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## MCH Innovations Database Practice Summary & Implementation Guidance

# Family Foundations

**Family Foundations (FF)** reduces adverse pregnancy outcomes, parent mental health problems, harsh parenting, family violence while promoting child self-regulation, social emotional competence, mental health, and academic engagement by helping expectant and new parents develop skills and positive parenting teamwork (“coparenting”).

*Cutting-Edge*

*Emerging*

*Promising*

*Best*



## Location

## Topic Area

## Setting

National

Mental Health/Substance Use, Family Engagement, Primary Preventive Care

Multiple



## Population Focus

## NPM

## Date Added

CYSHCN; Cross-Cutting/Systems Building

NPM 7.1: Injury Hospitalization – Ages 0 to 9

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## Contact Information

Mark Ethan Feinberg, Ph.D.; Research Professor: Prevention Research Center, The Pennsylvania State University; mfeinberg@psu.edu

## Section 1: Practice Summary

### PRACTICE DESCRIPTION

Family Foundations (FF) is a universal, couple-focused psycho-educational program for first-time parents that has demonstrated long-term benefits including (1) reductions in preterm birth, low birthweight, maternal postpartum weight retention, postpartum depression; (2) improved parent mental health and parenting quality; (3) reduced harsh parenting and family violence; (4) improved infant self-regulation, toddler social-emotional functioning, and child mental health, behavior, and academic engagement. FF achieves these outcomes by a primary focus on enhancing the quality of the coparenting relationship--the ways that parents support and collaborate with each other in their roles as parents (Feinberg & Kan, 2008). FF is the only evidence-based program that focuses on improving coparenting support and coordination, an approach that is applicable to all parental figures, regardless of marital or residential status. Single parents can engage in the program with a support person, such as their own parent or new romantic partner.

The original version of the program is delivered in a group format; adaptations have been developed and tested for low-income parents via home visiting, adolescents via a school-based class, and parents of a young child with Autism via parent peer mentors. A web-based, interactive self-study approach is also available. During the Covid-19 pandemic, the group and home-visit versions were adjusted and successfully delivered by remote, video-conferencing .

The innovative Family Foundations focus is based on research demonstrating that co-parenting relationship quality is a key influence on parent mental health (depression and anxiety) and health (including weight and inflammation), parenting quality, and child mental health, social, and academic outcomes (Feinberg, 2002, 2003). Five separate research studies now show that FF successfully reduces parent mental health and health problems, harsh parenting, family violence, and improves children's outcomes from infancy onwards. Two trials have demonstrated the mental health and family relationship impacts of FF for parents and children are long-lasting, extending at least 7 and 10 years after birth, respectively. Two studies also show that FF also leads to better birth outcomes, including preterm birth, low birthweight, and duration of post-birth hospital stay.



## CORE COMPONENTS & PRACTICE ACTIVITIES

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Family Foundations Universal program	9 classes, before and after birth. Ideally delivered by a male/female co-leading team.	Program topics for the classes include preventing postpartum depression and stress, supportive co-parenting, creating a caring family environment, and promoting the child's social and emotional competence and self-regulation. FF also covers topics including temperament, secure attachment, and positive parenting.
e-FF	An online, interactive version of the program that couples can complete at home	Access at FamFound.net
FF@Home	A home-visiting version for expectant/new parents living in poverty	FF@Home can be used in addition to traditional nurse or para-professional home visiting (typically serving the pregnant mother), or as a stand-alone program
Strong Foundations	A version of FF for pregnant and parenting adolescents delivered in high school	Pregnant and parenting students enroll in this once-a-week class, which can be delivered during lunch or during class time. The child's other parent does not need to enroll.
Parent Navigators	A parent peer-mentoring version for parents with a young child just diagnosed with Autism	6 sessions are delivered via home visits or via online videoconference
Healthy Foundations	Original FF integrated with SBIRT, a brief alcohol	Designed for couples where an expectant parent is a moderate to heavy alcohol user. The original FF program



intervention, for expectant couples in which the father is a moderate to heavy alcohol user

in group format includes issues of parent alcohol use from a couple and family perspective. Couples also attend individual SBIRT sessions.

## EVIDENCE OF EFFECTIVENESS

### **Family Foundations group-format program:**

To examine impact of the original Family Foundations program, two randomized trials supported by NIH were conducted. All participants were at least 18 years of age, residing together, and expecting a first child. The first trial randomized 169 couples, and the second trial randomized 399 couples to Family Foundation vs. control conditions.

In the first trial, median annual family income was \$65,000 (SD = \$34,372), with a range of \$2,500 to \$162,500. Mean ages were 28 years for mothers and 30 years for fathers. In the second trial,

Outcomes were assessed by parent self-report on reliable and valid questionnaires. Research assistants also videotaped family interactions in the home, and these videos were rated by trained research staff.

In the first trial, outcomes were assessed at four waves post- intervention: 6-month; 1 year, 3 years, and 7 years after birth. In the second trial, outcomes were assessed at four waves post- intervention: 1 year, 2 years, and 10 years after birth.

### **Outcome Results:**

Results in the first trial indicated that Family Foundations families showed better co-parenting, lower parental stress, depression, anxiety; better birth outcomes and shorter hospital stays (for mothers who showed moderate to high levels of prenatal stress or depression); reduced maternal post-birth weight retention; lower parent cholesterol; better parenting quality; reduced family aggression; better infant self-regulation, toddler social competence, lower rates of child depressive/anxious problems and behavior problems, and better academic adjustment by teacher report.

Results in the second trial were consistent with the first trial, with outcomes at 10 years after birth (assessed during the early phase of the COVID-19 pandemic) demonstrating better parent and child mental health, child behavior, sibling relations, and family cohesion.

### **FF adaptations: Outcomes**

Consistent positive results for parents and children have been found in research on other versions of FF, including the home visiting version for low-income families; an online web-based version; a version



for pregnant/parenting teens; and a version for parents with a young child with Autism. See publications listed below or contact the program for more information.

## Section 2: Implementation Guidance

### Practice Collaborators and Partners

Partner/Collaborator	How are they involved in decision-making throughout practice processes?	Does this stakeholder have lived experience/come from a community impacted by the practice?
<p><b>New parents, childbirth educators, nurses, midwives, family service providers, etc.</b></p>	<p>The original development of FF, and the process of adaptation creating each new version, resulted from a collaboration with families and professionals serving families.</p>	<p>These stakeholders had lived experience in the communities in which the program was developed, tested, implemented.</p>

### Practice Components and Timeline

Activity Description	Time Needed	Responsible Party



Program organization: Development of outreach, participant enrollment, scheduling logistics	Varies	Implementing organization or individual
Facilitator Training	Two day training + practice, rehearsal sessions	Program manager, organization with support from Family Gold. Train the trainer options available for large organizations.
Evaluation: Administering pre/post-program evaluation and feedback forms.	Varies	Program manager, facilitators using forms/measures and scoring summary spreadsheets provided by Family Gold
Session fidelity monitoring: Observation or recording of sessions	Varies	Program manager, using observational forms provided by Family Gold. It is also possible to record sessions and contract with Family Gold to code and provide feedback.
Sustainable funding	Ongoing	Program manager, organization

## PRACTICE COST

NOTE: All costs below are for the original, group-format version of FF. Costs for other versions can be obtained on request.

Budget			
Activity/Item	Brief Description	Quantity	Total



Materials	Facilitator manual (including ppt slides, online videos, feedback forms, pre/posttest measures, scoring form, outreach materials)		\$325
	Pre- & postnatal parent handbooks		\$300 for 10 couples
Implementation cost per family	Group format version (in-person)		\$400/family
Facilitator Training	Group training: 2 days [other options available]		\$3000 + travel
	<u>Optional:</u> Videotape review of trainee's facilitation		\$100/session
Onsite consultation			\$750/day
Phone support	First hour free		\$50-100/hr

## LESSONS LEARNED

**Assets:** State/local partnerships, health provider buy-in.

**Challenges:** As it is an innovative program, young expectant parents require information about the importance of coparenting (i.e., “team parenting”) and the role it plays for their own and their child’s long-term health and well-being.

**Overcoming Challenges:** Recruitment through health providers (ob/gyn offices, midwives, etc), clear explanation of long-term program benefits for parents and children, and integrating the program into childbirth education and other services has been successful.



## RESOURCES

- [Family Foundations Overview](#)
- Website: [FamFound.net](http://FamFound.net)
- [FF Research Bibliography](#)
- [FF Benefits for parents and children](#) [brief animation]
- [Coparenting: Theory and Prevention](#) [presentation]
- Selected articles published in peer-reviewed journals:
  - Ammerman, R. T., Peugh, J. L., Teeters, A. R., Sakuma, K.-L. K., Jones, D. E., Hostetler, M. L., Van Ginkel, J. B., & Feinberg, M. E. (2021, June 24). Promoting Parenting in Home Visiting: A CACE Analysis of Family Foundations. *Journal of Family Psychology*. <http://dx.doi.org/10.1037/fam0000888>
  - Family Process. Giallo, R., Seymour, M., Skinner, L., Fogarty, A., Field, K., Mead, J., Rimington, H., Galea, K., Talevski, T., Ruthven, C., Brown, S., & Feinberg, M. (2022). Pilot evaluation of home-based Family Foundations targeting perinatal mental health and conflict. *Family Relations*.
  - Perez-Brena, N. J., Toews, M. L., Feinberg, M. E., & Anders, K. M. (2021). Adapting a coparenting-focused prevention program for Latinx adolescent parents in a school context. *Family Process*. Doi: <https://doi.org/10.1111/famp.12651>
  - Tohoku Journal of Experimental Medicine. 252: 33-43. Takeishi, Y., Nakamura, Y., Kawajiri, M. Atogami, F., & Yoshizawa, T. (2020). Developing a Prenatal Couple Education Program Focusing on Coparenting for Japanese Couples: A Quasi-Experimental Study. *Tohoku Journal of Experimental Medicine*. 249: 9-17.
  - Feinberg, M. E., Mogle, J., Lee, J.K., Tornello, S. L., Hostetler, M. L., Cifelli, J. A., Bai, S., & Hotez, E. (2021). Impact of the COVID-19 pandemic on parent, child, and family functioning. *Family Process*.
  - Feinberg, M.E., Boring, J., Le, Y., Hostetler, M.L., Karre, J., Irvin, J., & Jones, D.E. (2019). Supporting military family resilience at the transition to parenthood: A randomized pilot trial of an online version of Family Foundations. *Journal of Family Psychology*. DOI: 10.1111/fare.12415
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- Feinberg, M. E., Jones, D. E., Kan, M. L., & Goslin, M. C. (2010). Effects of Family Foundations on parents and children: 3.5 years after baseline. *Journal of Family Psychology*, 24(5), 532-542.
- Feinberg, M. E., Kan, M. L., & Goslin, M. C. (2009). Enhancing co-parenting, parenting, and child self-regulation: Effects of Family Foundations 1 year after birth. *Prevention Science*, 10(3), 276-285.
- Feinberg, M. E., & Kan, M. L. (2008). Establishing Family Foundations: Intervention effects on co-parenting, parent/infant well-being, and parent-child relations. *Journal of Family Psychology*, 22(2), 253- 263.

