

Coparenting Interventions for Fragile Families: What Do We Know and Where Do We Need To Go Next?

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With a large and growing share of American families now forming outside of marriage, triangular infant–mother–father relationship systems in “fragile families” have begun to attract the interest of family scholars and clinicians. A relatively novel conceptualization has concerned the feasibility of intervening to support the development of a sustained and positive coparenting alliance between mothers and fathers who have not made an enduring relationship commitment to one another. At this point in time, there are very few published outcome studies of programs explicitly conceived to help build coparenting alliances in such families. This article reviews what we currently know from this evolving field of study, and from those related responsible fatherhood and marriage and relationship enhancement (MRE) initiatives that included any explicit targeting, strengthening, and assessment of fragile family coparenting in their designs. We summarize lessons learned thus far from Access and Visitation (AV) programs for non-residential fathers, from MRE programs for low-income, unmarried couples, and from newer programs for fragile families directly designed to target and support coparenting per se. We close with recommendations for charting this important new family process terrain.

Keywords: Coparenting; Triangular Relationships; Fragile Families; Family Interventions; Public Policy

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Over the past several decades, a striking transformation has occurred within American families. In comparison with 1970, when approximately 11% of all births occurred outside of marriage, most recent figures indicate that about two of every five births in the United States (41% in 2009) are non-marital births—including more than half of all births to women under age 30 (Wildsmith, Steward-Streng, & Manlove, 2011). Most existing state and national family policies and programs were conceived to serve the needs of married or of previously married parents and their children—that is, individuals and families who tend to be significantly more advantaged than unmarried parents (McLanahan, 2009). As a large and growing share of American families is now forming outside of marriage, family scholars have been working to understand the myriad ways in which infant-family dynamics evolve in “fragile families”—those headed by low-income, unmarried parents, both those cohabiting and those living apart.

Conceptual models guiding federally-funded responsible fatherhood (Avellar et al., 2011) and marriage and relationship education (MRE) initiatives (Hawkins & Fackrell, 2010) have provided some useful clues about family formation and dynamics in such families, but left other important questions largely unaddressed. In particular, comparatively little concerted attention has been given to models for understanding and intervening to promote coparenting alliances in the majority of families headed by unmarried parents that will never transition to marriage. This knowledge gap is a significant one because when positive coparenting alliances are formed between adults during infancy and early childhood, children and families derive substantial benefit (Minuchin, 1974; Minuchin, Colapinto, & Minuchin, 2007). Mothers report greater parenting efficacy, fathers show more positive engagement, and infants and toddlers demonstrate better socioemotional development (see McHale & Lindahl, 2011, for a comprehensive review of this literature).

To date, most empirical studies of coparenting and child development have been carried out with committed married couples. However, emerging evidence suggests that coparenting alliances can and often do materialize during the infant and toddler years in fragile families—even if there is no sustained romantic involvement—so long as the adults remain on reasonably good terms (Carlson & McLanahan, 2007; Fagan & Palkovitz, 2007; Mincy et al., 2004; Waller, 2009). Given the growing number of fragile family systems in the United States and the potential beneficial impact that development of a positive and enduring coparenting alliance might have in the lives of children growing up in such families, even absent a romantic commitment, the time is right to take stock of what we know about fostering coparenting alliances between unmarried mothers and fathers. In this article, we examine coparenting intervention studies for fragile families which have produced published or publicly vetted outcome data.¹

Such work is truly in its infancy. While an implicit assumption of some MRE programs appears to have been that positive coparenting should logically flow from enhanced couple relationship functioning between unmarried parents, this tenet is one yet to be properly framed and tested. More to the point, the mirror notion—that

¹To identify relevant literature for this review, we completed a database search using key terms “coparenting” and “unmarried parents” and/or “fragile families” and augmented the database search by drawing from references of extant reviews. Given the nascent state of this field, we report on all studies identified that were designed to address coparenting or examined coparenting as an outcome indicator of interest, even in the absence of rigorous research methods to examine program effectiveness. Methodological limitations and caveats will be described. In this article, we will use the terms families headed by unmarried parents and fragile families interchangeably.

coparenting in fragile families might be *directly* targeted and supported—has been oddly absent from the research agenda of family-strengthening efforts, though this circumstance is slowly changing. Intervention efforts more closely compatible with a fully systemic view of coparenting as a *triangular family process* (Fivaz-Depeursinge & Corboz-Warnery, 1999; Kerr & Bowen, 1988; McHale & Lindahl, 2011; S. Minuchin, 1974; P. Minuchin, 1985)—not simply a derivative or subsidiary of couple relationship functioning—have recently begun to take root. Such efforts explicitly target coparenting dynamics in the fragile family as their primary focus of intervention.

Our objective in this article is to review what we currently know from this body of work. However, given that very few investigations were actually conceived to specifically promote coparenting by unmarried parents, we also comment on pertinent lessons learned from those responsible fatherhood and MRE efforts in which coparenting may have been an indirect target. It is doubly important to examine these initiatives because of their growing influence on federal anti-poverty policies designed to increase child support collections and encourage marriage in fragile families. The framework for this review will be as follows:

1. Clarification of how “coparenting” is defined for the purposes of this review;
2. Lessons learned from Access and Visitation (AV) programs for non-residential fathers and from MRE programs for low-income, unmarried couples;
3. Lessons from newer models more directly designed to support coparenting in “fragile families”; and,
4. Considerations for future science and practice.

Our focus is programming designed to directly intervene with and enhance family process, rather than equally important neighborhood, community, cultural, and societal factors as emphasized in ecological systems theory (e.g., Spencer, 2001), or wraparound supports included in “marriage plus” programs (e.g., Ooms, 2002). Readers should consult these original sources directly for important perspective on comprehensive programming for higher-risk families.

DEFINITIONAL ISSUES

Not 20 years ago, “coparenting” was a term used only to describe inter-parental arrangements post-divorce. In particular, it referenced legal agreements concerning who was recognized as the child’s legal father, who had access to the child, where the child lived, and who possessed ultimate legal decision-making authority for matters of consequence to the child. In the mid-1990s, family researchers began using the term coparenting in a manner more closely consistent with S. Minuchin’s (1974) view that coparenting is a centrally important family process for every team of adults working together to socialize, care for, and raise children for whom they share responsibility. This systemic re-conceptualization acknowledged and honored the life circumstances of *every* child, including the millions of American children coparented by unmarried fathers and by other family caregivers not formally recognized by the system of law. Moreover, it focused attention on triangular relationship systems, vital to the emotional lives of children (McHale & Lindahl, 2011), but often “invisible” to those less attuned to the inner workings of families (Minuchin et al., 2007).

Families headed by unmarried parents are diverse (Waller, 2012). In some situations, the mother and father will coparent the child in the context of an enduring relationship. Families in which a committed relationship exists are the ones targeted by most federally-sponsored RME efforts. Other families resemble divorced couples, negotiating parenting roles after ending a romantic relationship of some length. Their issues are quite different than those who remain in a relationship. Still others never had an enduring or close committed relationship prior to conception. For these families, the challenge is in building a coparenting alliance for the child, in the absence of the affiliative bond central to enduring commitments. In millions of American families not only mother and father, but blood and fictive kin function as consequential coparents for the child (Gaskin-Butler et al., 2012; McHale & Lindahl, 2011). And parents' new partners, too, sometimes become meaningful coparents (Burton & Hardaway, 2012).

Effective interventions will demand recognition of and respect for substantive "front end" (mother-father relationship never truly developed) and "back end" (intense but contentious relationship of some duration dissolved) differences. Hence as we review existing interventions, we highlight the nature of groups targeted for participation. We also comment on the manner of the initiative's outreach and referral, for in evaluating reports of the effectiveness of any intervention program, it is important to understand who was actually served by the program—and who did not take part. If higher-risk families are not served, either because inclusion criteria explicitly prohibit their participation or because the intervention draws only motivated couples and fails to attract harder-to-engage families where challenge and need are often greatest, there is a danger of over-reaching from findings of reported program success.

IMPROVING COPARENTING: LESSONS LEARNED FROM FATHERHOOD AND MRE PROGRAMS

At the turn of the new millennium, efforts relevant to coparenting in fragile families assumed two forms. One entailed work within the legal child support enforcement system—typically when a romantic relationship ended or was never established. The second, exemplified by the Healthy Marriage Initiative, sought to guide low-income, committed parents into marital unions and equip them with relationship skills associated with greater union stability. We first review efforts supported by the Office of Child Support Enforcement (OCSE), which influenced coparenting systems by increasing father access to and financial support of children.

ACCESS AND VISITATION PROGRAMS FOR NONRESIDENT FATHERS

Visitation and child support have been legally distinct issues since the inception of the child support program in 1975, despite the long-term recognition that fathers maintaining little or no contact with children after divorce pay less child support than fathers maintaining regular contact (Chambers, 1979; U.S. Bureau of the Census, 2003). Financial outcomes are salient to OCSE not just as performance measures but because child support payment removes approximately one million people from poverty annually (Sorensen, 2010). Some data even suggest that child support is associated with child well-being outcomes (Amato & Gilbreth, 1999; Knox & Bane, 1994), including two studies reporting gains in academic achievement and declines in

behavioral problems of children receiving child support (Greene & Moore, 2000; Koball & Principe, 2002).

There has been debate about the causal direction of relations between paternal contact and support, and the extent to which both contact and support may be driven by unobserved variables, such as quality of the coparenting alliance (see Nepomnyaschy, 2007, for review). Nonetheless, the robust contact-support connection prompted OCSE to begin sponsorship of investigations specifically looking into noncustodial parents' access and visitation (AV). Congress also authorized OCSE-funded AV demonstration projects. The resulting AV Grant program specified that funds could be used for: mediation, parent education, counseling, supervised visitation, drop-off/pick up services, and parenting plan development.

Early OCSE initiatives, including a Child Access Demonstration Project initiated in 1990, provided funds to four states to experiment with use of mediation (Wave I) and to four states to experiment with telephone monitoring, parent education, mediation, and counseling (Wave II) to resolve access disputes among parents in court and child support systems. Two evaluations of the AV Grant Programs, initiated in 1997, provided suggestive evidence that they were effective at increasing child support payments and father-child contact. One, an Office of Inspector General (Office of Inspector General, 2002) evaluation, reviewed child support payment records and phone interviewed custodial and noncustodial mediation-users in five states. The second, a Center for Policy Research (CPR) study (Pearson, Davis, & Thoennes, 2005a,b), reviewed child support records and phone interviewed 970 users of mediation, parent education, and supervised visitation in five states. Both studies had low response rates, and neither used a non-treatment comparison group.

In the OIG study, 66 percent of noncustodial parents reported increases in contact following program participation. By contrast, in the CPR study only one-third to one-half of noncustodial parents across program types reported increases in contact following program participation. The remaining parents in both studies reported that contact either stayed the same or diminished. In both studies, data indicated increases in child support payment following program participation, particularly among never married parents.²

Positive impact of AV services on contact and support payments³ was also shown in demonstration and evaluation grants to child support enforcement agencies in Colorado, Texas, and Tennessee (Davis, Pearson, & Thoennes, 2010; Pearson & Davis, 2007; Pearson, Davis, & Thoennes, 2007), which integrated AV services with regular agency activities. Demonstration project families with open child support cases and visitation problems were assigned to high- or low-level treatments, albeit on a quasi-random basis with random assignment not strictly enforced.⁴ Noncustodial parents in

²In the OIG study, 61 percent paid more child support post-services. Payments rose from 52 to 70 percent of that owed. In the CPR study payments by never-married parents rose from 59 to 79 percent owed.

³Child support agencies in Florida and Georgia also received 2004 OCSE grants. Though involving different designs and evaluation approaches, both drew similar conclusions to those detailed here.

⁴In Tennessee, a small number of parents in both high- and low-level treatment groups attended a free class on legal filings dealing with visitation. In Colorado, parents in every group received some level of assistance by the project facilitator. This circumstance made it impossible to compare high-level treatment outcomes with those of a low-level treatment group that only received printed information.

high-level treatment groups at all three sites were primarily non-white, never married, and had a high school/GED education or lower. Most were employed full time, but one-fifth to one-third at each site reported personal incomes of less than \$10,000 per year.

At all sites the chief intervention was a meeting facilitated by a neutral party who helped the two parents quickly discuss and clarify when each would see the children. Colorado ($n = 523$) and Tennessee ($n = 1,591$) high-level treatment parents were invited to attend an informal, facilitated meeting at the child support agency to complete a parenting plan spelling out when children would spend time with each parent. Texas high-level treatment parents ($n = 646$) were offered free legal consultation to explain the state's Standard Possession Order, a statutory visitation schedule used presumptively in all non-marital cases (Tex. Fam. Code Ann. &153.251(b)) and the enforcement process. Parents were also offered a free facilitated conference focused on agreement about the visitation order, and free litigation services for eligible cases to enforce visitation orders. Interventions ranged from 40 minutes (average) in Tennessee to 5.3 hours in Colorado. Colorado, Texas, and Tennessee low-level treatment parents were sent printed information on AV problems and a list of relevant community resources.

The projects indicated that visitation could be integrated into child support agencies and courts at all stages of case processing without creating case processing delays. Most workers felt services addressed a real need in the child support caseload that would have otherwise gone unmet. Among parents who received the intervention, 69 percent in Tennessee, 74 in Colorado, and 81 in Texas reached agreement. No baseline data were reported so it is unknown whether these percentages reflected significant improvements over status quo. However, it is noteworthy that the majority of project intervention participants agreed on a full or partial parenting plan despite having known AV problems and disagreements. These data suggest that parents who willingly elect to partake of brief and targeted interventions can improve AV problems.

Concerning parent-child contact, in the 6 months following program enrollment the percentage of Tennessee noncustodial parents who reported having seen children at least monthly rose significantly from 52 to 62 percent. High-level treatment fathers in Tennessee were significantly more likely to report seeing children "more regularly." High-level treatment parents in Texas likewise reported significant improvements in contact with children, compared with their counterparts who did not pursue services. Noncustodial parents who received services were also significantly more likely to report "regular and scheduled" visitation patterns and less likely to report that visitation "never" occurred. These benefits noted, it was also the case that 27% of parents in the high-level treatment group reported that visitation "stayed the same" and that 28% reported visitation to have deteriorated (Davis et al., 2010; Pearson & Davis, 2007; Pearson et al., 2007).

Concerning effects on coparenting, Texas high-level treatment noncustodial parents were significantly more likely than low-level treatment parents to report cooperative relationships (48% compared with 29%) and relationship improvement (29% vs. 15%) with the resident parent. In this analysis, a cooperative relationship was presumed if the relationship with the other parent was described as "friendly and cooperative" or "strained but able to cooperate" (as opposed to "hostile, angry"). Relationship improvement meant a parent report that the relationship improved (instead

of staying the same or worsening) post-treatment. Noncustodial Colorado parents who successfully generated a parenting plan with the resident parent reported greatest improvement in coparental relationships (44% vs. 11% among those who did not successfully generate a plan).

Finally, gains were seen in child support collections. In Tennessee, collections in high-level treatment groups improved significantly from 54 to 58 percent, compared with 52 percent both pre- and post-program for low-level groups. In Texas high-level collections rose significantly from 73 to 88 percent, compared with a non-significant rise from 75 to 78 percent for the low-level group. In Colorado, collections increased across the board, commensurate with increased attention paid to access issues in both high- and low-level groups.

In summary, these results suggest that brief interventions can result in parenting plans that encourage more parent-child contact and better child support payment. There are also limited data suggesting that AV programs may affect perceptions of cooperative parenting. Yet substantial proportions of parents offered services fail to participate (Davis et al., 2010; Pearson & Davis, 2007; Pearson et al., 2007); only 34 and 43 percent of Colorado and Tennessee parents, respectively, worked with a facilitator to develop a parenting plan. And while 60 percent of Texas noncustodial parents used program services, only 26% partnered with the custodial parent in a facilitated conference; 34% just attended the free attorney consultation.

Overall, 66, 40, and 57 percent of Colorado, Texas, and Tennessee families (respectively) needing AV went unserved, most commonly because one or both parents refused to respond and/or cooperate, or could not be contacted. Other cases could not be served due to ineligibility for safety issues, out-of-state residence of the custodial parent, existence of a prior visitation order, or children in custody of the state (Davis et al., 2010; Pearson & Davis, 2007; Pearson et al., 2007).⁵ Colorado and Tennessee data indicate that parents in more contentious relationships were less likely to participate. About 10 percent of high-level treatment cases were excluded from services due to the noncustodial parent's history of domestic violence or assault. Different indicators of domestic violence at some sites (telephone interviews with custodial parents; court record search) suggest higher rates.

This is an opportune moment to reflect on these data. At the time of this volume's completion, child support and AV systems in the United States continue to function separately and apart. However, the President's Proposed Budget for HHS for Fiscal Year 2013 included a proposal that would ask states to establish AV responsibilities in all new child support orders, augmented by an increased appropriation of resources for AV services. Without question, such large potential policy shifts will demand careful study of coparenting dynamics in families that may be affected. For despite generally positive findings to date, more needs to be known about the large numbers of parents who did not participate in pilot interventions, including whether such parents differ in important respects from those who did take part. We need to learn more about custodial mothers' views of the AV problems reported by noncustodial fathers, and about why parents sometimes disagree about effectiveness of AV services. Finally, as AV services are made more accessible to parents participating in the child

⁵Since these issues were examined differently in the three projects, direct comparisons cannot be made.

support system, proper family violence safeguards must be in place to provide quick and accurate screens and refer parents to appropriate services.

RESPONSIBLE FATHERHOOD PROGRAMS FOR NONRESIDENT PARENTS

Responsible fatherhood programs, including many funded by OCSE, represent another type of intervention addressing circumstances of unmarried parents. Launched in the early 1990s in the wake of welfare reform, fatherhood programs typically target nonresident participants in the child support system, or low-income fathers who may ultimately participate. They aim to enable fathers to pay child support by improving employment and earnings through employment services, and to strengthen paternal relationships with children through peer support and parenting education. Some programs also offer AV services such as mediation, but it is unusual for fatherhood programs to also actively engage mothers or to provide significant support for developing cooperative coparenting skills.

An early evaluation of OCSE Responsible Fatherhood Programs (Pearson et al., 2003) found that men who participated in peer support groups and parenting education rated programs highly. Moreover, fathers who reported seeing their children more often following enrollment in responsible fatherhood programs attributed this to an improved relationship with the mother twice as often as any other reason. But many other fathers participating in multi-site federally-funded fatherhood initiatives report frustration and conflict in their relationships with their child's mother (Martinson & Nightingale, 2008), with coordination especially difficult if one or both parents had children with more than one partner. Noting that recruitment into fatherhood programs typically focuses on fathers, Martinson and Nightingale (2008) recommended that responsible fatherhood programs encourage maternal participation and address concerns mothers have about coparenting with fathers. Although Martinson and Nightingale also note that parents articulate more need for help with coparenting relationships than programs offer, use of existing services such as mediation by custodial parents is poor. The authors observe that "ways of reaching out to the resident parent and of working with both parents on custody, visitation, and coparenting issues are still underdeveloped and underfunded" (Martinson & Nightingale, 2008: 10). We would underscore that exploration of alternative frameworks and models to encourage coparental engagement may also be called for.

The Texas Office of the Attorney General (OAG)'s "Strong Start, Stable Families" (SSSF) child support research-demonstration intervention project offered one such innovation, intervening with young unmarried parents *prior* to the birth of their babies. SSSF added material on paternity, child support, and healthy relationships to a pregnancy, childbirth, and infant care class.⁶ Many families showed a positive response to the program, with females in a high-level treatment group attending an average 6.2 of the program's 12 sessions and men attending an average of 5.0 sessions. Though intervention results were unremarkable, the project succeeded in

⁶Materials were drawn from the OAG curriculum Parenting and Paternity Awareness (p.a.p.a.) and from OCSE resources Parenting Two-gether, Maps for New Dads, and The Power of Two (explaining the rights and responsibilities of parenting, paternity establishment, and healthy relationships).

connecting effectively with *both* women and men who were young, poorly educated, and not co-resident (only about 30 percent of the sample lived together; the rest with their own parents or other relatives). Samples of this nature have rarely been successfully recruited and retained for coparenting intervention studies. Fathers also rated most SSSF classes favorably. SSSF hence yields suggestive evidence concerning the promise of mutual engagement of both women and men in the more fragile of fragile families.

HEALTHY MARRIAGE PROGRAMS FOR LOW INCOME COUPLES: BUILDING STRONG FAMILIES

In the fall of 2002, the Building Strong Families (BSF) study was initiated at eight program sites in seven states to establish whether curricular interventions developed for middle class married couples could be adapted to help strengthen relationships of unmarried couples. Because no such prior interventions had been designed for low-income unmarried couples, an intervention model had to be conceived and programs implemented before the question of effectiveness could be addressed. BSF aimed to teach skills that predict relationship and marital stability (listening to one's partner, minimizing criticism, preventing escalation, working together and not against one another). Psycho-educational approaches and trained group leaders (who facilitated and educated but did not intervene to help couples problem-solve) were chosen.

The BSF sample was diverse. Of its 5,000 romantically involved couples expecting or parenting a baby, 52% were both African American, 20% both Hispanic, 12% both White, and 16% Other (Wood, Moore et al., 2010). Though parents were typically young and had low levels of education and income, they had been romantically involved for some duration (on average, about 3 years before enrollment), and four of five (83%) cohabited all or part of the time. Over 70% believed the chance of marrying their BSF partner was pretty good or almost certain; indeed, they appeared more likely than FFWB couples to say chances of marrying their child's other parent were 50–50 or greater, and to agree or strongly agree that marriage is better for children (Dion & Hershey, 2010). Hence, couples who consented to take part in the BSF project appeared to have made at least moderately firm commitments to one another. Moreover, couples were ineligible to participate if screening indicated that intimate partner violence (IPV) could be exacerbated by partaking in the couple-strengthening intervention.

Eligible couples were randomly assigned to receive BSF services or to a control group. A number of different outcomes, including reported coparenting quality, were assessed. An initial report providing a global summary of BSF outcomes 15 months after the program began (Wood et al., 2010) provided rather unexpected results. When averaged across all programs, couples who received BSF services did not report higher quality relationships than did control couples. They were not more likely to marry or stay together, and fathers were no more likely to spend time with children or financially support them than control group fathers.

Germane to the topic of this review, BSF effects on coparenting are a bit difficult to determine. As with the couple quality indicators, there were no reported benefits of BSF favoring intervention couples. However, both BSF and control couples reported coparenting relationships of similar, strikingly high quality on the non-standardized

measures that were used. Averaged across programs, the average coparenting index score (4.37 out of 5 for both groups) indicated generally strong agreement with positive statements such as “(other parent) and I communicate well about (our child),” “(other parent) makes my job of being a parent easier,” and “(other parent) and I are a good team.” Only one site (Oklahoma City, OK) reported a beneficial coparenting effect of the intervention. But a second site (Baltimore, MD) actually reported a negative BSF effect on coparenting, relative to the control group, along with other findings of concern including increases in inter-partner violence (IPV). Further inspection of data determined that MD enrollees were more economically disadvantaged, with men in particular reporting high rates of unemployment, and couples reporting more tenuous relationships than at other sites. Adverse effect of BSF on IPV was found only among couples where at least one partner portrayed the relationship as “on-again-off-again” at program application. Eligibility rules were then modified allowing only couples in which both partners described themselves as in a “steady romantic relationship” to enroll. Wood and colleagues’ (2010) report speculates that economic or relationship characteristics of parents may have diminished program effectiveness at this site, but cautions that such conclusions cannot be drawn definitively from the evaluation design.

Reasons for the relative advantages of the OK site are currently being investigated. There were several unusual features of this site, including groups that engaged both married and unmarried couples, a curriculum that combined and streamlined sessions (i.e. the same content delivered in fewer sessions over a shorter time) to place less time burden on participants, and, importantly, paid compensation for program attendance. These features and perhaps others collectively contributed to less attrition in OK than other sites, meaning that couples received more of the curriculum. Unfortunately, because the OK site—indeed, all sites—completed no observational assessments of mother–father–child coparenting dynamics, it is unclear how much of the OK gain reflected changes in perceptions rather than changes in behavior.

Despite the surprising early summative findings from BSF, the case for RME in promoting enhanced relationship functioning is not altogether bleak. In fact, Hawkins and Fackrell’s (2010) meta-analysis of 15 couple education program evaluation studies (from 12 reports) with predominantly lower-income participants suggested that such programs produce small-to-moderate reliable improvements in relationship quality and communication skills. It should be emphasized, however, that studies included in this analysis did not focus specifically on unmarried parents. And despite having much larger samples than past studies of middle-class samples, likely owing to the federal and state funding that supported these programs, they also had other methodological qualifiers worthy of note.⁷ Specifically, only three evaluation studies reviewed used control-group comparisons, two randomly assigning participants to groups and a third (quasi-experimental) study basing the assignment on ability to attend a 6-week program.

⁷Five reviewed studies came from programs supported by the ACF Office of Family Assistance, through funding authorized by the Deficit Reduction Act of 2005, and some were integrated into existing institutional infrastructures (e.g., community human service agencies, U.S. Army Chaplain’s Office). Others, while freestanding, were coordinated through a state-wide healthy marriage initiative.

For these studies the mean program effect, comprising self-reports of relationship quality, commitment, stability, and communication skills, was small-to-moderate. About 60% of treatment-group participants were above the overall median score (compared with 50% of control-group participants). The other 12 program evaluation studies reviewed used a one-group/pre-post design, comparing a treatment group post-intervention to that same treatment group pre-intervention. For these studies, mean program effect size was similar to that of control-group studies.⁸ Most studies reported only an immediate post-program treatment effect (only three used later follow-up, though some programs are currently collecting longer-term follow-up data). It is hence not clear whether the staying power of effects for lower-income couples experiencing more challenges to their relationships than middle-income couples will maintain. Nonetheless, this report suggests some promise of RME for improving communication skills, one important component of effective work to promote positive coparenting.

NEWER MODELS MORE DIRECTLY DESIGNED TO SUPPORT COPARENTING IN LOW INCOME FRAGILE FAMILIES

We now turn attention to efforts expressly designed to address coparenting in fragile families. Given the relative recency of coparenting conceptualizations outside of family therapy circles, very few peer-reviewed reports on design and outcomes of well-controlled coparenting intervention studies exist in the literature. We hence focus on efforts that explicitly treated coparenting as a distinct family process and target for intervention, rather than an off-shoot or subsidiary to father involvement or RME efforts.⁹ Four approaches with sufficient data to comment upon are summarized: efforts designed for already-committed, primarily co-resident married and unmarried lower income couples to strengthen father engagement and shared parenting (Cowan, Cowan, & Knox, 2010); community-based efforts engaging primarily unmarried mothers (and some unmarried couples) to promote maternal receptivity to father engagement so as to encourage shared parenting (Adler-Baeder et al., 2004; Cox & Shirer, 2009); community-based efforts engaging unmarried adolescent and young adult fathers in groups to coach coparenting-relevant skills (Fagan, 2008); and school-based efforts designed for unmarried teen parents to strengthen their alliance to coparent (Florsheim, McArthur, Hudak, Heavin, & Burrow-Sanchez, 2011). A fifth approach, a field trial of a “coparenting court” being piloted in Minnesota with no outcome data as yet, is also covered.

⁸The authors further broke down the effect size into separate outcomes for relationship quality/commitment ($d = .287, p < .001, k = 10$) and communication skills ($d = .409, p < .001, k = 7$), with the effect size for communication skills interpreted as meaning that after program treatment 66% of participants were above the overall median score of the same participants before the program treatment. When lower-dosage (≤ 12 hours program time) and higher-dosage programs (>12 hours program time) were compared, differences were in the expected direction favoring higher-dosage programs, but were non-significant, perhaps owing to the small number of studies for comparison.

⁹Readers interested in fatherhood program efforts should see Avellar et al. (2011); those interested in the theoretical and empirical case for why triangular coparenting conceptualizations should not be confused with dyadic marriage/couple relationship or with dyadic father involvement conceptualizations are referred to McHale (2007, Chapter 9), McHale (2009), and McHale and Irace (2011).

ENGAGING COUPLES IN GROUPS TO ENHANCE FATHER INVOLVEMENT WITH YOUNG CHILDREN

We begin this section of the review with commentary on a well-designed clinical trial, Supporting Father Involvement (SFI; Cowan et al., 2010). SFI examined comparative efficacy of a couples group intervention (CG) and a fathers group intervention (FG), relative to a control group, in delivering the same curriculum designed to strengthen father involvement in families. SFI was not designed to target coparenting alliances per se; its curriculum included only one session on division of labor, and the intervention was not explicitly designed to address coparenting issues as were the other interventions to be described below. Coparenting quality was also not a main targeted outcome for SFI.¹⁰ Hence it is unknown whether the SFI intervention, which did strengthen father engagement, also materially benefitted the mother–father–child coparenting system. However, the SFI project nonetheless provides a sound basis from which to start this review of coparenting-strengthening efforts, for reasons to be enumerated below.

The SFI sample was comprised principally of committed low-income Mexican-American and European-American couples, biological parents to at least one young (target) child. Seventy-two percent of couples were married, 22% were unmarried but cohabiting (22%), and 6% were living separately. Couples were ineligible to participate if pre-screenings indicated family violence, substance abuse, or mental illness. Some referrals came from Family Resource Centers, but most were self-referrals from parents who learned of the project through a media campaign or local area events. The study's success in recruiting fathers is worthy of note; the investigators describe making a concerted effort to convince men that they were wanted and needed. Attrition rates were reportedly high, however (Avellar et al., 2011). Couples were randomly assigned to one of the two intervention groups, or to an information only control group. A case manager assisted with any needed referrals. In both the couples and fathers groups, attendees discussed the couple relationship, parenting, family of origin influences, outside the family stresses, and social support. Sessions were semi-structured, with some didactic content but regular opportunity for group discussion.

Data were collected at pretest and at two post-tests after the completion of the group sessions. Greater success in promoting father involvement in the daily care of children was achieved through the couples' group medium than through the fathers' group medium. In other findings of interest, between baseline and 18 months after program entry, relationship quality of mothers in the comparison group declined, whereas relationship quality of CG treatment group mothers remained stable. However, while CG mothers reported greater increases in fathers' share of parenting than did mothers in the comparison group, they also reported greater increases in conflicts with the father about child discipline than did mothers in the comparison group.

As a landmark study, SFI provided important suggestive evidence that family outcomes beyond just couple relationship quality can be influenced through a curriculum addressing couple communication and relationship quality—long as that curriculum is designed to include equal and active focus on those other family

¹⁰Only two indicators had pertinence—an index of father participation in childcare taken from a “Who does what?” instrument developed by the authors, and one single item excised from a longer measure assessing extent of disagreements on child discipline.

outcomes (in the case of SFI, better father engagement). SFI's cascading benefits also showed that a randomized trial with low-income couples in already committed relationships can produce meaningful family changes.

While low-income married couples in committed relationships such as those SFI recruited may not be reflective of the general fragile family population, the study still makes an important contribution. If well-conceived interventions cannot be shown to produce positive results in couples with more enduring relationships, work is likely to be doubly difficult among families where no enduring emotional connection or commitment exists. The investigators were careful to underscore that there is no evidence that their intervention could be helpful for fragile families when couples are not committed to pursuing a relationship. They recommend looking elsewhere for programs to increase positive father involvement in fragile families where couple and parent-child relationships have ended. At the time of this article another intervention is underway examining potential effectiveness of SFI for African-American parents.

ENGAGING PARENTS TO ENHANCE AWARENESS OF FATHER INVOLVEMENT AND SHARED PARENTING

Karen Shirer and Francesca Adler-Baeder's "Caring for My Family" (CFMF) was one of the first RME curricula to attend meaningfully to coparenting in low-income populations. Since introducing CFMF, Adler-Baeder has overseen several federally-sponsored initiatives, including the OCSE-seeded Family Connections in Alabama (FCA) study (see Dion & Strong, 2004), which delivered CFMF to low-income, unmarried parents at four community pilot sites. Unlike the SFI project, which only enrolled families if both partners consented to participate, FCA's "everyone welcome" approach permitted parents to attend group sessions either alone or with a coparent. Over half of all FCA participants who were expecting or already had children—the overwhelming majority, mothers—came alone. At present, there are no published findings on the success of the effort, but poster presentations and internet technical reports indicate that the FCA intervention produced desirable individual and relational changes (such as heightened sensitivity to recognizing and leaving unhealthy relationships) and positive change in co-parenting attitudes and practices, with program effect sizes similar for both women who attended alone and women who attended with a coparent (Adler-Baeder et al., 2004). FCA was the first project to demonstrate that an intervention specifically targeting coparenting improves coparenting attitudes and practices (Adler-Baeder et al., 2004).

While it seems counter-intuitive that an intervention could strengthen coparenting if one of the coparents fails to participate, it is useful to examine the study's aims and measures. FCA's curriculum explicitly addressed each person's role in managing their *own* thinking and behavior relevant to successful coparenting—and the specific coparenting outcome assessed was a 6-item maternal self-report of supportive attitudes toward father (e.g., "I will not share my negative opinion and feelings about my child's father with my baby when he or she gets older"; "I make sure that my child develops a stable and meaningful relationship with both parents' families"). Although no coparenting observations were made—as has unfortunately been the case in virtually all published and unpublished research on coparenting interventions for fragile families—this does not dilute the significance of FCA's maternal report finding. Individual coparenting attitudes and actions are what bolster or dismantle any

coparenting alliance (Carlson & McLanahan, 2002; McHale, 1997) and are hence not only appropriate but must-have outcome indicators for coparenting interventions. Moreover, though FCA had difficulty recruiting and retaining fathers, it did succeed in recruiting and retaining a predominantly African-American sample of mothers with low levels of education, income, and employment.

Shirer also piloted CFMF with low-income parents, though her Midwestern sample was more similar to SFI participants than to FCA families—139 parents in committed relationships expecting or already parenting a young child. However, CFMF also differed from SFI in an important respect: CFMF participants (about three-quarters of whom were women) attended the intervention *alone* rather than together with their relationship partner. CFMF also had a higher representation of African American parents and lower representation of Hispanic parents, compared to SFI. In the one published study reporting on the CFMF intervention (Cox & Shirer, 2009), it is also important to take note that the authors only presented data for the 80 parents among the 139 who reported that they were in an ongoing romantic (married, engaged, cohabiting, or dating) relationship.¹¹ Finally, the design was not a true randomized trial; assignment to the experimental (CFMF) intervention or to the wait-list control group was determined by the couples and their willingness to attend the 6-week program.

Despite these qualifications, Cox and Shirer's study is noteworthy among other RME projects in several regards. Its curricular materials targeted improvements in communication and conflict-resolution skills specifically related to *coparenting*, and it assessed change in perceived coparenting behavior (a 6-item measure assessing cooperative activities focused on child well-being). The investigators reported a trend for CFMF scores on the index to increase pre to post, while the control groups' decreased. Because these data were gathered just one week post-CFMF, it is unclear whether there were more enduring effects on perceived behavior, whether the CFMF attendees' non-participating coparent would have concurred that coparenting had improved, or whether any beneficial effects were seen in actual coparenting behavior. Still, this finding echoes FCA's finding that delivered individually to motivated adults, an intervention designed to influence coparenting attitudes can have that desired impact.

ENGAGING YOUNG ADULT FATHERS IN GROUPS TO HELP CREATE COPARENTING AWARENESS AND SKILLS

Numerous commentators (see Dion et al., 2008) underscore the challenge in drawing and retaining both members of a coparenting pair to intervention sessions, especially if they are not in an enduring, committed relationship. Not surprisingly, though there were some fathers among the participants in FCA and the Shirer study, they were a decided minority. However, Fagan's Prebirth Co-Parenting program is unique in having sought to improve coparenting by engaging fathers rather than mothers. This work, vetted and published in a peer-review process (Fagan, 2008),

¹¹Among the 80 were 57 experimental group parents (43 women, 14 men) and 28 control group parents (21 women, 7 men). Data for the remaining 23 parents who took part in the CFMF intervention and for the other 20 wait-list control group parents were not included in the report's analyses (though among the 28 control group parents, 3 were divorced).

demonstrated benefits of a prenatal group intervention for young expectant unmarried fathers designed to foster coparenting communication and solidarity and support for the mother.

Fagan recruited 165 young unmarried fathers aged 15–25 from referrals during the third trimester of pregnancy provided by the young mothers carrying the men's babies. Mothers were approached by study recruiters at OB/GYN clinics affiliated with hospitals in low-income neighborhoods. This unusual outreach strategy maximized the likelihood that both the referring mother and program-accepting father were interested in father being a coparenting presence for the baby. Among 501 age-eligible couples screened, 165 completed a pre-test protocol and were randomly assigned to either a 5-session group program based on the Minnesota Early Learning Design (MELD) approach and emphasizing development of supportive coparenting and father involvement, or to a 5-session prenatal class covering birth preparation. Approximately half were cohabiting with mothers and about 86% were expecting their first biological child. The majority of participants were African American (47%) or Hispanic (39%). As it happened, 64 of the 165 fathers never attended a single session and so became a quasi-experimental control group. Forty-four fathers completed the co-parenting intervention, 46 completed the child birth intervention, and 11 fathers completed fewer than 4 sessions and were excluded from analyses.

Compared with childbirth intervention fathers, coparenting intervention fathers reported more father engagement with the baby. Greater father engagement was also reported by babies' mothers, but only if they were co-resident with the coparenting intervention father. Because only men participated in the coparenting intervention, it may have altered fathers' perceptions of their own behavior more than mothers' perceptions of the fathers' behavior. However, just as with FCA and CFMF, Fagan's intervention appeared to accomplish an important first step (heightening awareness, changing attitudes) that may be necessary for later behavioral change to take place. At the same time, the fact that fathers' perceptions were altered more substantially than mothers' underscores that the data source must be considered any time positive intervention effects are purported. As Fagan cautions, many existing studies showing beneficial effects of parent education for low-income fathers may have overstated effects if only self-reported father measures were used. Alternatively, the patterning of Fagan's findings could also indicate that mothers are slower to recognize meaningful changes taking place in fathers' coparenting behavior. Observational data could help sort through these possibilities.

Finally, fathers in Fagan's study did not randomly avoid intervention participation; fathers in the childbirth group were significantly older than control group fathers. Nonetheless, the study documented a willingness among younger higher-risk fathers to improve their emerging coparenting relationship, and in that regard there is much to be learned from the effort.

ENGAGING UNMARRIED TEEN PARENTS IN COUPLES COUNSELING TO CREATE A COPARENTING ALLIANCE TOGETHER

All work reviewed thus far engaged couples in group interventions. Many reasons exist for prioritizing groups over dyadic interventions, cost certainly primary among them. Other factors include garnering of social support, learning from other better-functioning couples as role models, capacity to lay low during difficult times while still

learning valuable lessons from others, and lesser stigma of group “classes” than dyadic “therapy.” Yet we know surprisingly little about relative efficacy of dyadic compared with group interventions for higher risk fragile families. Young Parents Program (YPP; Florsheim et al., 2011), a 10-week couples-focused prevention focused on enhancement of interpersonal skills required for supportive coparenting, is an exception. YPP recruited 105 pregnant adolescents (mean age 16.1 years) and their partners (mean age 18.3 years) to participate in a clinical trial. The sample was identified through medical clinics and schools providing special services for pregnant adolescents, and was 45% Latino/Hispanic, 42% White, and 13% other. Fifty-three couples were randomized to a dyadic treatment condition.

Targeted outcomes included (a) positive relationship skills related to coparenting, (b) positive paternal engagement, and (c) the prevention or reduction of IPV. Though at the time of this review no reports concerning improvements to coparenting alliances have yet appeared in the peer-reviewed literature, one published report (Florsheim et al., 2011) found YPP couples significantly less likely than control group couples to have engaged in IPV at a 3-month post-partum follow-up, though the strength of the IPV finding diminished over time. Further, in a non-published conference abstract already featured on the HHS website, Florsheim et al. (2011) report that YPP fathers were more engaged in child-rearing, had positive parenting behaviors and attitudes, and reported a positive co-parenting relationship with their partners at 18 months following childbirth. The conference abstract also indicates that some program effects on fathers were mediated by program effects on young mothers.

Given the recruitment and retention success and beneficial short-term effects on IPV (and perhaps also on coparenting adjustment) in Florsheim’s high-risk sample, renewed consideration is due dyadic, rather than group, interventions for higher risk couples where feasible and safe. Unlike studies summarized above, YPP did not disqualify couples if IPV or substance abuse was reported, and struggled with ethics of working with aggressive youth at risk for harming partners. Its authors acknowledge that a couples-based program can be ineffective and inadvisable when couples engage in serious violence and need a more intensive program (see Bograd & Mederos, 1999; Stith, Rosen, & McCollum, 2003), but hope to develop clinical and ethical guidelines for determining when YPP-type interventions might effectively address some aggressive behavior, such as pushing or slapping, with at-risk couples. Concretizing IPV guidelines is an important growing point for this young field. Also relevant is the authors’ observation that case management for problems with school, work, housing, and other issues freed counselors to focus more intensively on developing relational skills.

Finally, we underscore Florsheim’s anecdotal observation that when working with younger adolescents, interventionists often found themselves providing psycho-education about healthy and unhealthy relationships, whereas when working with older adolescents, they engaged more in helping parents learn to observe and manage the relationship. Also apropos to the issue of age differences, other family members (most often, the pregnant teen’s mother) were reportedly more involved, perhaps foreshadowing their role in the baby’s coparenting alliance. Older parents confront different, likewise unique coparenting challenges; many go on to have children with new partners. Models attending to developmental differences between younger and older adolescents and to participation of kinship caregivers in the post-baby coparenting

alliance (see Gaskin-Butler et al., 2012) will be necessary in future development of effective coparenting curricula for younger higher-risk fragile families.

A COMMUNITY-BASED COPARENTING COURT: THE NEXT STAGE?

An innovative demonstration project jointly funded by OCSE and private foundations is being piloted in Hennepin County, MN. It is attempting to address both legal and pragmatic aspects of low-income unmarried parents' coparenting relationships. Using a quasi-experimental, control group pre-post design, 300 unmarried couples going through the process of establishing legal paternity to set up a child support order are being diverted from Family Court to a "Co-Parent Court" for unmarried parents and being compared with 300 control families assigned to conventional Family Court. Co-Parent Court aims to help parents problem-solve, cultivate skills and knowledge to be financially and emotionally involved parents, and develop a healthy coparent relationship (Fourth Judicial District and Hennepin County Family Court, 2007). Beyond legal paternity and child support orders, the program requires coparent education classes, provides individualized assessment and case management, and offers mediation to help create a parenting plan. Partnering community agencies provide support and education services; mothers and fathers separately attend coparent education classes using a revised CFMF curriculum. Planned outcome measures include better coparenting skills and knowledge; progress on case planning goals; compliance with financial and social aspects of Family Court orders; and conflict resolution skills and knowledge—ideally reducing court intervention (Fourth Judicial District and Hennepin County Family Court, 2007).

THE ROAD AHEAD

Our field stands but a few feet from the starting gate in its efforts to apprehend intervention models that genuinely support coparenting efforts of unmarried mothers and fathers—those in ongoing romantic relationships, those who began but terminated these relationships, and those who never even initiated such relationships. The ultimate ambition of coparenting interventions is to assure sustained, coordinated effort between the two parents that follows the child throughout life—through whatever relationship twists and turns parents encounter with one another. Despite some promising leads from efforts carried out to date, more remains unknown than is known. This concluding section briefly summarizes critically important areas for growth and concerted attention from clinicians, researchers, funders, and policy-makers.

First, we remind readers of the central organizing point of this article: While parents in fragile families can potentially derive benefits relevant to coparenting through RME/Healthy Marriage programs or responsible fatherhood programs (whether the effort is linked to child support enforcement efforts or not), such programs were rarely designed to promote coparenting alliances from a systemic perspective. RME programs have shown some success in helping couples in committed relationships learn to better negotiate and resolve couple conflicts. Fatherhood programs succeed in increasing men's financial support of their children and increasing contact with them. Newer programs, such as the SFI initiative reviewed above, seek to promote active fathering by strengthening the relationship of already committed couples. But few programs have tackled the toughest issue—how to bring together

parents who might otherwise never function collaboratively as coparents. When coparenting is rightfully understood as support and coordination between adults responsible for a child's care and upbringing (McHale & Lindahl, 2011), it is clearly not enough just to superimpose a father into a child's life. Needed are "front-end" programs explicitly designed to help inspire and build a coparenting alliance between a mother and father who may not have an existing connection or commitment to capitalize and build upon (McHale & Carter, 2012). With this reconceptualized "mission statement" as starting point, more sensitive strategies to engage and help such men and women figure out ways to communicate, cooperate, and support one another in coparenting their shared child can begin to gain much-needed traction.

We advise that all future work with fragile families embrace simple truths about coparenting articulated by Minuchin (1974): all children are best served in families where the adults responsible for their care and upbringing—whomever they may be—work collaboratively and cooperatively, respecting appropriate generational boundaries, to promote the child's safe and healthy development. The infusion of such thinking into dialogues about fragile families could not be more timely. New proposals at the federal level would revise the statutory purposes of the CSE program to encourage parents to not only support their children—but to cooperate with one another. A large and growing share of families in the child support program is headed by unmarried parents. Since the child support system covers 25 percent of children in the U.S., this is a momentous opportunity to strengthen and support American children and their families—an opportunity that must not be squandered. This development would be an important first step in recognizing and supporting coparenting, but it cries out for new, informed and effective means of promoting positive coparenting in such families—and the knowledge base that would undergird such efforts is, as we note, in its infancy.

We foresee fresh new opportunities to engage fathers—and, critically, mothers—and to provide meaningful front-end intervention to include not just education but attention to the emotional base of any triangular family system. It is unlikely that any single program can effectively meet the needs of the diversity of this population, so multiple frameworks should be examined. Work reviewed above identifies several factors to consider, and reveals more gaps in our understanding from research to date than answers. As this field evolves and AV services become available to more participants in the child support system, the following issues about design of effective interventions demand dedicated attention:

- (1). Whether/when it is best to work with unmarried parents in a group as opposed to when it will be most effective to work in a mother–father, dyadic-based intervention;
- (2). Whether enduring coparenting change can ever be achieved by working with just one parent and not the other, or whether such work is a necessary but not sufficient step for fragile families before an intervention to strengthen triangular coparenting dynamics can be implemented;
- (3). When programming is inappropriate for participants with a history of IPV or other risks, and how to devise effective alternate programs to optimally serve needs of children in such families;
- (4). How to design new programs and, if warranted, modify existing ones to properly support parents of different ages and in diverse racial and ethnic groups;

- (5). Whether group interventions for unmarried parents should separate parents with different kinds of relationships or, alternatively, infuse married parents in the groups as did the Oklahoma City BSF project, the only one to report positive outcomes;
- (6). The optimal program length to prevent attrition while at the same time ensuring that enough content is delivered to make a meaningful difference for the family;
- (7). How best to help families with older children whose relationships may have ended years ago but for whom coparenting remains an important issue in the child's life;
- (8). How to most effectively connect programs with other economic and non-economic supports for families related to issues like employment, reentry, and addiction and whether case management is a necessary element to success of coparenting programs for multi-risk families.

IMPLICATIONS FOR FUTURE RESEARCH AND PRACTICE

Coparenting Interventions Should Be Preventative To The Extent Possible

Much of our field's thinking about coparenting in fragile families has been influenced by the expansive knowledge base about coparenting in post-divorce families and its attendant concepts and realities (destructive conflict, mediation, time-sharing). Such "back end" concepts have utility and applicability when planning work for a subset of fragile families, but may be inappropriate concepts for others (McHale & Carter, 2012). In particular, intensified effort is needed to establish how to effectively target new parents before or soon after their child's birth, since effective prevention may be the best hope for creating functional and healthy coparenting.

Especially needed is programming to determine whether parents who may never have had a committed relationship or lived together can take hold of educational curricula to build positive coparenting alliances from scratch. Impediments to creating such a partnership anew are formidable, and include concerns about immaturity or trustworthiness in parenting, lingering anger about romantic relationship dissolution, and complications of children from prior unions (Carlson et al., 2004; Edin, 2000; Furstenberg, 2001; McLanahan et al., 2003; Ooms & Wilson, 2004). Fresh research on curricular approaches geared specifically to issues of never-married parents coparenting children in separate households, attentive to the diversity among unmarried parents, will be a significant advance for this field (McHale & Carter, 2012; Nickerson, Roth-Howe, Perlman, & Crawford, 2012). Of particular salience will be differences in programming for parents whose relationships are ongoing, those whose relationships dissolved, and those who never established a close intimate relationship. Cultural issues will likely also be relevant considerations in development of effective programs (Gaskin-Butler et al., 2012).

Coparenting Interventions Should Take Stock of And Include Where Possible Other Partners And Caregivers

Children are best served when all of the adults responsible for their care and upbringing are communicating, coordinating, and working together "on the same page." Yet little is known about how to promote cooperative coparenting in families

led by unmarried parents where members of the extended family and/or new partners of mother or father also coparent. Only one program we reviewed invited coparents besides mother and father to participate in the intervention. Because intervention is more complex and sometimes problematic if parents' new partners and/or other kinship caregivers are also active coparents, future interventions reckoning with this dynamic will be a welcome augmentation to existing models.

3) Future efforts must dig deeper to determine whether interventions have affected changes in family process, and shown material benefits for children. The aim of any coparenting intervention must be to foster more positive family relational dynamics to promote healthy adjustment of children. For this aim to be realized, research examining efficacy of coparenting interventions must begin doing two things. The first is to begin actually observing triangular family dynamics to determine how coparenting relationship systems are functioning. Family practitioners understand that to understand a triangular system, assessments of the family must involve observations of the family. Informant reports as proxies are useful, but always incomplete. Foregoing opportunities to directly assess family-level dynamics and failure to obtain perspectives of all coparenting partners in a system is commonplace—it might even be accurate to say, standard of practice. But this standard of practice can never lead to informed perspectives about family interiors. The second needed change involves actually engaging children to directly evaluate their psychosocial adjustment. At present we know precious little about after-effects of any intervention model for promoting healthy child adjustment.

With these recommendations implemented, the field will stand better prepared to serve the millions of American children and parents in fragile family systems. The question of whether targeted coparenting interventions for unmarried parents can meaningfully improve coparenting in such family systems, and whether such improvements can foster better social, emotional, and behavioral adjustment and health for children, is among the most important and meaningful ones family scholars face. Reinvigorated efforts in pursuit of programs and interventions that will help realize this aim constitute our field's next great horizon.

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