

Marriage and Fatherhood Programs

By Philip A. Cowan, Carolyn Pape Cowan, and Virginia Knox

Summary

To improve the quality and stability of couple and father-child relationships in fragile families, researchers are beginning to consider how to tailor existing couple-relationship and father-involvement interventions, which are now targeted on married couples, to the specific needs of unwed couples in fragile families. The goal, explain Philip Cowan, Carolyn Pape Cowan, and Virginia Knox, is to provide a more supportive developmental context for mothers, fathers, and, especially, the children in fragile families.

The authors present a conceptual model to explain why couple-relationship and father-involvement interventions developed for middle- and low-income married couples might be expected to provide benefits for children of unmarried parents. Then they summarize the extensive research on existing couple-relationship and father-involvement interventions, noting that only a few of the programs for couples and a handful of fatherhood programs have been systematically evaluated. Of those that have been evaluated, few have included unmarried couples as participants, and none has investigated whether interventions may have different effects when unmarried fathers live with or apart from the child. Furthermore, although the funders and creators of most programs for couples or for fathers justify their offerings in terms of potential benefits for children, the authors note that the programs rarely assess child outcomes systematically.

Next, the authors consider whether interventions for working-class or middle-class fathers or couples that have shown benefits for family members and their relationships might be helpful to fragile families, in which the parents are not married at the time of their child's birth. Because evidence suggests that couple-oriented programs also have a positive effect on father involvement, the authors recommend integrating couple and fatherhood interventions to increase their power to reduce the risks and enhance the protective factors for children's development and well-being. The authors emphasize the need for more research on program development to understand the most effective ways to strengthen co-parenting by couples who are the biological parents of a child but who have relatively tenuous, or already dissolved, relationships with one another.

In closing, the authors summarize how far the family-strengthening field has come and offer suggestions for where it might go from here to be helpful to fragile families.

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Although many fragile families demonstrate remarkable strengths, with some maintaining stability and promoting family members' well-being while struggling against almost overwhelming odds, these families face disproportionate levels of financial impoverishment, poor health, psychological distress, relationship conflict, and both residential and relationship instability, all of which are risk factors for the development and well-being of children and adolescents.¹ A 1998 Fragile Families study made two important discoveries with implications for increasing the stability of these families.² First, around the time of a child's birth, most unmarried fathers are romantically involved with the child's mother and intend to be actively involved with the child. Second, both couple and father-child relationships in these families tend to dissolve over time.³

Researchers responded to these findings with a call for preventive interventions to capitalize on the "magic moment" around childbirth to improve the quality and stability of couple relationships in fragile families and preserve the active engagement of fathers in the lives of their children.⁴ But although many couple-relationship interventions and a few father-involvement programs exist as potential program models, no empirical evidence was available to indicate whether these programs, many of which were designed for married couples, would be effective for the unwed parents in fragile families. The obvious strategy, then, was to try to adapt the intervention programs that have been found effective for other families and tailor them to the specific needs of fragile families. In this article, we review evidence on whether existing programs designed to strengthen the relationship between parents and to encourage fathers

to become involved in rearing their children might be helpful for at least some types of families with unmarried parents.

We begin by addressing the policy context of the growing interest in this topic. We then present a conceptual model to explain why couple-relationship and father-involvement interventions developed for middle- and low-income married couples might be expected to provide benefits for children of unmarried parents. Next, taking note that couple-relationship and father-involvement approaches to strengthening families are typically mounted by different organizations and offered to different families, we summarize the extensive research on these interventions in middle-income and low-income married couples and the emerging research on those interventions in fragile families. In closing, we summarize how far the family-strengthening field has come and offer suggestions for where it might go from here to be helpful to fragile families. We argue that there are good empirical reasons for integrating interventions for couple relationships and father involvement more fully, so that intervention curricula can take advantage of what is known about the connections between couple-relationship status and quality and the vicissitudes of father involvement.

The Policy Context

In the last half of the twentieth century, several marked changes in family structure led some social observers to conclude that families were in a state of decline.⁵ Increases in the rates of divorce, nonmarital births, and single parenthood, and the resulting drop in the share of fathers available to children on a regular basis, led family service providers and politicians to advocate for programs to strengthen couple relationships and encourage fathers to become active and

remain positively involved in rearing their children, including paying financial support. During the 1990s, federal welfare reform set strengthening two-parent families as a policy goal. Strategies to achieve that goal for lower-income families included removing marriage penalties from welfare regulations and increasing economic self-sufficiency and child support compliance among low-income, nonresident fathers, especially through the Welfare-to-Work program. Strengthening child support enforcement for nonresident fathers and improving their capacity to pay support also became part of a responsible-fatherhood agenda.

In 2001, the administration of President George W. Bush did not renew funding for the Welfare-to-Work program, which many states had used to subsidize responsible-fatherhood programs. That same year the federal Administration for Children and Families launched a Healthy Marriage Initiative and a Responsible Fatherhood Initiative. In 2005, the initiatives were given a boost when Congress approved the Deficit Reduction Act, which included \$100 million a year to support programs to encourage and strengthen marriage, especially for low-income families, and \$50 million a year for separate programs to promote responsible fatherhood.

In the spring of 2010, President Barack Obama proposed a \$500 million Fatherhood, Marriage, and Family Innovation Fund, half of which would support comprehensive responsible-fatherhood programs, including those with marriage components. While such programs provide a wide variety of services, the proposal requires that successful state applicants for grants under this fund “would need to demonstrate strong linkages with states’ Child Support Enforcement programs,

and there will be a preference for applicants that will make resources available to community-based organization to help implement components of these initiatives.”⁶ This language suggests that the Obama administration would re-emphasize the traditional mission of responsible-fatherhood programs, namely, increasing economic self-sufficiency and child support compliance. Because the proposal also requires evaluation of these state-administered programs, it would also provide new, and sorely needed,⁷ evidence about the effectiveness of such efforts. Although it is unclear how much emphasis the Obama administration would place on stronger family relationships and increased father involvement, our review of past and ongoing research suggests that such efforts have the potential to benefit children in low-income families. In our view, such efforts also merit continued development and support.

A Framework for Interventions

Proponents of strengthening couple relationships and increasing father involvement in fragile families offer three arguments based on empirical findings. First, demographic data showing that families are in a state of decline and that children are at increased risk for problematic outcomes can be used to justify a need for interventions to strengthen families to slow or stop further decline—within families and in society as a whole. Second, as noted, the Fragile Families finding that unmarried men are present when their children are born but tend to drift away later on suggests strongly that interventions before the drift occurs could have a salutary effect on all family members. Third, evidence from a family process perspective indicates that identifying risk and protective factors associated with couple functioning, father involvement, and children’s well-being will help service providers design

effective interventions to produce the desired outcomes.

Two of us have developed a multidomain family risk model that has been empirically validated in studies of middle-income and low-income married parents and in the design of successful couple and father-involvement interventions.⁸ A similar risk model has been shown to be relevant to fragile families, especially when the unwed couples have a long-term commitment to each other before the mother becomes pregnant.⁹ It may be less applicable to unmarried couples whose relationships are created by an unexpected and unwanted pregnancy, or to fragile families long after the parents have separated and the father is no longer involved in the mother's or child's life.

The multidomain risk model describes how events in five key family domains interact to affect individual family members, the quality of family relationships, and child and adolescent well-being. Various studies show that information gathered from five family domains predicts how successfully children or adolescents cope with academic, social, and emotional challenges. The first is the level of adaptation of each family member—that is, self-perceptions and indicators of mental health and psychological distress. The second is the quality of the relationship between the parents—for example, problem solving, emotional regulation, commitment, and satisfaction. The third is both couple and parent-child relationship patterns as transmitted across the generations. The fourth is the quality of the mother-child and father-child relationships. And the fifth is the balance between life stressors and social supports outside the immediate family. Models similar to our five-domain model have described links between family

processes and children's development in both middle-income and low-income families.¹⁰

Parents in fragile families are attempting to cope with all of the stressors of any new parents who must find new strategies to balance the cumulative demands of a puzzling new infant, lack of sleep, work pressures or loss of work, new financial demands, less contact with friends, and complex interactions with family and kin.

The five-domain model can also be used to explain variations in the quantity and quality of fathers' involvement with their children.¹¹ Men who have many symptoms of psychological distress, who report negative relationships with their fathers while growing up, who have a stormy or distant relationship with their child, who report high life stress (such as poverty or job loss), and who are isolated from supportive social networks are less likely to spend quality time with their children. But the most salient predictor of father involvement—in both married and unmarried families—is the quality of the father's relationship with the mother.

Our working hypothesis, based on three sets of findings, is that this risk model also applies to fragile families. The first finding

is that, despite differences in the stability of their unions, both married and unmarried couples face similar challenges as they make the transition to parenthood. An extensive body of research shows that even for middle-class couples who are married, that transition represents a period of disequilibrium that leads to distress for many couples.¹² Most new parents are vulnerable to growing marital dissatisfaction that unfolds over many years and is linked with long-term academic, social, and emotional difficulties for the children.¹³ Until recently, empirical research that investigates relationship changes in unmarried low-income couples when they become parents has been in surprisingly short supply. It is reasonable to assume, however, that the arrival of a new baby will have similar or even greater negative effects on couples who have more tenuous relationships.

Second, studies of low-income married couples find that poverty exacerbates the strain for couples and parent-child relationships, and that such strain is linked, as it is in middle-income families, with negative outcomes for the children.¹⁴ Third, emerging evidence from the Fragile Families study shows that, as for middle-income and low-income married couples,¹⁵ the single best predictor of father involvement in fragile families is how the father and mother get along.¹⁶ Marital conflict and distress between partners who are unmarried at the time their baby is born, and their increasing negative relationship quality over time, are both correlated with less collaborative co-parenting, less effective parenting, and a variety of negative outcomes for children by age five.¹⁷

We conclude that parents in fragile families are attempting to cope with all of the stressors of any new parents who must find new strategies to balance the cumulative

demands of a puzzling new infant, lack of sleep, work pressures or loss of work, new financial demands, less contact with friends, and complex interactions with family and kin. Many but not all of these couples in fragile families lack a solid relationship foundation with a long-term future orientation that can help them withstand the temblor of parenthood and its aftershocks. The vulnerability of the relationship between the parents, along with the vulnerability of the father's relationship with the child, presents an optimal entry point for preventive interventions to strengthen families before stress turns into distress.

Marriage-Promotion, Marriage-Education, and Couple-Relationship Programs

In the past few years, providers of programs for couples have been changing their descriptors—from “marriage promotion” to “promotion of healthy marriage” to “marriage education” to “strengthening couple relationships.” The data on the negative consequences for children of marriages filled with unresolved conflict, violence, or frosty silences have convinced many policy makers not to support getting married and staying married in all circumstances. The preferred descriptor of most programs for couples today appears to be “marriage education,” which suggests that all couples can learn how to make their marriages or cohabiting relationships better. Our concern with this term is its implication that marriage educators know what a healthy marriage is and can transmit this knowledge to all couples in the same way that teachers convey reading and math skills. We think it preferable to talk about interventions to strengthen key family relationships—both couple and parent-child—backed by evidence that such an approach will be good for the parents and for their children.

Table 1. Characteristics of Selected Couples Intervention Programs

Program	Population served	Curriculum focus	Format	Frequency and duration	Background of group leaders	Assessments
Prevention and Relationship Enhancement (PREP) (Markman and Stanley)	Originally for middle-class premarital couples; now many new adaptations to diverse populations	Couple communication	Psychoeducation class/workshop; lecture; coached practice	Four 2- to 3-hour meetings or weekend workshops (8–12 hours)	Originally university faculty and graduate students; now professional and paraprofessional	Before, immediately after program, and at 1.5, 3, 4, and 5 years afterwards
Becoming a Family (Cowan & Cowan)	Middle-class couples having a first child	Couple communication, individual, parent-child, generational patterns, life stress and social support	Groups of 4–6 couples; open-ended discussion followed by specified agenda with exercises	Twenty-four 2-hour sessions extending from 3 months prepartum to 3 months postpartum (total of 48 hours)	University faculty and graduate students	Prepartum, 6 months postpartum, then 18, 36, and 66 months
Bringing Baby Home (Gottman, Gottman, and Shapiro)	Middle-class couples having a child	Couple communication, individual, co-parenting, parenting	Classes with coached practice	Weekend workshop (16 hours)	Licensed health and mental health professionals	Pretest, immediate posttest, 1 year postpartum
Family Foundations (Feinberg)	Middle-class couples having a child	Couple communication, co-parenting, parenting	Groups of 6–10 couples, psychoeducation	Four 2-hour sessions prepartum, 4 sessions postpartum (total of 16 hours)	Childbirth educators, nurses, family workers	Pretest, 6 months postpartum, 1 year postpartum
Becoming Parents (Jordan)	Middle-class couples having a first child	Couple communication, co-parenting, parenting, life stress and social support	Groups of 4–15 couples; based on PREP with specific material focused on transition	Six 3.5-hour sessions prepartum; two 3-hour postpartum (total of 27 hours)	Nurses	Pretest, 6 months postpartum, 1 year, 2 years, 3 years
Schoolchildren and Their Families (Cowan & Cowan)	Middle-class couples with a first child entering kindergarten	Couple communication, co-parenting, parent-child generational patterns, life stress and social support	Groups of 4–6 couples, open-ended discussion followed by specified agenda with exercises	Sixteen 2-hour sessions (total of 32 hours)	Licensed mental health professionals	Pretest, 1 year, 2 years, 4 years, 10 years
Relationship Enhancement (RE) (Guernsey)	Middle-class couples at all life stages	Couple communication	Psychoeducation class/workshop; home study	Classes or weekend workshop (16–24 hours)	Originally licensed mental health professionals; now professionals and paraprofessionals	Multiple studies
Practical Application of Intimate Relationship Skills (PAIRS) (Gordon)	Middle-class couples at all life stages	Couple communication, individual generational patterns	Psychoeducation class/workshop	Semester class, or weekend workshop (16–32 hours)	Originally licensed mental health professionals; now professionals and paraprofessionals	No random-assignment study to date
Collaborative Divorce Project (Pruett)	Middle-class couples in the process of divorce	Couple communication, parenting, custody and legal issues	Group meetings, classes, couple mediation sessions	Required meetings plus additional service (16+ hours)	Psychologists, counselors, lawyers	Pretest, posttests 15–18 months later
*Supporting Healthy Marriage (Knox, MDRC)	Low-income married couples with a child under age 18	Couple communication, generational patterns, life stress and social support	Groups of 6–20 couples	Nine to 15 sessions plus supplementary activities (total of 24+ hours)	Licensed mental health professionals; nurses, paraprofessionals	Pretest, 1 year, 3 years
**Young Parenthood Program (Florsheim)	Low-income teen parents having a first child	Couple communication, co-parenting	Work with one couple at a time	Counseling, 10 to 12 one-hour sessions (total of 10–12 hours)	Licensed therapist	Pretest, 2.5 months postpartum, 18 months postpartum
**Building Strong Families (Dion & Hershey, Mathematica)	Low-income unmarried couples having a child	Couple communication, co-parenting, parenting, generational patterns, life stress and social support	Groups of 4–6 couples	Varying number of weekly sessions, supplementary activities (total of 30–42+ hours)	Master's degree plus experience	Pretest, 1 year later, 3.5 years later, 5 years later

*Primarily low-income families

**Primarily low-income with a substantial proportion of fragile families

Faith-based and non-faith-based classes and groups for couples began to emerge during the 1960s. By 1978, more than fifty different programs were available in hundreds of communities, with meeting sizes ranging from 10 to 1,000 couples.¹⁸ Two and a half decades later, in a *Future of Children* volume, Robin Dion noted that marriage-education programs were using more than 100 different curricula.¹⁹ At this writing, the numbers are impossible to estimate, given federal, state, and private sponsorship of programs in communities across the United States. Most of these programs, however, lack evidence of effectiveness beyond the number of participants served and testimony from the consumers.

Table 1 provides a brief outline of the characteristics of a selected list of couple-strengthening programs, all of which have strong research designs and either final or ongoing evaluations of effectiveness. Table 2 shows the family domains that have been evaluated in each program. The tables cover nine long-standing programs for middle-income married couples and three new programs for low-income couples, two of which serve fragile families.

Programs for Middle-Class Married Couples

One of the key ways in which intervention programs for couples differ is the family life stage at which they recruit participants. Premarital couples were initially the main target of the Prevention and Relationship Enhancement Program (PREP).²⁰ Several programs offered groups for couples making the transition to parenthood—Becoming a Family, Bringing Baby Home, Family Foundations, and Becoming Parents.²¹ The Schoolchildren and Their Families project focused on couples at another family milestone—beginning before their first child

makes the transition to elementary school with follow-ups extending through the children's transition to high school.²² Two programs initially tested on middle-class couples at any life stage were the Relationship Enhancement program and the Practical Application of Intimate Relationship Skills program (PAIRS).²³ Finally, one program, the Collaborative Divorce Project, attempted to help couples in the process of divorce resolve high-level conflicts in the interest of making life better for their children.²⁴

As table 1 shows, programs also vary in terms of curriculum content, with some restricting discussion to couples issues (communication, problem solving, emotional regulation, task sharing, commitment), while others address issues of individual well-being and mental health, effective parenting practices, patterns to be repeated or rejected from the family of origin, and pressures associated with having or losing jobs, dealing with social institutions, and coping with difficulties in relations with kin and friends. The programs also vary considerably in format. The Young Parenthood Program involves a series of meetings between a therapist or counselor and an individual couple (teenage African American parents-to-be).²⁵ The Collaborative Divorce Project uses a variety of large-group, small-group, and couple counseling formats. All other programs conduct their intervention in couples groups, capitalizing on the power of participants' discovering that they are "all in the same boat."

Programs also vary by the composition of the group. Groups range in size from four to five couples with two group leaders, to large classrooms of attendees. Group meetings in some programs resemble a teacher-centered classroom in which leaders teach skills (PREP workshops, Bringing Baby Home workshops,

Table 2. Couples Intervention Programs: Significant Outcomes Published to 2009

Program	Self-reported marital quality	Observed marital quality	Individual adjustment	Parent-child relationship quality	Life stress/social support	Children's outcomes
PREP	YES					
Becoming a Family	YES		NO	NO	NO	NO
Bringing Baby Home	YES	YES	YES	YES		YES
Family Foundations	YES	YES				
Becoming Parents	—	—	—	—		
Schoolchildren and Their Families	YES	YES	YES	YES	NO	YES
Relationship Enhancement (RE)	YES					
PAIRS	YES					
Collaborative Divorce	YES		YES	YES		YES
Young Parenthood Program	YES	YES	YES			
Building Strong Families	—	—	—	—	—	—
Supporting Healthy Marriage	—	—	—	—	—	—

Blank cells = domain not measured.

— = data not yet available.

PAIRS). Other programs (Becoming a Family, Schoolchildren and Their Families, Loving Couples Loving Children) have little in the way of leader-centered lectures. Instead, they present issues and exercises to be engaged in by the group, include an open-ended “check-in” during which participants bring their own issues to work on, and focus on group process and interaction as a way to provide safe support and to stimulate change. Finally, programs for couples vary in duration and intensity, ranging from one meeting (an all-day workshop) to sixteen weekly groups or classes, and from eight to forty-eight hours.

Box 1 offers a composite example of how the middle-class groups operate based on our own experience and on written materials from some of the interventions described in table 1. The box focuses on couple-relationship and communication issues, both of which are addressed in every intervention listed in the table. In programs that address other domains, the couples might return the

following week to discuss ways of fostering their goals as individuals, for example, or of reducing personal stress. Discussions of age-appropriate parenting and discipline are also included in some of the other programs listed in table 1. A few programs, including PAIRS, Becoming a Family, Schoolchildren and Their Families, Building Strong Families, and Supporting Healthy Marriage, address intergenerational issues. During discussions of couple and parenting issues, participants are encouraged to talk about what they are trying to do in their current family relationships about repeating or changing practices in their family of origin; some hope to repeat favorite family traditions, but many want to create very different relationships as couples or as parents.

Interventions for middle-class couples have paid little attention to the world outside the family. Only in the groups for low-income couples (see below) have some interventions begun to address how partners cope with

Box 1. Sample Workshop on Couple-Relationship Issues

It is 7 p.m. on a Thursday. A male and female group leader finish rearranging chairs in a community center meeting room. Eight couples straggle in, each bringing infants swaddled in blankets and placing them and their paraphernalia in car seats around the outside of the circle. (Groups for low-income couples might begin a little earlier, with food and child care for the older children). The couples form little knots of conversation; though none knew each other before the groups started, some are becoming friends. The leaders must become assertive before the couples finally take their seats.

The leaders invite the parents to check in about events during the past week. One couple talks about their arguments about how to deal with their baby crying in the middle of the night. She wants to pick her daughter up immediately; he fears “spoiling” her. Other couples in the group share similar differences. The leaders help the couples see that there is no single correct solution, but acknowledge that parents do have to find ways of resolving this issue—and probably not at 4 a.m. over the crib of a screaming baby.

The leaders ask how each couple dealt with last week’s “homework”—to spend half an hour together without talking about their new baby. Much laughter follows. Couples report strategies ranging from starting at baby’s nap time, to recruiting a babysitter or relative for half an hour so that they could walk outside to talk. Another suggests that group members could babysit for each other. One couple admits not being ready yet to trust anyone to look after their infant son. Others urge the couple to try it. The leaders ask the couples how they hear this advice in light of their own concerns.

The next, more structured, part of this evening focuses on couple communication. The leaders present a mini-lecture illustrating common speaker and listener skills, and then ask couples to practice while the leaders circulate. The couples then engage in an exercise that provokes more laughter but also some teachable moments. Each partner independently writes the answer to a set of questions about the other, such as: What is your partner’s favorite movie? Who is your partner’s least favorite relative? What is your partner’s greatest stress right now? These light and yet serious questions lead partners to discover that they don’t know some basic things about each other and that it may be worthwhile to ask rather than guess about the answers.

The leaders wrap up by stressing important points raised in the meeting and then suggest a new “homework” assignment—to commit to doing one thing over the next week to nurture their relationship. The couples share their ideas and chat with each other as they pack up.

stressors (unemployment, housing crises, immigration issues, illness, poverty) and potential sources of support (extended family, friends and colleagues, government and private agencies) that can mitigate the negative effects of stress-inducing external circumstances.

Couples Program Outcomes

All the interventions except PAIRS have been evaluated using a research design that assigns participants at random to intervention and control groups. Despite differences in curriculum, format, duration, and intensity, each couple-relationship program listed in tables 1 and 2 has shown some positive effects on the

participants, at least in the domains of the curriculum addressed in the meetings or classes.

All nine studies with published data noted a positive effect on marital satisfaction or quality as reported by the participants for periods ranging from a few months (PAIRS, RE) through one year (Bringing Baby Home), eighteen months (Young Parenthood Program), five years (PREP, Becoming a Family), and ten years (Schoolchildren and Their Families). In four of the studies listed in table 2, raters (who were not aware whether participants had been assigned to intervention or control groups) observed significantly less conflict and more

cooperation between partners in the intervention group than those in the control group after the intervention ended. Four of the five programs assessing parents' individual adjustment found significant effects of the intervention, usually on mothers' or fathers' symptoms of depression.

Three of four programs that assessed parent-child relationships reported significantly improved interaction. A new study of Bringing Baby Home using ongoing groups, rather than weekend workshops, reports "dramatically increased effects on parenting, and less negative ratings of child behavior, and better language development in toddlers from the twenty-four-session Cowan-type couples support group added to the workshop."²⁶ The Collaborative Divorce Project reported that compared with nonintervention controls, intensive group and couple-by-couple work with divorcing parents made significant differences in both parent-child relationships and children's problematic behaviors.

The Schoolchildren and Their Families study indicates that the content of the curriculum makes a difference to the outcomes. In that study, couples were randomly assigned to groups in which leaders emphasized either parenting issues or couples issues during the unstructured check-in segments of the sixteen-week sessions. In the groups that spent more time discussing parenting issues, parenting was more effective both one and two years after the intervention concluded, but couple relationships failed to improve. By contrast, couples in the groups that spent more time on couples issues not only fought less, but were significantly more effective at parenting. Children whose parents attended the parenting-emphasis groups showed fewer internalizing behavior problems both as they

Unwed couples in fragile families can benefit from father-involvement interventions, especially those that pay attention to the relationship between the father and mother of the child.

described themselves and as their kindergarten and first-grade teachers described them. Children whose parents attended groups emphasizing couple relationships had fewer externalizing problems and higher academic achievement than children in the control group. The effects of groups with both a parenting and couple-relationship emphasis in sixteen-week groups showed statistically significant gains in couple relationship quality and child outcomes ten years later as the children made the transition to high school.²⁷

In addition to looking at the field of marriage education program by program, study by study, researchers have recently attempted to provide quantitative analysis of the field as a whole. Meta-analyses aggregate data from many studies and examine mean differences between intervention and control samples or, as in the majority of cases with no randomized control condition, differences in participants before and after the intervention. Two of the most recent and comprehensive analyses of marital-education programs, with data primarily from middle-income married couples, have been reported by Alan Hawkins and his colleagues and by Victoria Blanchard and her colleagues.²⁸ The Hawkins analysis

examined 124 published and unpublished reports and found moderate-sized positive effects on participants' communication skills and relationship quality (mostly self-reports but some observations) both immediately after the conclusion of the intervention and in later follow-ups. The Blanchard report examined 97 of the same set of reports in a more detailed way. It found effects that were 50 percent larger six to seven months after the intervention than immediately after the intervention. These conclusions require some caveats. It is not clear how many of the studies included parents with children, and many of the studies used a relatively weak design without random assignment to control conditions. Furthermore, the studies were mostly of middle-class samples, and, as far as we can tell, did not include studies of interventions with fragile family couples because no such studies were available at the time the analyses were performed.

The few studies that have examined effects on aspects of family quality other than communication show that in middle-income samples, couple-relationship interventions improve mothers' and fathers' symptoms of depression and parenting style. From studies that describe correlations between risks and outcomes, one would expect to find that programs that have positive effects on individual and marital functioning would have positive effects on the children as well, but so far only Bringing Baby Home, the Collaborative Divorce Project, and Schoolchildren and Their Families have provided empirical support for this expectation.

Programs for Low-Income Couples

Evaluation results are not yet available from the largest-scale study of relationship skills programs for low-income couples. That study, Supporting Healthy Marriage (SHM),²⁹ is

funded by the federal Administration for Children and Families and administered by MDRC in collaboration with Abt Associates, Child Trends, Optimal Solutions Group, and Public Strategies Inc. Supporting Healthy Marriage has enrolled 6,300 low-income married couples in eight sites across the United States in a randomized clinical trial that compares the effects of four different intervention programs with a no-treatment control. The SHM sites are using versions of PREP, PAIRS, and Loving Couples Loving Children (adapted by John and Julie Gottman from Bringing Baby Home), all outlined in table 1 but modified for use with low-income families. Program adaptations for low-income couples have left the essential features of each program intact while varying the learning modalities and adding new content aimed at the particular stresses and circumstances of low-income couples with children. SHM has added a case manager for each family to help address a broad range of noncouple issues, such as housing, job seeking and job loss, and health and mental health, that could impede participation or undermine relationships and to coach couples on the relationship skills they are learning in the group workshops. The intensity of some of the earlier couples programs has been increased from the weekend workshop level to twenty-four to thirty-two hours over nine to fifteen weeks. Programs for low-income families rely much less on written material and more on exercises to stimulate discussion and insight. They also contain culturally relevant examples and video demonstrations for Latino and African American couples.

Programs for Fragile Families

We are aware of only two couple-focused programs for fragile families that include research evaluations—one is a pilot study and one has just released an initial impact

analysis. The first, the Young Parenthood Program, is targeted at unmarried African American teen couples, each of whom visits a therapist over a period of ten to twelve weeks.³⁰ Preliminary findings are that working with a therapist during the transition to parenthood significantly reduced intimate partner violence and increased both the quality of the couple relationship and the father's competence in collaborating with the mother on issues of co-parenting. The second program, Building Strong Families (BSF), is the only large-scale couples intervention specifically designed for fragile families.³¹ Conducted by Mathematica Policy Research, Inc., BSF enrolled more than 4,000 low-income unmarried couples about to make the transition to parenthood (though not necessarily a first baby). BSF interventions were distributed over eight sites, with a range of program models that overlap with those of the SHM project—Loving Couples Loving Children, Love's Cradle (adapted by Mary Ortwein and Bernard Guerney from his Relationship Enhancement approach),³² and Becoming Parents for low-income, low-literacy couples (adapted by Pamela Jordan from her own earlier Becoming Parents Program, which was based closely on the PREP intervention model).³³ Preliminary descriptions of the successes and obstacles to program implementation can be found on the website: www.buildingstrongfamilies.info. The BSF intervention groups are very similar, and in one site identical, to those mounted by SHM. Again, the process of the groups resembles a less open-ended version of the intervention described for middle-class couples in box 1. Some BSF sites integrated the relationship skills groups into an existing home-visiting program for new parents so that BSF participants were co-enrolled in both programs simultaneously.

A preliminary impacts report for the BSF evaluation was released in May 2010, with assessments fifteen months after couples entered the study. Overall, although the interventions resulted in more services being delivered to intervention participants than to controls, the interventions had no overall effect on couple status (getting married, staying together), couple relationship quality (ability to manage conflict, happiness, use of constructive and destructive conflict behaviors as rated by the partners), co-parenting quality, or father involvement. The subgroup and site-specific results, however, suggest that the effects of this type of program are likely to depend on how it is implemented or on the specific population being served, or both. One of the eight sites, Oklahoma, showed significant positive effects on most of these outcomes, and in all eight sites the intervention did help African American couples (not white or Hispanic couples). The Oklahoma program had higher attendance rates than most of the remaining BSF programs. Couples at that site reported attending group relationship workshops for eighteen more hours than control-group couples did, whereas couples at the remaining BSF sites reported spending only twelve hours more than control-group couples. The difference may not be attributable simply to the couples' absorbing the curriculum but to the fact that they were more strongly connected to the program and to each other. In contrast, the BSF site in Baltimore, which had a pattern of negative effects, served a population of couples who, on average, had more tenuous relationships with one another at the outset of the program and who attended relationship skills groups for only six more hours than the control-group parents.

Before we accept the conclusion that the BSF interventions do not work for fragile families,

we point to three caveats. First, the next assessment at thirty months will be important, especially since we know that sometimes interventions take time to integrate into family life. Second, the data analysts used an “intention to treat” strategy, in which all participants entering the intervention condition are included in the analysis even if they never attend the program. (The strategy is standard practice in intervention studies.) But of the more than 2,200 intervention participants, 45 percent did not have even one spouse attend one group meeting. It seems that it would be very difficult for the 55 percent of those who did attend to show a positive intervention effect, when combined with the non-attenders. Third, as in traditional large-scale public health interventions, the study planners did not obtain pre-intervention measures of everything they looked at as outcomes. But without such measures, it is impossible to determine how couples’ ability to benefit from the intervention depends on their characteristics at enrollment—in particular, the quality of their relationship.

The planners’ reasoning was that because a randomized design ensured the comparability of experimental and control participants at the beginning of the study, only post-intervention measures were needed to assess intervention impact. But without pre-intervention measures, it is impossible to determine whether couples who were able to learn what was taught improved most as a function of their intervention participation. Clearly researchers need to find out more about the characteristics of the participants who did benefit from the intervention, the characteristics of the Oklahoma program and its participants that made it successful, and the characteristics of the Baltimore program and its participants that raised extra challenges.

In sum, substantial evidence attests to the effectiveness of couple intervention programs for middle-income couples, at least in terms of couple relationship satisfaction, and, in several studies, of observed behavior between the partners. Although the small pilot study³⁴ and the larger BSF study suggest that African American couples benefit from an intervention offered to couples, initial results from the larger BSF study of groups for couples are not what the designers hoped. More analyses and longer-term follow-ups are necessary to elucidate these early results. The Supporting Father Involvement program, conducted within the framework of father involvement and described below, does provide evidence that a couples group intervention may have positive outcomes for low-income unmarried couples and their children.³⁵

Father-Involvement Programs

A father’s involvement in his children’s lives depends on a number of circumstances, the most obvious of which is legal status. In relation to the child’s mother, a father may be married, separated, divorced, or never married (with paternity established or not), and each category makes a difference to both opportunities and motivation to be involved with his child.³⁶ In relation to the child, a father can be a biological parent, step-parent, adoptive parent, or de facto father with no legal status. His involvement with the child may also vary depending on whether he is living with the child’s mother, in a romantic relationship with the mother, or living with the child. Research on father involvement suggests that demographic characteristics like race and ethnicity, socioeconomic status, and sex of the child also make a difference.³⁷ Researchers and service providers as yet have no systematic information about father-involvement interventions for men in each

of these categories, so there is little to guide them except some common-sense hypotheses about the extent to which interventions designed to enhance father involvement need to be tailored differently to fit men in each of these family circumstances. Our own hypothesis is that traditional interventions for fathers who are actively trying to communicate and cooperate with the child's mother are worth trying, but that a different approach would have to be created for men who have, for example, been violent with the mother or estranged from her for a long while. Tables 3 and 4 list and describe the characteristics and outcomes of father-involvement programs that have been evaluated.

Interventions for Fathers in Low-Income Fragile Families

Unlike interventions for couples, which were designed for middle-class couples, interventions to encourage father involvement were initially intended for unmarried noncustodial fathers, a large share of whom were African American or Hispanic. Father-involvement programs in low-income families, however, have evolved significantly. The original programs were directed at men long separated from their children and were largely focused on increasing child support through job skills training. The next phase of programs, which were more successful at affecting multiple realms of fathers' involvement, provided ongoing intensive groups for fathers and focused on family relationships. A more recent program has targeted couples and has encompassed all five domains of family life in which risk and protective factors affect the quality of their interactions with their children; this program has shown promising effects.

As table 3 shows, the Young Unwed Fathers Project provided job training for young fathers separated from their families and

attempted to persuade men to acknowledge paternity as a way to heighten their motivation for making child support payments.³⁸ The Partners for Fragile Families project recruited men who were no longer in a relationship with the mothers but were still in contact with them.³⁹ Using group meetings and individual mentoring, both projects tried to help men make connections with social support institutions that would buttress their fatherhood roles. Neither program produced measurable gains in fathers' direct involvement with their children, although Partners for Fragile Families did produce some increases in child support payments.

The Parents' Fair Share intervention was the first study of father involvement to use a random-assignment design to assign participants to intervention and control conditions.⁴⁰ It included case managers, peer-support sessions using a structured curriculum led by trained facilitators, employment training in the form of job-search assistance, and an administrative intervention that temporarily lowered child support orders. It also offered fathers the option of participating in mediation services with the child's mother. The program documented some successes: fathers in the program increased the amount of child support they paid, whereas fathers in the control group did not. Other modest benefits were shown by the least advantaged, least involved men: participants in the program group showed increased earnings and increased hands-on involvement with their children. Program evaluators also drew two important qualitative conclusions. First, despite negative stereotypes about low-income noncustodial fathers physically separated from their children for long periods, roughly one-third of the control fathers who had been separated from their children for more than three years saw them at least once a week and contributed

Table 3. Characteristics of Selected Father-Involvement Intervention Programs

Program	Population served	Focus of program model	Format	Frequency and duration	Background of group leaders	Assessments
*Young Unwed Fathers Project	Low-income non-custodial fathers under age 25	Job training, acknowledging paternity, child support payment	Individual and group meetings	Over 18 months	Not reported.	Mainly qualitative reports
*Parents' Fair Share	Low-income noncustodial fathers	Employment, peer support, father-involvement child support	Individual and group meetings	Variable	Trained leaders	Extensive survey data
*Partners for Fragile Families	Low-income non-custodial fathers age 16 to 25 still in contact with the biological mother	Establishing connections with men and agencies	Individual and group meetings, agency collaboration	Variable	Trained facilitators, job training staff	Mainly qualitative interviews, demographic data
*Prebirth Co-Parenting Program (Fagan)	Headstart African American and Hispanic fathers	Parenting, co-parenting	Groups of fathers	Five 90-minute sessions (total of 7.5 hours)	Social worker, nurse	Prepartum, 3 months postpartum
*Fathers and Sons Intervention Program (Caldwell)	African American fathers and their 8- to 12-year-old sons	Parenting, social networks	Groups of fathers and sons, psychoeducation	Fifteen 2-hour or 3-hour meetings plus 13 hours homework (total of 45 hours)	"Community facilitators"	Pretest, immediate posttest
*Supporting Father Involvement (SFI) (Cowan, Cowan, Pruett, & Pruett)	Low-income Mexican American and European American families	Individual, couple, parent-child, generational patterns, life stress and social support	Groups of 4–10 couples, open-ended discussion followed by specified agenda with exercises, games, etc., case manager	Sixteen 2-hour sessions (total of 32 hours)	License-eligible and licensed mental health professionals	Pretest, 2 months posttest, 13 months posttest
Marriage Moments (Hawkins)	Middle-class couples having a child	Couple, parenting	Videos and workbooks added to a home-visiting program	Self-administered	Trained home visitor	Pretest at 3 months postpartum, posttests at 4 and 9 months postpartum
Parenting Together (Doherty)	Middle-class couples having a child	Parenting, couple, individual	Couples groups, psychoeducation	Home visit plus 4 couples group meetings prepartum and 4 meetings postpartum (total of 10 hours)	Faculty and graduate students	Pretest, 5 months posttest
Dads for Life (Braver)	Middle-class fathers within 4–7 months of divorce		Groups of fathers, psychoeducation	Eight 2-hour sessions (total of 16 hours)	Faculty and graduate students	Pretest, posttests 3 months, 7 months, and 15 months later

*Primarily low-income with a substantial proportion of fragile families.

financially to their support, although not always as much as required by the support order. Second, including the custodial mothers in a father-involvement intervention is essential, a point to which we return.

More recent attempts to foster unmarried men's involvement with their children have used ongoing groups to focus on family

relationships. The Prebirth Co-Parenting program⁴¹ randomly assigned men to a five-session group program modeled on the Minnesota Early Learning Design (MELD) approach⁴² or to a control group consisting of a five-session prenatal class emphasizing birth preparation. The MELD program emphasized the development of supportive co-parenting and the importance of fathers

Table 4. Father-Involvement Programs: Significant Outcomes Published to 2009

Program	Child support	Father involvement	Parent-child relationship quality	Individual adjustment	Couple relationship quality	Child outcome
Young Unwed Fathers Project	YES					
Parents' Fair Share	YES	Only for a subgroup			Negative change (increased conflict)	YES
Partners for Fragile Families	YES					
Prebirth Co-Parenting Program		YES			YES	
Fathers and Sons Intervention Program		YES	YES			NO
Supporting Father Involvement (SFI)	YES (according to mothers)	YES	YES	YES (short term)	YES (for couples groups)	YES
Marriage Moments		YES			NO	
Parenting Together		YES	YES	YES		
Dads for Life		YES	YES		YES	

Blank cells = domain not measured.

becoming involved with their infants. All the couples were unmarried, and about half the fathers were cohabiting with the mothers. Compared with the fathers in the control prenatal classes, the young fathers in the Prebirth Co-Parenting intervention showed stronger co-parenting behavior with the mother and greater involvement with their infants, according to assessments by both fathers and mothers.

The Fathers and Sons Intervention was developed from principles based on a review of research on risk factors in the target population—African American biological, nonresident fathers and their eight- to twelve-year-old sons.⁴³ Participants in the intervention groups were compared before and immediately after the intervention with fathers and sons in a nonrandom comparison group from a nearby community. The intervention groups showed positive effects on a number of identified risk and protective factors—parental monitoring, communication about sex, fathers' intentions to

communicate, race-related socialization practices, and fathers' satisfaction with their parenting skills.⁴⁴ The findings were among the strongest we have seen for nonresident fathers. Significantly, the intervention was one of the longest-lasting (forty-five hours) in our survey of intervention programs.

Married and Divorced Fathers in Middle-Income Families

Father-involvement interventions for middle- and high-income families, created in university settings rather than social agency settings, emerged later than those for low-income families, and many fewer are described in the research literature. Not surprisingly, the interventions for middle-class fathers were focused not on enhancing men's social capital, but rather on dealing directly with family relationships. We exclude "parenting programs" from this review because most have not been evaluated and because even when they encourage fathers to participate, they are for the most part attended only by mothers. For example, a recent issue of the *Future*

of Children describes many interventions for parents who maltreat their children, but none of the interventions directly addresses either couple relationships or father involvement.⁴⁵

Dads for Life was directed primarily to middle-income divorced men.⁴⁶ The eight-session curriculum, administered by clinically trained leaders and attended by fathers, was focused heavily on a cognitive-behavioral approach to managing men's anger and helping them to reduce conflict with their children and ex-wives. The program had positive effects on the quality of divorced fathers' relationships with their children and ex-wives—outcomes that could perhaps have had benefits for the children, but the study did not assess such benefits.

Although the intended goal of all the interventions was to increase father involvement, two programs included both parents. The Marriage Moments program tested the effect of adding videos and workbooks to a post-birth home-visiting program in hopes of increasing both marital quality and men's involvement in the care of their infants.⁴⁷ Mothers reported increases in men's involvement, but the program did not produce the desired increase in the couple's satisfaction with their own relationship. The authors suggested that a group format rather than a couple-by-couple at-home format might have had stronger effects on both the couple and father-child relationships.

The Parenting Together program used couples groups with a focus on involving fathers more positively and directly in their children's lives.⁴⁸ Couples were randomly offered participation in a second-trimester home visit and four group meetings before and four after the birth of a first child, or a no-treatment condition. At five months

postpartum, participation in couples groups produced a positive effect on fathers' self-worth and on emotional support, intrusiveness, and dyadic synchrony with their infants (Parenting Together was one of the few studies to use observations of parent-child interaction). Fathers in the couples groups were more directly involved with their infants after they came home from work than fathers in the control condition.

A New Couples Group Approach to Father Involvement

A new study attempts to pull together the intervention strands we have been describing, with a combination of couple-relationship and father-involvement interventions for both married and unmarried couples. The Supporting Father Involvement (SFI) project recruited 300 primarily low-income couples with babies or young children from four California counties.⁴⁹ Approximately two-thirds of the couples were married and one-third were unmarried (fragile families).

Based on two earlier interventions for middle-income couples (Becoming a Family, Schoolchildren and Their Families), the study had two unique design features. First, it compared the effect of a fathers group that met weekly for sixteen weeks and was led by clinically trained co-leaders, with a sixteen-week couples group with the same curriculum and leaders. Both interventions were compared with a control condition consisting of a single informational meeting in which the staff leaders discussed the importance of fathers to their children's development. One-third of the families were white and two-thirds were Latino (primarily Mexican American). A second design feature was that, unlike interventions for middle-income families, each family in both the intervention groups and in the control group was also

offered a case manager to follow up and refer the family for additional services as needed.

The positive impact of the Supporting Father Involvement intervention could be seen in several family domains. Although mothers and fathers in the control group evaluated the single meeting very positively, the data showed no positive effects at follow-up. In fact, for most, family life was getting worse over an eighteen-month assessment period. Relationship satisfaction and father involvement declined, and parents described more problem behaviors on the part of their children over time. By contrast, men in the sixteen-week fathers groups became significantly more involved in care of their youngest child. In addition, neither the fathers nor the mothers described a significant increase in their children's problematic behavior over the eighteen months of the study. Even so, as with the parents in the control condition, the

relationship satisfaction of parents in the fathers groups declined significantly over time. By contrast, parents in the sixteen-week couples groups also reported increased father involvement and no increase in the problematic behaviors in their children, but they also reported additional benefits: in contrast to both control and fathers group participants, their relationship quality and satisfaction as a couple remained stable over eighteen months, and their parenting stress declined.

In sum, in the SFI study, both fathers and couples group intervention formats improved fathers' involvement with their children, but the couples groups had added benefits for maintaining couple-relationship quality and reducing parenting stress. All of these changes, as noted, represent effects on family risk factors that are associated with negative outcomes for children. In the context of fragile families, the study produced two

Box 2. Participant Interview and Leader Assessment toward the End of a Sixteen-Week Couple-Relationship Group

Interview

Mother: We were in a couples group with a prime focus on parenting. The group keeps my interest because of the hands-on experiences that help us think about how to interact with each other and our child.

Father: In our group there's room for our own ideas and to think about what works best between us and with our child. Other couples bring their own personalities and styles—and the group leaders keep a sense of humor with it all—and we learn from that too.

Mother: These conversations helped me realize when to step in with issues with our daughter and when to listen and just be there. I've also noticed that, though he's always been a good father to her, now I see him wait sometimes to think before he steps in with her. It's made a real difference.

Leader's Assessment

One couple came to us with lots of issues, including his alcohol use, his anger, their inability to secure jobs, financial problems, communication issues within their marriage, and conflict with their daughter. Initially it appeared that the father had so much anger that it would be hard to control it in a group setting, but what we quickly learned was that he needed space to let out some of this frustration to deal with the everyday problems they were facing. The mom was very soft-spoken, but I felt that she understood her husband and knew what he needed and that her hope was that this group would provide that help. Fortunately it did. By the end of the group their marriage was stronger, and they were working as a team to deal with some of their daughter's issues. They were actively seeking employment throughout the group process. Before group ended she did find a job, and he was genuinely happy and supportive. It is clear from follow-up interviews with them that they have used some of the tools from the group and that they have a lot more hope and positive energy.

notable additional findings: the intervention effects were not significantly different for couples who were married or unmarried when they entered the study, and the effects did not differ by race or ethnicity. That is, a format that involves either couples or fathers working with clinically trained co-leaders can benefit both white and nonwhite fragile families with positive effects on mothers, fathers, and their children. Some qualitative comments from the participants and group leaders (see box 2) convey a little of what happened in the groups to produce the positive outcomes described by the quantitative data. A second trial of the SFI intervention for African Americans, primarily fragile families, is in progress now. Preliminary data reveal similar positive effects.

We are not suggesting that psychological interventions for fathers and couples are sufficient to produce widespread changes in father involvement. Barriers to father involvement are pervasive and often are not under the control of the participants or the intervenors. Elsewhere, the developers of the SFI intervention describe how men are struggling against culturally supported gender role stereotypes, government child support programs, workplace policies, the lack of father-friendliness in family service agencies, and the continuing tendency of social science researchers to include only mothers in family studies.⁵⁰ Without significant change in these social institutions, family-based interventions to support father involvement will find it difficult to move forward.

Conclusions

There is little doubt that groups that meet regularly over a period of time or classes for middle-class couples can help prevent the slide in marital quality that typically accompanies the early family-making years. The

jury is still out on whether similar interventions will be successful for low-income married couples or for fragile families and their children, although the results of the Supporting Father Involvement intervention show that both low-income married couples and fragile families can benefit from couples groups. Reasons why this program and one of the eight sites of the Building Strong Families program showed positive outcomes for couples and father involvement require further explanation. It is certainly important to know more about how to support couples who sign up for the intervention and actually participate consistently in the program.

Recent research has shown that low-income married couples and unwed couples in fragile families can benefit from father-involvement interventions, especially those that pay attention to the relationship between the father and mother of the child. Researchers and service providers would do well, however, to consider whether the unmarried couple is living together or not, is romantically involved or not, or has separated physically and emotionally. Given the findings of existing father-involvement interventions with families described as fragile when the baby is born, our own tentative hypothesis at this point is that altering patterns of involvement for longtime separated, nonresident unmarried fathers will be extremely difficult and that it will be much more feasible to alter these patterns while the fathers are still in the home and in ongoing relationships with the mothers. This observation is consistent with the argument advanced by the Fragile Families project that the transition to parenthood (or a few years beyond, according to the Supporting Father Involvement findings) might be optimal times to help these families become less fragile.

We stress the fact that Supporting Father Involvement recruited participants who entered the program committed to co-parenting at least one young child together; both were the biological parents of the child, and 95 percent of the parents were living together at the study's start. There is no evidence that this intervention could be helpful for fragile families when couples are not committed to pursuing a relationship. We need to look elsewhere for programs to increase positive father involvement in fragile families with couple and parent-child relationships that have ended.

Investing in Interventions for Couples and Fathers

A number of unanswered questions about couple and fatherhood interventions concern issues of effectiveness and cost. Each of the projects we have reviewed has tested the effect of its intervention against some version of a no-treatment or low-dose control condition. Little information is available, as yet, about whether variations in curriculum content, leader training, format (didactic versus interactive), and dosage (optimal length of the intervention) might affect participants. Nor do researchers yet know whether specific intervention variations might have stronger effects for different subgroups of participants (for example, married or unmarried couples with different levels of psychological or economic distress). And, finally, the couples in studies so far have been white, African American, and Hispanic. It remains to be seen whether other ethnic or cultural groups with different norms concerning gender roles in the family and different attitudes about participating in family services can benefit from existing intervention programs or whether substantial modifications might be needed.

Most of these questions are directly relevant to issues of cost, which are critically important at a time when government funding of social programs is in crisis, but so far no per-family cost estimates have been published. Almost all the intervention programs described here (both those that have been completed and those that are in progress) have used well-trained intervenors who provide a complex set of services delivered over a long period of time. Establishing, for example, that certain interventions now requiring thirty-two hours of participation could be effective with sixteen hours instead, or with leaders requiring less training, would go a long way toward reducing costs. Reducing costs from what? Again, except for the Building Strong Families program, no data on costs have yet been published. Beyond demonstrating the effectiveness of interventions compared with controls, researchers must produce detailed information on costs and benefits. Such data will be essential to decisions about widespread adoption of couple relationship and fatherhood programs by both government and private family service delivery systems.

Integrating Couple-Relationship and Father-Involvement Perspectives

The couple-relationship and fatherhood-intervention fields emerged independently, with the curricula of the former focused primarily on couple communication and the latter focused on the father's role as a provider. The comparison of couple-focused and parenting-focused couples groups in the Schoolchildren and Their Families project suggests that a curriculum emphasis on issues between the parents in a couples group affects both couple and parent-child relationships, while a parenting focus fails to improve couple relationships. Furthermore, in comparison with a fathers' group for

low-income parents in the Supporting Father Involvement project, couples' groups with the same staff and curriculum had similar effects on father involvement and children's problem behavior, but, in addition, reduced parenting stress and maintained the partners' satisfaction with their relationship as a couple. As noted, these findings hold for cohabiting fragile families participating in the Supporting Father Involvement study and buttress the argument that if the well-being of children is a primary concern, more attention to all of the relationships in the family might offer the most benefits for the adults and the children.

We are not recommending that fathers-only interventions be eliminated from efforts to foster the involvement of fathers in the lives

of their children. We know that the longer a father has lived apart from his children and the longer his relationship with the mother has been severed, the less likely the two partners are to work together to establish a more amicable, effective co-parenting partnership and, thus, the more likely it is that targeting solely fathers in groups will be helpful. Our hope for the future is not to have all fathers attempting to work out new co-parenting relationships with the mothers of their children, but rather to make certain that intervention programs consider the state of the couple relationship in all varieties of fragile families, because regardless of whether parents are living together or apart, the quality of that relationship affects all members of the family.

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