Early Parent Interventions for Fragile Families

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Abstract

Births to unmarried parents are on the rise in the United States, yet parent education programs tend to be designed primarily for married parents. Unmarried parents who are low income, poorly educated, and display a high degree of recoupling after the birth of their first child are referred to as Fragile Families. The Fragile Families and Child Wellbeing Study provided data to current researchers in a population previously considered difficult to study. At special interest in this literature review is the period in which Fragile Families transition to first time parenthood. This paper identifies risk factors for Fragile Families and possible interventions to lengthen the time of parent involvement with the child in the event the parental relationship dissolves and new families form. A convergence of traditional transition to parenthood literature along with the Fragile Families and Child Wellbeing Study provides insight into possible interventions for this marginalized population.

Key words: Unmarried parents, co-parenting, Fragile Families, transition to parenthood, interventions for new parents.
This paper is dedicated to Jim for his forty plus years of encouragement and partnership. Also, to my children who said, “yes, you can!” And, to the grandchildren who provide balance to my life with play, family activities and the hope of leaving a legacy of social interest.
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Early Parent Interventions for Fragile Families

In the 1970s, approximately 11% of births in the United States occurred outside of a marital contact (McHale, Waller & Pearson, 2012). Research over the last three decades indicates a trend of steady growth in children born to unmarried couples. In fact, data from 2013 indicated 40.6% of births in the United States occurred among unmarried couples (Hamilton, et al., 2014). Furthermore, the statistics suggest non-marital childbearing is common among all races, with minority populations proportionally higher. National Vital Statistics reported 75% of black children born in 2013 were to unmarried women. The report indicated 53% of Hispanic women gave birth outside of marriage, while 27% of births occurred in unmarried Caucasian women (Hamilton, et al., 2014). Non-marital childbirth in the United States is highest among teenaged women. In 2013, 99% of births to women age 15 and under were to non-marital unions. In women 15-19 years of age, 89% gave birth outside of marriage. In women ages 20-24, the percentage of children born to non-marital unions was 65%, compared with 21% for women ages 25-29 (Child Trends Databank, 2014)

Correlations: The Rise in Unmarried Families and the Decline in Marriage

The Pew Research Center (2010) conducted a study to determine correlations between the decline in marriage and the rise in unmarried families. Pew Research indicated that American marriage patterns are changing (2010). In 1960, 72% of Americans were married. In 2008, the rate of marriage fell to 52% (2010). One important finding was that Americans are changing their attitudes about marriage. Pew Researchers (2010) asked which of the following statements came closer to respondents own opinions: “Society is better off if people make marriage and having children a priority, or society is just as well off if people have priorities other than marriage and children.” Among the adult respondents, 46% said society was “Better off if people
made marriage and having children a priority” and 50% chose to agree with the statement, “Society is just as well off if people have priorities other than marriage and children.” Pew Researchers (2010) compared their study to one conducted by Time magazine in 1978. In the 1978 study by Time, 28% of those polled agreed that the institution of marriage was obsolete. The 2010 Pew Research Center Report indicated 39% of respondents viewed marriage as obsolete, with marriage no longer a prerequisite to parenthood. In addition, current estimates of divorce indicate that about half of first marriages end in divorce, statistics which researchers Goodwin, Mosher and Chandra (2010) found discouraged some couples from marriage.

Six in ten (61%) of men and women who never married said they would someday like to marry (Cohn, 2014). Only 12% said they never want to marry and 27% responded as “unsure.” Even though 61% of respondents said they would like to marry someday, those respondents said they are delaying marriage. In 2011, median age at first marriage was age 29 for men and 27 for women. In addition, half of respondents did not think there was any difference between being married or single in the ease of having a fulfilling sex life, becoming financial secure, finding happiness or advancing in the workplace (Cohn, 2014).

Furthermore, Cohn, a senior writer for the Pew Research Center, examined newlyweds by educational level and found almost the entire increase of newlyweds in 2013 (87%) occurred among college-educated couples (2014). Marriage rates are highly correlated to education, with 64% of college graduates marrying.

In addition, Sawhill, Thomas and Monea (2010) researched reasons teenaged mothers do not marry. They discovered a lack of positive alternatives to motherhood as one explanation. “As already noted, their life prospects are so constrained by their family background and their poor schooling that becoming an unmarried mother may do little to diminish them” (Sawhill, Thomas
Furthermore, Anderson argued that unmarried childbearing is correlated to a “mating game” in which uncommitted young men take advantage of young women’s hopes for marriage and family in order to gain sexual favors (Anderson, 1989). In addition, there may be a sense of fatalism about pregnancy as 44% of the mothers and 38% of the fathers believe regardless of birth control methods, if it is “Their Time” to get pregnant, they will (Sawhill, et al., 2010).

Fragile Families and Child Wellbeing Study

In response to the growing trend toward unmarried families in the United States, Princeton and Columbia Universities, in conjunction with the National Center for Children and Families, launched the Fragile Families and Child Wellbeing Study (FFCWS) in 1998 (Brown, 2014). Researchers coined the phrase Fragile Families (FF) to describe unmarried, low income and ethnic minority families (Donahue, Garfinkel, Haskins, McClanahan & Mincy, 2010).

Unmarried parents and their children are referred to as “Fragile Families” to emphasize that they are at greater risk of family dissolution and more likely to live in continued poverty than married, low income and minority families (McLanahan, 2011). Fragile Families are referred to as “families” because of their biological ties and “fragile” because of their risk of family dissolution and poor child outcomes. Compared to low income, low educated married families their unions are more likely to dissolve. Unmarried couples are more likely to break up and have children in multiple unions than couples who bear children in marriage (Tach, Mincy, & Edin 2010).


Five years following birth, unmarried mothers experienced low-income growth and
reported worse physical health than married mothers. Unmarried mothers also reported more mental health problems, particularly those who had ended their relationship with the baby’s father (McLanahan, 2011a).

Furthermore, key pathways in building strong families such as parental resources, parental mental health, parental relationship quality; parent involvement and continued father involvement are rated as low within FF (Waldfogel, Craigie, & Brooks-Gunn, 2010). In addition, FF are more likely to suffer from substance abuse, be incarcerated and disproportionately be African American and Hispanic (McLanahan, 2011a).

The FFCWS was designed to follow a cohort of 5,000 children born in U.S. cities between 1998 and 2000. Researchers interviewed both mothers and fathers after the birth of their children and again when the child was one, three, and nine years old. The parent interviews collected information on attitudes, relationships, parenting behavior, physical and mental health, economic wellbeing, and employment status and program participation. Of the children studied, there was an oversample of 3,600 children born to unmarried families (McLanahan & Garfinkel, 2000).

The Fragile Families dataset is a large sample of participants from 20 large US cities who are low-income, ethnic groups, often viewed as difficult to recruit for studies (Reichman, Teitler, Garfinkel & McLanahan, 2001). Such a large cross-cultural sample increased the statistical power necessary for analysis. In addition, the study divided researchers who recruited and collected the data from those who analyzed the data. The large national sample increased the ability to generalize findings of the data concerning urban parents (Gee, McNerney, Reiter, & Leaman, 2007). Since 2010, the release of data from the study has fueled research projects based on the findings of the study. The study was completed in four phases and has recently been
funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development organization for a fifteen-year follow-up phase (McLanahan, 2011b). The overarching goals of the original research sought to address four questions of interest to researchers and policy makers.

1) What are the conditions and capabilities of unmarried parents, especially fathers?
2) What is the nature of the relationships between unmarried parents?
3) How do children born to these families fare?
4) How do policies and environmental conditions affect families and children? (McLanahan, Garfinkel, Mincy, & Donahue, 2010, p. 5).

Limitations to the study included rates of attrition, limited comments from one parent (usually mothers) due to couple dissolution, and the wide scope of topics researched. At the five-year mark, the study reported a 16% attrition rate for mothers and a 19% attrition rate for fathers (Carlson & Hognas, 2011). Rates of participation fell at the five-year mark among racial minorities as well as participants who reported the lowest incomes (Carlson, et al., 2011). Attrition rates were due to an inability to locate one or both biological parents, refusal of one or both parents to continue participation in the study, or ineligibility due to the death of a biological parent or formal adoption of the child (McLanahan, et al., 2008). In addition, the study relied heavily on the comments of mothers who provide only one perspective on the co-parent relationship. The study covered a broad range of topics, which tended to limit the details a specific target topic study may provide (Carlson & Hognas, 2011).

In addition, the study raises questions about, the burden on the government to provide programs designed to meet family system needs, and how those needs will adversely affect taxpayers (Sawhill, et al., 2010). Fragile Families are more likely to depend on government aid
in the form of food stamps, benefits from the Women, Infant and Children (WIC) nutrition program, Medicaid, housing assistance and the Earned Income Tax Credit (Sawhill, et al., 2010).

The FFCWS revealed two important findings relevant to this literature review. First, around the time of the child’s birth, most fathers are romantically involved with the mother of their child and second, both couple and father-child relationships tend to dissolve over time (Cowan, Cowan, & Knox, 2010). In their study, McLanahan and Beck (2010) discussed a number of predictors of poor relationship quality leading to the dissolution of fragile families:

- Low economic resources, government policies that discourage marriage, gender distrust and acceptance of single motherhood, sex ratios that favor men, children from previous unions, and psychological factors make it difficult for parents to maintain healthy relationships. No single factor appears to have a dominant effect (pg. 1).

Therefore, researchers, policy makers and mental health workers might benefit in examining the etiology of changes in family structure and consider long-term child outcomes.

**Changing Family Structure**

With the rise in unmarried families, the structure of the family is changing, calling for the creation of new methods and perhaps even new institutions to help parents learn to co-parent their children when unmarried (Florsheim & Hawkins, 2014).

The Fragile Families and Child Wellbeing Study (FFCWS) highlights the impact of the economy on the structure of the family, suggesting the economy and the family is mutually reactive and influential (Hill, 2012). Ideologies, politics, inequalities of social class, race, ethnicity, and gender are factors that may impact structural changes to the family (Hill, 2012).

The information gathered in the Fragile Families and Child Wellbeing Study (FFCWS) (McLanahan & Beck, 2010) provided data on mothers’ cohabitation and the frequency of
multipartnered fertility and recoupling. Multipartner Fertility is defined as a parent’s experience of having biological children with more than one partner during his or her lifetime (Fomby & Osborne, 2013).

The data revealed more than 60% of unmarried parents end their relationship after the birth of their first child (2010). Moreover, the data reported only 35% of unmarried couples are still living together 5 years after the birth of their first child (2010). Less than half of the 35% of parents remaining together eventually marry. Furthermore, 40% of all unmarried mothers form a new partnership within the child’s first five years and 14% have a child with the new partner once the relationship with the baby’s father ends (McLanahan & Beck, 2010).

Multipartner fertility results in a family structure that is more triadic than dyadic in nature, which is exponentially more dynamic in nature than a traditional family triad (McHale, 2007). Minuchin stressed the nature of family relationships in their influence of each other and individual outcomes. Family relationships, dynamic in nature, exist as mother-father, parent-child and sibling-sibling relationships. Didactic and triadic relationships affect one other and the family system as a whole (Minuchin, 1974). The difficulty is that programs developed for parenting within marriage assume a simple dyad while fragile families are more likely to be in a much more complex, triadic family system. Interventions considering the complexity of co-parenting from a triangular family process will have a greater impact on today’s changing families (McHale, et al., 2012).

As the structure of the family changes, a child may experience multiple family systems as multi-partnered fertility occurs within the child’s family system (Carlson & Hognas, 2011). From the perspective of the child, a parent’s multipartnered fertility introduces half-siblings into the child’s family, regardless of whether those half-siblings share the child’s household (Fomby &
Cherlin, 2007). For unmarried families, new cohabitations with multiple partners brings a period of adjustment as parents, partners and children find new ways of belonging in the family system (Fomby & Cherlin, 2007). Consider the following statement:

Studies have shown that family structure at birth is highly predictive of family instability, affirming that cohabiting couples experience the most instability, followed by single-parent families, and then traditional two-parent families (Waldfogel, Craigie, & Brooks-Gunn, 2010, p. 91).

*Family stability* refers to whether children grow up with the same parent(s) that were present at their birth, (Waldfogel, et al., 2010) while *family instability* is defined as repeated change in a child’s family structure, and is usually measured by the number of entrances and exits by a biological parent’s romantic partner(s) or spouse(s) into or out of a child’s household (Fomby & Osborne, 2014). Tach and Associates (2010) researched FF and found that 78 % of children were in unstable or complex family relationships by age five (Tach, Edin & McLanahan, 2010). Family instability is known to reduce children’s cognitive tests scores and decrease physical health (Brown, 2002; Carlson & Corcoran, 2001; Bzostek & Beck, 2008; Harknett, 2005).

Tach and Associates (2010) report father involvement drops after relationships with unmarried parents terminate. When unmarried parents dissolve their relationship, the mother often recouples with another man and the father gives over his role to the new father figure in the life of his child (Edin, Tach, & Mincy, 2010). The opportunity for co-parenting ends because the romantic relationship is over and one partner opts out of the relationship with not only the other parent, but also the child (Tach, et al., 2010). Nonresident fathers report less influence than
divorced fathers in decision-making and parental involvement concerning their child (Insabella, William, and & Pruitt, 2003).

Social Stress Theory (George, Markides & Cooper, 1989; Holmes & Rahle, 1967; Osborne & McLanahan, 2007) indicates changes in family structure are accompanied by changes in economic, time, and parental resources. Such changes place stress on family systems and thus adversely affect child outcomes (Amato, 2000: Osborne & McLanahan, 2007). In fact, Craigie, Brooks-Gun and Waldfogel (2014) wrote of the impact of multiple partners on the family system. They discovered it is not necessarily family structure but the instability of multiple parental partners, which negatively affect child outcomes (Craigie, et al., 2014). Families may face instability in housing as well as a change in the household rules as new family constellations develop and parents recouple with new partners. Moreover, as partners move in and out of new relationships, resources may become limited. For example, reductions in resources of time and income occur as a family moves from two contributing adults to one parent (Craigie, et al., 2014).

**Exclusions**

Although there is a marked rise in unmarried families, (McLanahan, 2010) most transition to parenthood studies excluded young, low income, ethnic unmarried families (Belsky & Kelly, 1994; Cowan & Cowan, 1988; Deave, Johnson, & Ingram, 2008). Research concentrated on the “low hanging fruit,” or those couples easily accessible to researchers for study. “Most state and national family policies and programs were conceived to serve the needs of married or previously married parents and their children, that is, families who tend to be more advantaged than unmarried parents” (McHale, Waller & Pearson, 2012, p. 285).
Therefore, current co-parenting programs and their interventions do not meet the parental educational needs of fragile families. Furthermore, research regarding the needs of fragile families lags far behind the considerable need.

Because the transition to parenthood is difficult, interventions have been developed, mostly in the form of Couple Relationship Education (CRE). Most CRE programs are designed to meet the needs of middle and upper class white families. However, research demonstrated the couples most likely to benefit from CRE are high risk, Fragile Families (Petch, Halford, Creedy, & Gamble, 2012).

**Magic Moment**

In the past, data on unwed parents (especially fathers) and their children was difficult to obtain, however, FFCWS researchers discovered a “magic moment” following a child’s birth in which unwed fathers are present and willing to be interviewed (Cowan, & Cowan, 2010). For unmarried as well as married couples, the “magic moment” (Cowen, et al., 2010) is the time immediately following the birth when the couple is most open to improving the quality and stability of their relationship. A study by Reichman, Teitler, Garfinkel & McLanahan (2001) capitalized on the “magic moment,” by collecting data on approximately 4,700 births (3,600 non-marital, 1,100 marital) in 75 hospitals in 20 large U.S. cities. The data sample was the largest gathering of information to date on unmarried fathers (Reichman, et al., 2001). In nearly all of the cities, 75% of unwed fathers were interviewed. Since a link exists between parental relationship quality and effective parenting, what sort of parenting intervention in the “magic moment” is most effective for fragile families?

The Fair Share Program (FSP), a program developed to involve low-income unmarried fathers in the lives of their children, reported limited success in continued father engagement
EARLY PARENT INTERVENTIONS

(McLanahan, Garfinkel, & Mincy, 2001). Research findings attributed the limited success of the program to instituting interventions too late (McHale, et al., 2012). In fact, the FSP found the “magic moment” of birth to be of great importance in motivating fathers to stay involved with their children (McLanahan, et al., 2001). Adler-Baeder and Shirer (2011) support the FSP findings. They state, “Intervention efforts to promote cooperation and connection between co-parents may hence be wisest during the prenatal and early postnatal period” (Adler-Baeder & Shirer, 2011, p. 192). Furthermore, Feinberg (2002) indicated because of the strain associated with the transition to parenthood, the family is most open to change during the early postnatal period.

Moreover, during the prenatal period and early postnatal period, FFCWS data indicated over 80% of fathers supported the mother financially during pregnancy and over 70% visited at the hospital (McLanahan, 2011b). The fathers in the study allowed the use of their last name on the birth certificate 79% of the time and 84% included their name on the child’s birth certificate claiming paternity (McLanahan, 2001). At the time of birth, most fathers reported a desire to help raise their child (McLanahan & Beck, 2011).

In fact, a large proportion of unmarried parents are in relationships that resemble marriage at the time of the child’s birth. Half of the couples were living together, with another 32% reporting romantic involvement (McLanahan, 2011b). Data indicated the romantic involvement at the time of birth was similar for Hispanics, Caucasians, and Blacks. At birth, most parents are optimistic about their future together and report relatively high levels of relationship quality. Moreover, 91% of mothers who cohabitate with the baby’s father believe their chances of eventually marrying the father of the child are “fifty-fifty or better” (McLanahan & Beck, 2011, p. 18).
One of the most surprising results of the FFCWS was that most unmarried fathers reported involvement after the birth of the child, with only 10% reporting little or no contact with the baby (McLanahan, 2011b).

A study by Cabrera, Fagan, and Farrie, (2008) examined the association between unmarried fathers’ prenatal involvement and fathers’ engagement at years 1 and 3 (Cabrera, et al., 2008). The study sample consisted of 1,686 fathers from the FFS. Findings using multiple regression statistical analysis revealed that fathers involvement prenatally was positively and significantly associated with later father engagement (Cabrera, et al., 2008). Walsh, Tolman, Davis, Palladino, Romero, and Singh (2014) wondered if fathers who were involved prenatally would share a stronger bond with their children. Walsh and Associates (2014) studied 22 expectant fathers ranging in ages from 23 to 41 years of age who were expecting their first child (Walsh, et al., 2014). Researchers interviewed the fathers after a routine ultrasound was administered 16 to 20 weeks into the pregnancy. The men reported that viewing the ultrasound caused them to reflect on the coming child, and reported the experience as an important psychological preparation for parenthood. Including the father in prenatal appointments was found to forge a stronger continuing commitment to the child and the health of the mother (Walsh, et al., 2014). In addition, Florsheim and Hawkins discovered father involvement immediately following the birth strengthens the level of commitment for fathers and for mothers (Florsheim & Hawkins, 2014). Therefore, timing of fatherhood interventions is crucial for continuing father involvement.

The Presence of the Father at Birth

Including the father in the birth and the cutting of the umbilical cord is shown to strengthen emotional investment and adaptation to parenthood. This emotional adaptation is
established in pregnancy and extends to the first moments after birth (Brandão & Figueiredo, 2012). A study by Brandão and Figueiredo, suggested that the emotional bond between fathers and infants, which occurs at birth, is similar to the emotional bond that develops between mothers and infants. The bond is progressive, beginning during pregnancy and is strengthened in the first contacts with the baby (Brandão & Figueiredo, 2012).

Brandão and Figueiredo (2012) research indicated participating in childbirth is a way for men to feel included in the pregnancy and early parenting process. Fathers who participate in childbirth tend to avoid feelings of marginalization. Brandão and Figueiredo reported, “Some men characterize the experience of being present during childbirth and providing support to their partners as a way of encouraging them to a more effective parenthood” (p. 2731).

A hospital based psycho-educational intervention by Parke, Hymel, Power and Tinsley (1980) targeted father involvement at the time of birth. They found fathers of boys increased their involvement with the child three months after the early intervention (Parke, et al., 1980). Fathers’ prenatal involvement, such as helping with transportation, contributing to the child financially and presence at the birth of the child predicted higher father engagement throughout the life of the child (Carlson & Hognas, 2011).

For mothers, social support from a partner at birth helps to lessen the stress in the transition to parenthood (Gee, et al., 2007). In adolescent unmarried mothers, “support from a romantic partner has been associated with greater overall life satisfaction, lower psychological distress, higher self-esteem, and better parenting” (Gee, Mc Nerney, Reiter, & Leaman, 2007, p. 214). Therefore, research indicates a continuing positive relationship between parents may result in an overall sense of wellbeing for the mother and the child (Gee, et al., 2007).
Co-Parenting

Co-parenting refers to the way parents work together to fulfill their roles as parents (Feinberg, Brown & Kan, 2012). How parents coordinate parenting and manage their conflict is central to the co-parent relationship (Feinberg & Kan, 2008). Continuing the co-parent relationship is vital since father involvement has been linked with fewer child behavioral problems, even when the father is a non-resident father (Bzostek, 2008). The quality of a father's involvement has also been linked with child cognitive development and language competence (Bzostek, 2008). Feinberg (2011) proposed examining four components of the co-parent relationship, which may be helpful to couples that have dissolved their relationships.

1) Support versus undermining in the co-parent role
2) Differences on childrearing issues and values
3) Division of parental labor in caring for the children
4) Management of family interactions, including exposure of children to parental conflict (p. 2).

Co-parenting arrangements include legal agreements concerning paternity, custody, and financial arrangements. A central family process, co-parenting implies teams of adults, who work to care for, socialize and raise the children for whom they are responsible (McHale, et al., 2012).

Reports within the FFCWS assessing co-parent relationship quality employing Feinberg’s supportiveness scale (2011) measured how often the co-parent is considered fair and willing to compromise, loving and affectionate, critical or insulting, and encouraging. At the time of birth, cohabitating parents reported the same level of supportiveness as married couples (McLanahan & Beck, 2011).
McLanahan and Beck (2010) discovered that although 60% of the FF unions would dissolve, non-resident fathers maintained some contact with their children. One-year post relationship dissolution, 63% of fathers remained in contact with their children, reporting visiting their children 12 days in the course of a year. Father involvement declined to 55% by the time the child was three, with continued to decline at age 5, with 51% of fathers reporting contact. Furthermore, because over half of fathers reported some contact with their children early on, building the relationship with the child’s mother in a co-parenting relationship is crucial (McLanahan & Beck, 2010).

Research is still needed to determine what interventions capitalize on building the co-parent relationship in the prenatal and immediate postnatal periods. Might interventions make a difference in the long-term stability of the family, or at the least, improve skills for co-parenting if the relationship dissolves? How does traditional transition to parenthood literature inform interventions for FF?

Transition to Parenthood Literature

History of the Literature

A seminal study by E.E. Le Masters in 1957 hypothesized that having a baby creates a family crisis within the marriage, reducing marital satisfaction among first time parents, and creating stress in the relationship. Rueben Hill, in Families Under Stress, defined family crisis as “a situation in which the usual behavior patterns are found to be unrewarding and new ones are called for immediately” (1949, p. 51). Hill’s theory introduced three variables present in a family crisis:

1) The hardships of the event

2) The resources of the family to meet the event
3) The family’s definition of the event (Price, Price, & McKenry, 2010, p. 6).

In 1968, Alice Rossi published a paper opposing the hypothesis that the transition to parenthood was a crisis. Rossi proposed instead the transition was simply a change in roles from spouse to parent and was a natural process, not a crisis (Rossi, 1968).

While the actual experience of becoming a parent occurs the instant a child is born, the psychosocial transition is a more lengthy process, beginning at contemplation of conception and continuing through the first few years of a child’s life (Glade, Bean, & Vira, 2005). The classic definition for the transition to parenthood includes the period beginning with pregnancy and terminating a few months after the arrival of the baby (Goldberg, 1988). Based on their research, Cowan and colleagues supported extending the transition of parenthood definition to include two years post birth. They stated, “We believe that it makes sense to describe the end of the transition to parenthood as occurring, on the average, when the first child is about 2 years old” (Cowan, Cowan, Hemming & Miller, 1991, p. 88).

Cowan and Cowan (1995) conducted two important studies on the effect of the transition to parenthood. The research focus of both studies was to document the changes within individuals, as well as in the marital relationship, as a couple transitioned to parenthood. Using a family systems approach, their research supported five proposed domains, which impact couples as they transition to parenthood:

1. The quality of relationships in the new parents’ families of origin
2. The quality of the new parents’ relationship as a couple
3. The quality of the relationship that each parent develops with the baby
4. The balance between life stress and social support in the new family; and
5. The wellbeing or distress of each parent and child as individuals (Cowan & Cowan,
In addition, Belsky and Kelly (1994) assessed prenatal expectations of parents to determine how expectations of parenthood influenced the ability of the couple to make a smooth transition. Couples who experienced negative postnatal experiences were less positive and had greater declines in marital satisfaction 3 months post-partum. In addition, couples studied through 4 months post-partum reported that violated expectations in the division of household labor and childcare responsibilities were associated with a change in their marital satisfaction (Lawrence, Rothman, Cobb, & Bradbury, 2010). Research confirms that inaccurate expectations influence parental adjustment in the transition to parenthood (Kach & McGee, 1982).

For seven years, Belsky and Kelly (1994) studied patterns of change across the transition to parenthood. Belsky and Kelly studied 250 new parents, examining the couples in six areas: self, gender ideology, emotionality, conflict management, communication and expectations. They discovered three personality types of couples: traditional, transitional, and egalitarian. Belsky and Kelly found the transition to parenthood went more smoothly for those couples sharing an egalitarian typology. Olson and Gorall (2003) discovered that couples sharing a balanced and connected typology fared better during family life transitions. Balanced and connected couples share decision-making, are supportive of one another and balance individual interests with couple interests. In addition to typology as a potential indicator for conflict, Belsky and Kelly (1994) identified five areas of potential conflict as a couple makes the transition to parenthood:

1. Chores and division of labor
2. Money
3. Work
4. Social life

5. The relationship

Belsky and Kelly (1994) asserted the five areas of conflict "constitute the raw material of marital change during the transition. Quite simply, couples who manage to resolve these issues in a mutually satisfying way generally become happier with their marriages, whereas those who do not become unhappier" (Belsky & Kelly, 1994, p. 32).

As parents experience new roles, demands and circumstances, the transition results in a period of personal disequilibrium (Glade, et al., 2005). Antonucci and Mikus (1988) reported individual changes in areas of values, personal maturity, affective states, self-perception, and personal efficacy. Couples in the best of circumstances experience the transition to parenthood as difficult. Therefore, as the research demonstrates, fragile families face additional challenges and risk factors in the transition to parenthood (Gee, Mcnerney, Reiter, & Leaman, 2007).

The Cowan’s (1991) hypothesized the transition to parenthood represented not only a transformation in the individual, but also a transformation in a developing family system (Cowan, et al., 1991). Transition to parenthood includes the tasks of making space for, and accepting new members into the family system. Realignment of relationships with extended family occurs in the transition stage, as parents become grandparents, and children become parents and experience new roles. In addition, for the new parents, resources may be taxed as financial constraints arise and household chores are distributed (Carter & McGoldrick, 1989).

Family life cycle course theory implies transitions in life, which include a shift in lifestyle from one phase of life to another (Carter, & McGoldrick, 1989). Researchers indicate common trends among married couples transitioning to parenthood:

- Marital conflict increases dramatically (Belsky & Kelly, 1994).
• Marital quality decreases for up to 67% of couples beginning within the first year of the life of the baby (Shapiro, Gottman, & Carrere, 2000).

• Marital quality consistently declines, first for wives and then later for husbands (Belsky & Pensky, 1988); marital satisfaction is known to be at a high in the last trimester of pregnancy and generally declines thereafter (Cowan & Cowan 1988; Heinicke, Guthrie, & Ruth, 1997; Waldron & Routh, 1981).

There is great variability in the new parents’ relationships with the baby; in path models, this variability is affected by marital quality (Cowan & Cowan, 2000; Huston & Vangelisti, 1995).

• There is great variability in couples in the balance between life stresses, including work–family balance, social support, and the extent of the father’s involvement with housework and child care chores (Cowan & Cowan, 1988), and

• There is great variability in the continued involvement of fathers with their babies and within the marriage (with most fathers for whom marital quality declines distancing from both the baby and the marriage), with strong consequences for both marital quality and child development (Gottman & Shapiro, 2005).

Parents in fragile families experience the same stressors in the transition to parenthood as married couples (Cowan, et al., 2010). The demands of caring for an infant such as lack of sleep, work pressures, and new financial demands all which increase demands to an already fragile family system, making the transition difficult (Pancer & Goldberg, 1988; Cowan, et al., 2010).

Theories of life cycle development imply that life transitions create conditions of risk in the transition to parenthood. Cherlin (1981) discovered half of all divorces occur in the first seven years of marriage. Cherlin discovered early marriage and the transition to parenthood was
associated with a decline in the couple relationship, which often resulted in movement toward couple dissolution (Cherlin, 1981).

Challenges to new parents may outweigh their resources, and the transition may highlight existing unstable areas of the relationship. Interventions ease the transition to parenthood by encouraging the couple to develop new coping skills and a higher level of adaptation. Interventions may focus both on prevention and treatment (Cowan & Cowan, 1995).

**Risk Factors**

A basic premise of prevention science is the development of empirically based programs based on modifiable risk and protective mechanisms (Feinberg, 2011). In their review of transition to parenthood literature, Petch, Halford, Creedy and Gamble, (2012) identify numerous risk factors for relationship distress in fragile families. They employ the vulnerability-stress-adaptation model as they organize risk factors into three constructs: enduring vulnerabilities, stressful events, and adaptive process (2012). The researchers consider that couples experiencing enduring vulnerabilities such as depression, low education, violence, and hostility report more relationship distress and experience poor adaptation to the demands of parenthood. This writer uses the vulnerability-stress-adaptation model as a method to organize the literature in the study of fragile families and the transition to parenthood.

**Construct One: Enduring Vulnerabilities**

**Families of origin.** An area of particular interest to researchers is that of non-marital childbearing and the transition to parenthood for unmarried parent (Hofferth & Goldscheider, 2010; Kamp-Dush, Rhoades, Sandberg-Thoma & Schoppe-Sullivan, 2014).

A study by Hofferth and Goldscheider (2010) concluded that growing up without two parents has intergenerational impact. They discovered that young men who experienced family
instability were more likely to become absent fathers (2010). In boys, multiple family transitions of four or more father figures correlated with non-residential parenting when the young men themselves become fathers (2010). The study concluded that girls may not learn relationship skills if they grow up in families with absent fathers. Hofferth and Goldscheider discovered girls who grow up without a father in the home are more likely to become single mothers (2010). Additional findings indicated the consequences of unstable family structures on future generations were economic disadvantage and weakened parenting (Hofferth & Goldscheider, 2010).

According to the authors of the study, “Parenting patterns make a difference. Programs to help improve parenting skills may help alleviate some of the avoidable negative consequences of family transitions and instability” (Hofferth & Goldscheider, 2010, p. 435). Therefore, parent interventions should be designed to educate families of the impact of family instability on their children while ensuring that FF receive the proper support they need to thrive (Mclanahan, 2010).

Depression. Many women and men experience depression and low self-esteem as they transition to parenthood. Sleep deprivation, upset in routines, and the stress of new roles and demands affect both men and women in the transition (Holmes, et al., 2013). According to a study by Paulson, Sharnail and Brazmore (2010) depression was reported in 10% of men 3-6 months postpartum. Parental depression may increase the stress of the transition (Holmes, et al., 2013). Depression may decrease the mother’s likelihood of forming a secure attachment to her child and may lead to hostility or withdrawing from the child (Holmes, et al., 2013). “A mother’s depressive symptoms decrease the likelihood of a secure attachment to the primary caregiver and
increase the likelihood of hostile or withdrawn parenting practices” (Holmes, Sasaki, & Hazen, 2013, p. 826).

Following birth, research suggests 80% of new mothers indicate mild postpartum depression (Pinquart & Tuebert, 2010). Adolescent mothers experience the highest rates of depression. In unmarried adolescent mothers, postpartum depression rates are reported to occur at a rate of 53% (2010). Adolescent women report the lack of father involvement as a contributor to their depression (Association of Maternal Health, 2014). Meadows, McLanahan, Brooks & Gunn (2007) discovered depression and anxiety to be most prevalent in families with a non-resident non-involved father. The FFCWS indicated clinical depression is higher among FF, especially among those who practice multipartnered fertility (Turney & Carlson, 2011).

**Low-education.** The Fragile Families Study found 40% of both mothers and fathers participating in the study lacked a high school education (Edin & Reed, 2007). Married mothers were nearly fifteen times more likely to have a college degree than those in the Fragile Families Study (Donahue, et al., 2010). A study by Cherlin (2010) indicates a lack of education may predict future relationship adjustment.

**Low-income.** The FFCWS indicates at the time of birth, more than 40% of fathers were jobless (Donahue, et al., 2010). Raising children without adequate resources such as food, clothing, adequate medical care and a safe place to live increases parental stress (Gershoff, Aber, Raver & Lennon, 2007). Moreover, the earning potential of married mothers was double when compared to unwed mothers. The poverty rate for mothers in the Fragile Families Study was more than three times that of married mothers (Donahue, et al., 2010). Furthermore, financial stress is associated with relationship conflict and distress (Amato, 1996).
Incarceration and drug use. Father imprisonment contributes to family dissolution in FF (Wildeman & Western, 2010). In the FFCWS more than 36% of unmarried fathers had prison records, which is five times that of married fathers (McLanahan, 2010). Imprisonment reduces the opportunity for earnings, impacting families already living in poverty. A father’s imprisonment greatly reduces the chances of finding employment upon release, further impacting the family (Wildeman & Western, 2010). If fathers do find employment upon release, they may work less for lower pay (Donahue, et al., 2010). In addition, imprisonment results in disrupting a father’s relationships with his children (Donahue, et al., 2010). In addition to incarceration, Reports from the FFCWS (2003) indicated over 20% of unmarried couples reported substance abuse among at least one partner. Among fathers, 16% reported drug or alcohol problems with 7% of mothers reporting problems with drug or alcohol (FFCWS Brief, 2003).

Violence. Unmarried fathers are three times as likely to be violent (McClanahan, 2009). “A key marker of problematic couple adaptive process is intimate personal violence (IPV). IPV of even a low severity is associated with elevated risk of relationship distress” (Petch, Halford, Creedy, & Gamble, 2012, pg. 664). Violence, defined as pushing, shoving or slapping is underreported in Fragile Families, occurring in 30-35% of young couples (Petch, et al., 2012). Couples may not report low-level intimate personal violence as a problem, but they are at high risk in the future for relationship instability. Sulak, Saxton & Fearon, (2014) discovered IPV was underreported due to social stigma associated with being labeled a domestic violence victim. Only 1-2% of couples undergoing IPV report their experience as high-level violence such as punching, hitting with an object or using a weapon (Petch, et al., 2012). In addition, a distrust of the legal system prevented partners from reporting abuse (Sulak, et al, 2014). Victims reported losing hope that the justice system would take their complaints seriously (Sulak, et al, 2014).
Partners experiencing IPV report low self-esteem as a result of the abuse, making it more difficult for them to file a report. IPV is linked to depression and anxiety for both victims and childhood witnesses (Sulak, et al., 2014). Sulak, Saxton and Fearon (2014) reported children in homes with domestic violence are 1500% more likely to be abused children from a home without intimate personal violence. Reports of domestic violence are nearly twice as high among unmarried mothers as married mothers (McClanahan & Beck, 2011).

**Construct Two: Parenting Stress in Fragile Families**

Under the best of circumstances, parenting is a challenging process. Parenting stress refers to the condition or feeling experienced when the demands of the parent exceed the personal and social resources available to the parent (Cooper, McLanahan, Meadows, & Brooks-Gunn, 2009). Mothers who experience high levels of parenting stress report less satisfaction with life and high levels of psychological distress (Cooper, et al, 2009).

Although more than one million first time babies are born each year in the United States, the transition to parenthood ranked 6th out of 102 stressful life events (Dohrenwend, Kransnoff & Askenasy, 1978). Determinants of parenting stress include the individual characteristics of children and parents, the relationship between the parents, characteristics of the environment, and family of origin relationships (Cooper, et al., 2009).

**Dissolution of the relationship.** Moreover, dissolution of the co-parenting union increases parental stress. With the dissolution to the relationship, resources such as health care, financial support and social support may be reduced (Meadows, et al., 2008). The union dissolution is likely to change the primary provider’s employment hours or force them to reenter the workforce. The lower access of support from the family of the co-parent may also induce stress as the relationship dissolves as parents and grandparents are more likely to support couples
in a marriage or marriage-like relationship (Cooper, et al., 2009). Furthermore, union
dissolution is more likely to result in physical problems for the mothers because unmarried
parents report lower health scores when compared to their married counterparts (Meadows, et al.,
2008).

**Infant care.** Infant care is challenging. Researchers estimate an additional 45 hours of
work is expected per week to care for an infant, adding to the stress of already sleep-deprived
parents (Petch & Halford, 2008). As well as the increase in homemaking tasks, women report
working fewer hours, which affects income and the ability to socialize outside of work. The
stress of caring for an infant may “erode positive aspects of the relationship, including both
satisfaction and the personal side of commitment” (Dush, Rhoades, Sandberg-Thoma & Schoppe

**Unplanned pregnancy.** The timing of the birth of the baby has an impact on Fragile
Families (Sawhill, et al., 2014). Unplanned pregnancy is a life event associated with high stress
and low relationship satisfaction (Cox, et al., 1999). Unintended pregnancy rates are highest
among poor and low-income women; women aged 18–24, cohabiting women, and minority
women. The rate of unintended pregnancy among poor women in 2008 was 137 per 1,000
women aged 15–44, more than five times the rate among women at the highest income level (26
per 1,000), (Finer & Zolna, 2014). Sawhill, Thomas and Monya (2010) identify three categories
in the cause of unplanned pregnancy:

1. A lack of motivation to avoid unwed pregnancy;
2. A lack of knowledge about how to avoid pregnancy;
3. A lack of access to the contraception that makes it possible to avoid pregnancy
   (p.137).
Unintended pregnancy in Fragile Families taxes an already stressed family system (Sawhill, et al., 2010). Policy interventions are needed to provide subsidized contraception and education to reduce the stress of unintended pregnancy, particularly among teen-aged mothers (Sawhill, et al., 2010). Furthermore, half of all non-marital births are to teenager mothers (Sawhill, 2001). Therefore, once teens have had a first child out of wedlock they may have subsequent children when unmarried so developing effective pregnancy prevention among teens might be an effective intervention to reduce the number of FF (Sawhill, 2001).

**Construct Three: Family Adaptation**

Adaptation refers to the ability of the family system to cope with changes in roles, rules, patterns and perceptions (Maynard & Olson, 1987). In the Family Adjustment and Adaptation Response Model (FARR), of family adaptability (Patterson, 1988) four constructs are emphasized in order to understand adaptability and resilience in a family. Balancing family demands with family capabilities while finding meaning in the crisis may help a family adjust or adapt to changes (Patterson, 2002). Since the dissolution of relationships is reported to be much higher in FF, (McLanhan & Beck, 2011) the study of adaptation among fragile families may be useful.

Walsh (2003) studied families who display resiliency and adaptation and discovered three areas of strength in resilient families. The family with a strong belief system is more likely to experience hope as families who are spiritual are more likely to find meaning in the crisis (Walsh, 2003) In addition; organizational resources such as flexibility and stability, connectedness and leadership with access to social and economic resources were more likely to be present in resilient families. A resilient family is more likely to communicate with clear, consistent messages, share emotions, and collaboratively solve problems (Walsh, 2003).
In a study conducted on the resiliency in FF, Orthner and associates (2004) discovered low income, FF to be adaptive in problem solving skills. Despite challenges, FF reported high confidence in their problem solving skills, particularly in obtaining the physical needs of their families (Orthner, Jones-Sanpei & Williamson, 2004). Although FF were found to be skilled in obtaining physical resources for their families, they were less adaptable in communication, family cohesion and building economic stability in order to ensure resiliency (Orthner, et al., 2004).

**Additional Risk Model**

An additional family risk model useful in exploring the risks to FF was developed by Cowan, Cowan and Knox (2010). The multi-domain risk model explains family domains, which act to affect individuals within the family. Cowan and associates determined to predict how successfully children cope with social, academic, and emotional challenges. They assessed self-perceptions of each family member’s mental health, as well as their ability to handle distress. The quality of the relationship with their parents was assessed in areas of problem solving, emotional regulation, commitment to the relationship and satisfaction of the relationship. Parent-child relationships across generations were measured for satisfaction level. In addition, the quality of mother-child and father-child relationships were assessed. Cowan and associates then determined the balance between life stressors and the social supports available to the family (Cowan, et al., 2010).

Even though an abundance of research is available on risk factors within FF, research on prevention is limited (Feinberg, 2011). Risk models such as the one developed by Cowan, Cowan and Knox (2010), should act to inform the development of interventions by assessing the adaptability and resilience of the family.
Intervention Models

Marriage Education Models

In the early period of parenting and child trends research, early program developers used marital couple relationship models to design interventions for FF. The approach did not address the diverse structure of FF. In some FF, the relationship endures and for such families, marriage and relationship education models may be helpful. However, the majority of families do not maintain a romantic relationship. Moreover, some couples report they never shared a close emotional relationship prior to the pregnancy (McHale et al., 2012). McHale and associates state, “Effective interventions will demand recognition of and respect for substantive “front end” (the mother- father relationship never truly developed) and “backend” (intense but continuous relationship of some duration, then dissolved) differences” (pg. 284). Therefore, interventions must take into account the diversity of family types or develop specific interventions for each family type (McHale, et al., 2012).

Fatherhood Models

Two distinctly different intervention models emerged in response to the fragile families study (Cowan, et al., 2010). While both models were designed with the intent of achieving positive child outcomes, the focus was split between a couples approach and an approach toward keeping fathers engaged in the lives of their children. Couple relationship education focused on interventions promoting relationship skills such as communication, expectations, mutual support, and conflict resolution (Pinquart & Tuebert, 2010) while fatherhood interventions focused on the father’s role as a provider (Cowen, et al., 2010).
Co-Parent Models

Later program development focused on co-parenting. Co-parenting interventions are distinctly different from relationship/marital interventions, which assume a romantic link between parents and focus on development of family stability and healthy marriages. FF benefit more from co-parent programs, which provide information and education specific to the co-parent relationship (Adler-Baeder & Shirer 2011), which teach self-management, verses couple management. Co-parent programs assume the relationship between the parents might dissolve (2011). In addition, co-parent programs teach skills for the management of multi-parent dynamics and stress the value of continued father involvement. McLanahan (2011a) discovered 40% of the parents dissolve their relationship and recouple within the first five years of a child’s birth, indicating skill building for parenting a non-biological child may be useful. Efficacy tests of interventions for FF who co-parent without a romantic relationship have just begun. Much of the evidence gathered to date has come from the study of African American, low income families (Adler-Baeder & Shirer, 2011).

Among African American couples, the strongest indicator of continued father involvement was the quality of the relationship with the mother of the baby (Gavin, et al., 2002). Even if the couple separates, the father is more likely to stay engaged if there is a positive relationship with the mother. If the mother has custody of the child it is more likely she will allow the father to see the child if the relationship is of good quality (2002). For years, researchers have made correlations between the quality of parental relationships and child outcomes. In fact, Moore, Kinghorn and Bandy (2011) analyzed data from the 2007 National Survey of Children’s Health and found the parents’ relationship quality to be consistently associated with child outcomes, including: child behavior problems, child social competence,
child school engagement, child depression, parent-child communication and parents feelings of aggravation (Moore, et al., 2011). What were the factors that caused couples to remain connected even if the relationship dissolved?

**Elements of Positive Co-parenting**

Positive co-parenting behaviors were assessed by a six-question survey (Carlson, et al., 2011). The results of the data suggest positive co-parenting may occur if the parents rank the items in the questionnaire as high. The questionnaire asked for responses on six points:

- Acts like the father or mother the respondent wants for her or his child
- Can be trusted to take good care of the child
- Respects the schedules and rules the respondent makes for the child
- Supports the respondent in the way he or she wants to raise the child-and whether the respondent is able to discuss the problems of the child with the coparent
- Can count on the other parent for help when respondent needs someone to look after the child (Carlson & Hognas, 2011, p. 87).

Respondents reported those fathers who lived away from their children for three years after a non-marital birth experienced lower co-parenting scores (Carlson & Hognas, 2011). If the fathers had been incarcerated, had a new relationship, or had additional children with the focal mother, lower scores were reported. Positive co-parenting among fathers rated higher when both parents attended some college, and when the mothers worked (Carlson & Hognas, 2011).

The first attempts at co-parenting programs to strengthen Fragile Families came in response to the Bush administration’s *Healthy Marriage and Responsible Fatherhood Initiative*, which sought to encourage low income, cohabitating couples to marry, and equip them with skills to strengthen relationships. Of the programs evaluated, only slight improvements were
indicated in relationship quality and communication skills for the couple’s participating (McHale, et al., 2012).

**Federal Office of Child Support Enforcement (OCSE) Programs**

**Healthy Marriage and Fatherhood Initiatives**

The *Healthy Marriage and Responsible Fatherhood Initiative* provided research which indicated children born to cohabiting parents face a significantly higher risk of family instability than those born to married parents (Manning, Smock & Majumdar, 2004). Under the *Healthy Marriage and Responsible Father Initiative* over 250 community programs were funded, using an appropriation of 750 million dollars. The initiative was designed to strengthen low-income married couples and move couples in non-marital relationships toward marriage (Pajarita, Jones & Guo, 2013).

The government hoped to provide accurate information on the value of marriage as well as provide marriage education that might enable couples to reduce conflict and increase the happiness and longevity of their relationship. The program experimented with reductions in financial penalties contained in federal welfare programs (Heritage Foundation, 2004).

**Barriers to Marriage for FF**

Researchers for *The Healthy Marriage and Responsible Father Initiative* discovered two major barriers, which kept couples from marriage: financial obstacles and relationship obstacles (Bembry, 2011). High unemployment, weak connections to mainstream employers, and declining wages among young males had correlations with the decision not to marry (Sawhill, et al., 2010). Therefore, concern for the ability to acquire assets and work toward accomplishing financial goals was reported among the couples. In addition, funds to host a respectable wedding
kept them from marriage. Moreover, concerns were expressed about the strength of their long
term relationship (Bembry, 2011).

Many participants wondered if they were emotionally committed enough to their partner
to make a marriage work. Most considered marriage a “lifelong” commitment and
wanted to know as much about their partner as possible before they entered such a
commitment. Even couples who had several children together and had been living
together for some time questioned if their relationship could face the challenges marriage
would present (Bembry, 2011, p. 55).

**Increased Financial Stability**

The Federal Office of Child Support Enforcement (OCSE) developed programs that
sought to increase the reliability of child support paid by parents when they live apart from their
children (OCSE, 2015). The programs sought to accomplish the objective of increasing financial
support by: locating parents, establishing legal fatherhood (paternity), establishing and enforcing
fair support orders, increasing health care coverage for children, removing barriers to payment
(such as referring parents to employment services), support for healthy co-parenting
relationships, support for responsible fatherhood, and helping to prevent and reduce family
violence (OCSE, 2015).

The mission of the original fatherhood program was to increase child support through job
skills training (Pinquart & Teubert, 2010). The program aimed at non-resident fathers in order to
foster continued involvement with their children as well as engage fathers to participate in the
child support payee system (McHale, et al., 2012). In theory, improved earnings for fathers
would result in higher financial support for their children. As the program evolved, the program
moved to encompass intensive group education for fathers, focusing on family relationship skill
A study by Knoester, Petts and Eggebeen (2007) suggested men who have less secure employment and job instability are less likely to engage with their children. They discovered men often enact their priorities in life through the intuitions of employment and religious involvement. Therefore, many faith-based and employment programs were developed (Knoester, et al., 2007).

**Fatherhood Education**

An early evaluation of the OCSE Responsible Fatherhood Program revealed that fathers who participated in peer support groups and parenting education while learning about child support and employment, rated the programs highly (McHale, et al., 2012). In addition to learning about the financial responsibility of fatherhood, the participants reported improvement of their relationship with the mother of their child. The father’s reported frustration that the mothers of their children did not receive the same education, expressing a desire for coparent education (McHale, et al., 2012).

The OCSE programs were based on Bronfenbrenner’s Ecological Systems Theory (Brofennbrenner, 1989). Bronfenbrenner’s theory of child development interprets the individual through complex layers of their environment, with each layer influencing the child’s development. Changes or conflict in one part of the system may impact other systems. Bronfenbrenner proposes that human development takes place through progressively more complex interactions between the person and their environment. To be effective, interactions must occur on a regular basis over an extended time period. These interactions are known as proximal processes (the parent child relationship is a proximal process) (Brofenbrenner, 1989). Bronfenbrenner proposed instability in the proximal process prevents children from the constant mutual interactions necessary for successful development (Addison, 1992). OCSE programs
were designed to impact the micro, meso, exo, marco and chronosystems of the child. In theory, if a father’s relationship with the mother were strengthened in the (microsystem) a better work life might result (mesosystem), allowing the father to better function in the current economic and education system, (ecosystem) which could impact his belief system (macrosystem) and result in changing outcomes for several generations (chronosystem) of FF (Adler-Baeder & Shirer, 2011). The overarching goal of the fatherhood programs was to strengthen families with limited access to resources (Adler-Baeder & Shirer, 2011).

**Foster Marriage/Cohabitation**

In addition, a goal of the fatherhood program was to foster marriage, or at the least, extend the time a father cohabitates with his family (McHale, et al., 2012). For example, Gee, McNearney, Reiter and Leaman (2007) discovered fathers who cohabitated with their child had a higher predictability of remaining involved with their children through the lifespan of the child (2007). In fact, it was found that unmarried fathers who cohabitate with their children are more likely to be involved in the normal qualitative aspects of parenting such as caretaking, playing and giving of affection. Furthermore, Gee and associates revealed father cohabitation was the strongest indicator for in-kind support of non-material goods. In addition, findings indicated the relationship developed between the mother and father during pregnancy and early postpartum is a strong predictor of continuing cohabitation verses non-resident parenting (Gee, et al., 2007).

**Prevention and Intervention Programs for Fragile Families**

Although FF types are diverse, few FF interventions are designed for specific couple types (Waller, et al, 2012). Some unmarried parents will coparent in a relationship that will evolve into a committed relationship. Other families resemble divorced couples, in which each member of the former couple negotiates their roles after a long-term relationship ends. Some
unmarried parents never reported a close or committed relationship prior to conception (McHale, et al., 2012). Service providers would benefit from considering the type of couple they are serving rather than a “one size fits” all type of approach to parent education (Cowan et al, 2010). Interventions based on the assessment of the couple type may yield better results (Cowan, et al., 2010). Interventions are most overlooked in parents who have a young child together but may not be linked romantically (Adler-Bader, Shirer, 2010). Reviews of parent programs by McHale and associates (2012) and Cowan and Cowan (2010) indicated some programs designed specific to FF are showing promise.

**Family Foundations**

Although few prevention programs specific to fragile families exist (McHale, et al., 2012), one program that showed promise is the Family Foundations program developed by Feinberg who collaborated with childbirth educators. Family Foundations is “A universal prevention program to improve mother, child, and birth outcomes through promoting co-parenting quality among couples who are expecting their first child” (Blueprints for Healthy Youth Development, 2015, para.15).

The program design is for eight meetings with four prenatal and four postnatal sessions (Feinberg & Kan, 2008). The program meets for two-hour sessions in small groups of 6-10 couples. Trained male-female teams lead the sessions. The female leader is typically a childbirth educator and the male is from various backgrounds with both facilitators trained in the Family Foundations curriculum. Parent education curriculum includes understanding of child temperament, fostering child self-regulation and attachment promotion. The four prenatal classes introduce skills, and four postnatal classes revisit the skills.
The program delivery is varied with presentations, communication exercises, written worksheets, and group discussion. The Family Foundations program focuses on co-parenting, not the romantic relationship of the parents (Feinberg & Kan, 2008). Program content includes skill-building topics, such as: emotional self-management, conflict management, problem solving, and mutual support strategies (2015).

**Family foundations evaluation.** The *Substance Abuse and Mental Health Services National Registry of Evidence Based Programs and Practices* (SAMHSANREBP) ranked the outcomes of the co-parenting portion of Family Foundations program a 3.6 on a 4.0 scale (Substance Abuse and Mental Health Services Administration, 2015). To assess outcomes, the SAMHSNREBPP used three criteria at various points post birth. Children and parents were assessed in five phases. Phase one occurred prenatally, phase two occurred at six months post-birth, phase three, one year post- birth, and phase four when children were two years of age. Phase five of the study occurred when children were six to seven years old (Substance Abuse and Mental Health Services Administration, 2015)

To evaluate the effectiveness of the Family Foundations program, a fifteen-point scale assessing co-parenting dimensions included co-parental support, parenting closeness and co-parent undermining. Trained raters viewed videotapes of interaction during free play between parents and children in their home. For twelve minutes interviewers asked co-parents to jointly play with their children on the floor. Interviewers asked parents to teach their child to accomplish a set of tasks designed to the developmental level of the child. Trained raters coded co-parent behaviors such as triangulation, warmth, inclusion, and active cooperation. Finally, the program effectiveness was rated on a thirty-one-item co-parent scale, where raters noted co-parent agreement, support, undermining and exposure of the child to parental conflict (Substance
Abuse and Mental Health Services Administration, 2015).

The results of indicated Family Foundations shows promise as a model for FF parent education (Substance Abuse and Mental Health Services Administration, 2015). Long-term research indicated that families experienced more positive outcomes than those in the control group (Solmeyer, Feinberg, Coffman, & Jones, 2013). Over a seven-year period the families report better teamwork and increased parental warmth and sensitivity. Child outcomes included higher child self-regulation, social competence and academic competence (Solmeyer, et al., 2013).

**Caring for My Family /Together We Can**

An additional program developed specifically for FF was the *Caring for My Family* Program, which later became the *Together We Can Program*. Developed at Michigan State University, the program received a grant from OCSE in 2005 (Shirer, Contrearas, Chen, & London, 2009). The program was developed with three clear goals:

- To investigate the efficacy of integrating healthy marriage content into Family Support and Education (FSE) programs targeting African American and Latino families (Year 1)
- To develop and test an intervention on healthy marriage formation for unmarried African-American and Latino parents participating in two Michigan communities (Year 2 and 3) and,
- To disseminate program curriculum, lessons learned and other information to early parenting programs statewide and nationally on promoting healthy marriage in FSE programs (Year 3 and 4) (Shirer, Contrearas, Chen, & London, 2005, p. 3).
An evaluation of the program using pre/post test design indicated 135 out of 160 participants completed the program. Evaluators reported significant changes from the pre-to-post program including: increased levels of trust between their partners, improved satisfaction with the relationship, improved decision making and problem solving skills, decreased relational aggression and improved understanding in the correlations between parental relationship and improved child outcomes (Michigan State University Extension, 2015).

University of Minnesota “Co-parent Court”

The University of Minnesota developed a program to serve co-parents with the lack of an affiliated bond (Olson, 2013). The University of Minnesota conducted a project in which they studied 709 mothers and fathers, 95% of whom did not live together. The project, conducted through the court system of Hennepin County, is appropriately named “Co-parenting Court” (Olson, 2013). Inspired by Hennepin County District Court Judge Bruce Peterson, the project is one of the most developed co-parenting programs in the United States (Olson, 2013).

Three-hour sessions are held every other week for two months. The participants complete a 24-page parenting plan that includes who takes the child to the doctor, how much screen time a child is allowed, and how and when parents will communicate. Parents agree to meet and review the parenting plan on a regular basis. Once the couple completes the plan, they go before the judge who makes the document legally binding.

When both parents completed the program, 87% of child support was paid in contrast to the control group, which paid support 69% of the time. Parents completing the program reported a positive change in the relationship in 63% of the respondents as opposed to the control group, which reported an improvement in 36% of the cases studied (Olson, 2013).
Building Strong Families Study

In 2002, the Building Strong Families Study was instituted at eight program sites in seven states. The attempt of the study was to adapt interventions developed for married, middle class couples to fit the needs of unmarried couples. Typical marital programs, which include active listening, minimizing criticism, de-escalation of conflict, and examination of family finances, were the basis of most models (McHale, et al., 2012).

The Building Strong Families Study (BSFS) included 5,000 romantically involved couples in eight sites across the United States (Wood, Moore, Clarkwest, Killewald, & Monahan, 2012). The racial breakdown included 52% African American, 20% Hispanic, 12% White, and 16% other (2012). Romantically involved for three years, 83% of couple’s cohabitated and 70% believed they would eventually marry (McHale, et al., 2012). BSFS sought to help couples reach their goal of marriage through the offering of couple education programs. (Wood et al., 2012)

The goal of the BSF program was to build relationship skills to improve the quality and stability of the couples’ relationships and improve child wellbeing. The model was based on the best available research evidence on building relationship skills education (Wood, et al., 2012).

In the BSF study, the treatment group received three types of services: marriage education group sessions; support from a family coordinator who participated in groups sessions and provided support to the couples; and referral for services including job search, mental health services, and childcare. Participants were required to attend between 30 to 42 hours of class time (Donahue, et al., 2010). The control group received no services.

An impact analysis at 36 months examined three outcomes: “(1) the status and quality of the couples’ relationships, (2) parenting and father involvement and (3) child wellbeing” (Wood, Moore, Clarkwest, Killewald, & Monahan, 2012, p. 13). Data collected after three years
determined the intervention had no positive effect on the quality of couples’ relationships. In addition, the couples reported that the program did not achieve the goal of making them more likely to marry or stay together (Wood, et al., 2012). There were no differences between the control group couples and those receiving intervention on any of the major outcomes (Donahue, et al., 2010). The programs did show improved ability among black families who reported better management of their conflicts and a reduction in destructive behaviors. In addition, black families reported a reduction in infidelity. Only one site, the Oklahoma City site, reported positive results. The Oklahoma City site couples reported overall increased happiness and growth in conflict resolution skills. In addition, they reported an increased ability to express support and affection (Donahue, et al., 2010).

Program Failures

Excluding the Oklahoma site that included mentor couples in the Study, the reports of the BSFS were disappointing. Adler-Baeder and Shirer (2011) suggested that some programs might fail when they assume families have a desire and urgency for change. Most programs borrowed from couple relationship education, which has a central focus on skill development and targeted behaviors. Such programs may be ineffective for those who have experienced oppression be of limited resources, or who are young (Adler-Baeder & Shirer, 2011). Instead of traditional couple relationship programs, Adler-Baeder and Shirer suggested programs for fragile families might be more effective if some components of the program were aimed at personal development. A program design that includes decision-making skills, promotes positive self-concept and teaches self-efficacy may be more useful interventions for FF (Adler-Baeder & Shirer, 2011). In theory, interventions combining both co-parenting and self-relationship domains may influence the romantic relationship and extend parental involvement (Doss, Cicila,
Program Design

Programs which focus on the needs of the infant, relationship quality, and personal development might act to buffer the parental relationship against deterioration. For example, Deave, Johnson and Ingram (2008) suggested including Cowan and Cowan’s (1992) five-dimension continuum as part of parent education for unmarried parents. The five aspects of the continuum proposed by Cowan and Cowan (1992) include: the inner life of the parent, the quality of the relationship between the parents, the quality of extended family relationships, the quality of outside influences such as work, friends, and day care providers, and the quality of the relationship that exist between each parent and the infant (Deave, Johnson, & Ingram, 2008). For example, normalizing the anxiety that most parents experience at the transition to parenthood might be a component of the parent education process for FF. By asking FF to examine the way they were raised and what they might wish to change in their new relationship with their child may help them examine the relationship between themselves and their parents. Learning strategies to handle work stress might be useful in building the balance of the relationship the parents have between their work life and home life. Teaching infant care skills and an understanding of basic child development may help build the confidence needed to care for the infant (Deave, et al. 2008).

Researchers Adler-Baeder and Shirer (2011) recommended structures essential in program design for intervention among Fragile Families. Adler-Baeder and Shirer proposed that FF might benefit from a discussion format, which would inform them of the value of strengthening and building solidarity in the co-parenting relationship (2011). Skills work in anger management, conflict resolution skills, and practice in effective communication patterns
for co-parents may also be beneficial to include in the program design (Adler-Baeder & Shirer, 2011). In addition, relationship education with an emphasis on the characteristics of unhealthy and healthy relationships might be useful for this population. Development of a future-oriented parenting plan might be useful to help couples see the co-parent relationship from a long-term perspective (Adler-Baeder & Shirer, 2011).

**Adlerian Inclusion of Parent Program Design for Fragile Families**

The most important component of FF interventions might be the practice of self-care, stress management and personal empowerment (Adler-Baeder & Shirer, 2011). Adlerians Dinkermeyer and Sherman (1989) also proposed building strengths in families by facilitating a sense of empowerment. From an Adlerian viewpoint, family empowerment is accomplished through education of the family about decision making skills, reframing negatively charged events into positive events, and dividing large goals into smaller, more achievable sub-goals and tasks (Dinkermeyer & Sherman, 1989).

The Adlerian-Dreikursian Model of Parent Education contains several core principles applicable to interventions for FF (Rasmussen, 2014). The core of the Adlerian-Dreikursian Model of Parent Education rests on three qualities: responsibility, cooperation and respect (Rasmussen, 2014). Qualities of responsibility, cooperation and respect are reflected in Adler’s tasks of life, and would be useful to FF considering the tasks, challenges and obstacles in the coparenting relationship.

Succeeding at work allows an individual to provide for themselves, their family and their environment (Rasmussen, 2014). In order to succeed at work, it is necessary to meet responsibilities. Responsibility is defined as “an understanding of what is necessary for one’s welfare and being accountable for implementing the most adaptive methods for meeting life’s
challenges” (Rasmussen, 2014 p. 94). To maintain friendships and function well in a community, an individual must be willing to act in the spirit of cooperation. Cooperation (the community, or “social” task) includes the understanding of one’s personal role in the optimal success of the organization for which one is a part (Rasmussen, 2014). The ability to function in the world depends on our ability to cooperate with others (Rasmussen, 2014). Both cooperation and responsibility relies on respect (or the love task). In order to foster intimate relationships and manage sexual energies, it is necessary for one to respect themselves and others (Rasmussen, 2014).

Adler suggested that successful cooperation between the sexes requires each to be invested in the welfare of the other, while seeking one’s own enhancement (2014). A show of disrespect toward another may result in retaliatory actions. One who is disrespected may try to reclaim status and opportunity that was conceded in the disrespectful act or attitude (Rasmussen, 2014). Moreover, the Adlerian concepts of responsibility, cooperation and respect might provide a framework for development of FF interventions.

Criteria for Parenting Programs

Small and Huser suggested the following criteria for effective parent interventions and prevention programs, considering the criteria to be best practices for any parent intervention (Small & Huser, in press). While the concepts by Small and Huser are helpful the component of building relationships between participants and the group leader is not addressed.
(a) Objectives and goals are clear

(b) Programs are researched based and theory driven

(c) Programs are of sufficient dosage and intensity

(e) Programs use a variety of learning approaches

(f) Programs are developmentally appropriate

(g) Reach people when they are ready to change

(h) Are Socio-culturally relevant

(i) Foster good relationships

(j) Are delivered by well trained and committed staff

(k) Programs evaluate at the right time using the right tools

(l) Programs are well-documented and implemented with fidelity

(m) Programs focus on refinement and evaluation (Small, Cooney & O’Connor, 2009)

(n) Programs are comprehensive

Small and Huser (in press) benefited from Jacobs (Jacobs, 1988) five-tier approach to develop criteria for evaluation of parent programs. The Five-Tiered Approach (FTA) organizes evaluation activities at five levels, moving from generating descriptive and process-oriented information at the earlier stages to the final impact. The process includes:

**Tier 1: Needs assessment**

**Tier 2: Monitoring and accountability**
Tier 3: Quality review and program clarification
Tier 4: Achievement of outcomes and
Tier 5: Establishing impact (Jacobs, 2003, p. 67).

In addition to program design using best practices for implementation and assessment, consideration in the interventions to best meet the needs of FF include class structure, class setting, staff selection and recruitment.

**Class Structure**

Past programs targeted unmarried fathers only, unmarried women only, or couples with a strong commitment to cohabitation (Adler-Baeder & Shirer, 2011). A new format might be to employ an “all welcome” approach, resulting in diverse groupings of fragile families. This approach would allow for all types of unmarried parents to attend. Single men and women might attend as well as those with a romantic partner. In addition, the inclusion of extended family or friends as coparent partners would expand the scope of the fragile families served (Adler-Baeder & Shirer, 2011).

**Class Setting**

Typical relationship programs use a classroom type setting. Parents with low educational levels may associate classroom learning with a less than positive experience (Cox & Shriver, 2009). Therefore, FF may experience better outcomes in a program that has a “gathering” type feel. In addition, community educators may want to use the term “prevention” rather than “intervention” when describing the program (Adler-Baeder & Shirer, 2011).

**Staff Selection**

Staff are more likely to appear credible when they are of a similar demographic to the participants (Huser, Small & Eastman, 2008). Staff should exude the characteristics of warmth,
genuineness, flexibility, humor and empathy. The program should seek facilitators with communication skills, openness and willingness to share, as well as a sensitivity to group processes (Huser, et al., 2008).

**Recruitment**

Community based recruitment efforts might focus on multiple avenues by targeting agencies that cross-serve the fragile families. Community based recruitment is especially difficult among father’s (Shirer, Contreras, Chen & London, 2009). Male educators have reported having minimal difficulty recruiting a mother once a father is ‘on board’ but have more difficulty recruiting in reverse (Adler-Baeders & Shirer, et al., 2011). For African American men, endorsement by a religious leader in the community may be beneficial in recruitment for parenting programs (Shirer, et al., 2009). Coparents respond well to recruitment when a program is focused on the benefits for both the child and the parent (Feinberg & Kan, 2008). A program with a focus on the coparenting relationship only may be intimidating and place pressure on the couple to commit to one another when they are in an already strained relationship (Shirer et al., 2009).

Programs that provide childcare, meals, a central program location, and per session financial incentives report better program completion by participants (Adler-Baeder, et al., 2004).

**Recommendations for Future Research and Therapeutic Implications**

Fragile families, or those children born to unwed, low income, low educated and minority families now represent 48% of births in the United States yet are underrepresented in transition to parenthood literature and research. Rates of poverty, incarceration, low education, partner violence, depression and unplanned pregnancy are higher in fragile families, contributing to
instability for children in fragile families (McLanahan, 2011a) The collection of data indicated a correlation between risk factors and poor child outcomes, spurring research and policy concerning unmarried families. The trends in the study indicated a steady growth in unmarried families of all types; those in committed long term relationships, teen mothers, romantically linked parents, and parents with no enduring relationship or romantic attachment. Research also suggests that the time shortly after a baby’s birth is a critical period in which the quality of the relationship has particularly strong influence on the development of parent-child relationships (Cox, Paley, Burchinal & Payne, 1989). Cowan and Cowan, (2000) argued that the emergent family system at the time of transition to parenthood is difficult for even low- risk married couples who have good relationships and are well off socioeconomically. The challenges facing FF are multiplied at the transition to parenthood as parents lack the resources to ease the transition (Feinberg, 2002).

Community based parenting programs could be a valuable service to the growing number of unmarried parents. In 2006, over 250 programs were created in response to the Healthy Marriage Initiative and Responsible Fatherhood Programs. With a program design toward marriage, the programs did not address the needs of the growing number of families who choose to cohabit or who have children outside of an enduring romantic relationship. “The reality is that many co-parents interested in these types of programs, have older children, report no romantic relationship with their child’s other parent, and are interested in information to benefit current co-parenting relationships” (Adler-Baeder & Shirer, 2010, p. 1).

Since LeMaster first declared the transition to parenthood a crisis in 1957, a myriad of articles have been published on the transition to parenthood. Much of the historical literature cited in the review comes from the view of traditional transition to parenthood research, which
focused on married couples. Researchers Cowan and Cowan (2000), Gottman and Shapiro (2005), and Belsky (1990) are just a few researchers who studied the transition to parenthood with a focus toward married couples.

Because of the growing trend toward unmarried families, others, such as McHale, Waller, Pearson and Feinberg, Adler-Baeder and Shirer are currently conducting research on intervention and prevention techniques for the transition to parenthood, primarily focused on Fragile Families (McHale, et al., 2012; Adler-Baeder & Shirer, 2011; Feinberg, 2011). Three interventions showing promise are Coparenting Court piloted in Minnesota, the Family Foundations Program designed by Feinberg and Together We Can Together We Can. (Shier, Contreras, Chen & London, 2009; Feinberg, 2011; McHale, et al., 2012).

To date, literature with a focus on effective interventions for FF is sparse. “Very few peer reviewed reports on design and outcomes of well-controlled co-parenting intervention studies exist in the literature” (McHale et al., 2012, p. 294).

McLanahan, a Professor of Sociology and Public Affairs at Princeton University is the director of the Benheim-Thoman Center for Research on Child Well Being. As the principal investigator for FFCWS she is the editor of The Future of Children, which publishes findings on the Study. Many of the articles contained in the literature review come from the publication, which is specific to the study of fragile families. With the release of data in 2010, researchers are just beginning to examine interventions for Fragile Families.

**Reforms**

McLanahan and associates (2010) recommend the following policy reforms:

1. Scale up programs “to encourage more responsible sexual behavior” and expand access to contraception for individuals who might not be able to afford it.
2. Expand marriage-education programs to include job training, employment assistance, and mental health components, and rigorously evaluate existing community-based fatherhood programs to determine what increases paternal involvement.

3. Redesign government tax and assistance programs to ensure that children have access to high-quality early education and health care—with assurance that these benefits will not be cut or reduced if parents marry or live together.

4. Develop and evaluate new demonstration programs and policies in two areas: (1) assistance to help unmarried parents get a college education; and (2) penal system reform, especially initiatives providing alternatives to incarceration (McLanahan, Haskins, Garfinkel, Mincy & Donahue, 2010).

In order to encourage Fragile Families to marry, the Bush administration launched the Healthy Marriage Grant Program. However, of the 125 marriage promotion programs developed in the Bush era, little evaluation evidence exists for the outcomes of the programs (Cowen, et al., 2010). One recommendation is to design programs based on parent program criteria by Small & Huser (in press), with evaluations at six months, one year, and five-year increments.

Intervention design for Fragile Families might include a holistic approach. For example, a program might include father engagement, the needs of the infant, co-parent relationship quality, and parental personal development. New program design might target parents of different ages and racial and ethnic groups. In addition, a question remains if group interventions should separate parents with different types of relationships (McHale, et al., 2012).

Questions remain as to the optimal program length and time of intervention (McHale, et al., 2012). How many sessions will new parents who are overtired and adjusting to parenthood commit to attend? How much content is too much and what is considered too little content? How
might parenting programs connect to other community programs such as employment programs, reentry from the justice system, and addiction programs? (McHale, et al., 2012) “Especially needed is programming to determine whether parents who may never have a committed relationship or lived together can take hold of educational curricula to build a positive co-parenting alliances from scratch” (McHale, et al., 2012, p. 302).

The purpose of any co-parent prevention or intervention is to foster healthy, positive family relationships in order to promote healthy adjustment in the child (McHale, et al., 2012). For this aim to be realized research is needed. McHale and associates suggest two things needed to examine effective interventions:

The first is to begin actually observing triangular family dynamics to determine how co-parenting relationship systems are functioning. 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” (2012, p. 303).

Conclusion

The conclusion of the FFCWS was that children “born to unmarried parents are disadvantaged relative to children born to married parents in terms of parental capabilities and family stability. Additionally, marital status at the time of a child’s birth is a good predictor of longer-term family stability and complexity, both of which influence children’s longer-term wellbeing” (McLanahan, 2011a).

Interventions for Fragile Families have just begun to capture the interest of researchers and parent program developers. The Fragile Families Study released data in 2010 spurring research based on the data from the study. While the data provides understanding into the
patterns and trends of FF, few effective interventions developed from the study. “Ways of reaching out to the resident parent and of working with both parents on custody, visitation and co-parenting issues are still underdeveloped and underfunded” (McHale, Waller & Pearson, 2011, p. 291).

New questions are being asked and new concepts developed for interventions with FF. For example, the idea to create a co-parent alliance among parents who have not shared a romantic relationship is a relatively novel idea (Olson, 2013). Since the co-parent family structure is more triadic in nature, system theorists may find the growing number of fragile families of special interest. In addition, the way existing institutions respond to the needs of a new family structure may introduce changes in way institutions deliver services. McLanahan reached this conclusion about the delivery of services:

For this reason, services to parents in fragile families should be immediate, intense, and focused on the couple in their role as cooperative parents. Fashioned as a bumper sticker, our recommendation would be, “Support the three T’s: Treat early, Treat often, and Treat together” (McLanahan, Garfinkle, Mincy & Donahue, 2010, p. 14.).

Implications for marriage and family therapists are far reaching, as new family structures may make practice more challenging. In addition, traditional methods of strengthening families may not be effective with this population. Rather than strengthening communication and conflict resolution skills to strengthen families, therapists may find it more useful to discuss the value of strengthening and building solidarity in co-parenting relationships. Furthermore, teaching skills such as decision-making and self-regulation may be more pronounced. Introducing skills to build multiparental dynamics may be of utmost importance.
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