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Co-Parenting Programs: A Systematic Review and Meta-Analysis

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Abstract

Objective: The present article aims to provide an overview of the efficacy of co-parenting programs on outcomes related to child's adjustment, parents' well-being, and quality of the co-parenting, romantic, and parent–child relationships.

Background: Numerous co-parenting programs have been developed, supported by empirical findings associating quality of co-parenting to the overall family well-being. However, to our knowledge, the efficacy of those programs has not yet been assessed.

Method: This article included 38 articles corresponding to 27 randomized controlled trials (RCTs) presenting 23 programs. We conducted a meta-analysis to estimate the efficacy of co-parenting programs and a review of programs to identify the ingredients of co-parenting programs that may contribute to this efficacy.

Results: Results support a small but significant effect of co-parenting programs on outcomes related to parents' well-being and the quality of co-parenting and romantic relationships.

Conclusion: Finally, despite the heterogeneity of the programs, some commonalities are identified, such as the use of psychoeducation and skills training.

Implications: Our work supports the added value of co-parenting programs for both vulnerable families and families with no apparent major difficulties. Future directions in terms of study and program designs are proposed to promote high-quality research in this field.

Keywords: co-parenting, efficacy, family, intervention, meta-analysis, systematic review.

Over the past 20 years, the fields of family and developmental sciences have focused increasing attention on co-parenting, defining its importance to family functioning (e.g., Gable, Crnic, & Belsky, 1994; Margolin, Gordis, & John, 2001). At first, studying co-parenting allowed researchers to describe the importance of divorced parents' relationship quality for their children (e.g., Maccoby & Mnookin, 1992). Subsequently, the concept was applied to intact families as diverse as classic nuclear families, single parents, or same-sex parents (Favez, Widmer, Frascarolo, & Doan, 2019; McHale & Lindahl, 2011).

Co-parenting refers to the relationship between parents that goes beyond the romantic relationship. Parents remain related to each other through co-parenting even after separation (Favez & Frascarolo, 2013). Co-parenting may also be defined as the shared activities undertaken by the adults responsible for the care and upbringing of a child (McHale & Lindahl, 2011). It is a multidimensional concept including positive dimensions such as support, coordination between parents, communication, and loyalty, as well as negative dimensions, such as conflict regarding children, competition, undermining of the other parent, children's triangulation (i.e., involving children in parents' conflict; Teubert & Pinquart, 2010). Both positive and negative dimensions can coexist (Frascarolo, Darwiche, & Favez, 2009). However, the importance of negative and positive dimensions influences the quality of co-parenting, which can either be a protective factor or a risk factor for the family well-being (Favez & Frascarolo, 2013).

Research to date has shown the importance of co-parenting quality for both the well-being of family members and the quality of other family relationships (McHale & Lindahl, 2011). The quality of co-parenting has largely been related to the quality of the romantic relationship. Positive co-parenting featuring cohesion, cooperation, and support has been associated with marital satisfaction (Favez & Frascarolo, 2013; Talbot & McHale, 2004), whereas low cooperation and high competition between parents have been associated with

romantic conflicts and dissatisfaction (e.g., Christopher, Umemura, Mann, Jacobvitz, & Hazen, 2015).

Furthermore, empirical data showed that co-parenting support promotes parents' well-being, for example by reducing parents' stress (e.g., Schoppe-Sullivan, Settle, Lee, & Kamp, 2016). The impact of co-parenting on parents' well-being appeared to indirectly affect parenting. For instance, Bonds, Gondoli, Sturge-Apple, and Salem (2002) first confirmed that co-parenting support reduced parents' stress. They additionally found that in turn low parenting stress facilitated optimal parenting.

Studies also revealed a direct effect of co-parenting on parenting and the parent–child relationship. Pedro, Ribeiro, and Shelton (2012) have found that low co-parenting triangulation and conflict, as well as high cooperation were associated with fewer negative parenting practices, such as rejection and control attempts. Co-parenting support also seemed to facilitate fathers' engagement toward their children by reducing obstacles such as maternal gatekeeping (P. A. Cowan, Cowan, Cohen, Pruett, & Pruett, 2008).

Through positive parenting and fathers' engagement, co-parenting quality appeared to reduce risks of external and internal problems for children (e.g., P. A. Cowan et al., 2008; Maccoby, 1980). The risk of negative co-parenting for child sociodevelopment and cognitive functioning have been largely documented (Favez, 2017). In their meta-analysis, Teubert and Pinquart (2010) reviewed more than 50 studies both cross-sectional and longitudinal. They showed that co-parenting predicted the psychological adjustment of children between the ages of 7 months and 16 years old. Co-parenting coordination was also positively associated with child's social functioning and secure attachment, whereas co-parenting conflict was related to more frequent externalizing symptoms (Teubert & Pinquart, 2010). Co-parenting appears to be the key concept to enhance family well-being and high-quality relationships between family members.

Numerous co-parenting programs have been developed, boosted by empirical findings linking quality of co-parenting to overall family well-being. We may describe these programs' implementation in three phases of development over time (Favez, 2017). First, therapeutic work on co-parenting was integrated into family therapy in the 1970s. Salvador Minuchin is often cited as the pioneer of this integration because he was the first to focus his interventions on parents' coordination (Minuchin, 1974). In the second phase, programs based on co-parenting interventions were developed for separated or divorced parents. These interventions are designed to support parents as they struggle to maintain a good co-parenting relationship while ending their romantic relationship (Favez, 2017). The third phase corresponds to the creation of co-parenting programs for nondivorced parents. These programs seek to prevent difficulties induced by transitions in the family, predominantly during the transition to parenthood, as new parents are building their own co-parenting relationship (McHale & Lindahl, 2011). In this article, we focused on programs of the second and third phases of co-parenting programs development.

Research supports the key role of co-parenting for family well-being, and co-parenting interventions appear to provide a powerful framework that has the potential to impact both the family relationships and family members' well-being. The added value of co-parenting programs is also supported by the importance of promoting active investment of both parents (Pilkington, Whelan, & Milne, 2015) to enhance the quality of family functioning. To our knowledge, the effects of targeting the co-parenting relationship when working with parent couples have not yet been summarized. Meta-analyses and reviews have focused on parenting (Pinquart & Teubert, 2010), on marital education programs (for a review, see P. A. Cowan & Cowan, 2014), or fathers' engagement (Pilkington, Rominov, Brown, & Dennis, 2019).

However, co-parenting interventions provide a more efficient framework for family interventions because they allow integration of parenting and couple relationship programs

(McHale & Lindahl, 2011). Compared with programs focusing on parenting only, programs with co-parenting interventions are more likely to promote both parents' support of each other's attempts to apply learning from the program. Moreover, in families where the romantic relationship has become hostile, a co-parenting relationship could ensure positive experiences between partners that motivate parents to work together on their difficulties as a couple. Parents may also be more willing to put aside their conflict to prioritize their child's needs (McHale & Lindahl, 2011). Given the multiple advantages of integrating co-parenting interventions within family programs, we decided to focus on co-parenting in this review.

In the present article, we seek three main purposes: (a) to document the extent to which programs with a co-parenting focus, including both intervention and prevention programs, can benefit the whole family by exploring their efficacy on relevant outcomes related to the child's adjustment, parents' well-being, and the quality of the co-parenting, romantic, and parent–child relationships; (b) to provide an overview of these programs; and (c) to identify the specific components that contributed to program efficacy and allowed integration of work on several aspects of the family functioning.

METHOD

Inclusion Criteria

Studies included in the systematic review met five criteria:

1. Studies were published or in-press articles in peer-reviewed journals in English.
2. All studies presented RCTs.
3. The programs targeted one or several aspects of co-parenting, such as the improvement of co-parenting support or the reduction of co-parenting conflict. Studies were included when the program proposed work on co-parenting quality even if it predominantly focused on another aspect, such as parenting competences. One of our aims was to give a broad overview of co-parenting programs to be able to identify

similarities and differences between programs in terms of populations, settings, and core components. Inclusion of various programs also allowed us to document the proportion of programs with a primary or a secondary focus on co-parenting to better understand whether co-parenting seemed to be a new development of family programs or a primary target.

4. Studies presented quantitative results on one or several of the five following outcomes: the parents' well-being, the child's adjustment, the quality of co-parenting, the romantic relationship, and the parent–child relationship.

5. Studies presented a program requesting the attendance of both parents. Settings such as parent groups with only one parent attending the sessions (e.g., Keating, Sharry, Murphy, Rooney, & Carr, 2016) or mother–child groups (e.g., Gardner et al., 2009) were excluded. Participation of both parents enables work on the relationship and often improves outcomes at the individual and interpersonal levels (Lebow, 2014).

This analysis follows both the Cochrane guidelines for implementing a systematic review of interventions (Higgins & Green, 2008) and the PRISMA statements, which advise on how to report systematic reviews and meta-analyses (Liberati et al., 2009).

Literature Search

Three electronic databases were systematically searched: Scopus, MEDLINE, and APA PsychNET. The searches included articles published from the first available year to May 2019. The following keywords were consistently used: (coparent* OR interparent*) AND (intervention OR prevention OR treatment OR program) AND (couple OR dyad).

Procedure

Selection. The search identified 1,873 references. These were imported to a citation manager (EndNote X7.5.3), which automatically removed duplicates. For the 1,549 remaining articles, titles and abstracts were screened for eligibility. Only articles mentioning an

intervention targeting parents were retained. For the second screening, the full text of the 125 remaining articles was examined. In total, 38 articles were retrieved (flow chart in Supplemental Figure S1).

Extraction. The first author systematically computed information about the article, the program, the study design, and the effects (quantitative data; mean and *SD*) reported in the study. When quantitative data (means and *SD*s) were missing for the meta-analysis, authors were contacted (among the five authors contacted, two responded). To prevent bias due to multiple reports of the same study, we also aggregated duplicates as advised by Cochrane's method (Higgins & Green, 2008). These publications were clearly identified in the review as forming one study.

Analysis of study quality. As prescribed by the Prisma guidelines, we estimated the quality of studies to be able to identify potential bias in the method of the included studies (Liberati & al., 2009). This preliminary verification of the included study also aimed to document the presence of important biases or remarkable differences in terms of quality. This analysis based on the used method was conducted by the first and third authors on the 38 identified articles reporting 27 distinct studies on 23 co-parenting programs (see supplemental material, Supplemental Table S1). The checklist of the Critical Appraisal Skills Program (CASP; 2017) for RCTs was used. This checklist of 11 questions assessed the validity of RCTs and the nature and relevance of the reported results. Two coders independently recorded each criterion. Disagreements were then resolved by consensus.

Validity of RCTs. This section investigated six criteria:

1. Study focus: For all studies, the focus was specified in terms of studied intervention and population.

2. Randomization: Of the 27 studies, two failed to meet the criterion of randomization. Cox and Shirer (2009) assigned participants to groups according to their availability.

Kramer and Kowal (2005) constructed their control group retrospectively and were thus not able to randomize the assignment. According to the CASP procedure, coders had to exclude studies not fulfilling the first two criteria. This requirement was consistent with our inclusion criteria, we thus excluded the two aforesaid studies from the review. The subsequent criteria were investigated in the remaining 25 studies.

3. Participants' and researchers' blindness to condition: Only four of the 25 studies reported blindness of couples or researchers. In four other cases, participants and researchers were aware of condition assignment, increasing the risk of performance bias in these studies. For the remaining studies (17 of 25), the information was not available.

4. Groups' similarity at baseline: Most studies (16 of 25) outlined the similarity of the groups at the baseline on relevant variables or controlled for confounding effects when differences were identified. Of the nine remaining studies, seven did not report for similarity, one only reported for similarity on one dependent variable—which was considered insufficient—(Schulz, Cowan, & Cowan, 2006), and the last compared groups that differed at baseline without controlling this difference (Abbass-Dick, Stern, Nelson, Watson, & Dennis, 2015).

5. Equality of treatment between groups: Five studies failed to report equal treatment of groups. The groups in these studies did not follow the same procedure; for example, the waiting-list group was excluded from the follow-up (Epstein et al., 2015).

6. Proper assessment at the end of the study of all the participants entering the trial: Seven of 25 studies did not properly address their initial sample at conclusion. These studies were featured by high variability in participants' attendance or by the loss of a portion of the sample due to either high attrition or study design. One study did not report enough information on the attrition rate (Shapiro & Gottman, 2005).

Relevance of the RCTs' reported results. This section refers to (a) the application of the results to a larger population, (b) the clinical relevance, and (c) the cost–benefit balance of the interventions. (a) Four studies referred to programs targeting parents from community samples. The remaining 21 studies presented results for specific populations (e.g., first-time parents, low-income parents). Their application to a larger context is therefore limited. (b) One study was appraised by the two coders as lacking relevant clinical outcomes. Indeed, only the number of shared household tasks was measured (Gjerdingen & Center, 2002). (c) For only six of 25 studies, the costs of the intervention were considered superior to its benefits. These studies presented long programs for either no or few effects compared with a comparison group (e.g., Marczak, Becher, Hardman, Galos, & Ruhland, 2015). Finally, the question was not answered in two studies because of a lack of clarity in the reported results (Schulz et al., 2006) or exclusion of the comparison group in the follow-up analysis (Faircloth & Cummings, 2008).

After removing two studies for not fulfilling the randomization criterion, the final review included 36 articles reporting 25 studies that described 21 distinct programs.

Meta-analysis. We investigated the efficacy of the programs on each of the five outcomes (parents' well-being; child's adjustment; and quality of the co-parenting, romantic, and parent–child relationships). Effect sizes (Hedges's *g*) were computed when data were available. Sixteen of 25 studies reported raw data and were thus included in the meta-analysis. As Hedges' *g* corresponds to a corrected version of the Cohen's *d* and is sometimes referred as the unbiased *d* (Fritz, Morris, & Richler, 2012), we interpreted effect sizes as small ($g = 0.2$), medium ($g = 0.5$), and large ($g = 0.8$) based on Cohen's (1988) benchmarks. According to the probability of superiority, small, medium, and large effects respectively correspond to 56%, 64%, and 71% chance that a person randomly chosen from the treatment group will have better outcomes than a person from the comparison group (Fritz et al., 2012). Analyses

were conducted on R (R Core Team, 2013) with the *metafor* package (version 2.0; Viechtbauer, 2010). Two types of data were used for analysis: means and SDs of intervention and control groups (cross-sectional data) and means and SDs of pre- and posttreatment for both groups (longitudinal data). The analytical plan differed for each type of data. We used standardized mean differences (Hedges, 1981) for cross-sectional data. For longitudinal data, effect sizes corresponded to standardized mean changes based on raw score standardization (Morris, 2008). Because pre–post correlations, which are needed to compute standardized mean changes, were never reported in the included studies, a correlation of $r = 0.7$ was imputed for all longitudinal data. We chose the correlation based on a sensitivity study that revealed no significant differences in results of the meta-analysis when $r = 0.5$ or $r = 0.7$ was imputed.

For the general meta-analysis, effect sizes were aggregated by study to result in a global effect. For each study, we combined all effects on different outcomes or on the same outcomes but with different scales, for different respondents, at different times. The majority of studies reported various measures, and their global effect resulted in the aggregation of many effects (ranging from five to 62 effects). Only one study reported one measure for women and one for men.

To quantify the inconsistency across studies in terms of the percentage of heterogeneity, we used the I^2 coefficient. An I^2 value under 30% signaled no observed heterogeneity, while values greater than 30%, 50%, and 75% were interpreted as low, moderate, and high (Cooper, Hedges, & Valentine, 2009). We adjusted the model of analysis according to the heterogeneity of our sample. Indeed, heterogeneity is common with this kind of meta-analysis, including studies evaluating the effects of different programs for various populations on multifarious outcomes. Heterogeneity can complicate interpretation of results because dissimilarities between studies complicate the identification of common elements of efficacy.

To lessen this limitation, we conducted a random effects model when the heterogeneity test (based on the *Q* statistic) was significant and a fixed effect model when it was not. The random effects model allowed us to consider the heterogeneity of our sample by estimating the average intervention effect with a wider confidence interval (Higgins & Green, 2008). Taking into account the risks of using random effects models, we were careful not to interpret the absence of significant results as due to the wider confidence intervals or to the heterogeneity of our sample.

We used Fail-Safe *N* and funnel plot of each study's effect size to assess publication bias (Higgins & Green, 2008). Fail-Safe *N* estimates the number of unpublished or unretrieved studies with no intervention effect that is needed to invalidate the overall intervention effect. Funnel plots consist in the visualization of results symmetry. It shows whether only studies with a large effect were included or potentially published. We also examined outliers and conducted influence diagnostics to identify potential studies that could bias our results and affect validity and robustness of the meta-analysis (Viechtbauer & Cheung, 2010). This method considered both sampling variability and between-study heterogeneity. It allowed us to test whether our conclusions depended on a few studies (the potential outliers or influential cases) and were thus biased by heterogeneity.

Finally, another measure we took to limit the impact of the heterogeneity of our sample of studies was to conduct several meta-regressions. Meta-regressions aimed to investigate heterogeneity and test categorical variables that might moderate the size of the intervention effect. We conducted five meta-regressions according to five study characteristics: the targeted population (at-risk families, first-time parents, separated parents, community samples), the type of data (cross-sectional, longitudinal), the type of comparator (no intervention, waiting list, comparison intervention), the time of assessment (post, short follow-up—less than a year, long follow-up—more than a year, and very long follow-up—

more than 5 years), and the measured outcome (child's adjustment, parents' well-being, romantic, co-parenting, and parent–child relationships). Studies were grouped according to these moderators to estimate how the intervention effect on each subgroup differed. As part of the meta-regressions, we calculated the amount of heterogeneity explained by each moderator (R^2).

Review of programs. Each of the 21 programs included in the study was reviewed. We presented programs according to their population of interest. On the basis of our sample of programs, we were able to identify four population categories: at-risk families, first-time parents, separated or divorced parents, and parents drawn from community samples who had no particular features and could thus not be included in one of the other categories. The at-risk category included families at-risk for fathers' disengagement or child's difficulties (or both) because they presented risk factors such as intimate partner violence, psychological difficulties of one family member, and low socioeconomic status. Moreover, if authors presented their target population as at-risk, the program was included in this category.

For each population category, programs were described in terms of targets (e.g., co-parenting, parenting, and romantic relationship) and intervention strategies identified by the first author according to the program description from the articles. It is thus possible that we failed to report some strategies that were only presented in the program manual. To give a clear overview of the programs, we summarized the interventions in this manuscript (for more details see supplemental material). When authors referred to didactic presentations, video instructions or lectures to increase parents' awareness, we interpreted these strategies as related to psychoeducation. Psychoeducation can be defined as the provision of systematic, relevant, broad, and up-to-date information to increase parents' awareness—in our case, regarding key aspects of family functioning (Motlova et al., 2017). Exercises and role-plays were associated with skills training strategies.

RESULTS

Meta-analysis

Sixteen of the 25 retained studies were included in the meta-analysis as we collected the raw data necessary for the analysis. These 16 studies were presented in 23 articles. All comprised the general meta-analysis and were organized according to their target population. Among the included studies, six compared the intervention group to a control group after treatment and 14 presented longitudinal data comparing change by groups (note that four studies presented both types of data). There was significant heterogeneity, $Q(15) = 40.67$, $p < 0.001$, $I^2 = 63.12\%$; we thus used a random model to estimate the overall intervention effect. The overall effect size of co-parenting programs was $g = 0.21$, 95% confidence interval (CI) [0.12, 0.3], $z = 4.76$, $p < 0.001$ (see Figure 1), which corresponded to a small effect. Following Fritz et al. (2012), there was thus a 56% chance that when picking a parent in a co-parenting intervention at random, this parent will have better outcomes than a parent in a control condition or in a comparison intervention. This first analysis included programs targeting four populations of parents. Populations were not equally represented: seven studies related to programs for at-risk families, five studies to programs for first-time parents, two studies to programs for divorced or separated parents, and the last two studies to programs for parents from community samples (populations are identified on Figure 1).

Analyses of publication bias revealed a symmetrical funnel plot with no significant asymmetry, $t(16) = -1.43$, $p = 0.176$. The Rosenthal's Fail-Safe N analysis indicated that 23 studies with no significant intervention effect would be necessary to invalidate one study reporting significant positive results on the effect of co-parenting programs. There was thus no evidence of a publication bias.

According to Viechtbauer and Cheung's (2010) recommendations, we explored outliers based on the analysis of the studentized deleted residuals. We identified two potential outliers.

One had a surprisingly large positive effect (Miller-Graff, Cummings, & Bergman, 2015). This study compared a prevention program for parents of adolescents targeting interparental conflict to no intervention. They assessed child and co-parenting related outcomes from pre- to postintervention. The second outlier revealed a large negative effect (Hertzmann et al., 2016). This study evaluated the efficacy of a co-parenting intervention for separated couples. It compared a two-parent setting with a group setting where ex-partners were separated in different groups. Hertzmann et al. (2016) assessed outcomes related to child, parent–child relationship, and co-parenting from pre- to postintervention and from preintervention to 6 months after the intervention. However, excluding these outliers from the meta-analysis did not change the size of the overall effect ($k = 14$, $g = 0.21$, 95% CI [0.14, 0.29], $z = 5.78$, $p < 0.001$), and data remained heterogeneous, $Q(13) = 23.43$, $p = 0.037$. The absence of changes in the overall effect size after removing the two potential outliers supported the robustness of our meta-analysis that was not only dependent on these two studies with larger effects. However, examining potential outliers drew our attention to the characteristics that potentially contributed to program efficacy.

For the next step of the meta-analysis, we used meta-regressions to investigate the moderators that could explain the heterogeneity. However, this step was inconclusive. Indeed, none of the five meta-regressions (i.e., on the population, design, comparators, outcomes, and assessment time) revealed significant moderator effects. Nonetheless, meta-regressions highlighted some interesting findings.

For example, separate meta-analyses for studies with different types of comparator revealed differences. For studies proposing another intervention group as a comparator, the estimated effect size was not significantly different from zero ($k = 7$, $g = 0.13$, 95% CI [–0.04, 0.3], $z = 1.49$, $p = 0.137$). Contrarily, studies with a control group (no intervention) showed a significant small effect size ($k = 8$, $g = 0.23$, 95% CI [0.13, 0.34], $z = 4.28$, $p < 0.001$).

Finally, studies including a waiting list reported a significant medium effect size ($k = 2$, $g = 0.42$, 95% CI [0.24, 0.59], $z = 4.64$, $p < 0.001$). The two studies comparing their intervention group to a waiting-list group presented a larger effect of their intervention (Frank, Keown, & Sanders, 2015; Sanders, Markie-Dadds, Tully, & Bor, 2000). The intervention effect of these two studies tended to be significantly higher than the effects of the two other subgroups of studies ($z = 1.82$, $p = 0.069$).

Additionally, meta-regression on outcomes revealed that the most frequently measured outcome was co-parenting. Our analyses also highlighted that co-parenting programs had no significant impact on outcomes related to the child's adjustment ($k = 9$, $g = 0.21$, 95% CI [–0.04, 0.46], $z = 1.64$, $p = 0.100$) and to the parent–child relationship ($k = 8$, $g = 0.15$, 95% CI [–0.01, 0.3], $z = 1.81$, $p = 0.070$). Nonetheless, concerning outcomes related to parent–child relationship, exploring outliers and conducting influence diagnostics allowed the identification of a potential outlier (Sanders, Bor, & Morawska, 2007). This study presented a program for parents with a child presenting first signs of behavioral problems. It compared a co-parenting intervention with a parenting intervention, and it was thus more likely that no difference between interventions were found on the parent–child relationship because this outcome was targeted by both interventions. This study appeared to inform us on the potential study setting that lessen the efficacy of co-parenting programs on parent–child relationship. Once excluded, results were homogeneous ($Q = 2.38$, $p = 0.930$), and the effect size was significant ($k = 8$, $g = 0.23$, 95% CI [0.17, 0.3], $z = 7.37$, $p < 0.001$). This finding seemed to reveal that the identified outlier was contributing to the heterogeneity of our subsample of studies. However, this result should be interpreted with caution because changes in the significance of results depending on a unique study may reflect lack of robustness of this meta-regression.

Review of the Programs

An overview of the 21 programs included is presented in four sections corresponding to four categories of population: at-risk families (N = 8), first-time parents (N = 7), separated or divorced parents (N = 3), and parents from community samples (N = 3). Two programs were intended for first-time parents at risk; because being at risk is a priority, we chose to present them in the "at-risk families" section. Each section describes the program characteristics including program targets and the intervention strategies (for information on programs' setting and intensity, see Supplemental Table S2).

Programs for at-risk families.

Program targets. Eight programs investigated in nine RCTs proposed prevention of co-parenting difficulties in families presenting risk factors such as domestic violence (Doss, Cicila, Hsueh, Morrison, & Carhart, 2014), adolescent motherhood (Florsheim, McArthur, Hudak, Heavin, & Burrow-Sanchez, 2011), low income (C. P. Cowan, Cowan, Pruett, Pruett, & Wong, 2009), being a minority (Beach et al., 2014; Epstein et al., 2015), or having a child presenting behavior problems (Sanders et al., 2000). Two of eight programs focused on co-parenting alone: one on the global co-parenting relationship (Doss et al., 2014) and the other specifically on supporting fathers' engagement (Supporting Fathers' Involvement; C. P. Cowan et al., 2009). The six remaining programs simultaneously worked on several aspects of the parents' relationship. Four targeted both the co-parenting and parent–child relationships (Young Parenthood Program, Florsheim et al., 2011; Triple P-Positive Parenting Program, Sanders et al., 2000). Among those four programs, three were derived co-parenting versions of the Triple P-Positive Parenting Program (Group Triple P adapted for fathers, Frank et al., 2015; Enhanced Group Triple P, Ireland, Sanders, & Markie-Dadds, 2003; Enhanced Behavioral Family Intervention, Sanders et al., 2007). These versions added work on co-parenting through support enhancements primarily (e.g., not interfering with the other

parent's discipline attempts). The last two programs simultaneously targeted co-parenting, parent–child, and romantic relationships (Barton et al., 2018; Beach et al., 2014).

Intervention strategies. Four types of strategies were identified: (a) psychoeducation on co-parenting (e.g., Florsheim et al., 2011), the importance of parents' engagement (Frank et al., 2015), or children support (Beach et al., 2014; Sanders et al., 2000); (b) skills training in co-parenting (Beach et al., 2014; Ireland et al., 2003), communication (e.g., Florsheim et al., 2011; Ireland et al., 2003), parenting (e.g., C. P. Cowan et al., 2009; Sanders et al., 2000), coping (e.g., Barton et al., 2018; Florsheim et al., 2011), or problem-solving (e.g., Ireland et al., 2003; Sanders et al., 2000); (c) elaboration of a co-parenting plan that aimed to organize more clearly tasks and responsibilities related to childcare (Doss et al., 2014; Florsheim et al., 2011); and (d) group-guided discussions on resources, parenting, or both (C. P. Cowan et al., 2009).

Programs for first-time parents.

Program targets. Seven programs for first-time parents were identified in nine RCTs. All programs focused on co-parenting as well as on another target. More precisely, three programs combined work on co-parenting and the parent–child relationship (breastfeeding support intervention, Abbass-Dick et al., 2015; Parenting Together Project, Doherty, Erickson, & LaRossa, 2006; Family Foundations, Feinberg & Kan, 2008). Three other programs targeted co-parenting and the romantic relationship (work planning intervention, Gjerdingen & Center, 2002; Couple CARE for parents, Halford, Petch, & Creedy, 2010; couple group, Schulz et al., 2006). One program combined work on co-parenting, parenting, and the romantic relationship (Bringing Baby Home; Shapiro & Gottman, 2005).

Intervention strategies. Programs for new parents proposed four types of strategies, which were the same as for at-risk families. Each program used from one to three of these four strategies: (a) psychoeducation on parenting (e.g., Feinberg & Kan, 2008), co-parenting

(e.g., Doherty et al., 2006; Shapiro & Gottman, 2005), or transition to parenthood (Shapiro & Gottman, 2005); (b) skills training focusing on communication (Feinberg & Kan, 2008; Halford et al., 2010) or co-parenting support (e.g., Abbass-Dick et al., 2015; Feinberg & Kan, 2008; Halford et al., 2010); (c) elaboration of a co-parenting plan to organize the new family life (Doherty et al., 2006; Halford et al., 2010)—for example, by establishing the division of tasks (Gjerdingen & Center, 2002); and (d) group-guided discussion in which each parent could share his or her own experience on topics ranging from parenting expectations (Doherty et al., 2006) to social resources (Schulz et al., 2006).

Programs for separated or divorced parents.

Program targets. This section counted three prevention programs for separated or divorced parents, each assessed by one RCT. Among those RCTs, one presented preliminary results only (Marczak et al., 2015). The programs all focused on the co-parenting relationship (mentalization-based therapy for parents; Hertzmann et al., 2016; Co-Parent Court Demonstration; Marczak et al., 2015; Collaborative Divorce Project; Pruett, Insabella, & Gustafson, 2005).

Intervention strategies. Four strategies were identified: (a) psychoeducation on various topics, such as divorce, child development, and co-parenting (Pruett et al., 2005), and (b) therapeutic work on the identification of emotions that can create miscommunication and conflict between parents with a consistent attention to the child's experience regarding miscommunication and conflict (Hertzmann et al., 2016). For example, the therapist tried to highlight how assumptions about the other parent's intentions have led to anger and tried to shift parents' attention from their conflict to the children's experience of their conflict (e.g., by focusing on children's reactions to conflict); (c) skills training on mutual support, negotiation, and co-parenting (Marczak et al., 2015); and (d) elaboration of a co-parenting

plan that sought to settle essential aspects of the new family structure, such as timing and coming to agreements (Marczak et al., 2015; Pruett et al., 2005).

Programs for parents from community samples.

Program targets. Three prevention programs from four RCTs were included in this section. These programs proposed prevention in various aspects of co-parenting (Parenting-focused Intervention, C. P. Cowan, Cowan, & Barry, 2011) or on interparental conflict (Happy Couples and Happy Kids, Faircloth & Cummings, 2008; Family Communication Program, Miller-Graff et al., 2015).

Intervention strategies. Three strategies were identified. Each program implemented one or two strategies: (a) psychoeducation on constructive versus destructive conflict, co-parenting, and children's emotional security (e.g., Cummings, Faircloth, Mitchell, Cummings, & Schermerhorn, 2008; Miller-Graff et al., 2015); (b) skills training on communication and constructive conflict (e.g., Faircloth & Cummings, 2008; Miller-Graff et al., 2015); and (c) group discussion and exercises related to parents' daily difficulties. The goal was to share experiences and create social resources within the group (C. P. Cowan et al., 2011).

DISCUSSION

We aimed to offer an overview of the existing co-parenting programs and their efficacy. By reviewing 27 RCTs (38 distinct papers) on 23 programs for parents, this paper investigated three aspects: (a) the quality of studies, (b) the efficacy of the programs, and (c) their characteristics.

Quality of Studies

Concerning the method, the evaluation of the quality of studies indicated that some information was regularly missing or unclear and could thus reflect existing bias in the studies such as blindness and attrition rates. Nonetheless, a majority of the included studies admirably

fulfilled the CASP. Only two of 27 studies had to be removed. Furthermore, among the remaining 25 studies, 20 adequately answered at least seven of the 11 criteria.

Meta-Analysis

The meta-analytic approach of this study demonstrated modest evidence of the global effect of co-parenting programs. The overall effect size was small (g = 0.21). This finding is consistent with other meta-analyses revealing small effect sizes because they computed the effects of other education-based interventions (e.g., Hawkins & Erickson, 2015; Pinquart & Teubert, 2010) and psychological interventions for couples (Badr & Krebs, 2013). Nonetheless, it is worth noting that this overall effect corresponded to significant intervention effects on multiple variables such as co-parenting support, romantic satisfaction, parents' stress, and positive parenting (effects for parenting tended to be significant). This added value of co-parenting programs could be explained by the broad framework of co-parenting interventions that integrated work on co-parenting, parenting, and romantic relationship (McHale & Lindahl, 2011). Moreover, by enhancing co-parenting quality, co-parenting programs may induce direct and indirect positive effects on parents' adjustment (e.g., Schoppe-Sullivan et al., 2016), romantic satisfaction (e.g., Favez & Frascarolo, 2013), and parenting (e.g., Pedro et al., 2012).

From the five meta-regressions, we were able to identify the influence of study designs on the estimated effect size. Studies including a waiting-list group as a control condition tended to report larger effects than other study designs. This observation corroborates previous findings describing the waiting-list control as not equivalent to a no-intervention control and also as a nocebo condition (Furakawa et al., 2014). However, our sample included only two studies with a waiting-list condition. It is thus unlikely that our overall effect could have been significantly inflated by this artifact.

Meta-analyses on outcomes revealed that we did not obtain evidence to support the effect of co-parenting programs on children's adjustment as reported by parents and teachers. The estimated effect size was not significantly different from zero. This finding is surprising given the existing literature on the associations between co-parenting and child's adjustment (Teubert & Pinquart, 2010).

One explanation for this absence of results could be linked to the fact that child-related outcomes are distal. Child's adjustment should only have been measured in the long term to allow detection of positive spillover effects, which imply lengthy processes (Miller-Graff et al., 2015). However, we included studies assessing child's adjustment from immediately after the end of intervention to 7 years later. A second explanation could be related to the measured outcomes because they mainly referred to behavioral aspects of children's adjustment. Emotional competences and internalizing problems were only assessed in four of nine studies. Research has shown that negative co-parenting can affect children differently (more on internalizing or externalizing problems) depending on children's characteristics, such as gender or use of coping strategies when facing conflicts (Davies, Martin, Sturge-Apple, Ripple, & Cicchetti, 2016). Studies should therefore include both behavioral and emotional aspects of child adjustment to ensure identification of potential changes on every level of children's adjustment.

Finally, we noted that only nine of 16 studies reported on child-related outcomes. When reviewing studies excluded from the meta-analysis, proportion of studies including child-related outcomes was even lower. RCTs were not inclusive in their choice of primary outcomes. However, promoting children's well-being appears as one of the main reasons to propose co-parenting programs. Further research is needed to ensure programs' benefits for children. Therefore, RCTs on co-parenting programs should systematically include long-term measures of children's behavioral and emotional adjustment.

Review of the Programs

The review of the programs summarized the characteristics of 21 existing co-parenting programs. Depending on the population targeted, programs addressed different aspects of the couple relationship. Programs for separated or divorced parents and for parents drawn from community samples only worked on the co-parenting relationship in contrast to programs for at-risk families and first-time parents, which proposed interventions with numerous foci such as co-parenting, parenting, and/or romantic relationship. We could interpret this finding in light of the historical development of co-parenting intervention. Indeed, researchers on divorce were the first to systematically investigate co-parenting and its impact on children's adjustment (Feinberg, Brown, & Kan, 2012). Regarding programs for first-time parents and at-risk families, targeting the co-parenting relationship appeared to be a new development. Indeed, several previous programs proposed intervention for those families through, for example, couple relationship enhancements (P. A. Cowan & Cowan, 2014) or parenting education programs (e.g., Cowen, 2001; Pinquart & Teubert, 2010). Co-parenting as a target of intervention was thus included afterward and allowed integration of various intervention targets within the same framework.

Despite the heterogeneity of the studied programs, we were able to identify four similar intervention strategies through the different programs regardless of the targeted population: (a) psychoeducation (12 of 21), (b) skills training (17 of 21), (c) elaboration of a co-parenting plan (5 of 21), and (d) group-guided discussions (4 of 21). This synthesis of strategies in co-parenting programs gives an overview of the specificity of co-parenting programs that could inform both program implementers and health professionals.

Psychoeducation and skills training were proposed to four populations in the studies reviewed in this article. Existing reviews have presented the relevance of psychoeducation across a wide range of settings for different populations (Lukens & McFarlane, 2004).

Psychoeducation presents research-based information to increase parents' awareness regarding the key role of co-parenting for family functioning and child well-being. In our opinion, psychoeducation on co-parenting was a key strategy for co-parenting programs. Raising parents' awareness of the importance of co-parenting may have facilitated their engagement in the program and increased their motivation to improve the quality of their co-parenting relationship.

Skills training, through activities such as role-playing, homework, and games, was mainly focused on co-parenting support and communication, which are both critical dimensions of a good quality co-parenting relationship (McHale & Lindahl, 2011). Regarding support, programs encouraged parents to give constructive feedback to each other about their respective interactions with the child (Ireland et al., 2003) or about their parenting competencies (Doherty et al., 2006). In addition to enhancing support, interventions also aimed to decrease undermining, for example, by coaching parents to limit their involvement in each other's attempts to manage the children (Sanders et al., 2000). This focus on co-parenting support—and by extension, on undermining—reflects empirical findings that associate these dynamics to the quality of parent–child relationship (Bonds & Gondoli, 2007; Schoppe-Sullivan et al., 2016). We postulated that these strategies ensured the efficacy of co-parenting interventions over the efficacy of parenting programs. First, co-parenting support enhanced the chance of effectively applying parenting learnings. Indeed, both parents were trained to encourage and not to undermine each other in attempts to apply new parenting practices. Second, we also argue that the presence of both parents was crucial to change the family dynamics because both were then engaged in the new behaviors but also because it allowed direct work on the relationship between parents.

Furthermore, through training of communication skills, parents learned how to constructively communicate to foster a caring relationship and address disagreements through

problem solving. According to the meta-analysis, the program reporting the largest positive effect offered psychoeducation and skills training on problem-solving, enhancing the use of constructive conflict over destructive conflict (Miller-Graff et al., 2015). These communication skills are transversal and are frequently trained in other programs targeting for example the romantic relationship (Hawkins, Stanley, Blanchard, & Albright, 2012). In line with our results, a previous meta-analysis showed that working on communication skills implied larger intervention effects than working on motivation and knowledge (Hawkins et al., 2012). Although being broader than the co-parenting relationship, communication is of paramount importance to ensure cooperation and teamwork between co-parents (McHale & Lindahl, 2011).

Thus, it is worth noting that training skills related to communication and co-parenting support appeared complementary. We could also expect that communication training, which is a common intervention strategy, was more effective in a co-parenting program where the child's well-being is central compared with a couple relationship program. Finally, communication training for co-parents seemed a relevant strategy to enhance family well-being. Communication problems such as destructive interparental conflicts have been associated with children's psychological problems (Teubert & Pinquart, 2010). Destructive conflicts in front of children have been shown to lessen children's emotional security (Davies, Coe, Martin, Sturge-Apple, & Cummings, 2015). Thus, we could infer that the large positive effects of Miller-Graaf et al. (2015) program were based on first increasing parents' awareness on their impact of their destructive conflict and then having them work together to constructively solve their problems.

Elaboration of a co-parenting plan aims to help couples share parenting responsibilities and define task division. Programs frequently worked not only on the elaboration but also the implementation of the plan because parents are invited to identify barriers and the adjustment

to overcome these barriers (Doherty et al., 2006). Programs clearly addressed the difference between expectation and reality and contributed to strengthening the effective introduction of the co-parenting plan (Doss et al., 2014). The co-parenting plan was only proposed to first-time and separated or divorced parents. Indeed, addressing roles and task division is especially important during family transitions to build or adjust the co-parenting relationship (McHale & Lindahl, 2011). However, we assumed that working on a co-parenting plan can be important outside transitions to address parents' cooperation and their satisfaction regarding their functioning, such as in traditional couple therapy (de Roten et al., 2018). For example, parents may no longer agree on task division due to marital conflicts or difficulties adjusting to their child's changing needs.

Finally, group-guided discussions aim to enhance shared experiences and create new social resources within the group (C. P. Cowan et al., 2011). Programs using this strategy over several sessions revealed significant positive effects (C. P. Cowan et al., 2009; Doherty et al., 2006). Indeed, C. P. Cowan et al. (2009) reported positive effects of 16 sessions of group discussion compared with a group discussion of 3 hours. It appeared even more relevant for separated parents than a therapeutic approach with separated parents. Hertzmann et al. (2016) showed negative effects of a therapeutic intervention working simultaneously with two separated parents compared with a support group separating the two parents, although the core components were similar in both approaches.

We found the preceding strategies complementary. Their combination could thus be interesting. We postulated that group-guided discussions promote exchanges and support between participants on daily issues. These exchanges allow identification of relevant topics for parents. Psychoeducation enhances information on these topics. Then skills training on co-parenting support and the elaboration of co-parenting plan increase parents' willingness to apply this new information about co-parenting in their daily life with specific tools and the

competencies to use them. However, according to our meta-analysis, the only program proposing a combination of the four strategies for first-time parents reported a main intervention effect that did not differ from zero (Doherty et al., 2006).

Limitations

This review and meta-analysis presents some limitations. A first limitation concerned our program focus that allowed the inclusion of varied programs with a primary or a secondary focus on co-parenting, targeting both divorced and nondivorced parents. This inclusion contributed to the heterogeneity of our sample of programs and complicated the synthesis and interpretation of findings.

However, this inclusive approach allowed us to broaden our overview of co-parenting interventions and to document their efficacy. Reducing the number of programs would also call into question the relevance of a meta-analysis that was already limited by the number of studies included in our sample. A larger sample could have strengthened our results by reducing heterogeneity. Investigations of moderators failed to explain the heterogeneity of our sample, which remained moderate throughout the analyses. This heterogeneity implied the use of a random effects model, which prevented us from asserting that the effects were due to the intervention only and not to random effects (Higgins & Green, 2008).

One last limitation concerned the broad presentation of our review. As we aimed to give an overview on the existing co-parenting programs, we synthesized the core components of the programs and some practical information on their operationalization. Deepening our review by exploring program manuals could have highlighted the precise procedure of the program (whether the program used games and exercises, what topics were addressed in discussion, etc.). This description could be relevant for future programs on co-parenting as well as for clinicians in general. However, for more information on the programs, available

references of the program manuals are presented in the supplemental material (Supplemental Table S2).

Conclusion

On the basis of high-quality studies, our meta-analytical review offers modest support for efficacy of co-parenting programs with a small effect size on co-parenting, parent–child relationship, romantic relationship, and parents' well-being. This review also contributes to clarifying the relevance of co-parenting programs to promote families' well-being. Indeed, co-parenting programs appeared to induce changes on several levels of family functioning in both vulnerable families presenting risks for dysfunction and families with no apparent major difficulties.

This article also identified potential improvements regarding methods of studies as well as practical aspects of the programs. Program efficacy could be enhanced through several measures. An initial improvement could adapt the program material for more self-directed approaches (online videos, booklets, etc.) to reduce resource and time constraints for participants who, for example, need to find childcare solutions when attending sessions, transportation to the place where the sessions are organized, and free up time for the program and practical arrangements (Barton et al., 2018). Various incentives such as free childcare and monetary rewards could also increase parents' attendance.

Authors have also suggested that at-risk populations show clearer benefit from interventions (Halford & Bodenmann, 2013; Martire, Schulz, Helgeson, Small, & Saghafi, 2010). Therefore, focusing on populations with important modifiable risk factors could increase intervention efficacy. Our analyses support this hypothesis because programs for at-risk families showed a significant small effect with a smaller confidence interval than other subgroups. Studies should systematically measure child-related outcomes at the long term to clarify the scope of effects on children. Concerning programs, some intervention strategies

appeared congruent through the review. We were also able to postulate on the strategies enhancing or impairing program efficacy.

In conclusion, although the preceding adjustments would be beneficial, we revealed a small effect of co-parenting programs on multiple family-related outcomes for different types of populations. These programs thus appear relevant because prevention among parents can benefit the family more broadly. Co-parenting programs propose an effective approach to family prevention and intervention and should be increasingly supported by social policy

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Note. *Studies included in the systematic review. **Studies in the meta-analysis.

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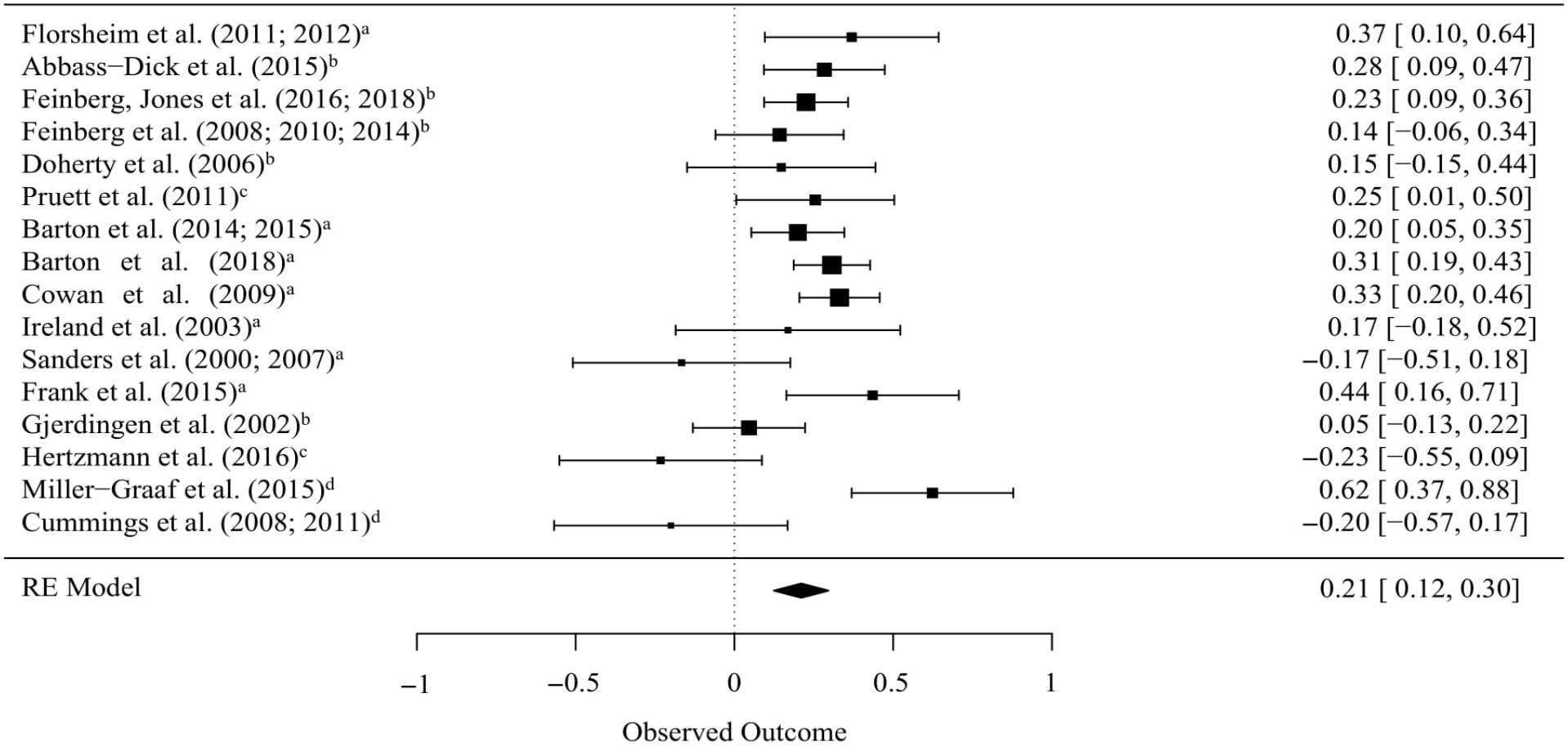
Figure 1
Forest Plot of the Overall Effect of Co-Parenting Programs



Note. Effect sizes correspond to Hedge's *g* with a 95% confidence interval.

[a]Programs for at-risk families. [b]Programs for first-time parents. [c]Programs for divorced or separated parents. [d]Programs for parents from community samples. RE Model = random effects model.