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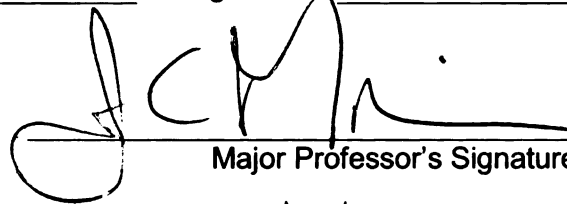
ROBERT MATTHEW HOCK

has been accepted towards fulfillment
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Ph.D.

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ABSTRACT

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CONTEXTS**

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Robert Matthew Hock

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This dissertation uses a multiple manuscript format to explore the relationships of couples who are parenting in challenging coparenting contexts. Challenging coparenting contexts arise when parenting demands are extraordinary and/or parenting roles are ambiguous, with few societal prescriptions for their completion. Three self-contained papers examine the interrelationship between the couple and parenting relationships using diverse constructs and methodologies. The first paper, "Exploring Stress and Coparenting: Implications for Social Work Practice," examines the relationship between stress and coparenting. The second paper, "Exploring the Relationship Between Coparenting and Couple Relationships," examines the relationship between coparenting and couple relationships. The third paper, "Exploring the Relationship Between Coparenting and Couple Relationships," examines the relationship between coparenting and couple relationships.

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ABSTRACT

EXPLORING COUPLE RELATIONSHIPS IN CHALLENGING COPARENTING CONTEXTS

By

Robert Matthew Hock

This dissertation uses a multiple manuscript format to explore the relationships of couples who are parenting in challenging coparenting contexts. Challenging coparenting contexts arise when parenting demands are extraordinary and/or parenting tasks are ambiguous, with few societal prescriptions for their completion. Three self-contained papers examine the interrelationship between the couple and parenting relationships using diverse constructs and methodologies. The first study, "Coparenting Theory and Research: Implications for Social Work Practice", provides a systematic research synthesis of coparenting research and explores its utility for social work practice. The author reviews existing definitions of coparenting and synthesizes them into a clear and clinically useful definition to guide clinical social work practice with families. In addition, the relationship between coparenting and other family constructs is reviewed. Finally, recommendations are provided for improving coparenting quality in clinical social work settings.

The second study, "Predictors of Coparenting Quality Among Adoptive Parents", employs a cross-sectional survey methodology to explore factors that predict coparenting quality among adoptive mothers. Results suggest that the degree to which partners cope with stress together and negotiate conflict, as well as their marital quality, make significant contributions to mothers' reports of their coparenting quality. Further, the

dimensions of coparenting demonstrated differential patterns of relatedness with the independent variables, suggesting that coparenting is a multidimensional construct.

The third study, "Parenting Children with Autism: A Crucible for the Couple Relationship", uses a modified grounded theory method to explore the impact of parenting a child with an autism spectrum disorder (ASD) on the couple relationship. The dominant proposition that emerged during analysis is that parenting a child with an ASD acts as a crucible for couple relationships, exerting extraordinary pressure on partners that forces qualitative adaptations in their relationship. Two relationship states capture the progression of these changes over time: Tag Team and Married Up. The author then integrates findings from all three studies and discusses their implications for clinical social work practice.

DEDICATION

This dissertation is dedicated to God and all of the people who have supported me through this process.

I am especially grateful to my wife Meghan, whose encouragement, love, and hard work made this possible. I love you and am so happy that we can celebrate this accomplishment together.

To my sons Ian and Henry. Thank you for your patience with Daddy and your constant willingness to provide diversions from work.

To Rupert: you were the best writing companion anyone could ask for.

To my parents, Dave and Mary Jane Hock. Thank you for your love, support and pride in my accomplishment. It means more than you know.

To my in-laws, Steve and Carrie. You and Mom were working as hard as I was. I could not have done it without your help.

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To my in-laws, Sylvia and Lonnie: In the end, you were working as hard as I was. I could not have done it without your help.

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the couple and coparenting relationships of parents in challenging coparenting contexts. *Challenging coparenting contexts* arise when parenting demands are extraordinary and/or parenting tasks are ambiguous, with few societal prescriptions for their completion. This term is meant to capture challenging characteristics of the children, such as externalizing behavior problems, as well as challenges related to family structure and context that may increase parenting burden, such as those presented in adoption. Research suggests that parents in these circumstances are at risk for poorer individual and couple relationship outcomes. For example, children with social, emotional, and health problems have been associated with greater parent stress, lower marital satisfaction, and lower rates of perceived parenting competence (Belsky & Volling, 1987; Belsky & Schweitzer, 1990; Giunta & Compas, 1994). In addition, the parenting demands of the children who require extraordinary provisions of care, such as those with special needs, place additional demands on parents' resources place additional demands on parents' resources (Belsky & Volling, 1987; Belsky & Schweitzer, 1990; Belsky, Crnic, & Gable, 1995b; Flory & Fergusson, 2001; Fergusson, 2004).

The second purpose of this dissertation is to strengthen the utility of the coparenting construct for social work practice. Coparenting researchers have consistently called for its application to clinical situations. They encourage mental health professionals to assess and treat the coparenting relationship, along with marital quality and parenting behaviors, in order to strengthen families in distress (Belsky, Fergusson, &

CHAPTER ONE

INTRODUCTION, REVIEW OF KEY TERMS, AND STUDY RATIONALE

Introduction

The first purpose of this dissertation is to investigate the interrelatedness between the couple and coparenting relationships of parents in challenging coparenting contexts. *Challenging coparenting contexts* arise when parenting demands are extraordinary and/or parenting tasks are ambiguous, with few societal prescriptions for their completion. This term is meant to capture challenging characteristics of the children, such as externalizing behavior problems, as well as challenges related to family structure and context that may increase parenting burden, such as those presented in adoption. Research suggests that parents in these circumstances are at risk for poorer individual and couple relationship outcomes. For example, children's behavioral, emotional, and health problems have been associated with greater parent stress, lower marital satisfaction, and lower rates of perceived parenting competence (Belgin & Thomas, 2002; Bouma & Schweitzer, 1990; Giunta & Compas, 1993). Similarly, several studies suggest that children who require extraordinary parenting techniques or who place exceptional demands on parents' resources place parents at risk for poorer coparenting relationships (Belsky, Crnic, & Gable, 1995b; Floyd & Zmich, 1991; Van Egeren, 2004).

The second purpose of this dissertation is to investigate the utility of the coparenting construct for social work practice. Coparenting researchers have consistently called for its application to clinical situations. They encourage mental health professionals to assess and treat the coparenting relationship, along with marital quality and parenting behaviors, in order to strengthen families in distress (Dorsey, Forehand, &

Brody, 2007; Elliston, McHale, Talbot, Parmley, & Kuersten-Hogan, 2008; Margolin, Gordis, & John, 2001). Despite this, little research has examined the coparenting relationships of families who face extraordinary parenting challenges. This dissertation attempts to fill this gap by focusing on two populations who are parenting in challenging coparenting contexts: the parents of children with autism spectrum disorders (ASD) and parents who have adopted. It is likely that both groups will experience a different trajectory, intensity and form of the coparenting relationship than 'typical' community samples. This "intensification" (McHale, Kuersten-Hogan, & Rao, 2004) of the coparenting relationship may inform scholarship by providing a new perspective on couple and coparenting processes. In addition, this emphasis will yield important implications for social work practice with similar families.

Literature Review

Coparenting

(1974). In an attempt to uncover the factors that lead to family well-being, social workers and other scholars have explored the associations between individual and family characteristics. This has led to a vast body of literature about parenting techniques and child outcomes (Rothbaum & Weisz, 1994). Another prominent vein of research has elucidated the relationship between marital quality and parenting (Twenge, Campbell, & Foster, 2003). Family practitioners and researchers have also confirmed that the quality of the marital relationship impacts child adjustment (Kersh, Hedvat, Hauser-Cram, & Warfield, 2006). These findings, taken together, provide invaluable insights into how families can be supported. However, these lines of research artificially reduce family interaction to the level of the individual or dyad. Parenting behavior and style captures

the interaction between one parent and one child, while excluding the other parent.

Similarly, marital quality captures aspects of the relationship between two spouses, while excluding the child. Family researchers have called for research to move beyond these dyadic subsystems to explore triadic and whole family processes. For example, P.

Minuchin notes, (Cookston, Braver, Griffin, De Luse, & Miles, 2007; Cowan, Cowan,

Pruett, Studies of the parent-child dyad, though valid in themselves, are properly

Copar regarded as studies of subsystems. They do not represent the child's significant reality, especially after infancy, and they do not stand in for the study of triadic process parent-child systems" (1985, p. 296)

of people A great deal of family interaction occurs in the presence of both parents and the children. Even when the other parent is not physically present, the absent parent necessarily influences both parent and child. The importance of coparenting processes to family health was brought to the forefront of family studies by Salvador Minuchin (1974). Minuchin conceptualized the coparenting dyad as the family's "executive hierarchy", thus placing it firmly in the center of most other family processes. Subsequent coparenting research has examined the relationship between both parents and child and the ways that they support each other and coordinate their parenting efforts. According to Van Egeren and Hawkins (2004, p. 166) "a coparenting relationship exists when at least two individuals are expected by mutual agreement or societal norms to have conjoint responsibility for a particular child's well-being."

and in Evidence suggests that coparenting may be a malleable intervention target with implications for the entire family system. Coparenting has been found to be associated with marital satisfaction (Edwards, Leonard, & Homish, 2008), parent involvement

(Brent & Thomas, 1998), child behavior problems (Lee, Beauregard, & Bax, 2005; Schoppe, Mangelsdorf, & Frosch, 2001), and parent health (Feinberg, Kan, & Hetherington, 2007; Hughes, Gordon, & Gaertner, 2004). Coparenting interventions have also showed promise in improving child and parent well-being among married and divorced families (Cookston, Braver, Griffin, De Lusé, & Miles, 2007; Cowan, Cowan, Pruett, & Pruett, 2007; Feinberg & Kan, 2008).

Coparenting and Marital Quality

Family theorists consider coparenting and marital quality to be distinct yet related processes. Several conceptual distinctions are cited. The first distinction is the number of people involved in the relationship. While the marital relationship is inherently dyadic, the coparenting relationship involves both parents and children and is therefore triadic or polyadic (McHale, et al., 2004). The second distinction recognizes the different purposes that initiate and maintain the relationships. As Margolin, Gordis, & John point out; "A major difference between coparenting and marital relationships is that effective coparenting is motivated by concern for the welfare of the child, whereas a strong marital relationship is motivated by concern for the welfare of the partner, for oneself, or for the two-person marital relationship" (2001, p. 4). The third distinction lies in the fact that the coparenting relationship follows a different developmental trajectory than the marriage and persists even when the marriage does not (McHale & Cowan, 1996). It is for these reasons, among others, that coparenting and marital quality must be examined separately and in relation to each other.

Parents of Children with Autism

Research with parents who have children with autism has demonstrated that both mothers and fathers report higher levels of stress than the parents of typically developing children (Davis & Carter, 2008; Duarte, Bordin, Yazigi, & Mooney, 2005). Greater social isolation, more marital discord, more tension among siblings, greater caregiving burdens, and poorer physical and mental health have been found in these families when compared to families without a disabled child (Abery, 2006). As a result, early research estimated divorce rates among parents of children with autism as much as twice as high as the general population (Tew, Payne, & Laurence, 1974). However, most research with these families has focused on linear relationships between the child and each individual parent. This limits current understanding of the relational processes that occur at the dyadic, triadic, and whole family level.

However, there are a number of studies that have applied a more systemic approach. For example, Hastings et al. (2005) examined the role that partners' positive perceptions of their children, partners' mental health, and severity of child behaviors played in parent stress. Their findings support a systemic view of parent functioning in that parents' experience of stress, depression and anxiety is associated, not only with the severity of child behaviors, but also the levels of depression and anxiety experienced by their partner.

Another study of married couples with children with developmental disabilities (including autism) found that parents' experience of stress was associated with their perception of a positive family relationship, a well-organized family system, and a stronger emphasis on personal growth (Dyson, 1997). While examining the dyadic

adjustment of parents of children with developmental disabilities, Trute (1990) found that these couples scored much lower on dyadic consensus and much higher on dyadic cohesion than the normative sample. He noted "This suggests that a couple with a disabled child will tend to disagree with each other more often than do other couples, yet they will tend to maintain a higher level of cohesion as a marital pair (p. 295)." In addition, the author found that these variables, along with father education level, explained 52% of the variance in reported family organization and functioning. While the study contains some conceptual overlap between the marital and parenting subsystems, it suggests that the coordination of parenting tasks is even more necessary in families with children with disabilities.

Parents who have Adopted

Building a family through adoption creates parenting experiences that differ significantly from other family types. Little is known about the couple relationships of adoptive parents, and there are no studies that have examined the coparenting relationships of adoptive parents. However, evidence from related adoption research seems to suggest that these couples would experience similar or higher levels of coparenting quality than biological families. For example, Borders et al. (1998) compared 72 adoptive and biological parent-child dyads who were matched on race, gender, age and education. They found no significant differences between groups on involvement in activities with the child, discipline behaviors, valuing of desirable behaviors, parent depression, happiness and self-esteem. Research findings from a nationally representative longitudinal survey suggests that the transition to parenthood has fewer negative impacts on the marital quality of adoptive couples, when compared

with biological and step-parents (Ceballo, Lansford, Abbey, & Stewart, 2004). Drawing from the Early Childhood Longitudinal Study, researchers found that adoptive parents (N=161) also seem to invest equal or greater economic, cultural, social, and interactional resources in their children than biological families (N=9,661) (Hamilton, Cheng, & Powell, 2007). In another study comparing adoptive and biological families with a 13-17 year old child referred for mental health treatment, adoptive parents reported more social and psychological resources and mothers reported less marital distress (Cohen, Coyne, & Duvall, 1993). In a follow-up study, the authors found no differences on entitlement (i.e. parenting doubts, discipline success, distance from child) between adoptive and biological parents (Cohen, Coyne, & Duvall, 1996). These findings suggest that adoption alone does not create significantly different patterns of parenting interaction. In support of this notion, Lansford, Ceballo, Abbey and Stewart (2001) used the National Survey of Families and Households to compare the quality of family relationships and well-being between adoptive, two-parent biological, single-mother, stepfather, and stepmother households in which at least one child was under the age of 18. Comparisons of the self-reports of mothers, fathers, and children revealed far greater similarity than difference between family structures. For example, parent well-being, relationships with spouse, and child relationships with family were similar across all family structures. Further, differences that did emerge disappeared after controlling for family process. The authors suggest that family processes shared among families are stronger determinants of relationship quality and well-being than family structure. There is some evidence to suggest that these processes are also similar among adoptive families. Rosenthal and Groze (1994) administered the Family Adaptability and Cohesion Scales (FACES III) to

302 parents who had adopted a child from the child welfare system. They found despite reporting greater child behavior problems, these parents indicated levels of cohesion and adaptability similar to “typical” families. *has few defined norms for adoptive families*

(Berry) These apparent similarities and equivalencies between adoptive families and other family types may lead one to assume that their coparenting relationships will also follow suit. However, the parenting experiences of adoptive couples and biological parents differ significantly. First, adoptive couples follow a *different trajectory* to parenting than biological parents. The in-depth and intrusive adoption screening process, the *adoptive* uncertainty associated with adoption, and the ongoing interaction with formal governmental systems characterize their transition to parenthood. In contrast to biological parents, these parents must “prove themselves” in order to have children. Second, adoptive parents often face *additional stressors* such as the social stigma associated with adoption, reactions from friends and family and for some, the emotional pain associated with infertility (Borders, et al., 1998). Further, children who are adopted from the child welfare system often exhibit emotional and behavioral problems at a higher rate than the general population and create different demands for parents (Schweiger & O'Brien, 2005). Finally, adoptive parents must cope with unique *parenting tasks*. For instance, they must come to terms with their feelings about parenting “someone else’s” children (Kramer & Houston, 1998). The majority of children who are adopted from the child welfare system have experienced abuse and neglect in their early years. These children often exhibit difficulties attaching to their caregivers (Nickman, et al., 2005). Parents who adopt these children must utilize unique parenting behaviors that help to foster attachment and emotional health in their children (Hughes, 1999).

Adoptive parents must also help their children understand their identity and create new meanings of family and belonging (Berry, 1991). These tasks are neither easy nor straightforward, particularly since society has few defined norms for adoptive families (Berry, Dylla, Barth, & Needell, 1998). Because adoptive couples face a different trajectory to parenting, different parenting tasks, and different parenting stressors, it is thought that these couples will experience coparenting in different ways. The author hopes that exploring coparenting in adoptive parents may expand knowledge about coparenting in diverse families as well as guide social work intervention for adoptive parents and children. (1998, Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004).

and couple characteristics **Overview and Structure of Dissertation** others (McHale, et al.,

2004; This dissertation will use a multiple manuscript format to investigate the interrelatedness between the couple and coparenting relationships of the parents of challenging children. As such, it is comprised of three manuscripts whose length and quality are consistent with the requirements of a peer-reviewed journal. Particular focus is placed on coparenting as a construct that may have utility for social work practice.

Specific In chapter two, the author conducts a systematic review of the coparenting literature and considers its utility for clinical social work practice with distressed families. Several prominent coparenting scholars have pointed to a need for greater agreement and conceptual clarity among coparenting definitions and dimensions (Feinberg, 2002; McHale, et al., 2004; Van Egeren & Hawkins, 2004). Existing definitions of coparenting have variable relevance to the diverse family structures that social workers serve. Finally, despite its promise as an effective intervention target, the construct of coparenting appears not to have entered the purview of social work

scholarship and practice. This paper seeks to address these existing limitations.

Specifically, the paper will accomplish the following purposes: 1) Synthesize existing coparenting definitions into a conceptually clear and clinically useful definition. 2)

Describe the relationships between coparenting and other family constructs.

Family systems theory asserts that family subsystems, such as couple and coparenting systems, share interdependent and reciprocal connections with each other. In support of this, longitudinal research has found evidence for causality in both directions; with coparenting predicting future couple relationship quality in some studies (Floyd, Gilliom, & Costigan, 1998; Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004), and couple characteristics predicting future coparenting quality in others (McHale, et al., 2004; Van Egeren, 2004). Chapters three and four reflect this bi-directionality by exploring the relationship between the couple and coparenting systems from both directions.

The second paper (Chapter three) uses a cross-sectional survey methodology to explore the factors that contribute to coparenting quality among adoptive parents. Specifically, it investigates the degree to which couple relationship characteristics, as well as child demands and socioeconomic status, contribute to the coparenting quality of adoptive mothers. In addition, it explores evidence for the multidimensionality of the coparenting construct. Multiple regression and correlation analyses are used to address the study hypotheses. Study findings make three contributions to existing knowledge: (a) Results build upon prior research by providing a first look at the coparenting relationships of adoptive couples. (b) Study findings add to knowledge about factors that

contribute to coparenting quality. (c) Findings provide evidence regarding the multidimensionality of the coparenting construct.

Chapter four is a qualitative study that considers the impact of coparenting challenges on the couple relationship. While early quantitative research suggests that couples with a child with ASD experience poor relationship outcomes, little is known about the particular relationship processes that occur as parents adjust to the demands of autism. The current study employs grounded theory methodology to explore the marital relationships of parents of children with ASD's. The primary research question is "In what ways does parenting a child with autism affect the couple relationship?" In-depth interviews were conducted with the parents of children with an autism spectrum disorder (ASD) to explore the impact of parenting a child with ASD on the couple relationship. This paper holds the couple relationship as its focal point and uses grounded theory analysis to model changes in the couple relationship over time. The resulting theoretical model is described through three propositions that explain the ways that autism shapes the couple relationship over time as well as the factors that determine how this shaping occurs.

Finally, Chapter five considers linkages between study findings and considers their implications for social work practice. Conclusions are drawn in relation to two primary topics. First, findings regarding the interrelatedness of the couple and coparenting relationship in challenging coparenting contexts are considered. Second, based on research findings and a review of coparenting literature, conclusions are drawn regarding the definition and dimensions of coparenting. Finally, the chapter concludes by discussing the implications of this body of work for social work practice and research.

CHAPTER TWO

COPARENTING THEORY AND ABSTRACT: IMPLICATIONS FOR SOCIAL

Research to date suggests that the construct of coparenting is important to multiple indicators of family well-being. For example, findings indicate that coparenting quality is related to marital quality (Abidin & Brunner, 1995; Edwards, et al., 2008; Floyd & Zmich, 1991; Margolin, et al., 2001; McHale & Rasmussen, 1998; Stright & Bales, 2003), parent mental health (Feinberg, et al., 2007; Hughes, et al., 2004), and child externalizing and internalizing problems (McConnell & Kerig, 2002; Schoppe, et al., 2001). These findings, coupled with the construct's inclusiveness of diverse family types, make it a potentially effective target for social work intervention. However, the confusing array of coparenting terms and definitions that are used in coparenting research limit its application by social work practitioners. The current review summarizes findings about the interrelationships between coparenting and other indicators of family health. It also attempts to synthesize existing coparenting definitions into a conceptually clear and clinically useful definition for social work practice with families and proposes interventions for social work practice.

mediates the relationship between marital quality and child outcomes (Baril, Crowder, & McHale, 2004). This has led to a growing interest in coparenting and its implications for the parent-child and couple relationships that they do for each other because it is more proximally related to each. Because of this, coparenting may be an ideal target for social work intervention with both children and parents.

CHAPTER TWO

COPARENTING THEORY AND RESEARCH: IMPLICATIONS FOR SOCIAL WORK PRACTICE

Introduction

Social work is particularly concerned with identifying the mechanisms through which at-risk and distressed families can be bolstered and supported. As the demand for effective and efficient intervention continues to rise, family constructs that impact multiple domains of family life and apply to diverse families are especially important.

This article draws attention to coparenting as one such construct.

Studies of coparenting suggest that it is associated with a range of family outcomes. These include child outcomes such as externalizing and internalizing problems (Lee, et al., 2005; Schoppe, et al., 2001), school achievement (Dopkins-Stright & Neitzel, 2003), and executive functioning (Karreman, van Tuijl, van Aken, & Dekovic, 2008). In fact, studies have found that coparenting makes unique contributions to child outcomes after the effects of the parent-child and marital relationship are controlled (Dopkins-Stright & Neitzel, 2003). Further, several studies have demonstrated that coparenting mediates the relationship between the couple relationship, parenting and child outcomes (Baril, Crouter, & McHale, 2007; Bonds & Gondoli, 2007; Schoppe-Sullivan, et al., 2004). This has led scholars to suggest that the coparenting relationship has greater implications for the parent-child and couple relationships than they do for each other because it is more proximally related to each. Because of this, coparenting may be an ideal target for social work intervention with both children and parents.

At the present time, coparenting has not entered the purview of social work research and practice. A comprehensive search of coparenting research yielded very few published articles in social work journals. Yet there are several reasons to suspect that coparenting will enhance social work practice with families. Coparenting also holds appeal for social work practice because unlike marital quality, it is a construct that can be applied to the diverse family structures that social workers serve. Indeed coparenting research has already expanded beyond heterosexual nuclear families to explore mother-grandmother parenting dyads (Jones, Shaffer, Forehand, Brody, & Armistead, 2003), non-residential fathers (Bronte-Tinkew & Horowitz, 2010), divorced families (Schrodt, Baxter, McBride, Braithwaite, & Fine, 2006), and teen parents (Sterrett, Jones, & Kincaid, 2009). In addition, there are theoretical and empirical reasons to suspect that coparenting and other family domains are closely interconnected. Because of this, coparenting may provide social workers with an intervention target that will impact the entire family system. In addition, a focus on coparenting may be more palatable to family members than an emphasis on couple relationships or parenting practices, thereby increasing motivation and treatment compliance among family members.

Despite its potential for enhancing social work practice with families, the clinical utility of coparenting is limited by a lack of conceptual clarity. Readers of the coparenting research literature will find a wide range of definitions and terms, making it difficult to determine what coparenting actually is. In order to advance coparenting intervention, a clear and clinically useful definition is needed.

The current review seeks to accomplish two purposes. First, an up-to-date summary of the coparenting literature will be provided, paying particular attention to the

interrelationships between coparenting and other indicators of family health. This knowledge will provide an empirical rationale for the significance of coparenting for social work practice with families. The second purpose is to synthesize existing coparenting definitions into a conceptually clear and clinically useful framework. The author's prior review of the coparenting literature identified ambiguous and conflicting definitions of coparenting among studies. Greater clarity is needed to guide clinical interventions with families.

Method

In order to identify and compile existing literature, which examined the construct of coparenting, the author adopted a systematic review (SR) method.

Search Strategy

Electronic databases (MEDLINE, Web of Science, Proquest, Wilson Select, JSTOR, and ERIC) were searched for empirical studies or theoretical essays that examined coparenting. Search terms, including 'coparenting', 'parent alliance', 'shared parenting', 'parent support', 'parent conflict', and 'parent disagreement' were sought across all available fields. The resulting articles were then examined against predetermined inclusion criteria. Because of the general nature of the current review, liberal inclusion criteria were used. Articles were included if they were empirical reports that examined the correlates, predictors, or outcomes of coparenting. Additionally, theoretical and review articles that emphasized coparenting were included. This process resulted in 93 articles in peer-reviewed journals. The bibliographies of these articles were then reviewed for additional sources pertinent to the study purposes. This process yielded an additional 35 journal articles and book chapters.

Data Extraction

The author read each article and copied information relevant to the study purposes into a database. In order to address the first research purpose, sample characteristics, study variables, study methodology and primary findings from each article were compiled and organized into substantive clusters. In order to address the second research purpose, references to the definition of coparenting were extracted from article introductions and conclusion sections. As this process continued, it became clear that most authors relied upon the definitions used in several seminal works by key authors in the field. Therefore, these seminal works were the primary focus of further analysis and synthesis.

Results

Results are presented in two sections. First, a summary of findings pertaining to coparenting and its relationship with other indicators of family health will be presented. Given the breadth of coparenting research over the past two decades, a detailed analysis of these findings is beyond the scope of this paper. Rather, representative findings from each substantive cluster will be described. Next, a review of the most-cited coparenting definitions will be compared, contrasted, and synthesized.

Coparenting and Indicators of Family Health

Coparenting and marital quality.

Informed by family systems theory, researchers have found a consistent association between the marital and coparenting relationships (Abidin & Brunner, 1995; Edwards, et al., 2008; Floyd & Zmich, 1991; Margolin, et al., 2001; McHale & Rasmussen, 1998; Stright & Bales, 2003). These studies suggest that couples with strong

marriages tend to develop strong coparenting partnerships. For example, prospective studies with expectant parents have found that prenatal marital quality is predictive of observed coparenting behaviors after the child's birth (McHale, et al., 2004; Van Egeren, 2004). Yet other findings have challenged this hypothesis that marital quality leads to coparenting quality. Schoppe-Sullivan et al. (2004) measured coparenting and marital behavior when a child was 6 months and 3 years old. They found that early coparenting behavior predicted later marital behavior, but that early marital behavior did not predict later coparenting behavior (Schoppe-Sullivan, et al., 2004). Adding complexity to these findings, Van Egeren (2004) measured both the marital and coparenting relationship over the transition to parenthood and found that changes in the marital relationship were inversely related to changes in the coparenting relationship over time. This suggests that couples may maintain one at the expense of the other.

The relationship between marital quality and coparenting does not hold true for all couples. Several researchers have described families who are experiencing high levels of marital conflict but still maintain a well-functioning coparenting relationship (Kolak & Volling, 2007; Talbot & McHale, 2004). These findings have prompted researchers to explore the factors that help to buffer the effects of marital conflict on coparenting. Taken together, these findings support the notion that individual parent characteristics (flexibility, expressiveness, feeling less respected) and relationship behaviors (withdrawal) exert direct effects on coparenting and moderate the relationship between marital quality and coparenting (Elliston, et al., 2008; Kolak & Volling, 2007; Talbot & McHale, 2004). Needless to say, the relationship between marital quality and coparenting is complex. Given the reciprocal nature of family relationships, current attempts to

determine linear causality are unlikely to yield convincing results. However, the burden of research points to coparenting and marital quality as closely linked and interdependent.

Coparenting and parenting practices.

Research has also demonstrated a consistent link between coparenting and parenting practices. For example, using longitudinal survey data, Feinberg, Kan, and Hetherington (2007) found that coparenting conflict predicted both mothers' and fathers' degree of parent negativity three years later. Supportive coparenting has also been associated with greater attachment security in the infant-father relationship (Brown, Schoppe-Sullivan, Mangelsdorf, & Neff, 2010).

Coparenting has also been found to mediate the relationship between parent relationship quality and parenting practices. For example, Margolin et al. (2001) found a significant negative correlation between marital conflict and positive parenting. However, this relationship disappeared after controlling for coparenting, suggesting that coparenting mediated the relationship between marital conflict and parenting practices. Using longitudinal data, Floyd et al. (1998) also found evidence that the parenting alliance mediated the effects of the marriage on parenting experiences. Similarly, Bonds and Gondoli (2007) collected longitudinal data from mothers of preadolescents and found support for a model in which marital adjustment leads to increases in coparenting support, which then leads to increases in maternal warmth. In a recent study, Morrill et al. (2010) tested both this mediational model and a direct effects model in which coparenting drives change in both parenting and marital quality simultaneously. They found support for both models.

children Coparenting also appears to play a significant role in fathers' involvement with their children. Research with families with non-resident fathers suggests that coparenting quality is associated with increased father involvement (Brent & Thomas, 1998). Similarly, a study of teenage mothers found that their reports of their parenting alliance were related to their perception of adolescent father engagement in caregiving activities (Futris & Schoppe-Sullivan, 2007). Another study found that coparenting quality combined with mother's gatekeeping behaviors (encouragement and criticism) and parents' beliefs about the father role predict relative father involvement (Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). Using longitudinal data from a nationally representative survey, Carlson, McLanahan, and Brooks-Gunn (2008) examined the relationship between coparenting and father involvement after a non-marital birth. Their findings suggest that positive coparenting is a strong predictor of non-resident fathers' future involvement with their children. Similarly, research suggests that cooperative coparenting between a mother and non-resident father predicts more frequent father-child contact and more responsive fathering (Sobolewski & King, 2005). Research with low-income Mexican American families also found that coparenting conflict between fathers and mothers was associated with mother-infant interactions and father engagement (Cabrera, Shannon, & La Taillade, 2009). Another study with this population found that the parenting alliance was positively associated with quality fathering, which was associated with lower levels of child depression and conduct problems (Formoso, Gonzales, Barrera, & Dumka, 2007).

child's **Child outcomes.**

study Coparenting quality has shown a consistent association with indicators of

children's social and emotional adjustment. Findings suggest that the quality of the coparenting relationship can contribute to, or protect children from, internalizing and externalizing problems. For example, McConnell and Kerig found that coparenting discrepancy was related to internalizing problems such as anxiety in girls (McConnell & Kerig, 2002). Other findings suggest that greater coparenting hostility and lower coparenting harmony predicted later child aggression (McHale & Rasmussen, 1998). Research with youth from single mother African American families suggests that mothers' coparent conflict with other significant caregivers was associated with child adjustment, both concurrently and longitudinally (Jones, et al., 2003). Other research with this population suggested that the child's relationship with the coparent interacts with maternal parenting to buffer youth from internalizing and externalizing problems (Sterrett, et al., 2009). Another study of family stress and toddler adjustment in two-parent families found that coparenting harmony was associated with fewer internalizing problems for children, even when family stress was controlled for (Kolak & Vernon-Feagans, 2008).

Coparenting has also been associated with children's cognitive development. Groenendyk and Volling (2007) examined the role that coparenting plays in the early conscience development of toddlers. They found that parents' self report of supportive coparenting was associated with greater conscience development, indicated by the child's affective discomfort during a perceived transgression and moral regulation during a family clean up task. Furthermore, they found that these effects were moderated by the child's age, with 2 year olds being more strongly affected than older siblings. Another study examined the relationship between coparenting and effortful control,

conceptualized as the self-regulatory aspect of temperament, in preschoolers (Karreman, et al., 2008). The researchers found that coparenting quality was predictive of higher effortful control in 3 year olds, even after controlling for parenting behaviors. In particular, the hostility-competitiveness domain of coparenting was most strongly related to effortful control. The authors conclude, "...the more signs of subtle conflict and undermining of coparenting practices between parents we observed, the more problems children had in regulating their emotions and behavior" (Karreman, et al., 2008, p. 38). Other researchers found that supportive coparenting moderated the link between early low effortful control and later increases in externalizing behaviors (Schoppe-Sullivan, Weldon, Claire Cook, Davis, & Buckley, 2009). These findings suggest that the ways in which parents coparent together influence children's executive functioning abilities.

Coparenting has also been found to influence children's school adjustment. For example, Dopkins-Stright and Neitzel (2003) explored whether observations of coparenting support between parents and parents' rejecting behaviors toward their child predicted 3rd graders school performance one year later. They found that supportive coparenting predicted 3rd graders attention problems, passivity/dependence, and grades after controlling for parent rejection. In other words, the degree to which partners supported each other's efforts significantly predicted children's school success, even when their direct messages of rejection toward the child were controlled for.

Most coparenting studies to date have focused on the adjustment of infants, toddlers, and preschoolers. However, several recent studies have examined the ways in which the coparenting relationship affects adolescents. The largest such study was conducted by Feinberg, Kan, and Hetherington (2007), who used nationally

representative, longitudinal survey data to examine the effects of coparenting conflict on adolescent maladjustment. They found that coparenting conflict at Time 1 was as strong a predictor of adolescent antisocial behavior at Time 2 (three years later) as marital quality and marital disagreement combined.

Another longitudinal study examined the effect of coparenting and marital love on adolescent adjustment over a two-year period (Baril, et al., 2007). The authors found that coparenting conflict predicted increases in adolescent risky behavior over two years.

They also found that marital love, used as an indicator of marital quality, mediated the link between adolescents' early risky and coparenting in the first year and coparenting conflict mediated the link between marital love and adolescents' risky behavior one year later. Coparenting also seems to have important implications into young adulthood.

Research with college students found that their reports of their parents' coparenting, including parental cooperation and hostility, partially mediated the association between their parents' marital status (divorce vs. intact) on a range of adjustment indicators such as self esteem and mental health (Gasper, Stolberg, Macie, & Williams, 2008).

Moderation of environmental effects.

Coparenting also shows promise as a moderator between environmental stressors and child adjustment. One study focused on African American children in low-income, inner-city neighborhoods to determine the effects of neighborhood violence exposure on child adjustment (Forehand & Jones, 2003). These findings suggest that in higher risk neighborhoods, girls who experience lower levels of coparent conflict report fewer depressive symptoms and aggressive behaviors than girls who experience higher levels of coparent conflict (Forehand & Jones, 2003). This effect was not found for the boys in the

sample. Other researchers have examined the role that coparenting plays in the relationship between marital violence and child adjustment (Katz & Low, 2004). Findings revealed that observed hostile-withdrawn coparenting during a structured play task was associated with parents' reports of child's withdrawal, anxiety/depression symptoms, and delinquency (Katz & Low, 2004). Hostile-withdrawn coparenting also mediated the relationship between marital violence and child anxiety/depression (Katz & Low, 2004).

Intervention and prevention

Few formal interventions have been developed to target coparenting specifically. Fewer still have been rigorously evaluated using experimental designs. However, several programs are demonstrating effectiveness on a range of family outcomes. Fagan (2008) evaluated the effectiveness of the Minnesota Early Learning Design (MELD) coparenting and childbirth curricula on young African American and Hispanic fathers and their adolescent partners. Fathers and mothers in the coparenting treatment group reported improved coparenting behavior and father's engagement with the infant compared to the control group. Another study demonstrated the impact of an intervention for fathers intended to enhance coparenting quality in post-divorce families (Dads for Life) (Cookston, et al., 2007). The authors found that mothers and fathers reported less conflict and mothers' reported growth in healthier coparenting.

Feinberg et al. evaluated the impact of a psycho-educational coparenting program on couples participating in childbirth education programs (Establishing Family Foundations) (Feinberg & Kan, 2008; Feinberg, Kan, & Goslin, 2009). At the first follow-up (6 months), comparisons of control and treatment groups revealed program

effects on coparental support, maternal depression and anxiety, parent-child relationship distress, and infant regulation. At the one-year follow-up, results yielded modest but significant program effects in coparenting quality, interparental conflict, and child self-regulatory behaviors.

Limitations of existing research.

Despite the advances in coparenting research and theory in recent years, several limitations remain. Most studies of coparenting use small, non-representative samples. In addition, approaches to measuring coparenting are often uni-modal (self-report or laboratory observation), brief, and lack an explanation of the fit between measurement modality and the coparenting dimension being measured. Finally, the bulk of coparenting studies use cross-sectional designs that limit causal inference and directionality. Longitudinal designs have attempted to determine direction of the relationship between coparenting and other family processes, though they have measured relatively short periods of time (6 months to 3 years). These studies suggest that the coparenting relationship follows a developmental process, though little is understood about its trajectory.

Definitions of Coparenting

To facilitate the synthesis of coparenting definitions, the most often cited definitions across 135 peer-reviewed journal articles and edited book chapters were compiled. The components of these definitions are presented in Table 1. A variety of terms have been used to describe coparenting as the construct has evolved over the past three decades, including “shared parenting” (Deutsch, 2001), “parenting partnership”(Floyd & Zmich, 1991), and “parenting alliance” (Weissman & Cohen,

1985). In particular, the terms parenting alliance and coparenting are often used interchangeably in the literature (Ex: McHale, et al., 2004). For the purposes of this review, the original terms used by the authors will be retained, though the analysis and discussion will use the more conventional term “coparenting”.

The author synthesizes a coparenting definition in two steps. First, the boundaries and external structure of coparenting are reviewed in order to construct a general definition that is inclusive of diverse family types. Second, existing dimensions of coparenting are synthesized into a new coparenting framework

Table 2.1. General Coparenting Definitions and Sub-dimensions used in Seminal Works.

Author/Date	Systemic Location	Dimensions and Definitions
Feinberg (2002) Feinberg & Kan (2008)	Distinct from the marital and parent child relationship. Dyadic.	<p>Support versus Undermining: Each parent’s supportiveness of the other: affirmation of the other’s competency as a parent, acknowledging and respecting the other’s contributions, and upholding the other’s parenting decisions and authority. The negative counterpart of coparental support is expressed through undermining the other parent through criticism, disparagement, and blame.</p> <p>Childrearing disagreement: differences of opinion over a range of child-related topics, including moral values, discipline, educational standards and priorities, safety, peer associations, and so on.</p> <p>Division of labor: division of duties, tasks, and responsibilities pertaining to daily routines, child care, and household tasks; financial, legal, and medical issues; and other child-related duties</p> <p>Joint parental management: Parents’ management of interactional patterns in the family, is comprised of three aspects: conflict, coalitions, and balance.</p> <p>Parenting-based closeness (2008): Derives from shared celebration of the child’s development, working together as a team, and witnessing one’s partner develop as a parent.</p>
McHale (2004)	Distinct from marital and parent-child subsystems. Triadic or Polyadic.	<p>The degree of solidarity and support between the coparental partners.</p> <p>The extent of dissonance and antagonism present in the adults’ coparental strivings.</p> <p>The extent to which both partners participated actively in engaging with and directing the child.</p>
Konold & Abidin (2001) Abidin & Brunner (1995)	Sub dimension of marital relationship	<p>Communication and Teamwork – cooperation with the other parent and agreement concerning discipline goals for the child.</p> <p>Feels Respected by Other Parent (for mothers) – characterized by feelings and perceptions of herself as opposed to the “us” dimension of the alliance.</p>

Table 2.1 Continued.

		Respects Other Parent (for fathers) – characterized by the degree to which he respected the commitment and judgment of the other parent with regard to the care of the child. (Konold & Abidin, 2001).
Weissman and Cohen (1985)	Sub dimension of marriage.	Therapists can assist parents in establishing a parenting alliance only if (1) each parent is invested in the child; (2) each parent values the other parent's involvement with the child; (3) each parent respects the judgments of the other parent; and (4) each parent desires to communicate with the other.
Margolin, Gordis & John (2001).	Distinct from marital and parent-child relationships. Triadic or whole family.	Parenting-related conflict: How often the parents argue or disagree about the child, how much hostility there is surrounding child-rearing issues, how much each parent undermines the other's parenting, and how much they disagree about overall standards and household rules. Cooperation: The extent to which mothers and fathers support, value, and respect each other as parents and the degree to which they ease one another's parenting burden. Triangulation: The extent to which parents distort parent-child boundaries by attempting to form a coalition with the child that undermines or excludes the other parent. Coparenting Solidarity: the affective, enduring quality of growing together as parents and forming a unified executive subsystem. Coparenting support: strategies and actions that support and extend the partner's efforts to accomplish parenting goals, or the parent's perceptions of support in his/her efforts to accomplish parenting goals. Undermining coparenting: strategies and actions that thwart the partner's attempts to accomplish parenting goals, or reports of criticism and lack of respect for parenting decisions by or toward the partner (Belsky et al., 1995). Shared parenting: The degree to which one or the other parent is responsible for limit-setting and each partner's sense of fairness about the way responsibilities are divided. Includes balance of involvement describes the degree to which each partner is engaged with the child relative to the other partner (McHale, 1995); Mutual involvement is the extent to which both partners are simultaneously engaged with the child.
Van Egeren & Hawkins (2003)	Distinct from marital and parent-child relationships. Dyadic.	

Who is involved in coparenting?

One of the first issues that arises in defining coparenting is the question of who can be coparents. In their articulation of the parenting alliance, Weissman and Cohen (1985) described it as a dimension of the spousal relationship, encompassing "interactions between spouses which pertain to child rearing" (p. 33). They went on to

point out that the parenting alliance could continue even when the marital relationship ended in divorce. This conceptualization suggests that the coparenting relationship is reserved for married parents or those who have divorced after having children. Writings by Abidin and colleagues (Abidin & Brunner, 1995; Konold & Abidin, 2001) have closely followed this conceptualization and locate the parenting alliance in the spousal relationship. A recent study using this conceptualization was conducted by Morrill and colleagues (Morrill, et al., 2010).

In contrast, McHale and colleagues apply the construct more broadly to include any adults who share responsibility for a child and are engaged in parenting together (McHale, et al., 2004; Talbot & McHale, 2004). Similarly, Van Egeren and Hawkins propose "...that a coparenting relationship exists when at least two individuals are expected by mutual agreement or societal norms to have conjoint responsibility for a particular child's well-being" (Van Egeren & Hawkins, 2004, p. 166). In this view, a coparenting relationship can exist between mother-daughter dyads, dating couples, same-sex partners, non-resident parents, extended family or tribe members and virtually any other combination of adults. This view of coparenting reflects the changing realities of family life and enhances the utility of coparenting for the diverse families that social workers serve. One issue that has not yet been addressed is that of non-adult parents. In its current conceptualization, coparenting is not applicable to young teen parents. Scholars also differ in their notions of whether the coparenting relationship includes the children. In attempting to define who makes up a coparenting unit, Van Egeren and Hawkins (2004) propose that coparenting is a dyadic construct between two adults that is distinct from triadic interactions and whole family processes. However, McHale, et al.

(2004) and Weissman and Cohen (1985) point out that coparenting necessarily occurs with a child as its focus and is in this way a triadic or polyadic construct. This view is supported by Margolin, et al., who note that "Although the coparenting relationship frequently is reflected in dyadic processes between the two parents, it may also be demonstrated in the way one parent talks about the other parent to the child" (2001, p. 4). In support of this notion, a study of families with two young children found that the nature of the coparenting relationship differed depending on the child being referenced (McConnell, Lauretti, Khazan, & McHale, 2003). This suggests that the coparenting relationship cannot be fully understood in the absence of a child.

When does coparenting begin?

Weissman and Cohen (1985) and Konold and Abidin (2001) assert that the parenting alliance begins prior to the entry of a child into the family. In this view, the coparenting relationship develops as partners anticipate becoming parents, begin to discuss issues that are central to parenting, or construct views of each other as future parents. In contrast, Van Egeren and Hawkins propose that "pre-birth discussions and mental representations are predictors of subsequent coparenting, and coparenting as an explicit dimension occurs only after the child's birth" (2004, p. 166). This latter view is consistent with the way that coparenting is operationalized in the majority of studies. More importantly, this view is internally consistent with the notions of coparenting as triadic and inclusive of diverse family types.

In light of the above considerations, the following general definition of coparenting is proposed:

Coparenting is defined as the cooperation, supportiveness, and mutuality between parent figures as they parent a child. A coparenting relationship exists when "at least two individuals are expected by mutual agreement or societal norms to have conjoint responsibility for a particular child's well-being" (Van Egeren & Hawkins, 2004, p. 166). It begins when a child enters the family and comprises at least two parent figures and one child.

This definition sets parameters around the coparenting relationship while also broadening it to include diverse parenting partners.

Dimensions of coparenting.

As coparenting research has evolved, scholars have described coparenting as a complex construct made up of sub-dimensions. However, the descriptions of these dimensions have several limitations that limit their utility for social work practice with families. First, the labels and manner in which each dimension is operationalized vary widely, making them difficult to apply to clinical practice. Second, some dimensions are not applicable to the diverse family structures that social workers serve. For example, during their development of the Parenting Alliance Measure (PAM; 2001), Abidin and Konold found statistical evidence for two dimensions or factors. The first dimension was termed Communication and Teamwork while the second dimension was called Feels Respected by Other Parent for mothers and Respects Other Parent for fathers (Konold & Abidin, 2001). These dimensions may have clinical utility for understanding the alliances of heterosexual partners but are less applicable to other family forms. Finally, there is considerable conceptual overlap within and between coparenting dimensions, making it difficult to determine where one ends and other begins. For example, Van Egeren and

Hawkin's (2004) concept of coparenting solidarity binds the affective quality of growing closer together with the more behavioral or pragmatic characteristics of coordination, "being on the same page" and "presenting a united front". Another example is Feinberg's (2003) concept of joint family management, which is not sufficiently bounded to distinguish it from couple and other relationship processes.

In the following section, the author addresses the aforementioned limitations by comparing and contrasting existing formulations and synthesizing them into a new framework. This framework outlines coparenting dimensions that are more parsimonious and applicable to clinical social work practice. It is not intended to be the final word on the definition of coparenting. Further, this author does not pretend to eliminate the conceptual overlap between coparenting dimensions. Rather, the following framework serves to further the discussion about coparenting theory in general, and to consider formulations that can guide clinical practice. In order to accomplish this, the author isolated key words and concepts within each dimension described by major theorists. These concepts were then compared, contrasted, and grouped to maximize the conceptual similarity within groups and minimize the similarity between groups. The resulting dimensions attempt to reconfigure the major conceptualizations of coparenting into a framework that is clear and applicable in diverse family structures. Each dimension is one-dimensional, encompassing the degree to which a positive characteristic is either present or absent.

Parental harmony.

In the existing literature, there is considerable overlap between the concepts of undermining, agreement, cooperation, support, and solidarity (see Table 1). For example,

when a grandmother chastises a mother for disciplining her child too harshly, does this reflect childrearing disagreement (Feinberg, 2003), undermining (Van Egeren & Hawkins, 2004), parent-related conflict (Margolin, et al., 2001), or a breach of the solidarity in the coparenting relationship (Van Egeren & Hawkins, 2004)? In an attempt to delineate these concepts more clearly, this author draws a distinction between the elements of coparenting systems that occur primarily between coparents, such as arguing or praising each other (parental harmony), and those that directly involve the child, such as when one parent rolls her eyes at the other in the presence of the child or when a parent overturns the decision of the other (boundary preservation). Said another way, the parental harmony dimension attempts to capture the quality of the dyadic interactions between parents *in reference to the child* while the boundary preservation dimension captures the ways that coparents interact with the child in triadic interactions.

The parental harmony dimension captures the degree of agreement, respect, and unity between coparents. The focal point here is the coparenting team. It includes the extent to which coparents agree on how to handle parenting-related issues. This is distinguished from the *similarity* of their individual beliefs (Van Egeren & Hawkins, 2004). As noted by Feinberg (2003), parents may acknowledge their differences of opinion but come to an agreement about a course of action through discussion and compromise. In contrast, parents may engage in conflict and hostile exchanges related to parenting decisions and strategies. The inability to negotiate differences in their beliefs and values may drive a wedge between them that damages the integrity of the coparenting system. But even so, coparents experiencing these kinds of conflicts may not be undermining each other in front of the child. In contrast to other theorists (Margolin, et

al., 2001), this framework distinguishes between parenting-related conflict and undermining.

The term ‘harmony’ was drawn from a report by Talbot & McHale (2004) and is intended to capture the degree to which coparents feel unified in purpose and method. This dimension also includes the degree to which coparents respect each others’ contributions (Weissman & Cohen, 1985) and express approval and encouragement or express disparagement, criticism and blame toward each other (Feinberg, 2003).

Boundary preservation.

The boundary preservation dimension involves the way in which coparents actively enhance or thwart the parenting efforts of the other *in the presence of the child*. These behaviors can occur when both coparents are together with the child (overt) or during individual parent-child interactions (covert) (McHale, 1997). This dimension interfaces with the concepts of triangulation (Margolin, et al., 2001) and parents’ management of family coalitions (Feinberg, 2003) as it includes the behavioral processes through which parents distort boundaries and align with children against each other. Examples of effective boundary preservation include invoking the name of the other coparent in positive ways, upholding the parenting decisions of the other coparent, and taking a supplemental role in play with the other coparent and child (handing them toys, praising their accomplishments, etc.). Examples of poor boundary preservation include interrupting a coparent when he or she is talking to the child, invoking their name in a negative way (i.e., “Your mother isn’t going to like that.”), and overturning the other’s parenting decisions.

Reciprocal caregiving.

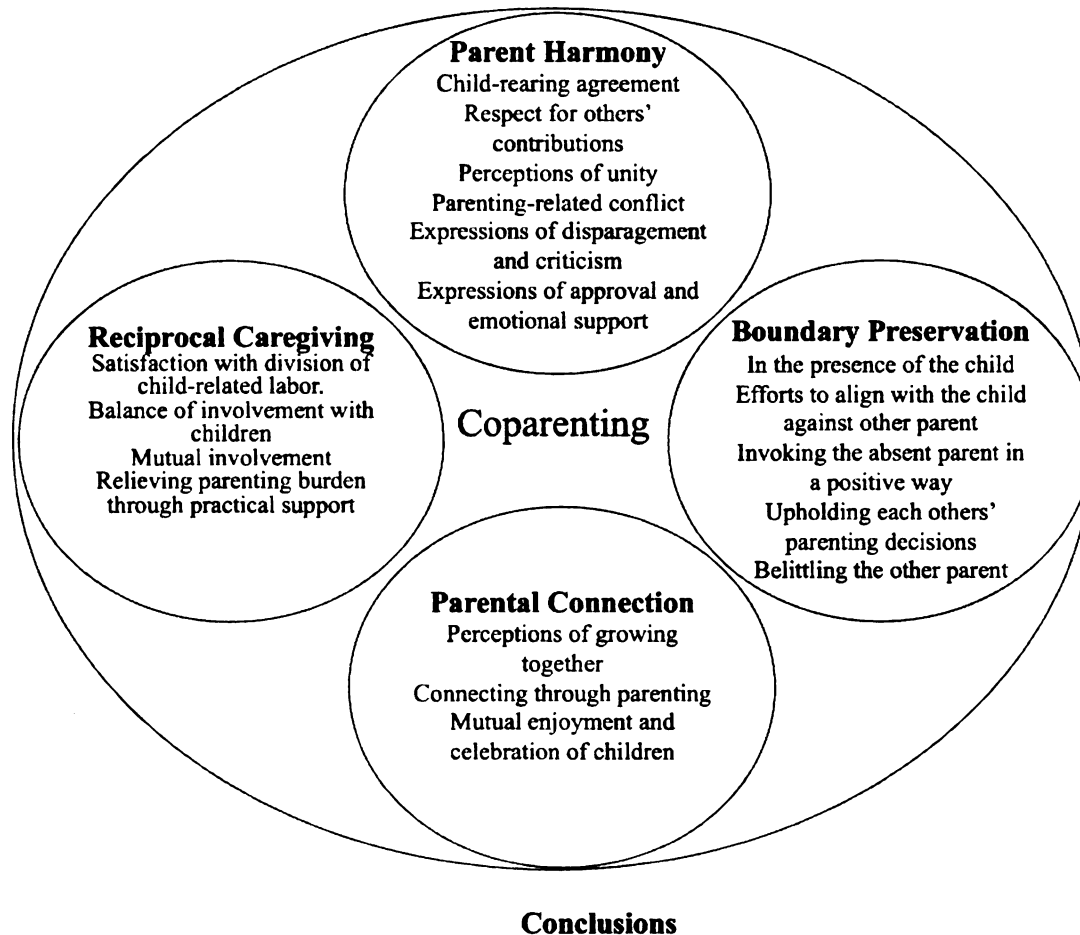
The term reciprocal caregiving is drawn from Van Egeren and Hawkins (2004). It retains their references to the actual and perceived balance between parents' involvement in child-related activities. This includes partners' sense of fairness or satisfaction with the distribution of parenting tasks, such as discipline, limit setting, child-related errands, and bedtime routines. This encompasses Feinberg (2003), McHale, et al. (2004) and others' emphases on the division of caregiving labor. Further, Van Egeren and Hawkins' emphasis on the balance of involvement between each parent and child, as well as the degree of mutual involvement of both parents with the child, effectively captures similar descriptions by McHale and Feinberg. This author also included parents' efforts to relieve each others' parenting burdens through practical support. This notion draws partially from Van Egeren's coparenting support category, but is specific to actions such as coming home from work early to relieve a parent from childcare duties, altering custody or visitation schedules to accommodate a coparents' vacation, or providing more child support funds to help a coparent meet unexpected childcare expenses. This type of support is distinguishable from emotional support and encouragement (as in the parental harmony dimension).

Parental connection.

This dimension integrates Feinberg and Kan's (2008) description of parent-based closeness with Van Egeren and Hawkin's (2004) description of coparenting solidarity. Parental connection refers to parents' perceptions of growth and connection through the parenting endeavor. It is primarily an affective dimension that includes parents' mutual

enjoyment of their children, achieving success in parenting, and seeing each other develop as parents over time.

Figure 2.1. The Dimensions of Coparenting.



The current review seeks to determine the relevance of coparenting for social work practice with families and to synthesize existing definitions into one that is clinically useful in diverse family structures. Theoretical and empirical evidence point to coparenting as a central process in family life, with important implications for the well-being of all family members. Findings suggest that coparenting is associated with couple relationships, parenting, and child adjustment. Further, research suggests that coparenting

is more proximally related to parent relationships and parenting practices than they are to each other.

The proposed coparenting framework represents the author's attempt to synthesize diverse and discrepant coparenting definitions into one that can be used to guide assessment and intervention activities with distressed families. It can be used with diverse family structures, including any family in which two adults are sharing responsibility for a child. The coparenting relationship begins when a child enters the family and is at a minimum triadic, involving at least two coparents and a child. It is a complex construct comprised of distinct yet overlapping dimensions. The parental harmony dimension captures the affective and communicative quality of parents' interactions with each other. Boundary pre-severation refers to parenting behaviors that enhance or thwart the other parents' endeavors in the presence of the child. Reciprocal caregiving captures parents' perception of the balance in the distribution of caregiving labor and involvement with the children. Finally, parental connection refers to parents' perceptions of becoming closer through parenting and the mutual celebration of their children.

Recommendations for Clinical Social Work Practice

Results from this review suggest that coparenting may be an important target for social work intervention in distressed families characterized by high parent conflict, family violence, disorganized roles, and child emotional and behavioral problems. It is important to note that very few studies have evaluated coparenting interventions with distressed or clinical populations, though prevention studies with at-risk groups have shown promising results (Fagan, 2008; Feinberg, et al., 2009). In light of this, the

following recommendations should be considered anecdotal and tentative until further research is conducted.

Social workers seeking to integrate coparenting into their practice should consider several general recommendations. The first is *to apply coparenting inclusively across all adults who contribute caregiving*. A focus on coparenting necessitates an evaluation of any adults who bear significant caregiving responsibility for a child. Treatment may include committed partners, a child's grandparents, a babysitter, a non-resident father, a close friend or roommate, or a boyfriend or girlfriend. *Try to elicit and amplify parents' mutual care and concern for their child*. Even highly conflicted parents generally share a concern for their child's well-being. With a focus on the needs of the child, parents may be more motivated to alter the ways they relate to each other. *Use targeted questions across all coparenting dimensions to draw parents' attention to the coparenting processes that erode their effectiveness and create instability for their children*. While most parents are aware of the impact of their parenting approaches, such as discipline, on their children, they may not realize the effects of their conflict over child rearing issues, disunity, and undermining. A related recommendation is *to use distinctions between the coparenting dimensions to draw out strengths in the coparenting relationship*. For example, even parents who are engaged in intense parenting conflict (parental harmony) can evidence a balance of involvement with the children (reciprocal caregiving) or refrain from criticizing each other in front of the children (boundary preservation). Similarly, parents who do not perceive themselves as growing together or connecting as parents (parental connection) can maintain respect for each others' contributions and come to agreement about what is best for their children (parental harmony). Finally, *the proposed*

coparenting dimensions should be applied flexibly to diverse families. It is important to note that although the proposed coparenting framework is intended to be applicable across family types, specific dimensions will have greater salience to certain families. For example, for a grandmother-mother parenting team, shared parenting and parent-based closeness may be less important to overall family health than harmony vs. discord and support vs. undermining.

With these recommendations in mind, social workers can use the coparenting construct to enhance adaptability and cohesion in distressed families. Specifically, they can consider the degree to which parents undermine or support each other's parenting efforts, engage in conflict around child-rearing issues, show appreciation for each others' contributions, perceive a fair distribution of child care tasks, and perceive themselves as growing together through parenting. This approach may reduce treatment reactivity and increase compliance since families will likely find the emphasis on how they parent together to be less sensitive than focusing on the romantic relationship or their parenting mistakes. For example, a caseworker attempting to support a single mother as she parents her toddler should inquire about other adults who share responsibility for the child. The inquiry should move beyond the division of labor with questions such as, "In what ways do the two of you support each other/get in each others' way?" and "Do you feel like the two of you are on the same page when it comes to parenting? Why or why not?" An evaluation of the coparenting relationship will help determine additional targets for treatment that will support the mother's health as well as her parenting skills.

Limitations

The current review has several limitations. First, the broad research questions and liberal inclusion criteria for articles limited the author's ability to provide a detailed categorization of all published studies. The available research on coparenting is vast and this review described its major themes to confirm its potential utility in social work practice. Second, the author attempted to integrate only the most often-referenced coparenting definitions. While this approach capitalizes on the most well regarded conceptual developments in the field, it does not include all definitions of coparenting in the literature. Third, the proposed framework was developed with an emphasis on conceptual clarity and clinical utility, rather than empirical findings. The resulting definition and dimensions are intended to be more parsimonious than previous efforts, leading to more specifiable clinical interventions. However, their malleability through intervention and relevance for indicators of family well-being need to be assessed in future research.

Despite these limitations, this review draws attention to the construct of coparenting as an intervention target that may enhance social workers' effectiveness with diverse families. The proposed coparenting framework can be used to guide social work intervention and research with families.

CHAPTER THREE

ABSTRACT

Coparenting captures the way in which parents support each other, share parenting roles such as discipline, show affection in front of their children, share similar childrearing values, and coordinate their parenting tasks (Feinberg, 2003; McHale, et al., 2004; Van Egeren & Hawkins, 2004). The current study uses a cross-sectional survey methodology to explore the factors that contribute to coparenting quality among 94 adoptive mothers. Specifically, it investigates the degree to which couple relationship characteristics, as well as child demands and socioeconomic status, contribute to the coparenting quality of adoptive mothers. In addition, it explores evidence for the multidimensionality of the coparenting construct. Multiple regression and correlation analyses are used to address the study hypotheses. Results reveal that SES and child demands were largely unrelated to coparenting quality, while couple relationship characteristics (dyadic coping, conflict resolution and dyadic adjustment) contributed significantly to coparenting quality. The coparenting dimensions revealed different patterns of relatedness with the independent variables, providing evidence for the notion that coparenting is a multidimensional construct. Conclusions are discussed for social work practice and coparenting research.

CHAPTER THREE

PREDICTORS OF COPARENTING QUALITY AMONG ADOPTIVE MOTHERS

Introduction

Social work researchers and clinicians strive to uncover the ingredients that promote whole family health and well being, particularly among families who are thought to be at risk for negative outcomes. Guided by family systems theory, which emphasizes the importance of triadic or whole family constructs for understanding family interactions, family researchers are turning their attention to constructs that involve both parents and children (Belsky, Crnic, & Gable, 1995). One such construct that has received significant attention is coparenting. Coparenting generally refers to “an enterprise undertaken by two or more adults working together to raise a child for who they share responsibility” (McHale, Lauretti, Talbot, & Pouquette, 2002). It captures the way in which parents support each other, share parenting roles such as discipline, show affection in front of their children, share similar childrearing values, and coordinate their parenting tasks (Feinberg, 2003; McHale, et al., 2004; Van Egeren & Hawkins, 2004).

The centrality of coparenting to family life has been emphasized by family theorists such as Minuchin (1974) and demonstrated through a number of research findings. First, coparenting demonstrates a strong and consistent association with marital quality (Edwards, et al., 2008) and has been found to predict later marital quality in longitudinal research (Schoppe-Sullivan, et al., 2004). Coparenting has also been found to be associated with parenting behavior (Morrill, et al., 2010). In fact, research suggests that the influence of couple relationship quality on the parent child relationship and child outcomes is mediated by the coparenting relationship (Bonds & Gondoli, 2007;

Margolin, et al., 2001). In addition to the findings stated above, coparenting quality appears to be related to a range of family outcomes, such as father involvement (Brent & Thomas, 1998), child behavior problems (Lee, et al., 2005; Schoppe, et al., 2001), and individual parent health (Feinberg, et al., 2007; Hughes, et al., 2004). Coparenting interventions have also showed promise in improving child and parent well-being among married and divorced families (Cookston, et al., 2007; Cowan, et al., 2007; Feinberg & Kan, 2008). These findings suggest that the quality of the coparenting relationship has powerful implications for both individual and family well-being. Given the distinctness of the coparenting relationship from couple and parent-child relationships, as well as its apparent contribution to family health, the current study seeks to identify factors that contribute to coparenting quality.

Predicting Coparenting

Family systems theory emphasizes the interrelatedness and reciprocal influence between family subsystems (Cox & Paley, 1997). Therefore, characteristics of the child and couple subsystem are likely to influence coparenting quality. Further, the Determinants of Parenting model advanced by Abidin (1992) suggests that parent-relevant stressors, such as child characteristics, parent employment and social context, and couple relationship characteristics will influence the quality of the coparenting relationship.

Child Characteristics. Coparenting research to date has explored the characteristics of the child subsystem that contribute to coparenting quality. There is some evidence to suggest that child gender and the number of children in a family influence coparenting processes (Lindsey, Caldera, & Colwell, 2005; Margolin, et al.,

2001; McHale, 1995). For the parents of infants, the child's temperament has also been found to predict coparenting behaviors (Lindsey, et al., 2005). These findings are consistent with broader literature that captures the bidirectional nature of child characteristics and parenting quality. For example, children's behavioral, emotional, and health problems have been associated with greater parent stress, lower marital satisfaction, and lower rates of perceived parenting competence (Belgin & Thomas, 2002; Bouma & Schweitzer, 1990; Giunta & Compas, 1993). The current study builds upon prior work by examining the degree to which the number of children in a family and the degree of behavioral, learning, and health problems contribute to coparenting quality.

Social Context. Consistent with an ecological systems framework (Bronfenbrenner, 1986), coparenting researchers have explored how a family's social context, or their location in and interaction with the larger community, influences the coparenting relationship. One common indicator that researchers use to determine a family's social context is their socioeconomic status (SES). In particular, researchers found that mothers who were employed in dual earner families demonstrated greater supportive coparenting than mothers who were not employed (Lindsey, et al., 2005). Other studies have documented a positive relationship between parent education and coparenting quality (Belsky, et al., 1995; Dopkins-Stright & Stigler-Bales, 2003; Floyd, Gilliom, & Costigan, 1998). These findings are consistent with a large body of work confirming the powerful impact of socioeconomic status on parenting attitudes and behaviors (Kotchick & Forehand, 2002). The current study builds upon prior work by including multiple indicators of SES (education, employment, and income) to examine the degree to which mothers' reported SES contributes to their reported parenting quality.

Couple Relationship Characteristics. Researchers have focused on testing the premise, central to clinical family theories such as Structural (Minuchin, 1985), Strategic (Haley, 1973), and Intergenerational models (Bowen, 1973) that coparenting processes and couple dynamics are closely linked and interdependent. Consistent with these theories, numerous studies have found a positive relationship between coparenting and characteristics of the couple relationship (Abidin & Brunner, 1995; Edwards, et al., 2008; Floyd & Zmich, 1991; Margolin, et al., 2001; McHale & Rasmussen, 1998; Stright & Bales, 2003). For example, disagreements and conflicts over parenting, as well as undermining coparenting, have been associated with decreased marital satisfaction (Dopkins-Stright & Neitzel, 2003; Fincham & Hall, 2005). Attempts to determine the directionality of the relationship between coparenting and the couple relationship have yielded conflicting results. For example, prospective studies with expectant parents have found that prenatal marital quality is predictive of observed coparenting behaviors after the child's birth (McHale, et al., 2004; Van Egeren, 2004). In contrast, Schoppe-Sullivan et al. (2004) measured coparenting and marital behavior when a child was 6 months and 3 years old. They found that early coparenting behavior predicted later marital behavior, but early marital behavior did not predict later coparenting (Schoppe-Sullivan, et al., 2004). Given the interdependence and bidirectionality of family systems, it is unlikely that research will uncover a linear, one-way relationship between the two constructs.

While the interrelatedness of the couple and coparenting relationships has been well documented, the question remains as to which elements of the couple relationship are most directly connected to coparenting quality. This is particularly important in light of findings by McHale and colleagues, who reported on a subsample of couples who

were experiencing considerable marital distress but were retaining their ability to coparent successfully (McHale, Kuersten-Hogan, Lauretti, & Rasmussen, 2000).

Researchers have determined that individual parent characteristics such as emotional expressiveness (Kolak & Volling, 2007), flexibility and self control (Talbot & McHale, 2004), and ego development (Van Egeren, 2003) make significant contributions to coparenting quality after controlling for marital quality. However, less is known about how couple relationship characteristics other than marital quality influence coparenting quality. The current study builds upon prior work by examining the contribution of two couple relationship skills, dyadic coping and conflict resolution, to coparenting quality.

Adoptive Parents

The bulk of coparenting research has been conducted with biological parents. Coparenting researchers are now calling for the study of diverse family forms to further knowledge about coparenting in non-biological families (McHale & Kuersten-Hogan, 2004). The current study explores the coparenting relationships of parents who have adopted a child. While a great deal of research has focused on the well being of adopted children, little is known about the relationships of adoptive parents. There are reasons to suspect that adoptive parents experience greater challenges related to parenting. For example, children who are adopted often exhibit higher rates of emotional and behavior problems (Schweiger & O'Brien, 2005) and difficulties attaching to their caregivers (Nickman, et al., 2005). Adoptive parents must also help their children understand their identity and create new meanings of family and belonging (Berry, 1991). These tasks are neither easy nor straightforward, particularly since society has few defined norms for adoptive families (Berry, et al., 1998).

Yet comparative research suggests that adoptive couples report levels of emotional and relational well-being that are similar to other family types. One such study used nationally representative data to compare the experiences of biological (n=68), adoptive (n=68), and step-parents (n=68) after they had recently gained a child (Cebello, et al., 2004). The researchers found that adoptive parents reported slightly higher marital quality, greater satisfaction with their family and higher levels of family cohesion than the other groups. Another study compared clinical samples of biological and adoptive families with 13-17 year old children (n=88) and found that adoptive parents reported greater social and psychological resources (Cohen, et al., 1993). This apparent contradiction suggests that further research is needed to understand the relationship characteristics of adoptive parents.

Coparenting Dimensions

Despite the established and growing body of coparenting research, confusion remains regarding the dimensions that comprise the construct. A number of scholars have attempted to bring conceptual clarity to coparenting by delineating its components (Feinberg, 2003; Konold & Abidin, 2001; McHale, 1997; Van Egeren & Hawkins, 2004). Even so, coparenting research continues to use a broad range of definitions and included dimensions. This variety of coparenting terms may be confusing for social workers and other family clinicians seeking to incorporate coparenting research into their practices. In order to maximize the utility of coparenting research for family intervention and prevention, greater clarity and consensus are needed about what coparenting actually captures.

Van Egeren and Hawkins (2004) proposed a conceptual framework comprised of four coparenting dimensions: Undermining coparenting, coparenting solidarity, coparenting support, and shared parenting. They then explored the relationships between each coparenting dimension and marital quality for mothers and fathers and found considerable variation in these relationships. The authors concluded that the proposed dimensions of coparenting demonstrated empirical distinctness from each other and significant relationships with marital quality. They present their findings as tentative and call for other investigations that add conceptual clarity to the dimensions of coparenting (2004). In response to this call, the current study examines Van Egeren and Hawkins' dimensions in relation to each other and to other family system variables. Comparing and contrasting the patterns of relatedness between the coparenting dimensions and the independent variables may shed new light on the definition of coparenting and add conceptual clarity to the construct.

The current study addresses the aforementioned gaps in coparenting research by exploring the degree to which contextual, child, and couple characteristics are associated with coparenting quality among adoptive parents. There are four hypotheses. 1. Indicators of SES, including mothers' education level and household income, will explain significant variance in mothers' perceived coparenting quality. 2. Indicators of child demands, including number of children and severity of child special needs, will explain significant variance in mothers' perceived coparenting quality. 3. Couple relationship characteristics, including mothers' self reports of dyadic adjustment, conflict resolution, and dyadic coping, will explain significant variance in mothers' perceived coparenting quality. 4. The dimensions of coparenting quality, including coparenting solidarity,

supportive coparenting, undermining coparenting, and shared parenting, will demonstrate different patterns of relationship with the predictor variables (SES, child demands, and couple relationship characteristics), supporting the view of coparenting as a multi-dimensional construct.

Method

Project Description

This study emerged from a grant that is funded by the Administration for Children and Families. The project, titled *Strengthening Marriages and the Well being of Children: Post Adoption Marriage Education*, seeks to enhance post adoption services to adoptive couples through research and curriculum development. This study reports the findings from a survey designed to assess the needs of adoptive couples in a Midwestern state.

Participants

Participants included 94 adoptive mothers dispersed throughout a Midwestern state. All mothers were married and had been married an average of 15.54 years (range = 4 to 44, SD = 9.35 years). Mothers' ages ranged from 25 to 65 years, with a mean age of 40.67 years. Their median family income was \$75,000 - \$100,000. The majority of mothers were Caucasian (93.8%). Mothers reported having an average of 3.73 children (range = 1 to 10, SD = 2.64 children). They had been adoptive parents an average of 4.54 years (range = 1 to 37 years, SD = 6.21 years). Fifty-eight percent of mothers had completed a college degree. With regard to employment outside of the home, 37.5% of mothers were employed full time while 20.8% were employed part time. Participants had adopted from a range of settings, including international adoptions (17.7%), adoptions

from the child welfare system (41.7%), domestic voluntary adoptions (30.2%), and domestic direct consent adoptions (11.5%).

Procedures

Participants were recruited via letters sent through adoption agencies. Each adoption agency was asked to review their database for married couples who had adopted a child within the past two to five years. Survey packets were then provided to each agency to be mailed to families. Each packet contained two individual packets with study descriptions, consent forms, instructions, the survey instrument, and a pre-paid return envelope. Parents were instructed to complete and return the questionnaires separately. In order to minimize the effects of coercion, all study materials were addressed from the researchers and adoption agencies were unaware of families' participation. Parents were also recruited at adoption-related events around the state. The anonymity of participants was assured by assigning a unique identifier to each individual. A total of 1,276 survey packets were distributed. Of these, 430 did not reach participants due to a change in address. Of the 846 packets that were presumably delivered, 163 individuals responded (58 men and 105 women), resulting in 46 complete couple pairs. This yielded a household response rate (responses from one or both partners) of 13%.

Adoptive mothers were selected for analysis in the current study to maximize statistical power and eliminate the confounding effects of dependent data between married partners. The number of complete couple pairs was insufficient to support analysis at the dyadic level. Mothers were also chosen because prior coparenting research

has suggested that mothers' perceptions of coparenting quality may be the strongest predictor of both partners' observed coparenting behavior (Hughes, et al., 2004).

Measures

Coparenting. Coparenting was measured using a scale that was developed for this study by adapting items from four coparenting scales used by Van Egeren & Hawkins (2004), which were originally drawn from the Family Experiences Questionnaire (FEQ; Frank et al., 1988). The resulting scale contains 18 items, each of which is rated on a 7-point Likert scale ranging from "Disagree strongly" to "Agree Strongly". Principal Components Analysis, utilizing a varimax rotation, was conducted to determine the underlying structure of the full scale. Results were evaluated using the following criteria: eigenvalue, variance, scree plot, and residuals. Criteria supported a four-component solution that was consistent with the coparenting dimensions described by Van Egeren & Hawkins (2004). After the rotation, the first component (Undermining Coparenting) accounted for 47.23% of the total scale variance, the second component (Coparenting Solidarity) accounted for 8.68%, the third component (Shared Parenting) accounted for 5.79%, and the fourth component (Supportive Coparenting) accounted for 5.69%. Although the small sample size limits the reliability of the resulting factors (Tabachnick & Fidell, 2006), the factor analysis provides support for application of the theoretical dimensions of the coparenting subscales to the current sample.

Each of the subscale scores was created by reverse scoring items with negative loadings on each scale and summing the scores for the items in each subscale. These subscales and representative questions are as follows: Coparenting Solidarity ("Parenting has brought my spouse and I closer together."), Coparenting Support ("When I feel at my

wits end as a parent, my spouse gives me the extra support I need.”), Undermining Coparenting (“As a parent, I cannot seem to do anything right in my spouse’s eyes.”), and Shared Parenting (“I feel overburdened as a parent because my spouse is often too involved with other things to carry a fair share of the load.”). The Cronbach’s alpha coefficient was .93 for the Total Coparenting scale. Means, standard deviation, and reliability coefficients for each coparenting and couple relationship scale are presented in Table 1.

Marital Quality. Marital adjustment was measured using the 7-item short form of the Dyadic Adjustment Scale (DAS-7) (Spanier, 1976). This scale contains Lickert scale items that ask about relationship satisfaction, positive relationship behaviors, and similarity in goals and beliefs. In previous studies, the DAS-7 has been found to have acceptable levels of reliability and be highly correlated with the full DAS as well as other measures of marital quality (Hunsley, Best, Lefebvre, & Vito, 2001). Cronbach’s alpha is .79 in the current sample.

Dyadic Coping. The Dyadic Coping Questionnaire (Bodenman, 2000) addresses the ways in which partners cope with stress in their relationship. The *common dyadic coping* subscale was included to assess the degree to which partners engage in coping behaviors together. Five items were measured on a five-point Lickert scale, with response categories ranging from one (very rarely) to five (very often) (ex. “We try to cope with the problem together and search for solutions.”) (Bodenmann, Pihet, & Kayser, 2006). Cronbach’s alpha in the current sample is .87.

Conflict Resolution. Conflict Resolution was measured using the Negotiation subscale (11 items) of the Kansas Marital Conflict Scale (KMCS) (Eggeman, Moxley, &

Schumm, 1985). Items were measured on a five-point Lickert scale, with response categories ranging from one (none) to five (almost always). Examples include: “How often do you end up with very little resolved after all?”; and “Are you both willing to give and take in order to settle the disagreement?” Cronbach’s alpha in the current sample is .85

Child Demands. The study design did not allow for the examination of coparenting quality in relation to a single reference child. Therefore, child demands represent a measure of child burden or responsibilities in the family as a whole. They provide an estimate of the demand characteristics of the entire child subsystem. Research with biological two-parent families suggests that number of children is associated with coparenting quality (Lindsey, et al., 2005). Therefore, the variable ‘number of children’ was entered into the model. For the purposes of this study, “children” was defined by the participants themselves, based on all adopted, biological, foster, and step children for which parents felt responsibility.

Children’s behavioral, emotional, and health problems have been associated with greater parent stress, lower marital satisfaction, and lower rates of perceived parenting competence (Belgin & Thomas, 2002; Bouma & Schweitzer, 1990; Giunta & Compas, 1993). In order to measure the severity of special needs of the child subsystem, a composite score was created. Severity of child special need is measured using parents’ indication of “mild, moderate, or severe” with regard to physical or health issues, emotional or behavioral issues, and learning or educational issues. These ratings were assigned a value of 0 (no indication of special needs), 1 (mild), 2 (moderate), or 3

(severe). Values were summed across children within each family to create a total special needs variable.

Socioeconomic Status. An estimate of mothers' SES was captured by measuring household income, mothers' education level, and mothers' employment. Previous studies have documented a positive relationship between parent education and coparenting quality (Dopkins-Stright & Stigler-Bales, 2003; Floyd, et al., 1998). Mothers' employment status has also been found to be associated with coparenting quality (Lindsey, et al., 2005). In this study, employment status was entered as a dichotomous variable in which mothers who were employed either full or part time were assigned a 1 while mothers who were unemployed or retired were assigned a 0.

Table 3.1. Characteristics of Coparenting and Couple Relationship Scales.

Scale	Items	M	SD	Alpha
Coparenting Total	18	105.11	17.42	.927
Undermining Coparenting	5	9.65	5.30	.866
Coparenting Solidarity	6	34.31	6.20	.840
Shared Parenting	4	23.33	5.25	.833
Coparenting Support	3	17.12	3.72	.723
Dyadic Adjustment	7	32.23	4.51	.793
Conflict Resolution	11	43.92	5.69	.846
Dyadic Coping	7	25.47	5.23	.866

Results

Preliminary analyses and data screening were conducted to determine the characteristics of all study variables and ensure that assumptions were met for multiple regression analysis. From the original sample of 102 mothers, data screening led to the elimination of seven cases due to missing data and one outlier. The latter case was detected by evaluating Mahalanobis distance, which was significant at the $p < .001$ level. Further exploration of this case revealed extreme values for two of the independent

variables (special need total and conflict resolution). Descriptive statistics were computed for all study variables and analyses were conducted to examine whether the assumptions of normality, linearity, and independence had been upheld.

Next, bivariate correlations were computed between study variables (Table 2). Correlations between the coparenting scales and couple relationship scales were moderate, ranging from .42 to .68 ($p < .001$). These correlations are consistent with the theoretical notion of the couple and parental subsystems as distinct, yet interrelated. However, they raised concern about multicollinearity among the predictor variables. The presence of multicollinearity was assessed by examining the Tolerance, VIF, and Eigenvalue statistics of the couple relationship variables, all of which were well within an acceptable range.

Contrary to the first hypothesis, mothers' SES variables were largely unrelated to reported coparenting quality. However, there was one exception. Mothers who were currently employed reported lower levels of coparenting solidarity than mothers who were not employed, $t(92) = -2.21, p < .05$.

With regard to the second hypothesis, child demands demonstrated primarily nonsignificant relationships with coparenting quality. The one exception was the finding that as mothers' report of their children's special needs increased, their report of shared parenting decreased ($r = -.30, p < .01$).

Table 3.2. Summary of Intercorrelations for Scores on the Coparenting Scale, Dyadic Adjustment Scale 7, Conflict Resolution Scale, and the Dyadic Coping Scale.

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Coparenting Total	-												
2. Undermining Coparenting	-.84***	-											
3. Coparenting Solidarity	.89***	-.65***	-										
4. Shared Parenting	.86***	-.59***	.71***	-									
5. Coparenting Support	.79***	-.59***	.59***	.60***	-								
6. Dyadic Adjustment	.58***	-.53***	.50***	.48***	.46***	-							
7. Conflict Resolution	.57***	-.65***	.43***	.42***	.43***	.39***	-						
8. Dyadic Coping	.68***	-.56***	.64***	.55***	.53***	.62***	.53***	-					
9. Education Level	-.01	.06	.04	-.05	.03	.03	-.02	.10	-				
10. Household Income	.07	-.05	.08	.08	.03	-.13	.08	.01	.33**	-			
11. Employment Status	-.09	-.03	-.23*	-.02	.05	.01	-.15	-.15	.12	.10	-		
12. Number of Children	-.06	-.07	-.08	-.13	-.09	-.12	.04	-.03	-.36***	.07	-.24*	-	
13. Special Need Total	-.16	-.17	-.17	-.30**	-.126	-.08	.03	-.03	-.29**	-.20	-.16	.63**	-

* $p < .05$, ** $p < .01$, *** $p < .001$

Simultaneous multiple regression was conducted to determine the accuracy with which the independent variables predicted total coparenting, undermining coparenting, coparenting solidarity, shared parenting and coparenting support. Only independent variables that demonstrated significant bivariate correlations with a coparenting scale were entered into the subsequent regression model. A summary of the regression results can be found in Table 3.

In order to address the third hypothesis, dyadic coping, conflict resolution, and dyadic adjustment were regressed on the total coparenting score. Regression results were consistent with the hypothesis, indicating that couple relationship characteristics explain significant variance in total coparenting, $R^2=.55$, $R^{2adj}=.54$, $F(3, 89)=36.23$, $p<.001$. These results indicate that dyadic coping ($\beta = .38$, $p<.001$), conflict resolution ($\beta = .27$, $p<.01$) and dyadic adjustment ($\beta = .24$, $p<.05$) are significantly associated with mothers' total coparenting.

In order to address the fourth and final hypothesis, subsequent regression models determined the degree to which the independent variables were associated with each dimension of coparenting. Regression results indicate that the overall model accounts for a significant amount of variance in undermining coparenting, $R^2=.53$, $R^{2adj}=.51$, $F(3, 89)=32.82$, $p<.001$. These results indicate that conflict resolution ($\beta = -.47$, $p<.001$) and dyadic adjustment ($\beta = -.25$, $p<.05$) are significant inverse predictors of undermining coparenting. The regression model for coparenting solidarity is also significant, $R^2=.45$, $R^{2adj}=.43$, $F(4, 87)=18.10$, $p<.001$. Of the independent variables, only dyadic coping ($\beta = .45$, $p<.001$) significantly contributed to the model. Similarly, the regression model for

shared parenting was significant, $R^2=.42$, $R^{2adj}=.40$, $F(4, 88)=16.16$, $p<.001$, indicating that dyadic coping ($\beta = .33$, $p<.01$) and children's special need ($\beta = -.25$, $p<.05$) made significant contributions to shared parenting. Finally, the regression model for coparenting support was significant, $R^2=.33$, $R^{2adj}=.31$, $F(3, 89)=14.59$, $p<.001$, indicating that only dyadic coping ($\beta = .31$, $p<.05$) was a significant predictor of coparenting support.

While each of the models accounted for a significant amount of variance in the coparenting dimensions, there were differences in the ways that the independent variables contributed to each dimension. Dyadic coping was the strongest contributor to coparenting solidarity, shared parenting, and coparenting support, but did not make a significant contribution to undermining coparenting. In contrast, dyadic adjustment and conflict resolution only contributed significantly to undermining coparenting. Another important finding is as the special needs of the children increased, mothers' reports of shared parenting declined.

Table 3. Multiple Linear Regression Analysis Predicting Total Coparenting, Undermining Coparenting, Coparenting Solidarity, Shared Parenting, and Coparenting Support. (N=94).

Predictor	Coparenting Total	Undermining Coparenting	Coparenting Solidarity	Shared Parenting	Coparenting Support
	β	β	β	β	β
Dyadic Coping	.38***	-.16	.45***	.33**	.31*
Conflict Resolution	.27**	-.47***	.09	.18	.18
Dyadic Adjustment	.24*	-.25*	.19	.18	.20
Special Need	^a	-	-	-.28**	-
Employment Status	-	-	-.14	-	-
Constant	6.78	42.37	7.41	2.10	1.08
R^2	.55	.53	.43	.42	.33
F	36.23***	32.82***	18.10***	16.16***	14.59***

* $p < .05$, ** $p < .01$, *** $p < .001$

^a. Note: Only variables that significantly correlated with each coparenting scale were entered into the regression model

Discussion

This study examined the contributions of SES, child demands, and couple relationship characteristics to reported coparenting quality among adoptive mothers. Results revealed that SES and child demands were largely unrelated to coparenting quality, while couple relationship characteristics contributed significantly to coparenting quality. The coparenting dimensions revealed different patterns of relatedness with the independent variables, providing evidence for the notion that coparenting is a multidimensional construct.

The finding that SES was unrelated to coparenting quality stands in contrast to previous coparenting research (Dopkins-Stright & Stigler-Bales, 2003; Floyd, et al., 1998a). One explanation for this discrepancy is that the adoptive mothers in the current study reported middle to upper middle class income and education status. It is possible that the relationship between SES and coparenting quality is significant at lower levels of SES but is characterized by a ceiling effect at higher levels of SES. It is also possible that failing to include the level of education and employment status of the adoptive fathers led to an inaccurate view of families' SES. It is also possible that the coparenting relationships of adoptive parents are more stable and enduring than those in other family types. This notion is supported by research suggesting that despite facing greater parenting demands, adoptive parents report similar or higher levels of family cohesion (Rosenthal & Groze, 1994), marital quality (Ceballo, et al., 2004), and investment in their children (Hamilton, et al., 2007) than other family types.

Child demands were largely unrelated to coparenting quality with one exception: as mothers' reports of their children's special needs increased, they reported less

satisfaction with their shared parenting. Shared parenting captures a perception of fairness or satisfaction with the division of caregiving labor. Therefore, this finding suggests that greater childcare needs may create greater opportunities for dissatisfaction with the experience of the resulting division of labor. Alternatively, child special needs may contribute to both partners' feelings of being overburdened. Future research comparing self reports with observations of caregiving labor with both parents would help illuminate these findings. The fact that child demands were unrelated to other elements of coparenting was surprising in light of other studies that have demonstrated a connection between the two (Cook, Schoppe-Sullivan, Buckley, & Davis, 2009; Lindsey, et al., 2005). There are several possible reasons for this. The coparenting relationships of adoptive parents may be influenced less by child characteristics because of the process by which they come to parenting and the purposes that lead them to it. This idea is supported by research suggesting that the transition to parenthood has fewer negative impacts on the marital quality of adoptive couples, when compared with biological and step-parents (Ceballo, et al., 2004). It is also possible that the more general measures of number of children and special need total do not adequately capture parents' experience of child-related demands.

Dyadic coping emerged as the strongest predictor of overall coparenting quality. This suggests that partners' who are able to cope with stress together in positive ways are more likely to parent well together. It may be that dyadic coping is associated with coparenting through the same mechanisms as marital quality. Namely, that dyadic coping moderates the effects of stress on the coparenting system and strengthens "the feeling of we-ness, mutual trust and intimacy, and the cognitive representation of the relationship as

helpful and supportive” (Bodenmann, et al., 2006, p. 486). Because dyadic coping was a stronger predictor of coparenting quality than either marital quality or conflict resolution, its utility for strengthening coparenting quality should be explored in future studies. It may be particularly valuable to determine whether interventions targeting dyadic coping would strengthen the coparenting system in distressed families.

Conflict resolution significantly predicted total coparenting quality. This contribution appeared to be mainly through its negative relationship with undermining coparenting. This may indicate that there is a spillover effect from the couple relationship such that when parents are unable to resolve conflicts, they express their frustration through undermining parenting behaviors (Gerard, Krishnakumar, & Buehler, 2006). These behaviors are a more indirect means to express resentment or to even the score.

The present study joins previous coparenting research in demonstrating that marital quality and coparenting quality are highly related (Abidin & Brunner, 1995; Edwards, et al., 2008; Floyd & Zmich, 1991; Margolin, et al., 2001; McHale & Rasmussen, 1998; Stright & Bales, 2003). Findings also suggest that the relationship between these constructs is complex, with certain characteristics of the couple relationship having more salience than others. When entered simultaneously with dyadic coping and conflict resolution, marital quality only made significant contributions to the undermining dimension of coparenting. One possible explanation for this is that dyadic coping, and to a lesser degree conflict resolution, are more proximally related to coparenting in family life. In other words, perhaps partners’ abilities to cope with stress together and resolve conflict are more vital to their ability to parent together than general marital quality.

Dimensions of Coparenting

Principal components analysis revealed a latent structure to the coparenting item pool that was consistent with the dimensions of coparenting suggested by Van Egeren and Hawkins (2004). A comparison of the regression models revealed that the dimensions of coparenting demonstrated different relationships with the independent variables. Coparenting solidarity and coparenting support were both predicted significantly by dyadic coping. This similarity suggests that there may be greater conceptual similarity between the two or that they share similar connections with other family characteristics.

The results of this study may shed light on an issue raised by Feinberg (2003), who questioned whether coparenting support and undermining coparenting were part of the same construct or distinct constructs. Current findings reveal different patterns of relatedness with the predictor variables. Undermining coparenting was predicted by conflict resolution and marital quality while coparenting support was predicted by dyadic coping. This lends evidence to the notion of the two as distinct constructs.

The regression model for shared parenting suggests that adoptive mothers' perceptions of shared parenting increase as their dyadic coping increases and the special needs of their children are lower. The finding that shared parenting was the only component of coparenting that was significantly predicted by a variable external to the couple relationship (children's special need) suggests that it may be the dimension that is more sensitive to external forces.

Limitations

The current study has several limitations that warrant caution in interpreting its findings. The study relied on a non-probability sample of adoptive families that may not represent the population. Therefore, it is not known how generalizable the study findings are to adoptive families in general. A relatively low response rate (13%) indicates probable sampling bias, adding cause for concern. An examination of the demographic characteristics indicates that the respondents are primarily white and from middle to upper-middle class households. Caution should be used in applying findings to other racial and ethnic groups or to families in other economic strata. Additionally, the use of a cross-sectional design makes it difficult to determine the directionality or temporal arrangement of the relationships between coparenting and the dependent variables. Family researchers have emphasized the importance of collecting data from multiple family members when measuring family system phenomena (Elliston, et al., 2008; McHale, 1995). The current study relied upon mothers' reports of their relationships, rather than including the reports of husbands or observing both partners. However, prior research suggests that mothers' perception of the coparenting relationship is predictive of observed coparenting for both mothers and fathers (Hughes, et al., 2004), which helps to bolster confidence in the results. Finally, the use of an adapted measure of coparenting means that the study findings should be interpreted with caution until they are replicated in future studies.

Implications for Social Work Practice

Findings from the current study have implications for social work practice, education and research. With regard to clinical practice, findings suggest that social workers can

strengthen the coparenting system by helping parents find ways to cope with stress together. Common examples of this include sharing a leisure activity together, discussing concerns openly with each other, and extending mutual comfort to each other. Similarly, results suggest that the coparenting relationship may be improved by teaching parents effective ways to communicate and resolve conflict.

Social workers can also educate families about the importance of supportiveness and collaboration in the parenting role. For example, when one parent is trying to discipline the child, the other parent can be supportive by remaining quiet or offering supplementary comments such as “that’s right”. Similarly, when a parent is alone with the child, he or she can invoke the absent parents’ name in a positive way such as “Your mother would be so proud of you.” This content may be particularly important for child welfare agencies, who can incorporate it into psychoeducational materials for adoptive and foster care families.

Social work educators can include coparenting content into their curriculum as a way to highlight the importance of triadic and whole family interactions. Students and professionals can be taught to assess multiple dimensions of the coparenting relationship. For example, practitioners may want to ask parents about the ways they provide practical parenting support to each other, the degree to which they discount or criticize each others’ parenting efforts, whether they feel “on the same page” with their discipline strategies, whether they feel satisfied with the division of caregiving labor and whether they feel that parenting is drawing them closer or pushing them apart.

The current study suggests that dyadic coping, conflict resolution, and marital quality are important predictors of coparenting quality in adoptive families. Future

longitudinal research is needed to determine the nature and direction of these relationships' over time. Particular attention should be paid to the relationship between stress, dyadic coping and coparenting in distressed families. In addition, future research can employ both observational and self-report measures of coparenting dimensions to confirm their conceptual distinctness and further clarify their roles in family life.

CHAPTER FOUR

ABSTRACT

As the incidence of autism spectrum disorders (ASD's) continues to rise, there is a growing need to understand how ASD's impact family life. This qualitative study explored the ways in which parenting a child with an ASD impacts couple relationships. Using grounded theory methodology, nine couples and one wife (N=19) were interviewed about their parenting experiences and their couple relationship. The dominant proposition that emerged during analysis is that parenting a child with an ASD acts as a crucible for couple relationships, exerting extraordinary pressure on partners that forces qualitative adaptations in their relationship. Two relationship states capture the progression of these changes over time: Tag Team and Married Up. The resulting theoretical model can help clinicians tailor assessment and intervention activities to couples who are parenting children with an ASD.

CHAPTER FOUR

PARENTING CHILDREN WITH AUTISM: A CRUCIBLE FOR COUPLE RELATIONSHIPS

Introduction

Recent population studies found that about 1 in 110 school age children in the United States are diagnosed with an autism spectrum disorder (ASD) (Rice, 2009). ASD's are a group of developmental disabilities defined by various levels of impairment in social interaction and communication. Symptoms also can include rigid routines, repetitive behaviors, aggression, and/or sensory processing difficulties (Higgins, Bailey, & Pearce, 2005). These symptoms create unique challenges for parents such as intense child behavior problems, costly and time consuming treatments, social stigma, coping with the ambiguous loss of a "normal" child, and altered expectations for their child and family (Bernheimer & Weisner, 2007; Carol, 2000; Hastings, Kovshoff, Ward, et al., 2005; Woodgate, Ateah, & Secco, 2008).

A growing body of literature has examined the individual adjustment of the parents of children with ASD's. This research suggests that having a child diagnosed with an ASD increases the potential for added stress (Hamlyn-Wright, Draghi-Lorenz, & Ellis, 2007; Lecavalier, Leone, & Wiltz, 2006; Little, 2002; Sivberg, 2002), social isolation (Woodgate, et al., 2008), higher rates of depression (Benson, 2006; Gray, 2002; Hastings, Kovshoff, Brown, et al., 2005; Little, 2002; Pakenham, Samios, & Sofronoff, 2005) and anxiety (Gray, 2002; Pakenham, et al., 2005) for both mothers and fathers (Hastings, 2003).

Much less is known about how parenting a child with an ASD affects the couple relationship. Brobst, Clopton, & Hendrick (2009) used survey data to compare parents of

children with autism to parents with children who were not diagnosed as having developmental disabilities. They found that although couples with a child with an ASD experienced lower levels of relationship satisfaction as compared to the parents in the control group, there was no difference between the groups on perceived spousal support, respect for their partners, or commitment to their relationship. In their study of caregivers of children with autism, Higgins et al. (2005) reported that caregivers (96% mothers) experienced slightly lower levels of marital happiness as compared to the normative sample. Myers, Mackintosh and Goin-Kochel (2009) examined the qualitative responses of parents (92.2% mothers) and found that 15% described ASD's as straining the couple relationship, even to the point of divorce.

These findings, taken together, suggest that parents of children with ASD's are at risk for higher levels of stress, and lower levels of marital satisfaction. However, little is known about the particular ways that autism influences parent relationship processes. As indicated above, there are few studies that examine the couple relationship, and fewer still that collect data from both partners. In particular, fathers are underrepresented in existing research. Published research related to couples has relied heavily on quantitative methods. While these methods provide general indicators of parent and couple well-being, they fail to uncover the story of how autism affects couples over time. This information is particularly valuable in light of research suggesting that marital quality is an important contributor to the well-being of parents of children with developmental disabilities (Kersh, et al., 2006).

The purpose of the current study is to explore the ways in which parenting a child with an ASD influences couple relationships, moving beyond general indicators of couple

well being to uncover the nature of relationship change mechanisms. The author recognizes that couples exist in an ecological context and are influenced by factors such as social support and community resources. For the purposes of this study, the analysis places particular emphasis on couple relationship in the context of parenting. To this end, grounded theory methods have been used to guide data collection and analysis. Grounded theory methods move beyond the description of a phenomena to build theory or explanation of events or interactions (Strauss & Corbin, 1998). In-depth interviews have been conducted with both partners, focusing on their relationship in the context of parenting a child with autism. The resulting theoretical assertions will inform both research and intervention with the parents of children with autism.

Methods

Participants were recruited through a purposive selection strategy. E-mails were sent through local parent support organizations and list-serves. In addition, several participants were informed of the study through word of mouth from friends and family. Couples were informed that their participation would help further understanding about the particular ways that having a child with autism affects couples and families. Couples who responded then participated in a screening phone interview to determine whether they met the study eligibility criteria. To be eligible, couples needed to be currently married and parenting a child with an autism spectrum disorder.

Participants

A total of ten families participated in the study. Nine couples were interviewed together while one wife was interviewed individually. In the latter case, the husband was unable to attend due to a work emergency. The average age of the participants ($n = 19$)

was 48 years old, ranging from ages 37 to 60. Couples had been married an average of 14.4 years, with the range being 7 to 27 years. All of the couples reported a household income of over \$75,000, with two couples reporting annual earnings of \$200,000 or greater. All participants had completed at least some college; 10 with a bachelors degree, 2 with a masters degree, and four with a doctorate degree. All of the fathers in the study were employed full-time. Three of the mothers were not employed outside of the home, two worked part-time, and four worked full-time. Two couples lived in a rural setting, while the remainder listed suburban as their geographical location. The couples reported an average of 2.2 children in the home, with 8 couples having one child diagnosed with autism and one couple having two children diagnosed with autism. The children's level of functioning ranged on the Autism spectrum from high functioning to severely impaired. Table 1 presents demographic information for each couple. Pseudonyms have been used to protect the identity of participants.

Table 1. Demographic Information for Participants

Couple (Age)	Length of Marriage (years)	Children (Age and Sex)	Household Income	Education	Employment Status	Community Setting
Betty (41)	7	6 M	\$100K -	Bachelors	Full time	Suburban
Bill (46)		5 M 4 F*	\$200K	Bachelors	Full time	
Tanya (54)	20	17 M	\$75K-	Bachelors	Full time	Rural
Randy (54)		13 M 13 M*	\$100K	Masters	Full time	
Julie (46)	20	9 M*	\$100K -	Bachelors	Full time	Suburban
Alex (58)		7 F	\$200K	Doctorate	Full time	
Gwen (39)	18	10 M *	\$100K -	Bachelors	Unemployed-	Suburban
Oscar (39)		7 M	\$200K	Bachelors	not looking for work	
Alice (53)	20	34 F	\$100K -	Bachelors	Full Time	Rural
Sam (58)		29 M 19 M*	\$200K	Doctorate	Unemployed-	
Shawna (58)	36	15 M*	Unknown	Bachelors	Full Time	Suburban
Todd ^a		29 M* 26 M			Unemployed-	
Deborah (40)	7	16 M	\$75K-	HS/Some	Unemployed-	Suburban
Alan (37)		6 M* 5 F*	\$100K	College	not looking for work	
Lois (55)	22	24 F	More than	Doctorate	Full Time	Suburban
Armand (60)		20 M 18 M*	\$200K	Doctorate	Part Time Full Time	
Clarice (47)	27	17 F	\$100K -	Masters	Full Time	Suburban
Mark (49)		13 M*	\$200K	Bachelors	Full Time	
Melinda (53)	20	7M*	\$75K -	Bachelors	Full Time	Rural
Jerome (55)			\$100K	Bachelors	Full Time	

*Indicates child has been diagnosed with an autism spectrum disorder.

^a Was not present for interview.

Procedures

Data were collected through semistructured, in depth interviews with both partners. The author and a co-researcher conducted all interviews. Both are clinical social workers trained in couple therapy. Eight of the interviews were conducted in the

participants' homes, and one at the second author's university office. Interviews began with a brief overview of the study and a complete review of the consent process. Participants were given the opportunity to ask any questions they had before proceeding. Once the consent was signed, the participants completed the demographic form. All interviews were videotaped and later transcribed. Videotaping interviews added richness to the analysis by allowing the researchers to conduct behavioral observation as well as textual analysis. The semi-structured interview questions targeted multiple domains of family experience, including the spousal relationship, sibling relationships, interaction with local community, and extended family relationships. For example:

- *All families have strengths and challenges. Please describe how having a child with autism has strengthened your family. What has been challenging for your family?*
- *Please describe how you and your partner/spouse have negotiated having a child with autism?*

After asking a broad topical question, the interviewers used probes and furthering responses to elicit participants' perceptions and experiences. Interviews lasted between one and two hours, ending when participants felt that they had completely described their experiences related to the study questions. All procedures were reviewed and approved by the University Institutional Review Board.

Data Analysis

The analytic process involved repeated coding, sorting, and comparisons between codes that characterize the grounded theory approach (Strauss & Corbin, 1998). In keeping with grounded theory techniques, analysis proceeded through three distinct but

overlapping phases: open coding, axial coding, and selective coding (Strauss & Corbin, 1998). Nvivo 7 was used to organize transcripts, store coded concepts, and record researcher memos and annotations.

Coding began with open coding. Strauss and Corbin (1990) described open coding as that which “fractures the data and allows one to identify some categories, their properties and dimensional locations” (p. 97). Researchers recorded their questions, struggles, code descriptions and emerging theoretical notions in memos and annotations connected to the original transcripts. This yielded three distinct coding lists, which were then compared and contrasted within the team until consensus was reached on a single master list of codes. The author then re-applied this list to the data using the constant comparison method, meaning that all indicators within a coded concept were compared to determine their conceptual similarity (Larossa, 2005). When the analysis ceased to generate new codes or add further insight into existing codes, it was determined that theoretical saturation had been achieved and coding proceeded to the axial phase.

The process of axial coding involved identifying a central phenomenon, exploring causal conditions, specifying strategies, identifying the context or intervening conditions, and delineating the consequences for this phenomenon (Creswell, 2007). Three main categories emerged and guided the final stage of coding. The selective coding process is the final stage of coding in which the researchers tell the story of the data (Larossa, 2005). This was a highly interactive process that included multiple team meetings. Emerging hypotheses and relationships that were recorded in memos throughout the coding process were reviewed and challenged. Relationships between categories were posited and then tested by searching for confirming and disconfirming examples in the

transcripts and codes. The final theoretical model captures participants' description of the interactions and process between the main categories.

Results

The analysis yielded three main categories (Autism Crucible, Tag Team, and Married Up) that represent the way in which parenting a child with ASD impacts couple relationships. The dominant proposition that emerged during analysis is that parenting a child with an ASD acts as a crucible for couple relationships, exerting extraordinary pressure on partners that forces qualitative adaptations in their relationship. Two relationship states capture the progression of these changes over time: Tag Team and Married Up.

The Autism Crucible

Participants unanimously portrayed parenting a child with an ASD as an experience that shaped and defined their couple relationships. The notion of autism as a crucible emerged early in the open coding process and gained weight and significance through the axial and selective coding phases. Couples repeatedly used dichotomous language to portray the effect of autism on their relationship (eg. "Make it or break it", "Sink or swim", "Stronger or it disintegrates"). Specifically, they described a period of life, near the time of the child's diagnosis, when the demands associated with ASD placed immense pressure on their relationship. It was during this period that their relationship was most severely tested and transformed. Autism pressured the couple relationship in two primary ways. First, it introduced a number of contextual demands that strained partners' resources and previous ways of functioning. Second, it elicited

intense emotional and cognitive responses from partners that overwhelmed the couple's previous coping strategies.

The entry of the child with an ASD into the family introduced a range of contextual demands such as physical exhaustion, financial pressure, intense behavioral problems, social isolation, lack of privacy and time pressures associated with intensive treatments. These demands pressured the relationship in several ways. They depleted partners' energy and time while simultaneously increasing the need to make difficult parenting decisions and coordinate household tasks. For example, partners were faced with decisions about how to pay for expensive treatments and how to provide the kind of specialized care that their child needed during the day. Yet without sleep and without breaks, parents struggled to communicate with each other. As Lois remembers: "So when it was at its worst, physical exhaustion, isolation, depression. The more pressure...the less your ability to communicate is and the lesser is your ability to trust is."

Contextual demands also restricted partners' available social supports and leisure activities. Because of their child's extreme sensitivities and behavior problems, parents were forced to limit their interaction in the community. For example, many parents were unable to go to church, to friends' homes, or even to the grocery store. Additionally, the challenging and ambiguous parenting demands related to ASD limited parents' ability to turn to family and friends for advice. This meant that partners increasingly depended on each other for social and practical support. However, as Alice describes, the pile up of demands left partners ill-equipped to provide this support to each other:

Everything was autism, our lives were consumed in autism. We didn't...we were both working at what we thought we needed to but because we were so dog-gon-tired we couldn't support each other.

Partners also found themselves forced into more rigid roles, often with one parent becoming an 'autism expert' and the other tending to the other children and the needs outside of the home. In several couples, one partner quit their job to care for the child while the other partner began working more. This created dissatisfaction and conflict for couples who had previously held more flexible, egalitarian roles.

In addition to contextual demands, couples provided vivid descriptions of the emotional and cognitive reactions that occurred while they parented their child with ASD. They experienced uncertainty, grief, loneliness, anger, depression, guilt, denial and other reactions as they adjusted to their child's autism. After their child was diagnosed, parents were forced to alter their expectations for their child's future. As Clarice remembers:

I also did experience some sadness and it would hit me kind of in waves. I wouldn't expect it. You burst once and for all those kinds of dreams of a typical, you know, he's going to get his license at 16 and he's going to graduate and go to college and get married and have children...

Because of their child's deficits in communication and social reciprocity, some parents also experienced a lack of connection with their child. This elicited feelings of frustration and guilt as parents questioned their parenting ability. As Alex explained:

So I found that very frustrating...you took what would be a building experience between the parent and the child and it actually created conflict between the parent and the child because he became so distressed.

Parents also reported feelings of resentment about the rigidity of their family life. As Deborah described: "I feel like I'm in prison because like I can't even go grocery shopping."

These emotional and cognitive responses placed pressure on couples by eliciting partners' differential coping styles. Partners differed in the way they expressed their emotions, the kind of support they needed, their problem solving strategies, and in the way they made meaning out of their experiences. These differences led to misunderstandings, conflict and distance in the couple relationship. This process can be seen in the case of Betty and Bill. Betty's description of her reaction to her child's ASD diagnosis illustrates how powerful her initial emotions were. "And the acceptance... It's almost like I equated it with grieving for the dead. You've got to go through this whole process as a parent... First, it's denial and then grief and anger..." She expressed a desire to communicate with Bill about their feelings. In contrast, Bill preferred to focus on solutions to the problems facing the family and avoided talking about emotions. "I'm not particularly effusive about those types of things. I think about them in my head and how I want to look forward but I don't necessarily discuss them all the time." This difference led Betty to feel resentful and created a rift in their relationship. As Betty explains:

... I didn't think he cared... You know what I mean? I dove into this, I'm saving my child, and because he didn't grieve like I did, I didn't think he cared. But yet,

I didn't talk to him about it... So communication shut down and I think I pushed him away. That's what I think, at least for a good six months.

When the force of ASD-related demands was at its most intense, the couple relationship was pressed almost to the point of breaking. As Alan described, "I want to say for a lot of years the word 'divorce' came up multiple times in every conversation we had, to the point it was ridiculous." As their relationships experienced this trial and testing, couples were held together by their commitment to the children and their identities as parents. Shawna's comment captures this; "Sometimes I don't know how we, why we stayed together. Sometimes I think it was because neither one of us could do it alone, which is really honest, during the really tough times." Yet these couples did remain together, and eventually achieved a degree of stability in their relationship that marked their emergence from this early period.

Couples felt that this time of trial and testing caused their relationship to change in profound ways. They described qualitative changes in the ways they related to each other, the purpose of their relationship, and their expectations for their relationship. They came to believe that their child's ASD made their relationship stronger, closer, and more unified than before. The autism crucible captures couples' descriptions of intense trial and pressure that was placed on their relationship and the eventual strengthening that occurred as a result.

As the research team compared and contrasted the relationship change categories, it became evident that most couples moved through two distinct relationship phases after emerging from the crucible. The resulting categories, Tag Team and Married Up,

encompass the multiple domains of relationship change that couples described and place them on a developmental pathway.

Tag Team

“It’s a tag-team approach” (Oscar)

Couples initially emerged from the crucible of autism having re-oriented around the needs of the child with ASD. The focus of each partner and the function of their relationship became centered on parenting. Lois’ comment captures this change of purpose and identity in their couple relationship.

So you have to really be committed to the idea that that’s what you want to do is have a family together... and then your relationship switches from being lovers and partners to being the leaders in the family, the facilitators, the executive committee.

In this state, partners had re-organized their professional and family roles, often with one parent leaving their job and the other working more. They had also re-arranged their schedules, obtained treatment for their child, altered their leisure activities and restricted their interactions with the larger community (church, grocery store, neighborhood, friends’ houses, etc.). In addition, they had found ways to coordinate their parenting efforts and maintain unity as a parenting team. As Oscar described:

Well, I think you kinda’—in some instances you say, well, we’re the ones who have to do this and if we don’t do it together, if we don’t stand up for what he needs, then we can’t—we can’t be divided and so every time you approach something like that you have to be on the same page.

While this tag team approach successfully stabilized the family and strengthened the parenting system, partners had not, at that point, been able to find ways to tend to their couple relationship. They were still dealing with the distance created by their differential coping styles and the intense emotions elicited by their child's ASD. Additionally, couples continued to experience increased conflict as they criticized and blamed each other. As Shawna remembers:

But we'd get really angry at each other later. Like, why did you do that to him, and why would you handle it this way, what were you thinking, what's wrong with you. But we didn't do that in front of the kids, as much as we were really conscious of supporting each other in whatever stance we took, which is probably a good parenting skill, I suppose.

Partners continued to feel resentful of the greater rigidity that had been forced upon them. Whereas before, the parents were the primary forces of organization in the family, now the child with ASD had become the primary organizer. In the face of this restructuring, partners were unable to maintain intimacy and a sense of connection to each other. Betty's comment captures the way their couple relationship was altered and her feelings of resentment:

Had we gotten out once a week, once a month, something together, we would have still felt like a couple instead of just parents with this autistic child and slaves to our situation and our family and you get that one night out to just be friends again, communicate, love each other, say "Hello friend, how are you?" Do you know what I mean? Because it's so easy to lose sight of what you were before all of this.

The focus, function, and strategies of the tag team relationship state brought family stability, effective parenting, and a sense of unity as a parenting system. Yet partners had not found ways to tend to their couple relationship. Two factors seemed to precipitate couples' movement from this state. First, partners felt a growing dissatisfaction with the lack of intimacy in the tag team state. As Lois observes: "But that also is a pitfall of the relationship, so you just see your partner as the tag-team partner, where the sole interaction is, okay, your turn, now you're on, I'm off, you're on, I'm off." Second, partners adopted a belief that tending to their marital relationship was beneficial for their children. As Shawna points out: "You have to put the marriage first because if you don't have marriage, you certainly can't help the kids the same way." These realizations propelled most partners to make a renewed commitment to each other as intimate partners, thus moving them into the Married Up state. While most couples appeared to progress to this state, one couple (Deborah and Alan) appeared to be in the Tag Team state at the time of the interview.

Married Up

"It's what got us married up." (Lois)

In the Married Up relationship state, couples experienced greater intimacy and closeness as well as a renewed commitment to their couple relationship. This renewed commitment manifested itself in several ways. First, couples worked hard to find time alone together. This was challenging as the children's communication delays, extraordinary sensitivities and challenging behaviors made it difficult for parents to obtain reliable care providers. However, in the Married Up state, couples had found

creative ways to gain support and find time together. Spending time alone together was restorative for both the marital and parent-child relationships. As Alex notes:

I think we're fortunate enough to have had the time away once in awhile, little spells, to restore our marriage. I feel like, maybe I'm just speaking for myself but when I come back to the children and to our life here that I have a little bit, it's like a shot of vitamin B in my arm and I'm ready to go again.

Partners also altered their communication to extend greater emotional support and understanding to each other during times of stress. As Alice describes, "I had to learn not to just dump on him when he came home because I didn't know what else to." The need for emotional support shifted back and forth between partners, providing opportunities for both partners to communicate encouragement and comfort. As Armand observes:

Yeah. The other thing that struck me was that it's also a way to support each other. For instance, if when she is down and I'm not in that space, that I can bring her up, and vice versa, and things are not doom and gloom as much as they appear to be.

Partners adapted their interactions in other ways, incorporating humor into their relationship and finding ways to cope with stress together rather than individually.

These changes reduced conflict and helped partners to feel closer. As Alex describes:

So, I think it's made us closer and...I mean, it creates stress but I think where before Tommy, if we became disgusted with one another, agitated...I think we couldn't let it go. I think we're able to let typical marital differences, conflict,

whatever you want to call it, I think we look at them as not that significant. It happens and it will happen but we can get beyond it and not hold onto it.

After their entry into the Married Up state, partners perceived that their marriage had not only survived, but that parenting a child with an ASD had strengthened their relationship. They felt a measure of trust and exclusivity of experience that strengthened their relationship bond. As Melinda and Jerome describe:

Melinda: I know I can count on him and he can count on me, and a lot of people don't get that opportunity to see that.

Jerome: Well, that, and we feel—like, I feel like her and me are the only ones that really understand him, so I think that kind of brings us closer, you know.

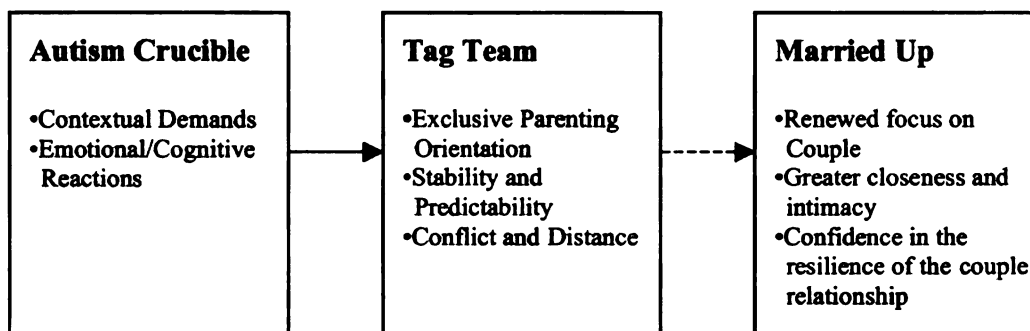
In the Married Up state, couples expressed confidence in the resilience of their marital relationship. They attributed this sense of assurance to their experience of parenting their child with ASD. As Shawna explains:

And I suppose if it doesn't...destroy is a pretty harsh word...but disabilities can really strain a marriage unlike anything else. So if you survive all those things there's not a lot that can come between you in life that would really cause strain on a marriage.

The Married Up state is by no means a relationship panacea. Couples continued to experience conflict, to feel burdened by parenting demands, and to perceive themselves as not having enough time alone together. However, this state represents an enduring commitment to tend to the couple relationship, greater closeness and confidence in the resilience of their relationship. Figure 1 portrays the way in which couples' relationships progressed through the relationship states. The dotted line between the Tag Team and

Married Up states indicates that most, but not all couples progressed to the Married Up state.

Figure 1. Model of couple relationship change over time.



Discussion

The purpose of this study was to explore particular ways that parenting a child with an ASD influences couple relationships. Results indicate that parenting a child with an ASD created contextual demands and intense emotional responses that exerted extraordinary pressure on the couple relationship. This pressure pushed the couple relationship to its limit and forced qualitative changes in the ways that partners related to each other as well as the purpose and function of their relationship. In this way, autism served as a crucible for the couple relationship. While the demands associated with autism continued throughout the life course, the crucible occurred during the early years of the child's life. Couples emerged from the crucible as Tag Team Partners, successfully performing their parenting tasks and maintaining family stability, while their couple relationship experienced continued conflict and distance. Most couples then proceeded to the Married Up state, in which they made a renewed commitment to their couple relationship, experienced greater closeness and intimacy and felt confident about the resilience of their couple relationship.

The notion of autism as a crucible helps to integrate two seemingly conflicting findings regarding the parents of children with autism. The most frequently cited finding is that autism creates increased stress for parents (Hamlyn-Wright, et al., 2007; Lecavalier, et al., 2006; Little, 2002; Sivberg, 2002) that can lead to reduced marital quality (Brobst, et al., 2009). Certainly the participants in this study described contextual stressors and emotional reactions related to autism that were consistent with those reported in other studies (Gray, 2003; Hastings, 2003; Jungbauer & Meye, 2008). Further, they described a season of their lives when their relationships were pressured and challenged, so much so that several couples considered separation or divorce. However, for the couples in this study, stress and strain was not an end point or a summary description of their relationship. They also described the ways in which parenting their child with autism brought greater depth and closeness to their couple relationship. These descriptions of the positive impact of autism on the couple share similarities with those reported by Stainton & Besser (1998). For example, both groups of participants described an increased sense of purpose and priorities as well as increased family unity.

The finding that the parents of children with ASD's experience relationship challenges mirrors findings on the transition to parenthood for parents of typically developing children. Research has demonstrated that these parents experience a drop in marital quality (Shapiro, Gottman, & Carrere, 2000), increased conflict (Belsky & Kelly, 1994), less time alone together (Cowan & Cowan, 2000), and greater role strain after becoming parents (Cowan & Cowan, 1988). One could question whether the relationship changes of couples in this study are appreciably different from other couples transitioning to parenthood. It is possible that gaining a child has a crucible effect on couples in

general. While research has demonstrated that the parents of children with ASD's experience higher levels of stress than the parents of typically developing children (Hamlyn-Wright, et al., 2007; Lecavalier, et al., 2006; Little, 2002; Sivberg, 2002), it has not confirmed whether their couple relationship processes are qualitatively different.

The current study provides several clues about these differences. First, the experiences that participants described as most challenging for their couple relationship, such as intensive treatments, social isolation, and feelings of grief and loss, were particular to their child's ASD. Second, the need for specialized parenting skills, professional interventions and adherence to a rigid, routine lifestyle pushed these couples to adopt roles that may be more rigid than other couples. Finally, couples in this study described a pervasive feeling of "differentness" from other families in their communities. Their child's ASD seemed to set them apart from others while also binding them together through mutual commitment and experience, causing them to develop a sense of couple solidarity that may be greater than other couples. Future comparative studies that provide an in-depth examination of couple relationship processes will help determine these differences and their implications for prevention and intervention.

Practice Implications

The description of autism as a crucible for couple relationships shifts attention away from static descriptions of parent stress and couple well-being to a developmental process that unfolds over time. The findings provide a useful theoretical model in which clinicians can offer a realistic acknowledgement of the hardships associated with ASD's while at the same time offering the hope of growth and transformation in the couple relationship. The metaphor of a crucible embodies trial and opportunity, suffering and

purification, challenge and hope. Additionally, the descriptions of the Tag Team and Married Up states provide practitioners with the means to conceptualize couples along a developmental trajectory.

Study findings provide some guidance for the assessment of parents of children with ASD's. Clinicians can ask partners to describe their individual ways of coping with stress and other emotions. Comparing and contrasting these coping styles will build partners' empathy for each other and reduce misunderstandings and conflict. It is also important to assess the various sources of external strain on the couple relationship by inquiring about factors such as child behaviors, financial demands, time pressures, role strain, and the rigidity created in their family life by the child with an ASD. Clinicians can obtain a snapshot of a couple's development by inquiring about their relative identification as parents vs. marital partners, the degree of conflict and distance they are experiencing and the amount of time and energy they are devoting to their marital relationship. This information will help clinicians to determine whether couples are in the midst of the autism crucible or have moved into the Tag Team or Married Up states.

Study findings also point to several valuable targets for intervention. Many couples with children with ASD's have heard claims of high divorce rates and fear for their relationship. Perhaps one of the most powerful interventions that clinicians can offer is to dispel this myth and orient couples to a more hopeful outlook in which their relationship can continue to grow. Using a psychoeducation approach, clinicians can describe the common ways that ASD's strain couple relationships (contextual strains and emotional reactions) as well as the potential for greater solidarity and closeness in the couple relationship.

Practitioners working with couples in the midst of the autism crucible can help alleviate the contextual demands by helping parents access respite services, encouraging families to apply for government financial support, helping parents navigate the myriad of treatments and providers and reducing behavior problems through behavioral interventions. Participants in this study cited their commitment to their children as a primary force keeping them together during the crucible period. This suggests that other couples will benefit from interventions that help them to develop a shared vision for parenting and to articulate their mutual commitment to working together as parents.

For couples in the Tag Team state, practitioners can highlight the lack of emotional connection and increased conflict between partners and encourage them to devote time and energy to their marital relationship. Study findings suggest that connecting their marital quality with their children's well-being will help parents to give themselves permission to focus on each other. In addition, couples can be encouraged to understand and accept each others' ways of coping with stress and intense emotions. In this way, their shared experience can deepen their connection rather than creating distance between them. Partners can be helped to extend empathy and understanding towards each other as they adjust to a new way of life. One possible tool for accomplishing this is Emotion Focused Therapy (EFT), which is an intervention that has been demonstrated to help couples develop a secure attachment bond and for partners to be able to turn toward each other during times of stress and uncertainty (Johnson, Hunsley, Greenberg, & Schindler, 1999). EFT has demonstrated effectiveness with the parents of chronically ill children, who may experience overlapping challenges with parents of children with autism (Cloutier, Manion, Walker, & Johnson, 2002).

Several limitations serve to temper the conclusions of this study. First, the participants are primarily Caucasian and middle to upper middle class couples. Therefore, the resulting model of couple relationships must be applied cautiously to families from other racial, cultural, and class groups. Second, this project specifically recruited married couples. Although staying together does not necessarily indicate marital satisfaction, they had found a way, to this point, of staying together. Therefore, the presented theoretical model explains relational outcomes and processes for couples who remain married. Additional investigations can expand this model by examining the processes of parents who are divorced or separated. Third, while the analysis yielded theoretical assertions about the development of couple relationships over time, data were collected in a single in-depth interview. Therefore, the resulting model represents participants' recollections of their past experiences. Future studies can test this model using longitudinal methods that collect data at important transition points such as within the first year after birth and immediately following the child's diagnosis.

Keeping these limitations in mind, this study advances current knowledge by providing a model of couple relationship change that is informed by both partners. The results suggest specific mechanisms through which ASD's place pressure and strain on couple relationships. Further, they highlight the particular ways that couple relationship processes change and classify these changes into two relationship states that progress over time. Practitioners can use this knowledge to target assessment activities with couples and deliver interventions that meet the particular needs of parents of children with ASD's.

CHAPTER FIVE

CONCLUSIONS

Overview

The purpose of this dissertation was to explore the association between couple and coparenting relationships in challenging coparenting contexts. Prior research has demonstrated a consistent association between the coparenting and couple relationship in community samples (Abidin & Brunner, 1995; Edwards, et al., 2008; Floyd & Zmich, 1991; Margolin, et al., 2001; McHale & Rasmussen, 1998; Stright & Bales, 2003). However, the interrelatedness of these constructs is less understood in families facing extraordinary coparenting challenges. Chapters three and four addressed this purpose by using qualitative and quantitative methods to investigate the relationships of parents of children with ASD and parents who have adopted. Additionally, the author sought to determine the utility of coparenting for clinical social work practice with families. In order to accomplish this, Chapter two employs a systematic review method to describe the significance of coparenting in family life and develop a definition suitable for social work practice. The findings across all three papers shed light on the interrelatedness of the couple and coparenting relationships, deepen understanding about the experiences of parents of children with ASD's and parents who have adopted, demonstrate the utility of coparenting for social work practice, and provide models that can be used to guide clinical social work practice with distressed families. This chapter considers linkages between study findings and discusses overall implications for social work practice.

Coparenting and the Couple Relationship

Prior research with community samples has demonstrated a consistent association between the couple and coparenting relationships (Abidin & Brunner, 1995; Edwards, et al., 2008; Floyd & Zmich, 1991; Margolin, et al., 2001; McHale & Rasmussen, 1998; Stright & Bales, 2003). Findings from the current body of work confirm and extend this time-honored finding. The following discussion will synthesize findings across a quantitative (Chapter 3) and qualitative study (Chapter 4) that speak to the interrelatedness of these relationships in challenging coparenting contexts.

In Chapter 3, correlation and regression results suggest that characteristics of the couple relationship demonstrate moderate to strong associations with coparenting quality among adoptive mothers. This finding is consistent with the author's expectation and with prior research. However, regression results suggest that for adoptive parents, particular aspects of the couple relationship are more strongly associated with the quality of their coparenting relationship. For example dyadic coping, or the degree to which partners cope with stress together, bore the strongest association with overall coparenting quality. It may be that for adoptive parents, successful coping within the couple relationship protects the coparenting relationship from the effects of environmental and child-related stressors. This finding overlaps with prior work by Belsky, Crnic & Gable (1995), who found that the negative effects of spousal differences on supportive coparenting were amplified when daily hassles and stressors were high. It is possible that the deleterious effects of daily hassles and stressors on coparenting are mediated by stress coping in the couple relationship. In support of this notion, the parents of children with ASD (Chapter four) described how their divergent individual coping strategies created

conflict and distance in their relationship. Future research can test this relationship between stress, dyadic coping and coparenting, particularly in families experiencing high levels of distress.

Further exploration of the coparenting subscales revealed a more complex pattern of relatedness between the couple relationship and coparenting. For instance, conflict resolution and dyadic adjustment only made significant contributions to the undermining dimension of coparenting. As mothers' perception of conflict resolution and general marital quality decreased, their reports of undermining coparenting increased. It may be that unresolved conflicts, and to a lesser extent, lower general marital quality have a way of spilling over into the coparenting relationship as parents act out their frustrations by undermining each others' parenting efforts (Gerard, et al., 2006). It is also possible that adoptive mothers' perception of conflict resolution is a relational substrate of father flexibility, which has been found to buffer the coparenting relationship from poor marital quality (Talbot & McHale, 2004). The finding that the severity of children's special needs contributed only to shared parenting suggests that this dimension of coparenting may be more closely related to parenting demands than the others. One explanation for this is that as the demands associated with childcare rise, parents are forced to spend more time and energy on parenting tasks, increasing opportunities for imbalance perceived unfairness in the distribution of labor.

In-depth interviews with the parents of children with ASD's add a level of complexity between the couple and coparenting relationships by revealing their development over time. During the early years of their child's life, parents' described extraordinary stressors and parenting demands that severely tested their couple

relationship. Their emergence from the crucible of autism was characterized by a dominant emphasis on their coparenting relationship, with very little attention to their couple relationship. Later, they renewed an emphasis on their couple relationship and described a deep sense of connection, unity and enduring confidence in their relationship. The first part of this pattern is similar to that reported by Van Egeren (2000), who found that changes in coparenting were inversely related to changes in marital quality over the transition to parenthood. It is possible that parents maintain one relationship at the expense of the other, as suggested by Van Egeren. Certainly parents in this study described putting their couple relationship “on the back burner” during this period. However, this explanation fails to capture the majority of parents’ perceptions that their couple relationship was ultimately strengthened as a result of parenting a child with an ASD.

Other authors have advanced two explanations that may account for this seemingly non-linear developmental pathway between the couple and coparenting relationships. Morrill et al. suggest that “couples may be more “marriage centered” or “parenting centered” at different periods in their child’s development” (2010, p. 69). In this view, the couple and coparenting relationships may alternate over time as the primary driver of the adult relationship. An alternative explanation can be drawn from work by Belsky & Paso Fearon (2004), who created a typology of couples based on their relative emphases on marriage vs. parenting. Perhaps the “types” of couples in this sample were more oriented towards their roles as coparents and therefore experienced their relationships as having been strengthened through successful coparenting in the face of trial. A third explanation is that parents emphasize their coparenting relationship as a way

of preserving their couple relationship during times of increased marital conflict and dissatisfaction. Perhaps the act of parenting well together draws them closer when couple conflicts become too entrenched. In order to rule on these explanations, future research must use more extended longitudinal designs to track the couple and coparenting relationship from the transition to parenthood through late adolescence.

Coparenting Definitions and Dimensions

One purpose of this dissertation was to build upon prior conceptual work by attempting to clarify the definition and dimensions of coparenting. This was accomplished by; (1) providing empirical evidence for the dimensionality of the coparenting construct and (2) synthesizing existing definitions into a conceptually clear definition that is applicable to social work practice.

In chapter three, principal components analysis revealed a latent structure to the coparenting item pool that was consistent with the dimensions of coparenting suggested by Van Egeren and Hawkins (2004). The resulting dimensions were compared through a series of regression models, in which they demonstrated different patterns of relatedness with the independent variables. For instance, conflict resolution significantly contributed to the undermining dimension of coparenting but not coparenting solidarity. These results substantiate the notion of coparenting as a multidimensional construct.

In chapter two, the author addressed three problems in existing coparenting conceptualizations. First, there is a confusing array of coparenting terms and definitions. Second, existing dimensions are characterized by a large amount of conceptual overlap. Third, despite some authors' acknowledgement that coparenting applies to diverse family structures, most existing definitions seem embedded in a "couple" context. These

problems limit the applicability of coparenting to social work practice. The author reviewed several of the most-often cited coparenting definitions and synthesized them. The resulting definition is inclusive, asserting that coparenting begins after the birth of the child and can include any adults who share responsibility for a child. The proposed dimensions of coparenting are intended to be less embedded in the couple relationship and more parsimonious than prior attempts. The Harmony vs. Discord dimension captures the affective and communicative quality of parents' interactions with each other. Support vs. Undermining refers to parenting behaviors that enhance or thwart the other parents' endeavors in the presence of the child. Shared Parenting captures parents' perception of the balance in the distribution of caregiving labor and involvement with the children. Finally, Parent-Based Closeness refers to parents' perceptions of becoming closer through parenting and the mutual celebration of their children.

Coparenting as a Target for Social Work Intervention

This dissertation sought to determine the utility of the coparenting construct for clinical social work practice with families. Findings from the systematic review (chapter two) suggest that coparenting warrants greater attention in social work practice and research. There are several compelling reasons for this.

The first reason is that the quality of the coparenting relationship appears to have implications for a wide range of family outcomes. Research indicates that coparenting is associated with child outcomes (Lee, et al., 2005; Schoppe, et al., 2001), parents' well being (Feinberg, et al., 2007; Hughes, et al., 2004), parenting behaviors (Morrill, et al., 2010) and couple relationship quality (Edwards, et al., 2008). In addition, findings suggest that intervening in the coparenting relationship may increase fathers'

involvement with their children (Carlson, McLanahan, & Brooks-Gunn, 2008) and protect children from the deleterious effects of divorce and separation (Gasper, et al., 2008). The coparenting relationship also appears to buffer the impact of risk factors such as family violence (Katz & Low, 2004), neighborhood violence (Forehand & Jones, 2003) and low-income single parenthood (Sterrett, et al., 2009) on children's socio-emotional development. Additionally, the descriptions from parents of children with ASD's suggest that the coparenting relationship may have even more primacy when parents are facing extraordinary parenting challenges.

The second reason is that coparenting interventions have demonstrated effectiveness with parents transitioning to parenthood (Feinberg, et al., 2009), divorced parents (Cookston, et al., 2007), and adolescent parents (Fagan, 2008). The existence of manualized coparenting interventions with demonstrated effectiveness increases the ease with which coparenting can be adopted in social work practice. Also, the coparenting relationship is more proximally related to children's well-being than the couple relationship so it is likely that coparenting interventions will have a greater impact on child outcomes than those that focus on marriage.

The third reason is that the construct of coparenting is applicable in diverse family structures. It provides social workers with a systemic focus for intervention that can be used in mother-grandmother teams, same-sex partners, divorced families, non-cohabitating parents, and other parenting dyads. In this way, coparenting is consistent with social work's emphasis on diversity and with the changing landscape of family life in industrialized countries.

Overall Study Limitations

In addition to the limitations outlined in each study, this body of work suffers from several broader limitations. The first is that neither research study adequately measured stress or perceived parenting burden. This dissertation relied upon parents' designation as adoptive parents and parents of children with ASD's to determine the existence of challenging coparenting contexts. Yet this assumption may not have held true for all participants. This may limit the applicability of findings to the intensely distressed families that social workers serve.

Another limitation pertains to the measurement strategies used. Both research studies relied exclusively upon parents' self-reports, increasing threats to validity such as social desirability bias and common method variance. A more robust measurement strategy that uses triangulated measurements and informants will help confirm this dissertation's findings. In addition, both studies relied upon cross-sectional data collection. This eliminated the possibility of causal inferences in chapter three and threatened the trustworthiness of findings in chapter four by relying on parents' memories of past events rather than descriptions of current events.

Another limitation of this dissertation is the use of different conceptualizations of the relationships between parents. Chapters two and three distinguished between the couple and coparenting relationship systems. In contrast, Chapter four focused on parents' relationships more broadly. This difference limits the comparability of findings between studies. However, the broad focus was consistent with the grounded theory analytic approach, which allowed the emergence of the most salient themes from the participants'

perspective. The fact that participants discussed many themes related to coparenting is further evidence for the interdependence of the couple and coparent relationship.

Despite these limitations, this dissertation advances social work knowledge by employing quantitative, qualitative, and systematic review methods to explore the couple and coparenting relationship. Further, it examines these constructs with two populations whose relationships have received little attention in existing research: The parents of children with autism and parents who adopt.

Implications for Social Work Practice and Research

The collective findings from this dissertation yield important implications for social workers providing clinical interventions to families in challenging coparenting contexts. Results suggest that the coparenting relationship is particularly important for families who face extraordinary parenting challenges, such as when children have a developmental disability or severe emotional and behavioral problems. The author's clinical experience indicates that these families arrive in a social work agency reporting high levels of frustration and anger, low levels of parent efficacy and high levels of relationship conflict. Clinical interventions that target parenting skills will not be adequate to address the patterns of undermining, competitiveness, and lack of support that are damaging to children. Clinical interventions that focus solely on the couple relationship may become bogged-down by entrenched issues that have little to do with the child. Interventions focused on coparenting may help parents to disentangle these processes from the marital relationship so that they can work toward greater support and collaboration as they continue to parent together.

The framework presented in chapter two provides direction for social work

assessment and treatment of coparenting relationships across family structures. Specifically, it suggests that social work agencies assess for any adults who bear significant caregiving responsibility for a child, including committed partners, a child's grandparents, a babysitter, a non-resident father, a close friend or roommate, or a boyfriend or girlfriend. In addition, the proposed coparenting dimensions provide a means of framing the coparenting system for both the practitioner and family members. Assessing families along each domain will help social work practitioners to highlight strengths and weaknesses in the coparenting relationship and target interventions accordingly.

In addition, findings from chapters three and four yield suggestions for coparenting assessment and treatment. The model of relationship progression for the parents of children with ASD's indicates that couples' emphasis on coparenting vs. the couple relationship changes over time. This suggests that social workers should assess families along a developmental continuum before selecting an intervention approach. For instance, a family whose child has just been diagnosed with an ASD may rely more strongly on their coparenting relationship while the parents of a 17 year old may require a greater emphasis on their couple relationship. Results from chapter three provide clues about how the coparenting relationship can be strengthened. In particular, they suggest that helping parents find ways to cope with stress together and successfully resolve conflicts will help them to strengthen their coparenting relationship.

Findings from this body of work may have particular relevance in child welfare settings, where the need for stabilizing families is greatest. For example, coparenting content can be included in family preservation services to decrease parent conflict and

negativity. Coparenting may also help to buffer children from the effects of family and neighborhood violence. Among foster, adoptive and kinship families, psychoeducational coparenting interventions may help moderate the effects of child adjustment on parent relationships, and vice versa. It is likely that increased coparenting quality will lead to fewer adoption disruptions and dissolutions as well. Finally, longitudinal and intervention studies suggest that increased coparenting quality leads to greater involvement among non-resident fathers, divorced fathers, and teen fathers (Carlson, et al., 2008; Cookston, et al., 2007; Cowan, et al., 2007; Fagan, 2008). These findings suggest that social workers wanting to enhance fathers' involvement in their children's lives should consider intervening with both the mother and father to enhance their coparenting relationship.

Future Research

The current body of work highlights the potential of coparenting as a target for social work intervention and presents a definition and framework for future research. In addition, this dissertation provides qualitative and quantitative investigations with two populations who face extraordinary coparenting challenges. However, further research is needed to determine the efficacy of coparenting interventions for distressed families. Of particular importance to social work are experimental studies with samples of distressed families such as families at risk of losing their children due to abuse and neglect. In addition, longitudinal research that measures parents' stress, child characteristics, couple relationship quality and coparenting quality will help illuminate the developmental pathway of coparenting as children move from birth through late adolescence. The proposed coparenting framework is intended as a starting point to guide intervention and research. Subsequent social work research is needed in which measures of each

dimension are developed and tested among diverse family types. This will help social workers to determine the way that coparenting is manifested outside of married, heterosexual households. In addition, future research can more accurately represent the triadic nature of coparenting by eliciting that captures children's perceptions of the coparenting relationship will reflect the triadic nature of the construct.

Despite the stated limitations and the need for further research, this dissertation draws attention to the couple and coparenting relationships of parents of challenging children. These two family subsystems are distinct yet interrelated. The model of relationship change presented in Chapter four provides insight into ways that social workers can support families who have a child with an ASD or other disability. Chapter two provides evidence for the importance of coparenting for social work and advances a framework to guide social work practice and research. Results from Chapter three suggest that couples' abilities to cope with stress together and resolve conflict are associated with their perceived coparenting quality. Taken together, these findings suggest new directions for social work practice with families.

APPENDICES

APPENDIX A

ADULT RELATIONSHIP SCALES

Dyadic Adjustment Scale, 7-Item Version

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your spouse/partner for each item on the following list.

	Always disagree	Almost always disagree	Frequently disagree	Occasionally disagree	Almost always agree	Always agree
A. Philosophy of life	1	2	3	4	5	6
B. Aims, goals and things believed important	1	2	3	4	5	6
C. Amount of time spent together	1	2	3	4	5	6
D. Religious matters	1	2	3	4	5	6

Please answer the following questions using the scale provided.

	All the time 1	Most of the time 2	More often than not 3	Occasionally 4	Rarely 5	Never 6
How often do you discuss or have you considered divorce, separation, or terminating your relationship?						

How often would you say the following events occur between you and your spouse/partner?

	Never 1	Less than once a month 2	Once or twice a month 3	Once or twice a week 4	Once a day 5	More often 6
Have a stimulating exchange of ideas						
Laugh together						
Calmly discuss something						
Work together on a project						

Please circle the number which best describes the degree of happiness—all things considered—of your relationship with your spouse/ partner.

1 Extremely unhappy	2 Fairly unhappy	3 A little unhappy	4 Happy	5 Very happy	6 Extremely happy	7 Perfect
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Conflict Resolution Scale

About the time you and your spouse/partner feel you are close to a solution to your disagreement over an important issue, how often:

	Never	Once in a while	Sometimes	Frequently	Almost always
Are you able to completely resolve it with some sort of compromise that is OK with both of you?	1	2	3	4	5
Do you end up with very little resolved after all?	1	2	3	4	5
Do you quickly bring the matter to a conclusion that is satisfactory for both of you?	1	2	3	4	5
Do you realize that the matter will have to be re-argued in the near future?	1	2	3	4	5
Do you find that just as soon as you think you have gotten things resolved, your spouse/partner comes up with a new idea for resolving the issue?	1	2	3	4	5
Does your spouse/partner keep on trying to propose things that are not mutually acceptable ways of resolving the matter at hand?	1	2	3	4	5
Does it seem that no matter what you suggest, your spouse/partner keeps on finding new, supposedly better solutions?	1	2	3	4	5
Are you both willing to give and take in order to settle the disagreement?	1	2	3	4	5
Are you and your spouse/partner able to give up some of what you wanted in order to bring an issue to a close?	1	2	3	4	5
Are you and your spouse/partner able to keep coming closer together on a mutually acceptable solution until you reach it?	1	2	3	4	5
Are you and your spouse/partner able to reach a mutually acceptable contract for resolving the disagreement?	1	2	3	4	5

Dyadic Coping

This section is about what you and your spouse/partner do when you are both feeling stressed. How often do you do each of the following?

	Very rarely	Rarely	Sometimes	Often	Very often
We try to cope with the problem together and search for solutions.	1	2	3	4	5
We engage in a serious discussion about the problem and think through what has to be done.	1	2	3	4	5
We help one another to put the problem in perspective and see it in a new light.	1	2	3	4	5
We help each other relax with such things like massage, taking a bath together, or listening to music together.	1	2	3	4	5
We are affectionate to each other, make love and try that way to cope with stress.	1	2	3	4	5
I am satisfied with the support I receive from my spouse/partner and the way we deal with stress together.	1	2	3	4	5
I am satisfied with the support I receive from my spouse/partner, and I find as a couple, the way we deal with stress together is effective.	1	2	3	4	5

Coparenting Scale

This section asks for information concerning your parenting experiences and about how you and your spouse/partner work together as parents.

	Disagree strongly			Neutral/ mixed			Agree strongly
My spouse/partner helps out with the parenting whenever possible.	1	2	3	4	5	6	7
I do not feel that parenting is as much of a sharing experience with my spouse/partner as I had hoped it would be.	1	2	3	4	5	6	7
My spouse/partner sees parenting as my responsibility.	1	2	3	4	5	6	7
When I feel at my wits end as a parent, my spouse/partner gives me the extra support I need.	1	2	3	4	5	6	7
My spouse/partner makes me look like the "bad person" in the eyes of our children.	1	2	3	4	5	6	7
As a parent, I cannot seem to do anything right in my spouse's/partner's eyes.	1	2	3	4	5	6	7
My spouse/partner and I do not agree on when to punish and how to punish.	1	2	3	4	5	6	7

My spouse/partner expects too much from the children.	1	2	3	4	5	6	7
After my spouse/partner or I have handled a difficult situation with the children, we discuss it and try to figure out what we could have done better.	1	2	3	4	5	6	7
My spouse/partner and I agree on our ideas, guidelines and rules for raising our children.	1	2	3	4	5	6	7
Having children has helped me to see positive qualities in my spouse/partner that I never noticed before.	1	2	3	4	5	6	7
When I make a mistake with the kids, I can talk it over with my spouse/partner.	1	2	3	4	5	6	7
My spouse/partner makes me feel I am the best possible parent for our children.	1	2	3	4	5	6	7
My spouse/partner does not trust my abilities as a parent.	1	2	3	4	5	6	7
My spouse/partner is willing to make some personal sacrifices in order to help with the parenting.	1	2	3	4	5	6	7
I feel overburdened as a parent because my spouse/partner is often too involved with other things to carry a fair share of the load.	1	2	3	4	5	6	7
My spouse/partner tries to make sure I get some time for myself away from the children.	1	2	3	4	5	6	7
My spouse/partner and I have conflicts about how much we should do for our children.	1	2	3	4	5	6	7
My spouse/partner and I get on each others' nerves when the children are difficult or act up.	1	2	3	4	5	6	7
My spouse/partner has a lot of patience with the children.	1	2	3	4	5	6	7
Parenting has brought my spouse/partner and me closer together.	1	2	3	4	5	6	7
My spouse/partner and I often talk together about what is best for our children.	1	2	3	4	5	6	7

APPENDIX B

Autism in the Family

Parent Interview Questions

1. All families have strengths and challenges. Please describe how having a child with Autism has strengthened your family.
2. What has been challenging for your family?
3. What was your initial reaction when your child was diagnosed with Autism?
4. How did you think having a child with Autism would affect your family? How were your expectations the same or different from how it ended up actually affecting your family?
5. Do you have any advice for families who have recently had a child diagnosed with Autism?
6. Please describe how you and your partner/spouse have negotiated having a child with Autism? (use only if there is a partner/spouse)
7. Please describe how your other children have handled having a sibling with Autism. (use only if there are other siblings).
8. Please describe how your relationships with extended family members have been affected by having a child with Autism.
9. Please describe how having a child with Autism affects how you interact with the community (friends, church, school, etc.)
10. As you consider the future of your child who has Autism, what are your hopes and fears for him/her? How are these different or the same as when they were younger?
11. What would you want all family therapists to know when they are working with a family who has a child with Autism?
12. Is there anything else you would like me to know about your experience of having a child with Autism or its effect on your family?

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