COLLATERAL BENEFITS OF A BRIEF, COUPLE-FOCUSED INTERVENTION ON COPARENTING: INDIRECT EFFECTS THROUGH COUPLE RELATIONSHIP QUALITY AND CONFLICT

JAZZMIN DEMY

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Abstract

In two-parent households, the interparental relationship is central to the wellbeing of family relationships and individual members. The current study examines whether participation in a brief, online, couple-focused relationship intervention has collateral benefits to coparenting (i.e., how two parents coordinate in their parenting roles), indirectly through improvements in couple relationship quality and conflict frequency, respectively. A community sample of couples with young children (N = 140 couples; 280 participants; 91.4% heterosexual) participated in a longitudinal randomized controlled trial. Both members of the couple (49.3% women) reported on perceived relationship quality and conflict frequency (at baseline and post-intervention; T1, T2), and coparenting (at baseline, 1-month, and 3-month follow-up; T1, T3, T4). Controlling for initial levels (T1), longitudinal path modelling indicated that random assignment to the intervention directly predicted relative increases in relationship quality at T2. In turn, increased relationship quality at post-intervention predicted relative increases in coparenting at T3 and T4, respectively. Consistent with longitudinal mediation, the indirect effect of random assignment to the intervention on later coparenting via relationship quality was also significant. Random assignment to the intervention was not associated with changes in conflict frequency; thus, there was not a significant indirect effect through conflict frequency to coparenting. Similarly, sensitivity analyses testing conflict-related distress as a mediator demonstrated no collateral benefits to coparenting. Finally, a parallel mediation analysis including both mediators indicated that the indirect effect of the intervention to coparenting via relationship quality was significant when controlling for the pathway through conflict frequency. There are positive cascading effects of a couple-focused intervention onto how parents work together to parent their child.

Keywords: Couple Conflict; Relationship Quality; Coparenting; Family Systems; Couple Intervention

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Table of Contents

List of Tables

List of Figures

Collateral Benefits of a Brief, Couple-Focused Intervention on Coparenting: Indirect Effects Through Couple Relationship Quality and Conflict

In two-parent households, the relationship between parents, or the interparental relationship, forms an executive subsystem that is essential to family functioning and the well-being of all family members (Cummings & Davies, 2010; Minuchin, 1985; van Eldik et al., 2020). Although the interparental relationship has traditionally been viewed as a unidimensional construct representing marital discord, there are increased empirical efforts to more precisely distinguish relationship quality from interparental conflict (Davies & Cummings, 1994; Grych & Fincham, 1990; Kerig, 1996). Whereas relationship quality is defined as an aggregate construct that reflects dyadic satisfaction, commitment, intimacy, trust, passion, and love (Fletcher et al., 2000), interparental conflict refers to discord or physical aggression between parents (Grych & Fincham, 1990). Given the interdependency between family members and subsystems, the health of the interparental relationship lays the foundation for healthy coparenting, parent-child relationships, and child adjustment (Cook et al., 2009; Feinberg et al., 2007; Goldberg & Easterbrooks, 1984; Talbot & McHale, 2004; van Eldik et al., 2020). As such, it is critical to identify contributors to healthy couple relationships, as well as to better understand interdependencies between the interparental relationship and other core family subsystems, with applications to family-centered intervention.

The developmental period of having young children poses a risk to the interparental relationship, given the heightened relationship stress during the transition to parenthood and years following (Kluwer, 2010; Madigan et al., 2017), and with couples relying on each other as a primary source of social and emotional support (Quinton et al., 1985). Indeed, compared with childless couples, parenting couples experience steeper declines in relationship satisfaction over

time (Keizer & Schenk, 2012; Lawrence et al., 2008). This may have been exacerbated due to the considerable challenges families faced during the COVID-19 pandemic (e.g., social, economic, and health-related; Overall et al., 2021; Prime et al., 2020), especially for couples with less child-rearing experience, who had to learn how to balance their own needs with the needs of their children (e.g., working remotely while providing childcare or assisting with online education) (Patrick et al., 2020). These additional demands and stress resulted in more depleted resources required to be responsive and less time to foster relationship connection (Pietromonaco & Overall, 2022). Thus, given the tenuous years when couples have young children and the elevated risk for couples with children during the pandemic (Overall et al., 2022; Schmid et al., 2021; Overall et al., 2021), interventions to support the interparental relationship during this developmental period are essential.

The Coparental Relationship

A related, but distinct family subsystem to the interparental relationship is the coparental relationship (Feinberg, 2003). Coparenting involves how partners coordinate their child-rearing efforts, engage in supportive or undermining behaviour toward one another as it relates to parenting, and manage child-rearing conflicts (Feinberg, 2003; McHale, 2007). Forming a high-quality coparenting relationship is among the key tasks during the transition to parenthood and early years of parenting (Schoppe-Sullivan & Fagan, 2020). Initially, coparenting was studied within divorced or separated parent contexts (Ahrons, 1981); however, it has since been recognized as playing a critical role within intact two-parent families (Feinberg, 2002; Margolin et al., 2001; McHale et al., 2015). Effective coparenting has become particularly relevant for intact families, as over the past two decades traditional gender roles have shifted with mothers pursuing lifelong careers and fathers becoming more actively involved in childcare and home

responsibilities (Chung & van der Lippe, 2020). With both partners now assuming more overlapping responsibilities, greater coordination and support between partners is essential.

Coparenting is an important dynamic to understand, given its central role in family functioning and because it is most closely and directly related to child outcomes (Feinberg, 2003). Indeed, coparenting has been consistently linked with children's socio-emotional development (e.g., child adjustment), attachment security, and behavioural development (Holland & McElwain, 2013; Teubert & Pinquart, 2010). For instance, in a meta-analysis of 59 studies (Teubert & Pinquart, 2010), positive coparenting relationships characterized by high cooperation and agreement, and low conflict were associated fewer child internalizing and externalizing behaviour problems and better child social functioning, even after accounting for romantic and parent-child relationship quality. This body of research emphasizes the importance of the coparental relationship to the functioning of individual family members, especially children.

The Interface between the Coparental and Interparental Relationship

The *family systems theory* posits that members within a family subsystem are interconnected, as are their relationships (Minuchin, 1974; 1988). Thus, in two-parent families, the quality of a couple's relationship, and their conflict dynamics, will have implications for how they work together in their parenting roles. Indeed, this is theorized by the *spillover hypothesis*, where the functioning of one subsystem can "spillover" into that of another via emotions, cognitions, and behaviours that transfer from one relationship (e.g., romantic) to another (e.g., coparenting, parent-child; Easterbrooks & Emde, 1988; Erel & Burman, 1995; Krishnakumar & Buehler, 2000). This model implies, for instance, that stressors can lead a couple to have fewer positive and more negative interactions with each other (e.g., argumentative and hostile

behaviours), resulting in feeling less supported by one another (Neppl et al., 2016), which then increases the probability of negative coparenting interactions (Camisasca et al., 2019; Cox & Paley, 2003; Morrill et al., 2010). These spillover effects from the interparental relationship to the coparental relationship may compromise effective conflict resolution and partner support related to child-rearing (Martin et al., 2017).

Interparental Relationship Quality and Coparenting

There is robust evidence for the association between effective coparenting and the quality of the romantic relationship (Bonds & Gondoli, 2007; McHale, 1997; Morrill et al., 2010). For example, Chong & Mickelson (2016) along with colleagues (Don et al., 2013; Schoppe-Sullivan et al., 2016; Van Egeren, 2004), found that coparenting dimensions (e.g., support, undermining, child-rearing agreement, and fairness in the division of labor; Feinberg, 2003) are associated with relationship quality. Specifically, positive coparenting dimensions (e.g., cohesion, cooperation, support) are associated with relationship satisfaction (Favez & Frascarolo, 2013; Talbot & McHale, 2004), whereas negative dimensions (e.g., low cooperation, high competition) are associated with relationship dissatisfaction (Christopher et al., 2015). In addition, there is considerable evidence for the spillover effects from interparental relationship quality to the quality of the coparental relationship (Christopher et al., 2015; Kolak & Volling, 2007; Lindahl et al., 1997; Morrill et al., 2010; Pedro et al., 2012). Indeed, direct tests of the spillover hypothesis revealed that couples who are satisfied with their romantic relationship have positive affection for each other (e.g., connectedness, warmth, love), which allows them to support each other as parents and work cooperatively in child-rearing (McHale et al., 2004; Morrill et al., 2010). Likewise, couple negativity (e.g., frustration, anger, hurt) disrupts partners' ability to establish a supportive coparental relationship (Kitzmann, 2000; McHale, 1995). Moreover, the

work by Bonds and Gondoli (2007) showed that relationship quality is positively associated with coparenting alliance, which in turn, is related to parenting practices for both mothers and fathers. Finally, a recent meta-analysis using dyadic couple and individual data from mothers and fathers demonstrated a moderate association between relationship satisfaction and the quality of the coparental relationship (Ronaghan et al., 2023). These findings support the spillover hypothesis framework and identify potential pathways between couple relationship quality and coparenting in two-parent families.

Interparental Conflict and Coparenting

Given that conflict can be defined as any disagreement or difference of opinion (Cummings & Davies, 2002), it is inevitable in close relationships. Krishnakumar and Buehler (2000) described the process through which interparental conflict undermines coparenting. Interparental conflict negatively influences the family climate, with implications for the well-being of all family members (Cummings & Davies, 2010). For instance, it may be difficult for parents who are fighting to effectively coparent, interfering with the development of a healthy parenting environment (Margolin et al., 2001), which supports healthy child functioning (Shimkowski & Shroat, 2012; Teubert & Pinquart, 2010). Moreover, high levels of conflict from parents in distressed relationships spills over from the couple to the coparental relationship. Strain from the relationship can manifest as low coparenting alliance (Kopystynska et al., 2020), undermining one another's parenting (Brown et al., 2010; Martin et al., 2017), coparenting disagreements (McHale, 1995; Sturge-Apple et al., 2006), and perceiving a lack of coparental support (Cabrera et al., 2009; Schoppe-Sullivan et al., 2004). Indeed, Riina and McHale (2015) demonstrate that an increase in love and a decrease in relationship conflict predict increased

coparenting satisfaction. Thus, healthy conflict dynamics may serve to preserve relationship functioning, with potential benefits to supportive coparenting.

Couple-Focused Interventions and Coparenting

Couple-focused interventions are typically relationship programs aimed at improving quality, satisfaction, conflict, and overall functioning (e.g., Baucom et al., 2006; Cummings & Davies, 2010; Doss et al., 2016; Halford et al., 2001; Loew et al., 2012; Neumann et al., 2018). There is strong evidence for the effectiveness of couple-focused interventions in improving relationship quality, parenting practices, and child adjustment (Bodenmann et al., 2008; Cowan et al., 2009; Gattis et al., 2008; Zemp et al., 2016). Other times, couples attend programming that is centered around parent training—targeting parenting skills, addressing child problem behaviours, or strengthening parent-child relationships—with evidence of effectiveness for improving parenting practices and social, emotional, and behavioural outcomes in children (see Sanders et al., 2014 for an overview). However, despite parenting couples presenting to couple-focused interventions with difficulties in coparenting (Feinberg, 2003; Van Egeren & Hawkins, 2004), coparenting is not typically central to the programming.

There is evidence that improving interparental relationship quality in the context of couple-focused interventions also improves the quality of the coparental relationship (Cowan, et al., 2005; Gattis et al., 2008; Ledermann et al., 2007). For instance, in a randomized controlled trial (RCT) of an online program for relationship distress with parenting couples, the intervention group showed greater decreases in coparenting conflict and increases in relationship satisfaction, compared to the control group (Doss et al., 2020). Furthermore, following a relationship education workshop for couples, improvements in couple relationship quality were significantly associated with improvements in coparental relationship quality (Adler-Baeder et al, 2013), and

post-intervention levels of relationship satisfaction mediated long-term improvements in coparental relationship quality, relative to a control group (Lavner et al., 2019). Finally, in a meta-analysis of 32 studies (Hawkin et al., 2022), couple relationship education programs showed small, but statistically non-zero effects on coparenting behaviour for the treatment group compared to the control. Interestingly, programs that included coparenting education did not have significantly larger effect sizes than the programs that did not. The effects of these couple-focused programs on coparenting are broadly comparable to those achieved by an intervention that directly targets coparenting (e.g., Feinberg et al., 2016). There are some notable exceptions, however, wherein benefits of couple-focused interventions did not have cascading benefits to coparenting (Hahlweg & Klann, 1997; Klann et al., 2011; Le et al., 2021). However, overall, there is support for spillover effects of the couple-focused relationship interventions to coparenting.

Love Together, Parent Together: A Brief, Online, Self-Directed Couple Intervention

One drawback of existing relationship education programs is their intensity; they are typically implemented in-person, within the community, led by a trained clinician, and associated with large time commitments and high costs (e.g., Mercer, 2014; Nicholson et al., 2010; Pearl et al., 2012; Sanders et al., 2014). As a result, stressors associated with material hardship such as holding multiple jobs and contending with a chaotic home environment, or demands of having young children, can stand in the way of participation (Caldwell et al., 2005). Using brief, online, self-directed interventions can help alleviate these accessibility and retention challenges, and minimize costs (Kanter & Schramm, 2018). There is evidence for the effectiveness of brief couple's interventions (see Kanter & Schramm, 2018); however, it is not

known whether low-intensity, self-driven approaches to enhancing the interparental relationship have positive spillover effects onto the functioning of the coparenting unit.

Love Together, Parent Together (L2P2) is a brief, couple-focused intervention program targeting parenting couples with young children (Prime et al., 2022; 2023; 2024). Adapted from the Marriage Hack intervention (Finkel et al., 2013), L2P2 targets problematic conflict dynamics as a preservation method for relationship quality (Finkel et al., 2013). The intervention is low-intensity, inspired by research demonstrating that brief, theory-driven interventions are effective (Yeager & Walton, 2011). Specifically, couples separately participate in three 9-minute writing sessions, where they are taught, and given practice, to reappraise their disagreements with their partner from a neutral, third-person perspective. In their original investigation, Finkel and colleagues (2013) demonstrated that participation in the Marriage Hack buffered against normative declines in marital quality over time, an effect that was mediated by reductions in conflict-related distress. Subsequently, Prime and colleagues (2022; 2023) adapted the Marriage Hack for use in the pandemic context for couples with young children and have since shown benefits to the relationship quality of participating couples (Prime et al., 2024). Thus, this precise couple-centered intervention strategy has shown promising effects in improving core components of the interparental relationship, including relationship quality and conflict-related distress (Finkel et al., 2013; Prime et al., 2024).

The current study draws from an RCT of L2P2, which examined the effectiveness of the program on relationship quality in a sample of 140 community couples with young children (Prime et al., in 2024). Whereas couples in the control group showed a decline in relationship quality from baseline to post-intervention, those who participated in L2P2 showed no change (Prime et al., 2024). The primary goals of the RCT were to examine couple-focused outcomes.

As a secondary aim, the current study examined possible spillover effects of L2P2 onto coparenting quality through the interparental relationship, based on theoretical and empirical support for the interdependencies between these domains of couple functioning.

We operationalize the interparental relationship in two ways, as two individual mediators: conflict frequency and relationship quality. Destructive conflict experienced in the interparental relationship can increase conflict-related distress, diminishing couples' abilities to cooperate and support each other in their roles as parents. Yet, constructive conflict, where partners take a third-party perspective and communicate effectively could result in improved coparenting. Since the quality and type of conflict was not assessed in this study, a proxy of conflict frequency was used, as frequent conflict behaviour has been shown as an important predictor for relational outcomes. Indeed, higher conflict frequency has been linked to lower relationship satisfaction (Bradbury et al., 2000) and increases the likelihood of divorce by 1.5 times (Orbuch et al., 2002). Given this, promoting the use of conflict reappraisal strategies within the couple relationship may improve coparenting through reductions in conflict frequency.

As an alternative pathway, the L2P2 may benefit coparenting through enhancing relationship quality, independent of changes to conflict dynamics. Parenting couples who have a high-quality relationship are more satisfied and likely to feel supported by their partner in their parenting role. Whereas couples with a low-quality relationship are more dissatisfied, emanating negative feelings and behaviours, which can lead to feeling less supported in their parenting role or undermining their partner's parenting (Cabrera et al., 2009; Margolin et al., 2001; Peltz et al., 2018). As such, strengthening relationship quality may have positive knock-on effects to coparenting (Feinberg et al., 2016; McHale et al., 2015). Taken together, the L2P2 intervention may benefit coparenting through changes to conflict dynamics, relationship quality, or both.

Current Study

Our central goal was to determine whether the L2P2 produces collateral benefits to coparenting for parenting couples at risk for relationship difficulties (based on developmental stage—having young children—and the pandemic context). Using a longitudinal randomized controlled trial design, we collected parent questionnaire ratings of relationship quality, conflict frequency, and coparenting. We expected random assignment to the L2P2 intervention at baseline (Time 1; T1) to be negatively associated with conflict frequency and positively associated with relationship quality at 1-week post-intervention (T2), which, in turn, would be negatively and positively associated, respectively, with coparenting at 1-month and 3-month follow-up. Consistent with longitudinal mediation, we also expected to find a significant indirect effect of the L2P2 intervention on coparenting via conflict frequency and relationship quality, respectively. As mediation pertains to questions of *change*, we controlled for initial levels of conflict frequency, relationship quality, and coparenting in all analyses. As such, an indirect effect would suggest that random assignment to L2P2 contributes to change in conflict frequency and relationship quality, which in turn, facilitates subsequent changes in coparenting.

There are continued empirical efforts to more precisely distinguish relationship quality from interparental conflict (Davies & Cummings, 1994; Grych & Fincham, 1990; Kerig, 1996; van Eldik et al., 2020). A secondary goal was to explore the mediating roles of relationship quality and conflict frequency, simultaneously, in the association between random assignment to L2P2 and later coparenting, using a parallel multiple mediation model. Findings will have implications for both theory and practice, as we will be able to tease apart whether the L2P2 intervention enhances coparenting through relationship quality, conflict, or both.

Finally, in addition to the primary aims, we conducted a series of sensitivity analyses to address limitations with our assessment of couple conflict (i.e., conflict frequency). The level of distress caused by couple disagreements can depend on the type of conflict (e.g., constructive vs. destructive), frequency of disagreements, and how the conflict is managed (Buehler et al., 1997; Cox & Brooks-Gunn, 1999). Ideally, the primary questions would be answered using an assessment of conflict-related distress, which is in line with theories of escalating emotionality in conflict situations (Gottman, 1998), and Finkel et al's (2013) finding that participation in the Marriage Hack buffered against normative declines in marital quality over time, as mediated by reductions in conflict-related distress. However, due to a predetermined assessment schedule, we only have conflict-related distress measured during intervention sessions, rather than at baseline/post-intervention. Therefore, we tested a sensitivity model that included conflict-related distress as a mediator (assessed at writing session three; W3), controlling for initial levels (assessed at writing session one; W1). The presence of a significant indirect effect of random assignment to L2P2 to coparenting via conflict-related distress would constitute evidence in favour of cascading intervention effects over time.

Method

Study Design

This study was a secondary analysis from an online, parallel-group trial of L2P2 conducted in Canada. The methods of the current study are described following the Consolidated Standards of Reporting Trials (CONSORT) guidelines for reporting parallel group randomized trials (Moher et al., 2012) and CONSORT extension to randomized pilot and feasibility trials (Eldridge et al., 2016). The larger study was pre-registered on clinicaltrials.gov and this specific

manuscript was pre-registered on Open Science Framework. Study materials can be found on Open Science Framework.

Sample

Participants were recruited through local community organizations and agencies serving children, parents, and families from April to December 2022. Couples were eligible if they met the following criteria: they were 18 years or older, in a romantic relationship (with no history of separation or divorce), resided in the same household, and had at least one child under six years of age living in the home at time of enrollment. Both partners of a couple had to enroll and complete baseline to be eligible.

The sample consisted of both members of 140 couples (280 individual participants; 91.4% heterosexual) living in Ontario, Canada. Table 1 shows baseline and clinical characteristics. Detailed demographics and descriptive statistics for the overall sample and by group are outlined in the primary article (Prime et al., 2024). Most couples reported being married (n = 120, 85.7%), with the remainder in domestic partnerships (n = 20, 14.3%), and 91.4% were heterosexual. On average, couples had been together for 10.76 years (SD = 4.33) and most had one (n = 64, 45.7%) or two children (n = 60, 42.9%) living in the home, with a small minority having three or more (n = 16, 11.4%). Children were 3 years old (target child M_{age} = 3.33 years, SD = 3.45) and almost half were female (45.7%). Around one-third of couples reported a total yearly household income of $175,000 CAD or more (34.3%) and between $125,000-$174,999 CAD (28.6%), respectively. A small percentage of couples (14.3% reported making less than $75,000 CAD), and 1.4% chose not to report on household income.

Parents identified primarily as woman (n = 138, 49.3%) or man (n = 136, 48.6%), with six (2.1%) identifying with another gender (i.e., trans man, gender fluid, self-specified). Most

parents had attained a bachelor's degree or higher (*n* = 206, 73.6%), some had completed a college diploma (*n* = 32, 11.4%) or a professional degree (*n* = 20, 7.1%), and a few had completed some college/university (*n* = 12, 4.3%) or less than or equal to a high school education (*n* = 10, 3.6%). The ethnic composition of the sample was: 61.1% White, 8.9% Chinese, 8.6% multi-ethnic, 8.2% South Asian, 7.5% Central/South American, in addition to 4.6% self-reporting as one of several other race/ethnicities (e.g., Arab, Black, Filipino, Korean, West Asian, and Southeast Asian); 1.1% chose not to self-identify.

A total of 134 couples (95.7% of the initial sample) provided ratings at the second time point. At the third time point, 128 dyads (91.4% of the initial sample) provided ratings, and 124 dyads (88.6% of the initial sample) provided ratings at the fourth time point.

Procedures

Approval was obtained from the York University ethics board (#2022-076) prior to commencing data collection. All components of the study took place online via Qualtrics, including eligibility screening, registration, survey distribution and data collection, survey reminders, and the intervention. After providing written informed consent, participants were invited to complete baseline surveys (see measures below). Study flow is presented in Figure 1. Following the completion of the baseline assessment (T1; week 0), participants were randomly allocated (1:1) at the couple level to intervention (L2P2) or control group using randomize.net. Participants were invited to take part in three self-directed writing sessions (W1; writing session 1, W2; writing session 2, W3; writing session 3) over the course of nine weeks (additional details of the intervention and information on the outcomes are published elsewhere (Prime et al., 2024), followed by a 1-week post-intervention assessment (T2; week 10). Follow-up assessments were conducted at 1-month (T3; week 13) and 3-months (T4; week 22) after the final writing session.

Participant recruitment, randomization, and progress through the study are illustrated in the CONSORT flowchart in Figure 2. For all measures, partner ratings were averaged and used as final couple-level scores.

Measures

Coparenting (dependent variable)

At T1, T3 and T4, parents reported on the quality of their coparental relationship using the 14-item Brief Coparenting Relationship Scale (CRS-B; Feinberg et al., 2012). The CRS-B measures coparenting across seven subscales: coparenting agreement, coparenting closeness, exposure to conflict, coparenting support, coparenting undermining, endorse partner parenting, and division of labour. Participants rated 12 items (five reverse coded) on a 7-point Likert scale (0 = *not true of us* to 6 = *very true of us*) and 2 items (reverse coded; exposure to conflict subscale) on a 7-point Likert scale (0 = never to 6 = *very often*). Responses were averaged to create a single composite at each time point for each parent (T1, T3, T4 Cronbach's alpha (α) = .87, .87, .88), with higher scores reflecting a more positive coparental relationship with their partner (e.g., more support and agreement, equitable division of labour, etc). Parents scores were positively correlated at each time point (T1, T3, T4 r = .641, .656, .683 ps = < .001), and subsequently combined.

Couple relationship quality (mediator variable)

At T1 and T2, parents reported on the quality of their relationship quality using a total of 18 items of the Perceived Relationship Quality Component Scale (PRQS; Fletcher et al., 2000), distributed across six subscales: satisfaction, commitment, intimacy, trust, passion, and love. Responses were scored on a 7-point Likert scale (1 = *not at all* to 7 = *extremely*) and averaged to create a single composite at each time point, with higher scores reflecting a more positive

relationship with their partner (T1, T2 α = .95, .96). Parents scores were positively correlated at each time point (T1, T2 *r* = .653, .554, *ps* = < .001), and subsequently combined.

Couple conflict (mediator variable, sensitivity analysis)

At T1 and T2, parents rated *frequency of conflict* with their partner using a single item adapted from the five-item Conflict subscale of the Braiker-Kelley Partnership Questionnaire (Braiker & Kelley, 1979). Participants responded to the question, "Think about your experiences with your partner over the last four weeks. How often did you and your partner argue with each other?" Responses were scored on a 7-point Likert scale (1 = *not very often* to 7 = *very often*), creating a single score for each time point, with higher scores reflecting more frequent conflict with their partner (Pearson's correlation test-retest reliability (*r*) = .58; p < .001). Parents scores were positively correlated at each time point (T1, T2 *r* = .621, .656, *ps* = < .001), and subsequently combined.

Conflict-related distress was not assessed at post-intervention and, thus, could not be included as a primary mediator in the current paper. For sensitivity analyses, we examined the mediation models looking at couple conflict using an assessment of conflict-related distress, instead of conflict frequency. At W1 and W3, after providing the fact-based summary of the most significant recent conflict, parents rated their level of conflict-related distress using two items (e.g., "I am angry at my partner for his/her behaviour during this conflict"; Finkel et al., 2013). Responses were scored on a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*) and averaged to create a single composite at each time point, with higher scores reflecting greater levels of distress (W1, W3 α = .90, .90). Parents' scores were positively correlated (W1, W3 *r* = .310, .332, *ps* = < .001, .002), and subsequently combined. Conflict-related distress, as we have measured it, has been used in previous studies (Finkel et al., 2013). Conflict-related

distress was significantly related to conflict frequency at each writing session: one ($r = .48; p < .001$), two ($r = .38; p < .001$), and three ($r = .494; p < .001$), demonstrating that there is overlap in these respective assessments of conflictual behaviour.

Random Allocation Assignment (independent variable)

Couples were randomly assigned at the level of the couple to L2P2 intervention (coded as 1) or control (coded as 0).

Intervention

The L2P2 writing intervention involves three writing sessions completed over the course of nine weeks. During each session, participants: 1) provide a fact-based summary of a recent conflict interaction with their partner in the previous four weeks and report on conflict-related distress associated with this disagreement; 2) watch a short psychoeducational video introducing the conflict reappraisal task and considerations to make when completing the subsequent writing exercise; and 3) respond to three conflict reappraisal prompts. All participants completed step 1; only couples in the intervention group completed steps 2 and 3.

The conflict reappraisal writing intervention (steps 2 and 3) involves watching a 1–3-minute instructional video explaining useful conflict reappraisal strategies (e.g., taking a third-party perspective), followed by answering three self-evaluative questions and a 9-minute writing task. The writing task involves reappraising the disagreement they previously reported in step 1 using the strategies provided in the video and three guided prompts focusing on: taking a third-party perspective, barriers to taking this perspective, and a plan for how this perspective can be applied in the future. The instructional video used examples related to typical problems faced by couples with young children (e.g., couple relationship, coparenting, division of labour). Between sessions, participants in the intervention group receive reminder emails prompting the use of the

reappraisal strategy. For additional information about the intervention, see the project page on Open Science Framework and Prime and colleagues (2023; 2024).

Analysis Plan

In line with an intent-to-treat approach, all randomized couples were included in analyses. This approach preserves randomization, provides a conservative estimate of program effects, and reflects practical community scenarios of noncompliance (Gupta, 2011). Descriptive statistics and correlation analyses were conducted using SPSS 26.0 and structural equation modelling (SEM) were performed using the Lavaan package (Rosseel, 2012) in *R statistical software* (version 4.2.3; R Core Team, 2021).

Bivariate correlations were examined first to examine interrelations between random assignment, relationship quality, conflict frequency, and coparenting, over time. Then, path modelling using observed variables was used for a series of models to examine the hypothesized mediational effects of random assignment to L2P2 (predictor) on later coparenting (outcome) through couple relationship quality (mediator one) and conflict frequency (mediator two), respectively, controlling for baseline levels of the mediator and outcome. Specifically, four fully saturated path models containing all possible direct effects were tested. Following best practice guidelines to establish the most parsimonious model (Little, 2013), we planned to constrain paths that were (a) unnecessary for testing longitudinal mediation and (b) did not approach significance ($p > .10$); however, see results for an adjustment to this plan. A visual depiction of the hypothesized pathways for Model 1 can be found in Figure 3, as an example. Model 1 examined whether the L2P2 intervention predicted changes in T3 coparenting through T2 relationship quality, controlling for baseline levels of each. Model 2 examined whether random assignment to L2P2 intervention predicted changes in T3 coparenting through T2 conflict

frequency, controlling for baseline levels of each. Models 3 and 4 were similar to Models 1 and 2, but with coparenting at 3-month follow-up (T4). Sensitivity analyses for Models 2 and 4 were conducted with conflict-related distress, instead of conflict frequency. For Model 7 (1-month follow-up) and Model 8 (3-month follow-up), a parallel multiple mediation model tested the indirect effects of random assignment to L2P2 on later coparenting through relationship quality and conflict frequency at T2, simultaneously.

Model fit is not reported given that all models are fully saturated. For direct effects, standardized path coefficients were calculated, and p-values < .05 indicate statistical significance. The significance of the indirect effect was tested using bootstrapping procedures with bias-corrected 95% confidence intervals (CI) based on 10,000 bootstrapped draws; a CI not containing zero reflects a statistically significant indirect effect and was taken as evidence of mediation (MacKinnon, 2008).

Missing Data

Rates of missing data ranged from 0% (couple relationship quality, T1 ratings) to 11% (coparenting, T4 ratings). Of the 140 couples who initially participated, complete data were available for 134 couples at T2. A total of 128 couples provided complete data at T3, and 124 couples at T4. Little's missing completely at random (MCAR) test conducted on all study variables was not significant, χ^2 (7, N = 140) = 2.50, p = .93. This suggested that the likelihood of having missing data was not correlated with measures included in the study. Follow-up analyses provided further support for this assumption: couples who remained in the study (n = 134) did not significantly differ from those who dropped out (n = 6) in terms of primary study variables (T1 assessments of couple relationship quality, conflict, coparenting: ps = .13-.98). Missing data were therefore estimated under the missing-completely-at-random (MCAR)

assumption using full-information maximum likelihood (FIML) estimated with robust standard errors (using the Lavaan package; Rosseel, 2012).

Results

Preliminary Analyses

Descriptive statistics, means (SD) and frequencies (%), as well as bivariate correlations among all study variables are presented in Table 2. Couple relationship quality, conflict frequency, conflict-related distress, and coparenting were correlated concurrently and over time in the expected directions (*ps* < .001). As expected, random assignment was not significantly associated with any main study variables (*ps* = –.068 to .045). Couple relationship quality, conflict, and coparenting were also moderately stable over time (*ps* < .001).

Model for Relationship Quality as Mediator (Models 1 and 3)

An initial model including all possible regression paths revealed one pathway that was both unnecessary for testing mediation and the coefficient sign was flipped (as compared to expected direction and that seen in bivariate correlations): T1 relationship quality ⟶ T3 coparenting (β = –.409, *p* = .003). To address this, we included this path as a correlation. Parameter estimates for this revised model are included in Table 3 and depicted in Figure 4a. Controlling for initial levels of relationship quality at T1, random assignment to L2P2 directly and positively predicted relationship quality at T2 (β = .187, *p* = .018). Controlling for initial levels of coparenting at T1, T2 relationship quality directly and positively predicted coparenting at T3 (β = .502, *p* < .001). Accounting for prior coparenting and relationship quality at T1, the direct effect of random assignment to L2P2 on T3 coparenting scores was not significant (β = –.081, *p* = .353). In support of longitudinal mediation, however, the indirect effect of random assignment to L2P2 on later coparenting (1-month follow-up) through relationship quality was

significant (*b* = .083, 95% CI [0.012, 0.187]). Results for coparenting at T4 were similar, also demonstrating a significant indirect effect (*b* = .087, 95% CI [0.021, 0.204]). That is, couples in the intervention group demonstrated relative increases in relationship quality at 1-week post-intervention, which in turn contributed to relative increases in coparenting at 1-month follow-up and 3-month follow-up, respectively.

Model for Conflict Frequency as Mediator (Models 2 and 4)

All parameters were estimated freely in a fully saturated model. Parameter estimates are in Table 4 and depicted in Figure 4b. Controlling for initial levels of conflict frequency at T1, random assignment to L2P2 did not predict conflict frequency at T2 (β = –.101, *p* = .557). Controlling for initial levels of coparenting at T1, T2 conflict frequency directly predicted coparenting at T3 (β = –.104, *p* = .016). Accounting for prior coparenting and conflict frequency at T1, the direct effect of random assignment to L2P2 on T3 coparenting scores was not significant (β = –.023, *p* = .773). There was also no support of longitudinal mediation as the indirect effect of random assignment to L2P2 on later coparenting (1-month follow-up) through conflict frequency was not significant (*b* = .004, 95% CI [–0.032, 0.052]). Results for coparenting at T4 were similar, also demonstrating no significant indirect effect (*b* = .007, 95% CI [–0.012, 0.063]). That is, couples in the intervention group did not demonstrate changes in conflict frequency at 1-week post-intervention. Consequently, there were no collateral benefits from the intervention to coparenting at 1-month follow-up and 3-month follow-up, respectively, through conflict frequency.

Sensitivity Analyses (Models 5 and 6)

We next conducted a sensitivity analysis examining conflict-related distress prior to the last writing session (writing session 3; W3) as a mediator of collateral benefits to coparenting. As

shown in Table 5 and depicted in Figure 4c, controlling for initial levels of conflict-related distress at W1, belonging to the intervention group did not predict changes in conflict-related distress at W3 (β = –.377, p = .136). Further, controlling for initial levels of coparenting at T1, W3 conflict-related distress did not predict changes in coparenting at T3 (β = –.040, p = .212). As such there is no support of longitudinal mediation as the indirect effect of random assignment to L2P2 on later coparenting (1-month follow-up) through conflict-related distress was not significant (b = .014, 95% CI [–0.005, 0.078]). Results for coparenting at T4 were similar, also demonstrating a non-significant indirect effect (b = .013, 95% CI [–0.007, 0.074]). Consequently, there were no collateral benefits from the intervention to coparenting at 1-month follow-up and 3-month follow-up, respectively, through conflict-related distress.

Parallel Multiple Mediation Model (Models 7 and 8)

Figure 4d shows the parallel multiple mediation model. Examination of the paths revealed a significant indirect pathway between random assignment to L2P2 and later coparenting through relationship quality (see Table 6 for full model results). Specifically, random assignment to L2P2 was associated with relative increases in relationship quality at T2, which in turn was associated with relative increases in coparenting at T3 (b = .082, 95% CI 0.010, 0.187]). In contrast, there was no indirect effect found for random assignment to L2P2 on T3 coparenting via conflict frequency (b = .000, 95% CI [–0.016, 0.017]). Here, both mechanisms do not operate simultaneously; rather, random assignment to L2P2 operates through relationship quality, only, resulting in relative increases in later coparenting. Results for coparenting at T4 were similar, demonstrating a significant indirect effect via relationship quality (b = .093, 95% CI [0.023, 0.213]), but not conflict frequency (b = –.002, 95% CI [–0.043, 0.008]).

Discussion

Past research has found that couple-focused programs exhibit collateral benefits to coparenting with evidence that improving interparental relationship quality improves coparenting (Cowan, et al., 2005; Gattis et al., 2008; Ledermann et al., 2007). These collateral effects are comparable to the effects of interventions that directly target coparenting (e.g., Feinberg et al., 2016). Our goal was to build on and extend this prior work to determine whether couple relationship quality and conflict frequency, respectively, serve as a mediating mechanisms linking random assignment to L2P2 to coparenting for couples with young children. The insights gained from this investigation serve to further elucidate the proximal mechanisms linking participation in the L2P2 intervention to subsequent coparenting outcomes. Further, findings inform our understanding of the spillover effects from brief couple's programs aimed at promoting healthy conflict dynamics in couples with young children.

Results showed that random assignment to L2P2 predicted change in relationship quality at post-intervention, ten-weeks later, controlling for baseline levels. Past longitudinal studies conducted on couple-focused interventions have also shown that participation improves relationship quality (e.g., Bodenmann et al., 2008; Cowan et al., 2009; Doss et al., 2014; Gattis et al., 2008; Petch et al., 2012; Zemp et al., 2016), including findings from the original investigation of the Marriage Hack (Finkel et al., 2013). In this sense, these findings are consistent with the existing literature on couple-centered interventions. Further, higher relationship quality at post-intervention predicted relative increases in coparenting in the follow-up periods, controlling for baseline levels of coparenting. This finding is in line with previous research that has found a robust association between coparenting and the quality of the romantic relationship in two-parent families (Bonds & Gondoli, 2007; McHale, 1997; Morrill et al., 2010;

Pedro et al., 2012; Schoppe-Sullivan et al., 2004). When couples enter the coparental relationship, their romantic relationship quality (e.g., support and respect, managing disagreements), is carried over (Feinberg, 2003). Indeed, couples with higher relationship quality have more positive affection for each other, leading to supporting each other as parents and working together to child-rear (McHale et al., 2004; Morrill et al., 2010); with the opposite outcome for couples who have lower relationship quality (Kitzmann, 2000; McHale, 1995). By controlling for baseline levels and using an RCT design, we support a causal link between these constructs; the couple-focused intervention led to *changes* in relationship quality, which, in turn, led to *changes* in coparenting. The significant indirect effect elucidates the specific pathway between the couple and coparental subsystems through cascading effects. Findings are theoretically consistent with the conceptualization offered by the *Family Systems Theory* and *Spillover Hypothesis*, which posit that the couple subsystem (i.e., romantic relationship) and the coparental subsystem are distinct, yet intimately connected (Feinberg, 2003). Further, this constitutes evidence in favour of the assertion that a couple-focused intervention can serve as a mechanism of change for coparenting behaviour over time. Understanding the intrapersonal psychological processes that promote positive coparental relationships is of considerable interest given that it is long-lasting and influences children's adjustment and parents' well-being (Don et al., 2013; Le et al., 2016; Schrodt et al., 2011; Sobolewski & King, 2005).

In contrast, we did not find support for an indirect effect of L2P2 on coparenting through couple conflict, as measured using conflict frequency or conflict-related distress. Primarily, there was not support for a benefit of participating in L2P2 to couple conflict. The literature considers interparental conflict as a multidimensional construct, such that in addition to frequency, other dimensions include: severity, content of disagreements, intensity, resolution (e.g., satisfactorily

resolving conflicts), perceptions of effectiveness of partners' problem-solving abilities, and conflict strategies used in attempts to resolve conflicts (Delatorre, Scheeren, & Wagner, 2017; Kerig, 1996). For example, in a study by Fallahchai, Fallahi, and Ritchie (2017), participation in a couple relationship education program reduced the levels of global conflict, a single measure that included dimensions related to conflict, intensity, and resolution. Further, different conflict expressions have been shown to have distinct implications for the stability of the health of the family system (Christensen & Heavey, 1990; Gottman & Levenson, 1992). Indeed, distressed parenting couples experiencing high levels of destructive conflict often undermine each other in their parental responsibilities and disagree on child raising practices (McHale, 1995; Sturge-Apple, Davies, & Cummings, 2006). Within the broader literature, there is the notion that interparental conflict is detrimental to couple relationships and children's wellbeing; however, conflictual discussions that are calm and met with social support from the other partner can serve as relationship-enhancing (Cobb et al., 2001; Cummings et al., 2003; Pasch & Bradbury, 1998). Moreover, Laursen and Hafen (2010) refer to conflict as neither inherently good nor bad; rather, its implications depend on how it is managed, the relationship in which it arises, and the frequency in relation to positive interactions. Such research suggests that engaging in conflict, though potentially negative, poses a lower risk of long-term relational issues than couples who avoid conflict (Gottman & Krokoff, 1989; Robles & Kiecolt-Glaser, 2003). Thus, null findings related to conflict frequency and conflict-related distress may be due to a narrow assessment of couple's conflict, without consideration of the nature or quality of the conflict. Focusing on additional dimensions of interparental conflict may provide a better assessment of the potential pathways linking L2P2 to coparenting via conflict.

Alternatively, it is possible that the narrow focus on conflict reappraisal in L2P2, without consideration of other important characteristics of the conflict environment, did not directly impact couple's conflict dynamics. Although conflict is typically the main focus in most couple relationship education programs, they tend to also integrate psychoeducational and skills-training in other relevant domains, such as communication, emotional self-regulation, and preserving relationship quality (i.e., sexuality and support; Dion, 2005; Wadsworth & Markman, 2012). Indeed, such programs benefit a myriad of conflict resolution strategies (e.g., problem-solving skills, withdrawal strategies, listening to the other, acceptance of criticism, managing anger constructively, and the increase or decrease in positive or negative interactions; Babcock et al., 2013; Bradford et al., 2017; Cox & Shirer, 2009; Markman et al., 1993; O'Halloran et al., 2013). In contrast, L2P2 is considered a "wise intervention" (Walton, 2014) that focuses on targeting conflict reappraisal, precisely, rather than global attributes and behaviours related to conflict. This brief approach may not have been enough to alter problematic patterns of conflict during this phase of the family life cycle. Taken together, null findings may be due to how the conflict environment was assessed, or because the intervention is not effective for altering conflict patterns.

Notably, despite not being changed by the intervention, conflict frequency was found to be linked to later coparenting (1-month follow-up), which is in line the notion that difficulties in the conflict patterns of couples proliferate and disrupt other family subsystems, such as the coparental relationship (Cummings & Davies, 2010; Margolin et al., 2001). This finding was not maintained at the 3-month follow-up.

Coparenting takes on special meaning for families with young children as they attempt to navigate the myriad of caregiver and parenting tasks during this developmental period, while

maintaining their couple relationship (Kolak et al., 2007). Fortunately, the quality of coparental relationship is modifiable, and can be improved through couple-focused interventions. Although promoting coparenting is not always a central goal, previous research has found spillover effects of couple-focused interventions to the coparental relationship (Adler-Baeder et al, 2013; Doss et al., 2020). Further, once the coparental relationship is established, couples may still need to fulfill their responsibility as coparents even after their romantic relationship is later terminated (Le et al., 2016). Thus, maintaining a satisfying and high-quality coparental relationship is important for both couple and child functioning.

Limitations and Future Directions

One limitation of this study was the reliance on caregiver ratings for all main constructs, which raises concerns about the potential for shared method biases and corresponding inflation of effect sizes. This is especially a concern given that participants were not masked to their randomly assigned allocation. It is important for future research to capitalize on multi-method, multi-informant designs to increase confidence in the robustness in these effects, including behavioural observations of couples (e.g., conflict discussion) and/or child reports of the coparenting environment. Although self-report measures of children's perception of conflict are frequently used in middle childhood and adolescent populations (e.g., Grych et al.,1992), interview assessments (e.g., Berkely Puppet Interview [BPI]; Ablow et al., 2009) have been developed for use with young children. Examining how caregiver ratings map onto children's self-reported perceptions and interpretations of aspects of their family environment would reduce bias and would result in a more robust measure of the interparental relationship. Similarly, the measure of conflict reflects caregivers' frequency of conflict using one item developed for the study. Yet, interparental conflict is a multidimensional construct. As such, adopting a more

nuanced approach to the assessment of this construct (e.g., Conflicts and Problem-solving Scale [CPS]; Kerig, 1996), with particular emphasis on parsing apart the aspects of interparental conflict constitutes a critical next step.

Given that we relied on broad, global questionnaire assessment, and the program was developed and implemented in English, it is possible that the observed pattern of results may vary depending on specific sociodemographic or contextual factors. For instance, the requirement of meeting a certain proficiency level of English can exclude newcomer and immigrant families. Relatedly, ethnic and racial background may impact the cultural relevance of specific intervention content. Moreover, the study results are based on mostly middle-class two-parent married families, similar to much of the current knowledge on the proposed associations discussed above (van Eldik et al., 2020), with a few exceptions (Fagan et al., 2016; Kopystynska et al., 2017). While these efforts are contributions to the literature, the impact of specific conflict management strategies on family processes may differ for culturally diverse or racialized families, or those experiencing unique contextual stressors and systemic barriers (e.g., economic hardship, unemployment, racism; Conger, Conger, & Martin, 2010). In part from these stressors, these families are also more likely to experience greater levels of relationship instability as well as lower levels of father involvement with children (Conger et al., 2010). Thus, future studies should consider supporting equitable access to intervention by addressing these barriers (e.g., language, content) to reduce racial disparities in mental health care access and quality.

Clinical Implications

Findings have direct implications for clinicians working with couples with young children and their families. These results emphasize the perspective of family systems theory, highlighting the importance of considering the interconnectedness of family subsystems (i.e.,

individual members and relationships). Specifically, clinicians might consider targeting the nature of conflict dynamics within couples when trying to improve the quality of the coparental relationship. Further, clinicians may find it useful to use this systemic frame to identify additional needs in couples. That is, couples presenting with relationship and/or conflict problems may also need support for their coparenting, and vice versa; being cognizant that problems in one can co-occur within the other. It is important to note that this was not a clinical sample, with only a minority of couples presenting with clinical levels of relationship distress (Prime et al., 2024). Thus, findings may not be generalizable to a clinical sample.

Conclusions

This study adds longitudinal, causally-sensitive support for the proposition that relationship quality mediates the association between participation in a couple-focused intervention (L2P2) and later coparenting behaviour. In contrast, there was no support for conflict frequency or conflict related-distress mediating this association. Findings may inform program design to improve and deliver effective, scalable couple-focused programs. Teaching couples healthy conflict dynamics, strategically delivered during the developmental period of having young children, has the potential for positive ‘spill over’ into other family subsystems; ultimately, serving to enhance the overall well-being of families and improve outcomes for children.

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Tables

Table 1

Baseline and Clinical Characteristics

Individual-level Variables						
	Overall Sample		Control		L2P2	
	N	*%*	*n*	*%*	*n*	*%*
Gender, % woman	139	49.6	66	49.3	73	50
Race/Ethnicity						
White/Caucasian	171	61.1	78	58.2	93	63.7
Chinese	25	8.9	11	8.2	14	9.6
Multi-ethnic	24	8.6	8	6.0	16	11.0
South Asian	23	8.2	14	10.4	9	6.2
Central/South American	21	7.5	13	9.7	8	5.5
Other	13	4.6	7	5.2	6	4.1
Education						
Less than or equal to high school	10	3.6	5	3.7	5	3.4
Some college/university	12	4.3	7	5.2	5	3.4
Professional degree	20	7.1	10	7.5	10	6.8
College diploma	32	11.4	14	10.4	18	12.3
Bachelor's degree or higher	206	73.6	98	73.1	108	74.0
Household income [a]						
Less than $75,000	20	14.3	10	14.9	10	13.7
$75,000 to $124,999	30	21.4	13	19.4	17	23.3
$125,000 to $174,999	40	28.6	18	26.9	22	30.1
$175,000 or more	48	34.3	25	37.3	23	31.5
Sexuality, % heterosexual [a]	128	91.4	61	91.0	67	91.8
Relationship type, % married [a]	120	85.7	58	86.6	62	84.9
Couple-Level Variables (mean across partners)						
	N	*Mean (SD)*	*n*	*Mean (SD)*	*n*	*Mean (SD)*
Relationship length, years	140	10.76 (4.33)	67	10.58 (4.45)	73	10.92 (4.19)
Target child age, years	134	2.97 (1.85)	64	2.59 (1.86)	70	3.33 (1.78)
Perceived Relationship Quality Scale	140	5.43 (0.91)	67	5.49 (0.80)	73	5.37 (1.00)
Conflict Frequency Single Item	140	3.55 (1.50)	67	3.51 (1.52)	73	3.58 (1.50)
Brief Coparenting Relationship Scale	140	4.69 (0.81)	67	4.74 (0.71)	73	4.66 (0.89)

Note. [a] Couple-level variable

Table 2

Descriptive statistics and bivariate correlations among study variables

		M	*SD*	Observed Range	1	2	3	4	5	6	7	8	9	10
1.	Random assignment	--	--	0 or 1	–	–.068	.025	–.051	.045	–.010	–.103	–.114	–.047	–.013
2.	T1 Relationship quality	5.43	0.91	2.64 to 7.00		–	–.636**	.746**	.859**	–.507**	–.413**	–.291**	.580**	.570**
3.	T1 Conflict frequency	3.55	1.50	1.00 to 7.00			–	–.611**	–.566**	.636**	.484**	.487**	–.465**	–.505**
4.	T1 Coparenting	4.69	0.81	2.07 to 5.89				–	.715**	–.541**	–.420**	–.397**	.824**	.826**
5.	T2 Relationship quality	5.31	0.93	2.83 to 6.94					–	–.631**	–.418**	–.421**	.700**	.684**
6.	T2 Conflict frequency	2.70	1.34	1.00 to 7.00						–	.411**	.602**	–.513**	–.506**
7.	W1 Conflict-related distress	4.48	1.50	1.00 to 7.00							–	.555**	–.394**	–.465**
8.	W3 Conflict-related distress	4.11	1.69	1.00 to 7.00								–	–.393**	–.433**
9.	T3 Coparenting	4.75	0.84	1.86 to 6.00									–	.871**
10.	T4 Coparenting	4.72	0.84	2.68 to 6.00										–

Note. $N = 140$ dyads.

** $p \leq .001$

Table 3

Model 1 and Model 3 (relationship quality mediator) path analysis results including direct and indirect effects

	MLR			*Bootstrapping*		
Effect	β	SE	p-value	b	Boot LLCI	Boot ULCI
	Coparenting at 1-month follow-up (T3)					
L2P2 ⟶ T2 relationship quality (a)	**.187**	**.079**	**.018**	**.165**	**0.004**	**0.329**
T2 relationship quality ⟶ T3 coparenting (b)	**.502**	**.108**	**.000**	**.502**	**0.278**	**0.697**
L2P2 ⟶ T3 coparenting (c')	–.081	.088	.353	–.070	–0.257	0.095
Indirect Effect: L2P2 ⟶ T2 relationship quality ⟶ T3 coparenting				**.083**	**0.012**	**0.187**
Total Effect				.013	–0.181	0.205
	Coparenting at 3-month follow-up (T4)					
L2P2 ⟶ T2 relationship quality (a)	**.187**	**.079**	**.018**	**.205**	**0.054**	**0.366**
T2 relationship quality ⟶ T4 coparenting (b)	**.424**	**.106**	**.000**	**.424**	**0.216**	**0.638**
L2P2 ⟶ T4 coparenting (c')	–.022	.091	.806	–.021	–0.208	0.155
Indirect Effect: L2P2 ⟶ T2 relationship quality ⟶ T4 coparenting				**.087**	**0.021**	**0.204**
Total Effect				.066	–0.122	0.256

Table 4

Model 2 and Model 4 (conflict frequency mediator) path analysis results including direct and indirect effects

	MLR			*Bootstrapping*		
Effect	β	SE	p-value	b	Boot LLCI	Boot ULCI
	Coparenting at 1-month follow-up (T3)					
L2P2 ⟶ T2 conflict frequency (a)	–.101	.173	.557	–.034	–0.377	0.321
T2 conflict frequency ⟶ T3 coparenting (b)	**–.104**	**.043**	**.016**	**–.104**	**–0.197**	**–0.020**
L2P2 ⟶ T3 coparenting (c')	–.023	.081	.773	–.023	–0.186	0.135
Indirect Effect: L2P2 ⟶ T2 conflict frequency ⟶ T3 coparenting				.004	–0.034	0.052
Total Effect				–.020	–0.187	0.142
	Coparenting at 3-month follow-up (T4)					
L2P2 ⟶ T2 conflict frequency (a)	–.101	.173	.557	–.100	–0.464	0.233
T2 conflict frequency ⟶ T4 coparenting (b)	–.073	.046	.109	–.073	–0.169	0.020
L2P2 ⟶ T4 coparenting (c')	.040	.084	.634	0.040	–0.126	0.208
Indirect Effect: L2P2 ⟶ T2 conflict frequency ⟶ T4 coparenting				0.007	–0.012	0.062
Total Effect				0.047	–0.121	0.214

Table 5

Model 5 and Model 6 (conflict-related distress mediator) sensitivity analysis results including direct and indirect effects

	MLR			*Bootstrapping*		
Effect	β	SE	p-value	b	Boot LLCI	Boot ULCI
	Coparenting at 1-month follow-up (T3)					
L2P2 ⟶ W3 conflict-related distress (a)	–.377	.253	.136	–.346	–0.842	0.150
W3 conflict-related distress ⟶ T3 coparenting (b)	–.040	.032	.212	–.040	–0.109	0.023
L2P2 ⟶ T3 coparenting (c')	–.014	.083	.868	–.040	–0.213	0.126
Indirect Effect: L2P2 ⟶ W3 conflict-related distress ⟶ T3 coparenting				.014	–0.005	0.077
Total Effect				–.026	–0.194	0.140
	Coparenting at 3-month follow-up (T4)					
L2P2 ⟶ W3 conflict-related distress (a)	–.355	.250	.156	–.285	–0.796	0.224
W3 conflict-related distress ⟶ T4 coparenting (b)	–.046	.034	.179	–.046	–0.118	0.021
L2P2 ⟶ T4 coparenting (c')	.019	.083	.816	–.070	–0.115	0.228
Indirect Effect: L2P2 ⟶ T2 conflict frequency ⟶ T4 coparenting				.013	–0.006	0.076
Total Effect				.065	–0.104	0.236

Table 6

Model 7 and 8 Path analysis results for parallel multiple mediation including direct and indirect effects

	MLR			*Bootstrapping*		
Effect	β	SE	p-value	b	Boot LLCI	Boot ULCI
	Coparenting at 1-month follow-up (T3)					
L2P2 ⟶ T2 relationship quality (a)	**.187**	**.079**	**.019**	**.165**	**0.004**	**0.326**
T2 relationship quality ⟶ T3 coparenting (b)	**.500**	**.113**	**.000**	**.500**	**0.262**	**0.714**
L2P2 ⟶ T2 conflict frequency (c)	–.105	.171	.538	–.035	–0.380	0.308
T2 conflict frequency ⟶ T3 coparenting (d)	.001	.040	.984	.001	–0.080	0.086
L2P2 ⟶ T3 coparenting (e')	–.106	.074	.153	–.106	–0.266	0.039
***Indirect Effect:* L2P2 ⟶ T2 relationship quality ⟶ T3 coparenting**				**.082**	**0.012**	**0.190**
Indirect Effect: L2P2 ⟶ T2 conflict frequency ⟶ T3 coparenting				.000	–0.018	0.016
Total Effect				–.024	–0.195	0.142
	Coparenting at 3-month follow-up (T4)					
L2P2 ⟶ T2 relationship quality (a)	**.187**	**.079**	**.019**	**.207**	**0.061**	**0.364**
T2 relationship quality ⟶ T4 coparenting (b)	**.450**	**.111**	**.000**	**.450**	**0.215**	**0.677**
L2P2 ⟶ T2 conflict frequency (c)	–.105	.171	.538	–.095	–0.195	0.424
T2 conflict frequency ⟶ T4 coparenting (d)	.026	.045	.569	.026	–0.065	0.118
L2P2 ⟶ T4 coparenting (e')	–.047	.081	.562	–.047	–0.208	0.199
***Indirect Effect:* L2P2 ⟶ T2 relationship quality ⟶ T4 coparenting**				**.093**	**0.024**	**0.212**
Indirect Effect: L2P2 ⟶ T2 conflict frequency ⟶ T4 coparenting				–.002	–0.045	0.008
Total Effect				.043	–0.121	0.212

Figures

Figure 1
Study Flow

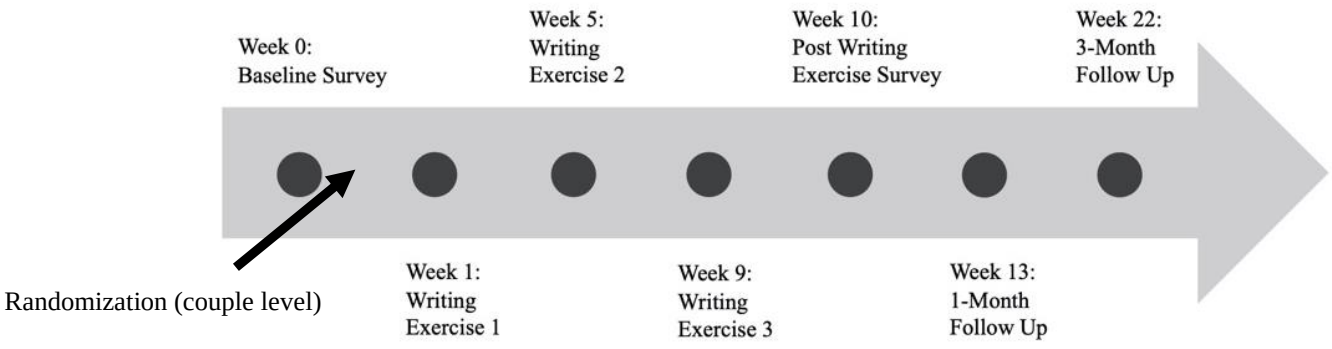


Figure 2
Consort Diagram

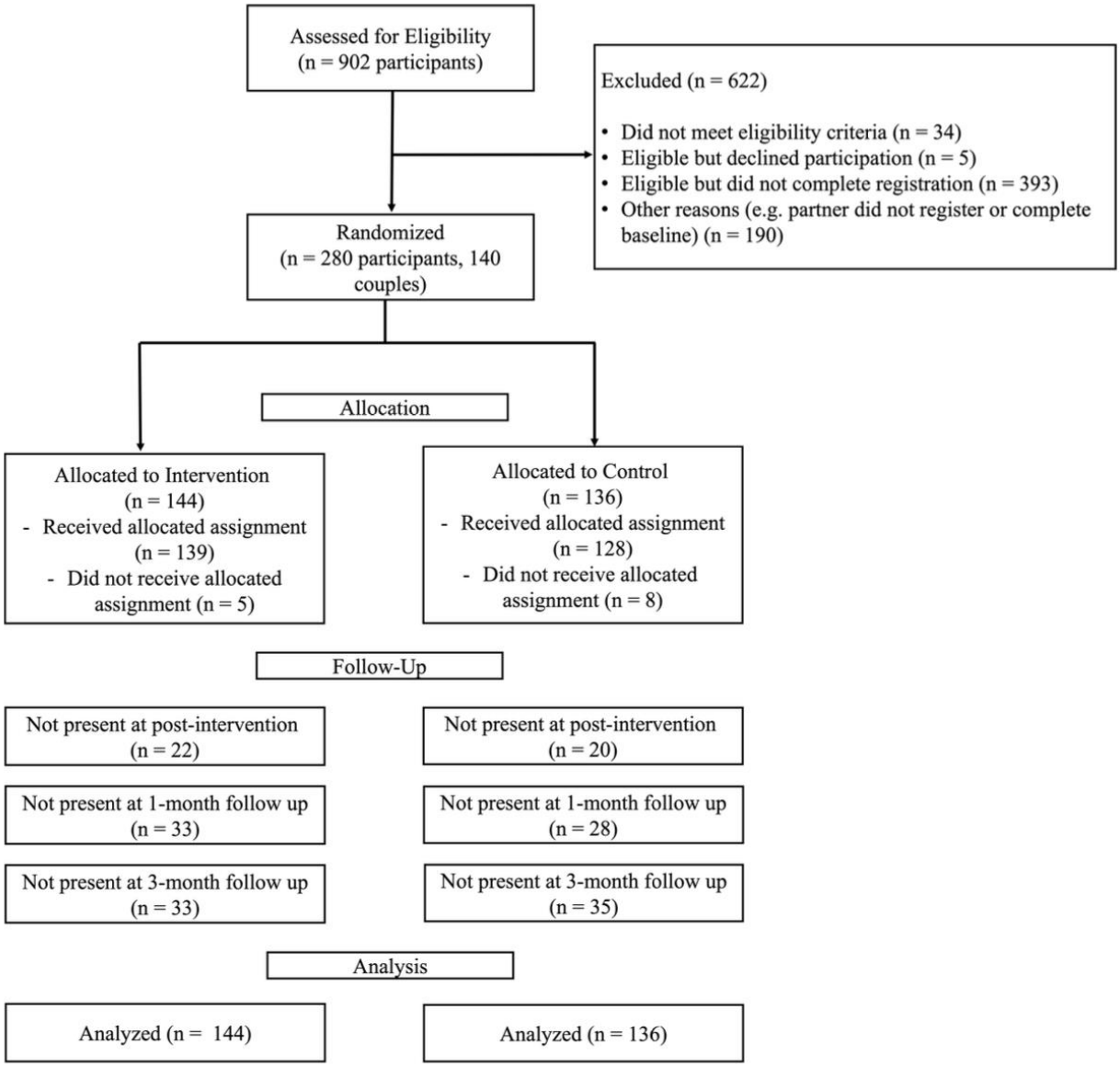


Figure 3

Model 1: L2P2 ⟶ T2 Relationship Quality ⟶ T3 / T4 Coparenting

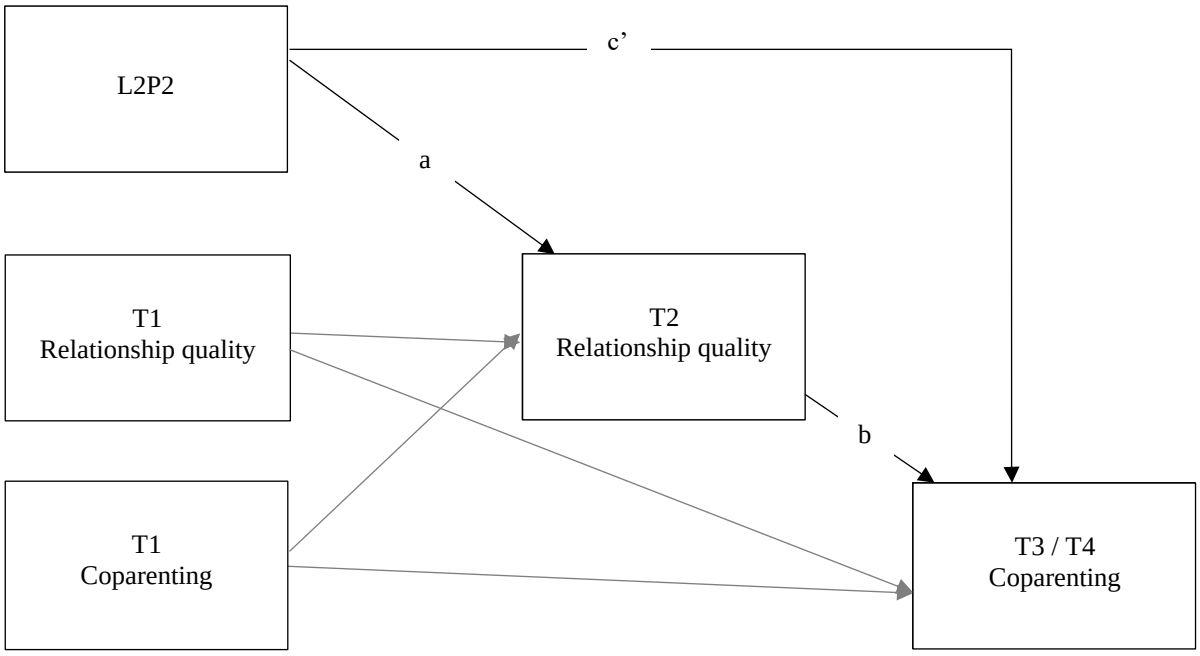
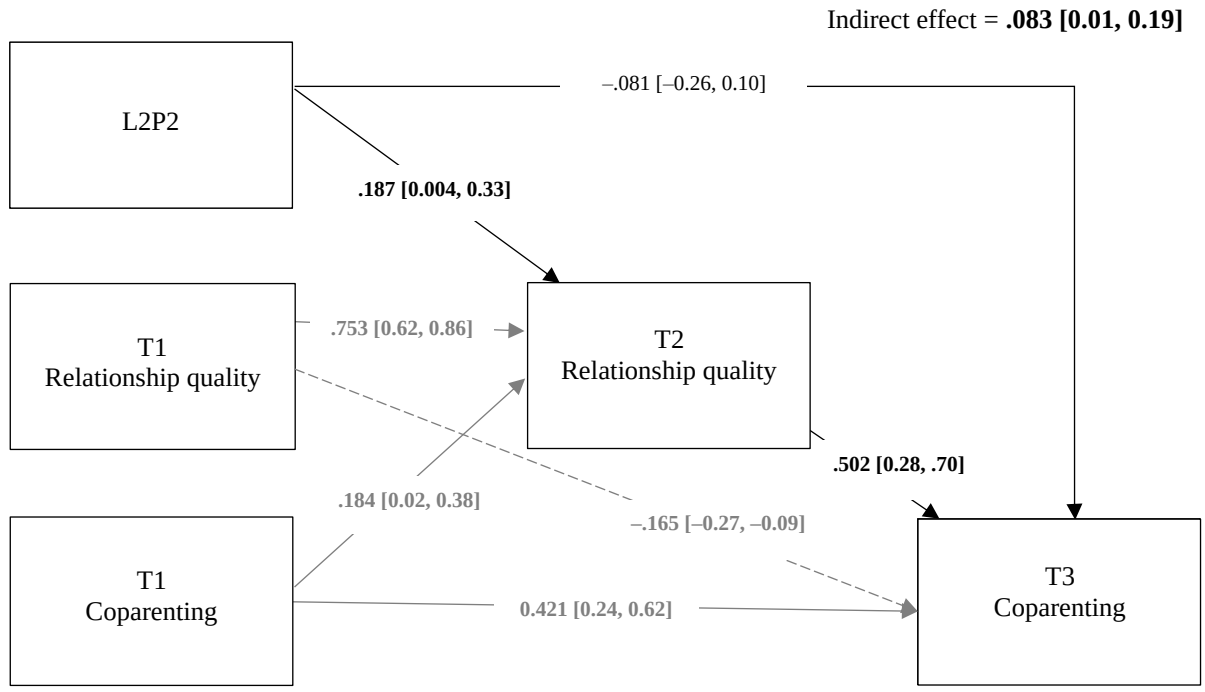
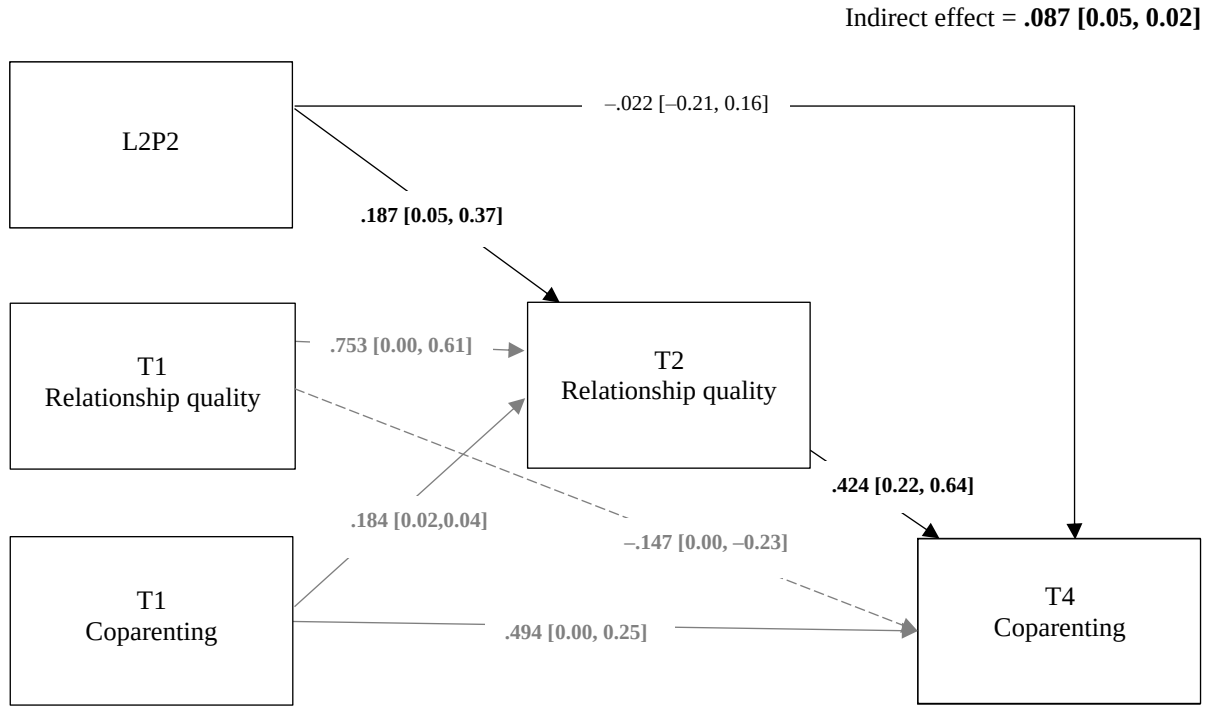


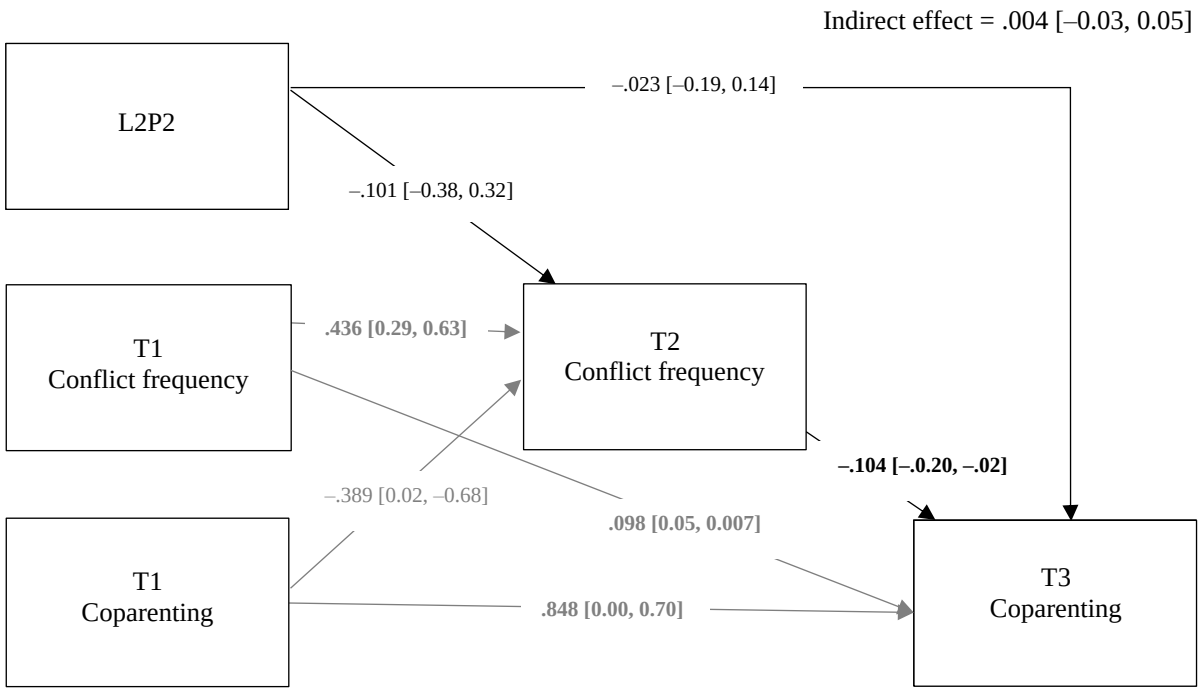
Figure 4

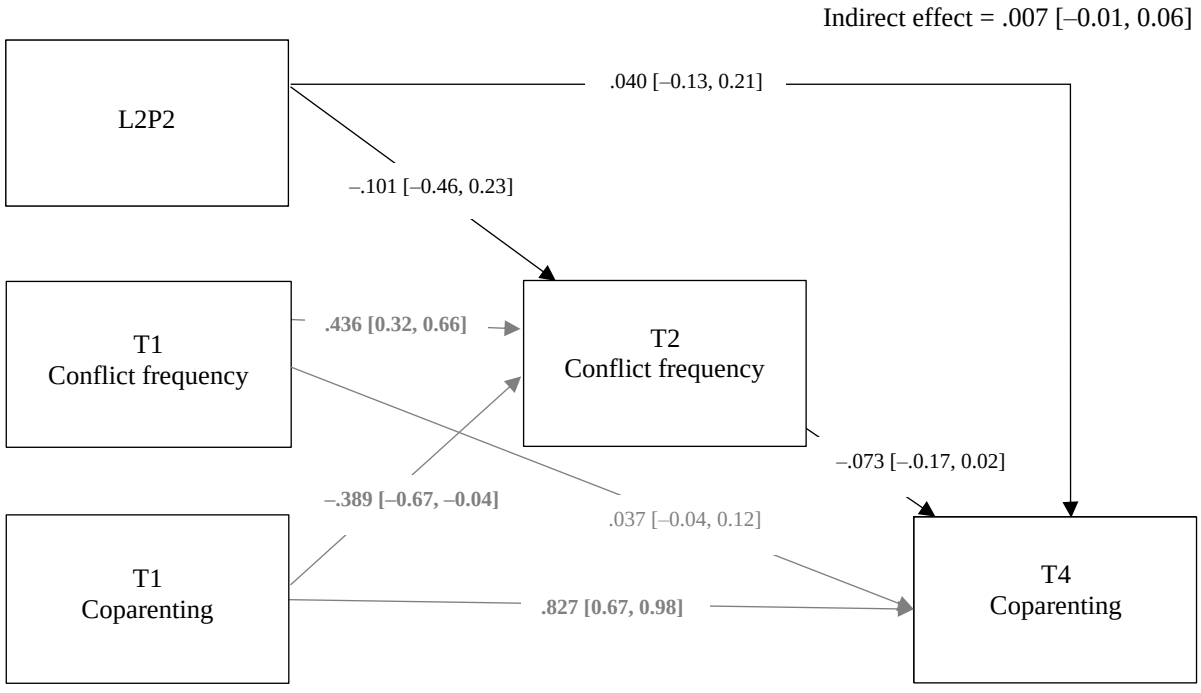
(a) Mediation model for relationship quality



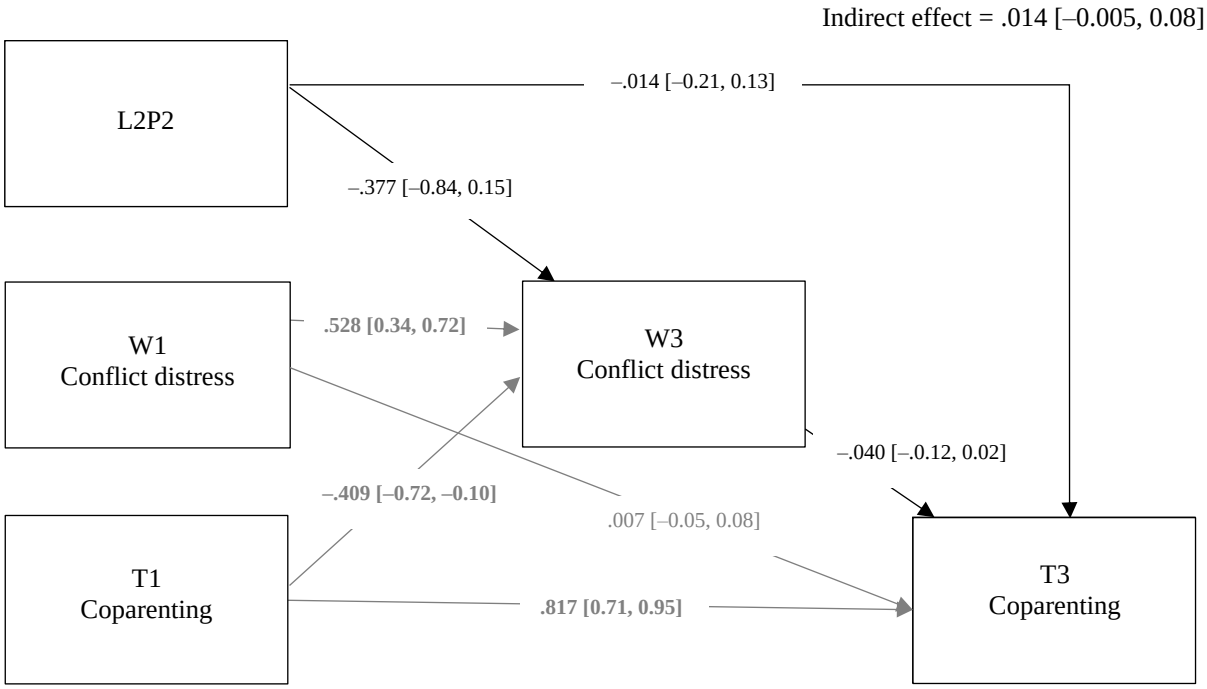


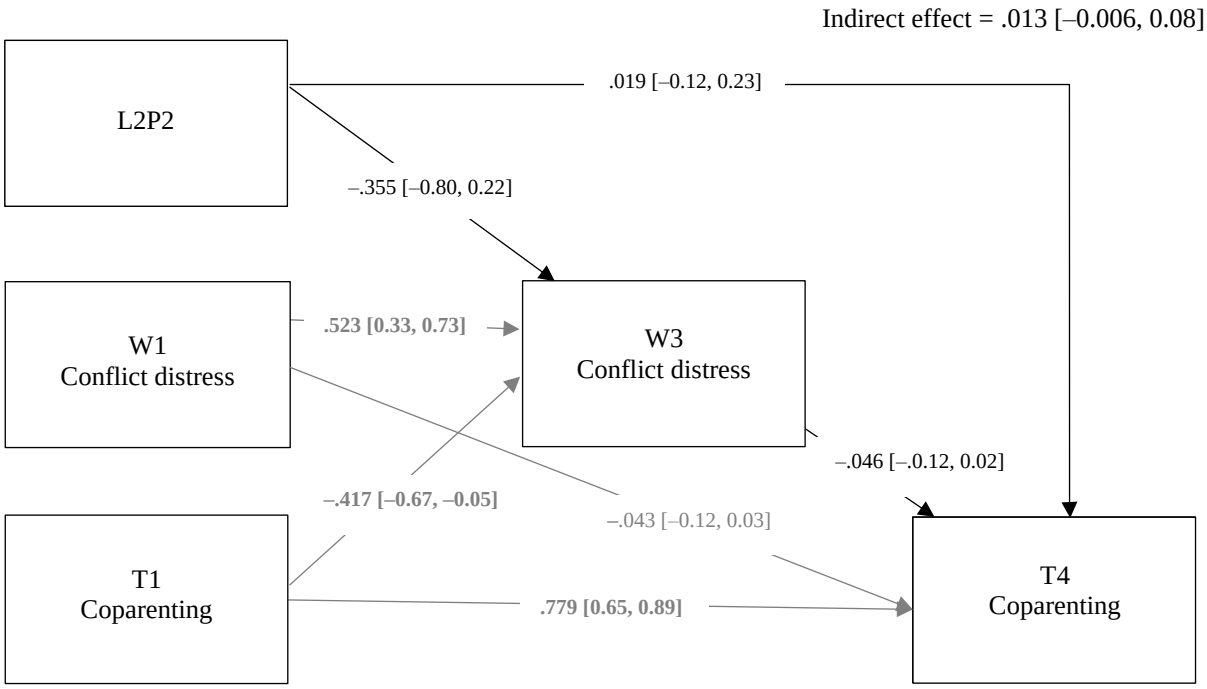
(b) Mediation model for conflict frequency



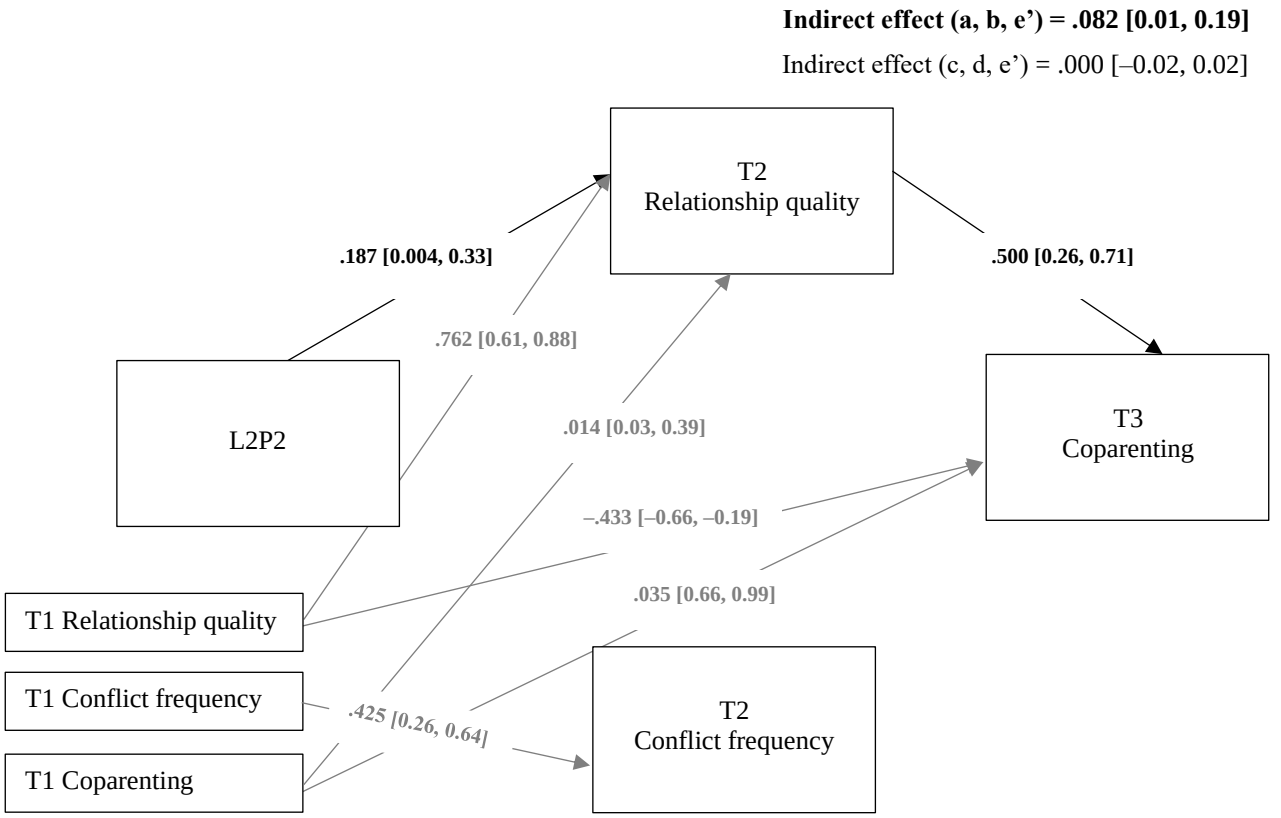


(c) Sensitivity model for conflict-related distress





(d) Parallel multiple mediation model



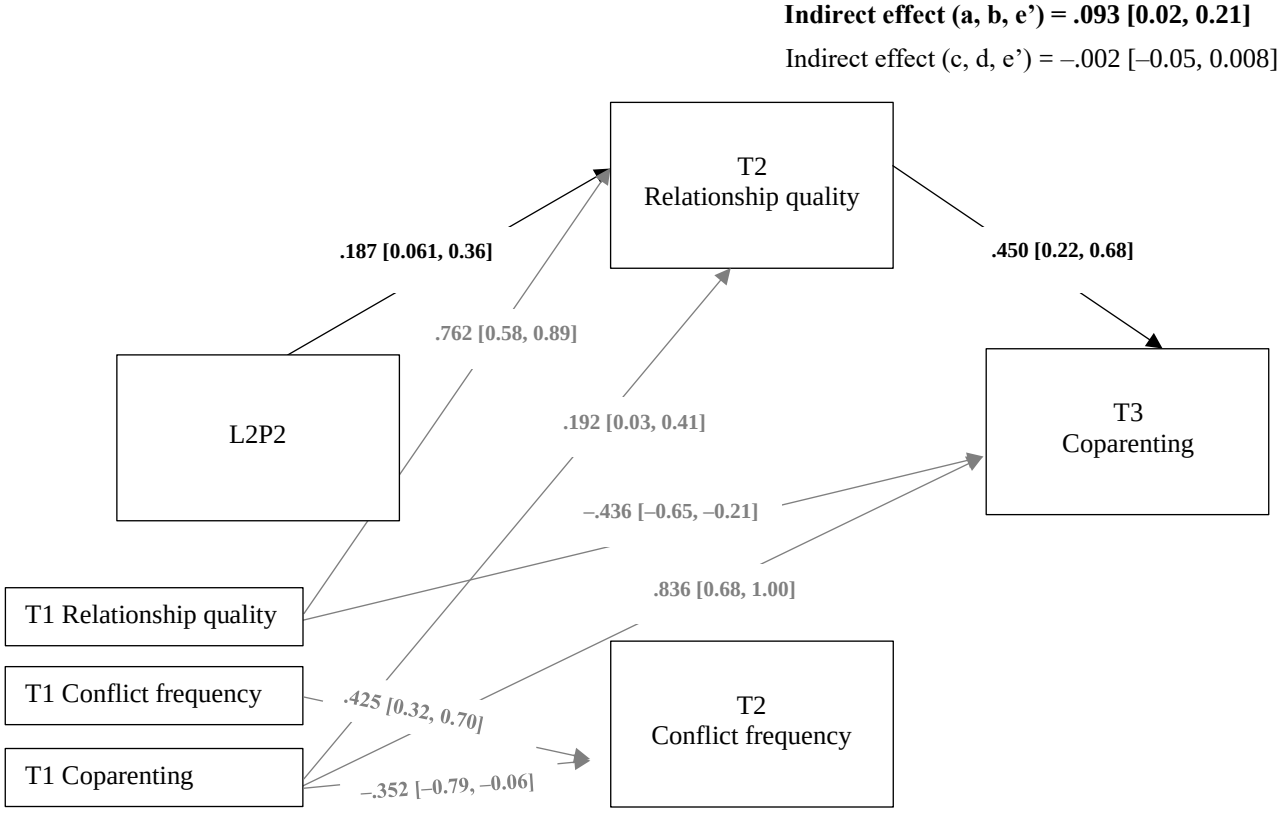


Figure 4. Diagram of the a) mediation path model testing the hypothesized association between random assignment to L2P2, relationship quality at 1-week post-intervention, and coparenting at 1-month and 3-month follow-up, b) mediation path model testing the hypothesized association between random assignment to L2P2, conflict frequency at 1-week post-intervention, and coparenting at 1-month and 3-month follow-up, c) sensitivity analyses testing mediation path model for the association between random assignment to L2P2, conflict-related distress at writing session 3 and coparenting at 1-month and 3-month follow-up, and d) parallel multiple mediation model testing the hypothesized association between random assignment to L2P2, relationship quality and conflict frequency at 1-week post-intervention, respectively, and coparenting at 1-month and 3-month follow-up. Only significant paths are shown for simplicity. Control paths for all models are shown in gray. Dashed lines represent correlations. Solid paths represent regressions. Parameter estimates reflect standardized regression coefficients and 95% confidence intervals. covariances among exogenous predictors were estimated but are not included in the figure. significant paths ($p \leq .05$) are bolded.