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# RESOLVING COPARENTING DISSATISFACTION IN COUPLES: A PRELIMINARY TASK ANALYSIS STUDY

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*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.

## INTRODUCTION

Parent couples are bound to each other by both a romantic relationship and a coparenting relationship (Talbot & McHale, 2004). The romantic relationship engages the individuals as partners, whereas the coparenting relationship engages the individuals as parents. Coparenting has been defined as the coordination between the adults responsible for the care and upbringing of a child (McHale & Irace, 2011). From a systemic–structural perspective, these relationships have been considered two functional subsystems, distinct from one another, but deeply interrelated

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(Minuchin, 1974). Therefore, both relationships should be considered in therapeutic work with parent couples (e.g., Stroud, Meyers, Wilson, & Durbin, 2015). In this study, we focused on the importance of the coparenting relationship. We used the task analysis method (Greenberg, 1984, 2007) to explore the process that unfolded when parents worked on this relationship in marital therapy.

The literature has supported the pivotal role of the coparenting relationship. Empirical findings have supported the association between the quality of coparenting and marital relationships (e.g., Durtschi, Soloski, & Kimmes, 2017; Morrill, Hines, Mahmood, & Cordova, 2010). High-quality coparenting featuring cohesion, cooperation, and support has appeared to be positively associated with marital satisfaction (Talbot & McHale, 2004), whereas low cooperation and high competition between parents have been associated with marital conflicts and dissatisfaction (e.g., Christopher, Umemura, Mann, Jacobvitz, & Hazen, 2015). Coparenting has also appeared to mediate the effect of the marital relationship on parenting. Pedro, Ribeiro, and Shelton (2012) have found marital satisfaction to be a predictor of decreases in coparenting triangulation and conflict and of increases in cooperation, which in turn was associated with fewer negative parenting behaviors, such as rejection and control attempts. These findings have supported the growing literature on the spillover effect between the marital and the coparenting relationships (Bonds & Gondoli, 2007; Stroud et al., 2015). The spillover effect implies that the emotions that an individual experiences in a relationship influence other relationships (Engfer, 1988). Finally, the coparenting relationship has been largely presented as being of paramount importance to the child's development (see the meta-analysis by Teubert & Pinquart, 2010).

Interventions targeting coparenting have appeared to be critical in creating substantial changes within the family system; a growing number of prevention programs have begun offering coparenting-based interventions (e.g., Barton et al., 2015; Feinberg et al., 2016). Numerous randomized controlled trials (RCTs) on coparenting-based programs have demonstrated evidence of their efficacy for enhancing family well-being, by improving individual well-being (e.g., Feinberg et al., 2016) and relationship quality (e.g., Barton et al., 2015). Whereas these studies documented the relevance of targeting coparenting within prevention, for this article, we studied the effects of targeting coparenting relationships within a specific program for distressed parent couples: the Integrative Brief Systemic Intervention (IBSI).

The IBSI (Carneiro et al., 2012) is a manualized marital therapy provided to parent couples who are engaged in both a marital and a coparenting relationship. One of the main characteristics of IBSI is to systematically integrate work on both the marital and coparenting relationships. Classic couples' therapies for the marital relationship are articulated with interventions for the coparenting alliance, mutual support, child-related conflicts, and the risks of children's triangulation. The therapist contemplates potential spillover between the marital and coparenting relationships and emphasizes couples' vulnerabilities and resources for each relationship (Carneiro et al., 2012). Depending on the couples' main therapeutic objectives, the therapist will place more or less importance on working on the coparenting or marital relationship (Carneiro et al., 2012).

Three central ideas have supported this integrative program. (a) Both the marital and coparenting relationships are crucial to parent couples' functioning (Talbot & McHale, 2004), and their improvement induces a process of generalization resulting in various changes at different family levels—for example, the parent–child level and the individual level (Morrill et al., 2010; Stroud et al., 2015). (b) Focus on the coparenting relationship increases couples' awareness of how their difficulties have affected their children (Cummings, Faircloth, Mitchell, Cummings, & Schermerhorn, 2008). (c) Parents are more motivated to change if it is for their children's well-being (Margolin, Gordis, & John, 2001).

Research on the efficacy of IBSI is still ongoing, and results will be published subsequently. Preliminary results showed significant improvement in couples' individual, marital, and coparenting outcomes from pre- to posttherapy (de Roten et al., 2018).

*Task Analysis*

One method that has been applied to psychotherapy research to study the process of change is task analysis, such as an examination of steps through which clients resolve a specific emotional–cognitive problem during treatment (Greenberg, 1984, 2007). Specifically, this method allows

researchers to elaborate a temporally ordered model of change that leads to the resolution of a specific task. Task analysis typically focuses on the client process that leads to change (Greenberg, 2007), and the role of the therapist is seen as part of the facilitating framework and is reserved for later inquiries on facilitating the clients' performance. This client-centered approach assumes that clients are the primary site of change and that they actively engage in resolving their problems (Greenberg, 2007). However, a growing number of task analysis studies focus directly on therapeutic tasks involving several clients, such as couples and families (Bradley & Furrow, 2007; Woldarsky Meneses & Greenberg, 2011) or clients and therapists (Benitez, Abascal, Garrido, & Escudero, 2019; Williams, Galick, Knudson-Martin, & Huenergardt, 2013).

Regardless of the task under study, task analysis begins with a discovery phase structured in four stages (see Table S1 in the supplemental materials), beginning with the (a) *definition of the task* under study, which involves identifying a problem state that eventually gets solved in therapy and delimiting that task with a beginning and an end. The beginning and the end of the task are referred to as the *task marker* and the *resolution marker*, respectively. In this study, we investigated the couples' task of resolving coparenting dissatisfaction through an IBSI. (b) The second stage is the construction of a *rational model* that postulates on the steps required for task resolution. The rational model is based on theory and researcher's knowledge or conjecture regarding the components of the client performance that are believed to lead to resolution (Bradley & Furrow, 2007; Greenberg, 2007). In this stage, the researchers explicate the conceptual framework that will influence subsequent analyses (Williams et al., 2013). (c) The third stage is an *empirical analysis* of therapy sessions to observe clients' actual experiences with the task. Researchers look intensively at the in-session performances of several clinical examples (i.e., three good and three poor performances) to discover the essential components of change. (d) The fourth stage is the construction of a *rational–empirical model*, which synthesizes both theoretical and observational findings from Stages 2 and 3. This synthesized model exhibits the essential steps necessary to resolve the task based on observation of the process made through a specific theoretical lens (Woldarsky Meneses & Greenberg, 2011). This last stage concludes the discovery phase. A later phase of task analysis typically includes an empirical validation of the model that was developed (for further details on the research method see Pascual-Leone, Greenberg, & Pascual-Leone, 2014).

### *Aim*

Through task analysis, we aimed to identify the change processes occurring within marital therapy. Although particularly relevant and informative for both future research and clinical practice, task analysis studies have remained scarce in marital therapy research (Bradley & Furrow, 2007; Heatherington & Friedlander, 1990). To our knowledge, this was the first study to explore the in-session processes unfolding when parents worked on their coparenting relationship during marital therapy. Research has not documented how within a marital therapy parents may, for example, reinforce their coparenting alliance, solve coparenting disagreements (e.g., task division), or differentiate between coparenting and marital relationships to prevent spillover effects. However, a few studies have identified the therapeutic strategies that could potentially help parents deal with coparenting problems such as a lack of parental teamwork (Selekman, 2017) but did not address the change processes unfolding when therapists used those strategies. This study aimed to contribute to deepening the understanding of an overlooked process unfolding in marital therapy and offer some insight on the collaborative work necessary between partners when trying to resolve a coparenting dilemma.

The goal of this paper was to build a synthesized rational–empirical model that described the process of resolving coparenting dissatisfaction as experienced by couples who resolved their dissatisfaction (resolved couples) compared to couples who did not (unresolved couples).

## METHOD

### *Sample*

We drew the six couples analyzed in this study from an ongoing RCT on IBSI funded by the Swiss National Science Foundation (SNF 159437). At the time of analysis, the RCT sample comprised 18 couples who had completed the IBSI, from which we selected six couples, as suggested by

the task analysis method (Pascual-Leone et al., 2014). To be eligible, couples had to express coparenting dissatisfaction (task marker) within the first five sessions (see case selection section for details). The last session had to be available to ensure potential identification of the resolution marker. There were no exclusion criteria. In our sample of six couples, participants were in their 40s ($M$ = 40.6, $SD$ = 4.8; ranging from 35 to 50 years old) and had achieved higher education (9/12 participants had a university degree). Almost all participants were European (one was South Asian). Eight participants declared themselves as married or cohabiting couples, four were divorced and forming stepfamilies. All couples were heterosexual and had been in a relationship for an average of 10 years ($M$ = 9.8, $SD$ = 5.9). They had one to four children and, on average, the youngest child was 4 years old ($M$ = 4.2, $SD$ = 3.6). Couples sought therapy after an average of almost 2 years of marital problems ($M$ = 23.9 months, $SD$ = 22 months). Only one participant was simultaneously undergoing individual therapy for 1 month. None of the couples reported precedent couple therapy. The six selected couples were paired, in the sense that resolved and unresolved couples sought therapy for similar reasons. Two couples sought therapy for infidelity, two sought therapy for pervasive conflicts in front of their children, and two reported issues related to the relationship between stepparent and stepchild. Among each of these sets of couples, one was resolved, and the other was not.

*Therapists*

Couples were recruited in three different practices and received by five different therapists (two men and three women). All therapists had completed their training in IBSI before entering the study. Two of the therapists were the creators of the IBSI. Two of the clinical practices provided services in a cotherapy model. All dyads of cotherapists were composed by at least one of the creators of the IBSI. Four couples out of six were received by two cotherapists. During the study, all therapists took part in monthly IBSI group supervision sessions. These sessions helped ensure adherence.

*Material*

We analyzed the therapy sessions of six couples. According to the IBSI manual, majority of couples went through six therapy sessions, only one completed the IBSI in five sessions (resolved couple). For one couple (resolved) out of the six, two sessions (Sessions 2 and 5) were not recorded. Nevertheless, this couple met the selection criteria as the task and resolution markers could respectively be identified in the first and sixth sessions. Information about the missing sessions were available through both therapists' notes and the couple's feedback regarding the previous session at the beginning of Sessions 3 and 6. We thus analyzed the available sessions, including 33 therapy sessions: Each session lasted from 60 to 90 min, 21 sessions were videotaped, and 12 sessions were audiotaped.

To support the discrimination between resolved and unresolved cases, we retrospectively investigated self-report questionnaires. Questionnaires were administered to couples before the first IBSI session and after the last IBSI session to assess four outcome levels: individual, marital, coparenting, and family. The RCT included questionnaires on individual symptomatology for the individual level; on marital satisfaction and dyadic coping for the marital level; on coparenting support, coparenting conflict, and triangulation for the coparenting level; and on parental sense of competence and family functioning for the family level (for more details on questionnaires see the supplemental materials).

*Procedure*

Task analysis is structured in four stages: (a) definition of the task under study; (b) construction of a rational model that delineates the theoretical steps involved in task resolution; (c) empirical analysis of therapy sessions to observe couples' actual experiences with the task; and (d) construction of a rational–empirical model synthesizing the findings from Stages 2 and 3.

*Stage 1: definition of the task*. Our task analysis focused on the couples' performance, such that both members were needed to contribute to the resolution of a shared task. That task was resolving coparenting dissatisfaction through an IBSI. The task marker corresponded to coparenting dissatisfaction. It was signaled by verbal and paraverbal cues of negative emotions, such as

sadness, anger, irritation, or helplessness. Paraverbal cues are defined as vocal cues such as voice pitch, response latency, and filled and unfilled pauses (Sporer & Schwandt, 2006). These cues also accounted for voicing such as cries, sighs, and laughs. Specifically, one parent (at least) expressed negative emotions regarding the coparenting relationship or the other as a coparent. For example, one parent undermined the other parent's behavior toward their children. The resolution marker corresponded to coparenting satisfaction and was signaled by both parents expressing positive emotions regarding their coparenting relationship. Verbal and paraverbal cues of positive emotions, such as joy, relief, satisfaction, or hope, had to be observed in both parents regarding the coparenting relationship. Furthermore, for the task to be considered resolved, the parents had to refer directly or indirectly to their dyad functioning as a "collaborative team" (e.g., when discussing an episode in which one parent was able to support the other parent instrumentally and/or emotionally).

*Stage 2: rational model.* We built a rational model that postulates a sequence of steps through which couples had to pass to resolve their coparenting dissatisfaction in therapy. Each step of the process corresponded to an intermediate goal that brought the couple closer to resolving their coparenting dissatisfaction (Pascual-Leone et al., 2014). Unlike other task analyses, we did not find a preexisting model of change (e.g., Relational Justice Approach; Williams et al., 2013; Attachment Injury Resolution Model; Zuccarini, Johnson, Dalgleish, & Makinen, 2013) for the process of resolving coparenting dissatisfaction. Therefore, based on IBSI clinical assumptions and on the coparenting paradigm more broadly, we speculated on the elements that at first appeared essential for enhancing resolution in an IBSI.

The first essential element was the child's well-being as a powerful motivation to change for parents. We speculated that work on coparenting increased parents' awareness of the impact of their issues on their children and that this awareness in turn motivated them to change. The second essential element was a coparenting alliance as a potential resource for couples. According to the IBSI, we expected working on coparenting mainly to reinforce parents' coparenting alliance. Couples could then build on their resources as coparents to improve their family functioning more broadly. Reviewing the literature, we found two relevant theoretical (and empirical) concepts: insightfulness and we-ness.

Based on the first essential element of the IBSI, we postulated that parents first needed to show insightfulness and be aware of their children's experiences in facing parents' difficulties (first step of the model). Regardless of the couples' reasons for seeking therapy, shared concern for their children was a resource for therapy because parents might be more willing to work together if it was for their children's well-being (Margolin et al., 2001). Mutual engagement in coparenting work could then have enabled the coparenting alliance indirectly signaled by parents' we-ness (second step of the model). This two-step model would move couples from the task marker to the resolution marker.

*Insightfulness (first step)*—Insightfulness corresponds to the mental process underlying parents' caring behaviors (e.g., Koren-Karie, Oppenheim, Dolev, Sher, & Etzion-Carasso, 2002). It can be defined as a parent's capacity to adopt their children's perspective (Oppenheim & Koren-Karie, 2002). It comprises three principal components: (a) insightful parents try to empathically understand the motives for their child's behaviors in terms of thoughts and emotions; (b) a complex view of the child underlays the parents' attempt to understand the motives of the behavior of the child, whom they perceive as an independent individual, different from the parents, with both qualities and flaws; and (c) parents demonstrate a certain level of openness regarding their view of the child. Thus, parents are willing to challenge their view of the child. Moreover, they can adapt their understanding of the child's emotional experiences and thoughts according to new information (Koren-Karie et al., 2002). Studies have predominantly focused on maternal insightfulness (e.g., Oppenheim, Goldsmith, & Koren-Karie, 2004; Oppenheim & Koren-Karie, 2002). However, Marcu, Oppenheim, and Koren-Karie (2016) reported that both parents' insightfulness was necessary to ensure high-quality coparenting. The rational model we used in this study suggests that presenting insightfulness induces we-ness, while parents are more united in coparenting.

*We-ness (second step)*—The concept of we-ness refers to the identification of the self as part of a relational dyad. Partners perceive the couple itself as a higher order unit rather than the summation of two independent individuals (Buehlman, Gottman, & Katz, 1992). This reflects the

interdependence between partners rather than the fusion of two individuals into one undifferentiated or monolithic entity (Reid, Dalton, Laderoute, Doell, & Nguyen, 2006). We-ness implies that parents can address their differences and connect to one another despite these differences. As a reflection of this unity, couples will often refer to the dyad using "we" and "us" language (Skerrett, 2015). Researchers have demonstrated that we-ness, observed in exchanges between partners either in interviews or in therapy, predicts marital satisfaction (e.g., Buehlman et al., 1992; Reid et al., 2006) and facilitates couples' interactions (e.g., Seider, Hirschberger, Nelson, & Levenson, 2009). Couples with a high level of we-ness were calmer and expressed more positive affect during conflict discussions compared to couples with low levels of we-ness (Seider et al., 2009).

In summary, we postulated that insightfulness and we-ness were directly involved when parents managed to successfully resolve their coparenting dissatisfaction and both identify and experience themselves as a coparenting entity. Together, they represented the theoretical framework for interpreting observations in the empirical analysis (Pascual-Leone et al., 2014).

*Stage 3: empirical analysis. Case selection*—The discrimination between resolved and unresolved cases was based on the observations made during the last session by two independent coders (the first author and an independent researcher). Resolved and unresolved cases corresponded to the presence or absence of the resolution marker, respectively. Coders similarly discriminated five cases out of six. One case was further discussed to reach consensus on its unresolved nature (as only one parent expressed satisfaction regarding the coparenting team). To support our discrimination further, the outcomes were retrospectively investigated. We adopted a broad approach to the outcomes as we included not only coparenting-related outcomes but four different levels of measures (i.e., individual, marital, coparenting and family). This approach allowed us to support the discrimination between resolved and unresolved couples clearly. Resolved cases reported improvements from pre- to postintervention on at least two levels out of the four measured through questionnaires, but not necessarily on the coparenting level (see Table S2 in the supplemental materials). The improvements corresponded to couples' moving from below to above the cutoff score. We also took into account changes corresponding to the increased quality of couples' relationships and reduced distress. The results of unresolved cases partially supported our discrimination based on the observations. Two cases displayed few positive changes from pre- to postintervention because only one level out of four improved for only one of the partners. Results on the other levels were either stable or had decreased. Surprisingly, the last couple from the unresolved cases was characterized by discrepancies between self-report measures and in-session observations. The couple reported changes in outcomes although observation of the last session clearly indicated no improvement in the couple's dynamic. In the last session, the partners even reported the following: "These sessions did not help us. . . . Maybe it wasn't the right time to start therapy."

*Delimiting the scope of process analysis*—The analysis started when one parent expressed negative emotions regarding the coparenting relationship (the task marker); for example, one parent said, "I feel excluded from my own family. I have the feeling that only what you say or do matters, and I don't like that." The analysis ended when both parents expressed positive emotions regarding the coparenting team (the task resolution); for example, one parent said, "We can rely on each other now," and the other agreed, "It's changed a lot between us." When no resolution marker could be identified, the analysis ended at the end of the last session. For the resolved couples, the resolution marker was always found in the last session.

*Coding sessions*—For each case, the first author identified events related to insightfulness, coparenting we-ness, and coparenting more broadly to identify events that the rational model did not cover. For example, an event related to insightfulness would be one parent's thinking out loud about the child's experiences, emotions, or needs (e.g., "I think she suffers a lot from our conflicts"). An event related to coparenting could start with one parent saying to the other: "You often complain that I don't support you enough with the kids, and it's true because I disagree." For we-ness, given the coparenting focus of our study, we decided to focus on cues of the coparenting alliance and identification with the coparenting team (e.g., "we rock as parents," "we are complementary as you do the dinner and I clean afterwards"). Each identified event was then described in terms of verbal and paraverbal cues.

For each case, the first author screened the descriptions of unspecified events to identify similar events and pool them under a new common label more specific, such as "complaints toward the other parent" or "validation of the other parent." Pooling similar events under the same label aimed to minimize the number of new steps, as each new label could correspond to a new step of the emerging model. She then organized and summarized each couple's sequence of events to tell the story of their progress from coparenting dissatisfaction to coparenting satisfaction. We called it the couple's overarching story, which summarized the critical events comprising the couple's experiences with the task over the course of therapy. Throughout the coding process, discussions with the last author provided a critical approach to the findings and joint reflection on the first author's coding.

*Stage 4: rational–empirical model.* To build the synthesized model of change, we first compared the cases to identify the observed steps necessary to resolve the task. Following the task analysis method, we integrated our findings from the empirical analysis into our rational model (Pascual-Leone et al., 2014).

*Case comparison*—The first author compared the resolved cases to identify similarities in the overarching stories of the three resolved cases and synthesize a common change process. Using the first resolved case, she shaped a first model of the process with a sequence of steps. This model was compared to the overarching stories of the other two cases to identify which steps were commonly present, in which order, and if some steps needed to be nuanced or described in more detail (e.g., in one case, both parents were engaged in the step, but in the other cases, only one parent was). She then formed a summarized model with only the elements identified in the three resolved cases. This model was subsequently contrasted to the overarching story of each unresolved case to ensure it did not go through the same steps. A step was judged unnecessary for resolving the task if all cases (resolved and unresolved) had experienced it. However, this did not occur (i.e., steps common to all resolved and unresolved cases). The similarities between resolved cases, as well as the disparities between the resolved and unresolved cases, allowed us to identify the essential steps for resolving coparenting dissatisfaction.

*Synthesizing theory and observation*—To ensure articulation between theory and observation, we first verified that insightfulness and we-ness (presented in the rational model) were essential steps as they were present for resolved couples and absent for unresolved couples. Secondly, we clarified to what extent new steps facilitated the couples' progress. We then integrated the essential new steps we identified through the case comparison into the initial rational model. This process of comparing the empirical findings with the rational model allowed the development of a synthesized rational–empirical model that integrated observations of the couples' performances within a defined theoretical framework.

## RESULTS

The analysis of the three resolved couples supported the relevance of our rational model. Both insightfulness and we-ness appeared to be crucial steps. However, we identified four additional steps necessary to resolve coparenting dissatisfaction (Figure 1): awareness of coparenting dissatisfaction, reflection on negative coparenting dynamics, innovation, and validation. Some steps were characterized by the involvement of both parents and others were not necessarily. Steps that engaged only one parent resulted in this parent becoming more engaged in the change process than the other was. This potential imbalance between parents did not prevent change within the couple.

Each step corresponded to a sequence of events that we systematically observed within resolved couples' sessions. Unresolved couples tended to present some of the mentioned steps; however, none of the couples systematically presented all the steps. Indeed, although some unresolved couples presented one or two steps of the change process, they appeared to face obstacles that prevented the resolution of the task. For example, the partners of one couple were unable to reflect on their negative coparenting dynamics because they could not share their points of view. They were stuck in attack–defense exchanges. We present each step of the final model below, with a detailed description of its characteristics (see Table S3 in the supplemental materials for a summary) and examples of some prototypical interactions.

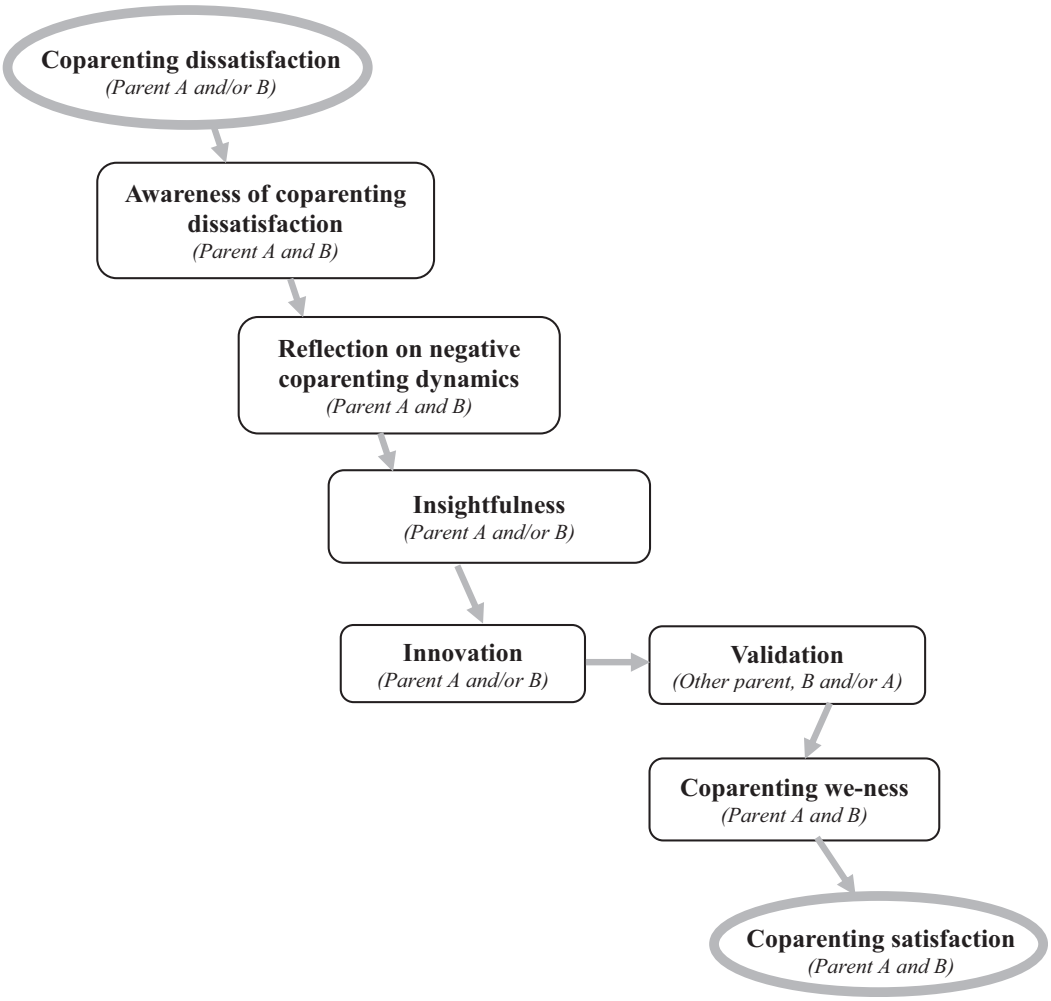


*Figure 1.* Rational–empirical model of resolving coparenting dissatisfaction.

*Coparenting Dissatisfaction*

Coparenting dissatisfaction signaled the beginning of the task. Parents expressed emotions such as sadness, anxiety, hostility, and hopelessness regarding other's attitudes or behaviors as a coparent or regarding the coparenting relationship itself. For example, in a prototypical episode of coparenting dissatisfaction, the mother said,

> We fight a lot. [She starts crying.] It's always in front of our daughter. . . . For me, as long as we keep our tensions between us, I can handle it. [She pauses.] But now, it is becoming a problem for the whole family. It cannot continue this way! (couple A, Session 1).

For some couples, the task marker was characterized by the parents expressing their coparenting dissatisfaction and then immediately minimizing it, with notable incongruity between the verbal and paraverbal cues. For example, within the first session of Couple D (unresolved couple), the father was the first to express his coparenting dissatisfaction. However, he was elusive in that he presented the situation as a problem but tried to minimize it by adding "sometimes" and "it's not a big deal." He appeared nervous when he explained the following:

> Regarding our children, I don't know much, and I often learn about things at the last minute. [He pauses.] It can be a problem between us, sometimes. For instance, if they [children] are sleeping over . . . but it's not a big deal! It's all about communication.

*Awareness of Coparenting Dissatisfaction*

During this step, both parents exchanged views on concrete behaviors and/or mental states that may be the source of coparenting dissatisfaction. They formulated concrete expectations regarding the other parent. The parents expressed negative emotions, such as anger, irritation, or sadness. Both parents were engaged in the exchanges and recognized the issue under discussion. For example, in the second session of Couple C, the mother explained, "Sometimes, he [father] should let it go and stop insisting with tasks he would like my daughters to do, because he yells the same reproach until they start fighting." The father argued, "Okay, but as a stepdad, it's difficult for me! I feel like I need to be stricter and battle for my boundaries because I wasn't there from the beginning."

Parents who at first minimized their coparenting dissatisfaction were able to share more authentically their complaints and to formulate expectations. Regarding the previous example, although unresolved, Couple D managed to engage in this step. The father was able to address his initial complaint and to elaborate on the source of his dissatisfaction (not only communication). Verbal and paraverbal cues were congruent as the father overtly expressed his frustration and anger. Indeed, in the third session, irritated, he explained,

> There are two problems: First, you [his wife] make decisions regarding our children without consulting me; second, you don't tell me about these decisions. For example, the other night, I heard that our son was at a party when I asked where he was. You didn't tell me anything about it. I only find out about those things at the last moment. If he asks my permission to go out, I never give him an answer right away.

The mother added, "Yes," and sighed. "The problem is that you never answer, so you never decide. And when you do, I'm the one who has to handle the consequences."

*Reflection on Negative Coparenting Dynamics*

Both parents reflected on their negative coparenting dynamics. This step was not characterized by any specific emotion. Compared to the previous step, the parents stopped exclusively blaming each other for the difficulties they were encountering. Instead, they developed an interpersonal awareness of each other's contribution to the negative coparenting dynamic. The coparenting dynamic corresponded to the sequences of actions and reactions in which parents were caught (e.g., Parent A is overinvested regarding childrearing, leaving no room for Parent B, who disengaged; in turn, Parent B's disengagement reinforced Parent A's overinvestment). The dynamic was described as contributing to coparenting dissatisfaction. For example, during Couple B's third session, the father explained, annoyed,

> You're [mother] too permissive with our daughter, and therefore I need to be the bossy one. I'm the only one settling the rules. In general, I let you manage our daughter at first and step aside. But at some point, I am so tired of seeing how she manipulates you and gets her way every time that I interfere.

The mother replied,

> Yes, and your interventions can be harsh. I'm not okay with that! I agree that it is important to settle the rules, but not like you do. The problem is that you let me manage until you explode because I upset you.

*Insightfulness*

This step was characterized by at least one parent displaying their insight into the child's emotional experiences while facing the dynamics identified earlier. The parents explored their child's perspective in a warm and accepting manner. They may also have referred to their own emotions, such as worries, frustration, and pride, regarding the child's experience. The parents identified concrete examples of the child's reactions and tried to understand the child's motives by exploring emotions and thoughts that underlay these reactions. Parents regularly used conditional tenses and words such as "it seems," "I think," and "probably," which reflected their openness and willingness to possibly challenge their view of the child.

In Couple A, the mother more deeply explored her child's perspective. Indeed, in Session 3, she expressed the following:

> The other day, we [parents] were talking about school, and she came between us. As she was pulling my arm, she started yelling, "Stop now! Mommy come play with me! Come on!" [Sadly] It's like she thinks we are fighting even when we are simply chatting.

Some parents even used their experiences as children to reflect on their child's experiences. However, to be insightful, parents needed to stay child-focused and discriminate between their own vision and their child's actual experiences. For example, in Couple B's fifth session, the father remembered his experiences as a child and could be empathetic for his daughter. He said,

> Sometimes, my daughter asks for her mother and doesn't want me to take care of her. I find it unfair... [He pauses] It's true that I had myself a strong relationship with my mother and felt really close to her as a child. [He pauses again] I guess I need to let them have those moments because it's important for her to also have those mother–daughter moments as I used to have with my mom.

*Innovation*

This step described how one parent, at least, voluntarily adopted new actions to overcome the negative coparenting dynamics. The parent mentioned a first attempt to act differently in a coparenting situation toward either the other parent or the child. Some parents also expressed some ambivalence because they encountered difficulties while trying new behaviors or because maintaining the change might be difficult. In Couple A's last session (Session 6), the mother explained,

> Recently, I agreed to let my husband leave with our daughter for the weekend. It was the first time that they left without me. When he first suggested it, I refused! But then I thought about it and considering our discussions over sessions, I realized that I needed to let it go.

In Couple C's fourth session, the therapist asked how the couple was doing since the last session. The father explained that he tried to act differently: "I adjusted my expectations regarding the girls and the house chores. I try to let it go." In this example, the father's innovation induced changes in his wife's reaction. She tried to be more supportive by relaying her husband's expectations to the children.

*Validation*

New actions by one parent were followed by the other parent validating the innovation. The parent validating the innovation attempts approved the changes. In the preceding example (Couple A, Session 6), the father validated the mother, saying, "When you finally agreed to let her go with me, I was surprised, but also relieved. At that moment, something changed!"

In Couple C's example, the therapist asked the mother if she noticed the father's efforts, and she validated,

> Yes, I noticed that arguments have decreased at home. For example, the other day when he [husband] came back from work the dishwasher was full of clean dishes but nobody had emptied it. I felt he was tense but he took a deep breath and didn't react further. He really tries not to get overwhelmed.

*Coparenting We-ness*

At the coparenting we-ness step, both parents identified themselves as part of a new coparenting team progressively moving from I-language to we-language. Warmth and tolerance characterized the exchanges. Parents highlighted the positive impact of the innovation step on their coparenting relationship. For instance, the mother from Couple B explained this in the sixth session:

> We are more on the same page. We contradict less and less each other regarding coparenting. I try to be stricter and ensure that our daughter respects the rules. This allows my husband to be the cool dad at times [more balance in the roles distribution].

The father agreed,

> Yes, we can rely on each other as we both take responsibilities to remind her [daughter] the rules. It has a positive impact on our coparenting relationship but also on my relationship with my daughter. I feel closer to her.

However, some parents also addressed persistent difficulties in maintaining the new positive coparenting dynamics and accepted each other's different viewpoints. For instance, one mother (Couple B, Session 6) shared her understanding of their new dynamic: "I decided to be stricter but only with respect to the rules that I find appropriate. I still find that sometimes my husband is too strict on certain aspects of education."

*Coparenting Satisfaction*

Finally, we observed that parents resolved their coparenting dissatisfaction by expressing satisfaction regarding both the coparenting relationship and their partner as a coparent. Both coparents expressed positive emotions, such as joy, relief, and acceptance. They referred to the coparenting relationship using we-language. For instance, when the therapist asked the mother from Couple C how she saw their coparenting team at the last session, she replied, "Given that this past week we barely saw each other because of work, I find we managed well. It has improved." The therapist asked if she had expectations about how in the future they could better face those tough weeks, and she answered, "No, I think that we are at our best. He [husband] did all that he could, we cannot control the situation." The father validated this, saying, "We managed quite well given the week we just have been through. We managed to organize the holidays and to please the whole family."

Moreover, Couple B resolved the task when the mother said, "I feel that we progressed a lot regarding how we manage our disagreements in front of our daughter. We are on the same page most of the time." The father added, "Sometimes when we are tired and inattentive, we contradict each other in front of our daughter, but 90% of the time, we are consistent. And it really works, she listens to us."

## DISCUSSION

This study aimed to explore the change process that unfolds when couples resolve their coparenting dissatisfaction within IBSI sessions. Our first observations provided some evidence to support our initial rational model because the three resolved couples demonstrated insightfulness and coparenting we-ness during their sessions, unlike the unresolved couples, who did not. Our careful observation of the resolved and unresolved couples' sessions also revealed the possible role of four new steps in the resolution of coparenting dissatisfaction (i.e., coparenting dissatisfaction, reflection on negative coparenting dynamics, innovation, and validation).

We decided to focus on couples' experiences of the process to consider the couples as resourceful agents actively engaged in changes. In that sense, our model highlights the importance of both parents' involvement in the change process. Although the level of engagement may not be equal between parents, in the end, both parents must be engaged in the process to reach coparenting we-ness and reinforce their coparenting team through collaboration. One parent may be less engaged in the process than the other without necessarily preventing the couple from resolving the task. This finding seems important because in marital therapy, it can be difficult to engage the partners equally (Englar-Carlson & Shepard, 2005).

This rational–empirical model is a tentative way to better understand which steps appeared essential for parent couples in the IBSI. We postulated based on our therapy model that insightfulness would be central to motivating effective changes within the coparenting relationship. This study corroborates our hypothesis but also appears to highlight the importance of the concept of insight more broadly than insight regarding the child's perspective (Oppenheim & Koren-Karie,

2002). Insight may be defined in marital and family therapy as new or changed understanding of one's own or others' behaviors, emotions, and cognitions (Heatherington & Friedlander, 2007). In our model, insight characterizes four out of six steps as they reflected insight on self (awareness on coparenting dissatisfaction), others (insightfulness), and on the coparenting subsystem (reflection on negative coparenting dynamics, we-ness). This finding might imply that insight has a large influence on coparenting improvements. Further research could explore the importance of insight for the model of change in more depth. We could, for example, verify with another sample if insight without innovation (or innovation without insight) is sufficient for the resolution of coparenting dissatisfaction or if both are always necessary.

*Implications for Clinical Practice*

So far, researchers have overlooked coparenting both as a target and as an outcome of therapy. To our knowledge, no prior study has explored the change process that unfolds when parents work on their coparenting relationship during marital therapy. This study was a first step in establishing the relevance of working on the coparenting relationship during marital therapy. Our synthesized rational–empirical model sheds light on therapeutic work with parents and, therefore, may enrich marital therapists because it maps the essential steps and potential pitfalls for couples to take to overcome their coparenting dissatisfaction. Our findings may therefore have a broader scope given that therapeutic work on the coparenting relationship may be relevant not only in the IBSI, but also in other therapies with parents.

Finally, because of the spillover effects between the coparenting and marital relationships (Stroud et al., 2015), progress in the resolution of coparenting dissatisfaction may then positively affect other relationships, such as the marital one. Thus, the benefits of this change process potentially go beyond coparenting satisfaction.

*Limitations and Future Directions*

One main limit of this study is related to its preliminary nature. This study focused on the discovery phase of task analysis and therefore aimed to explore the process of resolving coparenting dissatisfaction in a limited sample. For this paper, we built a model that required a validation phase to establish its validity or generalize results to other couples (Greenberg, 2007). Future research is needed to verify the model in a larger sample or with another therapy.

Although limited, our sample included couples with three different reasons for seeking marital therapy: infidelity, pervasive conflicts in front of the children, and issues within the stepparent–stepchild relationship. The heterogeneity of our sample implied limitations due to specific characteristics of each subgroup of couples. For example, stepfamilies encounter more challenges related to coparenting (Papernow, 2018), so resolving coparenting dissatisfaction may thus be more challenging for them than for nuclear families. Moreover, couples consulting for infidelity-related issues may be less engaged in the task than couples for whom resolving coparenting dissatisfaction was directly related to their reason for seeking therapy. Couples with infidelity-related issues may have displayed more resistance to coparenting work because they may have perceived their coparenting dissatisfaction as being secondary to their infidelity-related issues. However, for each subgroup of couples (i.e., stepfamilies, nuclear families with pervasive conflict or with infidelity-related issues), we found one couple who resolved their coparenting dissatisfaction and one who did not. This seems to imply that neither couples' characteristics nor their reasons for seeking therapy prevented or enhanced the couples' capacity to resolve their coparenting dissatisfaction. However, this finding needs further replication.

In addition, this study explored change processes within therapy sessions. We ignored external factors, such as stressful events between sessions. It could not be excluded that external factors and factors specific to the clients and the therapists influenced the change process. For example, the process under study could be impacted by the therapists' level of expertise (creator of the IBSI or not) or the number of therapists receiving the couples (cotherapy model or single therapist). Future studies should investigate the impact of therapists' expertise and of the therapy setting on task resolution. Another factor that could have influenced our results is that relationship duration was on average longer for unresolved couples ($M$ = 12 years, $SD$ = 1.3 years) than for resolved couples ($M$ = 5 years, $SD$ = 6.8 years). This feature could signal that unresolved couples' coparenting

dynamics were more anchored. It may thus have been more difficult for them to work on these dynamics within brief therapy such as the IBSI. Research should further investigate in a larger sample which potential elements (e.g., reasons for seeking therapy, couples' characteristics, etc.) appear to hinder or facilitate couples' change.

Another important limitation is related to the fact that there was no strict double coding. Coding was done by the first author with support from the last author through discussions and critical inputs. This approach allowed in-depth exploration and analysis of the sessions with constant reflection on the model. However, it prevented control of coding reliability. Verification of the model is needed and will require control of interrater reliability.

Finally, given our couple-centered approach, our findings did not allow us to inform on the importance of therapists' interventions for the couple's change process. Of course, couples' changes occurred in a specific framework. This framework was characterized by interventions such as investigating coparenting, drawing attention to children's experiences of the couple's issues, sharing interpretations on the systemic functioning of the couple, and proposing homework between sessions. Focusing on couples allowed us to first map out changes as experienced by the couple. We thus focused on the couple as a resourceful agent engaged in the change process and considered therapists' interventions as a global facilitating framework. Further research should complete our synthesized model with the specific interventions that appear to facilitate couples' transitions from one step to another.

## CONCLUSION

The discovery phase of our task analysis resulted in a rational–empirical model of resolving coparenting dissatisfaction in a program for parents requesting marital therapy. This synthesized model, which our observations of in-session exchanges enriched, included a six-step process of the couples' progress regarding their coparenting relationships. The task of resolving coparenting dissatisfaction appeared to be an interpersonal task that requires both parents' involvement and collaboration. How therapists could address changes in the coparenting relationship in marital therapy has major implications for both clinical practice and research.

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## SUPPORTING INFORMATION

Additional Supporting Information may be found in the online version of this article:

**Table S1.** Task Analysis Procedure (adapted from Pascual-Leone et al., 2014).
**Table S2.** (a) Raw scores of resolved couples according to four levels of outcomes. (b) Raw scores of unresolved couples according to four levels of outcomes.
**Table S3.** Summary of Step Criteria.
**Data S1.** Questionnaires.