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To cite this article: Marsha Kline Pruett, Ora Nakash, Elizabeth Welton, Carolyn Pape Cowan, Philip A. Cowan & Peter Gillette (2019) Using an Initial Clinical Interview to Assess the Coparenting Relationship: Preliminary Examples From the Supporting Father Involvement Program, Smith College Studies in Social Work, 89:1, 38-65, DOI: 10.1080/00377317.2019.1576466

To link to this article: https://doi.org/10.1080/00377317.2019.1576466

Published online: 21 Apr 2019.

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Using an Initial Clinical Interview to Assess the Coparenting Relationship: Preliminary Examples From the Supporting Father Involvement Program

Marsha Kline Pruett, Ora Nakash, Elizabeth Welton, Carolyn Pape Cowan, Philip A. Cowan, and Peter Gillette

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ABSTRACT

The current study uses an initial intake interview as an assessment tool in the Supporting Father Involvement (SFI) intervention and considers it from a family systems theoretical perspective. SFI includes a 32-hour group for parents with young children that aims to reduce child abuse and promote family well-being through a curriculum focused on enhancing positive father involvement and coparenting. For this study, the initial clinical interview assessed partners’ synchronies and dissonance in parenting, coparenting, and relationship satisfaction domains. Using thematic analysis, we qualitatively analyzed interviews with 15 committed, heterosexual couples, exploring themes that correspond with higher versus lower couple satisfaction measured by the Quality of Marital Satisfaction Index. Results showed a strong concordance between partners’ satisfaction scores, with fathers less satisfied than mothers. Thematic differences between higher and lower satisfaction parents centered on approach to discipline, coparenting communication, and quality of support systems. The importance of father involvement and fathers as “learning” parents and coparents were recurring themes for mothers and fathers, especially among higher satisfaction couples. Higher substance abuse and employment/financial stress were indicative of lower satisfaction couples. Discussion reflects on the utility of an initial clinical interview as an assessment and intervention planning tool and future directions for research.

The intake session in psychotherapy, which is often the first meeting between client and therapist, usually includes a clinical interview. Therapists have multiple goals for the interview, including but not limited to understanding the main problem, establishing a diagnosis, developing rapport, and planning treatment (Nakash, Dargouth, Oddo, Gao, & Alegría, 2009; Nakash, Nagar, & Levav, 2014; Nakash, Rosen, & Alegría, 2009; Rosen, Miller, Nakash, Halperin, & Alegría, 2012). Clients’ goals focus on their wish to feel understood and supported by their therapist, as they typically enter therapy.

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presenting a general sense of emotional distress and/or interpersonal and work-related problems (Nakash et al., 2014). Conducting the initial clinical interview with couples and families is particularly challenging, as the therapist endeavors to evaluate complex subsystems within the family system (Parke, Schulz, Pruett, & Kerg, 2010). In family interventions, as in individual psychotherapy, the intake interview can provide critical scaffolding for subsequent intervention. It provides an opportunity to introduce participants to the purpose and content of the intervention, to facilitate the participants’ connection with an intervention leader/clinician, and to provide information that can be crucial in determining the appropriateness of the intervention for the participants.

Embedded in family systems context, the current study focuses on an initial clinical interview as a functional tool for family assessment in research and clinical intervention. We used the interview to assess potential intervention participants’ readiness to engage in a group aimed at increasing father involvement and effective coparenting as a means of strengthening family well-being and children’s development, while reducing child abuse potential. It is used in the current study as a research tool, by identifying and exploring synchrony and dissonance in couple, coparenting, and parenting domains. An unusual contribution made here is focus on the coparenting relationship as a pivotal point from which to consider couple and parenting aspects of family life. Using the initial clinical interview as a context for research on couple relationship dynamics, we examine how those dynamics shed light on couple satisfaction just before intervention. We thus propose a clinical interview focused on coparenting as providing valuable family information that might otherwise be missed in the initial stage of clinical assessment, information that can be crucial to the effectiveness of intervention.

As opposed to the dyadic emphasis of many existing paradigms (i.e., mother–baby relationship, quality of couple relationship), the coparenting paradigm explores the parent–child–parent relationship as a specific form of triadic or polyadic (when there are more than two coparenting dyads in a family) family interaction (Pruett, Cowan, Cowan, & Pruett, 2017), focusing on the beliefs and interactions of the parenting partners as they pertain to their shared child. The coparenting paradigm allows for nuances of multiple family relationships to be accounted for concurrently, thus enabling a more integrated approach to exploring child development through a family-focused lens.

**Family systems model of assessment**

Successful family assessments hinge on establishing an empathic connection and “joining” (Minuchin, 1974) the family in a mutually perceived alliance. Assessments centered on learning about a family’s strengths and successes
promote collaboration in the treatment or intervention realm (McHale, 2011). A holistic assessment that treats the family as a system and an environment (Holman, 1983) would include the couple relationship as intimate partners (where applicable), each parent–child relationship, and also the coparenting relationship — that is, the nature of the alliance between two or more adults who together share responsibility for their children’s care and upbringing (McHale & Lindahl, 2011).

Despite its importance for determining client care, the initial clinical interview has been subject to little empirical investigation, and few models have been presented in the literature to conduct initial clinical interviews with couples and families. Here, we describe an initial clinical interview with coparenting couples that was developed in the context of the larger Supporting Father Involvement (SFI) preventive intervention program (Cowan, Cowan, Pruett, Pruett, & Wong, 2009). In a pilot study using qualitative data, we describe how an initial clinical interview provides an assessment of the coparenting relationship within the family system, explicating its utility for understanding strengths and needs the family brings into therapy or — in this case — group intervention.

**Parenting young children as a period of vulnerability**

Cross-cultural research documents that, left to their own devices, couples tend to become more dissatisfied with their partnerships after having children (Schoppe-Sullivan & Mangelsdorf, 2013; Van Egeren, 2004; Young, Riggs, & Kaminski, 2017). Couple dissatisfaction can lead to heightened interparental conflict, which in turn is associated with child maladjustment (Kerig & Swanson, 2011). Decreased sleep, changes in work patterns, financial concerns, conflicting ideas about how to respond to a young child’s needs, and decreased sexual activity are all factors that contribute to couple discord (Cowan & Cowan, 2000; Lawrence, Rothman, Cobb, & Bradbury, 2011). Research has borne out that the coparenting relationship affects the quality of the couple relationship, as well as the quality of parenting and child outcomes (Le, McDaniel, Leavitt, & Feinberg, 2016; Peltz, Rogge, & Sturge-Apple, 2018; Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004). For example, parents who participated in a coparenting intervention showed an increase in parenting competence and more effective parent–child relationships, and their infants showed increased emotional and physiological regulation (Feinberg, Kan, & Gosling, 2009). Moreover, a meta-analysis showed that coparenting contributes to the quality of mother–child and father–child relationships and that coparenting accounts for child outcomes, beyond the contributions of each parent’s parenting (Teubert & Pinquart, 2010). These findings counter the historically held assumption that parenting behavior is established first and subsequently influences coparental behavior (Feinberg,
2003), when, in fact, parents who are sensitive and attuned to their child individually may not work well together in childrearing due to different parenting styles, family histories, values, and so on.

Trajectories of coparenting, couple relationships, and parenting are linked together over the course of early child development. Couples whose marriages deteriorated over time engaged in more unsupportive coparenting behavior than couples whose marriages remained stable (Belsky & Hsieh, 1998). In addition, early coparenting predicts later coparenting (McHale, 2011) and marital behavior (Schoppe-Sullivan et al., 2004). One study reported that coparenting beginning at the time the child becomes a part of the parental imagination, that is, prenatally, predicts the quality of coparenting when the child is 9 months old, even after accounting for observed prenatal couple behaviors and satisfaction (Altenburger, Schoppe-Sullivan, Lang, Bower, & Kamp Dush, 2014). Also, couples in which parents had differing beliefs about childrearing experienced steeper declines in marital intimacy over the 3 years after the birth of a child (O’Brien & Peyton, 2002); unchecked or unresolved differences in childrearing can undermine positive coparenting. Thus, early coparenting attitudes and behavior set the stage for subsequent coparenting efficacy, parenting quality, and relationship satisfaction. The potential importance of early intervention for helping families get off to a strong start in building their life together is evident across studies.

Assessing coparenting clinically and qualitatively

Rooted conceptually in family systems theory, the notion that coparenting has a critical role in improving couple relationships, family functioning, and child adjustment underlies coparenting assessment. McHale (2011) argues that coparenting assessment should begin by identifying the identities and involvement of all the adults who have a parenting role in the child’s life. In a comprehensive assessment of the individuals and their relationship, mutual involvement and engagement by coparents, presence and extent of active solidarity and collaboration between these individuals, and presence and extent of unresolved coparenting dissonance between them should be evaluated to identify how and why the coparental alliance functions as it does. McHale and Fivaz-Depeursinge (2010) provide a list of general guidelines for initial evaluation, including specific questions that can be used to elicit information on coparenting processes and dynamics. They highlight three critical areas for the assessment of coparenting: (i) agreement or disagreement in parenting ideologies that support establishment of routines for the child; (ii) provision of mutual support and validation for one another’s parenting efforts; and (iii) ability to tend to children’s emotional security within the family unit. The current study operationalizes and expands upon the assessment of coparenting constructs as part of an initial clinical interview, which can provide compelling
utility regardless of whether the couple presents for counseling/therapy, intervention, or research participation.

**The current study**

This study draws from the SFI’s initial clinical interview, which is the first step for participation in a 16-week evidence-based randomized controlled trial (RCT) couples’ intervention (Cowan et al., 2009; also see Cowan, Cowan, Pruett, Pruett, & Gillette, 2014, for a replication). The efficacy of SFI was progressively tested through three RCTs and a benchmark study, initially with hundreds of families in community samples and subsequently with parents who came to the attention of the child welfare system because of child abuse, neglect, or domestic violence. The program has proved to be effective for parents of varying incomes, ethnic origin, and mental health or relational vulnerability in three countries (the United States, Canada, and the United Kingdom). In separate studies, results for intervention participants include increased father involvement; decreased parental stress, couple conflict, and violent problem solving; and no declines in couple satisfaction and young child behavioral problems compared with participants in control groups for whom each of the measures worsens over the 18-month period of study (for details of the intervention and evaluation studies, see Cowan et al., 2009; Cowan et al., 2014; Pruett et al., 2017).

To integrate research into the initial clinical interview to better understand intervention needs of couples participating in SFI and to deepen the intervention’s capacity to effect positive change, we developed a way of studying coparenting concepts that emerge in the initial interview in relation to a valid measure of couple satisfaction. This study is a pilot report on qualitative data based on interviews with 15 couples. In these analyses, we explore qualities of coparent and couple relationships that correspond with higher versus lower couple satisfaction. We thus used the interview as a research tool and as a clinical tool for assessment that offered group leaders a glimpse into the couples’ relationship strength and vulnerability so that they could be thoughtfully responded to in the group context.

**Methods**

The SFI initial clinical interview (shown in Table 1) was designed for parents/caregivers who express interest in participating in the SFI program to strengthen couple, parent–child, and coparenting relationships. SFI begins with recruitment of families through a variety of community outreach and referral processes. Interested parent/coparent pairs are screened individually for compatibility with the intervention (both parents/coparents agree to participate, no safety issues in participating together). Next, couples are
interviewed together by male/female clinically trained group leader dyads and then randomly assigned to either a 32-hour (16-week) fathers group or couples group. The fathers’ and couples’ curricula differ only in who attends (fathers or both coparents) and how change is targeted (through one parent or through both parents).

**Procedures**

The conceptual model underlying SFI (Cowan & Cowan, 2000) delineates risk and protective factors associated with child outcomes in five specified aspects of family life: individual, couple, parenting, three-generational, and external stress and support domains (also see Doherty, Kouneski, & Erickson, 1998). These risk and buffering factors compose SFI’s structure and content. The factors are (i) each partner’s mental health and well-being (depression, anxiety); (ii) quality of the couple/coparent relationship — especially communication, conflict, and problem-solving strategies; (iii) quality of parenting and each parent–child relationship — father involvement, parenting stress, harsh parenting; (iv) three-generational relationship patterns — ideas about
parenting; and (v) the balance between life stresses and social supports in the family’s relationship with peers, schools, work, and other systems. These five domains are woven together over the course of an intervention curriculum. Each curriculum session addresses one of the domains using didactic material, exercises, videos, and discussion in various formats (i.e., large group, small group, couples/coparents, individuals) to foster maximum engagement. The groups are led by clinically trained male–female pairs. To promote consistent group attendance, all families receive an SFI case manager, and onsite childcare and family meals are provided. For a more complete discussion of SFI content and program components, see Cowan et al. (2009) and Pruett et al. (2017).

The group leaders conduct the interview with each couple before the group’s beginning. It is offered in English or Spanish, because many of the participants are primarily or secondarily Spanish speakers. The interview begins with basic family information about how long the partners have known each other, how many children they have, and where they live. The questions then focus on parenting and coparenting: what is rewarding and challenging about parenting, the extent and nature of the father’s involvement with the child, how they do or do not share care of the child; how they collaborate with one another about child rearing, and the types of support they get from others that support or hinder their parenting.

Once some degree of comfort is established through the prior questions, the next part of the interview centers on the couple relationship: the forms of stress the couple is experiencing and how they handle that individually and together, how they communicate and how they manage disagreement and conflict. Sources of support and stress outside the immediate family system tap into sources of assistance and worry in their life outside the family. Finally, the interview is guided toward a high note, asking each parent to reflect on their hopes for themselves and their family. They are then asked what their experience of the interview was like, to begin and/or deepen their self-reflection as a prelude to the beginning of the SFI 16-week group. Before the interview concludes, partners are separated for an individual conversation with a group leader of their same sex. This creates a second opportunity to identify any issues of ongoing intimate partner violence, child abuse, or child neglect that could raise safety concerns.*

The semistructured interview provides lead-ins to topic areas along the five domains of family life guiding the model, with group leaders directed to follow the partners where they lead, often collecting information of a deeper or more intimate nature than was directly asked. This approach enables the group leaders to meet family members at whatever stage of revelation and reflection each couple/partnership is at on entering the program. It also reveals sensitive areas from which one or both partners retreated. In this way, much information is derived that can inform clinical thinking and
group facilitation planning. The initial clinical interview also gives partners the opportunity to think or talk about “how hard talking together can be” and to recognize they are beginning a journey together to foster their understanding as individuals, as parents, couples, and coparents, with the goal of enhancing their relationships and family functioning.

After the interview, participants completed a large questionnaire that measured each domain of family life through self-report, with one measure being the Quality of Marriage Index (QMI; Norton, 1983) used in the current study to assess relationship satisfaction.

**Participants**

A random sample of 15 couples (of the 405 who participated in the SFI study) from four California counties were randomly selected for the current study if (i) the participating couple was in a committed relationship, married or unmarried (for the purpose of examining couple satisfaction), and (ii) participants participated in the couples group of the intervention (for the purpose of examining coparenting). Only English-speaking couples were included in this sample. The number of participants was limited by the fact that the present study was a graduate student project that was required to be completed within one semester: the interviews lasted an average of 90 minutes and the detailed analysis of each protocol required approximately 8 hours. Interviews of participants for the current study (N = 15 dyads) were fully transcribed by the graduate student.

Table 2 presents sociodemographic information of the study sample. Among the group of fathers, three identified as Hispanic/Latino, 11 as non-Hispanic white, and one as mixed ethnicity. Among mothers, five identified as Hispanic/Latino and 10 as non-Hispanic white. The mean age of fathers was 30 years

<table>
<thead>
<tr>
<th>Table 2. Sociodemographic characteristics of the sample (N = 15 couples).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean, SD)</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Fathers</td>
</tr>
<tr>
<td>Race/ethnicity (n, %)</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
</tr>
<tr>
<td>Fathers</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
</tr>
<tr>
<td>Mixed</td>
</tr>
<tr>
<td>Family income (mean, SD)</td>
</tr>
<tr>
<td>Family status (Nn, %)</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Living together in committed partnership</td>
</tr>
<tr>
<td>Number of children (mean, SD)</td>
</tr>
<tr>
<td>First-time parents (n, %)</td>
</tr>
<tr>
<td>Age of targeted child (mean, SD)</td>
</tr>
</tbody>
</table>
(SD = 7.3), and that of the mothers was 28 years (SD = 4.6). Family incomes ranged from $0 to $100,000, with most families falling in the low-income range (mean family income = $35,094). Ten of the participating couples were married, while five lived together in committed partnerships. Forty percent of the couples were first-time parents (n = 6), and the remaining had either two (n = 6; 40%) or three (n = 3; 20%) children. The age of the target child (their youngest, shared child) ranged from 0 to 6 years, with the average age of 1 year.

**Measures**

**Quality of marriage index**
The QMI is a six-item self-report measure that we used to assess couple satisfaction (Norton, 1983). The first five items are rated on a 7-point scale ranging from 1 (“strongly disagree”) to 7 (“strongly agree”). The sixth item representing a global assessment of satisfaction is rated on a 10-point scale ranging from 1 (“extremely low”) to 10 (“extremely high”). Items include “We have a good marriage” and “Our marriage is strong.” Items were summed to create a total relationship quality score ranging from 6 to 45, with higher scores indicating better relationship quality. QMI scores are related to scores on the Dyadic Adjustment Scale (Spanier, 1976), another well-established measure in the field of marital research. Two separate means of QMI scores were obtained for males and females. On the basis of these scores, we divided the sample into “lower” and “higher” couple satisfaction groups (i.e., if either partner scored below/above the mean). Of the 15 participating couples, 14 fell into the same higher or lower relationship satisfaction category as their partner, revealing a strong concordance. The group was divided into satisfaction groups after transcript coding was completed.

**Qualitative analysis**

We used grounded theory coding procedures of qualitative data analysis to identify major themes from the initial clinical interviews that were recorded and fully transcribed (Charmaz, 2006; Corbin & Strauss, 2008). The analysis involved a series of steps conducted by a team composed of the primary investigator of the study and a graduate student in social work. We first performed open coding by independently reading the interviews line by line to identify codes. Open coding was guided by the question, “Which qualities relevant to the couple relationship, as they emerge in an initial clinical interview, are associated with the degree of couple satisfaction (before participating in the SFI intervention)?” Analysis was inductive, with codes emerging from participants’ stories. We then grouped the codes under the five family domain categories that were preestablished as a structure from which questions and the
intervention were organized: (i) each partner’s mental health and well-being; (ii) quality of the couple–coparent relationship; (iii) quality of parenting and each parent–child relationship; (iv) three-generational relationship patterns; and (v) the balance between life stresses and social supports in the family’s relationship with peers, schools, work, and other systems.

In the second stage of data analysis, we separately reread the accounts to perform axial coding as a means to organize themes within or across the categories. Axial coding is “a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories” (Strauss & Corbin, 1990, p. 96). After open coding separates the data into categories, axial coding reconnects the data by making connections among the categories. We integrated the information in each theme to draw a coherent representation of the material. We organized all the information in the data corpus under the emerging themes. In addition, we allowed data extracts to be placed under more than one category, depending on their relevance to the content of the thematic category. Throughout the analysis process, the team met to discuss coding challenges or disagreements. When disagreement arose, we identified the source of the discrepancy and reviewed the coded sections again until consensus was reached (Corbin & Strauss, 2008).

In the current study, we focused only on themes 3 (couple/coparenting relationships) and 4 (couple relationships) and organized the findings separately for mothers and fathers who were coparenting. We chose these themes because they are central to our interest in coparenting and we needed to focus on the number of areas given the small sample size included in this pilot study. Additionally, we summarized themes that emerged spontaneously across domains (e.g., mental health and substance abuse, impact of work stress on relationships) as shown in Table 3.

Once coding was complete, partners’ satisfaction scores were viewed side by side with the interview data for each couple, so that patterns could be examined within and across couples. Individuals within each couple were grouped according to baseline couple satisfaction scores for the purpose of noting patterns within each category. This analysis provided information about which couple relationship qualities, as they emerged in an interview, were associated with their level of satisfaction as a couple.

Results

Relationship qualities and baseline satisfaction: mothers’ perspectives

On average, couple satisfaction scores (QMI scores) for mothers were 36.8 (on a scale of 6 to 45, with 45 being highest). Six mothers scored below the average (“lower” couple satisfaction), and nine scored above the average
Table 3. Summary of themes, divided by gender and couple satisfaction groups.

<table>
<thead>
<tr>
<th>Mothers</th>
<th>Low Satisfaction</th>
<th>High Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting discipline</td>
<td>Challenges, control/authority themes</td>
<td>Parenting discipline</td>
</tr>
<tr>
<td>Coparenting roles</td>
<td>Roles different</td>
<td>Coparenting roles</td>
</tr>
<tr>
<td>Couple communication</td>
<td>Conflict, no compromise, negative mutual spirals</td>
<td>Couple communication</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overlapping Themes</th>
<th>Substance abuse</th>
<th>Supportive network family/friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>In recovery</td>
<td>Not mentioned</td>
<td>Support of spouse</td>
</tr>
<tr>
<td>Work and financial well-being</td>
<td>Financially stable</td>
<td>Mood stability and outlook</td>
</tr>
<tr>
<td>His work makes him less available parent</td>
<td>Optimistic, patient</td>
<td></td>
</tr>
<tr>
<td>Mood stability and outlook</td>
<td>Yells, moody, negative</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fathers</th>
<th>Low Satisfaction</th>
<th>High Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting</td>
<td>Discipline control/authority themes</td>
<td>Parenting</td>
</tr>
<tr>
<td>Coparenting roles</td>
<td>Roles different, mom’s primacy</td>
<td>Coparenting roles</td>
</tr>
<tr>
<td>Couple</td>
<td>Differences (age, lifestyle, values, beliefs)</td>
<td>Couple</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overlapping Themes</th>
<th>Substance abuse</th>
<th>Work and financial well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>In recovery, workaholic/Internet/television</td>
<td>Not mentioned</td>
<td>Financially stable, flexible and positive, less work-family spillover</td>
</tr>
<tr>
<td>Work and financial well-being</td>
<td>Underemployed and overemployed problem, affects parenting negatively: “work consuming”</td>
<td>Mood stability and outlook</td>
</tr>
<tr>
<td>Mood stability and outlook</td>
<td>Mental health issues: depression/anxiety, bipolar</td>
<td></td>
</tr>
</tbody>
</table>

*Within the interviews conducted as part of the SFI intervention program, only a small fraction of instances led to a change in protocol and a focus on safety, as most concerns were identified prior to the interview from intake and screening procedures.

score (“higher” couple satisfaction). Qualities that correspond with each of these maternal subsets are presented with supportive illustrative text.
**Parenting**

Mothers routinely stated that they enjoy the elements of nurture and affection that accompany motherhood. Mothers with higher couple satisfaction more frequently described themselves or were described by their partners, as “natural mothers.” One mother “adores parenting” and being a mom makes her “a better person.” Several of the mothers scoring lower on couple satisfaction focused on challenges disciplining their children. While parents in both satisfaction groups described discipline challenges, those with low satisfaction were more likely to approach parenting with an emphasis on their need for control and authority. Three mothers described changes in parenting due to recently going into recovery for substance abuse issues. One of those mothers reported that discipline had become more difficult since she became sober, due to the couple’s attempts to use new strategies: “Now that we have put boundaries down, he [the child] don’t like it. We have to bribe him, in a way. We are getting better control of him, though.” Another mother in recovery for substance abuse described a “rebuilding relationship” with her children after Child Protective Services placed them with three different foster families until she became sober. The father’s availability as a parent was insufficient to prevent the children from being placed outside of the home/family. Despite comments evincing less confidence in parenting among these mothers, each of them described feeling a bond with their children.

**Coparenting**

Two coparenting refrains emerged in the subset of mothers with higher couple satisfaction: (i) that each parent is skilled and equally invested in performing childcare tasks, and 2) that the parents fill different but complementary roles. Five mothers described dynamics such as “both of us do 100%” or “we share parenting equally and give each other breaks often.” Three of these five mothers work part-time while their partner works full-time, and two do not work outside the home. Among the subset of mothers who described differentiated roles, three of four considered childcare tasks primarily her responsibility, and financial provision to be primarily the partner’s responsibility. Both parents were employed full-time in the fourth couple. Another couple described a system in which they share parenting equally in evenings, but each weekday, parenting is the mother’s responsibility.

Among mothers with low couple satisfaction, three work full-time, one works part-time, and two work in their home. One employed mother also attends school full-time and feels “stretched thin” as a parent. Another full-time employed mother wishes her partner was more supportive with parenting. Of the two mothers with lower satisfaction who do not work outside the home, both would like to be employed. In this subset, couples fill two highly
differentiated roles as parents. In one couple, the parents described their coparenting relationship as one in which the mother “does all the school stuff” and the father “has the last word.”

**Couple relationship**

Mothers with *higher* couple satisfaction tended to describe their *couple* relationship as highly overlapping with their *coparenting* relationship. When asked to describe the strengths of their relationship as a couple, they cited positive coparenting as indicators of a strong couple relationship, and they seemed to experience their children as a protective factor in their relationship. One mother cited the main strength in the couple relationship as “prioritization of family.” Another mother noted that their children help the couple to better cope with communication problems: “…the kids help us…sometimes when we are not agreeing, they come into the room and smile and it makes us happy.”

Also notable is that among happier couples, the majority actively addressed the hard work they put in to maintaining a strong couple relationship. They were positive about their relationship without idealizing or glorifying it. One mother described an ability to “communicate and compromise.” In contrast with low satisfaction mothers, none of whom reported being in couples counseling, two of the more satisfied mothers volunteered that they were in counseling. One mother explained, “I love our differences, but of course, according to our counselor, those differences can also be the source of conflict… . So it’s about communicating and finding ways to support those differences, rather than trying to make each other something that we’re not.” This awareness of challenges clearly corresponded with the higher couple satisfaction designation. Of the nine mothers in this category, all were readily able to identify strengths in the couple relationship and all but two could identify challenges as well; the two mothers who struggled to name any challenges approached their couple and coparenting relationship noncritically and offered minimal elaboration of negative relationship aspects.

Of the mothers with *lower* couple satisfaction, all six emphasized challenges in the couple relationship, of which communication was the most prevalent; for them, identification of strengths in the couple relationship was sparse. Communication was problematic and conflict was apparent. All three mothers who struggled with substance abuse in the past reported that the couple relationship had changed since becoming sober — two reported relationship improvement due to increased communication, and one reported that while they have “stopped ignoring [their] problems,” they still “do not communicate well. One of us screams and the other walks away.” One mother reported that the couple “see[s] eye to eye on parenting, but the couple relationship is what is stressful.” She acknowledged that her negative
attitude and moods affect the couple relationship: the couple came close to separating in the past several weeks. Another mother with low satisfaction reported that the couple bickers daily “about little stuff” and “we can push each other’s buttons. It’s interesting, because if I am having a challenging day, I can put him in a bad mood, and vice versa. So I think that is one of our weaknesses — we feed off each other negatively, rather than the positive person turning the other one around.” This mother articulated a difference in the two couple satisfaction groups, whether the couple’s dominant narrative is characterized by positivity, togetherness, and support or by negativity and difference.

**Themes across domains**

Several themes emerged in the data that corresponded with couple satisfaction across couple, coparenting, and parenting domains: (i) substance abuse concerns, (ii) the presence (or absence) of a supportive network of friends and/or family, (iii) stressors related to work and financial well-being, and (iv) mothers’ mood stability.

Regarding substance abuse concerns, three of the six mothers with lower couple satisfaction reported that they were in recovery for substance abuse, while none of the nine mothers with higher satisfaction mentioned any substance abuse concerns. All three of the recovering mothers noted significant negative impacts that their substance abuse and recovery had on their relationships with partners.

Regarding a support network, for mothers there is a pronounced connection between the presence of a supportive network of friends and/or family and higher couple satisfaction. The mothers with lower couple satisfaction seemed to rely less on close friends and family; one mother identified an online community as her main source of support, another named AA (Alcoholics Anonymous), and a third named various social service agencies. There was a correspondence between higher couple satisfaction and the stated presence of a supportive group of parenting friends.

Stress related to work and finances also appeared to affect coparenting and couple relationship satisfaction for mothers. For those employed full-time, the feeling of being “stretched thin” was described as inhibiting their ability to be as present and nurturing in their relationships with their partners and children. Those employed part time expressed concern about the extent to which their partner’s workload negatively impacted his ability to offer coparenting support. Mothers with higher couple satisfaction generally had greater financial stability, while stressors related to finances and work were associated with strained family relationships among mothers with lower satisfaction.

Last, the degree of mood stability for mothers seemed to correspond with their satisfaction in their coparenting and couple relationships. Several of the
mothers scoring high in couple satisfaction were identified (either by themselves or by their husbands) as particularly “patient” people, “skilled in communication,” who lean toward “optimism.” Several of the mothers lower in satisfaction cite mood instability; one “hates the world” when she comes home from work, one “yells a lot,” and another acknowledged “negative attitude and moods.”

**Relationship qualities and baseline satisfaction: fathers’ perspectives**

On the whole, fathers reported lower couple satisfaction than mothers at baseline, with a mean of 33.7 (on a scale of 6 to 45, with 45 being highest couple satisfaction). Seven fathers’ scores fell below the mean (“lower” couple satisfaction), while eight fell above the mean (“higher” couple satisfaction).

**Parenting**

Fathers with lower couple satisfaction tended to emphasize the extent to which employment responsibilities affected their parenting involvement. One dominant theme among this group was “being consumed by work.” “I am doing the best I can, when I can. But my job is very demanding.” Another father bemoaned about his children: “I know…that they have times that they want to be around people and times that they don’t. But I’m the sole income for the family, so I’m not around, and I have my responsibilities at home and everything, so when I get the opportunity to be with them and they don’t really want to play with me, that’s kind of frustrating.”

Fathers with higher couple satisfaction described less work to parenting spillover. “I can work all day and just be so tired and worn out, but then you see them smile or something and you forget about the whole day.” Another father stated that he feels fortunate to be able to go home during his lunch breaks to see his daughter, noting that “just spending time with her” is the most valuable aspect of being a parent. We do not know from these data if satisfaction is facilitated in some part by job flexibility or income level supporting a more positive attitude toward work and family — a curiosity for subsequent study.

Pronounced among fathers scoring lower in couple satisfaction, similarly to the mothers, was attention to discipline issues with their children. They reported a desire for greater control and authority: “The hardest part [of parenting] is the authority of who I am — the extent of my control as a dad. I am his friend as long as I don’t try to correct him.” Another father said that his biggest stressor is “getting control of my children.” A recently sober father noted, “Now, because we ain’t in the addiction, trying to discipline, and raise, and control, is more of a family matter, rather than spanking. It’s more about trying to talk things out with each other before it gets abusive.” Other fathers
scoring lower in couple satisfaction reported that they feel responsible for a majority of the disciplining, which heightens their parenting stress.

Also, highly differentiated roles as parents seemed to correspond with lower couple satisfaction.

Several fathers became emotional as they described a dynamic in which their relationship with their children is strained by the mother acting as the “primary parent.” One father scoring lower in couple satisfaction reflected that he does “a lot less” parenting of their son than does his partner. Says another: “We have good days and bad days, but we get along alright. They rely on me for a lot of things I do for them. But they get along better with their mom than me at this age” [toddlers].

Another lower satisfaction father described an approach to parenting that created couple conflict: “I am kind of like the hero. If she [daughter] asks her mom for something that mom won’t give her, she knows that she can come to me and she will get it. It’s that striking a balance issue — I want her to think of me as someone she can depend on. If she wants the orange, she gets the orange. If she wants the milk, she gets the milk. She knows that she can count on me. I am the hero.” This tendency to “play hero” emerged for several fathers who spent significant time away from home for employment reasons, often with negative effects on their success with discipline.

Among fathers with higher couple satisfaction, several were quick to report that their partner’s parenting skills exceeded their own and acknowledged that parenting was a “learning process” for them. “[My partner] is a lot more patient than me. After twenty minutes of baby time, I get frazzled, whereas she can go for hours. But I am working on it — I am a lot more patient than I was before.” Another described “I could do better” in fathering, although during the interview his wife was highly affirming and encouraging of his parenting. There was less role differentiation among within this group: “Both of us do 100%. If I need to be home with them, I take care of them. We handle that together, or otherwise we couldn’t do it.” And, “I look at it as both of us are skilled in every area. We both try to do what’s necessary when necessary.” The fathers who view parenting as an equal task, regardless of the time they spend at work, had higher couple satisfaction and reported strong relationships with their children.

**Coparenting**

Fathers were less apt to describe strengths of the coparenting relationship than were mothers. They tended to use generic phrases such as “the support we give each other” or “we are always there for each other.” As an exception, one effusive father higher in couple satisfaction describes, “The best part of our relationship is our communication. We work together as a team. She is very forgiving of my faux pas, tolerant. And she’s happy to continue to grow, together.”
**Couple relationship**

Fathers also were less likely to spontaneously bring up couple strengths, but when they did they described a mutuality of purpose and shared experience. “Both of us really enjoy creative expression, and we both love spending time with each other, with similarly optimistic views of each other and the world. We also both really take joy in being with our friends and family.”

A major theme among fathers scoring higher in couple satisfaction the difficult negotiation about prioritizing personal needs (e.g., for space and alone time) versus the prioritization of partners’ and children’s needs. “It was difficult after getting married, you know, having one life instead of two. Having our life together all the time.” A recurring theme among this subset of fathers was grieving the loss of independence and coming to terms with this loss. One father described the couple relationship as “rocky, sometimes, with us being so young and married. We had a child at a young age so we missed a lot.” Yet he privileged the maintenance of his family, especially his kids: “It’s not so easy just to give up and say I quit, because you have two little ones to think about. If I notice that it’s serious where we are not communicating, I will sit down and talk with her about it, because I don’t want a divorce. I don’t want to have to put my kids through that. So the kids help us not say ‘I quit’. It has been rocky, but they tell us it’s always rocky in the first 2 years. I care about her a lot.”

Among fathers scoring lower in couple satisfaction, couple strengths were again mentioned less frequently, and there was more of a defensive tone to their comments. One father, after a lengthy pause, said “wow, I have six eyes on me. Um….my clothes are spotless, the house is clean, the bed is made. She keeps things in order.” Another father reported, “I’ve always been supportive of my wife. I’ve always made sure that she doesn’t have low insecurity…. . More so now, we get along great.” Or, “the strongest part would be logic. We’ve been together for a long time, and we both come from homes where our parents are divorced. So we are striving for having a family” [note that they already had a child].

Among these fathers, the most common challenges cited with regard to the couple relationship related to differences in lifestyle, age, values, and beliefs. Also noted were challenges related to one or both partner’s anger management. One father volunteered, “At times, we have been very different. Our politics are different. And how she was raised is different than how I was raised. We tend to have disagreements on current affairs in the world, and the Bible…. . And I’m the aggressive one in being vocal. But it’s a relationship that continues to grow.”

**Themes across domains**

Several themes emerged across the domains of coparenting and couple satisfaction among fathers. These included (i) substance abuse and addictions
more broadly; (ii) ability to change and compromise; (iii) emphasis on personal accountability; and (iv) impact of work stress (negative or neutral) on relationships.

Like mothers, the presence of mental health and/or substance abuse concerns is associated with the quality of fathers’ relationships with their partners and children. For fathers, however, addiction concerns appeared more often; among the seven fathers who scored lower in couple satisfaction, three were in recovery for substance abuse issues, and two fathers described themselves as “workaholics.” Another father noted that he is “always online.” Several fathers spontaneously offered that they enjoy watching television when asked about communication or stress. Addiction and avoidance thus appears prevalent and corresponds with fathers’ strained relationships with partners and children. Also, among the lower couple satisfaction subgroup was a prevalence of mental health concerns: one father reported that he was recently diagnosed with bipolar disorder, another reported that he struggles with comorbid depression and anxiety, and a third suffered with depression. Among fathers scoring higher in couple satisfaction, neither substance abuse nor addiction problems or mental health concerns were raised in the interviews.

Several personality characteristics particular to fathers reemerged across domains. Overall, what seemed to separate fathers who scored higher in couple satisfaction from those who scored lower was their acceptance of change and compromise and being less individually focused and more attentive to positive attributes in their partners. Communication was not mentioned by fathers as frequently as by mothers, but fathers with higher satisfaction conveyed more effort and willingness to learn in this arena. Fathers with higher satisfaction focused on self-growth in addition to confidence — they note areas in which they would like to grow, yet are able to succinctly name the positive contributions they make to their family. There was also a theme of family investment, giving of themselves as partners and parents in addition to working full-time (except one who works part-time). As opposed to expressing a desire to have their partners do more, they expressed a desire for more energy as parents. Rather than blaming the other parent, they were oriented toward their own efforts as a coparent.

Last, and perhaps most significant, was the theme of how professional and economic stress was relevant to fathers’ relationships with their partners and their children. Most fathers highlighted the degree to which financial stress and/or demands at work affected their ability to be present and supportive in relationships at home. Underemployment and overemployment corresponded with lower satisfaction. Fathers who expressed no or fewer concerns with the degree to which work affected their family relationships typically had higher satisfaction, and most typically described work experiences that are positive, flexible, and financially stable.
Discussion

This study represents an initial exploration of a couples interview that assesses couple and coparenting relationship dynamics before SFI (Cowan et al., 2009, 2014), a father involvement and coparenting intervention designed to strengthen family relationships and child outcomes. Themes found in the responses of 15 couples (mothers and fathers) with higher versus lower relationship satisfaction showed that the clinical interview highlights couple qualities and dynamics related to their satisfaction and indicative of risk and protective factors likely to influence their ability to enhance their relationships through intervention.

Mothers and fathers spoke to similar issues. For example, mothers with lower couple satisfaction focused on communication issues in the couple relationship itself, while fathers with higher couple satisfaction emphasized positive communication about their coparenting. Substance abuse was related to lower couple satisfaction for mothers and fathers, with recognition that this form of avoidant problem solving undermined relationships with partners and children. Employment stress among full time parents also crisscrossed through couple and coparenting domains, with happier couple presenting more stable work lives and feeling supported by the other parent. These findings parallel other research showing that couples’ problem solving approaches are correlates of relationship satisfaction (e.g., Ladd & McCrady, 2016; Woodin, 2011), including cross-culturally (Ahmadi, Ashrafi, Kimiaei, & Afzali, 2010; Bertoni & Bodenmann, 2010) and may create impetus to seek therapeutic help for the relationship.

Also, consonant with previous research is the role of positivity and negativity in relationships and affect regulation as bellwethers of couple satisfaction (Gottman, Coan, Carrere, & Swanson, 1998; Rogge, Bradbury, Hahlweg, Engl, & Thurmaier, 2006). This showed up in a focus on discipline difficulties among less happy mothers and fathers in contrast to expressed joys of — or teamwork in — parenting. All of the parents described challenges associated with having young children, but more satisfied couples tended to emphasize their ability to compromise and change (especially fathers’), and willingness to work hard to “get to a better place” together. Parents with lower satisfaction less spontaneously offered approaches to how their family challenges could be meaningfully resolved.

The importance of fathers being involved parents and coparents was a recurring theme for mothers and fathers Thus, clinicians conducting initial clinical interviews as part of clinical intervention and/or coparenting research might benefit from focusing on father involvement as a gauge of the couple’s motivation and capacity to work on their couple and coparenting relationship. The strength of the couple relationship in this sample rested especially on how father involvement was perceived by the mother, a finding that
echoes previous research findings (e.g., Fagan & Barnett, 2003; Kalmijn, 1999). Expectations about a fair division of labor by each parent seems to contribute to and/or benefit from a sense of the parental alliance. This is particularly relevant given the fact that parents’ beliefs about the solidarity of their parenting alliance has been tied to the adjustment of their young children (Mangelsdorf, Laxman, & Jessee, 2011).

Not surprisingly at this phase of family life, the work-family balance showed up repeatedly in parents’ considerations of their parenting, couple, and coparenting relationships. Fathers with higher couple satisfaction described the belief that when they are at home, no matter how much effort was expended at work, they desired to be highly involved in parenting tasks. This may have been easier for these parents to attain, as fathers with higher couple satisfaction appeared less stressed by employment or financial worries. Whether they had more control over their employment, enjoyed it more, or took it more in stride cannot be ascertained from the current study and leaves interesting questions for further research.

Child discipline also echoed through the participants’ responses. The approach of toddlerhood (the average age child in this sample was 1 year old) exacerbates differences in parenting approaches and requires more parental time and attention on a daily basis as the young child learns about autonomy and pushes back on a daily, if not hourly, basis. Discipline and control arose as red flags associated with lower couple satisfaction and frustrations in the relationship. Fathers referenced couple disagreements pertaining to differences in beliefs about discipline. The topic arose as frustration about the fact that disciplining responsibilities fell to them or as avoidance of disciplining out of a desire to please their children. Needing skills and reassurance about the importance of, and their ability to, exercise effective discipline is not uncommon among separated/divorced fathers and is a useful target for intervention (Sandler et al., 2018); the fact that this was a concern for fathers in intact relationships suggests that it may be a harbinger of future difficulties for the couple. If the upset with each other about discipline is reflected back to couples, it might influence those on the fence about seeking support and psychological intervention to seek it out. Again, the differences between men and women emerged despite the fact that most of the interview takes place together and their relationship satisfaction was synchronous.

Also noteworthy was the recurring incidence of fathers with higher couple satisfaction describing themselves as “learning fathers” with regard to discipline, as opposed to describing an aspiration to have more control over their children. They located the opportunity for growth internally, as opposed to externalizing the concerns as being located in their child(ren) or partners. Higher couple satisfaction for both partners may correspond with fathers’ willingness to develop as a parent. This growth orientation may indicate...
maturity and responsibility that translates into more positive interactions between parents about coparenting. This conjecture finds support from the results of a study showing that marital distress among fathers with such views was less likely to spill over and disrupt the coparenting of infants (Talbot & McHale, 2004). This also heralds the utility in fostering a process of self-reflection for fathers with regard to taking self-responsibility for acquiring more skill or comfort with parenting rather than responding to assuage their partner or their guilt about being less involved than they hoped or expected to be. Foci on self-reflection and fostering of maturity and self-responsibility support the growth espoused by a Winnicottian conceptual frame, thereby integrating techniques from individual intervention into the structure and opportunities of couples’ work (Rabin, 2014).

It was notable how rarely fathers talked much about their coparenting relationship either spontaneously or in response to direct questions. Providing an opportunity for fathers to discuss coparenting strengths seems central to clinical work with fathers of young children and is useful diagnostically and as a facet of intervention itself. This is true for mothers as well, but because the fathers identified fewer relationship strengths than did mothers overall, coparenting intervention efforts could benefit from exercises designed to increase fathers’ abilities to notice and communicate affirmatively their appreciation of their partners.

Fathers expressed a need for independence more frequently than mothers did and were more prone to identify leisure activities they were missing (e.g., fishing and boating). Fathers with higher couple satisfaction demonstrated that they had worked to reconcile the loss of independence — not necessarily by giving it up entirely but by being cognizant of the push and pull and being in conversation about it with their partners. This theme suggests that fathers could benefit from inclusion in a support or intervention group, in which the change in identities as a result of parenthood demands can be processed and normalized. SFI strives to support parents in finding healthy ways of maintaining the “individual” parts of themselves while still meeting the demands of being a partner and parent. We know of no previous systematic research that explored grief over the loss of independence for males as it impacts coparenting and couple satisfaction, although discussion in the transition to parenthood groups offered in the Becoming a Family Project (a precursor of SFI) frequently focused on this topic (Cowan & Cowan, 2000).

Certain themes seemed particularly indicative of couple satisfaction in coparenting and couple relationships. Substance abuse concerns were most often associated with lower couple satisfaction scores and self-described coparenting difficulties. Additional addiction concerns emerged among men with regard to work life and the Internet. Others have found that substance abuse in particular, but addiction concerns and methods of avoidance more broadly, occur in parallel with relationship troubles (Klostermann,
Mignone, Mahadeo, Papagni, & Jones, 2017; Whisman & Baucom, 2012) and are likely obstacles to couple relationship growth unless treated in tandem. While researchers have explored the use of couple therapy to support substance abuse recovery (Saatcioglu, Erim, & Cakmak, 2006; Trepper, McCollum, Dankoski, Davis, & LaFaza, 2000), there is very little research regarding the impact of substance abuse treatment on coparenting and couple satisfaction. “Substance-abusing men remain one of the poorly understood, negatively stereotyped populations of fathers in many cultures” (McMahon & Rounsaville, 2002, p. 1110).

Also noteworthy was the link between parental symptoms of depression and lower couple satisfaction and strained coparenting relationships, particularly among fathers. Bronte-Tinkew, Scott, Horowitz, and Lilja (2009) found that among fathers of 9-month-olds, the presence of depressive symptoms correlated with greater conflict over the child with their spouse, less daily discussion of the child, and less support from their spouse a year later. Co-occurring substance abuse and mental health concerns should trigger referral for individual assessment and treatment, conjointly with participation in coparenting interventions. Not surprisingly, there also was a connection between financial instability and lower couple satisfaction. Parents of lower socioeconomic status experience higher levels of various kinds of stress (Mangelsdorf et al., 2011; Myers et al., 2015), which may in turn impede parenting processes and satisfactions. Each of these themes calls for the provision of case management services to intervention participants, as modeled by the SFI project (Cowan et al., 2009, 2014), so that stressors related to finances, medical concerns, and other external issues can be managed to increase the potential for participants to sustain their participation in the intervention and draw meaning from it.

The study has several limitations. We used qualitative analyses that may be prone to bias in coding of data and interpretation of findings. Despite using a second coder to check individual biases, individual bias remains a potential threat to validity. Future research should complement qualitative research methods with quantitative methods that use the larger SFI study sample and triangulate the data obtained with self-report and observational coding methods. Despite being based on a small sample, our findings suggest that an initial clinical interview elicits information about couple, coparenting, and parenting issues that are consistent with more extensive self-report and observational studies of families. This argues for further development of this line of research. Future research should also examine whether findings would differ for first time parents compared to families that have more than one child, and how developmental issues (the young age of the average child) as well as cultural and economic issues (low income, high percentage of Mexican American families) influenced themes that emerged
Implications for social work practice

This report illustrates the use of a clinical interview to obtain data on the family system that can be used in research on family dynamics or in planning treatment for coparenting teams. Families are only as happy and healthy as the relationships they build. Essential in this equation are the relationships built with early caregivers (Bretherton & Munholland, 1999) and the couple and coparenting relationships that are bedrocks of support for child attachment and parent-child relationships. Early coparenting behavior not only shapes subsequent couple satisfaction (Schoppe-Sullivan et al., 2004) but also affects parent–child relationships (Caldera & Lindsey, 2006). Exposure to cooperative and positive parental interaction may help to promote a child’s sense of well-being with each parent, whereas coparent divisiveness and contention can prompt a sense of insecurity in parent–child relationships (Winter, Davies, Hightower, & Meyer, 2006). The quality of the coparenting relationship can also affect parent–child relationships indirectly, through parents’ ability to be attuned and responsive to their child’s needs (Caldera & Lindsey, 2006). A negative or discordant coparenting relationship is a source of stress for parents, rendering them less available for sensitive interactions and less able to be emotionally available and consistent in discipline (Sturge-Apple, Davies, & Cummings, 2006).

The interview described here was based on an empirically supported family risk and protective model. Findings support the areas posited as important for coparenting in previous scholarship (McHale & Fivaz-Depeursinge, 2010). It further contributes a rare study to social work of the qualities and dynamics that can be identified and treated to strengthen the alliance of couples that parent together. Because coparenting assessment and interventions are preventive in nature and foster change within families, they have the potential to create change that is sustainable and impactful across generations. This provides substantial incentive for continued research and intervention in this area. Social workers are well-primed facilitators of such research and intervention, given the person-in-environment and strengths-based perspective that defines the social work profession.

Fortunately, clinicians and researchers are applying the coparenting framework to increasingly diverse populations and family constructs (e.g., Gaskin-Butler et al., 2015; McHale, Salman-Engin, & Coovert, 2015; Farr & Patterson, 2013). Within this diversity, coparenting remains a viable and essential construct, as coparenting extends beyond mothers and fathers to couples of all gender identifications and partnerships (including extended family pairs such as grandparents or mothers and sons or daughters) for the purpose of raising children. It is our contention that parenting figures in most families are engaged in coparenting, and that anthropological research bears out the prevalence and healthy utility of such arrangements across cultures and species (Bentley & Mace, 2012). Moreover, while the presence of at least one supportive caregiver
is critical for a child’s development, the presence of two caregivers supportive of the child (Amato, 2005) and each other (Musick & Meier, 2010) is even more effective. Given the adage that parents can only nurture their children to the extent to which they nurture themselves, a parent’s decision to tend to their relationship with their partner is one of the greatest gifts they can give their child. Facilitating a process that supports parents on this journey is an important task for the social work profession, with the potential to prevent social problems before they emerge or address them early in the life of a family — in order to preserve family life in its various constellations for future generations.

Acknowledgments

We wish to acknowledge the work of David Strauss in designing the initial clinical interview coding scheme and the editing support of Smith College student Agus Bozzano.

Disclosure statement

No potential conflict of interest was reported by the authors.

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