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The importance of the coparenting relationship in couple therapy

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par

Cindy Eira Nunes

Directrice de thèse

Professeure Joëlle Darwiche

Jury

Professeur Nicolas Favez

Professeur Valentino Pomini

Professeure Martina Zemp

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Le Décanat de la Faculté des sciences sociales et politiques de l'Université de Lausanne, au nom du Conseil et sur proposition d'un jury formé des professeurs

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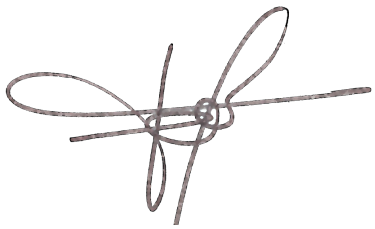
- Valentino POMINI, Professeur à l'Université de Lausanne
- Martina ZEMP, Professeure à l'Université de Vienne

autorise, sans se prononcer sur les opinions de la candidate, l'impression de la thèse de Madame Cindy EIRA NUNES, intitulée :

« The importance of the coparenting relationship in couple therapy »



Marie SANTIAGO DELEFOSSE
Doyenne

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The literature has supported the broad importance of the coparenting relationship for the couple and for family. However, couple therapy research has overlooked couples of parents and coparenting as a target and an outcome of therapy. Therefore, this thesis aimed to explore the relevance of working on the coparenting relationship within couple therapy and observed the nature of changes related to this specific therapeutic work.
As a preliminary step, we reviewed and evaluated the efficacy of coparenting interventions within the broader framework of intervention programs for couples. Then, we focused on a couple therapy, and presented the Integrative Brief Systemic Intervention (IBSI) that systematically integrates therapeutic work on both the romantic and coparenting relationships. Finally, we conducted two process studies to identify the nature of the changes related to integrating coparenting work into the IBSI.
This thesis offers the first evidence of the relevance of working on coparenting within both prevention programs and IBSI. The process studies allowed us to describe the process unfolding when parents improved their coparenting satisfaction within the IBSI. This process comprised six steps and discriminated couples whose coparenting outcomes improved from couples who did not improve after couple therapy.
We finally discussed the implications of this research for both empirical literature and clinical practice.

Cette thèse visait à explorer l'importance de la relation coparentale dans le cadre d'une thérapie de couple et à observer la nature des changements associés au travail thérapeutique de celle-ci. En effet, bien que la littérature soutienne largement l'importance de la relation coparentale pour la famille et le couple, les recherches sur la thérapie de couple ne se sont que très peu intéressées aux parents et nous avons peu de connaissances sur la relation coparentale comme cible des interventions de couple.
Dans un premier temps, nous avons examiné et évalué l'efficacité des interventions sur le coparental pour les couples. Ensuite, nous nous sommes concentrés sur une thérapie de couple, l'Intervention Systémique Brève Intégrative (ISBI), qui intègre systématiquement le travail thérapeutique sur les relations conjugale et coparentale. Enfin, nous avons mené deux études de processus pour documenter la nature des changements liés à l'intégration du travail sur la coparentalité dans l'ISBI.
Cette thèse offre les premières preuves de la pertinence du travail sur le coparental au sein des programmes de prévention et de l'ISBI. Les études de processus nous ont également permis de décrire le processus en jeu lorsque les parents améliorent leur satisfaction coparentale au cours des séances d'ISBI. Ce processus est composé de six étapes et permet de distinguer les couples qui s'améliorent ou non après la thérapie de couple.
En conclusion, nous discutons les implications de cette recherche pour la littérature empirique et la pratique clinique.

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General Abstract

Couples of parents are bound to each other through both a romantic and a coparenting relationship. The literature has supported the broad importance of the coparenting relationship for the couple and for family functioning by highlighting the multifarious associations between the quality of the coparenting relationship and child well-being, romantic satisfaction, and parenting practices. Thus, it may be a relevant target for interventions aimed at improving couple and family well-being. However, couple therapy research has overlooked couples of parents. To our knowledge, little is known about how coparenting may be addressed, worked on, or improved within couple therapy. Given the current gap in the literature, this thesis explored the relevance of working on the coparenting relationship within couple therapy and observed the nature of changes related to this specific therapeutic work.

As a preliminary step, we reviewed and evaluated the efficacy of coparenting interventions within the broader framework of intervention programs for couples. Then, to achieve our main objectives, we focused on couple therapy, and in particular, on the Integrative Brief Systemic Intervention (IBSI) as this thesis was part of a larger randomized controlled trial (RCT) evaluating the efficacy of IBSI. In the second chapter, we presented the IBSI that systematically integrates therapeutic work on both the romantic and coparenting relationships, and we provided a preliminary investigation of its effects for couples of parents. Then, we conducted two process studies using the task analysis method to identify the nature of the changes related to integrating coparenting work into the IBSI. The two studies respectively corresponded to the *discovery* and *validation* phases of the task analysis method. Through these phases, we first described and then verified the process of resolving coparenting dissatisfaction within the IBSI.

Our results offer the first evidence of the relevance of working on the coparenting relationship within both prevention programs and the IBSI. The review and meta-analysis revealed a small effect size of coparenting programs on outcomes related to coparenting, romantic relationships, and parents' well-being. The first investigation of the IBSI also outlined IBSI's effects for couples of parents. Finally, our process studies allowed us to describe the process unfolding when parents improved their coparenting satisfaction within the IBSI. This process comprised six steps and discriminated couples whose coparenting outcomes improved from couples who did not improve after couple therapy.

These results document both literature on couple therapy and clinical practice by creating knowledge on coparenting work within couple therapy. Thus, our research appears to respond to a need within couple therapy research, which so far has overlooked couples of parents and their coparenting relationship. Finally, we discussed the scientific and social factors that may have influenced our choice of research topic.

Theoretical Framework

This theoretical framework addresses three main topics. First, we introduce demographics and some sociological and historical aspects that characterize couples of parents nowadays. This introduction aims to present our target population (i.e., couples of parents) and to establish the large framework of this research. Then we review the empirical and theoretical literature on the coparenting relationship first to define it and then to document its importance for couples of parents. Finally, we address the topic of research on couple therapy. This last section aims to review knowledge related to the importance of coparenting within couple therapy research.

Couples of Parents

Demographics for Switzerland

In Switzerland, 1,100,000 (25%) Swiss households consist of parents with children. Despite the decrease in marriages reported in 2019, 75% of those households were made up of married couples with a child under 25 years old (Federal Statistical Office, 2020). Not only is Switzerland counting a diminution of new marriages (−4.3% in 2019), but it also is experiencing an increase in divorces among older couples (+5.1% for couples married 15–19 years). Statistics support that if the number of divorces remain stable, 2 out of 5 weddings will end in a divorce. Couples dissolution thus appears to be an important issue in Swiss society and may be related to relational distress.

Regarding births and couples' transitions to parenthood, demographics highlight a fertility rate of 1.48 children per woman (Federal Statistical Office, 2020). Women were on average 31 years old when having their first child. Surveys have showed that after becoming mothers, women take care of 69% of household tasks compared to 42% for women in childless households (Berrut et al., 2019). Women also reported being less satisfied with task division when they had a child (Berrut et al., 2019). The impact of

becoming parents is thus important for women and appears to modify couples' organization within the household.

Sociological and Historical Aspects

Over time, couples have greatly changed and individual's and social expectations regarding the couple have mutated. The couple has shifted from a vision focused on the marital dimension of the couple to a vision more centered on the parental dimension of the couple (e.g., Filion, 2017; Neyrand et al., 2013).

In Europe, the growing importance of parental identity within the couple of parents and of the children within the family could be seen as starting during the postwar period. This period was marked by the proliferation of studies and theories about children and the mother–child relationship. Psychoanalysis (e.g., Dolto, 1985; Winnicott, 1953) and developmental sciences (e.g., Bowlby, 1956; Spitz, 1945) were disseminated and facilitated a transformation in the perceptions of children and the maternal function. The infant was increasingly perceived as an individual with needs who is a full member of the family (Neyrand et al., 2013). In France, along with the growing importance of science and public discourse around children, family matters moved from the private sphere to the public sphere, becoming a key element of politics and media. Being a parent—and by extension, a good parent who ensures their child's well-being—appeared to become more central to the notions of couple and family (Neyrand et al., 2013).

In Central Europe, the 1960s–1970s were marked by the mass schooling of girls and access to contraception. Women were thus able to take a growing role in the work market and to control their reproduction. Therefore, in addition to the transformation of the view of the child and motherhood, women's emancipation triggered the process of dissociation between the marital and parental dimensions within the parent couple relationship (Neyrand et al., 2013).

This dissociation continued and may have even accelerated over the years, for instance, with the increase in divorce rates. From the 1970s onward, the increase in divorces implied that partners may remain parents beyond the dissolution of their marital relationship. In European countries, the continuity of the parental relationship is legally regulated through shared parental responsibility, also referred to as coparenting. The legal notion of coparenting appears to respond to the need for rethinking coeducation in a society where the dissolution of couples is common (Neyrand et al., 2013). In Switzerland, shared parental responsibility became the rule in 2014 (Cottier, 2017). This adaptation of the civil code was thus later than in other European countries; for example, in France, the law changed in 1970 (Neyrand et al., 2013). The adoption of coparenting as the norm is underlain by the importance of both parents' presence and support for the child's well-being (Filion, 2017).

Partners may also decide not to become parents. Becoming a couple of parents appears now more than ever part of a decision-making process. Studies have investigated the reasons that may underlie the decision to have children. Matias and Fontaine (2017) found that parents' intention to have a first child was driven by the absence of anticipated problems. In addition, partners perceiving potential interferences of the birth on the couple's lifestyle were less likely to plan on having a first child.

Despite the difficulties and strains that may come with parenthood, having children appears valorized and valorizing for couples (Neyrand, 2012). Children may be perceived as precious and rare overall in the aging European countries (Neyrand, 2012). In 1989, children's place was universally reinforced by the United Nations through the convention on the rights of the child. The child officially moved from being a parental possession to being an individual with skills and rights within the family and society (Zermatten, 2017).

This change appears to imply that in any child-related decision, the child's best interest must be assessed, and the decision must depend on it (Zermatten, 2017).

Over the years, the couple seems to have consistently been defined by its social and cultural framework. This framework implies sociocultural roles determined by not only society but also the ideals and expectations that each partner may have for their relationship (Zaoui, 2020). Today, couples of parents appear to be confronted with the paradox that the couple relationship is more appealing than before but also more fragile and questionable (Kaufmann, 2017). Partners may aim to find gratification and fulfillment within their relationship and thus expect a lot from it (Kaufmann, 2017). This fragility of the romantic relationship appears balanced by the expected solidity of the coparenting relationship. In contrast to the romantic relationship, which is more likely to be challenged and reassessed, both the parent–child and coparenting relationships are considered unbreakable bonds within the family (Kaufmann, 2017; Neyrand et al., 2012).

Throughout time, the couple has undergone many mutations and readjustments. Conducting research on couples of parents appeared thus dependent on these mutations and dissociation of the romantic and parental dimensions. Couples of parents are likely to be caught between the fragility of their romantic relationships and the necessity of building strong and sustainable coparenting relationships.

The Coparenting Relationship

Historical Preamble

Research on coparenting is anchored in the historical development of families described earlier. The emergence of the coparenting concept occurred in the 1970s in the context of social transformation of families with women's emancipation and the progressive dissociation between the romantic and parental dimensions within the couple. In 1974, coparenting, although not directly called coparenting, originated in Minuchin's structural family theory. Minuchin outlined various principles of family functioning. Among those principles, he emphasized that to adjust to life's challenges, families need to rely on a supportive partnership between the parents and on the preservation of a clear intergenerational hierarchy within the family system (McHale, 2007). According to Minuchin (1974), these principles are the responsibility of and depend on the "executive subsystem," which corresponded to the dyad of adults responsible for the socialization of children.

The development of the coparenting concept has also been greatly influenced by observational studies in the developmental sciences. The observation of mother–father–infant interactions guided researchers toward the recognition of the triadic relationship between both parents and their child (Favez, 2017). This field of research outlined how the triadic interactions were distinct from the dyadic interactions (Clarke-Stewart, 1978; McHale, 1995). Parke (1976) outlined that the presence of one parent conditioned the relationship between the other parent and the child (as cited in Bronfenbrenner, 1977). Even though the term coparenting was not used, these studies contributed to the coparenting literature, underscoring its distinction from parent–child and romantic relationships.

Later, with the increase in divorce rates, the executive subsystem served as a framework for understanding the consequences of divorce on family functioning. Divorce

researchers were the first to use the term “coparenting relationship” to describe the relationship that bonded parents to each other after a divorce. These researchers fully investigated the coparenting relationship and its influence on children’s postdivorce well-being. More precisely, they focused on the coparenting conflict in divorced families who pursued their conflict through, for example, competition for the children’s affection, loyalty struggles, triangulation, and a lack of coordination (e.g., Ahrons, 1981; Maccoby & Mnookin, 1992).

The coparenting relationship was then studied in nondivorced families (e.g., Gable et al., 1994; McHale, 1995). In comparison to studies on divorced families, which predominantly focused on coparenting conflict, studies on intact families broadened the scope of coparenting to include negative and positive aspects of the coparenting relationship. Studies explored both the negative and positive impacts of the coparenting relationship on the whole family, including on the children’s and parents’ well-being, the romantic relationship, and the parent–child relationship. In conclusion, research has revealed the importance of coparenting to understanding family functioning in any family form (McHale & Lindahl, 2011).

Definition

Coparenting may be defined as the shared activities undertaken by the adults responsible for the care and upbringing of a child (McHale & Irace, 2011). Those shared activities engage not only the adults responsible for the child but the child as well. The coparenting relationship is thus described as triadic—even polyadic when more than two adults or several children are involved—and goes beyond the dyadic parent–child relationship and the dyadic adult relationship (McHale et al., 2004). Although depending on the family’s social and cultural framework, various adults may be engaged in the coparenting relationship. In this thesis, we focused on its most classical form: composed of

children and their two parents or two parental figures (e.g., biological parent and stepparent).

Dimensions of the Coparenting Relationship

Even if its definition refers to shared activities, coparenting goes far beyond the division of childcare. It has been presented as a multidimensional concept. Authors have commonly identified two dimensions: support and conflict.

First, coparenting is frequently described according to the degree of support coparents provide each other (e.g., Favez & Frascarolo, 2013; McHale et al., 2019). Coparenting support includes both instrumental and emotional supports (Margolin et al., 2001). Hence, a supportive coparent upholds the other's parenting decisions, endorses his or her efforts, and values and respects him or her as a parent (Margolin et al., 2001). The dimension of support is also referred to as solidarity (McHale, 2007), cooperation (Margolin et al., 2001), and coordination (Teubert & Pinquart, 2010) between coparents.

A second main dimension of coparenting is conflict. In the literature, coparenting conflict, also referred to as antagonism (McHale, 2007), includes the parents' disagreements and arguments about the child and the hostility characterizing these disagreements (Gable et al., 1992; Maccoby et al., 1993). According to some authors, undermining is one aspect of coparenting conflict (e.g., McHale, 2007; Van Egeren & Hawkins, 2004). One parent may actively counter or defeat their coparent's parenting by disqualifying the coparent in front of the child or by contradicting their decisions and opinions. McHale (1997) suggested that coparenting conflict may be directly observable through disagreements about childrearing (overt coparenting) or may be perceived in the way one parent talks about the other parent to the child (covert coparenting). One parent may thus sabotage the other parent regardless of whether the second parent is present (Margolin et al., 2001).

In addition to support and conflict, the literature on coparenting presents several other dimensions. Favez and Frascarolo (2013) proposed synthesizing them into a metamodel comprising four additional dimensions: labor division, engagement in parenting, educational agreement, and triangulation.

Labor division has been widely investigated in research on the transition to parenthood (e.g., Doherty et al., 2006; Hawkins et al., 2008; Khazan et al., 2008). It is also the first dimension that comes to mind when thinking about coparenting (Feinberg, 2003). The division of daily tasks and responsibilities does not have to be equally distributed to reflect high-quality coparenting. Instead, the distribution should result from a common agreement and adjustment between effective distribution and parents' expectations regarding this distribution (Favez, 2017; Feinberg, 2003).

Engagement in parenting corresponds to the extent to which each parent actively engages in managing the daily lives of their children and the decisions affecting them (McHale, 2007). This dimension is closely related to labor division, as the parents' engagement depends on the proportion of childcare tasks and responsibilities they undertake. However, parents' engagement encompasses an effective engagement in childcare and comprises an emotional level: the desire to be involved in family life. Engagement tends to be addressed as a positive dimension. In divorce literature, but also in coparenting literature more broadly, the disengagement and emotional withdrawal of one parent, for instance the nonguardian parent in divorced families, are considered detrimental to the child (McHale, 2007; Seltzer, 1994). Both parents' engagement is thus perceived as positive for the child (Favez, 2017). However, parents' overengagement may also be a risk factor for children, as it may blur intergenerational frontiers between parents and children. The family system is then described as enmeshed according to the structural family theory (Minuchin, 1974). An overengaged parent may become intrusive and hinder the child's

autonomy (Favez, 2017; McHale, 2007). The parent may thus overinvest in the parent–child relationship at the expense of the coparenting relationship, for example, by looking to the child for support and comfort and/or giving decision-making responsibilities and inappropriate power in the family system to the child (McHale, 2007). To ensure harmony within the coparenting relationship, coparents should thus respect and complement each other's engagement (Favez, 2017).

Another dimension of coparenting that has been presented as important for coparenting harmony is the educational agreement (Feinberg, 2003; Teubert & Pinquart, 2010). At some point, all parents may be confronted with disagreements, as parents' attitudes may be determined by various factors such as their personalities, families of origins or beliefs (Favez, 2017). For instance, parents may face cultural and social differences regarding moral values, discipline, and educational priorities (Feinberg, 2003). A lack of agreement is not necessarily dysfunctional, as parents can agree to disagree and thus maintain high levels of mutual coparenting support (Feinberg, 2003). However, the chronicity of disagreements is likely to impact the family negatively by disrupting coparenting coordination and increasing coparenting conflict and criticism (Feinberg, 2003).

The last dimension presented in this section is triangulation. It is the only dimension that can be considered as dysfunctional per se. Triangulation refers to the extent to which the child is drawn into coparenting conflict (Favez & Frascarolo, 2013) when one parent tries to exclude or undermine the other parent by forming an alliance with the child. For example, one parent may encourage the child not to comply with the other parent or may use the child as a messenger in communication with the other parent (Margolin et al., 2001). Coparenting triangulation is thus likely to cause the child to feel caught between his or her parents (Maccoby et al., 1993).

This multidimensional model of coparenting (Favez & Frascarolo, 2013) presents both positive and negative dimensions. Although some dimensions appear more similar and interdependent, all dimensions are distinct and may coexist (Frascarolo et al., 2009). For example, conflict and support could be seen as interdependent, wherein high conflict would induce low support. However, parents may present low support and low conflict, for example, in a couple of parents characterized by agreement on the fact that one parent is more engaged than the other. The coparenting relationship may also be high in support and high in conflict, as parents can support each other although they encounter conflicts regarding specific child-related topics (Frascarolo et al., 2009). The proportion of negative and positive coparenting behaviors influences the quality of the coparenting relationship, which can be considered either a protective or a risk factor in children's development and families' well-being (Favez & Frascarolo, 2013).

A Key Relationship for Family Functioning

As Minuchin (1974) suggested, the coparenting relationship is central to family functioning. It has been repeatedly related to other subsystems of the family system and appears to have paramount importance when studying family processes (Mangelsdorf et al., 2011). In the next sections, we aimed to describe the connections between the coparenting relationship and other dimensions of family functioning to document the importance of coparenting for both the couple and the family. We thus reviewed empirical findings describing the associations but also the moderation and mediation effects between the coparenting relationship, on one hand, and the child well-being, the romantic relationship, and the parent–child relationship, on the other hand.

The Coparenting Relationship and Child Well-Being. From the beginning, studying the coparenting relationship has been motivated by identifying the family processes that can facilitate or jeopardize children's well-being. Indeed, research on

divorce first investigated coparenting to better understand the impact of parents' separation on children (e.g., Ahrons, 1981; Maccoby et al., 1990). These studies underscored that the parents remained related to each other after a divorce and that their eventual conflicts were maintained (Durst et al., 1985; Lund, 1987; Maccoby et al., 1990). For example, Maccoby et al. (1990, 1993) found that after a divorce, parents with younger children were more likely to be conflicted, whereas parents with older children were more likely to be disengaged. Durst et al. (1985) described five types of postdivorce coparenting relationships such as *mother and nonparent father*, *mother and friend father*, *mother and restricted father*, *timesharing parents*, and *coparents*. More broadly, these five types depended on the father's role, consensus on parental roles, communication about issues between parents, hostility, and boundaries between the former romantic relationship and the actual coparenting relationship. For instance, mother and nonparent father were characterized by the father's very low enactment of his parental role, low consensus on parenting roles, and low communication on parenting issues. On the other hand, the coparents type was characterized by the father's high parental role enactment, high consensus on parenting roles, high communication on parenting issues, low communication on nonparenting issues, low hostility between ex-spouses, and a clear and flexible boundary between their former spousal relationship and the actual coparenting relationship. This last type corresponded to parents who were full partners in parenting as they made decisions jointly as a team (Durst, 1985).

Apart from the divorce literature, research has widely investigated the association between the quality of the coparenting relationship and children's development. Measures of children's development correspond to measures of children's socioemotional functioning—including anxiety, hostility, and behavioral problems—and cognitive functioning, which includes social competences and cognitive performances (Favez, 2017).

In a meta-analysis, Teubert and Pinquart (2010) computed the results of 40 cross-sectional and 19 longitudinal studies. They reported a significant small effect of coparenting on children's development—including internalizing and externalizing symptoms, social functioning, and attachment to parents—from infancy to adolescence. The results based on the longitudinal studies revealed that high quality coparenting predicted positive child outcomes such as high social functioning, positive attachment to parents, and low internalizing and externalizing symptoms (Teubert & Pinquart, 2010).

Research has also supported how children's characteristics, such as personality (Laxman et al., 2013), gender, age, and developmental needs (McHale & Irace, 2011), influence the quality of the coparenting relationship. The child's age and developmental needs also can imply diverse priorities and challenges for the coparenting team. For instance, Margolin et al. (2001) claimed that regarding older children, coparents may need to pay more attention to keeping their children out of conflict, as older children's verbal skills and emotional maturity make them more at risk of triangulation. They are more likely to be recruited as allies against the other coparent (Margolin et al., 2001). In addition, children's negative temperament, for example, may negatively impact the coparenting relationship. A child with a negative temperament or adjustment problems may be more challenging to coparent and can weaken the coparenting relationship. Researchers have shown that a child's anxiety and hostility predicted more subsequent coparenting conflict and undermining and less support (Cook et al., 2009; Kuo et al., 2017; Riina et al., 2020; Zemp et al., 2018). Children's temperament also affected the coparenting relationship's development in the child's first years (Laxman et al., 2013).

Literature comprised evidence for coparenting that predicted children-related variables and to a lesser extent for the reverse prediction. Some studies have tested and partially supported the bidirectionality of the relationship between coparenting and

children's adjustment. For example, Davis et al. (2009) found a bidirectional link between the infant's temperament and coparenting support. Nonetheless, the bidirectional link may be weaker during adolescence because the impact of adolescents' problems on subsequent coparenting may be stronger than the reverse relationship (Riina et al., 2020). Margolin et al. (2001) also postulated that since adolescents spend less time with their parents, the coparenting quality may impact them less. Children's age may thus moderate the relationship between coparenting and children's adjustment, although studies demonstrated that coparenting predicted children adjustment from toddlers to adolescents (e.g., Baril et al., 2007; Feinberg et al., 2007).

Moderation effect. In line with this observation, children's characteristics often have been presented as moderating the association between the quality of the coparenting relationship and children's development. According to the literature, the negative impact of low coparenting quality and the positive impact of high coparenting quality are potentiated or buffered by children's characteristics. Recent studies have shown that coparenting cooperation and support predicted less emotional dysregulation, more social competence, and peer acceptance, particularly when the child had a high negative affectivity (Altenburger et al., 2017; Lam et al., 2018). For children with a difficult temperament, for example, with high negative affectivity, coparenting support could thus be a protective factor central to preventing the development of social and emotional problems. Furthermore, high emotional regulation appeared to be an important resource when children face low coparenting quality. Emotional regulation can be measured in various ways, such as by evaluating the child's ability to suppress their vagal tone in a stressful situation (Leary & Katz, 2004). Leary and Katz (2004) showed that for children with high emotional regulation, exposure to hostile and withdrawn coparenting did not

significantly predict peer problems, whereas the prediction was significant before controlling for emotional regulation.

Mediation effect. In studies on how coparenting impacts children's development and well-being, the quality of both the romantic and parent–child relationships is often included in the analyses. The quality of coparenting has frequently been presented as mediating the impact of the romantic relationship's quality on children's development (Baril et al., 2007; Camisasca et al., 2019; Parkes et al., 2019; Stroud et al., 2015), whereas the quality of the parent–child relationship appeared to mediate the effect of coparenting on children's development (Martin et al., 2017; Parkes et al., 2019).

Despite evidence supporting the ties between these four variables, the quality of the coparenting relationship appears related to children's development, even when controlling for marital relationship and individual parenting (Teubert & Pinquart, 2010). Some studies have found that the quality of the coparenting relationship explained more variance in children's adjustment than the quality of the romantic relationship (Feinberg et al., 2007), or the quality of parenting (Mangelsdorf et al., 2011; Zemp et al., 2020).

The Coparenting and Romantic Relationships. Research has found strong evidence of the association between the coparenting and romantic relationships (Favez & Frascarolo, 2013; Feinberg, 2003). More precisely, the quality of both relationships has been associated not only cross-sectionally, but also longitudinally.

Evidence supports both the impact of the coparenting relationship on the romantic relationship and vice versa. Therefore, coparenting assessed through coparenting alliance, support, cooperation, conflict, or triangulation predicted the romantic relationship measured through marital quality (e.g., Morrill et al., 2010), marital engagement (e.g., Cho et al., 2020; Schoppe-Sullivan et al., 2004), or marital conflict (e.g., Chan & Leung, 2020). For instance, in their longitudinal study from childbirth to 9 years postpartum, Cho et al.

(2020) found that coparenting support when the child was 3 years old predicted the stability of the romantic relationship when the child was 9 years old. Other studies have also outlined the impact of the romantic relationship on coparenting quality (e.g., Baril et al., 2007; Christopher et al., 2015). For instance, Christopher et al., (2015) found that, for fathers, a decrease in marital satisfaction around the birth of their first child predicted higher coparenting competition and lower cooperation when the child was 2 years old. Furthermore, some authors have shown the bidirectional relationship between the coparenting and romantic relationships (e.g., Le et al., 2016; Margolin et al., 2001; Peltz et al., 2018). Peltz et al. (2018) demonstrated that marital satisfaction both predicted and was predicted by coparenting cooperation, whereas coparenting conflict was predicted by but did not predict marital satisfaction. This relationship is often explained due to the spillover effect (e.g., Kitzmann, 2000), meaning that the emotions from one relationship spill over into the other relationship (Engfer, 1988). Negative and positive emotions expressed within the romantic relationship may thus spill over into the coparenting relationship and vice versa (e.g., Bonds & Gondoli, 2007).

Although longitudinal studies can test the direction of the association between the coparenting and romantic relationships, we noted that researchers frequently did not assess the coparenting relationship at each measurement point (e.g., Christopher et al., 2015; Parkes et al.; 2019), thus preventing us from verifying the direction of the association. The quality of the romantic relationship is expected to predict the quality of the coparenting relationship perhaps because in the couple's history, the romantic relationship commonly pre-existed the coparenting relationship.

Moderation effect. To our knowledge, there is no evidence supporting that the coparenting relationship moderates the relationship between the romantic relationship and another variable, and there is no evidence regarding the romantic relationship as

moderating the association between coparenting and another family variable. In the empirical literature, the dynamics between the two relationships tend to be presented as part of a mediation model.

However, authors have investigated individual differences regarding the negative spillover between the romantic and coparenting relationships. Some moderating variables, such as parents' emotional expressiveness and parental flexibility (e.g., Kolak & Volling, 2007; Talbot & McHale, 2004), may buffer the association between the two relationships. For example, Talbot and McHale (2004) found that fathers' flexibility buffered the negative impact of romantic distress on coparenting quality. For fathers with high flexibility, low marital quality did not predict coparenting negativity in contrast to fathers with low flexibility. Regarding mothers, the authors outlined the opposite effect. For mothers with high flexibility and/or self-control, marital distress negatively impacted the coparenting harmony in contrast to mothers with low flexibility and/or low self-control. The authors postulated that in contrast to fathers, mothers who reported higher flexibility and self-control were more likely to perceive in low marital quality the father's low involvement and availability, and consequently to consider parenting as their primary responsibility. By doing so, mothers may reinforce fathers' lack of investment and limit coparenting harmony (Talbot & McHale, 2004).

Mediation effect. As presented earlier, coparenting has been broadly investigated to better understand the determinants of children's well-being. The coparenting relationship appears to be an essential mediator for how the quality of the romantic relationship impacts the child's adjustment (e.g., Baril et al., 2007; Camisasca et al., 2019) and the parent–child relationship (e.g., Parkes et al., 2019; Peltz et al., 2018).

The Coparenting and Parent–Child Relationships. The association between the coparenting and parent–child relationships is also well-documented in the literature.

Researchers have outlined that negative coparenting, such as conflict and undermining, is associated with more negative (Martin et al., 2017) and less positive parenting practices (Martin et al., 2017; Rowen & Emery, 2014).

In longitudinal studies, the quality of the coparenting relationship has also predicted parenting quality (e.g., Altenburger & Schoppe-Sullivan, 2020). For example, coparenting cooperation reduced parents' harshness with their children (Choi & Becher, 2019). Mothers' support of fathers also predicted both fathers' involvement in parenting and fathers' closeness with their children (Viry, 2014; Yan et al., 2018). To a lesser extent, there is some evidence supporting the impact of the parent–child relationship on coparenting (e.g., Bernier et al., 2021; Gallegos et al., 2019). For instance, Gallegos et al. (2019) observed that mothers' perceptions of their partners' parenting predicted coparenting collaboration for highly reactive infants.

Moderation effect. According to the literature, coparenting also plays an important role in the relationship between parenting practices and the child's adjustment. A few studies have indicated that coparenting support moderated the effects of parenting on children, serving as a protective or risk factor (Jia et al., 2012; Sturge-Apple et al., 2006). For example, fathers' involvement predicted less internalized problems and more social competence for preschool children only when the coparents supported each other. Unsupportive coparenting can thus cancel out the benefits of fathers' involvement for children (Jia et al., 2012).

Mediation effect. The literature supports the coparenting relationship as a mediator in the association between the romantic and parent–child relationships (e.g., Holland & McElwain, 2013; Parkes et al., 2019). For example, Peltz et al. (2018) demonstrated that marital satisfaction predicted parents' satisfaction regarding the parent–child relationship. This prediction was mediated by a decrease in coparenting conflict and an increase in

coparenting cooperation. Studies have also found that the quality of the romantic relationship predicted the quality of coparenting, which in turn predicted parenting practices such as warmth, parents' involvement, and parents' control attempts (e.g., Margolin et al., 2001; Morrill et al., 2010; Pedro et al., 2012). Pedro et al. (2012) found that marital satisfaction predicted less coparenting triangulation and conflict and more coparenting cooperation. Higher coparenting quality subsequently predicted lower parental rejection and higher emotional support of children (Pedro et al., 2012).

Conclusion

Coparenting is a broad concept that can be described through several dimensions simultaneously. Considering all these dimensions is necessary to develop a thorough understanding of couple and family dynamics. Indeed, research findings have broadly demonstrated the relationships between the quality of coparenting and that of the romantic relationship, the parent–child relationship, and the children's well-being. All these relationships are intertwined and interdependent. Generally, the coparenting quality appears to mediate the effects of the romantic relationship on both the parent–child relationship and the children's well-being. Coparenting would thus be influenced by the romantic relationship and in turn predict parenting practices and parent–child relationship quality, as well as children's well-being. It appears essential to consider the coparenting relationship when studying families because the mutual influences between subsystems within the family stresses the key role of coparenting. Studies have indeed underscored its impact on children's development over and above the influence of the quality of the romantic and parent–child relationships. Given the interrelation between children's well-being, coparenting, romantic and parent–child relationships, it appears essential to determine if and how these findings have been translated into psychotherapy research.

Couples of Parents in Therapy

Coparenting is a key component of family life and can be a daily concern for couples of parents. It appears thus essential to take the coparenting relationship into account when studying families, but also when intervening with couples of parents in distress. Indeed, the coparenting relationship and its quality can be a prominent issue between parents. For example, parents can lack coparenting unity due to opposing parenting styles—e.g., one is too permissive, and the other is too strict—, or to persistent conflicts related to coparenting or not—e.g., disagreements regarding childrearing which impede support (Selekman, 2017). Additionally, coparenting issues could also be derived from low marital satisfaction or marital conflict (e.g., Baril et al., 2007; Christopher et al., 2015) which would have negatively spilled over the coparenting relationship.

When facing distress, couples of parents can seek help from professionals offering, for example, couple therapy, family therapy, support groups, sex therapy, individual therapy, or consultation in child psychiatry. However, in this thesis, we decided to focus on couple therapy for two main reasons. First, we postulated that couple therapy may offer the unique opportunity to address relational difficulties between parents. These difficulties may concern various dimensions of the couple's relationship such as the romantic and coparenting dimensions. Second, as it will be further presented in the next sessions, less is known on the importance of coparenting within the couple therapy framework.

In the next sections, we aimed to review findings on the potential benefits of couple therapy for parents according to the couple therapy research. We tried to distinguish couple therapy research from family therapy research. Reviews tend to frequently pool findings from couple ant family therapy (e.g., Heatherington et al., 2015) making it harder to conclude on the unique relevance of couple therapy. We thus reviewed the literature on couple therapy research addressing if couple therapy works, which kind of couple therapy,

on which outcomes, and for whom. For each of these aspects we explored if the coparenting relationship was considered. Finally, we reviewed the process research literature to potentially identify findings on couples of parents and/or coparenting-related processes.

Research on Couple Therapy with Parents

Over the years, couple therapy researchers have been able to support the efficacy of couple therapy. Reviews and meta-analyses have reported the relevance of couple therapy with effect sizes similar—perhaps even larger in some cases—to effect sizes obtained in individual therapy (Gurman, 2011; Snyder et al., 2006). In their meta-analysis, Shadish and Baldwin (2003) revealed a large overall mean effect size (d = 0.84) for couple therapy compared to no intervention. Researchers have also highlighted that two thirds of couples completing couple therapy reported positive outcomes (Lebow & Gurman, 1995; Snyder et al., 2006). However, the efficacy of couple therapy is not absolute, and not all couples may benefit from it. For example, efficacy trials have demonstrated that in only half of the treated couples did both partners report improvements (Snyder et al., 2006) and that 30% of the couples improving after therapy remained romantically distressed (Snyder & Halford, 2012).

Evidence supporting couple therapy's efficacy is far from concerning all couple therapies and appears thus to reflect only partially the actual practice of couple therapy. Indeed, the majority of efficacy trials have studied two kinds of couple therapy: Emotionally Focused Couple Therapy and Behavioral Couple Therapy—as well as their derived versions (Lebow, 2020; Lebow et al., 2012). This limited focus on two approaches eclipsed other couple therapies once more widely disseminated, such as systemic therapies (Lebow, 2020). In their review, Darwiche and de Roten (2015) outlined the need for more studies of high-quality on systemic couple therapy as they only identified one evidence-based systemic couple therapy (Jones & Asen, 2000). Moreover, although this systemic

couple therapy was promising, they identified some methodological problems and limited results (Darwiche & de Roten, 2015) In the literature, some studies have addressed the efficacy of other couple therapies; nevertheless, those approaches frequently are not explicitly presented (MacIntosh & Butters, 2014). The ingredients specific to these approaches were thus unspecified.

Other reviews have asked the question "On what is couple therapy efficacious?" Reviews have highlighted the relevance of couple therapy not only for improving couples' romantic satisfaction but also for resolving individual difficulties (MacIntosh & Butters, 2014). The vast majority of studies have mainly assessed couple satisfaction as a primary outcome of couple therapy. However, a growing number of studies has included individual outcomes and evaluated treatment success through changes on overall psychological distress and depression, for example. According to MacIntosh and Butters' (2014), including noncouple-related outcomes when evaluating couple therapy reflected the acknowledgment of the impact of couple functioning on individual well-being. Nonetheless, we noted that no outcomes related to parenting, coparenting, and children's well-being were identified in MacIntosh and Butters' review, which reviewed 81 outcome studies on couple therapy published between 2001 and 2012. We conducted a nonsystematic review and identified some studies assessing the effect of couple therapy on parenting (Lam et al., 2009; Morrill et al., 2016), coparenting conflict (Gattis et al., 2008; Hahlweg & Klann, 1997; Hertzmann et al., 2016; Klann et al., 2011), or coparenting support (Doss et al., 2014; Hertzmann et al., 2016). Results regarding the impact of couple therapy on coparenting were inconsistent, as some studies showed an improvement in coparenting (Doss et al., 2014; Gattis et al., 2008), and others did not (Hahlweg & Klann, 1997; Hertzmann et al., 2016; Klann et al., 2011). The inclusion of individual measures is surely a step forward. However, further steps are needed to clarify the potential of couple

therapy in improving the emotional health of both partners and their children's well-being when the partners are also parents (Gollan & Jacobson, 2002).

Finally, we addressed the question "For whom is couple therapy working?" Research on couple therapy has recognized the efficacy of couple therapy for couples presenting relationship distress (MacIntosh & Butters, 2014). In addition, evidence has supported couple therapy's efficacy for specific problems related not only to relationship functioning, for example, sexual difficulties or intimate partner violence, but also to individual difficulties such as substance-use disorders, chronic pain, or depression (MacIntosh & Butters, 2014; Snyder et al., 2006). Despite the wide range of presenting problems investigated in couple therapy research, we noted a lack of information concerning the efficacy of couple therapy for parents with coparenting or child-related issues. One earlier study highlighted that couples of parents appeared to respond less readily than couples without children (Hampson et al., 1999). Hampson et al. (1999) found that at the end of therapy, therapists reported more goal attainment and larger changes for childless couples than for couples with children. Posttherapy observational data of couples' competences also confirmed that couples with children benefited less from couple therapy than couples without children. The authors postulated that children may further add to the couple's distress. They also suggested that family therapy may be more effective for couples with children as it may provide work with the whole family (Hampson et al., 1999). It would thus be important to identify which couple therapy might enhance improvements for couples of parents by, for example, addressing the additional stresses that having children may place on couples. This finding also challenges the relevance of couple therapy for working on issues that concern the absent members of the family and for ensuring changes within the whole family.

Process Research on Couple Therapy with Parents

In this section, we aimed to briefly review the process research literature on couple therapy and identify the importance of couples of parents and coparenting in this literature. We look for findings that documented how couple of parents experience couple therapy and how the coparenting relationship may be mobilized and can change through couple therapy sessions.

For the past three decades, process research has received growing attention in psychotherapy research. Researchers are intrigued by questions of why and how couple therapy enables change (Hardy & Llewelyn, 2015). Although outcome research and process research remain inextricably related, their focus diverges. Outcome research focuses on couple therapy's efficacy and aims to determine whether therapy induces significant changes for couples. On the other hand, process research focuses on how and why change occurs in couple therapy. In couple therapy research, one main purpose of process studies is to describe processes that are important for the success of a defined couple therapy (Brubacher & Wiebe, 2019). They also aim to identify the key ingredients of couple therapy and change processes within clients that may improve the quality of different therapies. Finally, these studies aim to identify markers that impact therapeutic success and inform therapists on how to intervene on these markers (Hardy & Llewelyn, 2015).

To achieve these objectives, researchers have developed and implemented various research approaches (Safran et al., 2011). These approaches have included qualitative and quantitative methods based on smaller and larger samples (for a review of quantitative methods, see Gelo & Manzo, 2015; for a review of qualitative methods, see Mörtl & Gelo, 2015). Quantitative approaches refer to any approach that exclusively uses statistical data analysis to explore the process (Gelo & Manzo, 2015). These approaches mainly aim to

test hypotheses on potential mediators and trajectories of therapeutic changes using methods such as regression analysis and growth curve analysis (Gelo & Manzo, 2015; Kazdin, 2014). Qualitative approaches appear relevant for providing a deeper understanding of couples' experiences during therapy and the communicative actions through which the process is shaped. These approaches adopt either intensive or extensive designs, respectively, selecting a reduced sample, such as in systematic case studies, or a broader sample (Mörtl & Gelo, 2015). Qualitative researchers can use session observations, couple or therapist interviews, and qualitative self-reports on the process of interest (Mörtl & Gelo, 2015). Process research has also stressed the relevance of integrating both quantitative and qualitative approaches. One of the methods offering a combined approach is the task analysis method (Greenberg, 1984). Task analysis intends to capture the complexity and nuances of the process under study. To achieve this objective, researchers ought to adopt first a discovery-oriented approach (qualitative) and then test the discovery and move to a hypothesis-testing approach (quantitative). The main purpose of task analysis is to describe the change process unfolding over therapy sessions by identifying the steps leading to successful resolution of a specific problem state during therapy (Greenberg, 1984, 2007).

Despite the growing attention being paid to couple therapy processes and the multiple methods available, there is little evidence regarding how couple therapy works (Hawrilenko et al., 2016; Lebow, 2000; Snyder et al., 2006). Researchers have postulated on the importance of various processes related either to common factors, such as the therapeutic alliance (e.g., Anker et al., 2010; Kuhlman et al., 2013) and relational reframing (Benson et al., 2012), or to specific factors within evidence-based therapies (Heatherington et al., 2015). However, processes have not been equally documented in the literature and few have been consistently supported as essential to couple therapy.

For example, within couple therapy research, the therapeutic alliance has been repeatedly associated with therapy outcomes (e.g., Kuhlman et al., 2013; Tilden et al., 2021) even though studies on the alliance have mainly focused on individual therapy (e.g., Aspland et al., 2008; Bennett et al., 2006) and family therapy (for a review see Friedlander et al., 2018). In their meta-analysis, Friedlander et al. (2018) only included eight studies investigating the therapeutic alliance within couple therapy against 32 studies within family therapy. Despite the known importance of alliance for therapy success, studies are still needed to define how the in-therapy processes contribute to alliance development in couple therapy (Oka et al., 2020). In this sense, Swank and Wittenborn (2013) conducted a preliminary task analysis study on a couple undergoing emotionally focused couple therapy. They identified the steps the therapist followed when identifying an alliance rupture and subsequently repairing this rupture. This study resulted in a rational–empirical model composed by six steps describing the therapist's interventions throughout the rupture repair process.

Another common factor that has been more documented is positive communication in couple therapy. Studies on behavioral couple therapy revealed main differences in the processes unfolding in Integrative Behavioral Couple Therapy (IBCT) and Traditional Behavioral Couple Therapy (TBCT). IBCT facilitated more acceptance of the partners' behaviors (Doss et al., 2005), whereas TBCT enhanced greater and earlier improvement in communication (Sevier et al., 2015).

Regarding processes related to specific factors in couple therapy, we found that research has mainly investigated processes related to the romantic relationship using the task analysis method (Pascual-Leone et al., 2014). For instance, these processes were repairing attachment injury after infidelity (Woldarsky Meneses & Greenberg, 2011; Zuccarini et al., 2013) or enhancing safety (Hawrilenko et al., 2016; Welch et al., 2019),

acceptance (Hawrilenko et al., 2016), and softening (Furrow et al., 2012) between partners. For instance, Zuccarini et al. (2013) conducted a task analysis study to verify the applicability of the attachment injury resolution model on a sample of 18 couples undergoing emotionally focused couple therapy. They confirmed that couples who successfully resolved their attachment injury (e.g., due to abandonment, infidelity, or flirtation) moved toward forgiveness and reconciliation by reducing reactive processing, exploring primary emotional experiences and needs, and increasing accessibility and responsiveness. This study also identified emotionally focused interventions that facilitated the process, providing a guide for therapists (Zuccarini et al., 2013).

We found only one process study on a coparenting therapy for divorced couples (Anderson et al., 2020). In this study, the authors investigated the process of reengagement in therapy when the parents with high coparenting conflict had disengaged from the therapeutic process and engaged in high conflict within sessions. According to the task analysis method, authors analyzed 24 disengagement events (12 successful and 12 unsuccessful). The resulting model described the steps the therapist and parents followed to achieve the parents' reengagement in therapy. The therapist needed to disrupt the conflict to facilitate each coparent's de-escalation and finally to reengage both parents by acting as a buffer between them (Anderson et al., 2020). This process study is thus not specific to coparenting issues but more generally related to high-conflict interactions and the therapeutic alliance within therapy sessions. To our knowledge, although couples may frequently need to resolve coparenting issues such as lack of coparenting unity due to opposing parenting styles and spillover of romantic difficulties into the coparenting relationship (Selekman, 2017), process research has not yet investigated the processes that unfold within couple therapy addressing these issues.

Conclusion

In conclusion, our overview of the literature highlights the relevance of couple therapy as an effective aid for couples. However, the literature mainly reported the impact of a limited number of couple therapy approach and on a limited number of outcomes focused on romantic and individual outcomes. Future studies are needed to verify the extent of these results on other couple therapies, on broader outcomes related to the family, and on other populations such as parents. Much criticism has been raised regarding the relevance of these research findings for the clinical practice and we noted an increasing importance of process studies as a response to the need for more clinically relevant studies in couple therapy research. Process studies appear to be the main solution for promoting the application of empirical findings into clinical practice and contributing to bridging the research–practice gap. Process studies focused on common factors such as therapeutic alliance and specific factors of evidence-based treatment related to the romantic relationship. Very little is known on coparenting and parents in couple therapy according to both outcome studies and process studies. Future studies are thus needed in this research area.

Present Research

This thesis aims to explore the relevance of working on the coparenting relationship within couple therapy and to observe the nature of changes related to this specific therapeutic work. Research has shown the paramount importance of the coparenting relationship to couple and family well-being. Research also has demonstrated the significant influence of the quality of the coparenting relationship on several aspects of the couple relationship and family functioning, such as romantic satisfaction (e.g., Feinberg et al., 2007), parenting (e.g., Altenburger & Schoppe-Sullivan, 2020), and children's development (e.g., Teubert & Pinquart, 2010). We may thus postulate on the relevance of working on coparenting for therapeutic interventions aimed at couple and family well-being. Improving coparenting-related difficulties might have a positive impact not only on the couple but also on the whole family by preventing spillover of coparenting difficulties and by creating a virtuous cycle within the family system. Moreover, the coparenting relationship is likely to be central to couples' daily family life and thus potentially a prominent issue that needs to be addressed in couple therapy.

Despite its importance for couples of parents and its potential relevance for couple therapy with parents, we know very little about how coparenting is addressed and worked on within couple therapy for parents. Evidence mainly supports the efficacy of couple therapy. However, we do not know if some of these couple therapies included coparenting work in their intervention and could thus potentially support the relevance of working on the coparenting relationship within couple therapy with parents. To our knowledge, couple therapy research has focused mainly on the effects of couple therapy on the romantic relationship and the individual well-being of the partners (MacIntosh & Butters, 2014), overlooking coparenting-related outcomes. We additionally found support for the efficacy of couple therapy in resolving many issues encountered by couples (MacIntosh & Butters,

2014), but we found no strong evidence regarding issues related to parenting or coparenting. On the contrary, one study even highlighted that parents benefitted less from couple therapy than childless couples (Hampson et al., 1999).

Observations were similar regarding process research on couple therapy. Process studies mainly have addressed processes related to common factors (e.g., Oka et al., 2020) and specific factors targeting the romantic relationship (e.g., Welch et al., 2019). Research is thus needed to improve the understanding of what happens for parents when they work on their coparenting issues within couple therapy. This area of research may also inform therapists on how to improve couple therapy for parents by emphasizing the essential ingredients of therapeutic success with couples of parents (Hardy & Llewelyn, 2015).

Therefore, it appears important to document how couple therapy may address and work on the coparenting relationship to improve the understanding of how this therapeutic work may benefit couples and shape their changes during sessions. To attain these aims, we conducted four studies presented in four respective chapters. The last three studies were part of a larger RCT comparing a couple therapy for parents developed in Lausanne, the Integrative Brief Systemic Intervention (IBSI), to a traditional systemic couple therapy. In these studies, we focused on a specific couple therapy: the IBSI (see the supplementary materials for a complete presentation of the IBSI).

Before addressing our main objectives and focusing on couple therapy, we took a broader approach and started with an overview of existing coparenting interventions. This first overview provides the context for our research on the relevance of working on the coparenting relationship with parents. In this first chapter, we aimed to answer the question "How effective is the work on the coparenting relationship?" This first study is a systematic review and meta-analysis on the efficacy of coparenting programs for couples. In this study, we had two main purposes: First, to give an overview of the existing programs that

proposed work on coparenting, and second, to estimate their overall effect on family-related outcomes that varied from the parents' well-being to the quality of couples' relationships. We were inclusive in the selected outcomes as empirical literature has repeatedly supported the association between coparenting and various family-related outcomes (e.g., Camisasca et al., 2019; Norlin & Broberg, 2012; Rowen & Emery, 2014; Teubert & Pinquart, 2010). Results from the available data underscored the relevance of working on coparenting in programs aimed to prevent coparenting difficulties, at least for the studied populations such as first-time parents and at-risk families. We lacked data regarding the relevance of coparenting programs for other populations in other intervention settings, such as distressed couples in couple therapy.

Given the efficacy of coparenting programs and the lack of evidence regarding the relevance of coparenting work within couple therapy, we focused our next research question on couple therapy. In the second chapter, we addressed the following question: "How can couple therapists target the coparenting relationship?" This chapter illustrated one specific couple therapy, the IBSI, which aims to include coparenting work within the framework of couple psychotherapy for distressed parents. The IBSI offers an articulated work on both the romantic and coparenting relationships, regardless of the parents' reasons for seeking therapy. This chapter also discussed the preliminary results of the RCT, which is the broader framework of this research. The results supported the relevance of this integrative approach in enhancing couples' satisfaction, coparenting quality, and individual well-being.

Having reviewed the advantages of working on the coparenting relationship with couples and presented a model of intervention that integrates coparenting work within couple therapy, several questions remained unanswered. One of these questions was related to the processes that integrating coparenting work into couple therapy triggered. In this

third chapter, we thus aimed to answer the following question: “How does coparenting work shape couples’ changes during couple therapy sessions?” We aimed to explore the possible change processes related to coparenting work in the IBSI, and more specific, to identify the steps that couples experienced when successfully resolving their coparenting issues. To identify a process of change typical to couples improving their coparenting relationship within IBSI sessions, we used the task analysis method (Pascual-Leone et al., 2014). This chapter corresponded to the first phase of this method: the discovery phase. In accordance with this method, we analyzed the sessions of six couples who differed in terms of coparenting development. Three couples resolved their coparenting dissatisfaction by the end of the sessions, and three did not. This chapter resulted in a six-step model mapping the process of resolving coparenting dissatisfaction. This model was based both on literature and previous clinical knowledge of the process of resolving coparenting dissatisfaction within couple therapy as well as on empirical observations of the process as couple experienced it within therapy sessions.

After completing the first phase of the task analysis method, we conducted the second phase: the validation phase. In the fourth chapter, we aimed to answer the following question: “Does the model of resolving coparenting dissatisfaction apply to a contrasting sample?” In this verification study, we aimed to test our model’s relevance to discriminate a new sample of couples. Therefore, we conducted a first verification with two contrasting cases. Selecting only two cases allowed an in-depth investigation of the process under study and maximized the contrast between the two couples. The two cases were contrasted according to the development of the quality of interactions as observed when couples talked about agreement and disagreement in their coparenting relationship (one improved after therapy, and the other deteriorated). Analyses of the therapy sessions revealed that the case that improved its interaction quality after therapy presented five steps of the change model,

whereas the case that deteriorated only presented two steps. This last study offered the first support for the model of resolving coparenting dissatisfaction. The model was able to distinguish a couple who improved its interaction quality and one who did not.

In the next four chapters, we present four studies: (a) a systematic review and meta-analysis of coparenting programs, (b) the presentation of a couple therapy integrating work on coparenting, (c) a preliminary task analysis on the process of resolving coparenting dissatisfaction in couple therapy, and (d) the first verification of the process of resolving coparenting dissatisfaction based on a contrasted case study. The structure of the Results section, with the complete references for each included study, is summarized in Table 1.

Table 1.
Overview of The Chapters Included in This Thesis

Chapter	Reference	Type of study	Purposes
1	Eira Nunes, C., de Roten, Y., El Ghaziri, N., Favez, N., & Darwiche, J. (2020). Co-parenting programs: A systematic review and a meta-analysis. *Family Relations.* Advance online publication. https://doi.org/10.1111/fare.12438	Meta-analysis and systematic review	• to offer an overview of coparenting programs • to document the efficacy of coparenting programs
2	de Roten, Y., Carneiro, C., Imesch, C., Vaudan, C., Eira Nunes, C., Favez, N., & Darwiche, J. (2018). Intervention systémique brève intégrative [Brief Integrative Systemic Intervention for couples with children: From research to clinic]. *Thérapie Familiale*, *39*(3), 245-258. https://doi.org/10.3917/tf.183.0257	Preliminary empirical study	• to present an example of couple therapy integrating coparenting work • to investigate first evidence of its effectiveness?
3	Eira Nunes, C., Pascual-Leone, A., de Roten, Y., Favez, N., & Darwiche, J. (2021). Resolving coparenting dissatisfaction in couples: A preliminary task analysis study. *Journal of Marital and Family Therapy*, *47*(1), 21-35. https://doi.org/10.1111/jmft.12450	Preliminary task analysis study: discovery phase	• to observe the process of resolving coparenting dissatisfaction within IBSI • to build a model of change
4	Eira Nunes, C., Antonietti, J-P., & Darwiche, J. (2021). *Engaging in coparenting changes in couple therapy: Two contrasting cases.* Manuscript submitted for a special issue	Contrasting case study: preliminary validation phase	• to verify the model of change on two contrasting cases

Results

Chapter 1: How Effective Is the Work on the Coparenting Relationship?

Eira Nunes, C., de Roten, Y., El Ghaziri, N., Favez, N., & Darwiche, J. (2020). Co-parenting programs: A systematic review and a meta-analysis. *Family Relations.* Advance online publication. https://doi.org/10.1111/fare.12438

Abstract

Objective: This 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.

This systematic review and meta-analysis revealed the growing importance of coparenting as an intervention target within programs for couples of parents. We reviewed and described the main characteristics of 23 coparenting programs targeting couples, with vulnerabilities and no apparent difficulties. The meta-analysis revealed a small but significant effect of coparenting programs on parents' well-being and on the quality of the coparenting and romantic relationships. By taking a broader view of coparenting programs, we highlighted the relevance of working on the coparenting relationship with couples, at least from a prevention perspective.

These findings appear encouraging for couple therapy research and may suggest the relevance of coparenting work for couples in distress who are seeking couple therapy. In the next chapter, we presented the IBSI, a manualized couple intervention in which work on the coparenting and romantic relationships is articulated systematically within a brief systemic couple therapy. In this chapter, we first described the IBSI, its therapeutic objectives, and specific strategies to enable work on coparenting and then

Chapter 2: How Can Couple Therapists Target the Coparenting Relationship?

de Roten, Y., Carneiro, C., Imesch, C., Vaudan, C., Eira Nunes, C., Favez, N., & Darwiche, J. (2018). Intervention systémique brève intégrative (ISBI) pour couples parents : Dialogue entre recherche et clinique [Integrative Brief Systemic Intervention (IBSI) for couples with children: From research to clinic]. *Thérapie Familiale*, *39*(3), 257-270. https://doi.org/10.3917/tf.183.0257

As this paper was published in French, we provided an English summary of the paper.

Summary

Chapter 2 presents a preliminary investigation of the specific impact of couple therapy for parents. Therefore, we first present a type of couple therapy called the Integrative Brief Systemic Intervention (IBSI), then report results of the preliminary analyses conducted within an ongoing RCT evaluating IBSI efficacy.

The IBSI is a brief systemic therapy offering a six-session intervention for couples of parents. It integrates therapeutic work on romantic and coparenting dimensions systematically and explicitly, regardless of the couple's reasons for seeking therapy. Based on the hypothesis that coparenting is central within family functioning, an IBSI therapist mobilizes couples' resources and vulnerabilities regarding coparenting to leverage them within the therapeutic work. Using coparenting as leverage may be challenging for therapists overall when the parents' request concerns romantic issues. The IBSI model suggests interventions that promote therapeutic work on coparenting when a couple is not seeking therapy for coparenting- or child-related issues.

In this chapter, we present four main strategies to integrate coparenting into work on romantic issues. Each strategy is also illustrated with an example of the in-session experience of couples undergoing IBSI. These strategies are:

(a) Exploring the transition to parenthood to identify the intertwining of romantic and coparenting relationships in the couple's actual situation. Couples are thus invited to outline the potential impacts of this transition on their current issues (i.e., explore how negativity spills from one relationship to the other or from one partner to the other). They can thus redefine their issues within the romantic and coparenting relationships. For example, one parent was able to identify the readjustment and changes in routine that their baby's arrival brought. Being able to acknowledge their difficulties and frustrations as parents allowed this couple to bond as parents and recognize the impact of their parental experience on their actual experience as partners.

(b) Exploring the effects of their conflict on children. This allows partners to bond around a shared concern for their children and a common perspective of their children's experience of their current situation. For instance, it allowed one couple to move from undermining each other's parenting practices to shared concern for their child's well-being.

(c) Using the children's well-being as leverage to motivate partners to work together. A couple may bond around a common purpose. For example, identifying their children as a good reason to change allows parents to support each other and stop arguing.

(d) Mobilizing coparenting resources to help partners face their romantic issues. Couples look for possible transference of their coparenting resources into their romantic issues to create a positive spillover effect (i.e., positivity from one relationship spills over into the other). For example, a couple with a supportive coparenting relationship was able to identify that to improve the quality of their romantic relationship, they needed to find a common purpose within their couple. Indeed, they learned from their effective coparenting relationship. When it came to coparenting, they were able to validate and support each other, even when they had different opinions, because they were doing it for their children. Their children were their common goal in the coparenting relationship.

Having presented the IBSI, we also reported preliminary results drawn from a larger research project aiming to evaluate the efficacy of IBSI in a clinically relevant manner. The project was an RCT comparing couples undergoing IBSI to couples undergoing Brief Systemic Therapy (BST). Preliminary analyses were based on the available RCT sample of 46 couples (25 IBSI and 21 BST). Therapeutic change was measured through self-report questionnaires on individual symptomatology, romantic relationships, and coparenting relationships. Linear mixed models were conducted on pre-post data to estimate the effect of time, therapies, and gender. Then, using the reliable change index from Jacobson and Truax (1991), we identified distressed couples who responded to treatment and changed clinically after therapy. Finally, we used logistic regressions to investigate factors such as changes in individual distress and depression, dyadic adjustment, and coparenting—support, triangulation, and undermining—that could predict clinically significant change.

First, results from the linear mixed models revealed improvement in individual and romantic outcomes for both therapies. No significant improvement was found for coparenting-related outcomes; no significant differences between interventions were found, except for the effects on depression. BST couples reported greater improvements in depression than IBSI couples. Using the reliable change index, we reported that most distressed couples benefitted from therapy in both treatments (79% of IBSI and 84% of BST). Logistic regression also revealed that clinical improvement was predicted by men's positive changes in individual distress and women's positive changes in triangulation.

One of the clinically relevant questions addressed by the RCT project was whether it is valuable for clinicians to integrate the romantic and coparenting dimensions in a systematic way in couple therapy (even if a couple's request is explicitly marital). Preliminary results appear to support IBSI relevance and the need for further research.

Additionally, one main result of the RCT project was to establish a dialogue between researchers and clinicians around a common stimulating subject.

The IBSI is a couple therapy for parents that offers integrated work on the coparenting and romantic relationships. In this chapter, we presented the therapeutic strategies that enabled the articulation of therapeutic work on the romantic and coparenting relationships. Preliminary analyses were also conducted on 46 couples drawn from the ongoing RCT evaluating the efficacy of the IBSI. The results revealed promising effects on couples' satisfaction and individual well-being. The results on the effects for the coparenting relationship were unclear and need further investigation.

In the next chapter, we explored how the integration of work on coparenting affected changes in couples' coparenting relationships over the course of therapy sessions. Following the task analysis method (Pascual-Leone et al., 2014), we conducted a discovery-oriented study to model the process experienced by couples as they resolved their coparenting dissatisfaction within IBSI sessions.

Chapter 3: How Does Coparenting Work Shape Couples' Changes During Couple Therapy Sessions?

Eira Nunes, C., Pascual-Leone, A., de Roten, Y., Favez, N., & Darwiche, J. (2021). Resolving coparenting dissatisfaction in couples: A preliminary task analysis study. *Journal of Marital and Family Therapy*, *47*(1), 21-35. https://doi.org/10.1111/jmft.12450

Abstract

This study explored the change that unfolded when parents resolved their coparenting dissatisfaction during an Integrative Brief Systemic Intervention (IBSI) for parent couples. We conducted a task analysis (Greenberg, 2007) to build a model of resolving coparenting dissatisfaction. We compared a postulated model of change (rational model) based on theoretical and clinical assumptions to the observations of the actual change process that couples experienced in an IBSI (empirical analysis). The empirical analysis was conducted on six IBSI therapy cases (three exhibiting positive development and three exhibiting no development). We defined positive development in IBSI as moving from coparenting dissatisfaction to coparenting satisfaction. The final rational–empirical model included six steps that facilitated the resolution of coparenting dissatisfaction. This study contributes to deepening the knowledge of how coparenting may change during marital therapy.

Key words: Coparenting, marital therapy, parent, task analysis

This preliminary task analysis allowed us to model the process of resolving coparenting dissatisfaction within the IBSI. We used a sample of six couples expressing coparenting dissatisfaction within IBSI sessions. Among these couples, three were satisfied with their coparenting relationship at the end of therapy, and three remained dissatisfied. Couples who resolved their coparenting dissatisfaction went through six steps: awareness of their coparenting dissatisfaction, reflection on negative coparenting dynamics, insightfulness, innovation, validation, and coparenting we-ness. None of these steps were observed systematically in the therapy sessions of the three couples who did not resolve their coparenting dissatisfaction.

Following the task analysis method, we conducted the validation phase in order to test the relevance of the model of resolving coparenting dissatisfaction to discriminate two contrasting couples. We selected couples according to an observational outcome: one couple improved their interaction quality after therapy, and the other did not. This study ought to confirm the presence of the model steps within the therapy sessions of the couple who improved and their absence within the sessions of the other couple.

Chapter 4: Does the Model of Resolving Coparenting Dissatisfaction Apply to a Contrasting Sample?

Eira Nunes, C., Antonietti, J-P., & Darwiche, J. (2021). *Engaging in coparenting changes in couple therapy: Two contrasting cases.* Manuscript submitted for a special issue

Abstract

Following the task analysis method, this study aimed to confirm the relevance of the model of resolving coparenting dissatisfaction to differentiate between two contrasting couples undergoing couple therapy. The model under study described the steps through which couples resolve coparenting issues in couple therapy for parents. Two contrasting couples were selected from a sample of parents undergoing systemic couple therapy. We analyzed videotaped discussions about the couple's coparenting relationship to select one couple whose interaction quality improved after therapy and one couple who worsened. Records of therapy sessions were rated by two independent coders to verify whether the model of coparenting change was present. Results showed that the couple that improved after therapy presented almost all the steps of the model whereas the couple that worsened after therapy presented only two steps. This study supported the relevance of the model and its various components to discriminate between two contrasting cases.

Keywords: Coparenting, Couple, Parents, Therapy, In-session Process

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Engaging in Coparenting Changes in Couple Therapy: Two Contrasting Cases.

Over the years, several researchers have called for more external validity in couple psychotherapy research, raising concerns about the research–practice gap in the field (e.g., Safran et al., 2011). Process research has the potential to reduce this gap as it explores why and how change occurs in couple therapy (Hardy & Llewelyn, 2015) and provides findings more proximal to what happens in clinical practice (Kazdin, 2009). This kind of research has thus received growing attention in couple psychotherapy research (Heatherington et al., 2015), focusing on processes of change related to common factors, such as therapeutic alliance (e.g., Bartle-Haring et al., 2012) and communication (e.g., Doss et al., 2015), or to specific factors related to working on marital issues, such as establishing relational safety (e.g., Welch et al., 2019).

Process studies have explored various couple processes using a broad range of methods that includes both quantitative and qualitative methods (Gelo & Manzo, 2015; Mörtl & Gelo, 2015), such as lagged analysis (Doss et al., 2015) or multilevel modeling (Bartle-Haring et al., 2012), to explore the trajectories of changes over therapy sessions and their impact on therapy outcomes. The task analysis method applied to psychotherapy research by Greenberg (1984) was also frequently used (e.g., Welch et al., 2019). The task analysis method has the advantage of proposing a mixed method, articulating both qualitative and quantitative approaches. In this process study, we used the task analysis method to explore the process through which coparenting change unfolds in couple therapy for parents.

Task Analysis

In psychotherapy research, the task analysis method aims to identify steps through which clients, therapists, or groups of people (for example couples) successfully completed a specific emotional–cognitive therapeutic task (Greenberg, 1984; Pascual-Leone et al.,

2014), such as emotionally processing distress (Pascual-Leone & Greenberg, 2007), repairing alliance rupture (Aspland et al., 2008), and forgiving an unfaithful partner (Woldarsky Meneses & Greenberg, 2011).This method provides a detailed and sequential understanding of the subject's performance within therapy sessions. For example, within couple therapy, task analysis studies have demonstrated the importance of sharing and processing deeper emotions to enhance reconciliation after an attachment injury (Zuccarini et al., 2013). The task analysis method proposes a mixed method program composed of two phases of research: the *discovery* and *validation* phases (Pascual-Leone et al., 2014).

The discovery phase aims to build a model of change, using a bottom-up approach. The model of change is based on qualitative observation of the process as experienced within therapy sessions and analysis of its plausible theoretical meaning (Pascual-Leone et al., 2014). A sample of cases presenting good and poor performances of the task is compared to discover the essential components of change (i.e., the steps of the process). Components that are included in the model correspond to process steps that are observed in the sessions of the cases with good performances and that are not observed in the cases with poor performances. The model of change blends both observation and theory. Within this first phase, researchers also operationalize their model of change into measurement criteria to allow further validation of the model in the second phase. The creation of steps within the model is contingent upon defining observational cues that describe these steps (Pascual-Leone et al., 2014).

During the second phase, the validation phase, researchers measure and test the model of change previously discovered using a separate sample. This phase aims to verify the predictive value and external validity of the model. It should verify both the steps of the model and the relation between the presence or absence of the steps and good or poor

independent outcomes. Coders, blind to outcomes, use the observational cues of the steps to examine this new sample (Pascual-Leone et al., 2014).

The validation phase is conducted on a sample of cases presenting the task problem under study (e.g., in our case, coparenting dissatisfaction). The cases also need to be contrasted according to independent variables as some cases report positive development after therapy and others do not. For example, in their task analysis study, Zuccarini et al. (2013) selected nine couples who resolved their attachment injury according to their therapist, an independent judge, and to self-report questionnaires on attachment injury, and nine couples who did not. This contrast allowed the researchers to test the ability of the model, measured based on the measurement developed in the first phase, to discriminate between cases with good and poor outcomes. Coders should thus find that cases with good therapy outcomes presented the steps of the model whereas cases with poor therapy outcomes did not (Pascual-Leone et al., 2014). When selecting a measure of therapy outcome, several approaches and instruments may be considered such as self-report questionnaires or observation. Observational data have been broadly overlooked despite their relevance for the study of couple functioning and couple therapy (Friedlander et al., 2019; Wampler & Harper, 2017). To our knowledge no previous task analysis combined the observation of the in-session process and the evaluation of therapy outcomes through observational data.

Observational Data

Using observation to evaluate pre–post therapy development appears valuable to both research and clinical practice. First, it offers the opportunity to assess couples' interactions, which is relevant to understanding therapeutic changes and couples' functioning (Feinberg et al., 2009; Friedlander et al., 2019). Collecting observational data allows assessment of the couple's immediate behaviors within their real context. It thus

focuses on data with an important external validity whereas questionnaires focus on the internal validity of the measured construct (Kerig & Baucom, 2004).

In contrast to questionnaires, observational methods provide evidence of change that is not only dependent on the partners' and the therapist's reports and perceptions (Wampler & Harper, 2017). Observational data may reflect changes that partners did not perceived because of their limited ability to observe their own communication (Hahlweg et al., 2004).

Furthermore, observational data relies on independent judges who are not subject to social desirability (Oka et al., 2015). Self-report questionnaires may be biased by social desirability as partners may tend not to report behaviors that are perceived as undesirable (Oka et al., 2015; Shapiro & Gottman, 2005). Observational data also provide information on interactions and behaviors in a specific moment and within a specific context, whereas questionnaires assess overall perception and attitudes of each partner that may not reflect their actual behaviors (Wampler & Harper, 2017). To complete questionnaires, partners have to look back or forward in time (Wampler & Harper, 2017). The data collected through observation and self-report questionnaires may not reflect one another (Oka et al., 2015). In this study, we focused primarily on observational data to contrast our cases. Indeed, observations of couple's interactions as outcomes are more time-consuming than self-report questionnaires but provide a more complete and direct approach to evaluating the couple's relationship or their development over therapy.

Present Research

In this study, we focus on couples of parents as they are largely overlooked within couple therapy research. Studies generally do not specify the inclusion of parents within their samples and predominantly focus on romantic distress (e.g., Doss et al., 2015; Woldarsky Meneses & Greenberg, 2011). However, couples of parents should be

considered as a specific subgroup of couples because becoming parents transformed their relationship. Parents are bound not only by their romantic engagement but also by the responsibilities they share as coparents. Parents are thus engaged in a romantic relationship as well as in a coparenting relationship (Talbot & McHale, 2004). Coparenting encompasses the level of support and solidarity between the adults responsible for the care and upbringing of children (McHale & Lindahl, 2011). The coparenting relationship may create concerns related to, for example, parents' desire to find harmony in coparenting and to work effectively in the care and upbringing of their children. These concerns may influence the quality of the romantic relationship (e.g., Cho et al., 2020) and induce issues related to functioning as both parents and partners. Indeed, research has broadly shown the impact of the coparenting relationship on couple's functioning (e.g., Cho et al., 2020; Morrill et al., 2010), but also on the whole family well-being (e.g., Lam et al., 2018; Schoppe-Sullivan et al., 2016).

Despite the importance of coparenting in the family literature, little research has addressed coparenting changes within couple therapy. Exploring coparenting processes within couple therapy seems essential to gaining a better understanding of how coparenting changes unfold within couple therapy and to what extent they can drive changes at different levels of couple and family functioning. Therefore, we focused our investigation on coparenting process within a specific couple therapy for parents, the Integrative Brief Systemic Intervention (IBSI). This therapy approach particularly addresses the importance of articulating work on both the romantic and the coparenting relationships within systemic couple intervention (Darwiche et al., 2021). Consequently, it presumably produces changes in both relationships. In this study, we focused on couples' changes related to the coparenting relationship even though couples also worked on and potentially resolved their

romantic issues within IBSI sessions. More precisely, we focused on the process that unfolded when parents resolved their coparenting dissatisfaction within the IBSI.

In this study, we conducted a preliminary validation of a task analysis project investigating in-session change in IBSI. The discovery phase of the task analysis project was conducted previously and presented elsewhere (Eira Nunes et al., 2021). In this previous study, we intensively analyzed six couples undergoing IBSI who reported coparenting dissatisfaction. We selected three couples who successfully overcame their dissatisfaction over the course of therapy and three who did not. Analysis of these six couples (discovery phase) resulted in a model of change derived from the observation of the process through a specific lens, based on IBSI clinical assumptions and relevant empirical literature (Buehlman et al., 1992; Oppenheim & Koren-Karie, 2002). The model comprised six steps: awareness of coparenting dissatisfaction, reflection on negative coparenting dynamics, insightfulness, innovation, validation, and coparenting we-ness. As part of the task analysis, we developed a rating system of the above steps. This system described the observational cues that characterized each step and therefore corresponded to the essential criteria on which to judge if a couple was displaying a specific step of the model.

Objectives

In this study, we aimed to expand upon the previous discovery phase to conduct a preliminary verification of the applicability and relevance of the resulting model of resolving coparenting dissatisfaction to discriminated between outcomes in two contrasting cases undergoing IBSI. According to the task analysis method, the verification of the model should be based on a sample of couples presenting good and poor outcomes on an independent measure (Pascual-Leone et al., 2014). As that independent outcome measure, we selected the development of interaction quality (interaction quality improved for one

couple and worsened for the other) as assessed through videotaped discussions about coparenting agreement and disagreement. We focused on independent observational measures as they appeared more clinically relevant (Kerig & Baucom, 2004), less likely to be biased, and more likely to detect therapeutic changes (Oka et al., 2015).

We hypothesized that the couple that improved their interaction quality after therapy would present the six steps of the model whereas the couple that worsened their interaction after therapy would not.

Method

Participants

This contrasting case study was part of an ongoing randomized controlled trial evaluating the efficacy of IBSI and was supported by the Swiss National Science Foundation (Grant SNF 159437). All couples were the parents of at least one child under 16 years old and requested couple therapy. From the available RCT sample of 37 couples of parents who had completed IBSI, we selected two contrasting cases based on their observational measures of interaction quality. To protect the couples' identities, names and personal information were changed.

The Bonding Couple

The first couple, Kate (38 years old) and Alan (39 years old), had been together for 12 years. They had two daughters of 7 and 10 years old. Alan also had a 14-year-old son from a precedent marriage that spent a weekend every 14 days with them. Before starting therapy sessions, the couple reported having relational difficulties for five years. Kate and Alan were consulting because they felt their children were invading their romantic relationship. According to Kate, it was difficult to feel close to her husband while he failed to support her with the children and was barely engaged in coparenting decisions. For Alan, the main issue was his perception that Kate's overinvestment in her parental role weakened

her commitment to their romantic relationship. He wished their romantic relationship could be a strength and a resource in their coparenting difficulties.

The Struggling Couple

The second couple, Victoria (45 years old) and Roger (44 years old), had been together for 23 years. They had two daughters of 5 and 8 years old, and the younger daughter had ADHD. The couple sought help after ten years of relational difficulties. Their initial request for therapy appeared global. They reported encountering various difficulties and distancing within their relationship related to lack of time for their romantic relationship, miscommunication, strong emotional reactions, unspoken tensions, and exhaustion from parenting. Parenting difficulties were quickly brought into the picture by the couple.

Treatment

Both couples underwent IBSI: seven sessions for Kate and Alan (the bonding couple) and six for Victoria and Roger (the struggling couple). All sessions were audio- or videotaped. IBSI is a manualized brief couple intervention for parents (Carneiro et al., 2012). It is integrative as it relies on the systematic articulation of therapeutic work on the coparenting and romantic relationships. It is brief as it generally comprises six sessions of 1—1.5 hr each over six months. The brief framework implies setting concrete objectives achievable within the timeframe of the therapy. In IBSI, therapists are free to choose their techniques from various systemic models such as the structural, strategic, and transgenerational models (Bowen, 1984; Haley, 1963; Minuchin, 1974).

IBSI is characterized by three main therapeutic principles (Darwiche et al., 2021): therapist aims to (a) engage partners as romantic partners and as a coparenting team from the start of the therapeutic process; (b) support the parents in increasing their awareness regarding their children’s behavior and emotional experiences when facing their parents’

conflicts; and (c) work on the spill- and crossover effects between coparenting and romantic relationships (i.e., explore how negativity or positivity spills from one relationship to the other or from one partner to the other).

Procedure

Couples were assessed before starting therapy and after the end of therapy. Several measures were taken through self-report questionnaires and videotaped discussions. The videotaped discussions were conducted by the research team at the consultation center or at the couple's house. Couples were asked to talk about agreement and disagreement in their coparenting relationship for 10 minutes (i.e., two discussions of five minutes). Based on observational data, we selected two contrasting couples from the available RCT sample (37 couples): one that improved its interaction quality and another that did not (see the Analytic Plan for selection procedure). To further support this selection, we compared pre–post changes on observed interaction quality to pre–post changes on self-report coparenting support. Finally, we analyzed the couples' therapy sessions according to the model of resolving coparenting dissatisfaction previously developed (Eira Nunes et al., 2021).

Instruments

Interaction Quality

Based on videotaped discussions realized before and after therapy, we assessed the couples' interaction quality according to a coding system synthesizing several scales used in other studies (e.g., Baker et al., 2010; McHale et al., 2001). This coding system evaluates the frequency, quality, and intensity of 10 interaction variables, such as endorsement, agreement, competition, and defensiveness, on a Likert scale ranging from 1 to 10. We used principal component analysis (Cazes, 2004) to summarize the 10 interaction variables into one principal component corresponding to interaction quality.

A team of three independent coders (two researchers in psychology and one master student in psychology) was engaged in coding. Interrater reliability was controlled on 25% of the total sample of videotaped records. The computation of Krippendorff's alpha (Krippendorff, 1980) revealed a good reliability of .81 on average for the 10 variables (from $_{ordinal}\alpha = .71$ to $_{ordinal}\alpha = .90$). Coefficients were calculated with the irr package (Version 0.84.1: Gamer et al., 2019) on R software (R Core Team, 2013).

Coparenting Support

Coparenting support was assessed with the Parenting Alliance Measure (PAM; Abidin & Konold, 1999). This 20-item self-report questionnaire assessed coparenting support before and after therapy. Composite scores range between 20 and 100, with higher scores corresponding to higher coparenting support. For our total sample, the internal consistency of the measure was excellent ($\alpha = .95$ for both mothers and fathers). According to the Jacobson and Truax method (1991), we computed both the clinical cut-off and the reliable change index (RCI). Using our data for the clinical dataset and Delvecchio et al. (2015) data for the nonclinical dataset, we found a cut-off at 80.39 for mothers and at 82.65 for fathers. Scores below these cut-offs were considered to reflect clinical distress. The RCI based on our RCT sample was of 9.22 for mothers and 8.91 for fathers, and changes in pre- to post-therapy scores equal to or greater than the RCI were considered clinically significant.

Analytic Plan

Preliminary Analysis on Interaction Quality

As a preliminary analysis, we conducted a non normalized principal component analysis (Cazes, 2004) on the various interaction variables presented above. We used the FactoMineR package (Le et al., 2008) on R software (R Core Team, 2013). We conserved the variance of each variable and therefore assessed their respective contribution to the

principal component (unstandardized data). The principal component analysis aimed to summarize 10 interaction variables into a principal component. We based our analyses on the pre- and post-therapy data of 37 couples. We were able to identify one principal component for each discussion that explained between 46% and 57% of the variance. This principal component contrasted positive interaction variables (e.g., agreement and endorsement) with negative interaction variables (e.g., defensiveness and competition). Therefore, couples who improved their interaction quality moved towards a higher score on the principal component.

Selection of the Two Couples

We then selected two couples that had developed in opposite ways after therapy. One couple improved their interaction quality in the two discussions from pre- to post-therapy whereas the other worsened their interaction quality. To contrast our two couples, we selected couples respectively presenting the largest positive (bonding couple) and negative deltas (struggling couple) between pre- and post-therapy scores on the principal component. Selecting two extreme cases may allow us to capture how their experience of therapy was so different. Table 1 presents the *z-scores* of each couple's pre- and post-therapy interaction quality in the discussions about coparenting agreement and disagreement. Negative z-scores signal lower interaction quality (high levels of negative interaction variables) compared with the whole group and positive z-scores signal higher interaction quality (high levels of positive interaction variables) compared with the whole group. To further support observational data, we also explored self-report data on coparenting support. In the preliminary results section, we compared results from self-report questionnaires with results from observation of videotaped discussions.

Table 1.

Z-Scores of Interaction Quality for Each Coparenting Discussion at Pre- and Post-Therapy

	Agreement			Disagreement		
Couple	Pre	Post	Delta	Pre	Post	Delta
Bonding couple	0.33	1.12	0.79	-0.50	0.80	1.30
Struggling couple	1.36	-0.30	-1.66	0.79	-0.12	-0.91

Note. Numbers in the table correspond to the z-scores of the couples' interaction quality according to the coparenting discussion (agreement or disagreement) in time. Deltas correspond to the difference between pre- and post-therapy z-scores.

Qualitative Analysis of Sessions

Following the task analysis method, we first verified that both couples presented the problem state under study. In this study, the problem state that couples had to present is coparenting dissatisfaction. Coparenting dissatisfaction was signaled by one partner expressing negative emotions regarding the coparenting relationship and/or the other coparent's behaviors or attitudes. Not all couples undergoing IBSI express coparenting dissatisfaction, and, by extension, they may not experience the process under study. Identification of coparenting dissatisfaction during therapy sessions was thus a prerequisite for a couples' inclusion in our contrasting case analysis.

Two independent coders, blind to outcomes, assessed the therapy sessions of both couples for the presence or absence of the six steps of the model of resolving coparenting dissatisfaction: awareness of coparenting dissatisfaction, reflection on negative coparenting dynamic, insightfulness, innovation, validation, and coparenting we-ness. One coder was a researcher in psychology (first author) and the other was a psychotherapist specialized in systemic couple therapy. Only the second coder was blinded to the model of resolving coparenting dissatisfaction when coding sessions. The first coder watched the therapy sessions and identified 42 segments (24 for the bonding couple and 18 for the struggling couple) related to the model of resolving coparenting dissatisfaction. Coding was based on

a coding manual that operationalized each step into observational cues (Eira Nunes et al., 2021). On all segments, coders achieved an agreement of 77%; agreement for the struggling couple (68%) was lower than for the bonding couple (83%). Coders resolved all disagreements to obtain consensus on every coded segment.

Results

In the result section, we first present our preliminary results regarding changes in interaction quality. We then report the main results related to the verification of our model. We thus provide a detailed description of the steps that were present for both contrasting couples.

Preliminary Analysis on Interaction Quality

The Bonding Couple

Partners improved their interaction quality from before to after therapy for both coparenting agreement and disagreement discussions (see Table 1). More precisely, they shared a more similar perspective regarding their children's needs, were more affectively connected when exchanging about their children's chores and education (Baker et al., 2010), and expressed increasing approval of their mutual parenting practices (McHale et al., 2001) at post-therapy. Partners also displayed less competition for the role of child expert (Baker et al., 2010), less defensiveness, and less perceived pressure to change as they showed decreasing tendencies to ward off criticism or protect themselves in the discussion (Gordis et al., 1996), and they put less implicit or explicit pressure on their partners to change their behaviors or personality (Sevier et al., 2004).

Self-report data corroborated the observed improvement. The couple reported coparenting support below the clinical cut-offs before therapy—Kate's score of 52.00 was below the cut-off of 80.39 and Alan's score of 29.00 was below the cut-off of 82.65. However, their scores increased after therapy, surpassing the clinical cut-off (Kate = 81.00;

Alan = 94.00). Their pre–post change was also clinically significant as they respectively exceeded the RCIs of 9.22 for the mother and of 8.91 for the father.

The Struggling Couple

In contrast, the struggling couple moved from positive to negative interaction quality on the coparenting discussions (see Table 1). This couple displayed a good interaction quality before therapy when discussing coparenting agreements and disagreements. However, after therapy, the quality of their interactions declined. In contrast to the bonding couple, the struggling couple demonstrated less agreement, shared emotion, and endorsement than before therapy. After therapy, they shared fewer similar perspectives regarding their children's needs and appeared less emotionally connected and less supportive of each other's interactions with the children. Their interactions were also characterized by more defensiveness, competition, and pressure on their partner to change.

Regarding their perception of coparenting support, self-report data revealed that Victoria's scores remained in the normal range as the score was above the clinical cut-off of 80.39 before therapy and did not significantly change from pre- to post-therapy (pre-therapy score = 88.00; post-therapy score = 85.00). On the other hand, Roger's report of coparenting support revealed clinical distress before therapy, with a PAM score of 75.00 below the clinical cut-off of 82.65. However, after therapy, he reported a clinically significant improvement as his score surpassed the clinical cut-off (post-therapy score = 90.00), with an increase of 15.00 (RCI of 8.91). For this couple, self-report data did not reflect the decrease that we detected in the observational data based on the videotaped discussions.

Qualitative Analysis of Sessions

In the next sections, we illustrate each step displayed by the bonding couple and the struggling couple. Coders looked for the presence and absence of the steps of the model

from Sessions 1 to 7 for the bonding couple and from Sessions 2 to 6 for the struggling couple. At the end of the next section, Table 2 offers an overview of the results.

The Bonding Couple

Kate and Alan expressed their coparenting dissatisfaction within the first therapy session. Kate deplored Alan's impatience toward their children and his lack of engagement in coparenting.

In the first session, shortly after Kate expressed her dissatisfaction, both partners were able to display some *awareness of their coparenting dissatisfaction* and thus were both engaged in exchanges about the concrete aspects of Kate's coparenting dissatisfaction. They clearly identified the behaviors that were the source of dissatisfaction and the efforts that they should make. Kate also expressed her wishes and expectations in relation to their coparenting issues.

In Sessions 2 and 3, the couple continued exploring their coparenting issues. More particularly, in Session 2, some observational cues of *coparenting we-ness* were identified but some important criteria were not met. Kate referred to the couple as a coparenting team and highlighted their ability to be flexible and adjust to each other. However, she also outlined the need for coparenting changes to achieve a long-term balance and truly be a coparenting team. She was thus relying on future changes to identify herself as part of a coparenting team. Moreover, coparenting we-ness implies the engagement of both parents and Alan was not significantly involved in the exchanges. Session 3 was characterized by discussions about Alan's son (Kate's stepson).

Session 4 could be presented as a key session as many steps of the model were coded. First, in Session 4, the couple engaged in *reflection on their negative coparenting dynamics*. Kate highlighted the actions and reactions that triggered their coparenting dissatisfaction. More particularly, she outlined that, as she was generally more involved

with the children, she was triggered by the fact that her husband tended to be less engaged. His approach appeared less effective to her even if she acknowledged that her way might not always be the right way either. Alan recognized that he was less proactive than Kate and validated Kate's view of their coparenting dynamic (i.e., dynamics of *over- and under-investment*). They extended their reflection within the fifth session.

Then, already in Session 3, but mostly in Session 4, Kate displayed *insightfulness*. In Session 3, Kate's insightfulness mainly focused on her stepson's decision to stop coming to their house and the reasons behind this decision. Nonetheless, insightfulness was mostly present in Session 4, as Kate reflected extensively on their children's (stepson included) emotional experience of their negative coparenting dynamic: how they experience Alan's passivity and her overinvestment. For instance, regarding her stepson's decision to take some distance with their family, she tried to understand the reasons behind this decision and how their respective reactions to this decision (Alan's distancing and her requests for more explanations) may have impact his emotional experience (he may have felt left out of their family and pressure by her). She was able to challenge her parenting style and attitude with her stepson as she acknowledged that he may have experienced her desire to be invested and present for him as intrusiveness.

The *innovation* and *validation* steps were also present in the fourth session. Alan was the one primarily engaged in the innovation step, and Kate validated his efforts. Alan revealed that he was trying to be more involved with the children and had, for example, been sending old family pictures to his older son. He explained that he tried to maintain the connection between them even when they were apart and let his son know that he missed him. This new behavior corresponded to the innovation step and appeared to be a response to Kate's wishes for more emotional involvement from Alan toward their children. Kate

validated Alan's new behaviors. Alan continued innovating regarding coparenting through therapy sessions.

By the end of therapy, the couple looked back at their request for therapy and shared their satisfaction regarding their therapeutic journey. They agreed on the improvements that were made even if Kate highlighted the fragility of those changes. They both shared their intention to be careful to maintain a positive dynamic regarding both their coparenting and romantic relationships.

As shown in Table 2, only the *coparenting we-ness* step was not observed in the sessions. Five steps out of six were displayed over the course of therapy.

Table 2

Summary of the Steps Coded in the Two Contrasting Cases

	Bonding couple							Struggling couple				
	S1	S2	S3	S4	S5	S6	S7	S2	S3	S4	S5	S6
Awareness of coparenting dissatisfaction	✓	✓					✓				✓	✓
Reflection on negative coparenting dynamics				✓	✓							
Insightfulness			✓	✓								
Innovation				✓		✓	✓			✓		
Validation				✓			✓					
Coparenting we-ness												

The Struggling Couple

Coparenting dissatisfaction was identified in Session 2 as in Session 1, the couple mainly talked about their romantic relationship and the lack of time for the couple. In Session 2, Victoria highlighted that Roger was often unavailable for coparenting tasks such as putting the children to bed and helping children with homework.

From Session 2 to Session 4, before the couple engaged in any step of the model, their interaction was characterized by minimization of the importance of their coparenting

issues. For instance, Victoria appeared uncomfortable and nervous when talking about her coparenting dissatisfaction. When the therapist asked Victoria what she expected from Roger in those moments when he was unavailable, she was not able to answer. Both partners tended to change the subject when the therapist tried to explore concrete aspects of their disagreements and dissatisfaction.

Despite this dynamic of avoidance and confusion, coders identified the *innovation* step for Roger–this step does not require the engagement of both partners. In Session 4, Roger explained that they had adopted a new coparenting behavior and tried to divide their responsibilities differently. He presented this new behavior as a solution to Victoria's timid complaints about coparenting. Victoria did not validate the innovation. She judged the change too fragile and irrelevant. Therefore, the *validation* step was not coded for this couple.

Near the end of therapy sessions (Session 5), coders identified *awareness of coparenting dissatisfaction.* Victoria and Roger were able to directly address a conflict situation and authentically confront each other with very few withdrawals. Both partners were engaged in the awareness of coparenting dissatisfaction and identified which behaviors of the other parent were upsetting in this situation. Victoria blamed Roger for being selfish and disengaged, while Roger blamed Victoria for being unwilling to compromise and unreasonable.

Globally, over the sessions, Roger appeared active and motivated whereas Victoria was mainly passive and rarely validated Roger's input. At times, she appeared not ready to engage and even resistant to change. By the end of therapy, according to coders' observation of the process, the couple main improvement was the ability to directly approach difficulties, at least regarding their coparenting issues. They appeared not yet on the same page as, for example, Roger described their relationship as improved with more

relief and closeness. He appeared quite positive regarding their therapeutic progress. In contrast, Victoria's perspective was substantially different. She expressed doubt about their progress. She emphasized their difficulties and her remaining dissatisfaction regarding Roger's lack of availability for coparenting as if they were moving backwards.

As shown in Table 2, Roger and Victoria displayed only two steps of the model throughout their therapy sessions.

Discussion

This study aimed to verify the applicability and relevance of the model of resolving coparenting dissatisfaction for discriminating between two contrasting cases. The model was partially verified in this study. Our main hypothesis was that the couple whose interaction had improved after therapy would present the steps of the model whereas the couple whose interactions had worsened after therapy would not. Coding of sessions revealed the presence of five out of six steps of the model for the bonding couple and of two steps for the struggling couple. Only the step of coparenting we-ness was not observed by coders in either case and was therefore not verified in this study. Our findings may signal that couples do not need to identify themselves as part of a new coparenting team (as defined in Eira Nunes et al., 2021) within the therapy sessions to overcome their dissatisfaction. We could postulate that for some couples, such as the bonding couple, this step would be displayed later when coparenting changes had been installed and had deeply modified the coparenting dynamic. Future verification studies should investigate the presence or absence of coparenting we-ness in the therapy sessions of couples who resolve their coparenting dissatisfaction to verify the essential nature of this step for resolving coparenting dissatisfaction. Nonetheless, it is common that validation studies fail to systematically observe some steps of the model in the resolved cases (e.g., Pascual-Leone & Greenberg, 2007; Zuccarini et al., 2013). For example, Zuccarini et al. (2013) verified

the attachment injury resolution model even though some of the couples considered as resolved did not present some of the steps; five steps out of eight were not consistently presented by all resolved couples.

In task analysis studies, unresolved cases frequently present fewer steps than do resolved cases (e.g., Pascual-Leone & Greenberg, 2007) and also present earlier steps of the model (e.g., Zuccarini et al., 2013). In line with this literature, we found that the couple whose interaction quality worsened after therapy presented only two steps of the model: the awareness of coparenting dissatisfaction and innovation steps. We initially postulated these steps would not normally be presented by unresolved couples. Displaying awareness of coparenting dissatisfaction by the end of therapy was identified by coders as a key moment for the struggling couple. Indeed, coders overall impression when watching the struggling couple's sessions was of confusion and lack of focus on the concrete issues. Nonetheless, from the fifth session onwards, the couple's exchanges featured more authenticity. Benson et al. (2012) have identified emotional avoidance as a common target of couple therapy. They highlighted how avoidance may limit the couple's ability to experience emotional intimacy and thus to feel close to each other. Mutually avoidant partners avoid topics that are too emotionally distressing. Consequently, important issues remain unresolved, exacerbating their relational issue and deceasing both partners' satisfaction (Benson et al., 2012). In light of the literature, overcoming their initial avoidance appeared to be an important therapy outcome for this couple. However, this study revealed that this first step of the model did not differentiate our two cases. The main difference was that to achieve deeper changes in coparenting, couples needed to overcome the awareness step at some point. They needed to stop blaming each other for their dissatisfaction and reflect on their respective contribution to the coparenting dynamic to be able to change further.

Regarding the innovation step, innovation without subsequent validation appeared to compromise the couple's resolution. For the couple that did not improve their interaction quality after therapy, the lack of validation after the husband displayed innovation appeared to offset the progress that the innovation should represent in the process under study. Roger explained that both parents had adopted new coparenting behaviors. However, Victoria did not validate this innovation and even refuted the change, presenting it as exceptional and irrelevant. Changes that were not validated failed to contribute to the resolution of coparenting dissatisfaction.

Finally, in both cases, we observed a greater investment on the part of one parent—the mother in the bonding couple and the father in the struggling couple. This imbalance between partners has been previously noted and discussed in the literature, particularly concerning men's engagement in couple therapy (e.g., Englar-Carlson & Shepard, 2005). However, we observed that for the couple that declined after therapy (the struggling couple), the imbalance was accompanied by passivity and a lack of validation from the partner who was generally less invested. She appeared to be uncomfortable and not ready to engage in the process. This passivity was not observed for the couple that improved after therapy, as the wife was more involved, but the husband cooperated and validated her. One parent may be more invested than the other; they may be more engaged in exchanges and adopt new behaviors while the other sits on the sidelines offering occasional validation of the more engaged parent. This imbalance nevertheless may enhance changes for the couple provided that it is not characterized by the motivation and commitment of one partner and the resistance to change of the other.

Limits

The primary limitation of this study was that we described the relation between outcomes and the process under study without considering the potential influence of

external factors. For example, children's characteristics or the initial agreement on the therapeutic objectives might have influenced couples' improvement. Given that one of the daughters of the struggling couple presented ADHD, they might have faced specific coparenting challenges (e.g., Cook et al., 2009; Mendez et al., 2015). These challenges support the importance of addressing coparenting within couple therapy but may require further therapeutic work to disentangle their difficulties as parents and as romantic partners. Moreover, the couple appeared to have several therapeutic objectives and to be ambivalent regarding the nature of their issues. These two characteristics may have made it difficult for the struggling couple to work on their difficulties within the brief framework of IBSI (Biesen & Doss, 2013). Future studies should thus investigate potential covariates that may explain differences in outcomes or that may have hindered or facilitated resolution of the coparenting issues.

This preliminary verification study was based on the coding of two judges, one who was blind to the model. The other judge (first author) participated in the discovery phase. Coding might thus have been biased by the coder's expectations regarding the model. However, both coders were blind to the outcome, and the double coding enabled verification of the reliability of the coding of sessions and prevented any further biases.

Conclusion

This preliminary verification study partially confirmed the applicability of the model of resolving coparenting dissatisfaction in two contrasting couples. Based on the model, we were able to differentiate the couple that improved after therapy and the couple that declined. The partners who increased their ability to actively listen to each other, be supportive, find compromises, and bond over coparenting discussion outside of their therapy sessions also resolved their coparenting dissatisfaction through specific steps of change related to insight and behavioral changes. As we conducted our study on only two

cases, we were able to select extreme cases that had developed in opposite ways after therapy. This approach allowed us to discuss how a couple who benefited from therapy and one who did not—at the coparenting level, at least—experienced very different in-session processes. This limited sample allowed in-depth analysis and subsequent hypotheses on the characteristics of the observed processes that were particularly different for each couple and that may have contributed or prevented resolution. Therefore, future studies should extend this first verification of the model on a larger sample to, for example, verify our findings regarding the necessity of coparenting we-ness or of the dependence between the innovation and validation steps.

References

Abidin, R. R., & Konold, T. R. (1999). *Parenting Alliance Measure professional manual*. Psychological Assessment Ressources.

Aspland, H., Llewelyn, S., Hardy, G. E., Barkham, M., & Stiles, W. (2008). Alliance ruptures and rupture resolution in cognitive-behavior therapy: A preliminary task analysis. *Psychotherapy Research, 18*(6), 699-710. https://doi.org/10.1080/10503300802291463

Baker, J., McHale, J., Strozier, A., & Cecil, D. (2010). Mother-grandmother coparenting relationships in families with incarcerated mothers: A pilot investigation. *Family Process, 49*(2), 165-184. https://doi.org/10.1111/j.1545-5300.2010.01316.x

Bartle-Haring, S., Glebova, T., Gangamma, R., Grafsky, E., & Delaney, R. O. (2012). Alliance and termination status in couple therapy: A comparison of methods for assessing discrepancies. *Psychotherapy Research, 22*(5), 502-514. https://doi.org/10.1080/10503307.2012.676985

Benson, L. A., McGinn, M. M., & Christensen, A. (2012). Common principles of couple therapy. *Behaviour Therapy, 43*(1), 25-35. https://doi.org/10.1016/j.beth.2010.12.009

Biesen, J. N., & Doss, B. D. (2013). Couples' agreement on presenting problems predicts engagement and outcomes in problem-focused couple therapy. *Journal of Family Psychology, 27*(4), 658-663. https://doi.org/10.1037/a0033422

Bowen, M. (1984). *La différenciation du soi*. ESF.

Buehlman, K. T., Gottman, J. M., & Katz, L. F. (1992). How a couple views their past predicts their future: Predicting divorce from an oral history interview. *Journal of Family Psychology, 5*(3), 295-318. https://doi.org/10.1037/0893-3200.5.3-4.295

Carneiro, C., Vaudan, C., Duc-Marwood, A., Darwiche, J., de Roten, Y., & Despland, J.-N. (2012). *Manuel psychothérapeutique: L'intervention systémique brève intégrative [Psychotherapy manuel: The integrative brief systemic intervention]* (version 1.0). Centre hospitalier universitaire vaudois.

Cazes, P. (2004). Quelques methodes d'analyse factorielle d'une série de tableaux de donnees. *Revue MODULAD, 31*, 1-31.

Cho, S., Cui, M., & Claridge, A. M. (2020). Perceived coparenting support and later relationship status among cohabiting parents. *The American Journal of Family Therapy, 48*(2), 177-194. https://doi.org/10.1080/01926187.2019.1684852

Cook, J. C., Schoppe-Sullivan, S. J., Buckley, C. K., & Davis, E. F. (2009). Are some children harder to coparent than others? Children's negative emotionality and coparenting relationship quality. *Journal of Family Psychology, 23*(4), 606-610. https://doi.org/10.1037/a0015992

Darwiche, J., Vaudan, C., Imesch, C., Eira Nunes, C., Carneiro, C., Favez, N., & de Roten, Y. (2021). *Parents in couple therapy: An intervention targeting coparenting and romantic relationships*.

Delvecchio, E., Sciandra, A., Finos, L., Mazzeschi, C., & Di Riso, D. (2015). The role of co-parenting alliance as a mediator between trait anxiety, family system maladjustment, and parenting stress in a sample of non-clinical Italian parents. *Frontiers in Psychology, 6*, 1-8. https://doi.org/10.3389/fpsyg.2015.01177

Doss, B. D., Mitchell, A., Georgia, E. J., Biesen, J. N., & Rowe, L. S. (2015). Improvements in closeness, communication, and psychological distress mediate effects of couple therapy for veterans. *Journal of Consulting and Clinical Psychology, 83*(2), 405-415. https://doi.org/10.1037/a0038541

Eira Nunes, C., Pascual-Leone, A., de Roten, Y., Favez, N., & Darwiche, J. (2021). Resolving coparenting dissatisfaction in couples: A preliminary task analysis study. *Journal of Marital & Family Therapy, 47*(1), 21-35. https://doi.org/10.1111/jmft.12450

Englar-Carlson, M., & Shepard, D. (2005). Engaging men in couples counseling: Strategies for overcoming ambivalence and inexpressiveness. *The Family Journal: Counseling and Therapy for Couples and Families, 13*(4), 383-391. https://doi.org/10.1177/1066480705278467

Feinberg, M. E., Kan, M. L., & Goslin, M. C. (2009, Sep). Enhancing coparenting, parenting, and child self-regulation: Effects of family foundations 1 year after birth. *Prevention Science, 10*, 276-285. https://doi.org/10.1007/s11121-009-0130-4

Friedlander, M. L., Lee, M., & Escudero, V. (2019). What we do and do not know about the nature and analysis of couple interaction. *Couple and Family Psychology: Research and Practice, 8*(1), 24-44. https://doi.org/10.1037/cfp0000114

Gamer, M., Lemon, J., Fellows, I., & Singh, P. (2019). Irr: Various coefficients of interrater reliability and agreement https://CRAN.R-project.org/package=irr

Gelo, O. C. G., & Manzo, S. (2015). Quantitative approaches to treatment process, change process, and process-outcome research. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcome* (pp. 247-272). Springer-Verlag Wien. https://doi.org/10.1007/978-3-7091-1382-0_13

Gordis, E. B., Margolin, G., & Garcia, H. (1996). *Marital coding system*.

Greenberg, L. S. (1984). Task analysis: The general approach. In L. N. Rice & L. S. Greenberg (Eds.), *Patterns of change* (pp. 126-184). Guilford.

Hahlweg, K., Kaiser, A., Christensen, A., Fehm-Wolfsdorf, G., & Groth, T. (2004). Self-report and observational assessment of couples' conflict: The concordance between

the communication patterns questionnaire and the KPI observation system. *Journal of Marriage and Family, 62*(1), 61-67. https://doi.org/10.1111/j.1741-3737.2000.00061.x

Haley, J. (1963). *Strategies of psychoterapy*. Grune & Stratton. https://doi.org/10.1037/14324-000

Hardy, G. E., & Llewelyn, S. (2015). Introduction to psychotherapy process research. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcome* (pp. 183-194). Springer-Verlag Wien. https://doi.org/10.1007/978-3-7091-1382-0_9

Heatherington, L., Friedlander, M. L., Diamond, G., Escudero, V., & Pinsoff, W. M. (2015). 25 years of systemic therapies research: Progress and promise. *Psychotherapy Research, 25*(3), 348-364. https://doi.org/10.1080/10503307.2014.983208

Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*(1), 12-19. https://doi.org/10.1037/0022-006X.59.1.12

Kazdin, A. E. (2009). Understanding how and why psychotherapy leads to change. *Psychotherapy Research, 19*(4-5), 418-428. https://doi.org/10.1080/10503300802448899

Kerig, P. K., & Baucom, D. H. (2004). *Couple observational coding systems*. Lawrence Erlbaum Associates.

Krippendorff, K. (1980). *Content analysis: An introduction to its methodology*. Sage.

Lam, C. B., Tam, C. Y. S., Chung, K. K. H., & Li, X. (2018). The link between coparenting cooperation and child social competence: The moderating role of child negative

affect. *Journal of Family Psychology, 32*(5), 692-698. https://doi.org/10.1037/fam0000428

Le, S., Josse, J., & Husson, F. (2008). FactoMineR: An R package for multivariate analysis. *Journal of Statistical Software, 25*(1), 1-18. https://doi.org/10.18637/jss.v025.i01

McHale, J. P., Kuersten-Hogan, R., & Lauretti, A. (2001). Evaluating coparenting and family-level dynamics during infancy and early childhood: The coparenting and family rating system. In P. K. Kerig & K. M. Lindahl (Eds.), *Family observational coding systems: Resources for systemic research*. Lawrence Erlbaum Associates.

McHale, J. P., & Lindahl, K. M. (2011). *Coparenting: A conceptual an clinical examination of family systems*. American Psychological Association.

Mendez, L. R., Loker, T., Fefer, S., Wolgemuth, J. R., & Mann, A. (2015). "Either come together or fall apart": Coparenting young children with challenging behaviors. *Couple and Family Psychology: Research and Practice, 4*(2), 74-91. https://doi.org/https://doi.org/10.1037/cfp0000039

Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.

Morrill, M. I., Hines, D. A., Mahmood, S., & Cordova, J. V. (2010). Pathways between marriage and parenting for wives and husbands: The role of coparenting. *Family Process, 49*(1), 59-73. https://doi.org/10.1111/j.1545-5300.2010.01308.x

Mörtl, K., & Gelo, O. C. G. (2015). Qualitative methods in psychotherapy process research. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process and outcome* (pp. 381-424). Springer-Verlag Wien. https://doi.org/10.1007/978-3-7091-1382-2_20

Oka, M., Whiting, J., & Reifman, A. (2015). Observational research of negative communication and self-reported relationship satisfaction. *The American Journal of Family Therapy, 43*, 378-391. https://doi.org/10.1080/01926187.2015.1052311

Oppenheim, D., & Koren-Karie, N. (2002). Mothers' insightfulness regarding their children's internal worlds: the capacity underlying secure child-mother relationships. *Infant Mental Health Journal, 23*(6), 593-605. https://doi.org/10.1002/imhj.10035

Pascual-Leone, A., & Greenberg, L. S. (2007). Emotional processing in experiential therapy: Why "the only way out is through". *Journal of Consulting and Clinical Psychology, 75*, 875-887. https://doi.org/10.1037/0022-006X.75.6.875

Pascual-Leone, A., Greenberg, L. S., & Pascual-Leone, J. (2014). Task analysis: New developments for programmatic research on the process of change. In W. Lutz & S. Knox (Eds.), *Quantitative and qualitative methods in psychotherapy research* (pp. 249-272). Routledge.

R Core Team. (2013). *R: A languag and environment for statistical computing*. http://www.R-project.org/.

Safran, J., Abreu, I., Ogilvie, J., & DeMaria, A. (2011). Does psychotherapy research influence the clinical practice of researcher-clinicians? . *Clinical Psychology : Science and Practice, 18*(4), 357-371. https://doi.org/10.1111/j.1468-2850.2011.01267.x

Schoppe-Sullivan, S. J., Settle, T., Lee, J.-K., & Kamp, C. M. (2016). Supportive coparenting relationship as a haven of psychological safety at the transition to parenthood. *Research in Human Development, 13*(1), 32-48. https://doi.org/10.1080/15427609.2016.1141281

Sevier, M., Simpson, L. E., & Christensen, A. (2004). Observational coding of demand-withdraw interactions in couples. In P. K. Kerig & D. H. Baucom (Eds.), *Couple observational coding systems* (pp. 159-172). Routledge.

Shapiro, A. F., & Gottman, J. M. (2005). Effects on marriage of a psycho-communicative-educational intervention with couples undergoing the transition to parenthood, evaluation at 1-year post intervention. *The Journal of Family Communication, 5*, 1-24. https://doi.org/10.1207/s15327698jfc0501_1

Talbot, J. A., & McHale, J. P. (2004). Individual parental adjustment moderates the relationship between marital and coparenting quality. *Journal of Adult Development, 11*(3), 191-205. https://doi.org/10.1023/B:JADE.0000035627.26870.f8.

Wampler, K. S., & Harper, J. M. (2017). Observational research. In R. B. Miller & L. N. Johnson (Eds.), *Advanced methods in family therapy research: A focus on validity and change* (pp. 230-246). Routledge.

Welch, T. S., Lachmar, E. M., Leija, S. G., Easley, T., Blow, A. J., & Wittenborn, A. K. (2019). Establishing safety in emotionally focused couple therapy: A single-case process study. *Journal of Marital & Family Therapy, 45*(4), 621-634. https://doi.org/10.1111/jmft.12398

Woldarsky Meneses, C., & Greenberg, L. S. (2011). The construction of a model of the process of couples' forgiveness in emotion-focused therapy for couples. *Journal of Marital & Family Therapy, 37*(4), 491-502. https://doi.org/10.1111/j.1752-0606.2011.00234.x

Zuccarini, D., Johnson, S. M., Dalgleish, T. L., & Makinen, J. A. (2013). Forgiveness and reconciliation in emotionally focused therapy for couples: the client change process and therapist interventions. *Journal of Marital & Family Therapy, 39*(2), 148-162. https://doi.org/10.1111/j.1752-0606.2012.00287.x

This chapter proposed a first verification of the model of resolving coparenting dissatisfaction. In the therapy sessions of two contrasting couples, we observed that the couple with improved interaction quality after therapy resolved their coparenting dissatisfaction according to the previously presented model of change. The couple whose interactions tended to worsen after therapy failed to resolve their coparenting dissatisfaction. This verification revealed the first evidence of the relevance of our model to understanding how change occurs in the IBSI and how in-session coparenting change may be related to therapy outcome such as interaction quality.

In the following section, we discussed the main contributions of these four chapters for the literature, clinical practice, and practice-oriented research.

General Discussion

In this general discussion, we first discuss the findings revealed through our four studies to highlight our potential contribution to the literature. We then discuss limitations and future perspectives for this research. Subsequently, we present the implications of this thesis for clinical practice in terms of applicability of our findings to practice and of learning for practice-oriented research. Finally, we open the discussion by reflecting on the integration of our research in the current social and scientific framework and the potential developments for research.

Contribution to the Literature

In this thesis, we aimed to document how couple therapy may work on the coparenting relationship and to observe the nature of changes related to this specific therapeutic work. These purposes involved four questions that were addressed by four individual studies:

1. How effective is the work on the coparenting relationship? (Chapter 1)
2. How can therapists target the coparenting relationship in couple therapy? (Chapter 2)
3. How does coparenting work shape couple's changes within couple therapy sessions? (Chapter 3)
4. Does the model of resolving coparenting dissatisfaction apply to a contrasting sample? (Chapter 4)

In the next sections, we review this thesis's main contribution to the literature by synthesizing the answers we provided to the aforementioned questions. Finally, we focus on the main objectives of this thesis and synthesize this thesis' broader contribution.

1. How Effective Is the Work on the Coparenting Relationship?

The first answer provided by this thesis supports the relevance of the work on the coparenting relationship within intervention and prevention programs. Through the

systematic review and meta-analysis, we underscored that working on the coparenting relationship was effective for specific populations of parents. The computed effect size of coparenting programs was small but significant. Coparenting programs appeared to be efficacious in improving parents' well-being and coparenting- and romantic-related outcomes but did not consistently affect child-related outcomes.

Given the high number of articles evaluating coparenting programs within the literature, a systematic review and meta-analysis provided an accessible summary of research-based evidence that may be useful to researchers and clinicians. This summary may be subsequently incorporated into healthcare decisions (Higgins & Green, 2008; Mulrow, 1994). This study allowed us to identify, appraise, and synthesize evidence on the existence of coparenting programs and their efficacy for couples. Findings appeared encouraging for therapy research and may suggest the relevance of coparenting work within couple interventions such as couple therapy. Thus, it appeared relevant to investigate coparenting work further within couple therapy.

2. How Can Couple Therapists Target the Coparenting Relationship?

Given the larger framework of this thesis, when exploring how to target coparenting within couple therapy, we focused on an integrative couple therapy investigated within the RCT from which we drew our data (the IBSI). This specific couple therapy integrates work on the coparenting relationship with the more traditional work on the romantic relationship. Our main contribution was to present the IBSI's main objectives related to the integration of coparenting work within couple therapy. These four objectives were (a) defining the couple's problem within and in relation to the coparenting relationship; (b) encouraging shared concern for the children; (c) mobilizing both partners to change for their children's well-being; and (d) transferring coparenting resources into the romantic relationship. Achieving these objectives involved specific IBSI strategies to meet the needs of couples

presenting with romantic issues (Darwiche et al., 2021), which is the most common reason couples seek therapy (Doss et al., 2004). Some of these strategies were also presented in the chapter and document concrete operationalization of IBSI objectives.

This second chapter also provides the first evidence of the benefits of integrating coparenting work into couple therapy. Through the preliminary analysis of the impact of the IBSI, we revealed its promising effects on couples' satisfaction and individual well-being. Results regarding coparenting were unclear and needed further investigation. Indeed, we did not find direct effects of the IBSI on coparenting outcomes. However, positive changes in coparenting triangulation appeared to predict clinical changes in coparenting, romantic, and individual outcomes. Improving coparenting triangulation—and by extension the quality of the coparenting relationship—may be essential to the therapeutic success of the IBSI. These preliminary findings appeared to promote further investigation of the nature of coparenting changes in IBSI and supports our subsequent process studies.

3. How Does Coparenting Work Shape Couples' Changes During Couple Therapy Sessions?

Through our process study, this thesis surely contributes to couple therapy research by providing knowledge on what happens to parents with coparenting issues within couple therapy. In the preliminary task analysis study, we theorized, observed, and finally described the process unfolding when couples resolved their coparenting issues in IBSI. Our final model resulted from the articulation of both theory and observation. The six essential steps identified were awareness of coparenting dissatisfaction, reflection on negative coparenting dynamics, insightfulness, innovation, validation, and coparenting we-ness. Modeling the process of resolving coparenting dissatisfaction allowed us to identify aspects specific to couples' experiences of coparenting work within the IBSI. We identified

the literature on insight (e.g., Heatherington & Friedlander, 2007; Oppenheim & Koren-Karie, 2002) and we-ness (e.g., Reid et al., 2006; Skerrett, 2015) as relevant to understand in-session coparenting change in the IBSI. These findings on the model of resolving coparenting dissatisfaction could possibly be extended to other types of couple therapy with parents. Thus, this chapter is the first to document a possible process undertaken by parents within couple therapy.

4. Does the Model of Resolving Coparenting Dissatisfaction Apply to a Contrasting Sample?

Following the task analysis method (Pascual-Leone et al., 2014), Chapter 4 answered positively the question of the applicability of our model to an independent contrasting sample. The verification study showed the first evidence of the relevance of the model in resolving coparenting dissatisfaction. Indeed, almost all the steps of the model were completed in the case that improved after therapy, whereas only two steps were completed in the case that worsened after therapy. Only the step of coparenting we-ness was not verified within this study and would need further verification.

This study also underscored the relationship between the process under study and independent outcomes, such as the couple's interaction quality during videotaped discussions. This chapter underscored the relevance of our model of coparenting change to describe couples' changes in couple therapy and discriminate between couples who improve and those who do not.

Conclusion

This thesis documented how couple therapy addresses and works on coparenting and how working on coparenting within couple therapy may induce change in couples. One of our main results was to draw attention to couples of parents and the relevance of considering the coparenting relationship in couple therapy research. For this thesis, we

reviewed a range of strategies that can allow work on the coparenting relationship within couple therapy (Chapter 2). We presented some strategies specific to the IBSI, but more broadly, common strategies identified in coparenting programs could inspire couple therapy. We could postulate that strategies frequently offered in coparenting programs, such as psychoeducation on coparenting and skills training on coparenting support and communication, may effectively promote couples' improvement beyond coparenting programs.

In addition to documenting how to work on coparenting, this thesis involved an exploration of the nature of change induced by coparenting work. This exploration included both outcome and process studies. The findings presented in this thesis (Chapters 1 and 2) supported the relevance of coparenting work for couples of parents as we revealed by the RCTs included in the meta-analysis and the preliminary analyses of IBSI impact on therapy outcomes. The second part of this thesis (Chapters 3 and 4) was focused on the process that unfolds when parents work on their coparenting relationships within a couple therapy (i.e., IBSI). We thus provided a model of change describing the nature of coparenting changes as experienced by couples during IBSI sessions. Our model of resolving coparenting dissatisfaction may thus map coparenting changes during couple therapy. Therefore, it may inform researchers and clinicians on how couples may concretely improve their coparenting issues in couple therapy. It may also document the couple's progress over therapy sessions and help predict which couples are more likely to improve their outcomes by the end of therapy.

Limitations and Future Perspectives

This research comprised some limitations related to the samples we used, the limited attention given to the therapist's role within couple therapy, and the near absence of direct consideration of the children's perspective. In addition to discussing limitations, we propose future perspectives to overcome these limitations.

Samples

In this research, we faced several limitations related to sample heterogeneity and sample size. First, in the systematic review and meta-analysis, our sample of studies was characterized by moderate heterogeneity. Heterogeneity limited the interpretation of results and complicated the synthesis of the systematic review. In the meta-analysis, the heterogeneity of the programs prevented us from differentiating intervention effects from random effects (Higgins & Green, 2008). Our sample's heterogeneity was related to its size. Including a greater number of studies could have mitigated the effects of heterogeneity or enabled a focus on a specific type of coparenting program, reducing the range of programs included in the review. A larger sample of included study could have reduced the impact of this limitation and allowed more assertive conclusions on the efficacy of coparenting programs.

The other studies included in this thesis were also affected by limitations related to sample size. Our research is characterized by its preliminary nature and the use of small samples. In the second chapter, the use of a limited sample allowed initial exploration of an ongoing RCT. Further investigation of the IBSI on the whole RCT sample should evaluate the efficacy of the IBSI and potentially further verify our preliminary results.

Preliminary data appeared useful in guiding and encouraging our later process studies because we were able to underscore the promising relevance of the IBSI. Process studies were based on small-sample analysis. In-depth qualitative analyses were only

feasible on a reduced sample size. However, the small sample size limits the generalizability of our results. Future studies are needed to verify our model of change on larger samples and/or on other couple therapies.

The Therapist's Role

In this thesis, we identified another limitation related to our couple-centered approach. Apart from Chapter 2 that presented several therapist's interventions related to coparenting work in IBSI, we know little about therapeutic interventions and practical work on the coparenting relationship within couple therapy. The process research was focused on couples' change and excluded therapists' interventions. In the task analysis method, taking a client-centered approach typically allow to consider clients as the main actors in their own changes (Greenberg, 2007). This approach was also intended to allow the mapping of changes as experienced by couples.

Of course, we do not imply that therapists' interventions were irrelevant and superfluous. We considered therapists an important part of the framework that facilitates change. Several task analysis studies have investigated processes including therapist interventions (Anderson et al., 2020; Zuccarini et al., 2013) or the client–therapist relationship (e.g., Aspland et al., 2008). Therefore, future research on the process of resolving coparenting dissatisfaction should include therapists' interventions to better understand which interventions promote change from coparenting dissatisfaction to coparenting satisfaction. Such research would more directly address the ties between the IBSI framework and the change process under study and allow a better understanding of which steps of the process are more strongly related to specific interventions proposed in the IBSI manual (Carneiro et al., 2012; Darwiche et al., 2021). For example, we could explore whether therapist interventions such as systematically investigating the coparenting relationship, drawing attention to the children's experience, and giving homework such as

going out without the children or scheduling a time to discuss about coparenting decisions, were related to reflection on the negative coparenting dynamics, insightfulness, innovation, etc. In addition, this exploration could be conducted in any other types of couple therapy, allowing both the verification of the applicability of the process to other therapies (Pascual-Leone et al., 2014) and the identification of couple therapists' interventions that promote coparenting process. This line of research would also provide more practical insights to inform therapist work by identifying tools that are useful in facilitating coparenting progress. Therapists could thus adapt their practice and emphasize aspects enhancing changes (Hardy & Llewelyn, 2015; Pinsof & Wynne, 2000).

The Children's Perspective

The last limitations we ought to discuss concern the children and the absence of their direct inclusion in this research. Children are indirectly present as objects of study (how coparenting work benefits children) and as motivation for couples' change (taking children's perspective is essential to facilitating change). Children were thus considered but never directly included.

Based on the empirical literature (e.g., Teubert & Pinquart, 2010), we predicted a positive impact on children's well-being from interventions that enhance coparenting quality. Nevertheless, we were not able to verify this hypothesis in this research. First, results of the meta-analysis were inconclusive regarding child-related outcomes. We were thus not able to support the efficacy of coparenting interventions on children-related outcomes. In the subsequent studies, we did not assess children's well-being. Within the broader RCT from which this research was drawn, parents completed a hetero-reported measure regarding their child's adjustment; however, this measure was not included in the research (Chapters 2 to 4) since it can be considered a more distal outcome of couple therapy. In this thesis, we focused on in-session changes and proximal outcomes such as

coparenting quality, parents' interaction quality, and marital satisfaction, which were more directly related to what happened during therapy.

Child-related outcomes should be assessed in the long term, with follow-up measures beyond 6 months (Miller-Graff et al., 2015). Indeed, couple therapy might affect children through lengthy processes like positive spillover from improved romantic and coparenting relationships to parent–child relationships and children's well-being (e.g., Baril et al., 2007; Parkes et al., 2019). Therefore, at this stage of our research, we cannot conclude on the impact of working on coparenting on children. Future studies should include long-term measures of children's well-being to document the long-term effects of coparenting work on children.

Finally, the children's perspective was identified as an important factor in couples' changes related to coparenting. However, we only had access to the adults' perceptions of children's perspectives; there might be important discrepancies between parents' views of children and the children's actual experiences. Research has repeatedly reported discrepancies between children and parents' reports regarding children's well-being (e.g., López-Pérez & Wilson, 2015; Treutler & Epkins, 2003). For instance, López-Pérez and Wilson (2015) found that parents tend to overestimate and underestimate their 10- and 15-years-olds' happiness, respectively. According to authors who supported the explanation proposed by Lagattuta et al. (2012), these discrepancies between parent and child reports may be due to parents' "egocentric bias," whereby parents use their own emotional states as reference to postulate on those of their children. Parents of children are thus happier than parents of adolescents, who experience higher negative affect in their relationships with the adolescents and may perceived their adolescents as moody (López-Pérez & Wilson, 2015). Parents may thus be biased by their own emotional experience when reflecting about their children's.

Furthermore, children react to parents' difficulties in various ways, and all children may not be affected by parents' difficulties to the same extent. The assumption that a child suffers due to parents' difficulties might be erroneous in some situations (e.g., Davies et al., 2016; Grych et al., 2000). For instance, Davies et al. (2015, 2016) have shown that the impact of interparental conflict depends on the children's reactivity to conflict. Highly involved children are more likely to be negatively impacted by parents' conflicts. Beyond the level of involvement, the way children reacted to conflict also appears essential. For instance, Davies et al. (2016) explored the distinctive consequences of four different patterns of interactions (*secure*—children react punctually when direct interpersonal threat is perceived, *mobilizing*—children display distress, *demobilizing*—children lay low to avoid self-threat, and *dominant*—children directly manage the threat). Children's patterns of reactivity were associated with specific difficulties as internalizing and externalizing problems, but also strengths such as self-regulation and extraversion (Davies et al., 2016). According to the emotional security theory, strategies used by parents in conflict are also essential and determines the level of constructiveness and destructiveness (Cummings & Davies, 2010). Children are more likely to perceive threats in interparental conflict and to be negatively impacted by conflicts characterized by high verbal hostility and physical aggression (i.e., high destructiveness). On the other hand, constructive interparental conflict characterized by high solution orientation, calm discussion, support and affection predicted children's well-being (e.g., Zemp et al., 2020).

Therefore, several external and child-related factors may influence the relation between couples' change and children's well-being such as the children's temperament (e.g., Lam et al., 2018), their perception of parents' difficulties (e.g., Grych et al., 2000), and the quality of parent–child (e.g., Martin et al., 2017) or sibling relationships (e.g., Davies et al., 2019). Further investigations should consider child-related factors, for

example children's temperaments, as moderators. Researchers could also explore the child's perception of parents' difficulties more directly. Such exploration would allow verification of children actual experiences. Researchers could then evaluate whether children's actual experiences corresponded to parents' perceptions and if these experiences influenced the process of change in some way.

Contribution to Clinical Practice

This research has several direct implications for clinical practice. In this section, we briefly review findings that may inform clinicians' practice as well as the implications of conducting research that requires a research–practice collaboration. Indeed, it appeared not only that our findings can be applied to therapy and clinical practice but also that our experience of the challenges and enrichments of collaborating with clinicians may inform future practice-oriented research.

Findings to Consider for Clinicians

In this thesis, we highlighted the relevance of working on the coparenting relationship for couples' well-being, measured through individual symptomatology, romantic satisfaction, coparenting quality, and observation of interaction quality. Our findings emphasized the relevance of integrating coparenting work into couple therapy as done in the IBSI intervention. However, this research may have broader application and coparenting work may not be limited to IBSI sessions but may also be relevant in other therapies for parents.

By conducting process studies with a qualitative approach, we provided findings on the coparenting process based on what actually happened in therapy. These findings allowed us to identify some key ingredients in resolving coparenting dissatisfaction such as reflection on the coparenting dynamic, insightfulness regarding the child's experience, and coparenting we-ness. These ingredients were reflected in the six steps we described in our model of change. We could potentially refine and develop these ingredients by working with clinicians to identify and test which interventions facilitate couples' engagement in each step of the process. For example, we could create a focus group on insightfulness, asking couple therapists which interventions they would prefer to facilitate exchanges about the children's experiences. According to IBSI, the circular questioning (Selvini et al.,

1980) can be one interesting intervention to promote this reflection. We could also explore whether other interventions, such as observation of children's reactions to conflict or introspection of their own experience as children, might be useful. The group could then develop a list of these interventions so that we could further test which one is more likely to enhance insightfulness in couple therapy.

Moreover, our model of resolving coparenting dissatisfaction provides a map of the steps and pitfalls of couple changes when working on coparenting issues. This map may inform therapists regarding couples' progress within sessions and may facilitate decision-making regarding which aspects need additional work. For example, if one of the partners discussed about having tried to change their coparenting behavior (the innovation step), the therapist may explore whether the other partner has noticed the change and his or her opinion regarding this change. According to the six-step model, it is indeed important that the innovation be followed by the validation step.

Our research also revealed that the resolution of coparenting dissatisfaction was a couple task. However, partners can be unequally invested in the process without jeopardizing the couple's process. This finding may have important clinical implications given that engaging both partners equally in couple therapy is often challenging for therapists (e.g., Englar-Carlson & Shepard, 2005; Oka et al., 2020).

Research–Practice Collaboration

This thesis was part of a larger RCT project and aimed to explore specific aspects, such as coparenting changes, that were not addressed by the RCT. As a PhD student on this project, I was directly involved in the monitoring and execution of the project. I thus witnessed the benefits and challenges of conducting psychotherapy research in a natural setting.

One main achievement of the project was the collaboration between researchers and clinicians. This research on couple therapy indirectly sheds light on the importance and benefit of research–practice collaboration. This study depended on the quality of the collaboration between research teams and many clinical practices, and this beneficial collaboration allowed researchers access to precious and rare clinical data. In this section, we underscore the challenges, the tremendous enrichments, and learning experiences we encountered in the process. We were guided in our reflection by a special issue of the *Psychotherapy Research* journal that reviewed contributions to practice-oriented research in various countries and naturalistic settings (Castonguay & Muran, 2015). The narrative of these experiences appeared to fit our own experience in terms of challenges and benefits encountered in this research.

One of the main challenges identified by Koerner and Castonguay (2015) was the incompatibility between research procedure and clinicians' workflows. Although in this project, research procedures were designed to be adjusted to each clinical practice, research tasks potentially complicated clinical routines. Clinical tasks are conditioned by a high demand for clinical productivity and short windows of time between sessions (Koerner & Castonguay, 2015). Moreover, the necessity to consider research protocol might interfere with the clinicians' work, distracting them from patients' issues (Fernandez-Alvarez et al., 2015). Clinicians may thus be concerned that research could negatively affect patients and the therapeutic relationship, and they may not perceive the research as clinically helpful (Castonguay et al., 2015). These concerns are likely to weaken clinicians' engagement and may have played a role in our research.

In our research, despite clinicians' motivation and commitment to the research, recruitment and data collection were affected by the aforementioned challenges. To minimize such concerns, we tried to support clinicians by keeping track of the therapeutic

process, sending reminders, and offering all the instrumental support possible. However, data essential to this research was sometimes missing. For instance, some sessions were not recorded or were recorded with insufficient quality, or some questionnaires were not transmitted to patients. In some cases, lack of communication or miscommunication between researchers and clinicians may have jeopardized the retention of participants. Castonguay et al. (2015) have noted that problems related to communication are inherent in this kind of study because they involve multiple collaborations of participants with various temporalities and priorities.

Other strategies to improve the collaboration were implemented. These strategies brought many benefits for the research team and the quality of this research. We included clinicians in the research as often as possible in practical aspects such as the recruitment procedure, but also in data analysis and publication of findings. We also offered them glimpses of our work. We regularly discussed with clinicians over group supervision. Initially, group supervisions were offered to ensure clinicians' adherence to IBSI. However, beyond this first purpose, these meetings offered the research team opportunities to share interesting empirical findings from the literature or directly from the ongoing studies.

As Castonguay et al. (2010) revealed in their qualitative study, clinicians may need quick answers to the questions they encounter in their practice and can be frustrated by the time that researchers frequently need to present or publish answers to these questions. These meetings could thus provide some answers and at least nurture clinicians' reflections and questions. Garland & Brookman-Frazee (2015) also noted that power dynamics may influence the way that researchers and clinicians collaborate and communicate. They stressed the danger of building a partnership based on a unidirectional exchange of knowledge, as it may trigger power dynamics that prevent good collaboration. In line with

this advice, our meetings were characterized by rich dialogues on possible clinical implications of findings and questions raised by the research.

The research–practice dialogue was essential to ensure the kind of high-quality research likely to inspire clinicians and researchers. This collaboration offered various perspectives on the findings for the research team while potentially demonstrating to clinicians the benefit of challenging their practice based on research findings.

Opening

In this section, we reflect on the integration of our research topic in the current social and scientific framework. We wondered if the reasons for conducting research on coparenting work was self-evident. Was there a larger context that justified the study of coparenting within therapy now and not 20 years ago? To nurture our reflection, we briefly review three main perspectives that are likely to be interrelated: the research, social, and parents' perspectives. We finally speculate about potential developments from the research.

Is Research on Coparenting Work a Fundamental Necessity or a Topical Issue?

In this thesis, we focused on the importance of coparenting within couple therapy—more precisely, on coparenting work in couple therapy. The focus of our research was guided by empirical findings on the coparenting relationship, supporting its paramount importance for couple and family functioning. However, we identified a gap in the psychotherapy research, as coparenting as an outcome and a target of intervention has been widely overlooked.

Retrospectively, our results supported the relevance of studying coparenting work in couple therapy, as it appeared to benefit parents even when they sought therapy for issues unrelated to coparenting. We also outlined that parents in couple therapy engaged in resolution of their coparenting issues. These results revealed the potential of coparenting work for parents in couple therapy.

However, this interest comes at a moment within a defined framework. A variety of factors may have facilitated the emergence of this topic and drawn our attention to coparenting work. We do not pretend to have been exhaustive nor to ascertain the influence that each of these factors had on our initial choice. We mainly aimed to acknowledge the potential influence of a larger framework on our interest in the coparenting relationship.

Indeed, research on coparenting work appears to be both a fundamental necessity and a topical issue.

The Research Perspective

Historically, the first studies investigating coparenting aimed to define the impact of couples' divorce on the nature of post-divorce coparenting and, by extension, on children (e.g., Ahrons, 1981; Maccoby et al., 1993). Researchers may have responded to public concerns regarding increases in divorces and its impact on children's well-being. Research on coparenting interventions, as well as on coparenting more broadly, has always been closely related to concerns about children's well-being. After focusing on coparenting conflicts within divorced families, researchers investigated the coparenting relationship more broadly, focusing on negative and positive dimensions within intact families (e.g., Gable et al., 1994; Margolin et al., 2001). Empirical research on the coparenting relationship revealed its importance in understanding family functioning in various family forms (e.g., Farr & Patterson, 2013; McHale & Lindahl, 2011) and that all children are coparented (McHale et al., 2019). Approaching the family through a triadic perspective, as in the study of coparenting (McHale et al., 2004), provides a broader lens that may more accurately capture the complexity of human relationships within the family. Empirical studies have outlined the centrality of the coparenting relationship and defended its importance in the study of couples of parents.

The Social Perspective

From the postwar period to current times, relationship and roles within the family have changed considerably. Over the years, the child's place within the family has grown and children's well-being and development has become a main concern for the European society (e.g., Neyrand, 2012; Zermatten, 2017). The interest in coparenting from both research and clinical practice was driven by children's interests (McHale et al., 2019;

Rodrigo, 2010). Better understanding work on coparenting could thus be interpreted as an indirect attempt to prevent negative impacts of couples' difficulties on children and promote children's well-being.

Another important change within families concerns parental function. From women's emancipation in the 1970s to contemporary mobilizations for matters such as paternity leave and egalitarian values, societal norms regarding the mother's and father's roles in parenting have changed (Neyrand et al., 2013). A comparative study showed that Swiss couples adopted egalitarian values more frequently than did other European couples such as Italian and Portuguese couples that reported more traditional values (Fontaine et al., 2006). The relation between values and behaviors is neither direct nor linear. On the contrary, we can easily spot a paradox between egalitarian values and inegalitarian practices in our Western society (Bühlman et al., 2010). This paradox appears even truer in Switzerland, which is also the country that introduced women's suffrage in 1971 at the federal level—53 years later than Germany, for example—and in 1991 for the last canton (Federal Statistical Office, 2021) and that instituted shared parental custody only in 2014 (Cottier, 2017). In their studies, Bühlman et al. (2010) identified a shift in many Western countries from egalitarian to gendered practices at the transition to parenthood. This shift appeared irreversible in Switzerland as the children grow, mainly because of the lack of welfare policies that favor families and dual-earners (Bühlman et al., 2010). However, values imply expectations regarding behaviors and guide the individuals' attention to what is acceptable and desirable (Fontaine et al., 2006). As Swiss couples seem more likely to defend egalitarian values than other European couples, they may be more concerned about the paradox between their desire for equity and their gendered practices. Questions regarding coparenting may be more salient and thus could be more easily brought up within couple therapy.

Moreover, in view of the increase in divorces, the adoption of shared parental authority also reflects public concern regarding the quality and continuity of the coparenting relationship (Filion, 2017), which is perceived as an unbreakable bond that will survive a couple's dissolution (Neyrand, 2012). The coparenting relationship thus appeared as a central preoccupation, and its high quality may be seen as requisite for maintaining a model family.

As stated by Van Egeren and Hawkins (2004), "a coparenting relationship exists when at least two individuals are expected by mutual agreement or societal norms to have conjoint responsibility for a particular child's well-being" (p. 166). Coparenting is thus entangled in societal norms and cannot be studied and thought of independently from these norms and their transformation over the years.

The Parents' Perspective

Transition to parenthood may result from an important and timely decision-making process. This decision-making process has been shown to be a more individual process than a couple process. Indeed, Matias and Fontaine (2017) found that partners' intentions to have a first child were predicted more by their own motivations than by their partners'. Partners were motivated to become parents when they perceived no or only irrelevant obstacles to and sacrifices from the child's arrival (Matias & Fontaine, 2017). Having experienced this process, first-time parents, at least mothers in Switzerland, now tend to be older on average than before (Federal Statistical Office, 2020). Couples may encounter difficulties related to the re-traditionalization of couples after childbirth (Biehle & Mickelson, 2012; Höfner et al., 2011). Subsequently, mothers are likely to be dissatisfied by the load of household tasks that fall on them (Berrut et al., 2019). Studies have also demonstrated that they reported less enjoyment in child-related tasks (Nelson-Coffey et al.,

2019). These findings suggest that mothers are more likely to be frustrated and dissatisfied within their parenting and coparenting relationships.

Fathers appeared to more easily enjoy parenting tasks, and they were more likely to find fulfillment in fatherhood (Nelson et al., 2013; Nelson-Coffey et al., 2019). Nonetheless, fathers may be confronted with uncertainties regarding their role within the coparenting relationship. The role that was once attributed to fathers has been demeaned, as parenting practices traditionally associated with fathers, such as authority and constraints, are now socially condemned (Ferrand, 2004). Good parents, as scripted by social conventions, are emotionally engaged with their children and thus the role of both parents is now more closely related to the traditional portrait of the mother (Ferrand, 2004) Therefore, fathers may face great difficulties in reconciling their intentions of being involved fathers with their masculine identity (Höfner et al., 2011). This perception of the involved father as new and non-normative may complicate the coparenting relationship and create discrepancies between parents' expectations regarding each other roles and level of engagement within the coparenting relationship.

Mothers' and fathers' investment towards children may be different and take multifarious forms (McHale et al., 2004). More than equality, equity and perception of fairness in the division of responsibilities are related to coparents' relationship satisfaction (Feinberg, 2003). Parents seeking therapy may thus be facing questions of equity within their coparenting relationships. These questions may be precipitated by the lack of clarity in the public discourse around gender roles and egalitarian values.

Parents are also confronted with many, sometimes inconsistent, social directives about how to be a "good parent." These models of good parents may put significant pressure on parents, precipitating their distress through, for example, parental burnout (e.g., Mikolajczak et al., 2018). One factor that appears join parents is their willingness to do

their best for their children. However, their opinions about how to ensure their children's well-being and healthy development may differ. Divergences regarding parenting and coparenting within the couple may cause child-related conflict and/or competition around the role of child expert (McHale, 2007). The motivation to seek help as a couple of parents may thus be related to coparenting conflicts and divergent views on parenting, for example, when one parent is too permissive and the other very strict (Selekman, 2012). The desire to ensure children's well-being may also motivate parents to seek therapy. Parents may want to save what can be saved for the well-being of their family and may be motivated to change for their children's sake (Margolin et al., 2001). Given the continuity of the coparenting relationship, parents may be even more motivated to take care of their relationship. They may be more motivated to ensure a cordial relationship and to strengthen their coparenting relationship even in the event of a separation.

Developments

Future research may take various directions. In this section, we present potential subsequent areas of investigation related to coparenting work in couple therapy. First, within couple therapy research, we suggest studies investigating forms of couple therapy (other than the IBSI) that involve work on coparenting. For instance, studies could investigate couple therapy for couples who do not have marital issues or with separated parents who are no longer partners. Some studies on separated parents exist, but they tend to focus more particularly on high-conflict coparents (e.g., Anderson et al., 2020; Owen & Rhoades, 2012). However, nonconflictual parents may benefit from a therapeutic space in which to work on their coparenting difficulties and to strengthen their coparenting team after separation. Thus, it appears interesting to understand if these interventions may benefit couples or if targeted work on coparenting issues is addressed better in family therapy when the children are included (Hampson et al., 1999). Research studying the effectiveness of

these interventions should also be paired with process research investigating the mechanisms behind how these interventions bring benefit in order to provide clinically relevant findings.

Another potential area for research may concern the drawbacks of emphasizing the coparenting relationship. For instance, doing so may leave little place for the couple relationship or may pressure parents to work equally as a team, regardless of the parents' competences and adequacy to meet children's needs; in some cases, such as when one of the parents is inadequate (e.g., violence) or suffers from a psychopathology (e.g., substance use disorder, personality disorder), coparenting teamwork may not be the optimal solution. Another potential research area is the growing popularity of coparenting matching websites (Javda et al., 2015). These sites essentially are dating apps intended to help find the perfect coparenting matches for individuals who want children. The popularity of these sites may reflect the paramount importance that future parents place on forming a high-quality coparenting team. For these parents, the dissociation between the romantic and the coparenting relationships is complete. Thus, this research area may thus explore the extreme forms that a focus on coparenting can take.

Conclusion

In light of this exploration of the framework for this thesis, it appears that studying coparenting work was both necessary and grounded in a specific scientific and social context. This thesis was necessary to better understand how targeting a central aspect of couples' life may help couples more effectively. It shed light on the relevance of working on the coparenting relationship for couples. The research question was also rooted in a specific context promoting coparenting as a topical issue that currently is relevant, given the research, social and parents' perspectives. These three perspectives were interconnected and developed together. As they are developing continuously, it is natural that other issues

will emerge, and although research on coparenting may take various directions, there still seems to be many gaps to fill and questions to investigate. This thesis was one step forward toward integrating all dimensions of the couple's life better to understand how to help couples more adequately.

In addition to the studies presented in this thesis, we completed the analyses of the RCT, comparing the efficacy of IBSI to a classic brief systemic intervention. The RCT results based on a sample of 100 included couples supported the preliminary results presented in the second chapter. First, as in Chapter 2, we did not find any significant difference between the two intervention groups. Second, mixed-effect models revealed a significant improvement from pre- to post-therapy on outcomes such as depression, anxiety, individual symptomatology, romantic satisfaction, dyadic coping, coparenting support, coparenting triangulation, and family functioning. These improvements were all maintained at the six-month follow-up, except for improvements on coparenting triangulation which were only significant between pre- and post-therapy and not between pre-therapy and follow-up, and post-therapy and follow-up. In addition, we underscored a significant improvement of children's problems between post-therapy and the six-month follow-up.

In conclusion, both our process and outcome studies supported the relevance of further studying coparenting work in couple therapy. Many further steps are still needed. One important area of investigation would be to explore moderators of coparenting work. Indeed, it would be useful to clarify if coparenting work is best suited for some couples with specific characteristics, such as young couples with few relational difficulties, or stepfamilies who may face specific coparenting challenges, or parents with difficult children that may request therapy mainly because of the coparenting issues they encounter.

References

Ahrons, C. R. (1981). The continuing coparental relationship between divorced spouses. *American Journal of Orthopsychiatry, 51*(3), 415-428. https://doi.org/10.1111/j.1939-0025.1981.tb01390.x

Altenburger, L. E., Lang, S. N., Schoppe-Sullivan, S. J., Kamp Dush, C. M., & Johnson, S. (2017). Toddlers' differential susceptibililty to the effects of coparenting on social-emotional adjustment. *International Journal of Behavioral Development, 41*(2), 228-237. https://doi.org/10.1177/0165025415620058

Altenburger, L. E., & Schoppe-Sullivan, S. J. (2020). New fathers' parenting quality: Personal, contextual, and child precursors. *Journal of Family Psychology*. https://doi.org/10.1037/fam0000753

Anderson, S. R., Sumner, B. W., Parady, A., Whiting, J., & Tambling, R. T. (2020). A task analysis of client re-engagement: Therapeutic de-escalation of high conflict coparents. *Family Process, 59*(4), 1447-1464. https://doi.org/10.1111/famp.12511

Anker, M. G., Owen, J., Duncan, B. L., & Sparks, J. A. (2010). The alliance in couple therapy: Partner influence, early change, and alliance patterns in a naturalistic sample. *Journal of Consulting and Clinical Psychology, 78*(5), 635-645. https://doi.org/10.1037/a0020051

Aspland, H., Llewelyn, S., Hardy, G. E., Barkham, M., & Stiles, W. (2008). Alliance ruptures and rupture resolution in cognitive-behavior therapy: A preliminary task analysis. *Psychotherapy Research, 18*(6), 699-710. https://doi.org/10.1080/10503300802291463

Baril, M. E., Crouter, A. C., & McHale, S. M. (2007). Processes linking adolescent well-being, marital love, and coparenting. *Journal of Family Psychology, 21*(4), 645-654. https://doi.org/10.1037/0893-3200.21.4.645

Bennett, D., Parry, G., & Ryle, A. (2006). Resolving threats to the therapeutic alliance in cognitive analytic therapy of borderline personality disorder: A task analysis. *Psychology and Psychotherapy: Theory, Research and Practice, 79*, 395-418. https://doi.org/10.1348/147608305X58355

Benson, L. A., McGinn, M. M., & Christensen, A. (2012). Common principles of couple therapy. *Behaviour Therapy, 43*(1), 25-35. https://doi.org/10.1016/j.beth.2010.12.009

Berrut, S., Mosimann, A., & Nicolet-dit-Félix, M. (2019). *Enquête sur les familles et les générations 2018: Premiers résultats*. Federal Statistical Office. https://www.bfs.admin.ch/bfs/fr/home/statistiques/population/familles.assetdetail.10467789.html

Biehle, S. N., & Mickelson, K. D. (2012). First-time parents' expectations about the division of childcare and play. *Journal of Family Psychology, 26*(1), 36-45. https://doi.org/10.1037/a0026608

Bonds, D. D., & Gondoli, D. D. (2007). Examining the process by wich marital adjustment affects maternal warmth: The role of coparenting support as a mediator. *Journal of Family Psychology, 21*(2), 288-296. https://doi.org/10.1037/0893-3200.21.2.288

Bowlby, J., Ainsworth , M., Boston, M., & Rosenbluth, D. (1956). The effects of mother-child separation: A follow-up study. *British Journal of Medical Psychology, 29*(3-4), 211-247.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513-531. https://doi.org/10.1037/0003-066X.32.7.513

Brubacher, L. L., & Wiebe, S. A. (2019). Process-research to practice in emotionally focused couple therapy: A map for reflective practice. *Journal of Family Psychotherapy, 30*(4), 292-313. https://doi.org/https://doi.org/10.1080/08975353.2019.1679608

Buehlman, K. T., Gottman, J. M., & Katz, L. F. (1992). How a couple views their past predicts their future: Predicting divorce from an oral history interview. *Journal of Family Psychology, 5*(3), 295-318. https://doi.org/10.1037/0893-3200.5.3-4.295

Bühlman, F., Elcheroth, G., & Tettamanti, M. (2010). The division of labour among european couples: The effects of life course and welfare policy on value-practice configuration. *European Sociological Review, 26*(1), 49-66. https://doi.org/10.1093/esr/jcp004

Camisasca, E., Miragoli, S., Di Blasio, P., & Feinberg, M. (2019). Co-parenting mediates the influences of marital satisfaction on child adjustement: The conditional indirect effect by parental empathy. *Journal of Child and Family Studies, 28*(1), 519-530. https://doi.org/https://doi.org/10.1007/s10826-018-1271-5

Carneiro, C., Vaudan, C., Duc-Marwood, A., Darwiche, J., de Roten, Y., & Despland, J.-N. (2012). *Manuel psychothérapeutique: L'intervention systémique brève intégrative* [Unpublished manuscript]. Centre hospitalier universitaire vaudois.

Castonguay, L. G., & Muran, C. (2015). Fostering collaboration between researchers and clinicians through building practice-oriented research: An introduction *Psychotherapy Research, 25*(1), 1-5. https://doi.org/10.1080/10503307.2014.966348

Castonguay, L. G., Nelson, D. L., Boutselis, M. A., Chiswick, N. R., Damer, D. D., Hemmelstein, N. A., Jackson, J. S., Morford, M., Ragusea, S. A., Roper, J. G., Spayd, C., Weiszer, T., & Borkovec, T. D. (2010). Psychotherapists, researchers, or both? A qualitative analysis of psychotherapists' experiences in a practice research network. *Psychotherapy: Theory, Research, Practice, Training, 47*(3), 345-354. https://doi.org/10.1037/a0021165

Castonguay, L. G., Youn, S. J., Xiao, H., Muran, C., & Barber, J. P. (2015). Building clinicians-researchers partnerships: Lessons from diverse natural settings and practice-oriented initiatives. *Psychotherapy Research, 25*(1), 166-184. https://doi.org/10.1080/10503307.2014.973923

Chan, K. K. S., & Leung, D. C. K. (2020). The impact of child autistic symptoms on parental marital relationship: Parenting and coparenting processes as mediating mechanisms. *Autism Research, 13*(9), 1516-1526. https://doi.org/10.1002/aur.2297

Cho, S., Cui, M., & Claridge, A. M. (2020). Perceived coparenting support and later relationship status among cohabiting parents. *The American Journal of Family Therapy, 48*(2), 177-194. https://doi.org/10.1080/01926187.2019.1684852

Choi, J.-K., & Becher, E. H. (2019). Supportive coparenting, parenting stress, harsh parenting, and child behavior problems in nonmarital families. *Family Process, 58*(2), 404-417. https://doi.org/10.1111/famp.12373

Christopher, C., Umemura, T., Mann, T., Jacobvitz, D. B., & Hazen, N. L. (2015). Marital quality over the transition to parenthood as a predictor of coparenting. *Journal of Child and Family Studies, 24*, 3636-3651. https://doi.org/10.1007/s10826-015-0172-0

Clarke-Stewart, K. A. (1978). And daddy makes three: The father's impact on mother and young child. *Child Development, 49*(2), 466-478. https://doi.org/10.2307/1128712

Cook, J. C., Schoppe-Sullivan, S. J., Buckley, C. K., & Davis, E. F. (2009). Are some children harder to coparent than others? Children's negative emotionality and coparenting relationship quality. *Journal of Family Psychology, 23*(4), 606-610. https://doi.org/10.1037/a0015992

Cottier, M. (2017). L'autorité parentale conjointe et la garde alternée en droit Suisse. *Les nouvelles formes de parentalité: Le temps du partage… et l'enfant?* [Paper presentation]. Colloque printanier du Centre interfacultaire en droits de l'enfant (CIDE) de l'Université de Genève. Sion, Switzerland. https://archive-ouverte.unige.ch/unige:97970

Cowan, P. A., & Cowan, C. P. (2014). Controversies in couple relationship education (CRE): Overlooked evidence and implications for research and policy. *Psychology, Public Policy, and Law, 20*, 361-383. https://doi.org/10.1037/law0000025

Cummings, E. M., & Davies, P. T. (2010). *Marital conflict and children.* Guilford Press.

Darwiche, J., & de Roten, Y. (2015). Couple and family treatments: Study quality and level of evidence. *Family Process, 54*(1), 138-159. https://doi.org/10.1111/famp.12106

Darwiche, J., Vaudan, C., Imesch, C., Eira Nunes, C., Carneiro, C., Favez, N., & de Roten, Y. (2021). *Parents in couple therapy: An intervention targeting coparenting and romantic relationships*. [Manuscript submitted for publication]

Davies, P. T., Coe, J. L., Martin, M. J., Sturge-Apple, M. L., & Cummings, E. M. (2015). The developmental costs and benefits of children's involvement in interparental conflict. *Developmental psychology, 51*(8), 1026-1047. https://doi.org/10.1037/dev0000024

Davies, P. T., Martin, M. J., Sturge-Apple, M. L., Ripple, M. T., & Cicchetti, D. (2016). The distinctive sequelae of children's coping with interparental conflict: Testing the

reformulated emotional security theory. *Developmental psychology*, *52*(10), 1646-1665. https://doi.org/10.1037/dev0000170

Davies, P. T., Parry, L. Q., Bascoe, S. M., Martin, M. J., & Cummings, E. M. (2019). Children's vulnerability to interparental conflict: The protective role of sibling relationship quality. *Child Development, 90*(6), 2118-2134. https://doi.org/10.1111/cdev.13078

Davis, E. F., Schoppe-Sullivan, S. J., Mangelsdorf, S. C., & Brown, G. L. (2009). The role of infant temperament in stability and change in coparenting across the first year of life. *Parent Sci Pract, 9*(1-2), 143-159. https://doi.org/10.1080/15295190802656836

Doherty, W. J., Erickson, M. F., & LaRossa, R. (2006). An intervention to increase father involvement and skills with infants during the transition to parenthood. *Journal of Family Psychology, 20*(3), 438-447. https://doi.org/10.1037/0893-3200.20.3.438

Dolto, F. (1985). *La cause des enfants*. Editions Robert Laffont.

Doss, B. D., Cicila, L. N., Hsueh, A. C., Morrison, K. R., & Carhart, K. (2014). A randomized controlled trial of brief coparenting and relationship interventions during the transition to parenthood. *Journal of Family Psychology*, *28*(4), 483-494. https://doi.org/10.1037/a0037311

Doss, B. D., Simpson, L. E., & Christensen, A. (2004). Why do couples seek marital therapy? *Professional Psychology: Research and Practice, 35*(6), 608-614. https://doi.org/10.1037/0735-7028.35.6.608

Doss, B. D., Thum, Y. M., Sevier, M., Atkins, D. C., & Christensen, A. (2005). Improving relationships: Mechanisms of change in couple therapy. *Journal of Consulting and Clinical Psychology, 73*(4), 624-633. https://doi.org/10.1037/0022-006X.73.4.624

Durst, P. L., Wedemeyer, N. V., & Zurcher, L. A. (1985). Parenting partnerships after divorce: Implications for practice. *Social Work, 30*(5), 423-428. https://doi.org/10.1093/sw/30.5.423

Engfer, A. (1988). The interraletedness of marriage and the mother-child relationship. In R. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 104-118). University Press.

Englar-Carlson, M., & Shepard, D. (2005). Engaging men in couples counseling: Strategies for overcoming ambivalence and inexpressiveness. *The Family Journal: Counseling and Therapy for Couples and Families, 13*(4), 383-391. https://doi.org/10.1177/1066480705278467

Farr, R. H., & Patterson, C. J. (2013). Coparenting among lesbian, gay, and heterosexual couples: Associations with adopted children's outcomes. *Child Development, 84*(4), 1226-1240. https://doi.org/10.1111/cdev.12046

Favez, N. (2017). *Psychologie de la coparentalité: Concepts, modèles et outils d'évaluation [Psychology of coparenting: Concepts, models, and assessment tools]*. Dunod.

Favez, N., & Frascarolo, F. (2013). Le coparentage : Composants, implications et thérapie [Coparenting: Components, implications, and therapy]. *Devenir, 25*(2), 73. https://doi.org/10.3917/dev.132.0073

Federal Statistical Office. (2020). *Population*. https://www.bfs.admin.ch/bfs/fr/home/statistiques/population/effectif-evolution/population.html

Federal Statistical Office. (2021). *50 ans de suffrage feminin et 30 ans de droit de vote à 18 ans: Un retour historique sur les votations populaires concernant le droit de vote et les conséquences de ces votations sur la représentation politique en Suisse* https://www.bfs.admin.ch/asset/fr/2103-2100

Feinberg, M. E. (2003). The internal structure and ecological context of coparenting: A framework for research and intervention. *Parenting, Science and Practice, 3*(2), 95-131. https://doi.org/10.1207/S15327922PAR0302_01

Feinberg, M. E., Kan, M. L., & Hetherington, E. M. (2007). The longitudinal influence of coparenting conflict on parental negativity and adolescent maladjustment. *Journal of Marriage and Family, 69*(3), 687-702.

Fernandez-Alvarez, H., Gomez, B., & Garcia, F. (2015). Bridging the gap between research and practice in a clinical and training network: Aigle's program. *Psychotherapy Research, 25*(1), 84-94. https://doi.org/10.1080/10503307.2013.856047

Ferrand, M. (2004). *Féminin masculin*. Editions La Découverte.

Filion, L. (2017). *La médiation favorise-t-elle la garde alternée?* [Paper presentation] Colloque printanier du Centre interfacultaire en droits de l'enfant (CIDE) de l'Université de Genève. Sion, Switzerland.

Fontaine, A. M., Andrade, C., Matias, M., Gato, J., & Mendonça, M. (2006). Valeurs de jeunes couples à double revenu: Comparaison interculturelle en Europe. *La revue internationale de l'éducation familiale, 19*, 31-51. https://doi.org/10.3917/rief.019.0031

Frascarolo, F., Darwiche, J., & Favez, N. (2009). Couple conjugal et couple co-parental : quelle articulation lors de la transition à la parentalité? [The conjugal couple and the coparental couple: How are they articulated across the transition to parenthood?]. *Cahiers Critiques de Thérapie Familiale et de Pratiques de Réseaux, 42*(1), 207-229. https://doi.org/10.3917/ctf.042.0207

Friedlander, M. L., Escudero, V., Welmers-van de Poll, M. J., & Heatherington, L. (2018). Meta-analysis of the alliance–outcome relation in couple and family therapy. *Psychotherapy, 55*(4), 356-371. https://doi.org/10.1037/pst0000161

Furrow, J., Edwards, S. A., Choi, Y., & Bradley, B. (2012). Therapist presence in emotionally focused couple therapy blamer softening events: promoting change through emotional experience. *Journal of Marital & Family Therapy, 38*(1), 39-49. https://doi.org/10.1111/j.1752-0606.2012.00293.x

Gable, S., Belsky, J., & Crnic, K. A. (1992). Marriage, parenting, and child development: Progress and prospects. *Journal of Family Psychology, 5*(3-4), 276-294. https://doi.org/10.1037/0893-3200.5.3-4.276

Gable, S., Crnic, K., & Belsky, J. (1994). Coparenting within the family system: Influences on children's development. *Family Relations, 43*(4), 380-386. https://doi.org/10.2307/585368

Gallegos, M. I., Jacobvitz, D. B., Sasaki, T., & Hazen, N. L. (2019). Parents' perceptions of their spouses' parenting and infant temperament as predictors of parenting and coparenting. *Journal of Family Psychology, 33*(5), 542-553. https://doi.org/10.1037/fam0000530

Garland, A. F., & Brookman-Frazee, L. (2015). Therapists and researchers: Advancing collaboration. *Psychotherapy Research, 25*(1), 95-107. https://doi.org/10.1080/10503307.2013.838655

Gattis, K. S., Simpson, L. E., & Christensen, A. (2008). What about the kids? Parenting and child adjustment in the context of couple therapy. *Journal of Family Psychology, 22*(6), 833-842. https://doi.org/10.1037/a0013713

Gelo, O. C. G., & Manzo, S. (2015). Quantitative approaches to treatment process, change process, and process-outcome research. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcome* (pp. 247-272). Springer-Verlag Wien. https://doi.org/10.1007/978-3-7091-1382-0_13

Gollan, J. K., & Jacobson, N. S. (2002). Developments in couple therapy research. In H. A. Liddle, D. A. Santisteban, R. F. Levant, & J. H. Bray (Eds.), *Family psychology: Science-based interventions* (pp. 105-122). American Psychological Association. https://doi.org/10.1037/10438-006

Greenberg, L. S. (1984). Task analysis: The general approach. In L. N. Rice & L. S. Greenberg (Eds.), *Patterns of change* (pp. 126-184). Guilford.

Greenberg, L. S. (2007). A guide to conducting a task analysis of psychotherapeutic change. *Psychotherapy Research, 17*(1), 15-30. https://doi.org/10.1080/10503300600720390

Grych, J., Fincham, F. D., Jouriles, E. N., & McDonald, R. (2000). Interparental conflict and child adjustment: Testing the mediational role of appraisals in the cognitive-contextual framework. *Child Development, 71*(6), 1648-1661. https://doi.org/10.1111/1467-8624.00255

Gurman, A. S. (2011). Couple therapy research and the practice of couple therapy: Can we talk? *Family Process, 50*, 280-292. https://doi.org/10.1111/j.1545-5300.2011.01360.x

Hahlweg, K., & Klann, N. (1997). The effectiveness of marital counseling in Germany: A contribution to health services research. *Journal of Family Psychology, 11*(4), 410-421.https://doi.org/10.1037/0893-3200.11.4.410-420

Hampson, R. B., Prince, C. C., & Beavers, W. R. (1999). Marital therapy: Qualities of couples who fare better or worse in treatment. *Journal of Marital and Family Therapy, 25*(4), 411-424. https://doi.org/10.1111/j.1752-0606.1999.tb00259.x.

Hardy, G. E., & Llewelyn, S. (2015). Introduction to psychotherapy process research. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcome* (pp. 183-194). Springer-Verlag Wien. https://doi.org/10.1007/978-3-7091-1382-0_9

Hawkins, A. J., Lovejoy, K. R., Holmes, E. K., Blanchard, V. L., & Fawcett, E. (2008). Increasing fathers' involvement in child care with a couple-focused intervention during the transition to parenthood. *Family Relations, 57*(1), 49-59. https://doi.org/10.1111/j.1741-3729.2007.00482.x

Hawrilenko, M., Gray, T. D., & Cordova, J. V. (2016). The heart of change: Acceptance and intimacy mediate treatment response in a brief couples intervention. *Journal of Family Psychology, 30*(1), 93-103. https://doi.org/http://dx.doi.org/10.1037/fam0000160

Heatherington, L., & Friedlander, M. L. (2007). Manifestations and facilitation of insight in couple and family therapy. In L. G. Castonguay & C. E. Hill (Eds.), *Insight in Psychotherapy* (pp. 81-99). American Psychological Association. https://doi.org/https://doi.org/10.1037/11532-004

Heatherington, L., Friedlander, M. L., Diamond, G., Escudero, V., & Pinsoff, W. M. (2015). 25 years of systemic therapies research: Progress and promise. *Psychotherapy Research, 25*(3), 348-364. https://doi.org/10.1080/10503307.2014.983208

Hertzmann, L., Target, M., Hewison, D., Casey, P., Fearon, P., & Lassri, D. (2016). Mentalization-based therapy for parents in entrenched conflict: A random allocation feasibility study. *Psychotherapy, 53*(4), 388-401. https://doi.org/10.1037/pst0000092

Higgins, J. P. T., & Green, S. (2008). *Cochrane handbook for systematic reviews of interventions*. Wiley & sons.

Höfner, C., Schadler, C., & Richter, R. (2011). When men become fathers: Men's identity at the transition to parenthood. *Journal of Comparative Family Studies*, *42*(5), 669-686. https://doi.org/10.2307/41604478

Holland, A. S., & McElwain, N. L. (2013). Maternal and paternal perceptions of coparenting as a link between marital quality and the parent-toddler relationship. *Journal of Family Psychology, 27*(1), 117-126. https://doi.org/https://doi.org/10.1037/a0031427

Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, *59*(1), 12-19. https://doi.org/10.1037/0022-006X.59.1.12

Javda, V., Freeman, T., Tranfield, E., & Golombok, S. (2015). Friendly allies in raising a child: A survey of men and women seeking elective co-parenting arrangements via an online connection website. *Human Reproduction, 30*(8), 1896-1906. https://doi.org/10.1093/humrep/dev120

Jia, R., Kotila, L. E., & Schoppe-Sullivan, S. J. (2012). Transactional relations between father involvement and preschoolers' socioemotional adjustment. *Journal of Family Psychology, 26*(6), 848-857. https://doi.org/10.1037/a0030245

Jones, E., & Asen, E. (2000). *Systemic couple therapy and depression*. Karnac Books.

Kaufmann, J.-C. (2017). *Sociologie du couple* Presses Universitaires de France.

Kazdin, A. E. (2014). Moderators, mediators and mechanisms of change in psychotherapy. In W. Lutz & S. Knox (Eds.), *Quantitative and qualitative methods in psychotherapy research* (pp. 85-101). Routledge.

Khazan, I., McHale, J. P., & Decourcey, W. (2008). Violated wishes about division of childcare labor predict early coparenting process during stressful and nonstressful family evaluations. *Infant Mental Health Journal, 29*(4), 343-361. https://doi.org/10.1002/imhj.20183

Kitzmann, K. M. (2000). Effects of marital conflict on subsequent triadic family interactions and parenting. *Developmental psychology, 36*(1), 3-13. https://doi.org/10.1037//0012-1649.36.1.3

Klann, N., Hahlweg, K., Baucom, D. H., & Kroeger, C. (2011). The effectiveness of couple therapy in Germany: a replication study. *Journal of Marital and Family Therapy, 37*(2), 200-208. https://doi.org/10.1111/j.1752-0606.2009.00164.x

Koerner, K., & Castonguay, L. G. (2015). Practice-oriented research: What it takes to do collaborative research in private practice. *Psychotherapy Research, 25*(1), 67-83. https://doi.org/10.1080/10503307.2014.939119

Kolak, A. M., & Volling, B. L. (2007). Parental expressiveness as a moderator of coparenting and marital relationship quality. *Family Relations, 56*(5), 467-478. https://doi.org/10.1111/j.1741-3729.2007.00474.x

Kuhlman, I., Tolvanen, A., & Seikkula, J. (2013). The therapeutic alliance in couple therapy for depression: Predicting therapy progress and outcome from assessments of the alliance by the patient, the spouse, and the therapist. *Contemporary Family Therapy, 35*, 1-13. https://doi.org/10.1007/s10591-012-9215-5

Kuo, P. X., Volling, B. L., & Gonzalez, R. (2017). His, hers, or theirs? Coparenting after the birth of a second child. *Journal of Family Psychology, 31*(6), 710-720. https://doi.org/10.1037/fam0000321

Lagattuta, K. H., Sayfan, L., & Bamford, C. (2012). Do you know how I feel? Parents underestimate worry and overestimate optimism compared to child self-report. *Journal of Experimental Child Psychology, 113*(2), 211-232. https://doi.org/10.1016/j.jecp.2012.04.001

Lam, C. B., Tam, C. Y. S., Chung, K. K. H., & Li, X. (2018). The link between coparenting cooperation and child social competence: The moderating role of child negative affect. *Journal of Family Psychology, 32*(5), 692-698. https://doi.org/10.1037/fam0000428

Lam, W. K. K., Fals-Stewart, W., & Kelley, M. L. (2009). Parent training with behavioral couples therapy for fathers' alcohol abuse: Effects on substance use, parental relationship, parenting, and CPS involvement. *Child Maltreatment, 14*(3), 243-254. https://doi.org/10.1177/1077559509334091

Laxman, D. J., Jessee, A., Mangelsdorf, S. C., Rossmiller-Giesing, W., Brown, G. L., & Schoppe-Sullivan, S. J. (2013). Stability and antecedents of coparenting quality:

The role of parent personality and child temperament. *Infant Behavior & Development, 36*(2), 210-222. https://doi.org/10.1016/j.infbeh.2013.01.001

Le, Y., McDaniel, B. T., Leavitt, C. E., & Feinberg, M. (2016). Longitudinal associations between relationship quality and coparenting across the transition to parenthood: A dyadic perspective. *Journal of Family Psychology, 30*(8), 918-926. https://doi.org/10.1037/fam0000217

Leary, A., & Katz, L. F. (2004). Coparenting, family-level processes and peer outcomes: The moderating role of vagal tone. *Development and Psychopathology, 16*(3), 593-608. https://doi.org/10.1017/S0954579404004687

Lebow, J. (2000). What does the research tell us about couple and family therapies?. *In Session: Psychotherapy in Practice, 56*(8), 1083-1094. https://doi.org/10.1002/1097-4679(200008)56:8<1083::AID-JCLP7>3.0.CO;2-L

Lebow, J. (2020). Editorial: The systemic in couple and family research and couple and family therapy. *Family Process, 59*(1), 3-9. https://doi.org/10.1111/famp.12529

Lebow, J., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy, 38*(1), 145-168. https://doi.org/10.1111/j.1752-0606.2011.00249.x

Lebow, J., & Gurman, A. S. (1995). Research assessing couple and family therapy *Annual Review of Psychology, 46*, 27-57. https://doi.org/10.1146/annurev.ps.46.020195.000331

López-Pérez, B., & Wilson, E. L. (2015). Parent-child discrepancies in the assessment of children's and adolescents' happiness. *Journal of Experimental Child Psychology, 139*, 249-255. https://doi.org/10.1016/j.jecp.2015.06.006

Lund, M. (1987). The non-custodial father: Common challenges in parenting after divorce. In C. Lewis & M. O'Brien (Eds.), *Reassessing fatherhood* (pp. 212-224). Sage.

Maccoby, E., Buchanan, C. M., Mnookin, R., & Dornbusch, S. M. (1993). Postdivorce roles of mothers and fathers in the lives of their children. *Journal of Family Psychology, 7*(1), 24-38. https://doi.org/10.1037/0893-3200.7.1.24

Maccoby, E., Depner, C. E., & Mnookin, R. (1990). Coparenting in the second year after divorce. *Journal of Marital & Family*, *52*(1), 141-155. https://doi.org/10.2307/352846

Maccoby, E., & Mnookin, R. (1992). *Dividing the child: Social and legal dilemmas of custody*. Harvard University Press.

MacIntosh, H. B., & Butters, M. (2014). Measuring Outcomes in Couple Therapy: A Systematic Review and Critical Discussion. *Journal of Couple & Relationship Therapy, 13*(1), 44-62. https://doi.org/10.1080/15332691.2013.836050

Mangelsdorf, S. C., Laxman, D. J., & Jessee, A. (2011). Coparenting in two-parent nuclear families. In J. McHale & K. M. Lindahl (Eds.), *Coparenting: A conceptual and clinical examination of family systems* (pp. 39-59). American Psychological Association. https://doi.org/10.1037/12328-002

Margolin, G., Gordis, E. B., & John, R. S. (2001). Coparenting: A link between marital conflict and parenting in two-parent families. *Journal of Family Psychology, 15*(1), 3-21. https://doi.org/10.1037/0893-3200.15.1.3

Martin, M. J., Sturge-Apple, M. L., Davies, P. T., Romero, C. V., & Buckholz, A. (2017). A process model of the implications of spillover from coparenting conflicts into the parent-child attachment relationship in adolescence. *Development and Psychopathology, 29*(2), 417-431. https://doi.org/10.1017/S0954579417000086

Matias, M., & Fontaine, A. M. (2017). Intentions to have a children: A couple-based process. *Family Relations, 66*(2), 231-243. https://doi.org/10.1111/fare.12250

McHale, J. (1997). Overt and covert coparenting processes in the family. *Family Process, 36*(2), 183-201. https://doi.org/10.1111/j.1545-5300.1997.00183.x

McHale, J. P. (1995). Coparenting and triadic interactions during infancy: The roles of marital distress and child gender. *Developmental psychology, 31*(6), 985-996.

McHale, J. P. (2007). *Charting the bumpy road of coparenthood: Understanding the challenges of family life*. ZERO TO THREE.

McHale, J. P., & Irace, K. (2011). Coparenting in diverse family systems. In J. McHale & K. M. Lindahl (Eds.), *Coparenting: A conceptual an clinical examination of family*

systems (pp. 15-37). American Psychological Association. https://doi.org/10.1037/12328-001

McHale, J. P., Kuersten-Hogan, R., & Rao, N. (2004). Growing points for coparenting theory and research. *Journal of Adult Development, 11*(3), 221-234. https://doi.org/10.1023/B:JADE.0000035629.29960.ed.

McHale, J. P., & Lindahl, K. M. (2011). *Coparenting: A conceptual an clinical examination of family systems*. American Psychological Association.

McHale, J. P., Negrini, L., & Sirotkin, Y. (2019). Coparenting. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Wishman (Eds.), *APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues accross the lifespan* (Vol. 1). American Psychological Association.

Mikolajczak, M., Raes, M.-E., Avalosse, H., & Roskam, I. (2018). Exhausted parents: Sociodemographic, related, parenting and family-functioning correlates of parental burnout. *Journal of Child and Family Studies, 27*(2), 602-614. https://doi.org/10.1007/s10826-017-0892-4

Miller-Graff, L. E., Cummings, E. M., & Bergman, K. N. (2015). Effects of a brief psychoeducational intervention for family conflict: Constructive conflict, emotional insecurity and child adjustment. *Journal of Abnormal Child Psychology, 44*(7), 1399-1410. https://doi.org/10.1007/s10802-015-0102-z

Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.

Morrill, M. I., Hawrilenko, M., & Cordova, J. V. (2016). A longitudinal examination of positive parenting following an acceptance-based couple intervention. *Journal of Family Psychology, 30*(1), 104-113. https://doi.org/10.1037/fam0000162

Morrill, M. I., Hines, D. A., Mahmood, S., & Cordova, J. V. (2010). Pathways between marriage and parenting for wives and husbands: The role of coparenting. *Family Process, 49*(1), 59-73. https://doi.org/10.1111/j.1545-5300.2010.01308.x

Mörtl, K., & Gelo, O. C. G. (2015). Qualitative methods in psychotherapy process research. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process and outcome* (pp. 381-424). Springer-Verlag Wien. https://doi.org/10.1007/978-3-7091-1382-2_20

Mulrow, C. (1994). Rationale for systematic reviews. *BMJ, 309*(6954), 597-599. https://doi.org/10.1136/bmj.309.6954.597

Nelson-Coffey, S. K., Killingsworth, M., Layous, K., Cole, S. W., & Lyubomirsky, S. (2019). Parenthood is associated with greater well-being for fathers than mothers. *Personality and Social Psychology Bulletin, 45*(9), 1378-1390. https://doi.org/10.1177/0146167219829174

Nelson, S. K., Kushlev, K., English, T., Dunn, E. W., & Lyubomirsky, S. (2013). In defense of parenthood: Children are associated with more joy than misery. *Psychological Science, 24*(1), 3-10. https://doi.org/10.1177/0956797612447798

Neyrand, G. (2012). *Soutenir et contrôler les parents: Le dispositif de parentalité*. Editions Eres.

Neyrand, G., Wilpert, M.-D., & Tort, M. (2013). *Père, mère, des fonctions incertaines: Les parents changent, les normes restent?* Edition Eres.

Norlin, D., & Broberg, M. (2012). Parents of children with and without intellectual disability: Couple relationship and individual well-being. *Journal of Intellectual Disability Research, 57*(6), 552-566. https://doi.org/10.1111/j.1365-2788.2012.01564.x

Oka, M., Seedall, R. B., Robinson, W. D., Walker, J., Tambling, R. R., & Anderson, S. (2020). Therapist interruptions: An examination of gender and therapeutic alliance in couple therapy. *The American Journal of Family Therapy*. https://doi.org/10.1080/01926187.2020.1823282

Oppenheim, D., & Koren-Karie, N. (2002). Mothers' insightfulness regarding their children's internal worlds: The capacity underlying secure child-mother relationships. *Infant Mental Health Journal, 23*(6), 593-605. https://doi.org/10.1002/imhj.10035

Owen, J., & Rhoades, G. K. (2012). Reducing interparental conflict among parents in contentious child custody disputes: An initial investigation of the Working Together Program. *Journal of Marital and Family Therapy, 38*(3), 542-555. https://doi.org/10.1111/j.1752-0606.2010.00215.x

Parke, R. D. (1976). Parent-infant interaction: Progress, paradigms, and problems. In G. P. Sackett & H. C. Haywood (Eds.), *Application of observational-ethological methods to the study of mental retardation*. University Park Press.

Parkes, A., Green, M., & Mitchell, K. (2019). Coparenting and parenting pathways from the couple relationship to children's behavior problem. *Journal of Family Psychology, 33*(2), 215-225. https://doi.org/10.1037/fam0000492

Pascual-Leone, A., Greenberg, L. S., & Pascual-Leone, J. (2014). Task analysis: New developments for programmatic research on the process of change. In W. Lutz & S. Knox (Eds.), *Quantitative and qualitative methods in psychotherapy research* (pp. 249-272). Routledge.

Pedro, M. F., Ribeiro, T., & Shelton, K. H. (2012). Marital satisfaction and partners' parenting practices: The mediating role of coparenting behavior. *Journal of Family Psychology, 26*(4), 509-522. https://doi.org/10.1037/a0029121

Peltz, J. S., Rogge, R. D., & Sturge-Apple, M. L. (2018). Transactions within the family: Coparenting mediates associations between parents' relationship satisfaction and the parent-child relationship. *Journal of Family Psychology, 32*(5), 553-564. https://doi.org/10.1037/fam0000413

Pinsof, W. M., & Wynne, L. C. (2000). Toward progress research: Closing the gap between family therapy practice and research. *Journal of Marital and Family Therapy, 26*(1), 1-8. https://doi.org/10.1111/j.1752-0606.2000.tb00270.x

Reid, D. W., Dalton, E. J., Laderoute, K., Doell, F. K., & Nguyen, T. (2006). Therapeutically induced changes in couple identity: The role of We-ness and interpersonal processing in relationship satisfaction. *Genetic, Social, and General Psychology Monographs, 132*(3), 241-284. https://doi.org/10.3200/MONO.132.3.241-288

Riina, E. M., Lee, J.-K., & Feinberg, M. (2020). Bidirectional associations between youth adjustment and mother's and father's coparenting conflict. *Journal of Youth and Adolescence, 49,* 1617-1630. https://doi.org/10.1007/s10964-020-01262-6

Rowen, J., & Emery, R. (2014). Examining parental denigration behaviors of co-parents as reported by young adults and their association with parent-child closeness. *Couple*

and Family Psychology: Research and Practice, 3(3), 165-177. https://doi.org/10.1037/cfp0000026

Safran, J., Abreu, I., Ogilvie, J., & DeMaria, A. (2011). Does psychotherapy research influence the clinical practice of researcher-clinicians? . *Clinical Psychology : Science and Practice, 18*(4), 357-371. https://doi.org/10.1111/j.1468-2850.2011.01267.x

Schoppe-Sullivan, S. J., Mangelsdorf, S. C., Frosch, C. A., & McHale, J. L. (2004). Associations between coparenting and marital behavior from infancy to the preschool years. *Journal of Family Psychology, 18*(1), 194-207. https://doi.org/10.1037/0893-3200.18.1.194

Selekman, M. D. (2017). Co-parenting in couple and family therapy. In J. Lebow, A. L. Chambers, & D. C. Breunlin (Eds.), *Encyclopedia of couple and family therapy* (pp. 1-6). Springer. https://doi.org/10.1007/978-3-319-15877-8

Seltzer, J. A. (1994). Consequences of marital dissolution for children. *Annual Review of Sociology, 20*, 235-266. https://doi.org/10.1146/annurev.so.20.080194.001315

Sevier, M., Atkins, D. C., Doss, B. D., & Christensen, A. (2015). Up and down or down and up? The process of change in constructive couple behavior during traditional and integrative behavioral couple therapy. *Journal of Marital and Family Therapy, 41*(1), 113-127. https://doi.org/10.1111/jmft.12059

Shadish, W. R., & Baldwin, S. A. (2003). Meta-analysis of MFT interventions. *Journal of Marital and Family Therapy, 29*(4), 547-570. https://doi.org/10.1111/j.1752-0606.2003.tb01694.x

Skerrett, K. (2015). Resilience in couples: A view of the landscape. In K. Skerrett & K. Fergus (Eds.), *Couple resilience: Emerging perspectives* (pp. 3-22). Springer. https://doi.org/10.1007/978-94-017-9909-6_1

Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2006). Current status and future directions in couple therapy. *Annual Review of Psychology, 57*, 317-344. https://doi.org/10.1146/annurev.psych.56.091103.070154

Snyder, D. K., & Halford, W. K. (2012). Evidence-based couple therapy: Current status and future directions. *Journal of Family Therapy, 34*(3), 229-249. https://doi.org/10.1111/j.1467-6427.2012.00599.x

Spitz, R. A. (1945). Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood. *The Psychoanalytic Study of the Child, 1*(1), 53-74.

Stroud, C. B., Meyers, K. M., Wilson, S., & Durbin, C. E. (2015). Marital quality spillover and young children's adjustment: Evidence for dyadic and triadic parenting as mechanisms. *Journal of Clinical Child & Adolescent Psychology, 44*(5), 800-813. https://doi.org/10.1080/15374416.2014.900720

Sturge-Apple, M. L., Davies, P. T., & Cummings, E. M. (2006). Impact of hostility and withdrawal in interparental conflict on parental emotional unavailability and children's adjustment difficulties. *Child Development, 77*(6), 1623-1641. https://doi.org/10.1111/j.1467-8624.2006.00963.x

Swank, L. E., & Wittenborn, A. K. (2013). Repairing alliance rupture in emotionally focused couple therapy: A preliminary task analysis. *The American Journal of Family Therapy, 41*(5), 389-402. https://doi.org/10.1080/01926187.2012.726595

Talbot, J. A., & McHale, J. P. (2004). Individual parental adjustment moderates the relationship between marital and coparenting quality. *Journal of Adult Development, 11*(3), 191-205. https://doi.org/10.1023/B:JADE.0000035627.26870.f8.

Teubert, D., & Pinquart, M. (2010). The association between coparenting and child adjustment: A meta-analysis. *Parenting, 10*(4), 286-307. https://doi.org/10.1080/15295192.2010.492040

Tilden, T., Johnson, S. U., Zahl-Olsen, R., Wampold, B. E., Ulvenes, P., & Haland, A. T. (2021). Alliance predicting progress in couple therapy. *Psychotherapy*. Advance online publication. https://doi.org/10.1037/pst0000355

Treutler, C. M., & Epkins, C. C. (2003). Are discrepancies among child, mother, and father reports on children's behavior related to parents' psychological symptoms and aspects of parent-child relationships? . *Journal of Abnormal Child Psychology, 31*(1), 13-27. https://doi.org/10.1023/a:1021765114434

Van Egeren, L. A., & Hawkins, D. P. (2004). Coming to terms with coparenting: Implications of definition and measurement. *Journal of Adult Development, 11*(3), 165-178. https://doi.org/10.1023/B:JADE.0000035625.74672.0b

Viry, G. (2014). Coparenting and children's adjustment to divorce: The role of geographical distance from fathers. *Journal of Divorce & Remarriage, 55*(7), 503-526. https://doi.org/10.1080/10502556.2014.950900

Welch, T. S., Lachmar, E. M., Leija, S. G., Easley, T., Blow, A. J., & Wittenborn, A. K. (2019). Establishing safety in emotionally focused couple therapy: A single-case process study. *Journal of Marital & Family Therapy, 45*(4), 621-634. https://doi.org/10.1111/jmft.12398

Winnicott, D. W. (1953). Transitional objects and transitional phenomena: A study of the first not-me possession. *The International Journal of Psycho-Analysis, 34*(2), 89-97.

Woldarsky Meneses, C., & Greenberg, L. S. (2011). The construction of a model of the process of couples' forgiveness in emotion-focused therapy for couples. *Journal of Marital & Family Therapy, 37*(4), 491-502. https://doi.org/10.1111/j.1752-0606.2011.00234.x

Yan, J., Schoppe-Sullivan, S. J., & Kamp Dush, C. M. (2018). Maternal coparenting attitudes and toddler adjustment: Moderated mediation through father's positive engagement. *Parenting: Science and Practice, 18*(2), 67-85. https://doi.org/10.1080/15295192.2018.1444130

Zaoui, P. (2020). Théorie du couple. *Revue du Crieur, 16*, 6-29.

Zemp, M., Jockers, M., & Mata, J. (2020). The role of constructiveness in interparental conflict for mothers' perception of children's health. *Family Relations, 69*(4), 683-697. https://doi.org/10.1111/fare.12449

Zemp, M., Johnson, M. D., & Bodenmann, G. (2018). Within-family processes: Interparental and coparenting conflict and child adjustment. *Journal of Family Psychology, 32*(3), 299-309. https://doi.org/10.1037/fam0000368

Zermatten, J. (2017). *Intérêt supérieur de l'enfant, le point de vue du droit ?*[Paper presentation]. Colloque printanier du Centre interfacultaire en droits de l'enfant (CIDE) de l'Université de Genève. Sion, Switzerland.

Zuccarini, D., Johnson, S. M., Dalgleish, T. L., & Makinen, J. A. (2013). Forgiveness and reconciliation in emotionally focused therapy for couples: the client change process and therapist interventions. *Journal of Marital & Family Therapy, 39*(2), 148-162. https://doi.org/10.1111/j.1752-0606.2012.00287.x

Supplementary Materials

Supplementary Materials

The Integrative Brief Systemic Intervention

The Integrative Brief Systemic Intervention (IBSI) is a manualized treatment offered to parent couples that targets both the romantic and the coparenting relationships (Carneiro et al., 2012). The intervention is brief, about 6 sessions in 6 months and is divided in three phases: the initial phase (1st session), the intervention phase (2nd to 5th sessions) and the final phase (6th session). The initial phase aims to co-construct the therapy framework and to define the problem that led the couple to start therapy. In this initial phase, the therapist and the couple work together to set concrete objectives. The intervention phase corresponds to the therapeutic intervention itself. To promote change during these sessions, therapists use various techniques borrowed from empirical research on coparenting (e.g., Feinberg, 2002, 2003; McHale & Lindahl, 2011) and systemic treatment models (e.g., structural, strategic, transgenerational, and solutionist models). The final phase proposes a wrap-up session that allows both the therapist and the couple to reflect on the therapy process and on the possibility to end or continue the therapy. This session also allows the therapists to further work on possible relapses and help the partners anticipate their reactions when facing future difficulties.

The ISBI model promotes the therapists' collaborative positioning in relation to clients (Anderson, 1997), inviting them to be co-actors and jointly responsible for the therapeutic process in the context of brief treatment. To maximize the mobilizing effect of the limited therapeutic timeframe, each session starts with the clients' feedback on their experience of the last session in terms of therapy process and therapeutic alliance (Macaione et al., 2018).

IBSI main characteristic is to systematically take into account both the romantic and the coparenting relationships regardless of the couple's reasons for seeking therapy. As the

couples predominantly enter therapy for romantic issues (Doss et al., 2004), work on the coparenting relationship must be associated with work on the romantic relationship and with the couples' primary reasons for attending couple therapy. This model of therapy is supported by three hypotheses: (1) both relationships are important to the parent couple functioning (Talbot & McHale, 2004) and improvement of those will induce a contagion process resulting in various changes at different family levels, such as parent-child level and individual level—parents' well-being, child's adjustment— (e.g., Morrill et al., 2010; Stroud et al., 2015); (2) focus on the coparenting relationship stresses the importance of the impact of couples' difficulties on their children (Cummings et al., 2008); (3) parents will be more motivated to change if it is for their children's well-being (Margolin et al., 2001). According to these three hypotheses, IBSI is expected to benefit couples of parents by providing a couple therapy specially designed for them and the specificity of their everyday life.

References

Carneiro, C., Vaudan, C., Duc-Marwood, A., Darwiche, J., de Roten, Y., & Despland, J.-N. (2012). *Manuel psychothérapeutique: L'intervention systémique brève intégrative [Psychotherapy manuel: The integrative brief systemic intervention]* (version 1.0). Centre hospitalier universitaire vaudois.

Cummings, E. M., Faircloth, W. B., Mitchell, P. M., Cummings, J. S., & Schermerhorn, A. C. (2008, Apr). Evaluating a brief prevention program for improving marital conflict in community families. *Journal of Family Psychology, 22*, 193-202. https://doi.org/10.1037/0893-3200.22.2.193

Doss, B. D., Simpson, L. E., & Christensen, A. (2004). Why do couples seek marital therapy? *Professional Psychology: Research and Practice, 35*(6), 608-614. https://doi.org/10.1037/0735-7028.35.6.608

Feinberg, M. E. (2002). Coparenting and the transition to parenthood: A framework for prevention. *Clinical Child and Family Psychology Review, 5*(3), 175-195.

Feinberg, M. E. (2003). The internal structure and ecological context of coparenting: A framework for research and intervention. *Parenting, Science and Practice, 3*(2), 95-131. https://doi.org/10.1207/S15327922PAR0302_01

Macaione, M., Darwiche, J., Fasseur, F., & Vaudan, C. (2018). Coconstruction de l'alliance en thérapie de couple : la technique du rituel du feedback. *Thérapie familiale, 39*, 107-123. https://doi.org/https://doi.org/10.3917/tf.181.0107

Margolin, G., Gordis, E. B., & John, R. S. (2001). Coparenting: A link between marital conflict and parenting in two-parent families. *Journal of Family Psychology, 15*(1), 3-21. https://doi.org/10.1037/0893-3200.15.1.3

McHale, J. P., & Lindahl, K. M. (2011). *Coparenting: A conceptual an clinical examination of family systems*. American Psychological Association.

Morrill, M. I., Hines, D. A., Mahmood, S., & Cordova, J. V. (2010). Pathways between marriage and parenting for wives and husbands: The role of coparenting. *Family Process, 49*(1), 59-73. https://doi.org/10.1111/j.1545-5300.2010.01308.x

Stroud, C. B., Meyers, K. M., Wilson, S., & Durbin, C. E. (2015). Marital quality spillover and young children's adjustment: Evidence for dyadic and triadic parenting as mechanisms. *Journal of Clinical Child & Adolescent Psychology, 44*(5), 800-813. https://doi.org/10.1080/15374416.2014.900720

Talbot, J. A., & McHale, J. P. (2004). Individual parental adjustment moderates the relationship between marital and coparenting quality. *Journal of Adult Development, 11*(3), 191-205. https://doi.org/10.1023/B:JADE.0000035627.26870.f8.

Chapter 1

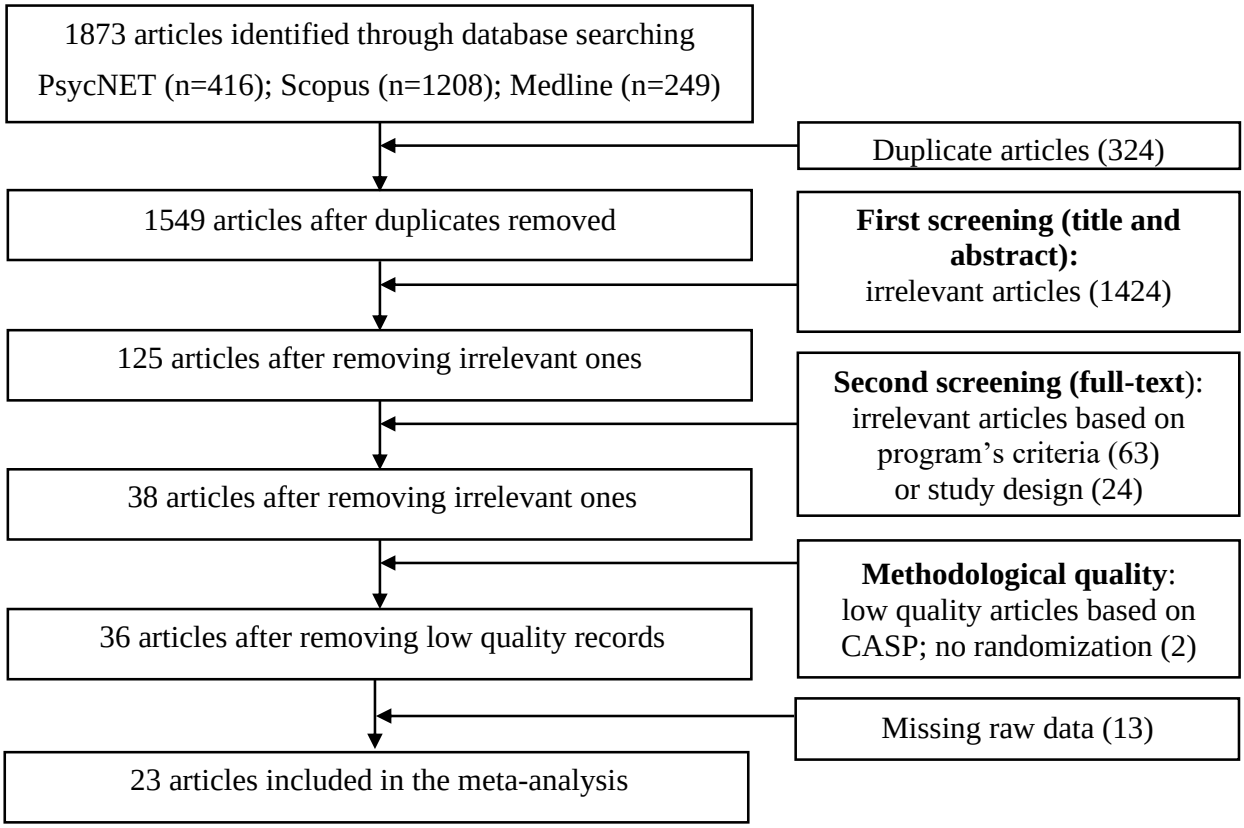

Figure S1. Flow Chart of the Selection Process.

Table S1.
Methodological Quality of Studies According to the CASP Criteria

Articles	R	Blind	Groups similar	Equally treated	Properly accounted	How large	Precise	Application	Clinical	Benefit
Abbass-Dick et al. (2015)	Yes	Yes Researcher	No prenatal classes	Yes	Yes	**Effect:** fathers' parental self-efficacy & mother's perceived support **Term**: 6 weeks postpartum **Size**: [a]	p<0.05; means differences; **selective report** of relevant values	First time parents	Yes	Yes
Barton et al. (2018)	Yes	Can't tell	Yes	Yes	Yes	**Effect**: **Term: 15.5 months** **Size:**	P<0.05; HLM (growth model); relevant values and raw data in supplementary	At risk families (African-American)	Yes	Yes
Beach et al. (2014); Barton et al. (2014)	Yes	Can't tell	Yes	Yes	Yes	**Effect:** interparental conflict & communication **Term**: 2 years **Size**: [a]	p<0.05; SEM & APIM; relevant values	At-risk families (African-American)	Yes	Yes
Cowan et al. (2009)	Yes	No	Can't tell	Yes	Yes	**Effect:** (1) fathers' engagement & stress; (2) buffer on romantic relationship **Term**: 18 months **Size**: medium to large (0.4 ≤ d ≤ .79)	p<0.05; ANOVA; relevant values	At-risk families (low incomes)	Yes	Yes
Cowan et al. (2011)	Yes	Yes Couples	Can't tell	Yes	No some responders have not attended the intervention	**Effect**: marital satisfaction & communication (marginal) **Term**: 10 years **Size**: small (r = .21)	p<0.05 ! after Bonferroni adjustment p= n.s.; growth curve models; relevant values	Community samples	Yes	Yes
Cox & Shirer (2009)	No									

Table S1 (continued)

Articles	R	Blind	Groups similar	Equally treated	Properly accounted	How large	Precise	Application	Clinical	Benefit
Cummings et al. (2008); Faircloth et al. (2011)	Yes	Can't tell	Can't tell	Yes	No high attrition rate at 2y FU	**Effect:** (1) interparental conflict & problem solving; (2) support & positive affect **Term**: 1 to 2 years **Size**: (1)large ($0.8 \leq d \leq 1.84$); (2) [a]	$p<0.05$; ANCOVA; relevant values	Community samples	Yes	Yes
Doherty et al. (2006)	Yes	Can't tell	Yes	Yes	Yes	**Effect:** (1) father-child relationship; (2) fathers' engagement **Term**: 1 year **Size**: (1) small (d=0.31); (2) small (d=.3)	$p<0.05$;ANOVA; relevant values	First time parents	Yes	Yes
Doss et al. (2014)	Yes	Can't tell	No women's level of education **controlled**	Yes	Yes	**Effect:** mothers' stress & romantic relationship for women; (2) parental alliance for mothers and task division for fathers **Term:** (1) 1 to 2 years; (2) 1 month **Size:**(1) large (d = .84); (2) large (d = 1.24)	$p<0.05$; HLM (growth model); relevant values	First time parents at risk (domestic violence)	Yes	Yes
Epstein et al. (2015)	Yes	Can't tell	Can't tell	No 6-month waiting list excluded from FU	No control and intervention confounded at FU	**Effect:** conflict (1) positive for high conflict couples (2) negative for medium conflict couples **Term**: 2 months **Size**: [a]	$p<0.05$; growth model; **selective report** of relevant values	At risk families	Yes	No few short-term effect only for high conflict group
Faircloth & Cummings (2008)	Yes	Yes couples	Yes	No 6-month waiting list excluded from FU	Yes	**Effect**: (1) fathers' knowledge on conflict; (2) snowball effect on negative parenting & coparenting	$p<0.05$ multivariate HLM; relevant values	Community samples	No comparison	Can't tell

Table S1 (continued)

Articles	R	Blind	Groups similar	Equally treated	Properly accounted	How large	Precise	Application	Clinical	Benefit
						Term: (1) post-test; (2) 6 to 12 months **Size**: [a]				
Feinberg & Kan (2008); Feinberg et al. (2009; 2010; 2014); Kan & Feinberg (2015)	Yes	Can't tell	Yes	Yes	No variability in attendance (76% at least 1 postnatal session); high attrition rate at 5-year FU	**Effect:** (1) parents' adjustment; (2) coparenting; (3) child's adjustment moderate by gender and kind problem; (4) specific romantic and the parent-child relationships **Term**: (1) 3 years; (2) 3 years; (3) 7.5 years; (4) 3 years **Size:** (1) small (d = .2); (2) small to medium (.28 ≤ d ≤.54); (3) small to large (.35 ≤ d ≤ .81); (4) small (-.23 ≤ d ≤ .48)	p<0.05; MLM; relevant values	First time parents	Yes	Yes
Feinberg et al. (2016) **Jones et al. (2018)**	Yes	Can't tell	Can't tell	Yes	Yes	**Effect:** (1) coparenting, communication, parenting and parents' and child's adjustments; (2) **negative effect** on marital satisfaction **Term**: (1) post-test **Size:** (1) small (.2 ≤ d ≤ .41); (2) small (d ≤ -.27)	p<0.05 p<0.01; MLM; relevant values	First time parents	Yes	Yes
Florsheim et al. (2011; 2012)	Yes	Yes researcher	Yes	Yes	Yes	**Effect**: fathers' coparenting and engagement **Term**: 18 months **Size**: [a]	p<0.05; ANOVA and SEM; relevant values	First time parents at-risk (adolescent mothers)	Yes	Yes

Table S1 (continued)

Articles	R	Blind	Groups similar	Equally treated	Properly accounted	How large	Precise	Application	Clinical	Benefit
Frank et al. (2015)	Yes	Can't tell	Yes	No subsample (n=16) provided supplementary data	Yes	**Effect**: (1) interparental conflict; (2) child's adjustment; (3) negative parenting; (4) mothers' parenting efficacy **Term**: (1) post-test; (2) post-test; (3) 6 months; (4) 6 months **Size**: (1) medium (d = .64); (2) large (1.29≤ d ≤1.76); (3) medium to large (.5 ≤ d ≤1.29); (4) medium (.45≤ d ≤ .7)	p<0.05; ANCOVA; relevant values	At-risk families (child with medium behavior problems)	Yes	Yes
Gjerdingen et al. (2002)	Yes	No	Yes	Yes	Yes	**Effect: buffer** on housework sharing for men **Term**: 6 months **Size**: [a]	P<0.05; ANCOVA; relevant value	First time parents	No	Yes
Halford et al. (2009) ; Petch et al. (2012)	Yes	Can't tell	Can't tell	Yes	Yes	**Effect:** (1) conflict; (2) women's marital satisfaction **Term**: (1) 2y; (2) 1y **Size:** (1) large (r=.84); (2) medium (r= .32)	p<0.05; MLM; relevant values	First time parents	Yes	Yes
Hertzmann et al. (2016)	Yes	Can't tell	Yes	Yes	Yes	**Effects**: None compared to the parents' group (comparator); (2) **less** effect on child's reaction to conflict **Term**:(2) 6 months after enrolment **Size**:(2) large (d = 1.11)	p≤ 0.05; HLM; relevant values	Separated parents	Yes	No comparator even seems better
Ireland et al. (2003)	Yes	Can't tell	Yes	Yes	Yes	**Effect**: (1) interparental conflict reported by fathers; (2) no difference compare to the standard intervention	p<0.05; ANCOVA; **selective report** of relevant values	At-risk families (child with first signs of behavior	Yes	No few effects compared to standard intervention

Table S1 (continued)

Articles	R	Blind	Groups similar	Equally treated	Properly accounted	How large	Precise	Application	Clinical	Benefit
						Term: (1) from post-test to 3 months **Size**: [a]		problems + marital conflict)		
Kramer & Kowal (1998)	No									
Marczak et al. (2015)	Yes	Can't tell	Can't tell	Yes	No high attrition	**Effect**: buffer mothers' coparenting **Term**: post-test **Size**: [a] ! **selective report**	P<0.05; General linear mixed models; relevant values	Separated parents	Yes	No few effects
Miller-Graff et al. (2015)	Yes	Can't tell	Yes	Yes	Yes	**Effect**: conflict **Term**: 6 months **Size**: small to large (destructive d = -.2, destructive d = .89)	p<0.01; MLM and path models; relevant values	Community samples	Yes	No missing the effects on the teenager predicted by the model
Pruett et al. (2005; 2011)	Yes	Can't tell	No age & ethnicity **controlled**	Yes	No higher attrition rate in the control group; low attendance (61% < 3 sessions with the counsellor)	**Effect:** (1) maternal support and father's engagement; (2) conflict; (3) buffer negative changes in father-child relationship; (4) child's cognitive problems **Term**: (1) 18 months from baseline; (2)[a]; (3)18 months from baseline;(4)[a] **Size:** [a]	No report of statistics (for 2005) p<0.05 (for 2011); path modelling; relevant values	Separated parents	Yes	Yes

Table S1 (continued)

Articles	R	Blind	Groups similar	Equally treated	Properly accounted	How large	Precise	Application	Clinical	Benefit
Sanders et al. (2000; 2007)	Yes	Can't tell	Yes	No waiting-list no 1-3 year FU	Yes	**Effect**: (1) child's behaviour; (2) parenting and mother's parental self-efficacy **Term**: (1) 1 year; (2) post-test **Size**:[a]	P<0.05; ANCOVA and MANCOVA; relevant values	At-risk families (child behavior problems)	Yes	No few effects compared to the standard intervention
Schulz et al. (2006)	Yes	No	Can't tell analysis on marital satisfaction only	No childless group did not fill in the 4th questionnaire; uncompleted flowchart	Yes	**Effect**: marital satisfaction **Term**: 5.5 years **Size:** medium (r = .3) **! selective report**	P<0.01; HLM; results report **unclear** for some groups	First time parents	Yes	Can't tell
Shapiro & Gottman (2005)	Yes	Can't tell	Yes	Yes	Can't tell (no info on attrition rate)	**Effect:** (1) depression; (2) buffer on marital satisfaction **Term**: 1y **Size**: [a]	P<0.001; ANOVA, relevant values	First time parents	Yes	Yes
Shapiro et al. (2011)	Yes	No	No proportions of first-time parents **controlled**	Yes	No high attrition rate	**Effect**: coparenting competition **Term**: 3 months **Size**: small ($.03 \leq \eta^2 \leq .06$)	P<0.05; ANCOVA, relevant values	First time parents	Yes	Yes

Note. CASP = Critical Appraisal Skills Program. Criterion of study focus is not reported due to positive answer for all studies. R = randomisation; Blind = blindness to condition; Groups similar = similarity of groups at baseline; Equally treated = treatment equality between groups; Properly accounted = are participants properly accounted at conclusion; How large = importance of treatment effects; Precise = precision of the reported results; Application = application of the results to the coder context; Clinical = clinical importance of the results; Benefit = cost-benefit balance. FU = follow-up.

[a] value not reported in the article.

Table S2.

Program Characteristics

Program	Study	Population	Target of program	Setting	Intensity
1. Breastfeeding support intervention	Abbass-Dick et al. (2015)	First time parents	**Coparenting** and **parenting** (breastfeeding); Learn how to cooperate to achieve breastfeeding goals	Interview, booklet	15min
2. Bringing baby home workshop	Shapiro & Gottman (2005)	First time parents	**Coparenting**, **romantic relationship** and **parenting**; Psychoeducation and exercises on coparenting -task division, shared values-, romantic relationship, transition to parenthood, conflict management, parental engagement, adjusted parenting and child's development.	Workshop	2 days
3. Co-Parent Court demonstration	Marczak et al. (2015)	Separated parents	**Coparenting**; Skills training on coparenting, mothers' support to fathers' engagement, negotiation about rules, and elaboration of a coparenting plan	Workshop Two-parent session	3 x 3h 1 x 3h
4. Collaborative divorce project	Pruett et al. (2005)	Divorced parents	**Coparenting**; Psychoeducation on coparenting, divorce, child development, skills training on communication, problem solving and work on coparenting plan adjusted to child's needs	Couple session Group sessions	4 x [a] 2 x [a]
5. Coparenting intervention	Doss et al. (2014)	First time parents at risk	**Coparenting**; Discussion on expectations about transition to parenthood and coparenting plan	Couple session	4 x 1h30
6. Couple CARE for parents	Halford et al. (2010)	First time parents	**Coparenting and romantic relationship**; Psychoeducation and skills training on parenting expectations, childcare, communication, conflict management, mutual support, couple relationship (affection, maintain positive focus, etc.)	Workshop Couple session Phone calls	1 x 6h 2 x 1h30 3 x 45min

Table S2 (continued)

Program	Study	Population	Target of program	Setting	Intensity
7. Couples groups	Schulz et al. (2006)	First time parents	**Coparenting and romantic relationship;** Discussion about the topics brought by the participant about parenting, communication, resources, task division, etc.	Group session	24 x 2h30
8. Family Communication Program	Miller-Graff et al. (2015)	Community sample parents	**Interparental conflict;** Psychoeducation on destructive and constructive conflict, emotional security, coparenting, and adolescents' development and skills training on conflict management	Group session	4 x 2h
9. Family Foundations	Feinberg & Kan (2008)	First time parents	**Coparenting** and **parenting;** Psychoeducation on parenting and skills training on mutual support, problem solving, communication, emotional coping, and cognitive attribution	Group session	8/9 x [a] 4/5 pre- and 4 post-partum
10. Happy couples and Happy kids	Faircloth & Cummings (2008)	Community sample parents	**Interparental conflict;** Psychoeducation on destructive and constructive conflict and coparenting support, and skills training on constructive conflict	Group session	1 x 2-3h
	Cummings et al. (2008)		**Interparental conflict;** Psychoeducation on constructive vs destructive conflict, on the importance of child's emotional security and skills training on communication and conflict management	Group session	4 x 2h30
11. Mentalization-based therapy for parents	Hertzmann et al. (2016)	Separated parents	**Interparental conflict;** Emotion identification and sharing, awareness of child's experience	Two-parent session	6 to 12 x 1h
12. Parenting-focused intervention	Cowan et al. (2011)	Community sample parents	**Coparenting;** Group discussion and exercises about daily difficulties as parents	Group sessions	16 x 2h

Table S2 (continued)

Program	Study	Population	Target of program	Setting	Intensity
13. Parenting Together project	Doherty et al. (2006)	First time parents	**Coparenting** and **parenting;** Group discussion on expectations about parenting, issues and barriers to coparenting, psychoeducation and skills training on communication, parenting, mutual support, child's needs, and elaboration of coparenting plan	Home visit Group session	1 x 1h30 7 x 2h 3 pre- and 4 post-partum
14. Promoting Strong African-American Families	Beach et al. (2014)	At-risk families	**Coparenting**, **parenting** and **romantic relationship;** Psychoeducation and skills training on problem solving, communication, positive coparenting, children support and protection.	Home visit	6 x 1h30
15. Protecting Strong African-American Families	Barton et al. (2018)	At-risk families	**Romantic relationship, coparenting and parenting;** Psychoeducation and skills training on couples' identity, partnership, parent-child communication, family rules, child's misbehaviour and ethnic pride	Home visit	6 x 2h and 2 booster sessions
16. Supporting Father Involvement	Cowan et al. (2009)	At-risk families	**Father's engagement;** Group-guided discussion on parenting, family patterns, social resources, skills training on communication and role plays on parenting styles	Group session	16 x 2h
17. Triple P					
a. Level 5; enhanced behavioral family intervention	Sanders et al. (2000;2007)	At-risk families	**Parenting** and **coparenting;** Developing skills in parenting, coparenting support, coping and mood management	Couple session Workbook	12 x 1h-1h30

Table S2 (continued)

Program	Study	Population	Target of program	Setting	Intensity
b. Level 5; enhanced group triple P	Ireland et al. (2003)	At-risk families	**Parenting** and **coparenting**; Skills training on parenting, coparenting support, positive communication, problem solving	Group session Phone call	4 x 2h 4x 15-30min
				Support group	2 x 1h30
c. Specific components for fathers	Frank et al. (2015)	At-risk families	**Parenting** and **coparenting** (fathers' engagement); Psychoeducation on the benefits of both parents engagement, skills training on positive parenting and on aspects specific to fathers' needs.	Group session	5 x 2h
				Phone call	3 x [a]
18. Work-planning intervention	Gjerdingen & Center (2002)	First time parents	**Coparenting and romantic relationship;** Communication of positive affects and coparenting plan	Group session	2 x 30min
19. Young Parenthood Program	Florsheim et al. (2011)	First time parents at-risk	**Parenting** and **coparenting;** Psychoeducation on the importance of coparenting for child development, family planning, and skills training on coparenting, communication, parenting, identifying resources and reorganization of roles (larger social context)	Couple session	10 weeks

Note. Programs are presented by alphabetical order.
[a] = the information is not reported in the article.

Chapter 3

Table S1.
Task Analysis Procedure (adapted from Pascual-Leone et al., 2014)

Stage	Details about stage	Application
Stage 1 : Defining the task	a. Select a task to resolve	a. The task was resolving coparenting dissatisfaction.
	b. Define the beginning (task marker) and the end (resolution marker) of the task	b. The task starts with coparenting dissatisfaction and ends with coparenting satisfaction.
Stage 2 : Rational model	a. Synthesize clinical assumptions	a. We made assumptions based on IBSI treatment model.
	b. Review literature	b. We reviewed the literature on attachment and systemic theory.
	c. Postulate on relevant steps necessary to resolve the task	c. We postulated on two necessary steps: insighfulness and we-ness.
Stage 3 : Empirical analysis	a. Operationalize the task and resolution markers (to observe them)	a. Task marker: at least one of the parents expressing negative emotions regarding the other coparent or the coparenting relationship. Resolution marker: both parents expressing positive affect regarding their coparenting relationship.
	b. Select cases	b. We selected 6 cases all presenting the task marker. Among those 6 cases 3 also presented the resolution marker.

Stage	Details about stage	Application
	a. Identify the scope of analysis	a. We identified the scope of sessions to code from the session with the task marker to the last session.
	b. Coding sessions	b. We identified and described events related to insightfulness, we-ness, and coparenting. We also built a story of each case's progress that specifies (with new labels) and organizes the events happening from the task marker to the resolution marker.
Stage 4 : Rational-empirical model	a. Case comparison	a. We compared stories of resolved cases and contrasted them with the stories of the unresolved cases that allowed us to identify the essential steps observed in resolved cases and not in unresolved cases.
	b. Synthesizing theory and observation	b. We verified that insightfulness and we-ness were observed and judged essential to the change process. We then integrated new essential steps observed in the rational model to obtain a final rational-empirical model.

Table S2a

Raw scores of resolved couples according to four levels of outcomes

	Couple A				Couple B				Couple C			
	F		M		F		M		F		M	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Individual level												
OQ	16	14	12.22	11	18	14	11	20	23	21	19	22
PHQ	7	7	3	4	14	5	2	12	10	12	12	10
STAI	46	43	43	38	50	40	33	48	50	55	48	41
Marital level												
DAS	101.16	83	103	94	98	110	92	93	114	109	93	116
DCI	2	2	2.4	2.6	1.6	1.6	3	3.2	2.8	3	2.8	4.2
Coparenting level												
PAM	81	75	88	85	85	86	80	78	79	79	82	88
PCPQ	4.29	4.14	4.71	3.43	3.29	4.14	4.29	4.29	3.43	3.71	4.14	4.43
PAFSQ	3.5	3.88	4.38	3.63	3.25	3.63	4.25	4.25	3.75	4	4.38	4.25
CIPA	1.06	1.69	1.29	1.81	2.69	1.38	0.63	0.44	1.75	0.88	0.44	0.56
Family level												
BP	4.17	4.67	5.08	5.25	6.33	6.33	5.17	5.08	3.83	4.25	3	4.33
FAD	2.13	2.38	2.5	2.67	1.96	1.92	2.21	2.21	2.42	2.46	2.79	2.46

Note. OQ scores above the clinical cut-off of 12 are distressed scores. PHQ scores above the clinical cut-off of 10 corresponded to clinical depression. STAI scores above the cut-off of 54 are interpreted as clinical anxiety. DAS scores below the cut-off of 97 are interpreted as clinical distress. DCI scores below 2.18 are interpreted as dysfunctional scores. PCPQ scores below 3.8 are interpreted as dysfunctional scores. CIPA scores above 2.32 for women and 2.24 for men are interpreted as dysfunctional scores. FAD scores above the cut-off of 2.13 corresponded to dysfunctional scores.

Table S2b

Raw scores of unresolved couples according to four levels of outcomes

	Couple D				Couple E				Couple F			
	F		M		F		M		F		M	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Individual level												
OQ	16	12	19	13	10	10	11	14	6	7	9	7
PHQ	2	1	12	6	2	3	2	5	0.1	4	0.1	2
STAI	30	29	47	41	37	35	32	34	31	28	34	26
Marital level												
DAS	79	92	83	115	122	118	135	131	122	111	111	109
DCI	1.6	1.6	1.4	2.6	4	4.2	4	2.8		3.4		3.4
Coparenting level												
PAM	69	79	86	93	100	94	98	97	93	96	91	96
PCPQ	4	4.29	3.71	4.29	5	5	5	5	4.57	4.57	4.29	4.14
PAFSQ	4.38	4.25	4	4.38	4.25	3.75	4.75	4.88	4.5	4.25	4.63	4.38
CIPA	1.25	0.56	1.94	0.25	0.25	0.31	0	0		0.63		0.63
Family level												
BP	5.75	6.33	4.25	4	5.25	5.5	6.73	4.33	5.08	5.83	4.67	5.33
FAD	2.46	2.42	2.5	2.38	2.04	1.92	2.04	2.52	2.25	1.83	1.96	1.79

Note. OQ scores above the clinical cut-off of 12 are distressed scores. PHQ scores above the clinical cut-off of 10 corresponded to clinical depression. STAI scores above the cut-off of 54 are interpreted as clinical anxiety. DAS scores below the cut-off of 97 are interpreted as clinical distress. DCI scores below 2.18 are interpreted as dysfunctional scores. PCPQ scores below 3.8 are interpreted as dysfunctional scores. CIPA scores above 2.32 for women and 2.24 for men are interpreted as dysfunctional scores. CIPA scores above 2.32 for women and 2.24 for men are interpreted as dysfunctional scores. FAD scores above the cut-off of 2.13 corresponded to dysfunctional scores.

Table S3
Summary of Step Criteria

Steps	Criteria		
	Actor	Emotion	Object
Awareness of coparenting dissatisfaction	Both parents	Negative emotions: • Irritation • Anxiety • Sadness • Shame • … Parents move from avoidance to approach (share more authentically their complaints)	Elaborate over the dissatisfaction: • Refer to concrete behaviors/mental states • Move from global complaints to concrete expectations regarding the other parent
Reflection on negative coparenting dynamics	Both parents	No specific	Refer to coparenting dynamic: • Stop focusing/blaming only on the other parent • Start talking about the dyad or the triad • Identify sequences of action-reactions = interpersonal awareness Negative dynamic: • Describe the dynamic as deleterious
Insightfulness	At least one parent	Warmth and tolerance when talking about the child May refer to their own emotions regarding the child's experience: • Worries • Frustration, etc.	Child-centered Refer to child's: • Emotions • Thoughts • Intentions

Table S3 (continued)

Steps	Criteria		
	Actor	Emotion	Object
			Make explicit effort to tease out mental states underlying child's behaviors: • Make plausible links between mental states and behaviors • Can use own experience as a child to reflect on child's experience Willing to challenge their view: • Use conditional and verbs that imply the effort to understand the child's experience • Discriminates own vision with child's actual experience
Innovation	At least on parent	May be ambivalent: • Difficulties while changing and/or maintaining the changes	Address changes: • New actions voluntarily adopted • 1st attempt Regarding the coparenting relationship: • Towards the child • Towards the other parent
Validation	At least one parent (must be the parent witnessing the change of behavior)	Approving	Refer to the change in the coparenting relationship: • Address the changes/the new actions revealed in the last stage by one parent

Table S3 (continued)

Steps	Criteria		
	Actor	Emotion	Object
Coparenting we-ness	Both parents	Warmth and tolerance	Refer to the coparenting team: • Refer to the dyad or triad • Prevalence of we-language Parents are bonding over changes: • Identify new positive dynamic • Link the dynamic to changes in the coparenting relationship (innovation step and consecutive actions adopted) Balance view of the team: • Recognize difference of perspective • Identify persisting difficulties in being a team

Data S1. Questionnaires

1. Individual level:

   - The outcome questionnaire (OQ-10.2; Lambert et al., 1998) is a self-reported measure composed by 10 items. It assesses the overall mood/symptomatology for adults (min 18 years old). Composite score is a sum ranging from 0 to 40 with a clinical cut-off at 12 (Seelert et al., 1999). Higher scores correspond to higher levels of individual symptomatology. Previous research (e.g., Seelert et al.,1997) revealed good psychometric properties in terms of reliability (α =.88) and convergent validity with the Duke scale, for example, particularly with subscales assessing mental health and anxiety and depression.

   - Patient Health Questionnaire (PHQ-9; Spitzer et al., 1999) is a self-report measure composed by 9 items assessing adults' depression. The composite score is a sum ranging from 0 to 27. The clinical cut-off is fixed at 10 as depression scores are interpreted as minimal or mild below the cut-off and as moderate or severe above the cut-off (Kroenke et al., 2001). Previous research (e.g., Kroenke et al., 2001; Lowe et al., 2004) revealed excellent psychometric properties of the PHQ-9 in terms of reliability (α =.89) and convergent validity, for example, with the Hospital Anxiety and Depression Scale and the Well-Being Index 5.

   - State Trait Anxiety Inventory (STAI-Trait; Spielberger et al., 1983) is a self-report measure composed by 20 items. It assesses trait anxiety which corresponds to the individual's propensity for anxiety. Sum of items can range from 20 to 80 with a cut-off at 54 (Kvaal & Ulstein, 2005). Higher scores correspond to higher levels of anxiety. Previous research (e.g., Bados et al., 2010) revealed excellent psychometric properties in terms of reliability (α =.91) and convergent validity for example, with the Beck Depression Inventory or the Symptom Checklist 90-R.

2. Marital level:

   - Dyadic Adjustment Scale (DAS; Spanier, 1976) is a self-report measure composed by 32 items assessing dyadic adjustment. Composite scores are sums ranging from 0 to 120 with a cut-off at 97 (Jacobson et al., 1984). Score below the clinical cut-off correspond to marital distress. Previous research (e.g., Spanier, 1976; Vandeleur et al., 2003) revealed excellent psychometric properties in terms of reliability (α =.94) and convergent validity with the Marital Adjustement Scale.

   - Dyadic Coping Inventory (DCI; Bodenmann, 2008) is a self-report measure. In this study we only assess one subscale of the DCI, the joint dyadic coping. This subscale counts 5 items that assess the joint coping of external stressors within the couple. Composite scores are means and range from 0 to 5. The clinical cut-off has been fixed at 2.18 that corresponds to two standard deviations below the population mean (Ledermann et al., 2010). Higher scores correspond to higher levels of dyadic coping. Previous research (e.g., Ledermann et al., 2010) revealed excellent psychometric properties in terms of reliability (α =.76) and convergent validity for example, through correlations with communication behaviors assessed by the Communication Pattern Questionnaire.

3. Coparenting level:

- Parenting Alliance Measure (PAM; Abidin & Konold, 1999) is a self-report questionnaire of 20 items. It assesses coparenting support. The composite score is a sum ranging from 20 to 100. The population mean is 85 (SD = 10) and the higher the score the higher the level of coparenting support (Delvecchio et al., 2010). Previous studies (e.g., Konold & Abidin, 2001) revealed excellent psychometric properties in terms of reliability (α =.89) and convergent validity.

- Personal Authority in the Family System Questionnaire (PAFS-Q; Williamson et al., 1984) is a self-report measure assessing intergenerational intimacy, triangulation and intimidation. In this study, we only used 8 items of the triangulation to assess triangulation of the child by the responding parent. The composite score is a mean varying between 1 and 5. Higher score correspond to lower levels of triangulation. The psychometric properties of the PAFS-Q has been supported in several previous studies (e.g., Lawson & Brossart, 2004) in terms of consistency, reliability and discriminant and concurrent validity.

- Perceptions of Coparenting Partner Questionnaire (PCPQ; Stright & Bales, 2003) is a self-report measure assessing the parent's perception of the quality of their coparenting relationship. In this study, we only used the coparenting conflict subscale with 7 items. This subscale assesses the absence of conflict within the coparenting relationship. The composite score is a mean ranging from 1 to 5. A clinical cut-off is fixed at 3.8, corresponding to two standard deviations below the population mean (Buckley & Schoppe-Sullivan, 2010). Higher means corresponds to lower conflict. Previous research (e.g., Schoppe-Sullivan, 2010) revealed excellent psychometric properties in terms of reliability (α =.70).

- Coparenting Inventory for Parents and Adolescents (CI-PA; Teubert & Pinquart, 2011) is a self-report measure assessing the quality of the coparenting relationship. In this study we only used the triangulation and conflict subscales. This subscales included partner's and own behaviors regarding triangulation and conflict. These subscales counted 8 items each. Scores pooled both subscales and resulted in a mean ranging from 0 to 5. The clinical cut-off is fixed at 2.32 for women and 2.24 for men, which corresponds to 2 standard deviations above the population mean for women and men (Teubert & Pinquart, 2011). Higher means correspond to higher levels of conflict and triangulation. Teubert & Pinquart (2011) have shown evidence of the reliability (α =.72 for the conflict subscale, and α =.71 for the triangulation subscale) and validity of their scale.

4. Family level:

- Being a parent (BP; McCarty & Doyle, 2001) is a self-report measure of 12 items assessing parenting efficacy and parenting satisfaction. The composite score is a mean ranging from 1 to 7. Higher means correspond to higher levels of parental self-esteem. For comparison the population mean is 4.98 (McCarty & Doyle, 2001). In their report, McCarty & Doyle (2001) noted a good reliability of their scale (α =.77).

- Family Assesment Device (FAD; Epstein et al., 1983) is a self-report questionnaire of 24 items assessing family functioning. In this study we only assessed 3 subscales related to family dysfunctioning. These subscales were the problem solving subscale, the emotional responsiveness subscale, and the overall functioning. The composite score is a mean ranging from 0 to 5 with a clinical cut-off at 2.13 (Mansfield et al.,

2015). Higher means correspond to higher levels of dysfunctioning. Previous research (e.g., Epstein et al., 1983; Georgiades et al., 2008) revealed good psychometric properties in terms of reliability (α =.89) and construct and concurrent validity.

Chapter 4

Table S1.
Results of the Principal Component Analyses for Each Coparenting Discussion

	Coparenting Agreement *46% of the variance*		Coparenting Disagreement *57% of the variance*	
Variables	Contribution	Correlation	Contribution	Correlation
Shared emotion	**45.72%**	.87	0.59%	.27
Agreement	**27.04%**	.82	8.80%	.76
Mutual investment	12.27%	.50	0.31%	.16
Endorsement	6.45%	.52	**12.95%**	.90
Positive we-ness	5.81%	.45	_	_
Competition	2.57%	-.41	**15.28%**	-.79
Triangulation	0.14%	.23	10.03%	-.66
Problem solving	_	_	9.05%	.71
Defensiveness	_	_	**26.51%**	-.91
Pressure for change	_	_	**16.48%**	-.80

Note. Contribution = portion of variance of the principal component explained by the observed variable. Correlation= correlation between the principal component and the observed variable. Numbers in bold correspond to significant contribution as they are above the mean contribution. _ not coded.