DERS-SF), and The Acceptance and Action Questionnaire-II (AAQ-II).

Following completion of the outcome variable measures, participants filled out a questionnaire soliciting general personal information, including age, gender, race/ethnicity, socioeconomic status, and the highest level of education they had completed. Participants were also asked to indicate if they had experienced domestic violence (either as the victim, offender, or both) with their co-parent, the number of years they have been engaged with the family court regarding child custody litigation, marital status with their co-parent, current relationship status, current custody status of their child(ren), if they enrolled in the intervention due to the suggestion of an attorney, if they were court-mandated to enroll in the intervention, if their co-parent was

participating in the intervention concurrently or had in the past, past participation in mediation services, previous, current, or imminent engagement with court-mandated therapeutic supervised visitation or family reunification therapy, and if since beginning custody litigation they have received a diagnosis of an anxiety disorder, depressive disorder, or a stress-related disorder.

Data Analysis

Data was analyzed using version 28 of the IBM Statistical Package for the Social Sciences (SPSS) Statistics (2021). Multiple linear regression and analysis of variance were both considered for the analysis of this study. However, these were not selected due to their statistical hostility towards small sample sizes. Thus, after carefully considering the study's design and sample size, three paired samples *t*-tests were used to analyze the research. Analysis of the research questions focused on two associated hypotheses for each question.

Research Question One

Will there be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention?

Analysis of the first research question and hypotheses A1 & A2 (Table 1) used a paired samples *t*-test and the AAQ-II to evaluate if co-parents experienced a significant change in psychological flexibility from pre-intervention to post-intervention, in which the ACT co-parenting education intervention served as the independent variable, and psychological flexibility served as the dependent variable.

Research Question Two

Will there be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention?

Analysis of the second research question and hypotheses B1 & B2 (Table 1) used a paired samples *t*-test and the CPSES to evaluate if co-parents experienced a significant change in co-parenting self-efficacy from pre-intervention to post-intervention, in which the ACT co-parenting education intervention served as the independent variable, and co-parenting self-efficacy served as the dependent variable.

Research Question Three

Will there be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention?

Analysis of the third research question and hypotheses C1 & C2 (Table 1) used a paired samples *t*-test and the DERS-SF to evaluate if co-parents experienced a significant change in self-regulation from pre-intervention to post-intervention, in which the ACT co-parenting education intervention served as the independent variable, and self-regulation served as the dependent variable.

Paired Samples *t*-Test

The Paired Samples *t*-Test is a parametric statistical analysis that analyzes the mean difference between two sets (e.g., pairs) of observations (Xu, 2017). Unlike other tests in the *t*-test family, such as the independent and two-sample *t*-test, the paired *t*-test is unique as it allows for measuring a variable within the same population at two different points in time (Xu, 2017). They are most commonly used for pre and post-test analyses of intervention-based studies to infer a causal relationship between the independent and dependent variables. For example, in the present study, finding the difference between participants' pre-intervention assessment scores (observation 1) and post-intervention assessment scores (observation 2) to infer a causal relationship between the effect of the intervention and a difference in scores.

The paired samples *t*-test was engineered to accommodate small sample sizes. The paired *t*-test's use of the *t*-distribution makes it an optimal analysis for small samples, as it does not assume that the population standard deviation is known. Rather, the *t*-distribution is defined and reflected by degrees of freedom determined by sample size. Indeed, the study in which Goset (1908) established the paired samples *t*-test included a sample of just 4 participants.

Methodologists such as Cohen (1988) have cautioned that small sample sizes may yield low statistical power and detect false positive results. However, paired *t*-tests are popular and widely used across field research and repeated measures designs in which researchers must work with extremely small sample sizes, as defined by De-Winter (2013) as $N \leq 5$. In fact, there are no inherent barriers to using this analysis, even with a sample as small as $N=2$ (De-Winter, 2013).

There are one-sided and two-sided paired *t*-tests; the difference is determined by using a directional versus non-directional hypothesis. While a one-sided test reveals the difference between mean scores in one direction (e.g., only positive or negative), a two-sided test detects differences in mean scores in either a positive or negative direction. As the intervention in this study had yet to be explored, a two-sided test was used to detect an effect on the dependent variables regardless of direction. A two-sided paired samples *t*-test includes two competing hypotheses. The null hypothesis assumes that all observable differences are explained by random variation $\mu_d = 0$ (e.g., no difference within pairs). The alternative hypothesis assumes the opposite of the null and that the difference in the mean between paired sample observations is significantly different from zero $\mu_d \neq 0$ (e.g., a significant difference within pairs). In addition to the establishment of the null and alternative hypotheses, the paired *t*-test also requires that certain statistical assumptions be met:

1. The dependent variable must be continuous.

2. The observations are independent of one another.
3. Approximately normal distribution of the difference between paired values
4. The dependent variable should not contain any outliers.

If all assumptions are met, the test statistic (e.g., *t*-statistic) is then calculated. Relative to pretest-posttest analyses, this is done by calculating the difference between each pair's two observations (e.g., means). For instance, the present study focused on the mean change between participants' pre- and post-intervention scores. To identify the *t*-statistic, the standard deviation of the mean difference is used to determine the standard error of the mean difference under the null hypothesis.

The *t*-statistic follows a *t*-distribution and uses degrees of freedom determined by $(n - 1)$ to specify a particular curve, or probability, of observing the test results under the null hypothesis. To reject or retain the null, significance for *t*-tests is determined by using the test's degrees of freedom, an alpha level of at least .05, and a *t*-distribution table to find a critical value. The critical value represents the cut-offs for different degrees of freedom and alpha levels. If the *t*-statistic is greater than the critical value for the chosen statistical significance level (in this study, $\alpha = 0.05$), the null hypothesis is rejected, as the mean paired difference is significantly different from zero $\mu_d \neq 0$. Determination of practical significance for paired *t*-tests is indicated by the effect size of the results, in which the mean difference is divided by the standard deviation to identify if results have a small effect of 0.2 - 0.5, a moderate effect of 0.5 - 0.8, or a large effect of > 0.8 (Cohen, 1988).

Although a replication study with a larger sample size may be ideal for future research, the study at hand's use of paired *t*-tests to detect change within each dependent variable, and to

infer causation between the intervention and outcome variables, was the most appropriate and feasible option.

Table 1.

Summary of Research Hypotheses, Instruments, Variables, and Data Analysis

Hypothesis	Instrument	Variables	Data Analysis
H₀ A1: There will not be a significant change in high conflict co-parents' psychological flexibility pre and post participation in an ACT co-parenting education intervention.	AAQ-II	IV: ACT co-parenting education intervention DV: Psychological flexibility	Paired Samples <i>t</i> -Test
H_a A2: There will be a significant change in high conflict co-parents' psychological flexibility pre and post participation in an ACT co-parenting education intervention.	AAQ-II	IV: ACT co-parenting education intervention DV: Psychological flexibility	Paired Samples <i>t</i> -Test
H₀ B1: There will not be a significant change in high conflict co-parents' co-parenting self-efficacy pre and post participation in an ACT co-parenting education intervention.	CPSES	IV: ACT co-parenting education intervention DV: Co-parenting self-efficacy	Paired Samples <i>t</i> -Test
H_a B2: There will be a significant change in high conflict co-parents' co-parenting self-efficacy pre and post participation in an ACT co-parenting education intervention.	CPSES	IV: ACT co-parenting education intervention DV: Co-parenting self-efficacy	Paired Samples <i>t</i> -Test
H₀ C1: There will not be a significant change in high conflict co-parents' self-regulation pre and post participation in an ACT co-parenting education intervention.	DERS-SF	IV: ACT co-parenting education intervention DV: Self-regulation	Paired Samples <i>t</i> -Test
H_a C2: There will be a significant change in high conflict co-parents' self-	DERS-SF	IV: ACT co-parenting education intervention	Paired Samples <i>t</i> -

regulation pre and post
participation in an ACT co-
parenting education
intervention.

Test
DV: Self-regulation

Ethical Considerations

The study's assurance of participant rights and welfare was evaluated by The University of Arizona Institutional Review Board (IRB). Authorization for this study was granted by a private psychological practice in Southern Arizona specializing in forensic family matters. Given the vulnerability of the high conflict co-parenting population, substantial attention to ethical practice and compliance was required.

To maintain ethical standards of voluntary and anonymous recruitment, the investigator recruited participants via a brief verbal and visual presentation during the first week of the intervention. The presentation included an overview of the purpose of the study, participant criteria, expectations, procedures, and potential risks and benefits of participation. Participants were notified that the survey was for purposes of doctoral research, that the facilitator of the intervention was a previous employee of the host agency, and facilitating the intervention as a student-researcher. To mitigate ethical concerns relative to informed consent and coercion, it was expressed that participation in the study was not a requirement of the intervention.

Parents were required to read a detailed informed consent document to participate in the study. The informed consent included information relevant to the purpose of the study, participants' rights, and the benefits and risks of participation. The document outlined that participation was voluntary and that participants may choose to exit the survey at any time for their responses not to be recorded. To protect anonymity, participants were not required to provide a signature for their consent. Instead, they indicated consent or dissent via multiple

choice options, including: “I voluntarily consent to participate in this research study” or “I decline to participate in this research study.” In respect of participants’ anonymity and to ensure continued informed consent, the pre-and post-assessment both required informed consent.

The anonymity of participants was a substantial ethical priority in this study. Participants were not required to disclose any personally identifying information, and the survey was coded not to record location information or IP addresses of devices used to complete the survey. These measures were critical for demonstrating sensitivity towards high conflict co-parents’ experience of heightened levels of paranoia and distrust (Van Lawick & Visser, 2015). Parents’ technological paranoia is often a result of underhanded tactics used by their co-parent or attorney to obtain ammunition electronically for the court (Lux & Gill, 2021). Specific examples of such tactics include cyber-stalking, hacking email and social media accounts, and using remote spyware (Lux & Gill, 2021). Thus, regardless of expressed and certain anonymity, participation still held the potential for participants to experience anxiety that an electronic survey could truly protect their identity.

Limitations

Recruitment & Sample Size

The present study had several possible limitations, one of which was using a convenience sample. It has been suggested that a lack of randomized recruitment can yield consequences associated with obtaining a sample that may not be truly representative of the target population of a study (Stratton, 2019). The sample size in this study also posed limitations associated with data analysis, statistical power, and practical effect. In quantitative research, a sample size of $N > 30$ is commonly referenced as the minimum number of participants required to achieve power

and observe a generalizable effect. Thus, the study's small sample size may have impacted outcome observations.

Research Design

Inherent limitations were associated with this study's quasi-experimental pretest-posttest design observing one group. Objectively, random sampling and including a control condition would generate a stronger causal inference (Sackett, 1979). However, a common obstacle to CEI research is obtaining a large random sample and ethically implementing a control condition (Schramm & Becher, 2020). Hence, it was not feasible to incorporate a control group in this study due to administrative limitations, ethical constraints, lack of practical resources, and lack of access to a large enough sample.

Using one group also threatened external validity, and pretest-posttest designs are stronger and more reliable when random sampling and a control group are implemented. However, even when random selection and a control condition are implemented, pretest-posttest designs are prone to threatening internal validity due to flaws inherent in the design, such as the potential for participant attrition, maturation, and response shift bias to occur (Howard, 1980). Given this consideration, this could impact the strength, generalizability, and degree of credibility of the effect of the intervention.

Self-Report Measures

Another limitation of this study was the use of self-report measures to collect data, as these measures may threaten validity and reliability. High conflict co-parents' propensity for high stress, physical or emotional state, and deficiencies in self-awareness could have also affected the accuracy of responses while completing the measures (Feinberg, 2003; Demby, 2009; Bailey et al., 2020; Little et al., 2020). Deficiencies in self-awareness can incur

consequences such as participants under or over-reporting due to inaccurate self-assessments and perceived desirability (Little et al., 2020). This may have been a particularly salient concern in this study, as co-parents' tendency to consider themselves the "good" co-parent could have inhibited accurate or honest responses to specific items or questions. Additionally, although the study was anonymous, parents involved in volatile custody litigation often experience paranoia (Demby, 2009), which could have influenced comfort in providing honest responses.

Consistent with a common limitation within CEI research was that although all participants in the study were considered high conflict, the difference in their individual experiences and how this could have impacted responses and interpretation is unknown. Considerations such as the amount of time between participants' divorce or separation and their participation in the intervention, experiences such as domestic violence, and the length of their romantic relationship reasonably may contribute to varying degrees of perspective and interpretation (Anderson et al., 2010; Kelly, 2012; Koppejan-Luitze et al., 2021). Emotion is often most intense immediately following divorce or separation, domestic violence adds additional complexity to co-parenting, and co-parents whose romantic relationships spanned a short time are all at greater risk for particularly challenging co-parenting relationships (Anderson et al., 2010; Bowers et al., 2014; Koppejan-Luitze et al., 2021). Thus, individual circumstances could have incited different interpretations of the intervention and the measures.

Alteration of the Perceived Martial Self-Efficacy Scale

Currently, there is no extant measure of the construct of co-parenting self-efficacy. As previously noted, there are few established measures on co-parenting (Owen & Rhoades, 2012; Schramm & Becher, 2020). Like other studies in this area of research, alterations were made to the language of an existing measure (PMSES) to fit a co-parenting population (Owen &

Rhoades, 2012; Cronin et al., 2017; Koppejan-Luitze et al., 2021). Although minor language changes have been revealed not to have a significant impact on psychometric properties (Sauro, 2016), there still may have been limitations associated with construct validity due to altering the word “spouse” to “co-parent” on the measure.

Efforts to Mitigate Limitations

Although numerous possible limitations were associated with this study, certain precautions were taken relative to the selection of the research design, outcome measures, and potential issues posed by sample size to mitigate them.

Quasi-experimental designs have been supported as the best option for studies in which there is a lack of practical resources or access to a control population (Sackett, 1979). Although this may have weakened the causal inference, this design was selected intentionally, given that outcomes associated with the intervention could still be observed despite the study’s constraints. The formulation of this study’s design also intended to address limitations associated with sample size, as quasi-experimental one-group pretest-posttest designs do not inherently require a large sample size (York, 2016).

To expand on mitigation efforts related to small sample size, the paired samples *t*-test was intentionally selected to analyze the research questions, as it is engineered to accommodate small sample sizes. No minimum sample size is required to conduct a paired *t*-test, and even samples as small as $N \leq 5$ have achieved adequate statistical power (De-Winter, 2013; Yok, 2016). Furthermore, this analysis has detected significant results in group-based ACT interventions specifically, with sample sizes as small as $N = 4$ (Daltry, 2015), $N = 12$ (Flujas-Contreras, García-Palacios, & Gómez, 2021), and $N = 13$ (Jacobs, Luci, & Hagemann, 2018).

Relative to statistical analysis, mitigation efforts were also put forth to address concerns of reliability associated with altering the PMSES to the CPSES. To report accurate conclusions, a statistical reliability test was run to gain a precise understanding of any effect the alteration may have had on the measure's reliability. Although potential limitations existed with this particular measure, the other measures used in this study had well-established reliability and validity.

Using reliable and valid measures intended to reduce limitations associated with self-report measures, as did anonymity. Statistically sound measures and anonymous participation possibly assisted in controlling inaccurate responses by reducing the impact of perceived desirability or the potential for dishonesty. The accuracy of the self-report measures was possibly further protected by the study's pretest-posttest design. Indeed, it has been suggested that analysis of self-report measures that include a set of retrospective data shows greater concurrent validity with objective and behavioral indices (Howard, 2018). Furthermore, those behaviors may be more accurately self-reported in multisession interventions that implement a pre and post-test, as people remember fewer details of their initial responses as time passes (Sudman, Bradburn, & Schwarz, 1996).

However, pretest-posttest designs come with their inherent limitations. To mitigate this, efforts were made to prevent attrition and maturation. The pre-and post-intervention surveys were intentionally designed to be completed in approximately 5-7 minutes. The rationale was that reducing the risk of response fatigue could enhance the potential for participants to complete both assessments due to the low burden placed on their time and effort. Additionally, to mitigate attrition and maturation, the time elapsed between pre- and post-assessments was not designed to be longitudinal or excessively lengthy.

CHAPTER V

RESULTS

This purpose of this study was to explore if an 8-week ACT co-parenting education intervention designed for high conflict co-parents would significantly change co-parents' psychological flexibility, co-parenting self-efficacy, and self-regulation pre- and post-participation in the intervention. This chapter presents the demographic data of the sample, descriptive statistics of the measures used in the study, and the results of the paired sample *t*-tests for each outcome variable.

Demographics of the Sample

The study participants included a convenience sample of $N=13$ high conflict co-parents. Of the sample, 46.2% identified as female, 53.9% identified as male, and all participants were Caucasian. The age range of the sample ranged from 25 to 54 years old. 23.01% of participants were between 25-34 years old, 38.42 % of participants were between ages 35-44, and 38.42 % of participants were between 45-54 years old. Most participants (53.48%) had been involved in custody litigation for three years or longer, 7.7% of participants had been involved in custody litigation for over 2 years, 23.08% had been involved in custody litigation for over 1 year, 7.7% had been involved in custody litigation for 7 months to 1 year, and 7.7% had been involved in custody litigation for 3-6 months. Regarding the terms of intervention participation, 61.5% of parents participated at the request of a judge, and 38.5% participated voluntarily. 38.5% of parents participated in the intervention concurrently with their co-parent, and 61.5% participated independently.

Table 2.
Demographics of the Sample

Demographic	<i>N</i>	%
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Age		
18-24 years old		
25-34 years old	3	13.01%
35-44 years old	5	38.42%
45-54 years old	5	38.42%
55+		
Gender		
Female	6	46.15%
Male	7	53.85%
Non-binary		
Transgender Female		
Transgender Male		
Not listed		
Race		
American Indian or Alaska Native		
Native Hawaiian or Pacific Islander		
Black or African American		
Hispanic/Latino		
Asian		
White	13	100%
Annual Income		
Less than \$20,000		
\$20,000 to \$34,999	1	7.69%
\$35,000 to \$49,999	3	23.08%
\$50,000 to \$74,999	4	30.77%
\$75,000 to \$99,999	1	7.69%
Over \$100,000	4	30.77%
Highest degree of education completed		
Less than a high school diploma		
High school diploma or equivalent (e.g., GED)	1	7.69%
Some college, no degree		
Associate degree	3	23.08%
Bachelor's degree	7	53.85%
Master's degree	1	7.69%
Professional degree (MD, DDS, etc.)	1	7.69%
Doctorate (e.g., PhD, EdD)		
Current marital status		
Single	2	15.38%
Married	5	38.46%
Separated	1	7.69%
Divorced	3	23.08%
Windowed		
Cohabiting with romantic partner	2	15.38%
Marital status with co-parent		
Separated	4	30.77%
Divorced	9	69.23%

Current custody status of child(ren)

Joint legal custody	6	46.15%
Joint physical custody		
Joint legal and physical custody	7	53.84%
Sole Legal Custody		
Sole Physical Custody		
Sole legal and physical custody		
No legal or physical custody		

Length of involvement in custody litigation

No engagement with family court		
Less than 3 months		
3 months to 6 months	1	7.69%
7 months to 1 year	1	7.69%
Over 1 year to 2 years	3	23.08%
Over 2 years to 3 years	1	7.69%
Over 3 years or more	7	53.84%

Forms of mediation participated in

Discussion between parents	6	46.15%
Using a friend or family to help	3	23.08%
Formal mediation, non-court affiliated	4	30.77%
Formal mediation, court-affiliated	11	84.62%
No participation in mediation	1	7.69%

Have you participated in court mandated therapeutic supervised visitation services or reunification family therapy?

Yes	3	23.08%
No	10	76.92%

History of domestic violence with co-parent

Yes, as a victim	6	46.15%
Yes, as an offender		
Yes, as a victim and an offender	1	7.69%
No	6	46.15%

Since beginning custody litigation, have you been diagnosed with an anxiety disorder, depressive disorder, or chronic stress disorder?

Yes	1	7.69%
No	12	92.31%

Participating by a judge's order or request

Yes	8	61.54%
No	5	38.46%

Participating by suggestion of an attorney

Yes	8	61.54%
No	5	38.46%

Is your co-parent concurrently enrolled in intervention?

Yes	5	38.46%
No	4	30.77%
Unsure	4	30.77%

Has your co-parent completed intervention in the past?

Yes	1	7.69%
No	11	84.62%
Unsure	1	7.69%

N=13

Descriptive Statistics of Study Measures

Descriptive statistics were examined for the AAQ-II, CPSES, and DERS-SF to determine the average response to each item on each measure and the standard deviation and standard error per item. This process was completed for all three measures for both the pre-and post-intervention assessment data to reflect the changes in descriptive statistics before and after parents' participation in the intervention. These descriptives are presented in Tables 3-8.

Table 3.

Pre-Intervention Descriptive Statistics for the Acceptance and Action Questionnaire-II

Acceptance and Action Questionnaire-II	\bar{X}	<i>SD</i>	<i>SE</i>
My painful experiences and memories make it difficult for me to live a life that I would value	2.54	1.33	.369
I'm afraid of my feelings	2.08	1.26	.348
I worry about not being able to control my worries and feelings	2.08	1.32	.366
My painful memories prevent me from having a fulfilling life	3.00	1.96	.543
Emotions cause problems in my life	3.23	1.96	.545
It seems like most people are handling their lives better than I am	3.08	1.50	.415
Worries get in the way of the success	2.31	1.38	.382

N= 13

Table 4.

Post-Intervention Descriptive Statistics for the Acceptance and Action Questionnaire-II

Acceptance and Action Questionnaire-II	\bar{X}	<i>SD</i>	<i>SE</i>
My painful experiences and memories make it difficult for me to live a life that I would value	2.15	1.52	.421
I'm afraid of my feelings	1.92	1.04	.288
I worry about not being able to control my worries and feelings	2.08	1.19	.329
My painful memories prevent me from having a fulfilling life	2.54	1.51	.418
Emotions cause problems in my life	2.54	1.13	.312
It seems like most people are handling their lives better than I am	2.46	1.51	.418
Worries get in the way of the success	2.39	1.45	.401

N= 13

Table 5.
Pre-Intervention Descriptive Statistics for the Co-Parenting Self-Efficacy Scale

Co-Parenting Self-Efficacy Scale	\bar{X}	<i>SD</i>	<i>SE</i>
Set aside time to talk together about things that worry you	2.50	1.72	.543
Prevent disagreements from turning into angry ex-changes	4.30	1.77	.559
Respect your co-parent's views on matters even though you disagree with them	4.60	.966	.306
Deal with problems together without blaming each other	2.80	1.32	.416
Accept criticism without feeling offended	3.10	1.91	.605
Get the support of your co-parent when you have personal problems	1.50	.845	.269
Make your co-parent feel important and respected	3.70	1.64	.518
Get your co-parent to agree on how to deal with problems with your children and their schooling	2.40	1.43	.452
Get your co-parent involved in important decisions about how to run the family	2.20	1.62	.512
Support your co-parent when the children ignore what they are asked to do	3.80	2.15	.680
Protect the privacy of your co-parenting relationship	3.90	2.02	.640
Support your co-parent in handling conflicts with parents	3.20	1.32	.416

N = 10

Table 6.
Post-Intervention Descriptive Statistics for the Co-Parenting Self-Efficacy Scale

Co-Parenting Self-Efficacy	\bar{X}	<i>SD</i>	<i>SE</i>
Set aside time to talk together about things that worry you	3.00	2.11	.667
Prevent disagreements from turning into angry ex-changes	4.10	1.73	.547
Respect your co-parent's views on matters even though you disagree with them	4.80	1.23	.389
Deal with problems together without blaming each other	3.60	2.12	.670
Accept criticism without feeling offended	4.20	1.81	.673
Get the support of your co-parent when you have personal problems	1.70	1.16	.367
Make your co-parent feel important and respected	4.00	1.83	.577
Get your co-parent to agree on how to deal with problems with your children and their schooling	3.00	1.89	.596
Get your co-parent involved in important decisions about how to run the family	2.80	1.87	.593
Support your co-parent when the children ignore what they are asked to do	4.10	1.91	.605
Protect the privacy of your co-parenting relationship	4.60	1.43	.452
Support your co-parent in handling conflicts with parents	3.40	1.78	.562

N = 10

Table 7.
Pre-Intervention Descriptive Statistics for the Difficulties in Emotion Regulation Scale- Short Form

Difficulties in Emotion Regulation- Short Form	\bar{X}	<i>SD</i>	<i>SE</i>
I pay attention to how I feel	2.39	1.12	.311
I have no idea how I am feeling	1.54	.519	.144
I have difficulty making sense out of my feelings	1.70	1.18	.328
I care about what I am feeling	1.92	.760	.211
I am confused about how I feel	1.77	.832	.231
When I'm upset, I acknowledge my emotions	2.46	1.26	.351
When I'm upset, I become embarrassed for feeling that way	2.08	1.12	.309
When I'm upset, I have difficulty getting work done	2.46	1.13	.313
When I'm upset, I become out of control	1.31	.751	.208
When I'm upset, I believe that I will end up feeling very depressed	2.08	1.26	.348
When I'm upset, I have difficulty focusing on other things	2.31	1.32	.365
When I'm upset, I feel guilty for feeling that way	2.31	1.32	.365
When I'm upset, I have difficulty concentrating	2.38	1.33	.368
When I'm upset, I have difficulty controlling my behaviors	1.62	.768	.213
When I'm upset, I believe there is nothing I can do to make myself feel better	1.54	.776	.215
When I'm upset, I become irritated with myself for feeling that way	2.00	1.08	.210
When I'm upset, I lose control over my behavior	1.15	.376	.104
When I'm upset, it takes me a long time to feel better	1.85	.898	.249

N = 13

Table 8.

Post-Intervention Descriptive Statistics for the Difficulties in Emotion Regulation Scale- Short Form

Difficulties in Emotion Regulation- Short Form	\bar{X}	<i>SD</i>	<i>SE</i>
I pay attention to how I feel	2.15	.899	.249
I have no idea how I am feeling	2.08	1.19	.329
I have difficulty making sense out of my feelings	1.69	.751	.208
I care about what I am feeling	2.15	1.07	.296
I am confused about how I feel	1.54	.519	.144
When I'm upset, I acknowledge my emotions	2.08	1.04	.288
When I'm upset, I become embarrassed for feeling that way	1.54	.660	.183
When I'm upset, I have difficulty getting work done	1.77	.927	.257
When I'm upset, I become out of control	1.15	.555	.154
When I'm upset, I believe that I will end up feeling very depressed	1.92	.760	.211
When I'm upset, I have difficulty focusing on other things	1.77	.927	.257
When I'm upset, I feel guilty for feeling that way	1.85	1.28	.355
When I'm upset, I have difficulty concentrating	1.92	.954	.265
When I'm upset, I have difficulty controlling my behaviors	1.23	.439	.122
When I'm upset, I believe there is nothing I can do to make myself feel better	1.23	.832	.230

When I'm upset, I become irritated with myself for feeling that way	1.62	1.12	.311
When I'm upset, I lose control over my behavior	1.15	.376	.104
When I'm upset, it takes me a long time to feel better	1.62	.961	.206
<i>N= 13</i>			

The reliability of instruments is critical, as this reflects the instrument's consistency in measuring a particular construct. A standard method for measuring the reliability of an instrument is Cronbach's alpha (α) (Cronbach, 1951), which measures the strength of relationships between instrument items to determine the reliability and consistency of a measure. Cronbach's alpha reliability coefficient ranges from 0-1; the closer a coefficient is to 1, the more robust covariance exists within the instrument's items, indicating that the items are likely to measure the same underlying construct. The values of acceptable reliability for Cronbach's alpha range from a coefficient of 0.6-0.7 or higher ($\geq .6-.7$ – acceptable, $\geq .8$ – Good $\geq .9$ – excellent) (Nunnally, 1978).

While some may assume the reliability of an instrument based on its use in existing studies, this is not acceptable (Devon et al., 2007); despite a scale's reported reliability, it is recommended that each time an instrument is administered, Cronbach's alpha be determined, given that this must be adapted to the current sample that is being analyzed (Ursachi, Horodnic, & Zait, 2015). Thus, the reliability of the AAQ-II, CPSES, and DERS-SF was determined both pre- and post-intervention. Table 9 presents the pre-post alpha coefficients for the AAQ-II, CPSES, and DERS-SF, illustrating that each measure had acceptable to excellent reliability.

Table 9.
Instrument Scale Reliabilities

Variable	Instrument	Items	α (Pre)	α (Post)
Psychological	Acceptance and Action Questionnaire-II	7	.92	.89

Flexibility	(AAQ-II)			
Co-Parenting Self-Efficacy	Co-Parenting Self-Efficacy Scale (CPSES)	12	.74	.90
Self-Regulation	Difficulties in Emotion Regulation- Short Form (DERS-SF)	18	.93	.88

Additionally, Table 9 reflects a change in the total reliability of each instrument. These changes in reliability do not indicate that the level of the actual latent construct changed. Rather, participants may have interpreted the items and measures to capture constructs differently over time (Ursachi, Horodnic, & Zait, 2015). Following an intervention that aims to measure a learning effect, shift, or improvement of a particular construct, changes in alpha are common and often expected in response (Livingston et al., 2022). Participants' understanding and awareness of a construct post-intervention alters their perception of how related a particular item is to the construct (Livingston et al., 2022). Similarly, interpreting the meaning of intervals on Likert scales can shift due to new positive or negative associations following the intervention, ultimately reflecting a change in alpha (Thompson et al., 1999; Gilem & Gilem, 2003).

Given these shifts, bivariate Pearson correlations were also used to evaluate the measures' strength and stability over time. Correlations were performed to identify the relationship between pre-intervention and post-intervention responses on the AAQ-II, CPSES, and DERS-SF. Pearson correlation coefficients are measured from a range of -1 to 1. Values between $\pm.50$ and ± 1 are considered to have a strong correlation, $\pm.30$ and $\pm.49$ are considered moderately correlate, and values below $\pm.29$ indicate a small correlation (Devon et al., 2007). Table 10 illustrates that each instrument's pre- and post-intervention responses were highly correlated.

Table 10.
Instrument Scale Correlation of Pre- and Post-Intervention Assessments

Instrument	<i>r</i>
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Acceptance and Action Questionnaire-II	.868
Co-Parenting Self-efficacy	.894
Difficulties in Self-Regulation- Short Form	.914

Research Questions and Hypotheses

Research Question One

Will there be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention? Research question one included two associated hypotheses: H_0 , there will not be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention, and H_a , there will be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention.

Psychological Flexibility

A paired samples t -test with alpha set at $p \leq .05$ was used to examine if high conflict co-parents' pre- ($M = 18.231$, $SD = 8.308$) and post- ($M = 16.231$, $SD = 7.617$) intervention scores on the AAQ-II reflected a significant change in psychological flexibility.

Prior to the analysis, the paired samples t -test's assumption of an approximately normal distribution was evaluated; the level of skew (.249) and kurtosis (1.39) were both within the range of acceptability for normality, $|>2|$, and $|>7|$, respectively (West et al., 1996). The results of the Shapiro-Wilk test for normality ($W = .965$, $p = .84 > .05$) also confirmed an approximately normal distribution. A boxplot was used to assess the assumption that the dependent variable should not contain extreme outliers, which revealed that there were no outliers within the dataset. The result of the paired samples t -test is presented below in Table 11.

Table 11.

Paired Samples t -Test Pre-Post Differences in Psychological Flexibility

Pair	Mean	Std. Deviation	95% CI of difference	<i>t</i>	Significance (<i>p</i>)
Pre-Post PF	2.000	4.143	-.50735 4.5038	1.740	.107

N = 13

p ≤ .05, two-tailed

The results of the paired samples *t*-test yielded that there had not been a statistically significant change in participants' psychological flexibility pre- and post-intervention ($t(12) = 1.740, p = .107$). Consequently, the null hypothesis that there would not be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT CEI was retained. Cohen's *d* for this analysis was estimated at $d = .48$, indicating a small effect size, and a-posteriori computation of achieved statistical power was reported at 36%.

Research Question Two

Will there be a significant change in high conflict co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention? Research question two included two associated hypotheses: H_0 , there will not be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention, and H_a , there will be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention.

Co-Parenting Self-Efficacy

A paired samples *t*-test with alpha set at $p \leq .05$ was used to examine if high conflict co-parents' pre- ($M = 3.137, SD = .8127$) and post- ($M = 3.609, SD = 1.210$) intervention scores on the CPSES would reflect a significant change in co-parenting self-efficacy.

Prior to conducting the analysis, the paired samples *t*-test's assumption of an approximately normal distribution was evaluated. The observations of skew (-.691) and kurtosis

(.261) reflected that both were within the range of acceptability for normality, $|>2|$, and $|>7|$ (West et al., 1996). The results of the Shapiro-Wilk test for normality ($W = .938$, $p = .54 > .05$) also confirmed an approximately normal distribution of the data. A boxplot was used to evaluate the paired samples t -test's assumption that the dependent variable should not contain extreme outliers, which revealed three outliers within the dataset. All three outliers were excluded from the analysis following a thorough investigation of their effect on the data. The results of the paired samples t -test are presented below in Table 12.

Table 12.

Paired Samples t-Test Pre-Post Differences in Co-Parenting Self-Efficacy

Pair	Mean	Std. Deviation	Std. Error	95% CI of difference	t	Significance (p)
Pre-Post CPSE	.4720	.53499	.1692	.08929 .85471	2.790	.021

$N = 10$

$p \leq .05$, two-tailed

The results of the paired samples t -test revealed that there had been a statistically significant change in participants' co-parenting self-efficacy pre- and post-intervention ($t(9) = 2.790$, $p = .021$), rejecting the null hypothesis that there would not be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT CEI. Cohen's d was estimated at $d = .88$, indicating a large effect size, and a-posteriori computation of achieved statistical power was reported at 70%.

Justification for Exclusion of Outliers

Upon initial review of the descriptive data of participants' pre-and post-intervention scores on the CPSES, a box plot revealed two outliers within the sample: observation 12 and observation 13. It is particularly important to examine the presence of outliers in studies with a small sample, as the sensitivity of the sample mean can be greatly impacted (Zumbo & Jennings,

2002). This violation can reduce statistical power and distort the analysis by inflating the probability of Type I error. Nonetheless, the decision to eliminate outliers should be made based on a thorough investigation of how and to what magnitude the outliers deviate from the rest of the sample and to what extent they might impact the results (Aguinis & Gottfredson, 2013).

The mean difference in pre-post-intervention scores on the CPSES with all 13 participants' data included was initially $M = .74$, $SD = 1.15$, with $Mdn = .42$. When these values were compared to the pre-post-intervention scores of the two outliers, it was readily apparent that the mean difference in scores for observations 12 and 13 were abnormally well-above average, and unusually far from the median of the dataset. Observation 12 yielded a mean difference of $M = 2.75$, and observation 13 reflected an even more substantial difference of $M = 3.09$. In light of this, it was determined that both observations would be eliminated to avoid erroneous inflation of statistical significance.

After removing observations 12 and 13, descriptive statistics were reviewed to identify shifts in the data. The updated mean difference in scores was $M = .38$, $SD = .689$ with $Mdn = .42$. However, given the sensitivity of the small sample, removing the outliers and recalculating the mean difference in scores resulted in the identification of another outlier, observation 3. Unlike observations 12 and 13, which were much higher than the rest of the sample, observation 3 was unusual because the mean difference in scores ($M = -.97$) was much lower than the rest of the sample. Ultimately, observation 3 was also excluded, as it was not representative of the rest of the data in the sample.

Excluding the outliers was further justified by running the analysis with and without the observations included. With all outliers included, their overall impact on the results of the analysis appeared relatively inconsequential ($t(12) = 2.319$, $p = .039$). Although excluding

outliers reduced the sample size, the effect size increased from moderate ($d = .64$) to large, the standard error decreased by .149, and a-posteriori computation of achieved statistical power was strengthened by 13%. In such situations, where removing outliers does not dramatically impact the results, other statistical properties are maintained, and the presence of outliers violates assumptions, it is appropriate for them to be excluded (Osbourne & Overbay, 2004).

Research Question Three

Will there be a significant change in high-conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention? Research question three included two associated hypotheses: H_0 , there will not be a significant change in high-conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention, and H_a , there will be a significant change in high conflict co-parents' self-regulation pre and post participation in an ACT co-parenting education intervention.

Self-Regulation

A paired samples t -test with alpha set at $p \leq .05$ was used to examine if high conflict co-parents' pre- ($M = 1.945$, $SD = .6839$) and post- ($M = 1.668$, $SD = .5306$) intervention scores on the DERS-SF would reflect a significant change in self-regulation.

Prior to the analysis, the paired samples t -test's assumption of an approximately normal distribution was evaluated. The level of skew (.031) and kurtosis (-1.43) were both within the range of acceptability for normality, $|>2|$, and $|>7|$ (West et al., 1996). The results of the Shapiro-Wilk test for normality ($W = .930$, $p = .343 > .05$) also confirmed an approximately normal distribution. A boxplot was used to examine the paired samples t -test's assumption that the dependent variable should contain extreme outliers, revealing no outliers within the data. The results of the paired samples t -test are presented in Table 13.

Table 13
Paired Samples t-Test Pre-Post Differences in Self-Regulation

Pair	Mean	Std. Deviation	95% CI of difference	<i>t</i>	Significance (<i>p</i>)
Pre-Post SR	.277	.2929	.09991 .45394	3.409	.005

N = 13

p ≤ .05, two-tailed

The results of the paired samples *t*-test indicated that participants experienced a statistically significant change in self-regulation pre- and post-intervention ($t(12) = 3.409, p = .05$), rejecting the null hypothesis that there would not be a significant change in high-conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention. Practical significance was estimated using Cohen's *d*, yielding a meaningful and considerable effect ($d = .95$) of differentiation between pre- and post-assessment self-regulation scores, and a-posteriori computation of achieved statistical power was reported at 88%.

Summary

The present study examined if an 8-week ACT co-parenting education intervention for high conflict co-parents would significantly change co-parents' psychological flexibility, co-parenting self-efficacy, and self-regulation pre- and post-participation in the intervention. To accomplish this, the following research questions were examined:

1. *Will there be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention?*
2. *Will there be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention?*
3. *Will there be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention?*

The results of the paired samples *t*-tests revealed a statistically significant change in the outcome variables co-parenting self-efficacy ($t(9) = 2.790, p = .021$) and self-regulation ($t(12) = 3.409, p = .05$) pre- and post- co-parents' participation in the intervention. However, no change was detected in psychological flexibility ($t(12) = 1.740, p = .107$). Table 14 provides a summary of the hypotheses that were tested in this study and their level of support based on the findings of the paired samples *t*-tests.

Table 14.
Summary of Hypotheses & Findings

Hypothesis	Findings of Paired Samples <i>t</i> -test
H₀ A1: There will not be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention.	Supported
H_a A2: There will be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention.	Not Supported
H₀ B1: There will not be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention.	Not Supported
H_a B2: There will be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention.	Supported
H₀ C1: There will not be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention.	Not Supported
H_a C2: There will be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention.	Supported

CHAPTER VI

DISCUSSION

Even though marriages and cohabitating unions end, the co-parenting relationship many parents may need to continue the co-parenting relationship after separation or divorce. Parents are encouraged to establish cooperation amongst each other for their and their children's well-being because co-parenting relationships mired in high conflict devastate parents and children alike (Whiteside, 1998; Amato, 2000; Balmer, Matthewson, & Haines, 2017). Thus, it is critical for parents in high conflict situations to have access to opportunities for developing cooperative co-parenting knowledge and skills to potentially mitigate negative outcomes.

While CEIs have become increasingly popular, many interventions lack theoretical implementation (Blaisure & Geasler, 1998; Malcore et al., 2009; Bowers et al., 2011) and do not provide sufficient attention to interpersonal constructs of co-parenting, such as psychological flexibility, co-parenting self-efficacy, and self-regulation. This study aimed to address these gaps within CEIs by investigating if an 8-week ACT co-parenting education intervention designed for high conflict co-parents would significantly change psychological flexibility, co-parenting self-efficacy, and self-regulation pre- and post-participation.

Interpretation of Findings

Psychological Flexibility

For the first research question: *Will there be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention?* It was hypothesized that there would be a significant change in high conflict co-parents' psychological flexibility pre- and post-participation in an ACT co-parenting education intervention. However, the findings of the paired samples *t*-test did not support this hypothesis

($t(12) = 1.740, p = .107$). Such results may have occurred for several reasons. One possible explanation is that a common threat of repeated measure designs that include a small sample size is increased vulnerability to unpredictable variation, often only detecting an effect if it is large, which may underestimate the impact of an intervention (Crump, Narro, & Suzuki, 2019). Thus, the small sample ($N = 13$) and the small effect size ($d = .48$) may explain statistically insignificant results. Although it is worthwhile to note that a strong correlation ($r = .87$) existed between pre- and post-intervention scores, and while identifying the strength of correlations is not the purpose of a paired samples t -test, this association is still valuable to consider in explaining the strength and direction of the positive relationship between the intervention and psychological flexibility.

While the results were not statistically significant, descriptive statistics revealed a change in the mean between pre- and post-participation ($M = 2.00000$). Such change in the mean could potentially suggest that the analysis could have produced more successful results with a larger sample size, increased degrees of freedom, and decreased standard error (Crump, Narro, & Suzuki, 2019). However, the change in the mean does contradict the assumption of the null hypothesis that there is no difference between pairs and that, at least descriptively, the results suggest that most participants experienced a positive impact on psychological flexibility. This is further verified by examination of individual participants' data, revealing that 9 of 13 (67%) participants reported lower scores on the AAQ-II following the intervention, with lower scores indicating higher psychological flexibility.

It should be considered that those who reported higher scores on the AAQ-II post-intervention, indicating a decrease in psychological flexibility, shared vital characteristics.

The 4 participants included all women in the sample who reported being victims of domestic violence. The literature exploring the effectiveness of ACT with parents who have experienced trauma is considerably limited (Moyer et al., 2018). Moreover, it has been suggested that when working with victims of domestic violence, a clear and accurate understanding of what is meant by “acceptance” in ACT is critical (McLean & Follette, 2015). While it was clarified to participants that the intervention did not consider acceptance analogous with forgiveness or condoning their past or present experiences with their co-parent, it was not frequently reiterated. Thus this clarification may have been forgotten or lost its meaning over time, potentially impacting their overall experience and subsequent responses to the AAQ-II.

The implementation of the AAQ-II itself may also explain the results; even though it is the most widely used and validated measure of psychological flexibility, its broadness and unidimensional measurement of the construct lack attention to nuance and context. Individuals may demonstrate adequate psychological flexibility in some contexts but may be less flexible when interacting with others (Moyer et al., 2018). The measure's authors also encourage that scores be considered within the context of the person (Bond et al., 2011). For some, scores may improve quickly and change in a few weeks, although this may take weeks or months for others. Thus, looking at the total mean difference in the sample to evaluate the effect of the intervention on co-parents' psychological flexibility may not have been the most pragmatic. A greater understanding of flexibility might be better assessed with specific knowledge of the context of parents' excessive rigidity (Daks & Rogge, 2020).

Co-Parenting Self-Efficacy

For the second research question: *Will there be a significant change in high conflict co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education*

intervention? It was hypothesized that there would be a significant change in high conflict co-parents' co-parenting self-efficacy pre- and post-participation in an ACT co-parenting education intervention. The findings of the paired samples *t*-test supported this hypothesis ($t(9) = 2.790, p = .021$). This was evidenced by an average mean increase of $M = .4720$ in scores on the CPSES pre-and post-intervention; thus, suggesting that the intervention positively affected co-parents' co-parenting self-efficacy.

As previously mentioned, no previous published studies have examined co-parenting self-efficacy. Thus, there is no way of comparing this current study's results with what has been published previously to truly interpret and understand the magnitude or meaningfulness of the results. Although certain studies, such as Merrifield and Gamble (2012), which examined the impact of spill-over stress from co-parenting on parenting self-efficacy, can provide slight context to the results of the analysis. The investigators discovered a positive association between parents' level of parenting self-efficacy and the degree of maintenance and perceived support in their co-parenting relationship. Alternatively, they found a negative association between self-efficacy and co-parental undermining and conflict. Such findings may be similar to the current study's findings. For example, the observed increase in co-parenting self-efficacy could be due to a greater degree of perceived ability to maintain a supportive co-parenting relationship following their participation in the intervention.

It is critical to note that while the results were significant, they should be considered cautiously, given certain limitations. Without a control condition and random sampling, it is impossible to know if the results were due to the intervention or other confounding variables. Additionally, a-posteriori analysis of achieved statistical power was below 80% ($1-\beta = 70\%$), indicating that while the results detected a significant effect, the analysis was underpowered.

Consequently, there was a 30% chance that the results may have been manipulated by Type II error. This could have been due to many factors, but it is reasonable to assume this was likely related to the sample size. When the outliers were removed from the data, the sample was reduced by 23%. Removing or retaining outliers is ultimately the researcher's decision, as there is no standard guideline for handling them (Aguinis, Gottfredson, & Joo, 2013). While some argue it is best practice to remove extreme data points, others contest that removing outliers eliminates essential information about the sample. However, in the case of the paired samples *t*-test, it is generally accepted that if removing outliers does not impact statistical significance, it is appropriate to eliminate them (Osbourne & Overbay, 2004); thus, informing the decision to remove them in the present study.

Another factor that should be considered when interpreting the results is that without an established instrument to measure co-parenting self-efficacy, an existing scale intended to measure spousal self-efficacy (Caprara et al., 2004) was altered to fit the sample and the aims of this study. The Spousal Self-Efficacy Scale was altered by exchanging the word “spouse” for “co-parent,” effectively transforming this measure into the Co-Parenting Self-Efficacy Scale. The face validity of the CPSES reflected potential suitability for measuring the construct of co-parenting self-efficacy; furthermore, despite the changes in language, Cronbach’s alpha indicated that the CPSES was reliable both pre- and post-intervention.

However, it is still a substantial limitation to alter an existing measure. A subjective opinion and simple reliability analyses are likely insufficient for determining external reliability for a general population, nor the validity of an instrument’s psychometric properties.

Additionally, while it is not appropriate to make inferences about the total reliability of a scale based on the reliability of singular items (Gilem & Gilem, 2003), the reliability coefficient for each scale item, in this case, may be relevant to observe. Of the 12 items on the scale, 8 were altered to replace the word “spouse” with “co-parent.” 7 items yielded acceptable or good reliability,

2 of which were unaltered items, and 5 included items that had been altered. Of the 5 items that did not reflect sufficient reliability, 2 were unaltered, and 3 were altered. Thus, this may contribute to difficulty ascertaining the effect the modified language may have had on specific psychometric properties of the measure.

Self-Regulation

For the third research question: *Will there be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention?* It was hypothesized that there would be a significant change in high conflict co-parents' self-regulation pre- and post-participation in an ACT co-parenting education intervention. The findings of the paired samples *t*-test supported this hypothesis ($t(12) = 3.409, p = .05$). Such was evidenced by an average mean decrease of $M = .277$ in scores on the DERS-SF pre-and post-intervention; thus, suggesting that the intervention positively affected co-parents' self-regulation.

The results of this analysis are consistent with other studies that have reported an increase in parents' self-regulatory strength following participation in an ACT intervention (Flujas-Contreras, García-Palacios, & Gómez (2021). Furthermore, these outcomes reinforce the suggestion of Koppejan-Luitze et al. (2021) that ACT might provide a practical framework for addressing poor self-regulation and overwhelming emotions post-divorce or separation. (Koppejan-Luitze et al., 2021). Finally, these results provide evidence to support the proposition that third-wave behavioral therapies such as ACT positively affect parents' development of emotion regulation skills (Baer, 2010).

Although the results of this analysis are encouraging, the absence of context from prior studies leaves no benchmarks for comparison; thus, this poses a challenge to understanding the

magnitude or meaningfulness of the results. Indeed, it must be considered that while a handful of studies exist on the effect of ACT interventions on parental self-regulation, this has yet to be investigated within a high conflict co-parenting context specifically. Furthermore, while the results suggest that ACT strategies were beneficial to parents' self-regulation, in the absence of a control condition and random sampling, it is impossible to know definitively if this was due to the intervention or other confounding variables.

Implications

The results from this study may have implications for co-parenting education interventions and stakeholders involved in high conflict family matters. The legal system is often ill-equipped to deal with the interpersonal struggles and behavior of high conflict co-parents (Iscoff, 2023). As a result, co-parenting dyads are frequently referred to mediation to try and resolve their disputes. However, this makes the flawed assumption that high conflict co-parents can compromise, reach agreements, or regulate their emotions enough to participate in mediation productively.

Mediation nor legal action get at the deeper issues of conflict (Lasso, 2003); thus, neither is effective in resolving high conflict nor establishing a cooperative relationship. However, co-parenting education interventions have been considered an alternative path to legal action or mediation. Even though interventions that primarily emphasize parenting and communication skills without focusing on interpersonal issues have been used, these methods are insufficient for addressing the complicated dynamics spurred by high-conflict (Iscoff, 2023).

Co-parenting is an interpersonal process (Jamison et al., 2014), and many parents cannot think beyond their emotions even if the result harms their children (Donner, 2006). Thus, the 8-week intervention's attention to addressing interpersonal processes of co-parenting held

implications for parents directly working on their relationship by learning skills and strategies for cooperative co-parenting, but also, indirectly, by working on themselves as individuals via efforts to strengthen psychological flexibility, co-parenting self-efficacy, and self-regulation.

Acceptance and Commitment Therapy & Psychological Flexibility

Prior to this study, Acceptance and Commitment Therapy (ACT) had not been used as a framework for a high conflict co-parenting education intervention. Even though the results were not statistically significant for the variable of psychological flexibility, the descriptive difference in mean scores pre- and post-intervention suggests that an effect may have been detected with a larger sample size. Thus, implementing an ACT framework may hold implications for CEIs that seek to address high conflict co-parenting via a nonjudgmental, evidence-based, and mindful approach.

Despite the statistical insignificance of psychological flexibility, the overarching theory and six core processes of ACT may have been instrumental in the observed increase in co-parenting self-efficacy and self-regulation. High conflict co-parents often lack introspection, engage in distorted thinking, and try to gain control over the relationship to avoid the fear of failure or feeling the full weight of their emotions (Donner, 2006). However, the 8-week ACT intervention used in this study enabled the identification and recognition of unworkable thoughts and unresolved feelings, impeding the ability to cooperate (Donner, 2006).

The 8-week intervention also forced co-parents to look in a mirror many had long avoided to come to accept reality; no attempts to control, avoid, or isolate from one another will change that the other parent is, in fact, still a parent to their child (Iscoff, 2023). Parents were taught to accept this and to cope with the internal events and overwhelming emotions that may be associated via mindfulness strategies, nonjudgmental interpretation of events, and acceptance

of the present (Iscoff, 2023). The implications this held for breaking the cycle of rumination over the past and relational frames preoccupied with resentment may be suggested in the shifts observed in co-parenting self-efficacy and self-regulation.

Co-Parenting Self-Efficacy

High conflict co-parents struggle to tolerate feelings of failure and helplessness (Iscoff, 2023). Moreover, establishing a cooperative co-parenting relationship is challenging and rarely linear. Indeed, there will be many iterations of trial and error, and parents must learn to accept that failure may be inevitable sometimes. Still, despite the real or imagined threat of failure, it may be helpful to remain hopeful that their competence to co-parent cooperatively may improve (Eikrem & Jevne, 2022). Given this consideration, the 8-week intervention sought to enhance parents' CPSE to sustain their motivation in pursuing opportunities for cooperative co-parenting despite the potential for setbacks or challenges. The results from the present study may suggest that utilizing ACT strategies, such as mindfulness training, perspective-taking, cognitive defusion techniques, and acceptance exercises, contributed to strengthening co-parenting self-efficacy; thus may be suitable for future replication and use.

High CPSE may hold positive implications for parents and children alike, as evidence within the literature has yielded that there is a correlation between high conflict co-parents' sense of general self-efficacy and the degree of overt conflict within the co-parenting relationship (Ferraro & Lucier-Greer, 2022). Thus, it has been suggested that co-parents with higher self-efficacy are more likely to engage in direct communication and advocate for their needs in a way that does not violate the rights and respect of others (Ferraro & Lucier-Greer, 2022). Such findings suggest that interventions that target co-parenting self-efficacy may be beneficial for

influencing respectful and direct communication between parents, which may lead to not relying heavily and frequently on third parties to settle disputes.

Respectful and direct interactions can strengthen co-parenting alliances, as parents consumed by conflict do a poor job of communicating to meet the needs of their children (Donner, 2006), often resulting in disagreements, blaming, or threats of retaliation. However, improving communication can positively shift parents' perception of co-parenting and willingness to collaborate (Barth et al., 2020). As parents learn co-parenting communication skills and recontextualize communication as a tool for collaboration rather than a vehicle for conflict, opportunities for productive communication may be more readily sought out. Reasonably, if parents can approach interactions with one another without apprehension that it will instigate conflict, the more competent and motivated they may feel about working together (Barth et al., 2020), and the stronger the alliance will become. As a result, this perceived competence may allow co-parents to manage the challenges of their relationship independently, ultimately preventing them from engaging in further legal battles.

Self-Regulation

The results of the present study highlight the need for stakeholders and developers of CEIs to recognize self-regulation as an essential component of successful co-parenting. High conflict circumstances can create a hostile environment and a compulsion to avoid or retaliate against painful emotions (Iscoff, 2023). Thus, to co-parent cooperatively, parents must strive to regulate their emotions and impulses (Eikrem & Jevne, 2022). The 8-week intervention highlighted the benefit of parents learning strategies for self-regulating and enhancing conscientious awareness of their behavior to deter habitual engagement in conflict.

The statistically significant improvement in self-regulation holds positive implications for parents and advocates for the value of implementing ACT strategies for self-regulation in the curriculum development of CEIs. Learning ACT skills and strategies for self-regulation provides parents with adaptive methods for regulating emotional and behavioral reactivity, increasing willpower, and tolerance for discomfort and frustration (Baer, 2010). This may insulate co-parents from becoming emotionally overwhelmed, enable a greater ability to self-monitor, and enhance motivation to behave consistently with their values (Gaulier et al., 2006).

Effective self-regulation promotes problem-solving, communication, and resilience (Bailey et al., 2020). All of which are protective factors against the adverse experiences of stress. When emotions are regulated and stress is managed, parents can be positive role models for their children and assist them in developing their own ability to self-regulate (Feinberg, 2003). Additionally, a decrease in sudden and impulsive expressions of emotion may also allow children to perceive a greater sense of security and safety when around both parents (Bailey et al., 2020).

ACT provides opportunities for parents to develop awareness and accountability of their behavior while learning to manage, monitor, and cope with impulsivity. Parents' understanding of personal values can have positive implications for directing their actions toward purposeful efforts to be flexible in adjusting emotions and behavior as different situations require (Farahanifar et al., 2019). Such flexibility, self-regulation, and competence in co-parenting enable composure during essential co-parent interactions (Bailey et al., 2020). While this claim cannot be fully verified within the context of the present study, it is feasible to suggest that a greater ability to self-regulate and a greater sense of co-parenting self-efficacy may enhance parents' ability to communicate effectively. Further, co-parenting effective communication may

contribute to handling co-parenting disputes more calmly and rationally, potentially leading to the decreased utilization of family court and decreased reliance on third parties.

Program Evaluation

Lastly, this study holds salient implications for CEI program evaluation. Any developer of CEIs is interested in measuring the effectiveness of their intervention's outcomes, demonstrating its validity and reliability. Indeed, an integral factor in interventions developing a positive reputation in the eyes of stakeholders is the ability to provide data demonstrating that an intervention positively affects participants (Pancer & Westhues, 1989). Collecting data also allows developers to compare the progress and performance of their intervention with similar interventions to continue to ensure ongoing effectiveness (Billings, Robbins, & Gordon, 2008). The current study's data may serve as a reference for comparison to similar research investigating co-parenting self-efficacy, self-regulation, and psychological flexibility. Further, the results of the current study may inform future program evaluation when considering studying or developing similar interventions to even further eliminate existing gaps related to enhancing co-parents' psychological flexibility and further strengthening components that target co-parenting self-efficacy and self-regulation.

Limitations

It is the responsibility of investigators to be aware of the limitations of their study and to interpret its outcomes within such context (Laken, 2012). The limitations associated with the statistical analyses in this study were highlighted at the beginning of this chapter in the interpretation of findings, and still, several more must be highlighted.

Sample Size, Recruitment, & Diversity of the Sample

The few large-scale studies that exist on high conflict CEIs have been conducted via investigators' direct collaboration with state family court systems, grant-funded university programs, or state Cooperative Extension Services (Whitehurst, O'Keefe, & Sullivan, 2008; Ferraro, 2017; Barth et al., 2020; Cox et al., 2021). The above-mentioned studies have access to a substantial pool of potential participants and are not significantly burdened with limitations associated with time or resources. Consequently, like other small-scale studies and evaluations of CEIs (Pearson, 1995; Geasler & Blaisure, 1998; Owen & Rhodes, 2012; Schramm & Becher, 2020), the current study was substantially limited by its design, lack of resources, access to a large enough sample, and by the structure of the intervention itself.

The intervention examined in this study is incompatible with accommodating much more than 14 participants, maximum, at a time. Thus, accessing a large enough number of participants to recruit an *N* of 100, for example, with just one facilitator running one 8-week intervention at a time with 12-14 participants, would have taken a minimum of 2 years. Such is not a realistic or practical timeline for data collection for a doctoral dissertation study. In light of this, a small sample size was inevitable. While this was anticipated, and attempts were made to try and mitigate the negative impact of a small sample, the fact remains that an *N* of just 13 produced multiple challenges and limitations.

Although the preliminary results might be encouraging for the intervention's effect on co-parenting self-efficacy and self-regulation within this specific group of co-parents, a small convenience sample and the design of this study occlude the ability to draw generalizable conclusions about the effect of the intervention on the high conflict co-parenting population.

While the majority of participants had been involved in custody litigation for three years or more and reported a history of domestic violence with their co-parent, both of which being dominant indicators of high conflict (Anderson et al., 2010), it is difficult to reach general conclusions based on the experiences of only 13 parents. Convenience sampling limited the current study's generalizability even further. Even though convenience sampling is efficient and the most commonly used non-probability sampling strategy, samples obtained through this method inherently lack generalizability (Jager, Putnick, and Bornstein, 2017).

The lack of a diverse sample also exacerbated the issue of generalizability in this study; the sample did not represent the general population or experience of high conflict co-parents across cultures. All participants were white and cisgender; most were college-educated and earned a middle-class income. Consequently, this limited the understanding of the intervention's applicability and relevance across cultures and circumstances. Each culture has a set of familial customs, roles, and attitudes around parental divorce and separation (Afifi et al., 2013). Even within the same culture, familial customs, roles, and attitudes fluctuate wildly, suggesting that the variation across cultures is likely substantial. Additionally, cultural norms inform how individuals engage in or perceive conflict (Billings, Robbins, & Gordon, 2008). Thus, this study could not contribute insight into cross-cultural applications.

While collecting information regarding race and ethnicity was not a part of the intervention's screening process, it was evident that not all of the intervention's participants were white based on phenotypical presentation. However, none of these parents elected to participate in the study. While the potential reasons for this cannot be known definitively, some considerations may be able to suggest context. One is that historically, Black, Indigenous, and

People of Color (BIPOC) experience skepticism and mistrust around participating in research studies (Scharff et al., 2010; Ceballos et al., 2014; Guillemin et al., 2016).

There are likely numerous reasons for skepticism and mistrust; however, this may be due to a history of those from BIPOC populations being subject to unethical and dishonest research practices or concerns that participation will either harm or ultimately not benefit their community (Guillemin et al., 2016). Furthermore, it is well-documented that within the United States Justice System, those from BIPOC populations experience discrimination (Jeffers, 2019), the Family Court system being no exception. While this study did not include any interface with Family Courts, possible skepticism regarding the truth of this may have been a particular aversion to participating. Anything that may have been perceived as associated or related to the Court may have been avoided due to its perceived potential to negatively impact their custody case.

Research Design

The study's within-subjects pre-post design using one sample and no control condition inherently had many limitations. More participants, recruitment via random sampling, and implementing a control condition could have generated generalizable results and a substantially more robust causal inference between the intervention and the variables (Sackett, 1979). Consequently, the absence of a control group inhibits the ability to discern whether parents' positive change in co-parenting self-efficacy and self-regulation and insignificant shift in psychological flexibility genuinely resulted from the intervention or naturally occurring or confounding variables (Stratton, 2019). Additionally, the pre-post data collection method could have been a confound, as response-shift bias may have affected post-intervention responses (Kaushal, 2016).

Consequently, several potential confounds may have had a positive or negative extraneous influence on participant outcomes. For instance, although anonymity was implemented to protect parents' identity and curb the potential for dishonesty and social desirability bias, the possibility of these affecting participants' responses on self-report measures can be moderated but not eliminated (Kazdin, 1992). Additionally, the amount of time between the dissolution of parents' relationships and participation, a history of domestic violence, and attitudes toward their current custody arrangements could have also been confounds. Reasonably, these factors may have led to varying perspectives about the intervention and differences in interpreting the pre-and post-intervention survey items (Anderson et al., 2010; Kelly, 2012).

Another potential confound may have been parents' level of motivation to co-parent, and degree of willingness to accept personal accountability coming into the intervention, as these factors can influence participants' experience in CEIs (Barth et al., 2020). Parents who were highly motivated, accountable, and found the experience meaningful may have exaggerated positive changes in psychological flexibility, co-parenting self-efficacy, and self-regulation. Conversely, those with lower motivation and unwillingness to accept responsibility may have been more pessimistic and exaggerated that the intervention had no effect or even decreased their psychological flexibility, co-parenting self-efficacy, and self-regulation.

While the facilitator had no prior or dual relationships with any participants, relationships naturally developed over the course of eight weeks. The extent of connection or disconnection with the facilitator perceived by the participants could have impacted how they responded to the post-intervention assessment. Thus, it also should be noted that the facilitator could have affected parents' experience and willingness to change (Barth et al., 2020). This poses ambiguity of if

positive or negative change reported by parents was based on the content of the intervention or their perception of how the intervention was facilitated.

Lastly, while this study indicated a significant effect for this particular sample of co-parents on two of the outcome variables, it must be noted that participant outcomes following a relatively brief intervention are inversely related to the severity of co-parents' conflict (Billings, Robbins, & Gordon, 2008). Consequently, this could have been another confound. For those with more significant conflict, participating in a CEI alone may not have been sufficient to address the outcome variables in this study, suggesting that further and long-term intervention from a therapist may be more appropriate for some.

Measurement: The Co-Parenting Self-Efficacy Scale

As described earlier in this chapter, there were limitations associated with measuring the variable of co-parenting self-efficacy. Given the novelty of this field of study, small changes to language to existing measures are relatively common to fit a co-parenting population (Owen & Rhoades, 2012; Cronin et al., 2017; Koppejan-Luitze et al., 2021). The scale in particular that was altered for this study, the Spousal Self-Efficacy Scale (Caprara et al., 2004), had been modified in previous studies to fit an unmarried population (Yu, 2017). Like the present study, it remained reliable despite language changes (Yu, 2017).

Developing an instrument that is both reliable and valid generally requires multiple iterations of piloting and testing (Ursachi, Horodnic, & Zait, 2015), which can be time intensive; thus, when available, it is best to utilize an instrument that has already established validity and reliability. To study the proposed construct of co-parenting self-efficacy, no such instrument existed. Instead of developing a new instrument to assess co-parenting self-efficacy, the language of an existing measure had been altered. Despite good reliability, the threats to construct and

content validity associated with modifying the language were not addressed using the necessary processes to re-validate the measure. Without validation, whether the scale truly measured the construct of co-parenting self-efficacy, or some other unknown underlying latent variable is undetermined.

Recommendations for Future Research

Replication & Adjustments to Research Design

The present study provides many directions for future research. First, this study could be replicated on a larger scale to obtain more reliable and generalizable results. Such could be accomplished in a few ways, one of which could be by allotting a more extended period of time for data collection, ensuring that enough information is gathered from a sufficient number of participants. A large sample may enhance the probability of the sample being representative of the true population to produce more reliable and generalizable outcomes. The data collection process could also be expedited if multiple groups were run simultaneously. The intimacy of the group is critical; thus, a larger scale of this intervention (i.e., delivering the intervention to a substantial amount of people at once) is not feasible. Although, a feasible solution for this may be recruiting multiple facilitators to run several groups at a time to increase the number of potential participants during each round.

The present study could also be approached using a different research design. To obtain more generalizable results of the effect of the intervention, a true experiment could be conducted by implementing random sampling and a waitlist control group. This could enable results with greater validity while still ensuring the fidelity of the intervention (Baldwin & Berkeljon, 2010). An additional modification to the design could also be implementing an informational pre-assessment. Providing participants with more thorough information about the constructs before

completing the pre-assessment may enable a more accurate assessment of pre-intervention functioning and decrease the risk of response-shift bias (Sibthorp et al., 2007).

Although implementing a control condition and an informational pre-assessment could provide future researchers with results with greater quantitative validity, there may also be value in investigators collecting qualitative information from various data points as well. It would be valuable to understand how parents themselves and stakeholders such as their children, attorneys, and clinical professionals currently working with the family may observe or describe shifts in cooperation as parents progress through the intervention.

Instrument Development: The Co-Parenting Self-Efficacy Scale

The results from this study suggest that co-parenting self-efficacy may be an important consideration in addressing high conflict co-parenting; thus, the construct of co-parenting self-efficacy should continue to be explored and refined. As part of this exploration, investigators should address a substantial gap, the lack of a suitable instrument to measure the construct. While the current study's definition of co-parenting self-efficacy could be considered an operational definition for researchers to conceptualize the construct, there is a need to confirm that perceived capability in providing support, adequately communicating, disagreeing without hostility, coping with co-parenting challenges, trust, and co-parental alignment, explicitly relate to the construct of co-parenting self-efficacy.

Utilizing relevant literature (Feinberg, 2003; Caprara et al., 2004; Anderson et al., 2010; Malcore et al., 2010; Fackrell, Hawkins, & Kay, 2011; Merrifield & Gamble, 2013; Lamela et al., 2016; Cronin et al., 2017; Barth et al., 2020; Cox et al., 2021), instrument items could be developed that will capture the components mentioned above. Although simply developing items alone would not sufficiently measure the construct, investigators must take steps to establish the

factor structure and validity of the instrument. Researchers could accomplish this by using exploratory factor analysis to test the theoretical model of the newly developed Co-Parenting Self-Efficacy Scale to identify, describe, and measure the unobserved latent structure of the data, retain the factors with the highest loading, and subsequently test this model via confirmatory factor analysis.

Investigating Application Across Culture

Unfortunately, little is known about the intersection of race, ethnicity, class, and high conflict co-parenting (Schramm & Becher, 2020), let alone the implications of these intersectionalities for CEIs. Considering that this pilot study only included cisgender middle-class White participants, it is unclear how the intervention may apply across multiculturally and socioeconomically diverse populations. Thus, future researchers should prioritize recruiting a more diverse sample. A large, diverse sample could assist in identifying the intervention's effect across cultures while potentially contributing to a greater understanding of the differences and similarities of co-parenting experiences across cultures. This would have implications for both program development and evaluation for developers and investigators to avoid or address cultural blind spots within interventions.

Similarly to race and ethnicity, even less is known about high conflict co-parenting amongst parents that do not identify as cisgender or who were involved in a same-sex romantic union. Future research must investigate co-parenting and the development of CEIs relative to the needs of the LGBTQIA+ community. While the field of co-parenting education continues to evolve, there are likely critical considerations to understand and be mindful of when delivering CEIs to LGBTQIA+ parents that have yet to be identified (Schramm & Becher, 2020).

Screening & Triage Models

In addition to investigating the intersection of race, class, sexual orientation, and gender in co-parenting and CEIs, future researchers and program developers should also aim to provide consideration to the history and severity of co-parents' conflict. Reasonably, parents with a history of domestic violence likely have vastly different co-parenting challenges from those that do not and may need to develop different or additional skills and pay greater attention to interpersonal processes to establish cooperation (Blaisure & Geasler, 2000). Despite this, these two groups of co-parents continue to participate in the same interventions.

Differences in experience between these two groups of participants may have been related to the results for psychological flexibility. While it is possible that this may have been a coincidence, the observation that the four participants who reported a decrease in psychological flexibility were also all of the women who reported being victims of domestic violence, nonetheless, is compelling. The literature exploring the effectiveness of ACT with parents who have experienced trauma is considerably limited (Moyer et al., 2018). Furthermore, domestic violence is distinct from other forms of trauma, as it occurs within an intimate relationship, leading victims to feel particularly violated and betrayed (Tardos, 2005). In such situations, it is not unreasonable for a parent to experience suspicion about the intent of their co-parent or to experience fear over sharing custody of their children (Jaffe, Crooks, & Bala, 2009).

While the intervention explored topics around safety and domestic violence, it was likely insufficient to incite changes in psychological flexibility for victims of domestic violence, given the emphasis on letting go of the past, and acceptance, which are more complicated processes in the case of domestic abuse (McLean & Follette, 2015). In light of this, future research should focus on developing a comprehensive screening process to understand the history and current

level of conflict between co-parents before approving their participation in an intervention. Such would allow parents to be triaged to an intervention compatible with their experiences and conflict severity. It is impractical to continue delivering co-parenting education interventions with a “one size fits all” perspective. While models for screening and triage have been developed for CEIs, such as Blaisure & Geasler’s (2000) Divorce Education Intervention Model, these have yet to come to fruition due to a lack of resources. While this is a significant consideration, if the funding and resources devoted to current CEIs were used more intentionally to develop tiers of interventions based on conflict severity, and screening processes to ensure parents were triaged to an intervention based on the severity of their conflict, this could yield a greater return on investment. Logically, participation in interventions appropriately tailored to co-parents’ experience of conflict severity may incur more meaningful outcomes than the current generalized approach to CEIs. While the practical challenges of developing a tiered intervention and screening model might be considerable, this is an endeavor that program developers and researchers should continue to pursue.

The Relationship Between Co-Parenting Self-Efficacy & Self-Regulation

Lastly, while the study intended to examine the impact of an ACT intervention on the outcome variables, the statistical improvements observed within the sample may have resulted from co-parenting self-efficacy’s influence on self-regulation or vice versa. Future research should seek to understand if a relationship exists between co-parenting self-efficacy and parental self-regulation. It has been suggested that the implications of low self-efficacy have a disruptive effect on self-regulation (Bouffard-Bouchard, Parent, & Larivee, 1991) and that self-efficacy plays a role in adequate parental self-regulation (Fonseca, Moreira, & Canavaro’s, 2020). Thus, it stands to reason that the opposite may also be true; higher self-efficacy may positively affect

self-regulation. As co-parenting self-efficacy increases, perhaps emotional regulation increases as well.

Conclusion

The present study served as an important first step in better understanding the effect of co-parenting education interventions for high conflict co-parents that implement Acceptance and Commitment Therapy and how such an approach may affect psychological flexibility, co-parenting self-efficacy, and self-regulation. While the results were not statistically significant in showing an effect on psychological flexibility, they supported the intervention's effect on co-parenting self-efficacy and self-regulation. Such findings enable researchers to further investigate the 8-week ACT intervention and its impact and effectiveness in helping high conflict co-parents so that generalizability may be improved.

The hope for this study was to meaningfully contribute to the literature on high conflict co-parenting and CEIs, an area of study whose robustness is still developing. The investigation of novel constructs, such as co-parenting self-efficacy, and the proposition of an intervention such as ACT, may effectively address some aspects of challenges related to high conflict co-parenting. This study was a worthwhile endeavor to accomplish such. The findings of this study confirmed the positive impact of an 8-week ACT intervention on co-parenting self-efficacy and self-regulation. Also, as anticipated, the current study serving as a starting point has elicited new questions and directions for future research, making it easier for future investigators to formulate more robust designs, and to continue efforts toward mitigating high conflict co-parenting.

APPENDICES

APPENDIX A- Demographic Questionnaire

1) What is your age?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55+

2) Please select your gender identity

- Female
- Male
- Non-binary
- Transgender Female
- Transgender Male
- Not listed

3) Please select your race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Hispanic/Latino

4) Please indicate the range that most resembles your annual income

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000

5) What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have *received*.)

- Less than a high school diploma
- High school diploma or equivalent (e.g., GED)
- Some college, no degree
- Associates degree
- Bachelor's degree
- Master's degree
- Professional degree (MD, DDS, DPT, etc.)
- Doctorate (e.g., PhD, EdD)

6) What is your current marital status?

- Single
- Married
- Separated
- Divorced
- Widowed
- Cohabiting with a romantic partner

7) What is your marital status with your co-parent?

- Separated
- Divorced

8) What is your current custody status of your child(ren)?

- Joint legal custody
- Joint physical custody
- Joint legal and physical custody
- Sole Legal Custody
- Sole Physical Custody
- Sole legal and physical custody
- No legal or physical custody

9) Please indicate how long you and your co-parent have been actively engaged in the family court system for purposes of child custody litigation.

- No engagement with family court
- less than 3 months
- 3 months to 6 months
- 7 months to 1 year
- Over 1 year to 2 years
- Over 2 years to 3 years
- Over 3 years or more**

10) Please select any forms of mediation you and you co-parent have participated in

- Discussion between parents
- Using a friend or family member to help
- Formal mediation, non-court affiliated
- Formal mediation, court-affiliated
- No participation in mediation

11) Have you ever been mandated by the court to participate in therapeutic supervised visitation services or reunification family therapy?

- Yes
- No

12) Have you ever experienced domestic violence with your co-parent?

- Yes, as a victim

- Yes, as an offender
- Yes, as a victim and an offender
- No

13) Since beginning the custody litigation process, have you been diagnosed with an anxiety disorder, depressive disorder, or chronic stress disorder?

- Yes
- No

14) Are you participating in this course by a judge's order or request?

- Yes
- No

15) Are you participating in this course by suggestion of an attorney?

- Yes
- No

16) To your knowledge, is you co-parent currently enrolled in this course?

- Yes
- No
- Unsure

17) To your knowledge, has your co-parent completed the course in the past?

- Yes
- No
- Unsure

APPENDIX B- Co-Parenting Self-Efficacy Scale

Co-Parenting Self-Efficacy Scale

1	2	3	4	5	6	7
Not well at all		Not too well		Pretty well		Very well

Please rate the following statements on a scale from 1-7 of how well you believe you are able to perform the following tasks in your co-parenting relationship:

1. Set aside time to talk together about things that worry you
2. Prevent disagreements from turning into angry exchanges
3. Respect your co-parent's views on matters even though you disagree with them
4. Deal with problems together without blaming each other
5. Accept criticism without feeling offended
6. Get the support of your co-parent when you have personal problems
7. Make your co-parent feel important and respected
8. Get your co-parent to agree on how to deal with problems with your children and their schooling
9. Get your co-parent involved in important decisions about how to run the family
10. Support your co-parent when the children ignore what they are asked to do
11. Protect the privacy of your co-parenting relationship
12. Support your co-parent in handling conflicts with parents

APPENDIX C- Difficulties in Emotion Regulation Scale-Short Form

Difficulties in Emotion Regulation Scale - Short Form (DERS-SF)

Kaufman, Xia, Fosco, Yaptangco, Skidmore,
& Crowell (2015)

Please indicate how often the following apply to you.

	Almost Never (0-10%)	Some- times (11-35%)	About Half Of the Time (36--65%)	Most of the Time (66--90%)	Almos Always (91-100'
1. I pay attention to how I feel	1	2	3	4	5
2. I have no idea how I am feeling	1	2	3	4	5
3. I have difficulty making sense out of my feelings	1	2	3	4	5
4. I care about what I am feeling	1	2	3	4	5
5. I am confused about how I feel	1	2	3	4	5
6. When I'm upset, I acknowledge my emotions	1	2	3	4	5
7. When I'm upset, I become embarrassed for feeling that way	1	2	3	4	5
8. When I'm upset, I have difficulty getting work done	1	2	3	4	5
9. When I'm upset, I become out of control	1	2	3	4	5
10. When I'm upset, I believe that I will end up feeling very depressed	1	2	3	4	5
11. When I'm upset, I have difficulty focusing on other things	1	2	3	4	5
12. When I'm upset, I feel guilty for feeling that way	1	2	3	4	5
13. When I'm upset, I have difficulty concentrating	1	2	3	4	5
14. When I'm upset, I have difficulty controlling my behaviors	1	2	3	4	5
15. When I'm upset, I believe there is nothing I can do to make myself feel better	1	2	3	4	5
16. When I'm upset, I become irritated with myself for feeling that way	1	2	3	4	5
17. When I'm upset, I lose control over my behavior	1	2	3	4	5
18. When I'm upset, it takes me a long time to feel better	1	2	3	4	5

APPENDIX D- Acceptance and Action Questionnaire-II

AAQ-2

Below you will find a list of statements. Please rate how true each statement is for you by selecting a number next to it. Use the scale below to make your choice.

1	2	3	4	5	6	7
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. My painful experiences and memories make it difficult for me to live a life that I would value. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I'm afraid of my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I worry about not being able to control my worries and feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. My painful memories prevent me from having a fulfilling life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Emotions cause problems in my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. It seems like most people are handling their lives better than I am. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Worries get in the way of my success. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX E- Session Outlines

Abbreviation Key

PF: Psychological flexibility

CPSE: Co-parenting self-efficacy

SR: Self-regulation

SAC: Self as context

Week 1	
Topics	<ol style="list-style-type: none"> 1. Intervention expectations and guidelines 2. Self-focus and reflection 3. Abuse and neglect 4. Co-parenting relationship attachment 5. Strengths 6. Values
ACT Strategies	<p>Boat metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, values, committed action - PF, CPSE <p>Values inventory (experiential exercise)</p> <ul style="list-style-type: none"> - Values - PF <p>Values clarification (experiential exercise)</p> <ul style="list-style-type: none"> - Being present, values, committed action - PF, SR <p>Deck of cards (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, values, committed action - PF, CPSE <p>Going west metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Being present, values, committed action - PF, CPSE <p>Utilizing core values to conceptualize co-parenting conflict (discussion)</p> <ul style="list-style-type: none"> - Cognitive defusion, values - PF, CPSE
Homework Activity	<p>Letter to self, identifying:</p> <ul style="list-style-type: none"> - Degree of motivation to improve as a co-parent - Flexibility towards accepting accountability, - Degree of co-parenting in alignment with their values - Goals for the intervention

Week 2	
Topics	<ol style="list-style-type: none"> 1. The six basic emotions 2. Emotion Identification

	<ol style="list-style-type: none"> 3. Stressor Identification 4. Anger 5. Rumination 6. Resentment 7. Accepting and acknowledging reality 8. Self-care
ACT Strategies	<p>Hands as thoughts (interactive metaphor) (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, SAC, being present, values, committed action - PF, SR, CPSE <p>Psychological Smog (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion - PF, CPSE <p>S.T.O.P. (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, values, committed action - PF, SR <p>The chessboard metaphor (non-interactive metaphor)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, SAC, being present, values, committed action - PF, SR, CPSE <p>The sushi train metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, committed action - PF, SR <p>The happiness trap (interactive metaphor)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, SAC, being present, values, committed action - PF <p>The quicksand metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, SAC, being present, values, committed action - PF, SR, CPSE <p>Fly fishing metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Cognitive defusion, being present, committed action - PF, CPSE <p>Carousel metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, SAC, being present, values, committed action - PF, SR, CPSE
Homework Activity	<p>Reflect on barriers associated with achieving co-parenting goals.</p> <ul style="list-style-type: none"> - Identify barriers to acting within core values as a co-parent - Simple steps to address barriers

Content	<ol style="list-style-type: none"> 1. The generalized concept of parental alienation 2. The benefits of co-parenting 3. Tasks of cooperative co-parenting 4. Identifying and coping with co-parenting hot buttons 5. Defense mechanisms 6. Blocks to Listening
ACT Strategies	<p>Hot button (interactive metaphor) (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, values, committed action - PF, SR <p>Ride the wave (interactive metaphor)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present - PF, SR <p>You're both hurting (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, SAC, values, committed action - PF, SR, CPSE <p>Annoying roommate metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Cognitive defusion, being present, SAC - PF, CPSE <p>Flat tire metaphor (Interactive metaphor)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, SAC - PF, CPSE <p>Overcoming F.E.A.R (experiential exercise)</p> <ul style="list-style-type: none"> - Being present, SAC - PF CPSE <p>D.A.R.E (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, SAC, values, committed action - PF, SR, CPSE <p>Mindful breathing (experiential exercise)</p> <ul style="list-style-type: none"> - Being present - PF, SR
Homework Activity	<p>Exploring methods to address:</p> <ul style="list-style-type: none"> - Defense mechanisms - Blocks to listening, - Tasks of cooperative co-parenting

	Week 4
	<ol style="list-style-type: none"> 1. The basics of communication 2. Active listening 3. Different styles of communication 4. Barriers to communication

Topics	<ul style="list-style-type: none"> 5. Addressing barriers to communication: alternative behaviors 6. Conflict resolution strategies 7. Accountability for poor communication 8. I-statements
ACT Strategies	<p>Utilizing values to circumvent communication barriers and conflict (discussion)</p> <ul style="list-style-type: none"> - Values, committed action - PF, CPSE <p>The stage show metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Acceptance, being present, committed action - PF, CPSE <p>Step off the train metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Acceptance, being present, SAC, values, committed action - PF, SR, CPSE <p>The cost of avoidance (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, being present, SAC, values - PF, CPSE
Skill-Building Activities	<p>How to Formulate an I-statement</p> <ul style="list-style-type: none"> - CPSE <p>Transforming threatening, defensive, judgmental, or blaming statements into I-statements</p> <ul style="list-style-type: none"> - CPSE
Homework Activity	<ul style="list-style-type: none"> - Practicing formulating I-statements in response to pre-made co-parenting scenarios. - Practicing formulating I-statements in response to personal scenarios where an I-statement may have improved communication

Week 5	
Topics	<ul style="list-style-type: none"> 1. Invisible rules 2. Managing expectations 3. Receiving co-parents' actions personally 4. Topics considered co-parenting matters 5. Self-conceptualized co-parenting storylines 6. The appropriate use of questions 7. Reflective listening responses
ACT Strategies	<p>Defusion from invisible rules and unrealistic expectations (discussion)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, SAC, values, committed action - PF, SR, CPSE <p>Defusion from idealized senses of self as a co-parent (discussion)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, SAC - PF, CPSE

	<p>Hero versus villain metaphor (non-interactive metaphor)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, SAC - PF, CPSE <p>Communication as clay metaphor (non-interactive)</p> <ul style="list-style-type: none"> - Being present, SAC, committed action - PF, CPSE <p>Becoming a lawyer metaphor (non-interactive)</p> <ul style="list-style-type: none"> - SAC - PF, CPSE <p>The values gap (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, SAC, values, committed action - PF, CPSE
Skill-Building Activities	<p>Role playing I-statements and reflective listening responses using premade co-parenting scenarios.</p> <ul style="list-style-type: none"> - CPSE <p>Types of questions and the appropriate use of questions per situation</p> <ul style="list-style-type: none"> - CPSE
Homework Activity	<ul style="list-style-type: none"> - Practicing I-statements in response to co-parenting scenarios - Practicing reflective responses in response to co-parenting scenarios - Judging the appropriate use of questions in response to co-parenting scenarios

Week 6: Co-Parenting Communication Practice Session	
Topic	Co-parenting pairs (or classmate pairs, for those that do not have a co-parent enrolled), will meet with the facilitator for an hour long two-on-one practice session formulating I-statements and reflective listening responses.
Skill-Building Activities	<p>Role playing I-statements and reflective listening responses using premade co-parenting scenarios.</p> <ul style="list-style-type: none"> - CPSE
Homework Activity	<p>Reflecting, describing, and identifying:</p> <ul style="list-style-type: none"> - One commitment to self, relative to continuing to practice healthy communication, including specific steps and actions to execute this. - Feelings and thoughts to make room for during this process.

Week 7	
	<ol style="list-style-type: none"> 1. Parenting time exchanges 2. Common sources of exchange-related distress

Topics	<ul style="list-style-type: none"> 3. Exchange safety measures 4. Methods to ensure a smooth exchange 5. Parenting time exchange checklist 6. Developing and practicing scripts for exchanges 7. Requesting versus demanding
ACT Strategies	<p>You are not a feeling (non-interactive metaphor)</p> <ul style="list-style-type: none"> - Being present, SAC, values, committed action - PF, SR, CPSE <p>Considering values to circumvent conflict (discussion)</p> <ul style="list-style-type: none"> - Being present, values, committed action - PF SR, CPSE <p>Defusion from exchange related distress (discussion)</p> <ul style="list-style-type: none"> - Cognitive defusion, being present - PF, CPSE, SR <p>Mindful breathing (experiential exercise)</p> <ul style="list-style-type: none"> - Being present - PF, SR <p>S.T.O.P. (experiential exercise)</p> <ul style="list-style-type: none"> - Acceptance, cognitive defusion, being present, values, committed action - PF, SR
Skill-Building Activities	<p>Role playing I-statements and reflective listening responses using exchange-based scenarios.</p> <ul style="list-style-type: none"> - CPSE <p>Practicing the use of appropriate questions</p> <ul style="list-style-type: none"> - CPSE <p>Developing and role-playing scripts to ensure safe, child-friendly, exchanges</p> <ul style="list-style-type: none"> - CPSE <p>How to make requests versus making demands</p> <ul style="list-style-type: none"> - CPSE <p>How to judge the safety of co-parenting interactions, and make decisions accordingly.</p> <ul style="list-style-type: none"> - CPSE
Homework Activity	<p>Accountability reflection identifying:</p> <ul style="list-style-type: none"> - Goals for co-parenting before conflict arose - Behaviors that have contributed to conflict, and how these will be corrected - Actions taken to heal, and move forward - General plan of action to execute and maintain changes

	Week 8: Co-Parenting Communication Practice Session
	Co-parenting pairs (or classmate pairs, for those that do not have a co-parent enrolled), will meet with the facilitator for an hour long two-on-one practice

Topics	<p>session. In this session, participants will discuss personally relevant issues in their co-parenting relationship using I-statements and reflective listening responses in order to try and reach resolutions.</p> <ol style="list-style-type: none"> 1. Rating progress in communication between week 6 and 8 2. Recommendations for further intervention for co-parenting pairs that require this
Skill-Building Activities	<p>Using I-statements and reflective listening to discuss personally relevant issues.</p> <ul style="list-style-type: none"> - CPSE
Homework Activity	<ul style="list-style-type: none"> - Developing short, medium, and long-term SMART goals for co-parenting, using values as a measure - “Shoulds” to make room for moving forward

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