Beyond the Dyad
Understanding How Coparenting Dynamics Affect Infant and Toddler Development

James P. McHale
USF St. Petersburg

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Mental health field professionals who work with infants and toddlers have historically based their efforts on a dyadic, mother-child model as they pursue main sources of stress for babies

Efforts have been made to expand the mother-infant lens through initiatives to:

• Promote Responsible Fatherhood

• Encourage Healthy Marriages

• Create Social Supports for Mothers

Such efforts are limited in that they do not explicitly address:

*Coparental,
triadic,
and
inter-caregiver dynamics

The reality is that in most American families, babies and toddlers are cared for by many individuals: mothers, fathers, extended family members, child care providers, and sometimes others
Given this modern reality, research began—about 20 years ago—to test out a new premise, quite distinct from the mother-infant model:

- This premise was that the emotional health of infants and toddlers would be promoted in positive ways when adults shared their joint knowledge about babies and collaborated effectively as parents and caregivers.
- By contrast, if adults saw babies, or their roles with babies, very differently; did not make efforts to get “on the same page”; and parented in a non-supportive or incompatible manner, even very young children would be at risk for a wide range of social, emotional and behavioral adjustment difficulties.

This premise gave wings to a concept that has since come to be known as “Coparenting”

Coparenting refers to the mutual, joint efforts of adults raising children for whom they share responsibility

Effectively functioning coparenting alliances catalyze healthy emotional growth of infants and toddlers---to the extent that involved adults collaborate to create a context of:

✓ Support and solidarity between parenting figures
✓ Consistency and predictability in the approaches the different caregivers take in the child’s life
✓ Security and integrity of the family’s home base (regardless of whether that home base is a single domicile or spans multiple residences).

Mother-father coparenting in nuclear families

Coparenting dynamics are revealed by how adults parent together when assessed with children.
Video of high coparenting conflict family of 8-month-old

- Dad: You really want to learn this trick.
- Mom: (pulling father’s arm away) Give him the other one and see what he does.
- Dad: Hey, today’s the day to learn.
- Mom: (speaking on behalf of the baby) Dad, I want to do it myself.
- Presenter: You can do whatever you want with these.
- Dad: These toys are something.
- Mom: They are – but you should get him some. He likes them.
- Dad: Let’s play with these other ones that aren’t eatable.
- Dad: You know what? You interfere a lot. That’s what I learned today.

Video of high coparenting disengagement family of 8-month-old

- Mom: Remember you put this in yesterday?
  - There’s a hole there.
  - Can you do it? Yeah, you try it.
  - Put it in the hole.
  - Yeah, that’s a hole.
  - You’re going to like this one – it’s soft.
  - Remember this yesterday?

Video of high coparenting cohesion family of 8-month-old

- Dad: There, that’s one – check it out, in your mouth.
- Mom: Good for teething.
- Dad: Bang together.
- Mom: Good.
- Mom: She’s more into them than we are.
- Dad: I think she’s interested in just clapping.
- Mom: Oh, good. Now there’s an idea – can you pound on the table?
- Dad: ....
- Mom: We could hear that, actually.
- Mom: (as baby pulls block away) Oh, excuse me!

A few key **core coparenting dynamics** reliably distinguish among families with infants and young children

- Degree of disparity in levels of engagement by the child’s parents.
- Rhythmic patterning of the family interaction (Child- or adult-driven).
- Degree of inter-adult cohesion and harmony.
- Presence of inter-adult interference/antagonism.

The latent structure of the family coparenting dynamic is already firmly in place by 3-months post-partum.

Why should this interest interventionists? Do early coparenting dynamics actually matter in the experiences of infants and toddlers?
Transition to first-time coparenthood:
Couples recruited through prenatal care system
- Initially assessed during the third trimester of the couple’s first pregnancy
- Later seen at 3 months post-partum (home visits)
- 12 months post-partum
- 30 months post-partum
- 54 months post-partum (home visits)

During each post-partum assessment phase, comprehensive observational, interview, and self-report evaluations of coparenting were completed.

Coparental difficulties at 3 months post-partum can be forecast from:
- Pre-baby concerns -- voiced by either parent -- about the couple’s prospects of working effectively as a parenting team
- A pre-baby bias, on the part of mothers, to reflect and talk about the future family in dyadic (“my baby and me”) rather than in triadic terms
- Prenatal distress in the couple relationship
- Incompatibility between the mother’s and father’s self-described “ideas about parenting” during the pregnancy
- Violation of mothers’ pre-baby expectancies about the post-natal division of labor
- Both parents’ prenatal states of mind with respect to attachment

When mothers’ expectancies are violated

Infant Mental Health Journal, 29, 343-361

<table>
<thead>
<tr>
<th>Violated wish of mom about</th>
<th>Marital Satisfaction</th>
<th>LTP</th>
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<td>Wife</td>
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<td>Diapering</td>
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<td>Handling crying (days)</td>
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<td>Middle of night needs</td>
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Interaction Effects: Mother-Father AAI Assignments

Overall F = 4.59, p < .001; Cohesion F = 5.14, p < .01; Conflict F = 3.82, p < .05

From “Charting the Bumpy Road of Coparenthood” (pg. 277)

“In contrast with Stern’s (2004) contention that the port of entry into a mother–infant dyad matters little because changes in one part of the system will have a reverberating effect, clinicians should be more cautious in assuming that interventions designed to strengthen dyadic, parent–child relationships within the family will have the same desired positive ripple effects in bolstering the coparenting alliance... enhancing mother–infant bonds without integrating fathers has the potential to hamper, rather than promote, the parallel development of a strong coparental partnership and alliance. Precisely the same point can be made about interventions aiming to strengthen engagement by fathers... positive father engagement, although empowering for fathers and beneficial for babies, may or may not enhance coparental solidarity, depending on whether the two active parenting partners work together to coordinate and cooperate as allies. According to Doherty’s data, among the only preventive interventions to systematically look in on the issue thus far, enhancing fathering engagement did not have salutary effects on coparenting in families”.

What do we know about early patterns of coparenting withdrawal?

Fathers’ withdrawal can be detected during coparenting discussions at 3 months postpartum. Men who withdraw during mother-father discussions of “who does what” in coparenting the baby feel they are in, and look to be in, less supportive alliances.

- They are less ego-resilient than other fathers
- They have marriages that were already showing distress signs before babies arrived.
- They report an upsurge of depressive symptoms in the early postpartum months
- They feel less respected by their wives as parents
- They co-create with their wives and babies LTP patterns characterized by greater disengagement and lower warmth -- especially in coparenting baby daughters; WDW withdrawal-triadic process linkages are not statistically significant in families with sons


In summary, coparenting problems at 3 months post-partum

- Can be forecast from multiple indicators of prenatal risk
- Can be detected in a variety of contexts including:
  - LTP interactions
  - Who Does What Discussions, and
  - 3-person Still-Face Interactions

Early coparenting adjustment shows marked coherence across developmental time

Cross-time stability in Coparental Solidarity over 27 Months

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<tr>
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<th>3 months</th>
<th>12 months</th>
<th>30 months</th>
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<tr>
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** p < .05;  + p < .10


Coparenting dynamics are associated with infant and toddler socioemotional development
New Evidence for the Social Embeddedness of Infants’ Early Triangular Capacities

JAMES W. McHale, PH.D.*
ELISABETH RALF-OPPEBORG, Ph.D.
SUSAN HOKSTEDT, Ph.D.
JANET ROBERTSON, B.A.
MATTHEW DAVY, B.A.

Infants appear to be active participants in complex interactional sequences with their parents for earlier than previously theorized. In this report, we document the capacity of 3-month-old infants to share attention with two parents (mothers and fathers) simultaneously, and trace links between this capacity and early family group-level dynamics. During comprehensive evaluations of the family’s emergent coparenting alliance completed in 112 homes, we charted infants’ ego gene patterns during two different mother-father-infant assessment paradigms. Triangular capacity (operationalized as the frequency of rapid, multimodal g g transitions between parents during interaction) was stable across interaction context. Infants exhibiting more advanced triangular capacities benefited from families showing evidence of better coparental adjustment. Theoretical and practical implications of these findings are discussed.

Keywords: Coparenting, Infants, Triangular Relationships

Ties between coparental process and child adjustment remain in evidence

Even after factoring in contributions of mother-infant, father-infant, and couple functioning – including marital violence

(e.g., Belsky, Putnam & Crnic, 1996; McHale, Kuersten & Lauretti, 1996; McHale & Rasmussen, 1996; McHale, Johnson & Sinclair, 1999; Katz & Low, 2004; Feinberg, Kan & Hetherington, 2007)

Infants’ social capacities are related to the quality of coordination between their coparents

(Video of 3-month-old with high triangular capacity)

Preschoolers from families who exhibit substantive coparenting conflict at 30 months struggle with Theory of Mind tasks at 54 months

Marital distress does not spill over to coparental relationships in co-residential families with ego-resilient fathers


Toddlers in low coparenting solidarity families at 30-months post-partum

- are rated by parents as showing more total behavior problems on the CBCL 1½-5
- are rated by teachers as showing poorer pre-academic skills on the CABI
- exhibit a less mature understanding of different emotions on standard developmental assessments
- display less self- and more other-regulation when frustrated (in delay-of-gratification challenges)

Data are clear: coparental dynamics are a central force in nuclear family systems during the infant and toddler years

- They are borne of both the psychodynamics and relationship history of the parenting adults
- Yet they cannot always be anticipated from information about couple or parental adjustment
- Early coparental adaptation is stable over time and lawfully predicts infant and toddler adjustment
- Incompatibility in parents’ views about and responses to toddlers can explain intractability of behavior problems in situations where no major liabilities are diagnosed in the parenting capacities of each caregiver individually

Coparenting is a triadic construct, and infants themselves contribute to the family equation

- Temperamentally challenging (or easy) babies influence coparenting patterns being developed between parents and/or caregivers.

Prenatal risk predicts early coparenting problems principally when families are joined by difficult or high-need infants.

(McHale, Kazali, et al., 2004; McHale & Rotman, 2007)

How meaningful are coparenting principles in families where children are not growing up in families with married co-residential parents?

Mother-father coparenting in fragile families
The Fragile Families and Child Wellbeing Study

• Following a cohort of nearly 5,000 children born mostly to unmarried parents.
• Study designed to primarily address four questions:
  (1) What are the conditions and capabilities of unmarried parents, especially fathers?
  (2) What is the nature of the relationships between unmarried parents?
  (3) How do children born into these families fare?
  (4) How do policies and environmental conditions affect families and children?

Carlson & McLanahan (2007)

• One year after a nonmarital birth, 48% of fathers are living away from their child
• This rises to 56% at three years
• This rises to 63% at 5 years
• Positive coparenting is a strong predictor of nonresident fathers future involvement
• Fathers’ involvement is only a weak predictor of future coparenting quality

Coparenting alliances do evolve during the infant and toddler years in fragile families -- even when there is no sustained romantic involvement – so long as the adults remain on reasonably good terms

(Carlson & McLanahan, 2007; Fagan & Palkovitz, 2007; Mincy et al., 2004; Waller, 2007).

Waller found different coparenting trajectories during interviews with mothers and fathers from the Oakland, CA site of the Fragile Families and Child Wellbeing Study (interviews conducted at child age 1 and 4)

• Stable co-parents (17%)
• Early co-parents (23%)
• Later co-parents (17%)
What lessons about coparenting can be drawn from studies of fragile families to date?

- When romantic relationships end, any active coparenting cooperation usually gives way to parallel parenting and poorer coordination between birth fathers and both mothers and other co-caregivers in the baby's residence.
- Parallel coparenting structures are at risk to evolve over time to a point where father involvement subsides and men become absent fathers.
- This outcome is most likely if mother-father rapport fades over time -- in which case contact with extended paternal kin is also affected.
- Supportive coparenting strongly predicts future father involvement, but not the other way around.

What to do?

Engage both moms and dads in coparenting interventions

James F. Mickle

This chapter examines the role of coordinated interventions of coparenting coordination and collaboration for families and in children's lives. To date, dying attention has focused on social and biological influences, emotions, and other factors. The focus of the chapter is on the need for interventions that go beyond the traditional family unit to include nontraditional family structures and extended family members. The chapter explores the potential for coparenting interventions to improve family functioning and reduce the negative effects of family dysfunction on children.

Healthy Marriages, Strong Coparenting Alliances: Two Principles of a Coparenting Framework

TABLE 1: Modules and Lessons in Caring for My Family:

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<tr>
<th>Module/Title</th>
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<td>Introduction to a Stable Family and an Involved Father</td>
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<td>Getting Started</td>
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<td>Setting the Pace</td>
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<td>10</td>
<td>Support for the First 3 Years of Parenting Plan</td>
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Module 1: Getting Started

Lesson 1: Introduction
Lesson 2: Building a Parenting Alliance
Lesson 3: Preparing for the Future
Lesson 4: Working Together
Lesson 5: Sharing the Load

Module 2: Involving the Mother
Lesson 1: Introduction
Lesson 2: Communicating with Your Partner
Lesson 3: Sharing the Care
Lesson 4: Partnering with Other Caregivers

Module 3: Building Support Structures
Lesson 1: Introduction
Lesson 2: Working Together
Lesson 3: Setting Goals
Lesson 4: Shared Decision Making
Lesson 5: Supporting Each Other

Module 4: Projecting Your Choice
Lesson 1: Introduction
Lesson 2: Planning and Preparing for Your Choice
Lesson 3: Setting the Goals
Lesson 4: Preparing for the Future
Lesson 5: Supporting Each Other

Module 5: Planning and Preparing for Your Choice
Lesson 1: Introduction
Lesson 2: Working Together
Lesson 3: Setting Goals
Lesson 4: Preparing for the Future
Lesson 5: Supporting Each Other
Together We Can: Creating a Healthy Future for our Family

Office of Family Initiatives

**Friday**

**Keynote Address**

11:30 a.m. - 1 p.m.

From Dollars to Sense: Lessons from Child Support on How to Support Fathers and Families with Children Birth to Three

The child support program is one of the few government programs that systematically tracks outcomes, and the only one that does so in child welfare, as children. Commissioner: What will show what has been learned from decades of demonstration projects, research, and policy work within the agency about how to improve or impact the well-being of young children, by improving our work with fathers and families.

* Visitation: Chairman, Office of Child Support Enforcement, Administration for Children and Families
From “Charting the Bumpy Road of Coparenthood” (pg. 277)

“In contrast with Stern’s (2004) contention that the port of entry into a mother-infant dyad matters little because changes in one part of the system will have a reverberating effect, clinicians should be more cautious in assuming that interventions designed to strengthen dyadic, parent-child relationships within the family will have the same desired positive ripple effects in bolstering the coparenting alliance... enhancing mother-infant bonds without integrating fathers has the potential to hamper, rather than promote, the parallel development of a strong coparental partnership and alliance. Precisely the same point can be made about interventions aiming to strengthen engagement by fathers... positive father engagement, although empowering for fathers and beneficial for babies, may or may not enhance coparental solidarity, depending on whether the two active parenting partners work together to coordinate and cooperate as allies. According to Doherty’s data, among the only preventive interventions to systematically look in on the issue thus far, enhancing fathering engagement did not have salutary effects on coparenting in families”.

Babies’ coparents are not always just fathers and mothers

Parent-grandparent coparenting in extended kinship systems
“Caregivers and parents alike hold very strong views about how babies are supposed to be taken care of. These deep-seated ideas are embedded in each of us and remain mostly subconscious and nonverbal until challenged by someone with a conflicting view”.

(Gonzalez-Mena, 1992)

Co-parenting in multigenerational family systems

- Globally, grandparents are very often the family’s most salient co-caregivers. In the U.S., grandparental co-caregiving is commonplace in African American, Hispanic, and Southeast Asian families (Stack, 1992; Burton et al., 1995; Goodman & Silverstein, 2006).
- When the approaches any caregiving adults take with children are incompatible, there can be negative ramifications for parental, child, and family health (Apfel & Seitz, 1996; Brody et al., 1998; Chase-Lansdale et al., 1999; Jones et al., 2006; 2007)

Important findings about parent-grandparent coparenting systems

- In helping to build parent-grandparent coparenting systems, it is important to be cognizant of cultural and sub-cultural differences (greater well-being among custodial African American grandparents, greater well-being among coparenting Hispanic grandparents; Goodman & Silverstein, 2006)
- Coparenting grandmothers often “gatekeep” father access (Krishnakumar & Black, 2003)
- African-American mothers’ kinscription work engages fathers and multiple others in co-raising their children across time (Roy & Burton, 2007)

Mother and grandmother discussing discipline strategies for a co-raised 3-year-old

(Video of high coparenting cooperation mother and grandmother)
Mother and grandmother who maintain opposing views about discipline

(Video of high coparenting conflict mother and grandmother)

Coparenting in biological-foster family systems

Coordination between parents and day care caregivers and other providers

“Coparenting” also takes place between families and infant/toddler care providers
Implications and Recommendations for IMH practitioners

Approaching families:

“We know that how you and (child’s coparent) work together to care for him these first two years will help determine how well he adjusts as he gets older”

Minimally, always find out about:

Identities and involvement of all major adults in the child’s life

How the family’s unique coparental alliance operates with respect to:

Mutual Involvement/Engagement by Major Co-Parents

(Each coparent maintains ongoing involvement, provides input, steps up as warranted)
- Family ethic is one of shared, open and mutual involvement with child
- Periodic absences by an important coparent – with/without another’s over-involvement
- Substantial exclusion of or disengagement by an important coparent

Active Solidarity and Collaboration:

(Central co-parenting adults trust, support, validate and cooperate with one another)
- The predominant impression is one of multi-lateral trust and support

Presence of Coparenting Dissonance:

(Extent to which there is major incompatibility in the views of at least one important caregiver about the nature of the child’s difficulties and/or about how best to approach and handle the child)
- Minimal
- Identifiable
- Substantial

Practice recommendations for Clinicians

- Just addressing mother-infant relationships, or supporting father engagement with babies will be insufficient to help families construct a mutually supportive, facilitative coparenting alliance
- Do talk to parents individually about coparenting, but also always assess the coparents interacting together with the baby (as a collective unit)
- Always find out about all significantly engaged caregivers. Where practical, assess each person’s socialization beliefs and perspectives directly. At minimum, ask parents about major points of agreement and disagreement with co-caregivers.

From the top down
States must begin working toward an inclusive child and family advocacy model
Serving the coparenting relationships that will support child development in all families

A comprehensive approach would support coparenting throughout each phase of every individual’s family life cycle
- Coparental education in middle/high school
- Mother-father friendly models of prenatal care and intervention
- “Coparenting-Plus” (job training, education) approaches to help build coparenting alliances from the time of paternity establishment
- True kinship support policies and programming
- Promotion of parent-daycaregiver collaboration
- Preventive post-divorce parenting coordination
- Coparenting programming during incarcerations
- Coparenting education and support through access and visitation services

The best framework: Work with families on infants’ and toddlers’ behalf needs to look broadly at all who are involved in the family and caregiving system

Above all, the infant mental health professional is child-centered
Virtually all children 0-3 are coparented
To a baby, their family is who their family is