

Editorial

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

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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 peak 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].

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-psycho 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.

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