Austin Child & Adolescent Psychiatry

Open Access

Austin Publishing Group

Editorial

Co-parenting during Transition to Parenthood: Creating a Healthy Nurturing Environment for Children

Kapusta ND[1]*, Philipp AC[1] and Feinberg ME[2]
[1]Department of Psychoanalysis and Psychotherapy, Medical University of Vienna, Austria
[2]Edna Bennett Pierce Prevention Research Center, College of Health and Human Development, The Pennsylvania State University, USA

***Corresponding author:** Nestor D Kapusta, Associate Professor, Department of Psychoanalysis and Psychotherapy, Medical University of Vienna, Waehringer Guertel 18-20, 1090 Vienna, Austria

Received: July 29, 2017; **Accepted:** August 03, 2017; **Published:** August 10, 2017

Keywords

Co-parenting; Early environment; Prevention; Intervention

Editorial

The etiology of psychiatric disorders in children and adolescents is known to be determined by multiple factors. Besides the well-established role of genetic influences, psychological and social factors play an equally important role in the constitution of early behavioral patterns and later development of mental health problems [1].

There is vast evidence that early childhood experiences with mentally ill parents contribute to the risk of mental disorders [2,3]. For example, children of parents with drug and alcohol use disorders often grow up in an environment of severe stress, which exposes them at greater risk of developing later psychiatric and social problems [4]. Besides manifest mental disorders in parents, also behavioral accentuations such as parenting styles, show evidence to be transgenerationally transmitted, and if dysfunctional, persistently negatively affect child mental development in family systems prospectively [5].

A recent *Lancet* publication series has drawn attention to the developmental influences of the early nurturing environment, which is defined as a stable setting, which is sensitive to children's health and nutritional needs, offering protection from threats and opportunities for early learning as well as interactions that are responsive, emotionally supportive, and developmentally stimulating [6]. This nurturing environment is first provided by caregivers, who are parents or family members or in case of their substitution, child-care service providers.

Neurobiological studies have shown that the period of early development is accompanied by intensive plasticity and reorganization of brain structures under the influence of epigenetic modifications [7], which start in utero and persist until adolescence and early adulthood [8]. Thus, the role of early experiences with parents in shaping perception, cognition and social development [3], as has been addressed in early psychoanalytic and behavioral theories, cannot be underemphasized, and is still an intriguing field of child development research [7].

Following from these considerations, parental interactions with each other, as well as with the child, constitute an environmental matrix in which early childhood experiences are determined. Thus, understanding the interactional patterns within this matrix and developing interventions focusing on dysfunctional interpersonal dynamics within the mother-father-child triads, bear a potential to prevent adverse parental influences on child- and adolescent mental health development and its behavioral outcomes. One of the most important components of this matrix is the emotional regulation capacity of parents, which not only determines peek stress exposure of infants, but also profiles their long term emotion regulation capacities [9]. In this sense, external parental support or mutual parental understanding can improve each parent's own emotion regulation, and hence their parenting styles, while undermining interactions between parents reduce the capability to regulate peak affects and can lead to emotional spillover towards children [10].

It needs to be remembered that couples transitioning into parenthood experience several life changes. They are confronted with new role expectations and tasks such as care giving or nurturing their offspring. Early research on the effects of the transition to parenthood pointed to this critical period as a crisis [11-13], and subsequent research has shown that transition to parenthood clearly induces changes in self, role-arrangements, communication and marital satisfaction and is generally perceived by both parents as stressful [14,15]. The transition to parenthood initiates a development process in couples, which affects their individual personality, well being and self concept, as well as the couple relationship, and makes it necessary for them to adapt to this new and challenging situation [16]. Thus, stress during the transition to parenthood is likely to diminish the emotion regulation capacities of parents, who are generally expected to provide an at least "good enough" nurturing and healthy environment for their newborns.

Besides the known effects of parenting styles of each parent on child outcomes, research has increasingly recognized the role of parental coalitions as a major constituent of mental infant health, early disturbances and its later sequelae [17,18]. In extension of the pioneering parenthood research of the Cowan's in the 80's [14,15,22], a specific component of the couple's interaction, the parental interplay and its effects on children, has been conceptualized as *co-parenting* [19]. This conceptual model frames the nurturing co-parenting dynamics in terms of parental cooperation with regards to the child, which is the ways that couples work together in their roles as parents [20,21]. In other words, co-parenting is a central family process, in which a team of adults take shared responsibility for the socialization and care of a child [23].

Citation: Kapusta ND, Philipp AC and Feinberg ME. Co-parenting during Transition to Parenthood: Creating a Healthy Nurturing Environment for Children. Austin Child Adolesc Psychiatry. 2017; 2(1): 1008.

Growing evidence suggests that the nurturing environment of co-parenting is based on several partly overlapping components, such as mutual support of the parents, childrearing agreement, division of tasks, management of conflicts, awareness of parental as undermining behavior, or parental solidarity [14,15,19-28]. Empirical data supports the notion that four components are the most influential domains of co-parenting: (1) Support/Undermining, (2) Childrearing agreement, (3) Division of parental labor, and (4) Conflict management and resolution [20,21].

There is consensus that early prevention plays an important role, and should start as early as possible: at the couple's realization of being pregnant. Well-established manualized interventions, such as prenatal home-visiting or postnatal psycho-education programs, show preventive effects by reducing child maltreatment [29,30].

Such interventions, by improving parenting styles also reduce conduct problems in children [31]. However, such programs often focus only on mother-child interactions and do not specifically target the domains of co-parenting. Given increasing knowledge of the relevance of father involvement for child development [32], early interventions should not ignore co-parenting as a potential mediator in targeting new parents.

However, the evidence of intervention trials explicitly targeting both parents in their co-parenting is growing and shows promising results. Most comprehensive results for the effectiveness of prenatal co-parenting interventions come from Family Foundations, a pre- and postnatal intervention program designed for couples in transition to parenthood with their first child [20,21]. The effects from randomized controlled trials show improvements in co-parenting interactions, reductions of parental stress, positive effects on couple relationship, decreases in postpartum depression in mothers, and a reduction of harsh parenting styles after nine couple classes including home-work. In line with expectations that parenting style/quality mediates the impact of coparenting on kids, the targeted co-parenting interventions improved self-regulatory behaviors of children such as self-soothing and sustained attention when the children were 6-12 months old, positively impacted their later social adjustment, reduced their exposure to family violence, and still 7 years after intervention reduced externalizing behavior in boys [33-37]. Given that the intervention does not focus on parenting *per se* (i.e., parent-child interactions), but specifically on co-parenting, the intervention's impact come in part through the effects of enhanced co-parenting on parenting and children's outcomes. Mutual support of parental emotional regulation is improved through better co-parenting, which allows them to be more supportive and sensitive towards children.

Although research on the question of whether effective co-parenting interventions prevent psychiatric disorders in the long-term is still rare, the available co-parenting research allows one to expect positive results in future. Of course, such research on long-term co-parenting effects needs longitudinal studies encompassing a life-span perspective, or at least to bridge prenatal conditions with adolescent psychiatric conditions. Studies on emerging adulthood [38] and transition age youth [39] show that developmental tasks, normally requiring guidance and support by caregivers in early childhood, can persist uncompleted long after puberty and manifest as mental disturbances in later life.

Although, there is no doubt that early life stress, as a result of the absence of a nurturing co-parenting environment, negatively affects health outcomes of children, the neurobiological meanings of early life stress are still to be untangled. It is clear that early life stress leads to a complex accumulation of interacting dysregulations in multiple physiological brain and hormonal systems, corresponding functional brain networks, and intra-psychic representations of caregivers, which compromise the systems' abilities to respond flexibly to future stressful circumstances [40,41].

Future co-parenting research definitely has a rich agenda to pursue, starting with a better understanding of both, early life stressors and its counterpart, nurturing co-parenting dynamics. Then co-parenting can be examined in relation to its corresponding neurocognitive, neurobiological and behavioral long-term outcomes in children and adolescents, and inform better prevention efforts in Child and Adolescent Psychiatry through appropriate co-parenting interventions.

References

1. Esposito G, Setoh P, Shinohara K, Bornstein MH. The development of attachment: Integrating genes, brain, behavior, and environment. Behav Brain Res. 2017; 325: 87-89.
2. Mattejat F, Remschmidt H. The children of mentally ill parents. Dtsch Arztebl Int. 2008; 105: 413-418.
3. Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M, et al. Effects of perinatal mental disorders on the fetus and child. Lancet. 2014; 384: 1800-1819.
4. Wlodarczyk O, Schwarze M, Rumpf HJ, Metzner F, Pawils S. Protective mental health factors in children of parents with alcohol and drug use disorders: A systematic review. PLoS One. 2017; 12: 0179140.
5. Lomanowska AM, Boivin M, Hertzman C, Fleming AS. Parenting begets parenting: A neurobiological perspective on early adversity and the transmission of parenting styles across generations. Neuroscience. 2017; 342: 120-139.
6. Britto PR, Lye SJ, Proulx K, Yousafzai AK, Matthews SG, Vaivada T, et al. Early Childhood Development Interventions Review Group, for the Lancet Early Childhood Development Series Steering Committee. Nurturing care: promoting early childhood development. Lancet. 2017; 389: 91-102.
7. Marshall PJ, Kenney JW. Biological perspectives on the effects of early psychosocial experience. Dev Rev. 2009; 29: 96–119.
8. Chambers RA, Taylor JR, Potenza MN. Developmental neurocircuitry of motivation in adolescence: a critical period of addiction vulnerability. Am J Psychiatry. 2003; 160: 1041-1052.
9. Rutherford HJ, Wallace NS, Laurent HK, Mayes LC. Emotion Regulation in Parenthood. Dev Rev. 2015; 36: 1-14.
10. Martin MJ, Sturge-Apple ML, Davies PT, Romero CV, Buckholz A. A process model of the implications of spillover from coparenting conflicts into the parent-child attachment relationship in adolescence. Dev Psychopathol. 2017; 29: 417-431.
11. Caplan G. The mental hygiene role of the nurse in maternal and child care. Nurs Outlook. 1954; 2: 14-19.
12. Caplan G. Psychological Aspects of Maternity Care. Am J Public Health. 1957; 47: 25-31.
13. Bibring GL, Dwyer TF, Huntington DS, Valenstein AF. A Study of the Psychological Processes in Pregnancy and of the Earliest Mother-Child Relationship-I. Some Propositions and Comments. Psychoanal. St. Child. 1961; 16: 9-24.
14. Cowan CP, Cowan PA, Heming G, Garrett E, Coysh WS, Curtis-boles H, et

al. Transitions to parenthood: his, hers, and theirs. J Fam Issues. 1985; 6: 451-481.

15. Cowan CP, Cowan PA. Interventions to ease the transition to parenthood: Why they are needed and what they can do. Family Relations: Journal of Applied Family & Child Studies. 1995; 44: 412-423.

16. Lidz T. The Relevance of the Family to Psychoanalytic Theory. Madison, CT: International Universities Press. 1962.

17. Parsons T, Bales RF. Family Socialization and Interaction process. Glencoe, Illinois. The Free Press. 1955.

18. Lidz T. Psychoanalytic Theories of Development and Maldevelopment: Some Recapitulations. Am. J. Psychoanal. 1967; 27: 115-126.

19. Belsky J, Putnam S, Crnic K. Co-parenting, parenting, and early emotional development. New Dir Child Dev. 1996; 45-55.

20. Feinberg ME. Co-parenting and the transition to parenthood: a framework for prevention. Clin Child Fam Psychol Rev. 2002; 5: 173-195.

21. Feinberg ME. The Internal Structure and Ecological Context of Coparenting: A Framework for Research and Intervention. Parent Sci Pract. 2003; 3: 95-131.

22. McHale J, Waller MR, Pearson J. Co-parenting interventions for fragile families: what do we know and where do we need to go next? Fam Process. 2012; 51: 284-306.

23. Cowan CP, Cowan PA. When partners become parents: The big life change for couples. Lawrence Erlbaum Associates. Mahwah, NJ, US: 2000.

24. Van Egeren LA. Le role du pere au sein du partenariat parental. Santé mentale au Québec. 2001; 26: 134-159.

25. Van Egeren, LA. The development of the coparenting relationship over the transition to parenthood. Infant Ment. Health J. 2004; 25: 453-477.

26. Margolin G, Gordis EB, John RS. Coparenting: a link between marital conflict and parenting in two-parent families. J Fam Psychol. 2001; 15: 3-21.

27. McHale JP. Co-parenting and triadic interactions during infancy: The roles of marital distress and child gender. Developmental Psychology, 1995; 31: 985-996.

28. McHale JP, Kuersten-Hogan R, Rao N. Growing Points for Co-parenting Theory and Research. J Adult Dev. 2004; 11: 221-234.

29. Macmillan HL, Wathen CN, Barlow J, Fergusson DM, Leventhal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. Lancet. 2009; 373: 250-266.

30. Olds DL, Kitzman HJ, Cole RE, Hanks CA, Arcoleo KJ, Anson EA, et al. Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: follow-up of a randomized trial among children at age 12 years. Arch Pediatr Adolesc Med. 2010; 164: 419-424.

31. Leijten P, Gardner F, Landau S, Harris V, Mann J, et al. Research Review: Harnessing the power of individual participant data in a meta-analysis of the benefits and harms of the Incredible Years parenting program. J Child Psychol Psychiatry. 2017.

32. Lamb M. The Role of the Father in Child development. 5th ed. New York, NY: Wiley. 2010.

33. Feinberg ME, Jones DE, Roettger ME, Hostetler ML, Sakuma KL, Paul IM, et al. Preventive Effects on Birth Outcomes: Buffering Impact of Maternal Stress, Depression, and Anxiety. Matern Child Health J. 2016; 20: 56-65.

34. Feinberg ME, Jones DE, Roettger ME, Solmeyer A, Hostetler ML. Long-term follow-up of a randomized trial of family foundations: effects on children's emotional, behavioral, and school adjustment. J Fam Psychol. 2014; 28: 821-831.

35. Feinberg ME, Jones DE, Kan ML, Goslin MC. Effects of family foundations on parents and children: 3.5 years after baseline. J Fam Psychol. 2010; 24: 532-542.

36. Feinberg ME, Kan ML, Goslin MC. Enhancing coparenting, parenting, and child self-regulation: effects of family foundations 1 year after birth. Prev Sci. 2009; 10: 276-285.

37. Feinberg ME, Kan ML. Establishing family foundations: intervention effects on co-parenting, parent/infant well-being, and parent-child relations. J Fam Psychol. 2008; 22: 253-263.

38. Arnett JJ, Zukauskiene R, Sugimura K. The new life stage of emerging adulthood at ages 18-29 years: implications for mental health. Lancet Psychiatry. 2014; 1: 569-576.

39. Clark HB, Koroloff N, Geller J, Sondheimer DL. Research on transition to adulthood: building the evidence base to inform services and supports for youth and young adults with serious mental health disorders. J Behav Health Serv Res. 2008; 35: 365-372.

40. Taylor SE. Mechanisms linking early life stress to adult health outcomes. Proc Natl AcadSci USA. 2010; 107: 8507-8512.

41. Menon V. Developmental pathways to functional brain networks: emerging principles. Trends Cogn Sci. 2013; 17: 627-640.

Austin Child Adolesc Psychiatry - Volume 2 Issue 1 - 2017
Submit your Manuscript | www.austinpublishinggroup.com

Citation: Kapusta ND, Philipp AC and Feinberg ME. Co-parenting during Transition to Parenthood: Creating a Healthy Nurturing Environment for Children. Austin Child Adolesc Psychiatry. 2017; 2(1): 1008.