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# Enhancing Parenting Effectiveness, Fathers' Involvement, Couple Relationship Quality, and Children's Development: Breaking Down Silos in Family Policy Making and Service Delivery

*In this article, we examine family-based interventions designed to increase parenting effectiveness, fathers' positive involvement, and couple relationship quality, all with the goal of enhancing children's development. We focus on the fact that government funding policies, service delivery systems, and research evaluations of interventions to benefit children and families typically operate in separate silos. We provide a theoretical model, along with empirical evidence, to argue that a more integrated, collaborative perspective is likely to produce more optimal outcomes for parents and children than current siloed attempts to improve child and family well-being. We discuss some of the obstacles to using evidence to guide policy decisions. We offer suggestions for policy makers and service providers in an attempt to describe a more integrated approach to supporting family well-being, and to encourage the increased use of systematic data in making decisions about how to allocate scarce resources for family support.*

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## THE FAMILY POLICY PARADOX

Bogenschneider (2006) defined policy as “the development, enactment, and implementation of a plan or course of action carried out through a law, rule, code or other mechanism in the public or private sector” (p. 62). More specifically, family policy involves decisions by politicians, administrative staff, and program providers about allocating scarce resources that (a) have an effect on the well-being of kinship units, (b) use family criteria to decide who is entitled to benefits, or (c) address families to promote social and political goals that are not always explicitly family related (e.g., tax-code revisions) (Bogenschneider & Corbett, 2010; Strach, 2006). This topic has become even more complex because of the difficulty in defining family in an era in which the term is singular but the referent includes an increasing diversity of family forms. Contemporary families include married, separated, and divorced couples; single parents or parenting figures; adoptive parents; foster parents; same-sex parents; cohabiting adults; and peers in self-chosen communities (Parke, 2013).

We have spent the past 4 decades developing and evaluating preventive interventions for parents of young children, with the goal of enhancing the quality of their relationship as intimate partners and coparents, fostering the

fathers' family involvement, and improving mothers' and fathers' effectiveness as parents and coparents to enhance their children's cognitive, social, and emotional development (P. Cowan & Cowan, 2010). In the course of our journey, as we and our colleagues Marsha Kline Pruett and Kyle Pruett mounted couples group interventions in the United States, Canada, and United Kingdom for middle-class, working-class, and low-income families, we faced complex challenges because policy decisions about funding family-related programs and the evaluation of these programs are made by a bewildering and sometimes bewildered array of politicians and program administrators who operate independently in a series of fragmented, isolated departments.

At the federal level, the United States has a plethora of administrative units tasked with providing family support. For example, within the Administration for Children and Families (ACF), there are separate departments to deal with programs for Native Americans, developmental disabilities, child care, child support enforcement, child abuse and neglect, and the Office of Family Assistance (OFA). Within OFA are separate programs supporting "healthy marriage" and "responsible fatherhood," which have not coordinated their activities until recently. Administrative responsibility for policy and programs is often spread among different organizations. For example, the website of the National Responsible Fatherhood Clearinghouse (<https://www.fatherhood.gov/content/federal-programs-and-resources>) informs potential applicants of 10 departments that administer funds to support fatherhood programs.

Similar siloed arrangements occur at state and local government levels in terms of service-delivery systems available for family members. Parenting classes, popular for more than a century, are often offered through university extension or community education institutions and are attended primarily by mothers. Therapies for children with behavior problems usually involve a parent, but here, too, fathers are rarely included. In recent decades, on the basis of concerns about "father absence," programs to encourage fathers' active involvement in the lives of their children became popular; these are typically delivered to groups of men by male staff, with scant or no attention to the relationship between the parents and almost no published evaluations of the

programs. Couple relationship enhancement or couple relationship education programs, which emerged in the mid-20th century, bring both partners together but rarely focus on parenting issues or children, unless they come up as a source of disagreement between parents.

The family policy paradox, as we will show, involves the fact that all the agencies and departments we have mentioned, and many more that we haven't, focus attention on improving the lives of family members, especially children. Yet despite having the same goal, they rarely collaborate or talk to each other to learn about successful strategies, modify strategies that do not work, or coordinate activities and decisions. Research and theory since the 1960s have made clear that families are systems in which individuals and relationships influence each other. This notion has implications for family-based interventions. More than 20 years ago, Fincham (1998) stated authoritatively that treatment of "the child alone, or the parent-child relationship alone, is necessarily incomplete because a key element of the system, the marriage, is overlooked" (p. 544). We would add that other family domains have also been overlooked, particularly the contribution of fathers to their children's adaptation and developmental trajectories.

In this article we present evidence from research and intervention studies from the past 6 decades that supports a more inclusive family systems model of the risk and protective factors that affect mothers, fathers, and children. This model provides an evidence-based rationale for a more integrated, collaborative perspective that has the potential to produce more optimal outcomes for parents and children than do currently siloed programs. We then explore some of the barriers that have prevented the research findings from having a direct impact on policy and program delivery. First, government policy makers have been surprisingly reluctant to rely on systematic evidence gathered by program evaluation researchers. Second, until recently, program providers rarely based their interventions on systematic evaluation research. Despite these barriers, some recent changes leave us feeling cautiously optimistic about the convergence of research, intervention results, and family policy. We attempt to contribute to this convergence by offering some suggestions to service providers and policy makers at national, state, and local levels that could facilitate the development of a more integrated approach to

support family well-being and encourage the use of systematic data in making decisions about how to allocate scarce resources for family support.

#### A BRIEF HISTORY OF RESEARCH AND THEORY SUPPORTING OUR FAMILY SYSTEMS PERSPECTIVE

If we rely on pre-1950s research about family-based intervention programs, we could make a case for the current array of departments and services, each directed to a specific intervention approach to parents, fathers, or couples. Except for couples therapy, treatment for adults and children was typically conducted in one-on-one sessions for patient and therapist. In child therapy, a parent, almost always a mother, was seen in separate meetings, often by a different clinician from the one seeing the child. That is, family theory, research, and treatment were as siloed as the government departments that funded studies and services. In our view, things have been changing, albeit slowly, over the past 5 decades.

#### *1950s–1960s: Family Systems Theory*

In the 1950s and 1960s, in reaction to the focus in psychiatry and psychology on the individual, and stimulated by Bertalanffy's views of biological systems and writings on game theories (Von Neumann & Morgenstern, 1953) and cybernetics (Weiner, 1961), family systems theorists developed a new view of psychopathology with a new set of assumptions. They hypothesized that mental health problems are located not in the individual but in the family system. The whole family functions in ways that cannot be understood by examining only part of the system (individuals or dyads). Rather, difficulties or changes in individual members or dyadic relationships reverberate throughout the family; at the same time, changes are resisted by system properties that strive to maintain family equilibrium. The new assumptions led to attempts to treat whole families rather than individuals, to focus on relationships rather than parents' or children's pathologies, and to realize that beyond appreciating the individuals' psychological resistance to change, therapists would have to work hard to overcome system maintenance properties that maintain things as they are.

If the various parts of the family system are interconnected, as family system theories suggest, we would expect to find positive correlations among the system elements. A second, even more important corollary of family systems assumptions is that interventions that successfully target one part of the system ought to produce changes in other parts. For example, an intervention focusing on strengthening the couple relationship ought to produce positive effects on the quality of mother–child and father–child relationships; in turn, more effective parenting should result in positive benefits for the children's adjustment. Findings like these could be used to support a siloed approach so that enhancing the quality of the relationship between the parents, parents' employability, or the child's behavior or school environment could cause interlocking changes in other aspects of the family system, but the findings could also support a holistic, multidimensional, collaborative approach to the design and evaluation of interventions.

#### *1950 to Present: Importance of Fathers*

A salient issue in the literature on parenting with notable implications for policy and service delivery is how we understand fathers' contributions to children's development. In a 1965 review of research on fathers in the psychological literature, Nash commented that a thick, comprehensive manual of child development (Carmichael, 1954) summarizing research in all subfields of child psychology failed to list "fathers" in the index. In the 1960s, a tiny amount of research on fathers focused on the impact of father absence (from death, divorce, or military service) on family life and child development.

Not until the late 1970s and 1980s did researchers focus on father presence—the impact of fathers' positive involvement on the cognitive, social, and emotional development of their children (e.g., Lamb, 1981; Parke & Sawin, 1976; Pruett, 2000). For years, studies of parenting had reported correlations between mothers' behavior toward children and the children's developmental trajectories. New studies began to find the same results for fathers. For example, like mothers, fathers who showed the combination of warmth, responsiveness, and structure that Baumrind (1989) described as authoritative parenting had children who fared well, as contrasted to the negative effects

of an authoritarian (lack of warmth and rigid structure) or permissive parenting style (warmth without structure and limits) that increased the risk of children's behavior problems and difficulties at school.

Since the 1980s research interest in fathers has been growing in both frequency and complexity (see Cabrera & Tamis-LeMonda, 2013; Lamb & Lewis, 2013; K. D. Pruett, 2000), with consistent, clear results. While father presence in the household is associated with somewhat lower risks for a host of child problems, the operative variable associated with positive child outcomes is not the amount of time spent but the quality of the relationship the parent establishes with the child (P. Cowan, Cowan, Cohen, Pruett, & Pruett, 2008).

In the 1990s, an important policy discussion was influenced by the emergence of research on father involvement. Worried about increases in divorce and single parenthood and declines in the frequency of couples marrying before having children, sociologists (e.g., Popenoe, 1996) and policy commentators (e.g., Blankenhorn, 1995) made the strong assertion that father absence is among the most important risk factors for child well-being and family financial stability. In some quarters, these arguments were interpreted in essentialist terms—fathers were essential to the healthy development of children, especially boys—which evoked strong counterarguments and evidence that the claim was not consistent with the facts (Silverstein & Auerbach, 1999). Nevertheless, the idea of father absence as a societal problem took hold and led to the creation of several intervention programs funded by both government and private sources to foster and maintain fathers' involvement in children's rearing (Knox, Cowan, Pape Cowan, & Bildner, 2011). We describe some of these interventions in the following section.

#### *1990 to Present: Couple and Coparenting Relationships*

Studies of fathers and their children, though welcome, tended to have some of the same problems as studies of mothers and children, in that they focused on only one member of the parental dyad. During the 1990s and continuing to the present day, researchers influenced by family systems principles began to examine the correlations among parenting effectiveness, distress between the parents, and children's outcomes

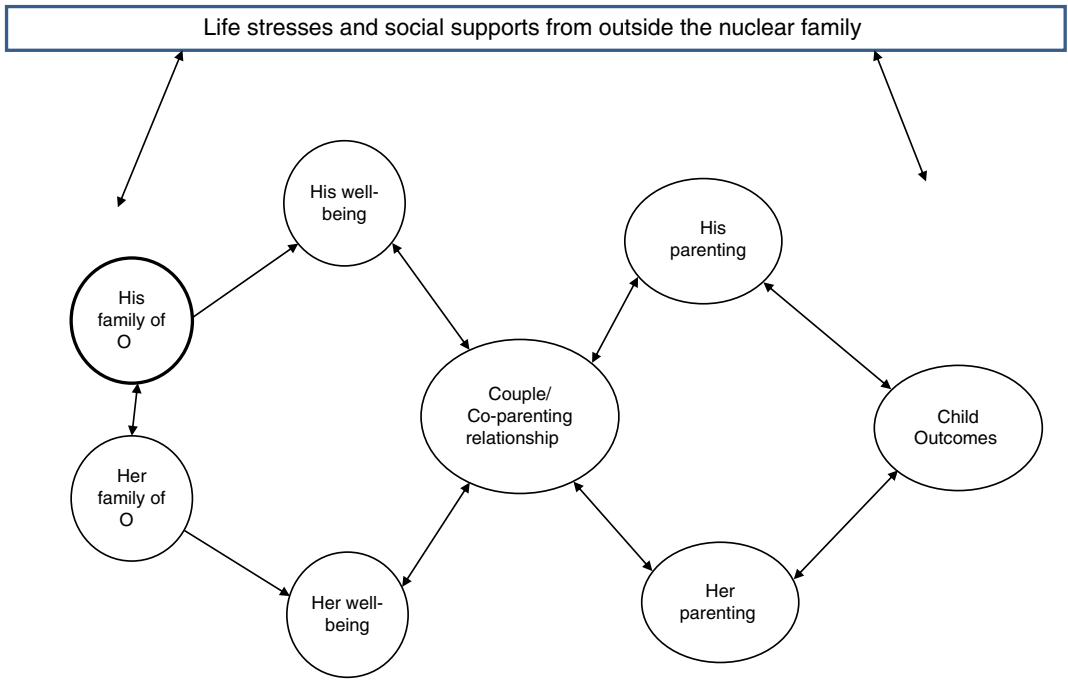
(Cummings & Davies, 1994; Grych, Fincham, Jouriles, & McDonald, 2000). More recent studies replicate and extend the early conclusions: In both middle-class (P. Cowan & Cowan, 2009; Harold, Elam, Lewis, Rice, & Thapar, 2012) and low-income (Adler-Baeder et al., 2013; Conger, Cui, & Lorenz, 2011) families, when parents are more collaborative and able to resolve their differences, mothers and fathers are observed to have warmer, more sensitive, and appropriate limit-setting interactions with their children or adolescents; in turn, the children score higher on academic achievement tests and are described by research staff and teachers as having fewer behavior problems than children of parents with more combative relationships.

Authors have begun to make the point that the coparenting relationship is distinct from, but overlaps with, the intimate relationship between parents. Coparenting is characterized by a sense of solidarity, a joint perspective and belief that "we are a team," with mutual engagement and shared labor distribution in the care of children (McHale, 1995; K. Pruett & Pruett, 2009). In intact couples, both middle class and low income, coparenting quality is more closely associated with parenting quality (Sturge-Apple, Davies, Winter, Cummings, & Schermerhorn, 2008) than even marital satisfaction (Feinberg, Jones, Kan, & Goslin, 2010).

#### *Toward a Five-Domain Family Systems Model*

The studies we have summarized so far suggest a move away from child- or mother-focused interventions to consider all dyads in the nuclear family. But father involvement and the inclusion of couples are not the only risk or protective factors affecting quality of family life. About 15 years ago, we reviewed existing research on factors that affect family functioning and presented a five-domain family systems model of risk and protective factors linked to, and potentially affecting, children's development (P. Cowan & Cowan, 2002). The model describes how adaptation or dysfunction in each family domain interacts with adjustment in the others and combines synergistically to affect children's developmental pathways from childhood through adolescence. That is, in addition to the finding that (a) both mother's and father's quality of relationship with the child and (b) their relationship with each other affect their children's development, other studies have

FIGURE 1. EMPIRICALLY SUPPORTED THEORETICAL MODEL OF RISK AND PROTECTIVE FACTORS AFFECTING FAMILIES.



shown that (c) each parent’s adjustment, including personality and mental health, (d) history of relationship patterns in family of origin, and (e) life stressors and social supports outside the nuclear family also contribute to parent’s own and their children’s adaptation.

Research confirms that maladjustment in the form of diagnosed psychopathology in one or both parents (Zahn-Waxler, Duggal, & Gruber, 2002), insecure adult attachments (van IJzendoorn, 1995), psychosis, and negative personality characteristics have all been associated with children’s adaptation (see review by Belsky & Barends, 2002).

A widespread belief, supported by evidence, is that family patterns tend to be repeated across the generations. For both genetic and environmental reasons, mental illness in one or both parents raises the risk of mental illness in offspring (Cummings, Davies, Campbell, & Cicchetti, 2000). Adults who experienced parental maltreatment are more likely to maltreat their children (Cicchetti & Toth, 2010). Perhaps the most impressive demonstration of intergenerational transmission comes from the Berkeley Intergenerational Study of four

generations of families that began in 1928 (Caspi & Elder, 1988). The intergenerational cycle starts with an irritable, unstable child who grows up to be an irritable, angry adult, who marries and generates tension in the marriage. Husbands and wives in such marriages tend to be less warm and harsher parents, and in the next generation, their children tend to have behavior problems and grow up as irritable, unstable individuals, who form conflictual marriages in the next generation.

It should not be surprising that in families economically stressed by unemployment or jobs that fail to pay a living wage, children also suffer the consequences. Several studies suggest that the effects of economic stress on children are indirect—a result of cascading difficulties, including strained parents who are less effective as partners and coparents (Conger, Elder, Lorenz, Simons, & Whitbeck, 1994; Parke et al., 2004). Another body of work suggests that economic and other life stressors can be buffered by social supports from positive relationships inside and outside the family, religious institutions, and government agencies (e.g., Cutrona, 1996; Keneski, Neff, & Loving, 2017).

*The Full Five-Domain Model*

Our historical survey indicates that evidence-based approaches to family research have moved from a focus on individual family members to a systemic view of family adaptation. Figure 1 presents a schematic representation of our five-domain family risk and protective model that summarizes the findings we have described. We describe the model here in terms of risk factors associated with negative outcomes, but the story can be told by enumerating the many ways that protective factors in each domain are associated with positive outcomes for each family member and the quality of their relationships.

When mothers or fathers grow up in families rife with domestic violence, divorce, abuse, neglect, unresolved conflict, and punitive parenting, they are more likely to experience clinical levels of anxiety, depression, or aggression and to enter into couple relationships that replicate their earlier experience. Distress in the couple relationship increases the risk of harsh or neglectful parenting, which in turn is associated with children's underachievement or academic failure, aggression, hyperactivity, depression, and social withdrawal. This model suggests that interventions that target multiple risk factors ought to produce more positive outcomes than interventions focused on a single risk factor (e.g., mother's parenting). The studies further suggest that programs and policies that provide an integrated approach to family support ought to serve families more effectively than the single-targeted approach that dominates the current scene. Whereas the studies we have cited are based on correlational data and therefore do not provide proof that the risk factors are causally related to family outcomes, several intervention studies from the past 2 decades have produced empirical support for this family system model.

IMPLICATIONS OF CORRELATIONAL RESEARCH  
FOR FAMILY-BASED INTERVENTION

Our optimism about the increasing influence of family systems theory and research on intervention comes from the fact that we and others have begun to test this multidomain model in additive fashion, going beyond parenting interventions for mothers to interventions for fathers and gradually creating interventions for both parents that include a curriculum

focused on more than one family domain at a time.

*Interventions for Fathers*

The past few decades have seen increasing interest in creating parenting interventions for fathers. In a review of the literature, Knox et al. (2011) noted that in contrast with parenting programs, most of which were attended by middle-class mothers, programs to encourage fathers' family involvement have primarily been directed to fathers in low-income families, most for groups of men meeting with male leaders. In the early studies (1980–2000) the men recruited had not been living with their child for some time and were not paying child support, and most had a tense relationship or no current relationship with their child's mother. Not surprisingly, those programs have had little impact.

In a recent worldwide survey of fatherhood interventions, Panter-Brick et al. (2015) concluded that systematically evaluated interventions for fathers are still rare. A diligent literature search by Avellar et al. (2011) found 150 studies of "responsible fatherhood programs" published since 1990: 90 included low-income fathers, but only 15 used well-accepted research design and measurement procedures. Only a handful used control or comparison groups in their program evaluations; one included the fostering of job skills in addition to parenting skills (Parents Fair Share; Knox & Redcross, 2000), one recruited African American fathers (Fathers and Sons; Caldwell et al., 2014), one was for divorced fathers (New Beginnings Program–Dads; Sandler et al., 2018), and one focused on low-income fathers (Supporting Father Involvement; P. Cowan, Cowan, Pruett, Pruett, & Wong, 2009). The tendency to ignore fathers in parenting interventions has been accompanied by a lack of rigorous research designs in the few parenting programs for fathers that have been evaluated.

*Parenting Interventions That Include Both Fathers and Mothers*

There are two ways in which program creators have approached the issue of adding fathers to parenting interventions. First, some investigators have examined the added value of including fathers along with mothers in traditional parent

education or parent training classes for families in which a child has already been identified as having behavioral or mental health problems. A small set of intervention studies published over the past 30 years points to the added value of fathers' participation in parenting interventions, but until very recently, the findings appear to have been ignored. Beginning in 1985, and extending for a decade, several sets of investigators found that when parenting interventions for mothers did not reduce children's aggression, there was high conflict between the parents. When fathers in these families were added to the intervention, the children's troubling behavior declined (Dadds, Schwartz, & Sanders, 1987; Webster-Stratton, 1994). Meta-analyses of several different types of parent-training interventions by Lundahl, Tollefson, Risser, and Lovejoy (2008), mostly in the United States, and Bakermans-Kranenberg, IJzendoorn, and Juffer (2003), mostly in Europe, came to the same conclusion. Ball (2011), who summarized Canadian intervention studies with child outcomes, concurred and noted the absence of research and interventions for indigenous fathers.

#### *Couple-Based Father Involvement Interventions*

A second way of adding fathers to parenting programs is to focus more explicitly on the couple or coparenting relationship (Pruett & Pruett, 2009). Across the economic spectrum, the single best predictor of fathers' family involvement is quality of the father's relationship with the mother (Carlson, Pilkauskas, McLanahan, & Brooks-Gunn, 2011), a finding that holds for married, cohabiting, separated, and divorced coparents (Pruett & Johnston, 2004). McHale's work on coparenting (e.g., McHale, 1995; McHale & Coates, 2014) suggests that it may be the power of the father-mother-baby triad, not just the coparenting relationship between parents, that keeps the father more engaged with the child.

A few intervention studies have examined the impact of couple-based programs on father involvement. A Canadian intervention study (Besnard, Capuano, Verlaan, Pulin, & Vitaro, 2009) found that the quality of mothers' parenting improved when both parents were involved in the program. In an intervention for both parents in Colorado, Rienks, Wadsworth, Markman, Einhorn, and Etter (2011) added modules on parenting and coping with economic stress to

units on the couple relationship. Father involvement did not change in the no-treatment control group, increased in couples-group participants, and declined when only mothers attended the groups and attempted to convey the information to their partners at home (as in traditional parenting classes). In Minnesota, Doherty, Erickson, and LaRossa (2006) conducted an eight-session intervention for both parents with the goal of enhancing first-time fathers' involvement in the lives of their infants. The intervention had positive effects on fathers' availability to the infant on days they worked outside the home and on the observed quality of father-infant interaction. In Utah, Hawkins, Lovejoy, Holmes, Blanchard, and Fawcett (2008) attempted to strengthen the relationship of couples making the transition to parenthood in a home-based program; the intervention failed to enhance the couple relationship but did result in increased father involvement with children.

The Supporting Father Involvement (SFI) intervention that we developed in California in collaboration with Marsha Kline Pruett and Kyle Pruett (P. Cowan et al., 2009) was directed primarily at low-income families and has four published clinical trials. Interviews with individual couples were followed by random assignment to a 32-hour fathers group or a 32-hour couples group (16 weeks, 2-hour sessions). The fathers groups typically had 8–10 participants, and the couples groups four to eight couples, all with the same trained male-female facilitator pairs and a curriculum that encompassed the five family domains in our family risk and protective model. (For a more complete discussion of the intervention content and program design, see P. Cowan et al., 2009.)

The first SFI study, a randomized control trial (RCT) with 289 Mexican American and European American families in four California counties, compared a 16-session fathers group with a 16-session couples group; a one-session, 3-hour couples group served as a low-dose information control condition (P. Cowan et al., 2009). Control-group fathers and mothers showed no positive and some negative changes, including increased child behavior problems at 18-month follow-up. After participating in the fathers groups, fathers' involvement in daily child-care tasks increased, and child behavior problems remained stable, but both fathers and mothers showed declines in satisfaction with their relationship as a couple over the 18 months of the



study. In contrast, reports from parents in the couples group showed reductions in parenting stress and no decline in marital satisfaction in contrast to the other conditions of the study and trends in more than 50 other nonintervention studies in many countries (Twenge, Campbell, & Foster, 2003).

The second SFI study (P. Cowan, Cowan, Pruett, Pruett, & Gillette, 2014) included 234 Mexican American, European American, and African American families enrolled in couples groups in five California counties. A pre–post assessment found statistically significant declines in parents' reports of violent problem solving, parenting stress, and children's aggressive behavior, and increases in father involvement and household income. As in the first SFI trial of couples groups, mothers' and fathers' satisfaction as a couple remained stable.

A third study of the SFI intervention with 106 couples in four sites in Alberta, Canada (Pruett et al., 2016), used a pre–post quasi-experimental design and enlisted primarily Caucasian couples in middle- and working-class families. Twelve months after entering the Canadian study, SFI participants changed significantly and positively on nine of 11 measures used in prior U.S. studies of SFI, including father involvement in care of the children, parenting stress, coparenting and parent–child relationship quality.

A fourth study of the SFI program in the United Kingdom, renamed Parents as Partners (Casey et al., 2017), found very similar positive results for low-income parents from varied ethnic backgrounds. A pre–post design to evaluate changes in the first 100 participating couples—many referred for recognized relationship and/or adjustment problems in the parents or their children—revealed statistically significant reductions in parents' reports of anxiety and depression, parenting stress, violent problem solving, and their children's behavior problems. These results make it clear that a couple or coparenting approach to boosting father involvement represents a value-added component to mothers-only or fathers-only interventions.

#### *Interventions Focused on the Couple and Coparenting Relationship*

We have been puzzled by the fact that although correlational models show strong associations between couple relationship quality (especially

unresolved conflict) and children's negative outcomes (Cummings & Schatz, 2012), and couple relationship education is often justified on the basis of its potential contribution to children's well-being, few studies of couple interventions actually look at child outcomes. As Zemp, Milek, Davies, and Bodenmann (2016) noted: "The dearth of research on child outcomes in couple-focused intervention studies is a striking gap that should be overcome" (p. 798). A pre–post study of 134 middle-class married couples participating in up to 26 couples therapy sessions (Gattis, Simpson, & Christensen, 2008) found that conflict over child rearing was significantly reduced, and this reduction was associated with better parent-reported child adjustment 2 years later. A study in Switzerland (Zemp, Milek, Cummings, Cina, & Bodenmann, 2016) compared a well-researched parenting program—Triple P (Sanders, Kirby, Tellegen, & Day, 2014)—with the Couples Coping Enhancement Training program (Bodenmann, Cina, Ledermann, & Sanders, 2008). The parenting program reduced dysfunctional parenting, which in turn reduced children's behavior problems. The couples program enhanced couple relationship quality, which led to reductions in dysfunctional parenting, which led to reductions in children's behavior problems. Both studies suggest that the effects of the couples group intervention on the children were powered by a reduction in coparenting conflict.

This hypothesis has been tested directly by the Family Foundations Program in Pennsylvania (Feinberg et al., 2010)—an eight-session couples group with a special emphasis on managing disagreements about parenting through the development of communication skills, problem solving, and conflict management techniques. This RCT also included modules on partners sharing their expectations about parenting an infant. Parents' reports at 3.5 years postpartum revealed more effective parenting and increases in positive coparenting (Solmeyer, Feinberg, Coffman, & Jones, 2014), and at the 5- to 7-year follow-up, fewer teacher-rated externalizing and internalizing problems in children (Feinberg, Jones, Roettger, Solmeyer, & Hostetler, 2014).

In the Schoolchildren and Their Families project (C. Cowan, Cowan, & Heming, 2005), an RCT with working- and middle-class participants with preschool-aged children, we compared parents in couples groups conducted with

two different emphases and those in a control sample. Two years later, after groups in which the leaders emphasized parenting issues during the open-ended segment of each week's session, observations showed improved parenting effectiveness but increases in marital conflict. After groups in which the same leaders emphasized couple relationship issues during the open-ended segment of each session, parents maintained their marital satisfaction, observations showed improvements in their parenting effectiveness, and children had higher scores on academic achievement tests and were rated as less aggressive by their first-grade teachers in their second year of school. These results are consistent with those of Zemp, Milek, Cummings, et al. (2016), and suggest that while parenting interventions can be effective in improving parents' behavior toward their child, adding a couple relationship and coparenting component has the power to affect parenting and maintain the quality of the parents' relationship as partners and coparents, which has the potential to reduce additional risks for the child. This general conclusion also applies to families in which parents are in the process of divorce. In Pruett and Barker's (2010) review of postdivorce interventions with mothers or fathers, or in one study with an intervention for both divorcing partners (M. K. Pruett, Insabella, & Gustafson, 2005), parents' participation resulted in reduced conflict between the parents and improved outcomes for children.

#### *Other Model Domains*

We have described in some detail interventions that attempt to improve parenting and the couple or coparenting relationship. When we turn to results of interventions for individual parents, or intergenerational issues, or interventions to reduce outside-the-family stress or increase social support, we find no data on outcomes for the children. It makes sense that when interventions are successful at improving parents' mental health, reducing harsh parenting, or improving a couple's ability to handle stress, there should be a corresponding improvement in children's behavior, but we do not yet have the evidence from assessments of the children (Zemp, Milek, Cummings, Cina, & Bodenmann, 2016, is an exception).

#### *Conclusions From the Intervention Literature*

In our view, current intervention research provides strong support for a multidomain systemic approach to strengthening families in ways that affect parents and children. Despite an early and continuing history of ignoring fathers, researchers have established that an additional, positively involved parent can provide financial and psychological resources, although so far, interventions for fathers long separated from their children have not proved to make a difference. There is also strong support for the idea that in married, separated, and divorced families, interventions that improve the quality of the relationship between parents have positive effects on each parent's relationship with the child and the child's developmental trajectory. We also know that individual therapy, interventions to interrupt the transmission of dysfunctional patterns across generations, and assistance to reduce individual and family stress can have positive effects on parents, but it remains to be seen whether interventions focused on these risks and protective factors are followed by positive effects on their children.

Taken together, results of correlational studies and evaluations of intervention programs suggest strongly that Fincham's (1998) observation 2 decades ago is correct about the incompleteness of interventions with child alone or parent alone. More recent studies of both middle- and low-income families indicate that including fathers and focusing on the relationship between fathers and mothers can be extended to cohabiting couples and coparents who live apart. We know of trials that are extending this approach to same-sex couples, but nothing on this topic has yet been published (Lucy Draper, personal communication, 2017).

We should note that there are still measurement problems in taking a systemic perspective on the family. Psychologists have a much longer history of providing measures of individual functioning or dyadic interaction than in considering how risk and protective factors in each domain operate as a whole to affect the adaptation of individual family members or the quality of their relationships.

#### GAPS BETWEEN EVIDENCE AND POLICY DECISIONS

The evidence in support of family models of risk and protection has convinced us that it would

be wise to bring a more integrated, less siloed approach to improving family relationships for mothers, fathers, and children. But our increasing contact with policy makers and service providers in the United States, Canada, and England has made us painfully aware that politicians, their administrative staff members, and decision makers in public and private agencies rarely turn to social science studies to aid in their decision-making processes, at least until very recently. This means that researchers hoping to affect family policy face an uphill battle. Although we see some signs that systematic evidence is beginning to have an influence on decision makers, we are aware of some of the barriers that have slowed the adoption of a family systems approach to public policy and program planning.

*Policy Makers Have Ignored Existing Evidence, but This Is Changing*

Policy makers and government funders tend to ignore systematic evidence relevant to family policies (Bogenschneider & Corbett, 2010). Ron Haskins, a senior family policy analyst at the Brookings Institution (in Haskins & Margolis, 2015), estimates that only about 1% of the influence on the votes of members of Congress can be attributed to research results. Why would politicians generally eager to reduce government spending not want to find out whether the programs to which they allocate funds are actually making a difference for mothers, fathers, and children? One argument is that systematic research takes time and is costly. Some politicians may also be fearful that systematic evaluations will find that their favored programs are not working as well as they had hoped or claimed. Many would simply rather allocate funds for service delivery than for costly program evaluation.

Another troubling factor in resistance to empirical evidence is the recent stance of those who express a general skepticism about the merits of scientific methods; their actions suggest that they are inclined to add or delete programs on the basis of their moral or political beliefs rather than evidence of effectiveness. This skepticism is increased by the typical behavior of researchers who give testimony to congressional committees and say, as they are required to do in academic circles: "This program will help some people but how large the effect will be depends on a number of circumstances." This is

not terribly convincing for politicians who must make quick decisions that have far-reaching costs and outcomes—and are concerned about their own reelection.

We are pleased to say that at federal, state, and local governments, attitudes about the importance of evidence in making policy decisions may be changing. In their book *Show Me the Evidence*, Haskins and Margolis (2015) present detailed descriptions of six federally funded projects that were stimulated by concerted government policy effort beginning in the early years of the Obama administration to provide an evidence base for the evaluation of social programs. From in-depth interviews of program providers and government officials, the authors document a tortuous process in which politicians, government staffers, program providers, researchers, and lobbyists struggled to find a balance between the weight of evidence presented and the enthusiasm of supporters who want their own preferred programs to survive.

We have been peripherally involved in a recent example of a gradual shift toward policy makers taking research evidence seriously. In 2006, the George W. Bush administration made two streams of funding available in "healthy marriage" and "responsible fatherhood" grants to state, local, and community-based agencies. Overall, the eight-site Building Strong Families program of 32 hours of group meetings for low-income unmarried couples (Wood, Moore, Clarkwest, & Killewald, 2014) showed no statistically significant differences between couples randomly assigned to the intervention or control group, although one of the sites showed some positive effects, and African American couples benefited from the groups more than Mexican American or European couples did. A subsequent Supporting Healthy Marriage program for low-income married couples (Lundquist et al., 2014), with random assignment to couple groups or a no-intervention control group, found some small but statistically significant gains for couples in the groups and for younger children.

Despite the fact that the results were disappointing in this first round of government contracts, funds were offered again in 2010 and 2015 during the Obama administration for programs to support couple relationships and enhance father engagement. There was a significant change between the original federal funding cycle for marriage and fatherhood programs and

the ACF guidelines issued for the 2015 requests for proposals. The recent contracts had specific instructions for those proposing programs in either the marriage or fatherhood track: For the first time, every program was required to submit a plan for systematic evaluation of program implementation, and those studies proposing an RCT design were required to have outside independent evaluators who contributed a research plan to the initial grant proposal. Furthermore, both the Healthy Marriage and Responsible Fatherhood programs were required to include a curriculum focus on parenting, on couple or coparenting relationships, and on work and employment. Finally, ACF instituted meetings of the staff from all 90 programs in Washington, DC, in the first, third, and fifth years of the funding cycle—this included 3 days of panel discussion designed to encourage collaborative thinking about both couple relationships and father involvement.

Another encouraging sign: Strach (2006) analyzed 10 years of the *Congressional Record*, which transcribes all proceedings of Congress. In this period, of 272,232 entries, 87,392 (32%) included family-related words. Strach (2006) concluded that “the business of Congress is conducted in the language of family” (p. 157). Enlightening perhaps, although family talk does not necessarily lead to constructive family policy.

*Family Service Providers Have Not Been Active in Evaluating Their Own Programs, but Things Are Changing Here, Too*

Although most programs that receive funding from outside agencies are required to provide basic program process information (e.g., numbers served, participants’ attendance and satisfaction), few interventions not conducted by a university research team evaluate their services with RCTs or systematic measures of baseline and postintervention scores. In many cases, then, it is not possible for program providers to make definitive claims about the outcomes of their interventions, and if the outcomes are positive, to determine which aspects of the program contributed to positive shifts in the participants. So, we are left with a sad fact: Most mothers and fathers who find a program to help with parenting or their couple relationship will embark on an intervention that has no systematic evidence of its effectiveness.

Why do so few family service programs engage in a systematic evaluation process? Some justify their decision on the basis of the absence of federal, state, or local government funding for program evaluation. Few service organizations have staff who are competent to manage a research effort and systematic data collection; many claim that they “can’t afford” to hire such a person or contract for research services. They would rather spend money on services for families than on staff and equipment devoted to research. Furthermore, many providers express skepticism about whether research can capture what they “know” to be the value of their services.

When we talk to family service providers about the benefits of systematic program evaluation and especially RCTs, the most frequent response is that the assignment of participants to a no-treatment or low-dose control condition means that the agency would be failing to provide help to those in need. Further, service staff are wary of having to tell potential participants that by random selection they have been placed in a control group. We have several responses to those concerns. First, we explain the potential benefits of data from random assignment trials. For example:

What if your pre- and postmeasure data for those in the program find no change in the participants? It is entirely possible that if you had a comparison sample, you would find that their scores decline without intervention, meaning that by maintaining the participants’ status quo, you can conclude that your intervention did in fact have a positive effect. But you wouldn’t know this without the comparison group.

Our second response is that it is not usually possible for an agency to serve all the people who volunteer to participate in a study, so if you offer services up to the level of your capacity, there would likely be families you could not serve or who would have to wait to be served (in effect, a delayed-intervention control group).

We are finding that service providers are increasingly interested in whether an intervention they are considering is backed by evidence. This interest stems from the growing insistence by government and foundation funders that they (a) choose programs with a substantial evidence base and (b) gather some systematic evidence, not necessarily from RCTs, to demonstrate that funding leads to desired outcomes. That is, it

would serve their interests in future applications for funds if they can show that an evidence-based program works in the context of their organization with the specific population they serve.

#### IMPLICATIONS FOR FAMILY POLICY MAKERS AND SERVICE PROVIDERS

##### *Breaking Down Silos and Integrating Our Approaches To Families*

We have shown that five domains of family life are interconnected and that, rather than focus on separate parent classes for mothers, programs to promote fathers' involvement, and couple relationship education, it may be more productive to provide integrated programs that address these multiple aspects of family life. Although there are sometimes good reasons to focus on one domain at time, we think the preponderance of evidence suggests that families would be better served if we could provide integrated programs focused on parenting, coparenting, couple relationships, father involvement, and children's development—to strengthen individual family members by strengthening their relationships with one another and helping them make more conscious decisions about their behavior in key relationships based on their own goals as parents and partners. Corbett (2016) describes integration as involving an expansion of intervention targets, a willingness to consider preventive intervention, an increasing variety of intervention technologies, and an ability to become more flexible in managing family programs. In our view, this integration requires a radical reconceptualization of parenting programs to include coparents whenever possible, even when they are not romantic partners (e.g., when coparents are grandparents, other relatives, or friends). It would also require extensive administrative reorganizations in which funding decisions, program planning, and program delivery are made by staff teams across departments who communicate actively with one another or in newly integrated departments that cover a range of family interventions.

This reconceptualization of parenting programs includes a broadened definition of who is a parent. The parents who have been included in most interventions are biological mothers who are custodial parents and biological fathers who are noncustodial parents. As we have noted, in contemporary families many different

people, biologically related to the child and not, are involved as primary parents or coparents of children in today's diverse family forms (Golombok, 2015; Parke, 2013). Some policy makers resist supporting programs for families who do not look like "traditional families" of the past, although cultural memories of the past often represent collective illusions rather than reality (Coontz, 1992; Risman, 2010). A current policy dilemma, then, is whether family policies should be created for families who fit some ideological preconception of what families should be or for contemporary families as they are.

What would the reconceptualization of family interventions require in the way of reorganized administrative bureaucracies? Although the recent collaboration between couple relationship and father involvement programs funded by the ACF represents a positive first step, we see a need for a new level of policy and program administrative organization. Just as the threats to the United States after the September 11, 2001, attacks gave rise to a Department of Homeland Security to enforce a collaborative approach among agencies devoted to addressing a singularly pressing problem, a Department of Family Security could bring together a synergistic combination of family experts, service providers, and politicians to address long-standing social problems that have resulted in too many parents and children in trouble.

Researchers and program providers also operate in silos when they suggest replacing existing interventions with their own approach. The most frequent argument against couple-strengthening interventions (Cohen, 2014; Williams, Cheadle, & Goosby, 2015) is that poor families would be better served by programs that elevate their economic circumstances. What is in question here is whether alleviating poverty through income supplementation or employment preparation will increase the quality of couple and family relationships. Studies in both the United States and the United Kingdom have found that family-income supplement programs under various names have had either a negative effect (Conger et al., 2011; Knox & Redcross, 2000) or a neutral effect on maintaining marital stability. It may be that job training and other interventions to reduce poverty may have beneficial effects on the family, but there is no evidence (yet) that they improve the quality of relationships between parents or between parents and children.

A second alternative candidate for intervention focus (Karney, Bradbury, & Lavner, 2018) is that low-income families are suffering from stress, and an intervention focused on stress reduction would be more important than couple communication training. What seems curious to us is that each of the alternative proposals has been framed in terms of a choice between a relationship focus and one specific alternative intervention. The research we have cited, and the risk–protective model in Figure 1, suggest that a combination of foci rather than a choice of which risk factor to target, ought to result in more benefits for families. Why not develop a curriculum that addresses multiple risk factors and tests them in additive combinations (couple relationship intervention alone, economic intervention alone, stress reduction alone, or a curriculum combining all these factors)? Only in this way will policy makers be able to make empirically informed decisions about the value added by each approach.

We realize that it is not enough simply to say “reorganize” and “reconceptualize” the policy-making and service-delivery apparatus to get intervention researchers to combine their efforts. Attempts to eliminate or combine administrative departments in government or service agencies rarely meet with enthusiasm from staff, voters, or those being served. Just as family systems have powerful built-in forces that attempt to maintain equilibrium, so administrative systems and the people in them are primed to maintain the status quo. Similarly, while researchers often speak positively of collaboration, it is not often that they are willing to subsume their own approach in attempts to achieve an integrated intervention and evaluation plan. Our hope is that the recent empirical evidence concerning the potential benefits of family-strengthening interventions will ultimately persuade policy makers, program providers, and researchers that efforts to break down the silos will increase benefits to the families they are hoping to serve and be more cost-effective.

*National, State, and Local Family Policy:  
Where to Intervene?*

An important question for those who want to affect family policy is the choice of where to focus our efforts. We noted at the beginning of this section that most of our examples

come from our experience with family policy and programs at the federal level. It is more difficult to draw overall conclusions about family policy at the state level because of the fact that the 50 states have great autonomy in formulating family policies and making funding decisions. The siloed nature of departments that we described at the federal level can be found in varying degrees in each state, especially in the tendency to focus on maternal and child health and well-being separately from concerns for fathers. Nevertheless, the Supporting Father Involvement project, with its multidomain curriculum was funded by a partnership among the California state government (Department of Social Services, Office of Child Abuse Prevention), five county governments, and the family resource centers residing in each county. The Oklahoma state government has been involved for 2 decades in support of interventions to strengthen couple relationships.

It is even more difficult to provide an overall picture of family policy at the local level because there are hundreds if not thousands of local communities in each of the 50 states. We see two sets of conflicting considerations. On the one hand, as academics, we are far from direct contact with the federal government, closer to but still far from the state government, and within short driving distances of the decision makers in our own community. Local communities are where services are located, and so there are concerned policy makers and family centers feeling the responsibility of providing help for families with whom they have direct contact. This view would argue for directing our energies to the local level, on the assumption that direct personal contact, not published articles, is the most effective way to reach the decision makers (see Bogenschneider & Corbett, 2010). On the other hand, few academics are involved in trying to affect family policy, and it is impossible to have direct personal contact with the plethora of local governments and family services agencies across the nation. This view would argue for directing our energies to the federal level, in the hope that changes will trickle down to local communities.

It may be possible to have it all ways. Bogenschneider and Corbett (2010) described the family impact seminars first established by Theodora Ooms in Washington, DC, in the 1970s and later organized by Karen Bogenschneider in Wisconsin and beyond in the

1990s. Regular meetings included state legislators, administrative staff, and researchers. Corbett (2016) also described meetings of the Welfare Peer Assistance Network that brought together federal, state, and local policy and program people to brainstorm more effective welfare policies and programs to serve low-income families. To bring together decision makers from different levels, it is essential for the organizers to have firsthand knowledge of the concerns of frontline service providers and working knowledge of how family policies are created and modified. Unfortunately, this limits the pool of potential leadership candidates.

It may be that the choice of entry point into influencing family policy and program decision makers depends on the topic. Corbett (2016) described years of disappointing effort in trying to change federal policy perspectives on the welfare system, whereas we have begun to see new evidence of moves toward integration at the federal level in dealing with couple relationships and father involvement.

#### *Importance of Benefit–Cost Analysis*

It is clear that family support programs have significant costs. These costs, and strong efforts to cut government costs, have driven public dialogue, especially in the past few years. It is reasonable, we think, for policy makers to ask this: For every dollar spent, how many dollars are saved, and how many potential benefits accrue to individuals, families, and society at large? There are some research teams working to answer these questions for specific programs in a field called benefit–cost analysis (BCA). Although the need for this kind of information is obvious, the problems and perils of coming up with reasonable BCA estimates are daunting. At first glance it seems easy to determine program costs, but in fact it is exceedingly difficult. One cannot simply write down the amount of money allocated to a program in an agency budget as a cost estimate. It is necessary to consider items not included in that budget, including proportions of the agency allocations that go toward infrastructure support (e.g., start-up costs, space, communications, staff time) and proportions of the program budget that should not be included in the total program costs (e.g., research costs).

Even more daunting on the benefits side is that it is extremely difficult to monetize the costs

of the kinds of outcomes most often measured in programs to strengthen family relationships. What politicians want to know is whether the interventions produce changes in the number of people in a given category: diagnosed depression, divorce or separation, need for therapy, domestic violence, child abuse, involvement in child protective or juvenile justice systems. For many of these outcomes, economists have calculated or at least estimated the costs to the identified patient, family, school, and other institutions. But these are not the outcomes typically measured in parenting and couple strengthening programs, which are typically reported as continuous measures (e.g., couple relationship satisfaction, positive parenting, child behavior problems) that have yet to be assigned monetary values. How do we calculate the costs or benefits of an increase or decrease in couple relationship satisfaction, harsh parenting, or young children's symptoms of depression or aggressive behaviors? What are the benefits of a 5-point rise in marital satisfaction scores or a reduction in numbers of aggressive or anxious symptoms? BCA analyses are struggling to obtain meaningful answers. More research is needed before we can be confident in drawing estimates of costs from the kind of data obtained in the programs we have been describing. In addition, there is a need for more work on measuring the potential benefits of the programs to the larger social and economic goals of society (an anonymous reviewer suggested this conclusion).

Of the kinds of programs we have been describing, we know of only a few that have provided cost estimates and only one that estimated the offsetting benefits that the programs were providing. Three large-scale family support projects report costs per family from \$9 to \$11,000: Nurse Family Partnership (Olds, Kitzman, & Cole, 1995), a home-visiting program for mothers starting at childbirth and continuing for 2 years; Supporting Father Involvement (P. Cowan et al., 2009), providing couples groups weekly for 4 months and case management for 18 months; and Building Strong Families (Wood et al., 2014), providing couples groups for 4 months and additional services. None of these studies attempted to estimate benefits in financial terms.

Allan Little (2016), an economist from Pro Bono Economics, London, serving as a volunteer, produced a benefit–cost analysis of the first 100 couples from 12 boroughs of London

who participated in the Parents as Partners program—a faithful replication of the Supporting Father Involvement program in the United States. In a first step, Little calculated the costs at £3,325 per participant, or £6,650 per couple, which at the time was equivalent to US\$9,752, about the same cost as other U.S. programs cited herein. He then selected three monetizable benefits of participation in the intervention (e.g., parents' psychological well-being, domestic violence, children's psychological well-being) and three benefits that were not monetizable because of a lack of adequate metrics (couple relationship quality) or a lack of data available at the time (labor market outcomes and use of health and other public services).

In a second step, Little (2016) examined the baseline and immediate posttest data and calculated the financial benefits accrued from reducing parents' clinical depression, domestic violence, and child behavior problems, without assuming that the effects would continue over time. His estimate was that Parents as Partners would save £3.5 for every £1 spent. Then, in a third step using some longer-term follow-up data from both the U.K. and U.S. SFI trials, assuming that the effects would hold up over time, he estimated that Parents as Partners would save £7 for every £1 spent. In addition, he noted the positive results of the non-monetizable measures and concluded that the 7:1 benefit–cost ratio represented only a very conservative estimate of savings if SFI could construct financial equivalents for changes in the remaining measures.

This description of Little's report illustrates a general principle concerning the limits of BCA. All information entered into the analysis, especially the calculation of benefits, is not direct measures but rather estimates based on assumptions about translating the data into financial terms. While this sounds like a serious limitation, we should note that it does not differ from how much of the information in quantitative economics is translated into statistical equations. In our opinion, estimates of benefits and costs are more useful than no information at all about whether an intervention is likely to be beneficial for intended participants. We argue for a substantial increase in evaluators' attention to calculating program benefits and costs because we believe that it brings the language of research much closer to the language of policy makers who are ultimately responsible for decisions about allocating scarce resources.

### *Dilemmas in Allocating Increased Resources to Prevention*

The vast majority of public policy and program efforts to strengthen families are devoted to families at risk because of poverty and families who are already in serious distress. It has long been argued that strategies to prevent families from sliding into difficulty, or to intervene early in that slide ought to be more effective than dealing with family dysfunction and ultimately cost-saving, in that the costs to society of divorce, family violence, unemployment, mental illness, and involvement in the justice system are huge (Cannon et al., 2017). There is some evidence that early intervention is more effective than later (Shonkoff, 2010), and this would support the notion of providing more funds for preventive interventions. There are two problems with this line of argument. First, preventive interventions are more likely to be universal, including a very wide sample of the population, before various pathologies have become evident. Although we have no good data on this point, it is possible that the costs of wide inclusion could be greater than the costs of targeting only those in need. Second, taking scarce funds away from those in most need to serve relatively well-functioning families seems counterintuitive to the general public and is a very hard sell for politicians. We still come down on the side of supporting preventive interventions, but we urge researchers to exert greater efforts in determining the relative costs and benefits.

### *Making Family Policy Central to Government Decision Making*

Despite the fact that the U.K. government is now preoccupied with post-Brexit, postelection issues, before the British Conservative Party's annual meeting in September 2017, 52 members of Parliament and peers signed on to the "Family Manifesto" (Bruce, 2017), which made 15 specific suggestions that would have the cumulative effect of placing family considerations at the center of government policy. The suggestions included the following: (a) appoint a cabinet-level minister to ensure that family policies are prioritized and coordinated, with the job of a senior minister in each department responsible for delivering policies to strengthen families and for carrying out family impact



assessments; (b) promote the importance of active fatherhood in a child's life by ensuring that maternity services review and improve their support for fathers; (c) remove financial disincentives for those on low incomes to form lasting couple relationships; (d) use child-care funding to support parenting; and (e) promote healthy relationships to tackle the country's mental health crisis and provide relationship education to establish a culture that supports stronger families.

This Family Manifesto comes from only one of Britain's political parties and is not, as of this writing, supported by even a majority of MPs in that party. We include it here to make three points. First, if we really believe that strong families form the bedrock of a strong society, then placing family considerations front and center in government decision making seems like a reasonable idea. Second, we note that the basic assumption of the Conservative Party Family Manifesto supports the central argument of this article: Family policy making must be reorganized to provide an integrated approach to supporting and improving family relationships. Third, we want to underline how similar are the concerns of those involved in increasing the influence of family policy in U.S. and U.K. government decisions.

### *Two Cautionary Notes*

Over our years in the intervention evaluation enterprise, despite our general optimism, we have learned to acknowledge two very different disappointing facts. First, government and service-delivery policy makers shift assignments or disappear at a fairly rapid pace. While some politicians remain in office for a long time, others come and go every year or two. Heads of government and service-delivery departments change often, and staff may rotate in and out of assignments on a rapidly spinning turntable. In our own work in California, over the 10 years of grant support, we worked with three directors of the Office of Child Abuse Prevention and experienced regular staff changes in the liaisons to our project. One year after the project ended, not one staff member was left who was there when our work began. As we lost champions who had supported and funded the work, the program eventually lost its funding. In hindsight, we needed to pay much more attention to keeping contact with office staff in the later

years while we were analyzing data, and they were not directly involved in maintaining the local programs.

Second, we learned to rein in our expectations about any policy or intervention approach. As Corbett (2016) stated, despite policy makers' hopes to provide a solution to each problem they address, there is no single silver bullet. The family field moves forward not by radical breakthroughs but by accretions of small contributions that sometimes conflict with one another but build on one another in the long run.

### A FINAL WORD

When we set out to write this article about the policy implications of interventions to enhance parenting effectiveness, father involvement, couple relationship quality, and children's development, we did not realize that the available evidence on barriers to and difficulties in achieving greater connection between research and policy would be quite so daunting. As we view the final product, it looks to us like a case where the glass could be seen as half empty because there are so many unresolved questions, or half full because there are so many promising ideas and findings. We are definitely on the half-full side. We began more than 40 years ago to create and test an idea about a preventive intervention for couples having first babies to minimize later potential disruption in their relationships as couples. That idea has grown to the point that we and our colleagues are in conversation with policy makers in the United States, Canada, Great Britain, Malta, and Israel. Other investigators are pursuing similar questions and goals with positive results for families all along the income spectrum. Along the way we have won and lost financial support for programs we have been involved in. But beyond our own work, we see increasing support for a family systems view in which interventions for families are beginning to be less separate, more integrated, and less unusual. Slowly, we have seen small, beginning moves from "policy-minded researchers and research-minded policymakers" (Bogensneider & Corbett, 2010) who are moved by the evidence to think of what might be possible to provide meaningful support and assistance for modern parents, children, and families.

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