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Coparenting Intervention Programs: A Systematic Literature Review

Programas de intervención en coparentalidad: una revisión sistemática de la literatura

Programas de intervenção em coparentalidade: uma revisão sistemática da literatura

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Abstract

The coparenting relationship affects parents' and children's socioemotional well-being. Thus, we reviewed evidence in the scientific literature to describe the objectives and organization of coparenting intervention programs, to examine the design of these studies and summarize evidence concerning the effectiveness of these programs. The following electronic databases were used: Bireme, PsycNET, *Periódicos* CAPES, and IndexPsi *Periódicos*. The review was carried out in

April 2020 with no restrictions involving the date of publication. The keywords used were “coparenting”, combined with any of the following terms “training”, “intervention”, or “program”, in Portuguese, English, and Spanish. Based on the study criteria 34 texts about 17 intervention programs were examined to gain information about research design, program objectives and format, topics covered, intervention strategies, and evidence of program effectiveness. We observed that an experimental design was used in two-thirds of the

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studies with pretest, posttest, and follow-up evaluations. In many programs, parenting was also addressed. An array of psychoeducational intervention strategies was used to improve abilities such as emotional regulation, bidirectional communication, and joint decision-making. The programs were effective in helping parents to develop a more positive coparenting relationship (for example, by increasing support and reducing conflicts) and to improve their parenting (by reducing harsh parenting behaviors), with longitudinal studies indicating the stability of these effects. These findings indicate that coparenting can be improved and that working on the coparenting relationship is an important way of strengthening the socioemotional well-being of parents and their children.

Keywords: Coparenting; intervention; evaluation; parenting; family adjustment.

Resumen

La relación de coparentalidad afecta el bienestar socioemocional de padres e hijos. Dada su importancia, revisamos la evidencia en la literatura científica para describir los objetivos y la organización de los programas de intervención en coparentalidad que han sido evaluados, examinar el diseño de los estudios de evaluación y resumir la evidencia relativa a la eficacia de estos. Se utilizaron las bases de datos electrónicas Bireme, PsycNET, Periódicos CAPES y IndexPsi Periódicos. La revisión se realizó en abril del 2020, sin restricciones en la fecha de publicación. La palabra clave utilizada fue coparenting, combinada con cualquiera de los siguientes términos: *training*, *intervention*, o *program*. En portugués, inglés y español. Se identificaron 34 textos de 17 programas de intervención. Estos artículos fueron examinados para obtener información sobre el diseño de la investigación, los objetivos y el formato del programa, los temas tratados, las estrategias de intervención y la evidencia de la eficacia del programa. Observamos que en dos tercios de los estudios se utilizó un diseño experimental con evaluaciones previas, posteriores y de seguimiento. En muchos programas también se abordó la crianza de los hijos. Se utilizó una serie de estrategias de intervención psicoeducativas para

mejorar habilidades como la regulación emocional, la comunicación bidireccional y la toma de decisiones conjunta. Los programas fueron eficaces para ayudar a los padres a desarrollar una relación de coparentalidad más positiva (por ejemplo, aumentando el apoyo y reduciendo los conflictos) y mejorar su crianza (por ejemplo, reduciendo las conductas de crianza duras), con estudios longitudinales que indican la estabilidad de dichos efectos. Estos resultados muestran que la coparentalidad puede mejorarse y que trabajar en esa relación es una forma de fortalecer el bienestar socioemocional de padres e hijos.

Palabras clave: coparentalidad; intervención; evaluación; crianza; ajuste familiar.

Resumo

A relação coparental afeta o bem-estar socioemocional de pais e filhos. Dada a sua importância, revisamos as evidências na literatura científica para descrever os objetivos e a organização dos programas de intervenção coparental que foram avaliados, examinamos o desenho dos estudos de avaliação e resumimos as evidências sobre sua eficácia. Foram utilizadas as bases de dados eletrônicas Bireme, PsycNET, Periódicos CAPES e Periódicos IndexPsi. A revisão foi realizada em abril de 2020, sem restrições quanto à data de publicação. As palavras-chave utilizadas foram “coparenting”, combinada com qualquer um dos seguintes termos: “training”, “intervention” ou “program” em português, inglês e espanhol. Foram identificados 34 textos sobre 17 programas de intervenção. Esses artigos foram revisados para obter informações sobre o desenho da pesquisa, objetivos e formato do programa, tópicos abordados, estratégias de intervenção e evidências da eficácia do programa. Descobrimos que dois terços dos estudos usaram um desenho experimental com avaliações prévias, posteriores e de acompanhamento. A parentalidade também foi abordada em muitos programas. Uma série de estratégias de intervenção psicoeducativas foram utilizadas para melhorar habilidades como a regulação emocional, comunicação bidireccional e tomada de decisão conjunta. Os programas foram eficazes em ajudar os pais a desenvolver uma relação de

coparentalidade mais positiva (por exemplo, aumentando o apoio e reduzindo conflitos) e melhorar sua parentalidade (por exemplo, reduzindo comportamentos parentais severos), com estudos longitudinais indicando a estabilidade desses efeitos. Esses resultados indicam que a coparentalidade pode ser aprimorada e que trabalhar a relação coparental é uma forma de fortalecer o bem-estar socioemocional de pais e filhos.

Palavras-chave: coparentalidade; intervenção; avaliação; parentalidade; ajustamento familiar.

The quality of family interactions has a strong influence on positive human development (Cowan & Cowan, 2002; Minuchin, 1982; Minuchin et al., 1999). Researchers have also observed that the coparenting relationship seems to be a factor that influences other family relationships, affecting the socioemotional wellbeing of each family member (Feinberg, 2003; Margolin et al., 2001; McHale, 1995). A coparenting partner is a person who shares the long-term responsibility for caring for a child with another. Working closely with another person on such a complex and significant task as this and over such a long period of time, however, can be difficult (Guerra et al., 2020). This leads to the question: can we help parents (or other primary caregivers) establish more positive coparenting relationships? In this study, we reviewed findings on the design and effects of programs that aimed to help parents (or other parental figures) work together to manage the tasks involved in raising their children.

Identifying coparenting programs is not a straightforward task, as programs that address coparenting have often been added to parenting programs (Shapiro et al., 2011). Thus, it is important to define coparenting. Three of the most widely cited theoretical models of coparenting were developed by Margolin et al. (2001), Feinberg (2003), and Van Egeren and Hawkins (2004). The authors of these models understand coparenting as the interactions between two individuals (the

biological parents or other primary caregivers) who take joint responsibility for the welfare of a particular child. Although there are some distinctions, the authors of all three models indicate that coparenting partners need to be able to deal with differences in their opinions about parenting, to express their approval and support for the other parent, to assume responsibilities for family-related tasks, and to avoid involving the child in interparental conflicts by using the child to help manage conflicts or by forming an alliance to exclude or disqualify the other parent.

In addition to describing and delimiting the concept of coparenting, many researchers have investigated how coparenting relates to family adjustment. For example, coparenting has a strong influence on parent-child relationships and parenting practices. Margolin et al. (2001) indicated that the extent to which parents collaborate with each other (positive coparenting) influences how they interact with their children and deal with stress related to their parenting roles. Böing and Crepaldi (2016) reported similar findings, indicating that approval of the partner's parenting was an important predictor of parenting styles. The more strongly the mothers endorsed their husband's parenting behaviors, the more likely they were to report that their husbands used a reciprocal, democratic parenting style. In addition, the greater the occurrence of undermining behaviors in the coparenting relationship, as reported by fathers, the higher the probability both parents would use an overly permissive style of parenting (Böing & Crepaldi, 2016).

Going one step further to look at how the coparenting relationship affects children's developmental outcomes, Teubert and Pinquart (2010) conducted a meta-analysis, examining 59 studies in which statistical information was reported on the relationship between coparenting and indicators of child adjustment. Positive coparenting (high levels of cooperation and agreement and low levels of conflict and triangulation) had a strong positive association with desirable child development outcomes

(social adjustment and emotional attachment), and a strong negative association with undesirable outcomes (internalizing and externalizing behavior problems). A more robust analysis of the effects of coparenting was made by examining only the results of longitudinal studies (nine studies with an average duration of 37 months). The authors concluded that the way parents interact with each other to raise their children is significantly related to the children's psychological adjustment.

However, according to Sifuentes and Bosa (2010), although evidence for the importance of coparenting has been widely reported, most research has been conducted with parents whose children have a normal trajectory of development progress. Thus, the authors questioned whether parents of children with special needs, such as autism, require more elaborate adaptations in the family context and in the coparenting relationship between the parents. Compared to children who do not have special needs, raising a child with special needs requires more intensive parenting involvement and a greater need for additional help, but to the extent that the parents can support each other in establishing helpful ways to respond to their child's needs, the quality of the coparenting relationship would still be expected to influence parent and child outcomes.

Considering this and other evidence that points to the influence of a positive coparenting relationship on the psychological adjustment of the parents and on important development outcomes for the children (Feinberg et al., 2009), researchers and practitioners began to invest in finding ways to improve this relationship. In their study, Feinberg et al. (2009) presented strong evidence that addressing coparenting and other family relationships in intervention programs can benefit family dynamics and child development.

In the years that followed, additional efforts were made to improve coparenting relationships through the development of interventions focused directly on the coparenting relationship

and including elements related to coparenting in parenting programs. Evidence on the effectiveness of intervention programs that included coparenting as one of its components points to improvements for various family members and for key relationships in the family system, including the promotion of marital satisfaction, better parenting practices, self-regulation in infants, social competence in children, and parental self-efficacy (Feinberg & Kan, 2008; Feinberg et al., 2009; 2015). However, we were unable to find a review study that could provide researchers and practitioners with an overview of the intervention programs that have been evaluated, the quality of the studies conducted to evaluate these programs, differences in the target population for each program, and the outcomes that have been reported. Thus, the goal of this paper was to review the scientific literature to describe the objectives and organization of the coparenting intervention programs, examine the design of the evaluation studies, and summarize evidence concerning the effectiveness of these programs.

Method

Data collection procedures

In accordance with the PRISMA statement (Liberati et al., 2009), a systematic review was carried out in April 2020 using the following databases: Bireme, PsycNET, *Periódicos* CAPES, and IndexPsi *Periódicos*. No restrictions were used concerning the date of publication. Considering the objectives of this study, the following keyword combinations were used: “coparenting” AND “training,” “intervention,” “program” in English, Spanish, and Portuguese. All the keywords were inserted in the “subject” field. No restrictions were imposed regarding the date of publication, the use of a comparison or control group, a particular outcome variable, or any other aspects of study design (Liberati et al., 2009).

Based on the PRISMA statement, additional searches may be conducted when the researchers need more information about any of the studies in terms of procedures, outcomes, or about the intervention programs themselves.

Exclusion criteria

During the first phase of the review, the titles and abstracts of each article were independently analyzed by two researchers to decide on the exclusion of studies. Disagreements were resolved by reaching consensus in discussions that included a third researcher. Only scientific articles which had undergone peer review and had the full version available for download were considered. Of the 245 publications initially identified, 57 met these criteria. Texts retrieved multiple times in different databases were considered only once, reducing the total number of papers to 38.

After considering these initial criteria, a group of three researchers applied further exclusion criteria; they read the 38 studies (once again, disagreements

were discussed until consensus was reached). These additional criteria were: (a) the study was not about an intervention program, (b) the coparenting relationship was not addressed in the intervention program, and (c) no program evaluation results were presented. Based on these criteria, another six articles were excluded, resulting in the retention of 32 studies for qualitative analysis. There was 94.7% agreement among the evaluators about the inclusion or exclusion of each study. At this point, two additional texts were included (Gaskin-Butler et al., 2015; Ward et al., 2017) to obtain information about topics covered and intervention strategies used in two of the programs, as this information was not described in the initial set of articles. In Figure 1, we present a summary of the criteria used to exclude articles and the number of articles excluded based on each criterion.

Data analysis procedures

To increase the quality of the data analysis process, three researchers analyzed the content

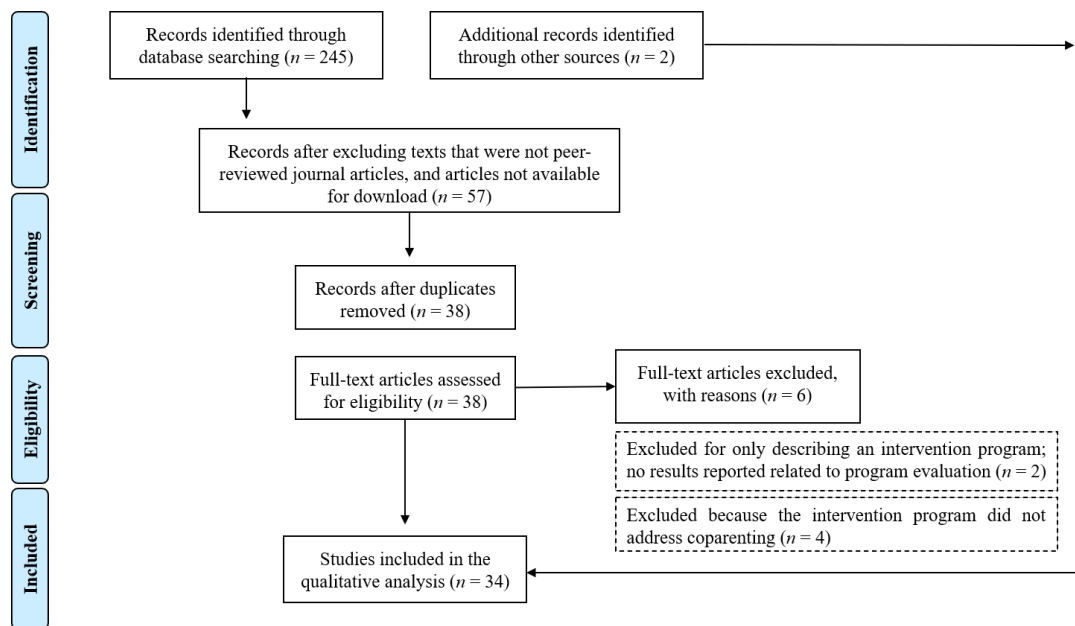


Figure 1. Criteria and number of texts accepted

Source: Prepared by the authors following the model of Moher et al. (2009).

of the 34 selected articles, obtaining information that describes 17 intervention programs. To guide the analysis of the programs found in the different studies, the following information was registered: program objectives, research design used to evaluate each program, program format (number of sessions, individual or group setting, and target participant characteristics), topics covered, intervention strategies used, evidence of program effectiveness, and study limitations.

Results

Sufficient information was found to examine 17 intervention programs, presented in alphabetical order: *Adaptation of the Incredible Years* (Linares et al., 2006), *Bringing Baby Home* (BBH) (Shapiro et al., 2011), *Co-Parent Court* (CPC) (Marczak et al., 2015), *Coparenting Intervention* (Doss et al., 2014), *Couple Care for Parents* (Petch et al., 2012), *Dads for Life* (DFL) (Cookston et al., 2007), *Family Foundations* (FF) (Brown, Feinberg & Kan, 2012; Brown, Goslin & Feinberg, 2012; Feinberg et al., 2009; Feinberg et al., 2010; Feinberg et al., 2014; Feinberg et al., 2015; Feinberg, Jones, Hostetler et al., 2016; Feinberg, Jones, Roettger et al., 2016; Feinberg & Kan, 2008; Jones et al., 2014; Jones et al., 2018; Kan & Feinberg, 2015; Solmeyer et al., 2013), *Fathers for Change* (Stover, 2015), *Figuring It Out for the Child* (FIOC) (Gaskin-Butler et al., 2015; McHale et al., 2015), *Minnesota Early Learning Design* (MELD) (Fagan, 2008), *Overcoming Barriers Program* (OBP) (Saini, 2019; Ward et al., 2017), *Pais por inteiro* (Papi) [100% parents] (Lamela et al., 2010), *Promoting Strong African American Families Program* (ProSAAF) (Beach et al., 2014; Lavner et al., 2019), *Supporting Father Involvement* (SFI) (Epstein et al., 2015), *Together We Can* (TWC) (Adler-Baeder et al., 2016; Garneau & Adler-Baeder, 2015; Kirkland

et al., 2011), *Understanding Dad* (Fagan et al., 2015), and an *Unnamed* program, conducted by Takeishi et al. (2019).

Although all the programs were designed to improve the coparenting relationship, some of them had additional goals related to improving the marital relationship, parenting, and father involvement. In addition, the *Papi* and OBP sought to help parents with the process of emotional adaptation to divorce, and the *Fathers for Change* program worked on issues related to the reduction of violence and substance abuse. In Table 1, we present a summary of the information we gathered, including the name of each program, the country where the programs were evaluated, information about the program-evaluation research design, program format, topics covered, and evidence of the effectiveness of each program.

Most of the programs were conducted in the USA, with only four programs conducted in other countries (Japan, Australia, Portugal, and Canada). The Japanese program was based on the *Family Foundations* program. Two thirds of the programs (64.7%) were evaluated using an experimental study design (random assignment to intervention and control groups) with a pre-test, a post-test, and at least one follow-up evaluation. Replication studies were found for three programs: *Family Foundations*, *ProSAAF*, and *Together We Can*.

There were variations in the structure of the intervention programs, considering the number of sessions (ranging from 2 to 24), format (group, individual, or mixed), and the topics covered. Nearly all the programs used a group intervention format, often mixed with individual sessions; 12 of the programs were comparatively brief (up to 8 sessions). The OBP was conducted in a “camp” (or retreat) context. Most of the programs were offered during the transition to parenthood period, but four programs were designed for divorced parents, and one was for parents with adolescent children.

Table 1.

Brief description of the Coparenting Intervention Programs, study participants and design, topics addressed, and evidence of program effectiveness

Program	Description ¹	Topics ²	Effectiveness
1. Adaptation of the Incredible Years Program USA	24 group sessions with biological and adoptive parents of neglected children who were in sheltered care N = 128, the majority were mothers Pre, Post, Follow-up, EG, CG	<i>Coparenting</i> : open communication, conflict resolution involving family visits, laundry, cleaning, family routines, and discipline <i>Parenting</i> : playing, praise, rewards, effective limit setting, how to deal with “bad behavior”	<i>Coparenting</i> : improvements in coparenting <i>Parenting</i> : improvements in parenting
2. Bringing Baby Home USA	12 individual or dyadic sessions for parents expecting a child N = 181 Pre, Post, Follow-up, EG, CG	<i>Coparenting</i> : teamwork, avoiding involving the child in marital conflicts <i>Parenting</i> : father involvement, child development <i>Marital relationship</i>	<i>Coparenting</i> : reduction in negative aspects of coparenting (competition)
3. Co-Parent Court USA	4 individual and group sessions with divorced parents N = 178 mothers, 55 fathers Pre, Post, Follow-up, EG, CG	<i>Coparenting</i> : coparenting skills, learning to negotiate rules and support <i>Parenting</i> : changes in attitudes and behaviors to promote parenting, development of a parenting plan <i>Family support</i> : social assistance	<i>Coparenting</i> : improvements in mothers’ perceptions of the coparenting relationship <i>Parenting</i> : increase in the amount of time that the fathers spent with their children
4. Coparenting Intervention USA	4 sessions for couples expecting their first child (between the 6th and 8th month of pregnancy) N = 90 couples (180 parents) Pre, Post, Follow-up, EG, CG	<i>Coparenting</i> : preparation of a coparenting plan (to manage potential obstacles), impacts of postpartum depression, stress and anxiety for co-parenting, problem solving <i>Parenting</i> : setting limits for the child	<i>Coparenting</i> : improvements in parenting alliance (for mothers)
5. Couple Care for Parents Australia	6 sessions (1 prenatal group, 2 prenatal home visits; 1 postnatal home visit, and 3 postnatal phone calls) N = 250 couples Pre, Post, Follow-up, EG, CG	<i>Coparenting</i> : communication, conflict management, support from partners, stress management, expectations about housework and baby care <i>Parenting</i> : childcare knowledge and skills <i>Couple</i> : balancing time for couple, self, and family; affection and intimacy	<i>Parenting</i> : reductions in parental intrusiveness and hostility among high-risk women <i>Couple</i> : prevention of a reduction in relationship satisfaction in high-risk women (tendency towards similar effects for men); reduction in relationship stress
6. Dads for Life USA	10 individual and group sessions with divorced fathers (non-custodial or joint custody fathers) N = 203 Pre, Post, Follow-up, EG, CG	<i>Coparenting</i> : managing interparental conflict <i>Parenting</i> : father-child relation, parenting skills (listening, communication, and effective discipline)	<i>Coparenting</i> : improvements in perceptions of co-parental support and general coparenting (for mothers) <i>Couple</i> : reduction in marital conflicts

Program	Description ¹	Topics ²	Effectiveness
7. Family Foundations USA	5 prenatal and 4 postnatal group sessions with couples expecting their first child Study 1: <i>N</i> = 169; Study 2: <i>N</i> = 399 Pre, Post, Follow-up, R, EG, CG	<i>Coparenting</i> : emotional self-regulation, conflict resolution, problem solving, communication, mutual support strategies for parenting, division of labor <i>Parenting</i> : providing emotional security, child stimulation	<i>Coparenting</i> : higher coparenting support, closeness <i>Parenting</i> : improvements in parental self-efficacy, reduction in parental stress <i>Couple</i> : higher marital satisfaction <i>Others</i> : reduction in depression and anxiety (mothers); better sleep regulation and social competence (children)
8. Fathers for Change USA	16 individual and group sessions with fathers with co-occurrence of partner violence and substance abuse <i>N</i> = 18 Pre, Post, Follow-up, EG, CG	<i>Coparenting</i> : communication <i>Parenting</i> : parenting skills; parenting role as a motivator for change <i>Self</i> : strategies to reduce violence and substance abuse	<i>Coparenting</i> : no differences were found <i>Parenting</i> : reduction in violence and intrusive behaviors in the father-child relationship
9. Figuring It Out for the Child USA	7 group sessions with unmarried, African-American parents <i>N</i> = 20 Pre, Post	<i>Coparenting</i> : communication, active listening techniques, anger management, conflict resolution, problem-solving, rapport, solidarity, joint goal-setting <i>Parenting</i> : parental consciousness-raising (insight), father involvement	<i>Coparenting</i> : improvements in communication, problem solving, support, positive affect, and cohesion; reductions in aggression, coercion, attempts to control, negativity, and conflict
10. Minnesota Early Learning Design USA	5 group sessions for fathers expecting a child <i>N</i> = 154 Pre, Post, Follow-up, EG, CG	<i>Coparenting</i> : division of labor, communication, conflict resolution, and teamwork <i>Parenting</i> : father involvement, benefits of positive coparenting for babies	<i>Coparenting</i> : improvements in parenting alliance, communication, support <i>Parenting</i> : improvements in father engagement
11. Overcoming Barriers USA, Canada	40 participants (divorced or separated) ³ Pre, Post	<i>Coparenting</i> : goals, motivations, expectations, changing cognitive distortions, emotional regulation, communication, managing conflicts using parallel parenting or parenting coordination <i>Parenting</i> : child safety, managing and responding to alienated child	<i>Coparenting</i> : decrease in conflicts between parents <i>Parenting</i> : improvement in parent-child relationship (when self-evaluations of participation were positive)
12. Pais por inteiro [100% parents] Portugal	8 group sessions with divorced fathers (<i>n</i> = 7) and mothers (<i>n</i> = 9) – not dyads Pre, Post, EG, CG	<i>Coparenting</i> : conflicts and coparenting negotiation <i>Self</i> : emotions involved in divorce	<i>Coparenting</i> : improvements in quality of coparenting <i>Self</i> : improvements in adjustment to divorce

Program	Description ¹	Topics ²	Effectiveness
13. Promoting Strong African American Families Program USA	6 sessions for African-American couples with pre-adolescent or adolescent children <i>Study 1: N = 331</i> <i>Study 2: N = 346 families</i> Pre, Post, Follow-up, R, EG, CG	<i>Coparenting:</i> communication, expectations, rules, support, conflict resolution, joint activities <i>Parenting:</i> child support, no nonsense parenting, everyday parenting (school issues, dangerous behaviors), ethnic pride, emotional connections <i>Context:</i> job stress, racism, finances, extended family	<i>Coparenting:</i> improvements in co-parenting, reduction in arguing in front of adolescent children <i>Couple:</i> improvements in couple satisfaction and communication
14. Supporting Father Involvement USA	16 group sessions with parents who had a youngest child up to 11 years old <i>N = 371</i> Pre, Post, EG, CG	<i>Coparenting:</i> quality of the coparenting relationship <i>Self:</i> individual mental health and well-being <i>Couple:</i> quality of the marital relationship <i>Parenting:</i> quality of the parenting relationship <i>Context:</i> stressors of family life, use of social support	<i>Couple:</i> reduction in conflict among couples who initially had high levels of conflict
15. Together We Can USA	6 sessions for Afro-American and low-income mothers (<i>n = 73</i>), grandmothers (<i>n = 7</i>); <i>Study 2: 314</i> low-income mothers; <i>Study 3: 96 stepparents</i> Pre, Post, Follow-up, R, EG, CG	<i>Coparenting:</i> coparenting skills: caring for your partner, sharing, connecting, and managing <i>Parenting:</i> parenting skills <i>Self:</i> choosing, knowing, caring for yourself	<i>Coparenting:</i> improvements in coparenting agreement (stepmothers); reduction in coparenting disagreements <i>Parenting:</i> improvements in parenting effectiveness; reduction in use of punitive parenting behaviors <i>Child:</i> improvements in social competence
16. Understanding Dad USA	8 group sessions with mothers <i>N = 34</i> Pre, Post	<i>Coparenting:</i> effective communication, conflict resolution, quality of the relationship with the father <i>Parenting:</i> maternal influence on father-child involvement	<i>Parenting:</i> improvements in self-efficacy, knowledge, and attitudes of mothers
17. Unnamed Japan	2 sessions <i>N = 21 couples</i> Pre, Post	<i>Coparenting:</i> conflict resolution, problem solving, communication, and mutual support strategies	<i>Coparenting:</i> improvements in coparenting support <i>Child:</i> improvements in child's soothability <i>Couple:</i> improvements in the couple relationship <i>Self:</i> improvements in parents' mental health

¹ Pre = pretest, Post = posttest, EG = experimental group, CG = control group, R = replication study

² In addition to using information from the texts found through the systematic literature search, two additional references were used to complete information on the topics covered and intervention strategies used in the *FIOC* and *Overcoming Barriers* programs.

³ The references found did not indicate the number of sessions used to offer the program; they indicated that it was offered in a 'camp' (or retreat) context.

The programs covered coparenting issues but also offered guidance on topics such as parenting, the couple's relationship, and participant's well-being. In addition, most programs used a variety of intervention strategies, such as modeling (using videos or film clips), instructing (using program pamphlets or participant manuals, readings, and discussions), behavioral training (via role-play activities, games, working on communication strategies, teaching problem-solving techniques, improving stress and anger management abilities), emotional involvement (using self-revelation), and tasks for establishing behavior changes in the parents' home environment (using homework and a coparenting plan).

The effects of the intervention programs were mostly evaluated using self-report instruments, although some researchers used observational measures or interviews. In one study, the effects of the *Family Foundations* program were also tested using a biological measure (the parents' cortisol levels). In three studies, however, although improving the coparenting relationship was a program goal, this relationship was not evaluated. Improvements in the coparenting relationship were observed for 13 of the 17 programs, with some researchers reporting general improvements while others indicated changes in more specific areas of coparenting, such as increased coparenting support, closeness, communication, and agreement, as well as reductions in coparenting disagreements and conflicts.

Given that the quality of the coparenting relationship is intertwined with parenting behaviors and the quality of the marital relationship, we also examined results related to these outcomes. Although not all the programs focused on parenting or the couple's relationship, improvements in parenting were reported for 9 of the 12 programs that addressed parenting, including results such as a greater sense of parenting self-efficacy, lower parental intrusiveness and hostility, higher father engagement, and improvements in parent-child relationships. Significant improvements in the

couple's relationship satisfaction were also reported for four of the programs.

Additional indirect effects of improvements in coparenting were also measured. Improvements in the parents' emotional well-being (lower depression and anxiety, better adjustment to divorce) were evaluated and confirmed for four programs. Furthermore, the *Family Foundations* program was successful in establishing positive coparenting relationships, as expected, which appears to have buffered the negative impacts of parenting stress on the mothers' mental health (depression and anxiety symptoms), the babies' birthweight, and the number of days of hospitalization at birth. During follow-up studies, further benefits for the children were observed, including greater soothability, better sleep regulation, and higher social competence.

A buffering effect of coparenting was also reported for the *Coparenting Intervention* program, which was also effective in helping the parents establish a good coparenting relationship. When this relationship was better, it contributed to preventing unhealthy levels of perceived stress.

Although many of the studies were of high scientific caliber, the authors of the studies we reviewed noted various research limitations. Some noted problems such as small sample sizes, non-representative samples regarding the phenomenon of interest (truncated variance problems), non-generalizable effects due to targeting particular groups of parents (e. g., divorced, high-risk, or low-income parents/fathers), use of only one measurement method (e. g., only self-report instruments or only observational measures), use of instruments lacking studies to examine evidence of validity, difficulties evaluating the effects of any specific component of the program due to the use of a complex intervention strategy (for example, activities on coparenting and parenting), small effect sizes, not enough sessions focused on developing coparenting skills, no evaluation of the effects of the program on the child, absence of a control group, no follow-up evaluation, and no replication studies to confirm the results.

Discussion

An important issue in intervention work on family functioning is to decide who to work with (the target population) and at what point in their lives. Many of the coparenting programs were offered during the transition to parenthood period, as this is a phase when parents may be more open to outside assistance and a time when they are actively investing in constructing a positive coparenting relationship (Feinberg, 2002; Feinberg et al., 2009). Another finding that justifies working with parents during the transition to parenthood period is that rates of depression, anxiety, and marital conflict usually increase substantially during this period, with negative effects on child development (Feinberg et al., 2009).

Another factor that varied across studies and programs was the target population—some researchers worked with couples, while others worked only with mothers or only with fathers. The *Fathers for Change*, MELD, and DFL¹ intervention programs were offered only to fathers; the *Understanding Dad* program was offered only to mothers. The fact that a given program was offered to only one member of the parenting dyad does not mean that the program cannot be used with the other parent (or with both parents together). However, these programs would need to be evaluated to establish their effectiveness with an expanded population. Among the interventions that were offered to both parents, one presented evidence of efficacy only for the mothers (the *Coparenting Intervention* program), which also points to the need to understand differences in program efficacy related to the participant's gender.

Although prevention work during the transition to parenthood is of unquestionable importance, interventions that are appropriate for other stages of family life are also needed. The coparenting re-

lationship changes over time, as the children move from one developmental stage to the next and as the parents' circumstances change. The results of the intervention studies that were carried out with parents of older children (Frascarolo et al., 2018) and divorced parents (for example, Lamela et al., 2010) signal that, even when the children are older and interparental conflict is higher, many parents can improve their coparenting relationship.

According to Shapiro et al. (2011), most early coparenting programs were designed to promote a more collaborative relationship among divorced parents. Later, researchers began to test coparenting as a means of encouraging father involvement, while others focused on promoting good quality coparenting relationships as the main objective of their intervention program. Despite this diversity, the structure of the programs was generally similar to those of earlier studies in the area of family intervention research (Cowan & Cowan, 1995, 2002; Hawkins et al., 2008; Micham-Smith & Henry, 2007).

In all the programs, at least one of the objectives was to promote a more positive coparenting relationship. However, most of the programs had additional objectives, such as improving parenting behaviors or the marital relationship. Complex problems, such as family adjustment, require multi-component intervention programs (Moore et al., 2015). The combination of objectives reflected the researchers' expectations that better quality coparenting relationships, based on bidirectional communication and collaboration, can fortify their efforts to improve parent-child interactions, as well as to develop the non-parenting components of the couple's relationship, as the associations between coparenting and other family relationships have already been documented in the scientific literature (Barzel & Reid, 2011; Feinberg et al., 2007; Feinberg et al., 2012; Morrill et al., 2010; Norlin & Broberg, 2013; Pedro & Ribeiro, 2015; Venâncio, 2015).

In general, professional help aided the parents to improve interpersonal skills that are important

¹ Although the mothers were not invited to participate in these programs, they completed the study measures.

for coparenting, such as communication, problem solving, improving stress, anger management abilities, and being supportive. Most of the programs were prepared by program developers who organized activities based on a behavioral change model that addresses links between thoughts, feelings, and interpersonal behaviors (as described by Moore et al., 2015). Thus, parents built up skills in a cumulative and integrative way, with each skill increasing their ability to manage stressful coparenting situations.

The intervention strategies used in the programs reviewed involved active learning techniques often used in cognitive-behavioral therapy (Guerra et al., 2020). These strategies included social learning strategies (such as modeling, instructing, behavioral feedback, and social reinforcement), emotional engagement strategies (such as self-revelation), the development of self-monitoring and self-regulation abilities (with respect to thoughts, feelings, and verbal behavior), and tasks to promote transferring new skills to the home environment. These are impactful strategies that can help people expand their interpersonal skills, leading to long-term benefits.

Although there were many differences among the programs, improvements in the coparenting relationship were reported in most of the studies. This provides evidence that the quality of the coparenting relationship can be improved using professional intervention techniques, such as the strategies described in the programs we examined. A higher quality coparenting relationship helps parents work together to negotiate the difficulties of raising a child (Feinberg, 2003).

It also appears that improvements in coparenting were typically accompanied by improvements in parenting and satisfaction with the marital relationship, confirming that coparenting, parenting, and the quality of the marital relationship, seem to go hand in hand (Feinberg et al., 2009). Furthermore, for some programs, additional impacts were evaluated, considering a variety of problems that typically occur during the period of transition to

parenthood. In the *Family Foundations* program, for example, stronger coparenting relationships attenuated mothers' mental health problems and were also associated with a lower incidence of problems related to the baby's birth weight and of other complications that lead to extended hospital stays. It is important to highlight, however, that the number of replication studies and longitudinal program-evaluation studies is still small.

Finally, it is important to consider the limitations of this review study linked to methodological issues. The choice of keywords, databases, and languages contribute to finding studies on the topic of interest, but there may be other studies that were not included in the present review that describe additional results or other intervention programs focused on coparenting. Thus, review studies that use other keywords and that cover research published in other languages are needed to add to the results found.

Final considerations

In this paper, we described intervention programs that had, as one of their objectives, the promotion of a positive coparenting relationship and examined evidence of the effectiveness of each program. It is important for researchers and professionals to have access to a summary of findings on the effects of intervention programs that address coparenting, so they can examine evidence about how to foster this relationship and about some of the benefits of helping parents to interact positively with each other to raise their child.

The outcomes reported characterize an advance in coparenting research, as the results of intervention studies, compared to correlational studies, offer more robust scientific evidence. We already knew that coparenting was associated with family functioning (McHale & Rasmussen, 1998). Now we know that it is possible to improve the coparenting relationship and that these improvements can

help parents to interact more constructively with their children and with each other, not only in the coparenting relationship but also in their marital relationship, contributing to the parents' and their children's socioemotional wellbeing.

The programs reviewed dealt with multiple aspects of family life. Although the focus on coparenting represents a relatively new contribution, it is important to realize that working only on coparenting is probably not sufficient to reach the reported outcomes for the children's development and for parents' mental health. To make further progress in coparenting, we offer three suggestions. First, coparenting programs should be evaluated in a wider range of cultural contexts. Findings from a greater number of countries will help to identify ways to improve them. In the present review, although we searched for studies using North and South American databases and were able to analyze texts written in English, Portuguese, or Spanish, only four of the studies we reviewed were conducted outside the USA.

Additionally, given the rapid evolution of technologies and the increasing use of these tools, it will be important to develop interventions that can be applied in multiple formats (such as face-to-face and online versions). This could favor the dissemination of these programs, permitting not only an increase in the number of people assisted but also leading to the possibility of reaching a greater range of people. Some parents are more likely to benefit from in-person programs at local community centers, while others, for logistical reasons, can more easily participate if they do not have to travel or leave work early.

Finally, given that research on coparenting programs is still at an intermediate stage of evidence-gathering, researchers should invest in conducting longitudinal studies. For example, can programs such as the ones reviewed permanently interrupt the transmission of interpersonal behaviors that lead to intimate partner violence, parental depression, divorce, and harsh parenting? How does

a more cooperative coparenting relationship affect the children as teenagers, the emotional well-being of young adults who have left their parents' home, and coparenting behaviors when the grown-up children become parents? The answers to these questions may contribute to reducing long-standing social problems and to promoting more positive socioemotional interactions in family contexts and beyond.

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