

Last reviewed: July 2016

Intervention website: www.famfound.net

GUIDEBOOK INTERVENTION INFORMATION SHEET

Family Foundations

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Family Foundations (FF) is a group-based parenting intervention for couples expecting their first child. It is co-delivered by male and female co-facilitators to groups of couples via eight weekly sessions lasting two hours each. Parents learn strategies about how to communicate effectively as parents and support their child’s development.
Evidence rating	4
Cost rating	1
Child outcomes	<ul style="list-style-type: none"> • Supporting children’s mental health and wellbeing <ul style="list-style-type: none"> - Improved infant soothability - Improved emotional wellbeing - Improved social behaviour. • Enhancing school achievement and employment <ul style="list-style-type: none"> - Improved sustained infant attention. • Preventing obesity and promoting healthy physical development <ul style="list-style-type: none"> - Improved infant sleep.
Child age (population characteristic)	Perinatal
Level of need (population characteristic)	Universal

Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

Intervention summary	
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">• Asian• Black• Hispanic• Mixed ethnic/racial background• White.
Type (model characteristic)	Group
Setting (model characteristic)	<ul style="list-style-type: none">• Out-patient health setting• Sixth-form or FE college• Community centre.
Workforce (model characteristic)	Trained Family Foundations facilitators
UK available?	Yes
UK tested?	No

Model description

Family Foundations is a universal co-parenting intervention for all couples expecting their first child. It aims to support child development during the first year of life, as well as the quality of the co-parenting relationship.

Family Foundations is co-delivered by two practitioners in a helping profession to groups of couples via eight sessions lasting two hours each. The sessions can begin at any point in the mother's pregnancy.

Parents attend five sessions prior to the baby's birth and then reconvene for four additional sessions after the baby's birth.

The first five sessions acquaint parents to the stresses that are typical after the birth of a child and the ways these stresses can negatively the quality of the couple and co-parenting relationship. Parents receive strategies for improving communication and are also encouraged to develop plans for sharing the childcare duties after the baby is born.

Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

1. **Building a Family:** The facilitators set the foundation of the co-parenting team by providing activities and discussions that promote communication, while focusing on the positive parenting strengths of the team.
2. **Feelings & Conflicts:** This class focuses on feelings and emotions, how parents' emotions affect the child, especially conflict, and how parents can avoid and manage conflict.
3. **Good Sport Teamwork:** This class teaches couples to identify behaviours that upset them, how to recognise negative storylines, and how to change those thoughts.
4. **Working it Out:** Throughout the series, couples have practised communication skills but this class addresses how best to hold difficult conversations.
5. **Here We Go!** This class ends the prenatal series by helping couples both see each other as supportive partners and build each other's confidence as parents.

The second four sessions take place after the baby is born providing parents with strategies for understanding and responding to their child's temperament, helping their child sleep and self-soothe, and promoting attachment security in their child.

1. **New Parent Experiences:** This class allows parents to discuss the challenges of adjusting to parenthood and recognise the normalcy of their experiences. The class focuses on helping parents recognise their child's temperament and moods.
2. **Security:** This class focuses on attachment and security between parent and child. The issue of problem-solving is introduced.
3. **Problem-solving:** This class focuses on dynamics within the parenting team and couple problem-solving.
4. **Keeping Things Positive:** This class reviews how to best encourage security with the child, how couples handle sex and intimacy, and how parents can be supportive by communicating appreciation for their partner.

Target population

Age of child	Perinatal, during the mother's pregnancy.
Target population	All couples expecting the birth of their first child.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
The birth of a child frequently introduces high levels of stress into the inter-parental relationship.	High levels of inter-parental stress can increase the risk of ongoing couple conflict and diminish parents' ability to respond appropriately to their child's needs.	All parents expecting their first child.	<p>Parents learn:</p> <ul style="list-style-type: none"> • Plans for managing the stress associated with new parenthood • Techniques for improving couple communication and resolving conflict • Strategies for supporting each other as parents • How to understand and respond to their child's temperament • How to support their child's sleep and ability to self-sooth • How to implement positive family routines. 	<ul style="list-style-type: none"> • Better parent communication • Parents are better able to support each other as parents • Parents are better able to manage common stressful situations after the child is born • Parents are more likely to implement positive family routines • Reduced reports of couple conflict <p>Improved parent mood.</p>	<ul style="list-style-type: none"> • Improved quality of the co-parenting relationship • Improved child sleep and self-soothing • Reduced child maltreatment risk. 	<ul style="list-style-type: none"> • Improved child self-regulation • Improved child prosocial behaviour • Reduced child behavioural problems.



Implementation requirements

Who is eligible?	Family Foundations is for couples expecting their first child.
How is it delivered?	Two practitioners deliver the intervention to groups of six to 10 couples via eight sessions lasting two hours each.
What happens during the intervention?	Parents attend five sessions prior to the baby's birth and then reconvene for four additional sessions when the baby is between four and six months old. During these sessions, parents learn strategies for working together effectively as co-parents as they undergo the transition from being a couple to a family. Parents also learn strategies for responding to their child in a sensitive way. Parents learn through a variety of group exercises, role play and group discussion. They receive programme packs that contain a homework element. Once the baby is three months old parents attend for more sessions to discuss parenting experiences and explore areas for improvement.
Who can deliver it?	A male and a female practitioner co-facilitate. Both practitioners are expected to be helping professionals.
What are the training requirements?	The practitioners receive 24 hours of intervention training. Booster training is not required.
How are practitioners supervised?	Supervision is provided by host-agency supervisor with a master's qualification or higher in a helping profession.
What are the systems for maintaining fidelity?	<ul style="list-style-type: none"> • Fidelity self-report forms are completed by practitioners at the end of each session • Independent observation • Supervision and accreditation (by videotape) • Booster training session from intervention developer.
Is there a licensing requirement?	No
*Contact details	<p>Email address: info@FamFound.net</p> <p>Website: www.famfound.net</p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>



Evidence summary

Family Foundations’ most rigorous evidence comes from two RCTs conducted in the United States, consistent with Foundations’ Level 3 evidence strength criteria. One of these studies has evidence of a long-term impact, meaning that Family Foundations has evidence consistent with Foundations’ Level 4 criteria.

The first study observed that Family Foundations parents were significantly more likely to report improved infant attention at the end of the intervention than parents not attending Family Foundations. Additionally, Family Foundations children were observed as better able to self-soothe by researchers at 1 year old in comparison to children whose parents did not attend the intervention.

At 3 years old, Family Foundations parents were significant more likely to report improved social competence in comparison to parents who did not attend the intervention. At age 7 years old, Family Foundations teachers were more likely to observe improved emotional wellbeing in children whose parents attended the intervention.

The second study observed statistically significant improvements in Family Foundations parents’ reports of their infant’s sleep and orienting behaviours in comparison to parents not receiving the intervention. Additionally, Family Foundations infants were observed by researchers to demonstrate increased self-soothing in comparison to children whose parents did not receive the intervention.

Family Foundations’ evidence means that it can be described as evidence-based: it has evidence from at least two rigorously conducted evaluations (RCT/QED) demonstrating positive impacts across populations and environments lasting a year or longer.

Child outcomes			
Outcome	Improvement index	Interpretation	Study
Sustained attention	+13	Improvement on the duration of orienting subscales of the Infant Behaviour Questionnaire	1
Improved self-soothing	+18	0.30-point improvement on an observational measure of child behaviour developed for this project	1
Reduced internalising problems	+21	1.93-point improvement on the Child Behaviour Checklist Internalizing Behaviour Scale (Teacher report)	1



Improved soothability	+8	0.19-point improvement on an observational measure of child behaviour developed for this project	2
Improved orienting	+8	0.22-point improvement on an observational measure of child behaviour developed for this project	2
Improved sleep	+9	0.24-point improvement on the Child Sleep Questionnaire (Parent report)	2
Improved prosocial behaviour	+17	0.20-point improvement on the Head Start Competence Scale	1
Reduced externalising problems	+27	5.28-point improvement on the Child Behaviour Checklist Externalizing Behaviour Scale (intervention effect for boys)	1

Search and review

	Number of studies
Identified in search	2
Studies reviewed	2
Meeting the L2 threshold	0
Meeting the L3 threshold	1
Contributing to the L4 threshold	1
Ineligible	0



Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	169 heterosexual adult couples expecting their first child living in rural Pennsylvania, USA
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 90% White • 10% Not reported.
Population risk factors	<ul style="list-style-type: none"> • 82% of the sample were married • 29% of the fathers did not complete any post-secondary education.
Timing	<ul style="list-style-type: none"> • Post-intervention • Six-month follow-up • Three-year follow-up • 6.5 year follow up.
Child outcomes	<p><i>Post-intervention</i></p> <ul style="list-style-type: none"> • Improved infant soothability (Father report) • Increased infant sustained attention (Parents report). <p><i>Six-month follow-up (at infant's first birthday)</i></p> <ul style="list-style-type: none"> • Improved infant soothability (Researcher coded observation). <p><i>Three-year follow-up</i></p> <ul style="list-style-type: none"> • Improved social competence (Mother report) <p><i>6.5-year follow-up</i></p> <ul style="list-style-type: none"> • Improved internalising behaviours (Teacher report).



Study 1

Other outcomes	<p><i>Post-intervention</i></p> <ul style="list-style-type: none"> • Reduced mother-reported depression symptoms (Mother report) • Reduced mother-reported anxiety symptoms (Mother report) • Increased father-reported parenting closeness (Father report) • Increased co-parenting support (Mother and father report) • Reduced dysfunctional parent–child interaction (Mother and father report). <p><i>Six-month follow-up</i></p> <ul style="list-style-type: none"> • Reduced co-parenting competition (Mother and father behaviour) (Researcher coded observation) • Reduced co-parenting triangulation (Mother and father behaviour) (Researcher coded observation) • Increased co-parenting warmth (Father behaviour) (Researcher coded observation) • Increased inclusive behaviour in co-parenting (Mother behaviour) (Researcher coded observation) • Reduced negative communication (Mother behaviour) (Researcher coded observation) • Increased warmth to partner (Mother and father behaviour) (Researcher coded observation) • Increased parenting positivity (Mother and father behaviour) (Researcher coded observation) • Reduced parenting negativity (Father behaviour) (Researcher coded observation). <p><i>Three-year follow-up</i></p> <ul style="list-style-type: none"> • Reduced parental stress (Parent report) • Increased parental efficacy (Parent report) • Improved co-parenting quality (Parent report) • Improved parenting (reduced over-reactivity, laxness and physical punishment) (Parent report).
Study Rating	<p>3</p>



Study 1

Citations

Study 1a: Feinberg, M. E. & Kan, M. L. (2008) Establishing family foundations: intervention effects on coparenting, parent/infant well-being, and parent-child relations. *Journal of Family Psychology*, 22(2), 253.

Study 1b: Feinberg, M.E., Kan, M.L. & Goslin, M.C. (2009). Enhancing coparenting, parenting and child self-regulation: Effects of Family Foundation 1 year after birth. *Prevention Science*. 10, 276–285.

Study 1c: Feinberg, M. E., Jones, D. E., Kan, M. L. & Goslin, M. (2010). Effects of a transition to parenthood program on parents, parenting, and children: 3.5 years after baseline. *Journal of Family Psychology*. 24 (5), 532–542.

Study 1d: Feinberg, M. E., Jones, D. E., Roettger, M. E., Hostettler, M. & Solmeyer, A. (2014) Long-term follow-up of a randomized trial of Family Foundations: Effects on children's emotional, behavioral, and school adjustment. *Journal of Family Psychology*. 28, 821–831.

Brief summary

Population characteristics

This study involved 169 heterosexual adult couples expecting their first child, living in rural Pennsylvania, USA.

82% of the sample were married, and around 90% were White. Mean ages were 28.33 (SD=4.93) years for mothers and 29.76 (SD=5.58) years for fathers. The mothers were an average of 22.9 weeks gestation at the start of the intervention.

Study design

89 couples were randomly assigned to Family Foundations and 80 to a no-treatment control condition. The couples allocated to Family Foundations received the intervention. The couples in the control condition were mailed a brochure about selecting quality childcare.

The groups were equivalent at the point of assignment, with analyses showing no significant differences between intervention couples and control group couples on a wide range of pre-test variables, including age, income, education, marital status, weeks of gestation, mental health, and relationship quality.



Measurement

Assessments occurred at baseline (pre-intervention), post-intervention (when the babies were six-months old), a six-month follow-up (when the babies were 12 months old), a three-year follow-up (when the children were 3 years old) and a 6.5-year follow-up (when the children were 5 to 7.5 years old).

Post-intervention (Study 1a)

- **Parent report** measures included coparenting scales measuring ‘Co-parental Support, Parenting-Based Closeness, and Co-parental Undermining’, the Center for Epidemiological Studies Depression Scale (CES-D), the Taylor Manifest Anxiety Scale, the Dysfunctional Interaction Scale from the Parenting Stress Index (PSI), the Infant Behaviour Questionnaire, and validated questions about the infant’s sleep patterns. All assessments were completed by the father and mother.

Six-month follow-up (Study 1b)

- **Researcher-led** coded observations of videotaped sessions of the parent and infant engaging in free-play and a series of tasks designed to be at the limit of most infants’ developmental capacity (e.g. rolling a ball back and forth with a parent, building a tower of blocks). Couples also completed 10 minutes of the couple relationship discussion task (similar tasks were also completed at baseline). All videotapes were coded by researchers blind to group assignment.

Three-year follow-up (Study 1c)

- **Parent report** measures included the Parenting Sense of Competence Scale, the Parenting Stress Index, the Center for Epidemiological Studies Depression Scale (CES-D), the Coparenting Scale, the Quality of Marriage Index, the Parenting Scale, the Child Behaviour Checklist (CBCL), and the Head Start Competence Scale.

6.5-year follow-up (Study 1d)

- **Parent report** measures included the Strengths and Difficulties Questionnaire (SDQ).
- **Teacher report** measures included the Internalising and Externalising subscales of the Child Behaviour Checklist (CBCL), two non-validated school related measures aimed assessing children’s learning Engagement and academic motivation (Bierman et al., 2008) and the Motivation subscale of the Academic Competence Evaluation Scales.

Study retention

Post-intervention (Study 1a)

90% (152) of the originals sample completed validated parent and child measures (mailed to the families) immediately after intervention completion when their child was six months old. 89% (79) represented Family Foundations and 91% (73) the control participants.



Six-month follow-up (Study 1b)

95% of the families (160) participated in a coded observational assessment six-months post-intervention, when the baby was approximately 1 year old. This included 93% (83) of the Family Foundations participants and 96% (77) of those in the control group.

Three-year follow-up (Study 1c)

84% (142) families of the parents completed measures about their child and themselves. 85% (75) of the families attended Family Foundations and 84% (67) represented the wait-list control group. The groups were roughly equivalent, although demographic comparisons observed that the mothers who dropped out of the control condition were less educated than mothers who dropped out of Family Foundations.

6.5-year follow-up (Study 1d)

Parent and teacher assessments were completed for 58% (98) of the families at a 6.5-year follow-up when the children were 7 years old. 56% (50) had attended Family Foundations and 60% (48) participated in the wait-list control. The income of the families remaining in the study was significantly higher than those who dropped out.

Results

Post-intervention (Study 1a)

Data-analytic plan

Multilevel regression models with mothers' and fathers' scores as two dependent measures (to account for within-family dependency) were used to analyse the findings. Intent-to-treat involving the retained sample was used for all analyses.

Findings

Family Foundations fathers reported statistically significant improvements in infant soothability. Family Foundations parents also reported significant increases in their infants' sustained attention.

In terms of parent outcomes, the study observed statistically significant improvements in Family Foundations mothers' reports of depression and anxiety symptoms. Family Foundations fathers also reported statistically significant improvements parenting-based closeness.

Additionally, fathers and mothers in the Family Foundations were also significantly more likely to report improvements in coparenting closeness and reductions in parent–child dysfunctional interaction in comparison to parents in the control condition.

Six-month follow-up (Study 1b)

Data-analytic plan

Multivariate multilevel regression models were used to analyse parallel behaviours of mothers and fathers, with mothers' and fathers' scores as two dependent measures, thereby accounting for



within-family dependency and yielding separate estimates for mothers and fathers. A general linear model regression approach was used to analyse child outcomes. For variables available only at follow-up (i.e. coparenting, parenting, child behaviour), the main effect of condition represented the intervention effect. All analyses retained the available sample with intent-to-treat.

Findings

The study observed that infants whose parents attended Family Foundations were better at self-soothing than infants whose parents received no intervention. Additionally, the study observed statistically significant improvements in coparenting and parenting behaviours favouring the Family Foundations group on a number of dimension: reduced coparenting competition and triangulation (fathers and mothers), increased co-parenting warmth, increased coparenting inclusion (mothers only), reduced negative communication (mothers only), increased warmth to partner (fathers and mothers), increased parenting positivity (mothers and fathers), and reduced parenting negativity (fathers only).

Three-year follow-up (Study 1c)

Data-analytic plan

The analytic strategy first tested the main effect of the intervention and then considered variation in intervention impact based on child gender. Analytic models were structured to accommodate the number of waves of data available and the number of respondents per family (both parents versus one parent). For outcomes reported by both mothers and fathers, multilevel models with parent nested within family were used. Analyses was conducted as intent-to-treat, retaining the full sample as possible.

Findings

The parents attending Family Foundations were more likely to report improved social competence in their children. Family Foundations parents additionally report significant improvements in the behaviour of their sons on all CBCL scales.

The study observed statistically significant improvements in Family Foundations parent reports of parenting stress, parental efficacy, and co-parenting quality. Family Foundations parents also reported improved parenting behaviours on all three subscales of the Parenting Scale.

6.5-year follow-up (Study 1d)

Data-analytic plan

Linear regression models were used to separately model each outcome of interest (controlling for income, and other previous follow-up outcomes), as well as whether child gender or couples' baseline negative communication moderated condition effects. Intent-to-treat analysis was used with the complete data set.



Findings

The study observed statistically significant improvements in Family Foundations children's internalising behaviours, as reported by their teachers. Teachers also observed improvements in the externalising behaviours of boys only.



Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Infant soothability	The infant behaviour questionnaire (Mother report)	Not reported	No	152	Post-intervention
Infant soothability	The infant behaviour questionnaire (Father report)	$d = .35$	Yes	149	Post-intervention
Sustained attention	Soothability duration; The infant behaviour questionnaire (mother/father composite)	$d = .34$	Yes	152	Post intervention
Infant sleep	Seifer, Sameroff, Dickstein & Hayden (1996) sleep questions (Mother report)	Not reported	No	152	Post intervention
Self-soothing	Videotaped parent/child interaction (researcher coded observation)	$d = .46$	Yes	139	Six-month follow-up
Sustained attention	Videotaped parent/child interaction (researcher coded observation)	$d = 0.08$	No	139	Six-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child behaviour	Child-behaviour checklist Total score (Mother report)	$d = .81$	No	136	Three-year follow-up
Externalising behaviour	Child-behaviour checklist (Mother report)	$d = .78$	No	136	Three-year follow-up
Internalising behaviour	Child-behaviour checklist (Mother report)	$d = .70$	No	136	Three-year follow-up
Attention/hyperactivity	Child-behaviour checklist (Mother report)	$d = .62$	No	136	Three-year follow-up
Aggression	Child-behaviour checklist (Mother report)	$d = .79$	No	136	Three-year follow-up
Social competence	Head Start Competence Scale (Mother report)	$d = .43$	Yes	135	Three-year follow-up
Emotional competence	Head Start Competence Scale (Mother report)	Not reported	No	135	Three-year follow-up
Conduct Problems	The Strengths and Difficulties Questionnaire (Mother report)	Not reported	No	98	6.5 year follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Emotional problems	The Strengths and Difficulties Questionnaire (Mother report)	Not reported	No	98	6.5 year follow-up
Internalising behaviours	The Child Behaviour Checklist (Teacher report)	$d = .55$	Yes	98	6.5 year follow-up
Externalising behaviours	The Child Behaviour Checklist (Teacher report)	$d = .75$	No	98	6.5 year follow-up
Learning engagement	Learning engagement (Teacher report)	Not reported	No	98	6.5 year follow-up
Academic Motivation	Academic motivation (Teacher report)	Not reported	No	98	6.5 year follow-up
Parent outcomes					
Co-parental undermining	Co-parenting scales (Mother report)	Not reported	No	152	Post-intervention
Co-parental undermining	Co-parenting scales (Father report)	Not reported	No	149	Post-intervention
Co-parental support	Co-parenting scales (Mother report)	$d = .35$	Yes	152	Post-intervention
Co-parental support	Co-parenting scales (Father report)	$d = .54$	Yes	149	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parenting-based closeness	Co-parenting scales (Mother report)	Not reported	No	152	Post-intervention
Parenting-based closeness	Co-parenting scales (Father report)	$d = .44$	Yes	149	Post-intervention
Depressive symptoms	The Center for Epidemiological Studies Depression Scale (CES-D) (Mother report)	$d = .56$	Yes	152	Post-intervention
Depressive symptoms	The Center for Epidemiological Studies Depression Scale (CES-D) (Father report)	Not reported	No	149	Post-intervention
Anxiety symptoms	Taylor Manifest Anxiety Scale (Mother report)	$d = .38$	Yes	152	Post-intervention
Anxiety symptoms	Taylor Manifest Anxiety Scale (Father report)	Not reported	No	149	Post-intervention
Parent–child dysfunctional interaction	Dysfunctional Interaction Scale; PSI (Mother report)	$d = .34$	Yes	152	Post-intervention
Parent–child dysfunctional interaction	Dysfunctional Interaction Scale, PSI (Father report)	$d = .70$	Yes	149	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Co-parenting competition	Videotaped parent/child interaction – mother behaviour (researcher coded observation)	$d = .51$	Yes	133	Six-month follow-up
Co-parenting competition	Videotaped parent/child interaction – father behaviour (researcher coded observation)	$d = .36$	Yes	133	Six-month follow-up
Co-parenting – triangulation	Videotaped parent/child interaction – mother behaviour (researcher coded observation)	$d = .33$	Yes	133	Six-month follow-up
Co-parenting – triangulation	Videotaped parent/child interaction – father behaviour (researcher coded observation)	$d = .28$	Yes	133	Six-month follow-up
Co-parenting – warmth	Videotaped parent/child interaction – mother behaviour (researcher coded observation)	$d = .37$	No	133	Six-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Co-parenting – warmth	Videotaped parent/child interaction – father behaviour (researcher coded observation)	$d = .10$	Yes	133	Six-month follow-up
Co-parenting – inclusion	Videotaped parent/child interaction – mother behaviour (researcher coded observation)	$d = .45$	Yes	133	Six-month follow-up
Co-parenting – inclusion	Videotaped parent/child interaction – father behaviour (researcher coded observation)	$d = .08$	No	133	Six-month follow-up
Co-parenting – active cooperation	Videotaped parent/child interaction – mother behaviour (researcher coded observation)	$d = .12$	No	133	Six-month follow-up
Co-parenting – active cooperation	Video-taped parent/child interaction – father behaviour (researcher coded observation)	$d = .17$	No	133	Six-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Dyadic couple behaviours – negative communication	Dyadic couple behaviours – mother behaviour (researcher coded observation)	$d = .48$	Yes	133	Six-month follow-up
Dyadic couple behaviours – negative communication	Dyadic couple behaviours – father behaviour (researcher coded observation)	$d = .02$	No	133	Six-month follow-up
Dyadic couple behaviours – Warmth to partner	Dyadic couple behaviours – mother behaviour (researcher coded observation)	$d = .89$	Yes	133	Six-month follow-up
Dyadic couple behaviours – Warmth to partner	Dyadic couple behaviours – father behaviour (researcher coded observation)	$d = 1.01$	Yes	133	Six-month follow-up
Parenting positivity	Parenting behaviour – mother behaviour (researcher coded observation)	$d = .34$	Yes	133	Six-month follow-up
Parenting positivity	Parenting behaviour – father behaviour (researcher coded observation)	$d = .45$	Yes	133	Six-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parenting negativity	Parenting behaviour – mother behaviour (researcher coded observation)	$d = .21$	No	133	Six-month follow-up
Parenting negativity	Parenting behaviour – father behaviour (researcher coded observation)	$d = .60$	Yes	133	Six-month follow-up
Parental stress	Parenting Sense of Competence Scale (Parent report)	$d = .16$	Yes	137	Three-year follow-up
Parental efficacy	Parenting Sense of Competence Scale (Parent report)	$d = .18$	Yes	137	Three-year follow-up
Symptoms of depression	Center for Epidemiological Studies Depression Scale (CES-D) (Parent report)	$d = .72$	No	137	Three-year follow-up
Co-parenting quality	The Coparenting Scale (Parent report)	$d = .18$	Yes	137	Three-year follow-up
Relationship satisfaction	The Quality of Marriage Index (Parent report)	$d = .43$	No	137	Three-year follow-up
Over-reactivity	The Parenting Scale (Parent report)	$d = .35$	Yes	137	Three-year follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Laxness	The Parenting Scale (Parent report)	$d = .30$	Yes	137	Three-year follow-up
Physical punishment	The Parenting Scale (Parent report)	$d = .36$	Yes	137	Three-year follow-up

Individual study summary: Study 2

Study 2	
Study design	RCT
Country	United States
Sample characteristics	399 heterosexual couples who were living together and expecting their first child
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 81 % White • 7 % Hispanic • 6 % Black • 4 % Asian • 2 % Mixed ethnic/ racial background.
Population risk factors	<ul style="list-style-type: none"> • Mean age of expectant mothers was 29.1 years, and 31.1 years for fathers • 87% of couples were married • Mean education level was 15.7 years (SD = 1.5) • Median household income was \$87,500.
Timing	Pre- and post-intervention
Child outcomes	<p><i>Post-intervention</i></p> <ul style="list-style-type: none"> • Improved child soothability (Parent report) • Improved sustained child attention (Parent report)



Study 2	
	<ul style="list-style-type: none"> Improved child sleep (number of night wakings, difficulty going back to sleep) (Parent report).
Other outcomes	<p><i>Post-intervention</i></p> <ul style="list-style-type: none"> Improved co-parenting positivity (researcher observation) Reduced co-parenting competition (researcher observation) Improved triadic relationship quality (researcher observation) Improved endorsement of partner parenting (researcher observation) Improved positive communication (researcher observation) Increased parenting positivity (researcher observation) Increased parenting autonomy (researcher observation) Improved marriage quality (Parent report) Reduced parental depression (Parent report) Reduced parental anxiety (Parent report) Reduced interparental physical violence (Parent report) Reduced parent–child psychological violence (Parent report) Reduced parent–child physical violence (Parent report).
Study Rating	3
Citation	<p>Feinberg, M. E., Jones, D. E., Hostetler, M. L., Roettger, M. E., Paul, I. M. & Ehrental, D. B. (2016) Couple-focused prevention at the transition to parenthood, a randomized trial: Effects on coparenting, parenting, family violence, and parent and child adjustment. <i>Prevention Science</i>. 17, 751–764.</p>

Brief summary

Population characteristics

This study involved 399 heterosexual adult couples living together and expecting their first child, recruited from five hospitals in three Mid-Atlantic states and one southern state (three hospitals were in urban areas and two suburban). Mean age of expectant mothers was 29.1 years and 31.1 years for fathers. Mothers were on average at 22.8-weeks gestation at the time of study enrolment.

81% were White, 7% Hispanic, 6% Black, 4% Asian and 2% Mixed ethnic/ racial background.

87% of couples were married. Mean education level was 15.7 years. Median household income was \$87,500.

Study design

221 couples were randomly assigned to Family Foundations and 178 to a control condition using a randomised block design. The couples allocated to Family Foundations received the intervention.



The couples in the control condition were mailed a brochure about selecting quality childcare and stages of child development.

The groups were equivalent at the point of assignment, with analyses showing no significant differences between intervention couples and control group couples on 60 important demographic variables, including age, income, and education.

Measurement

Assessments were conducted at baseline (preintervention) and 4 to six months post-treatment.

- **Parent report** measures included the Coparenting Relationship Scale, the Quality of Marriage Index, the Center for Epidemiological Studies Depression Scale (CES-D), the 10-Item Trait Scale from the State-Trait Anxiety Inventory Scale, the Penn State Worry Questionnaire, the Parenting Stress Index, the Conflict Tactics Scale, the Parent-Child Conflict Tactics Scale, the Infant Behavior Questionnaire and three items from the Child Sleep Questionnaire.
- **Researcher-led** measures included coded videotaped observations of child behaviour, coparenting, couple relationship quality and parenting quality.

Study retention

76% (304) of the families were available to complete assessments at four to six months post intervention. 76% (169) of the families had been allocated to Family Foundations and 76% (135) to the waitlist control. There was no evidence of differential attrition between the groups.

Results

Data-analytic plan

Separate regression models were used to test the main effect of the condition for each outcome. To accommodate missing data, multiple imputation (MI) techniques involving standard procedures and 60 imputed datasets were employed. Missing data models were carried out separately by intervention group and involved many baseline characteristics including socioeconomic status, mental health/stress levels, couple relationship quality, and other demographic factors. Because of the amount of missing data at post-test, all results were reported with the imputed data set.

Findings

The study observed statistically significant improvements in Family Foundations parent reports of infant soothability, sustained attention and sleep behaviours. Additionally, Family Foundations couples were more likely to exhibit a variety of improved coparenting behaviours during the coded observation. Family Foundations parents were also more likely to report lower levels of depression and anxiety, improved marital quality, reduced physical violence towards each other and reduced psychological and physical violence towards their child.



Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Soothability	Infant Behavior Questionnaire (Parent report)	$d = .21$	Yes	306	Four to six-months post-intervention
Sustained attention	Infant Behavior Questionnaire (Parent report)	$d = .20$	Yes	306	Four to six-months post-intervention
Number of night wakings	Child Sleep Questionnaire (Parent report)	$d = .27$	Yes	306	Four to six-months post-intervention
Difficulty going back to sleep	Child Sleep Questionnaire (Parent report)	$d = .23$	Yes	306	Four to six-months post-intervention
Hours child sleeps through the night	Child Sleep Questionnaire (Parent report)	Not reported	No	306	Four to six-months post-intervention
Parent outcomes					
Co-parenting positivity	Coded videotapes of family interaction (researcher observation)	$d = .47$	Yes	306	Four to six-months post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Co-parenting withdrawal	Coded videotapes of family interaction (researcher observation)	Not reported	No	306	Four to six-months post-intervention
Co-parenting competition	Coded videotapes of family interaction (researcher observation)	$d = .37$	Yes	306	Four to six-months post-intervention
Co-parenting hostility	Coded videotapes of family interaction (researcher observation)	$d = .22$	No	306	Four to six-months post-intervention
Overall triadic relationship quality	Coded videotapes of family interaction (researcher observation)	$d = .37$	Yes	306	Four to six-months post-intervention
Positive endorsement of partner parenting	Coded videotapes of family interaction (researcher observation)	$d = .34$	Yes	306	Four to six-months post-intervention
Dyadic couple positive communication	Coded videotapes of family interaction (researcher observation)	$d = .38$	Yes	306	Four to six-months post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Dyadic couple negative communication	Coded videotapes of family interaction (researcher observation)	Not reported	No	306	Four to six-months post-intervention
Parenting positivity	Coded videotapes of family interaction (researcher observation)	$d = .41$	Yes	306	Four to six-months post-intervention
Parenting negativity	Coded videotapes of family interaction (researcher observation)	Not reported	No	306	Four to six-months post-intervention
Parenting autonomy	Coded videotapes of family interaction (researcher observation)	$d = .26$	Yes	306	Four to six-months post-intervention
Co-parenting	Coparenting Relationship Scale (total score) (Parent report)	Not reported	No	306	Four to six-months post-intervention
Marriage quality	Quality of Marriage Index (Parent report)	$d = -.27$	Yes	306	Four to six-months post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Depression	The Center for Epidemiological Studies Depression Scale (CES-D) (Parent report)	$d = .20$	Yes	306	Four to six-months post-intervention
Anxiety	State-Trait Anxiety Inventory Scale (Parent report)	Not reported	No	306	Four to six-months post-intervention
Anxiety	Penn State Worry Questionnaire (Parent report)	$d = .29$	Yes	306	Four to six-months post-intervention
Parenting stress	Parenting stress Index (Parent report)	Not reported	No	306	Four to six-months post-intervention
Interparent psychological violence	Conflict Tactic Scale (Parent report)	$d = .79$	No	306	Four to six-months post-intervention
Interparental physical violence	Conflict Tactic Scale (Parent report)	$d = .43$	Yes	306	Four to six-months post-intervention
Parent–child psychological violence	Parent-Child Conflict Tactic Scale (Parent report)	$d = .76$	Yes	306	Four to six-months post-intervention
Parent–child physical violence	Parent-Child Conflict Tactic Scale (Parent report)	$d = .62$	Yes	306	Four to six-months post-intervention



Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Feinberg, M. E., Jones, D. E., Roettger, M. E., Hostetler, M. L., Sakuma, K. L., Paul, I. M. & Ehrental, D. B. (2016) Preventive effects on birth outcomes: Buffering impact of maternal stress, depression, and anxiety. *Maternal and Child Health Journal*. 20, 56-65.

Kan, M. & Feinberg, M. (2014) Can a family-focused, transition-to-parenthood program prevent parent and partner aggression among couples with young children? *Violence And Victims*. 29 (6), 967–980.

Kan, M. & Feinberg, M. (2015) Impacts of a coparenting-focused intervention on links between pre-birth intimate partner violence and observed parenting. *Journal of Family Violence*. 30 (3), 363–372.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.