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Tuning in to Kids Together: Piloting an Emotion-Focused Coparenting Program

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ABSTRACT

Group parenting programs, including emotion-focused programs, are effective at improving children's emotional and behavioral adjustment; however, the impact of these programs may be limited due to parents, typically mothers, attending sessions alone. It is expected that actively involving both caregivers in parenting programs will lead to superior outcomes given family systems are interconnected and when parents feel more supported by one another, they are more likely to have greater emotional availability for their children. Tuning in to Kids Together (TIK-Together) was developed to involve both caregivers and address the coparenting relationship. The current study examined the feasibility and pilot testing of TIK-Together when delivered in a real-world context, specifically assessing program adherence, reliability of measures, and program outcomes. TIK-Together was delivered to 57 participants (27 mother–father dyads, 1 triad) by community services in Australia in an intervention-only design. Facilitators completed attendance sheets and fidelity checklists after each session, and parents completed online questionnaires at pre-intervention, post-intervention, and 6-month follow-up. Adherence across services varied; however, parent attendance and the proportion of content delivered was high. The measures used to assess coparent outcomes demonstrated good to excellent internal consistency in the current sample. After attending the program, parents reported increased supportive/cooperative coparenting of children's emotions, greater dyadic coping, improved emotion coaching beliefs and practices, reduced undermining coparenting of children's emotions, lower emotion dismissing beliefs and practices, and less parent emotion dysregulation. Mothers and fathers reported improved child emotion regulation and decreased behavioral difficulties. The findings are consistent with prior TIK research and pave the way for future research exploring the benefits of integrating coparenting content into this parenting intervention.

1 | Introduction

A child's emotional competence effects their short- and long-term social, psychological, behavioral, and educational functioning (Eisenberg et al. 2001; Gottman, Katz, and Hooven 1996). Parents play a vital role in shaping their children's emotional competence through their modeling of emotion expression, reactions to children's emotions, and whether (or not) they discuss and guide their children in understanding and regulating emotions (i.e., parental emotional socialization (ES) practices; Eisenberg, Cumberland, and Spinrad 1998). Parents who use supportive ES engage in emotion coaching by noticing, acknowledging, labelling, and validating their children's emotions to help promote emotional competence (Denham, Bassett, and Wyatt 2015). In contrast, parents who engage in non-supportive ES, such as emotion dismissing (i.e., minimizing, ignoring, or

avoiding emotions), can hinder children's emotional competence (Denham, Bassett, and Wyatt 2015). As parents are central to children's emotional development, parenting programs can effectively improve child emotional and behavioral adjustment (Barlow et al. 2016).

Tuning in to Kids (TIK) is a group parenting program that has been found to significantly increase parents' emotion coaching and child emotion regulation (ER) and reduce parents' emotion dismissing and child behavior problems (Havighurst et al. 2010, 2013; Wilson, Havighurst, and Harley 2012). Dads-TIK, a version of TIK for fathers, also demonstrated effectiveness with fathers reporting increased empathy and encouragement of emotional expression and decreased emotional dismissiveness (Havighurst et al. 2019). TIK has led to improved parent ER (Havighurst et al. 2013), which is important given parents with less emotional awareness and acceptance are more likely to engage in non-supportive ES (Yap et al. 2008).

The effectiveness of parenting programs is enhanced when caregivers attend sessions together (e.g., Cowan et al. 2009); however, research shows that mothers are often the sole attendee (Panter-Brick et al. 2014). When parents attend together, they have opportunities to enhance their coparenting relationship (i.e., how they work together to manage childrearing tasks and responsibilities; McHale, Negrini, and Sirotkin 2019). The coparenting relationship influences family functioning, including parenting practices, the parent–child relationship, children's externalizing and internalizing symptoms, and children's physical health (Teubert and Pinquart 2010; Zemp et al. 2020). Notably, the coparenting relationship uniquely contributes to a child's development above and beyond the impact of individual parenting practices and parents' romantic relationship (e.g., Bonds and Gondoli 2007; Margolin, Gordis, and Richard 2001; McHale 2007). From a family systems perspective, family members and subsystems are interconnected, such that children's emotional competence is influenced by broader family functioning, not just one caregiver's parenting (McHale and Sullivan 2008). Each coparenting relationship differs in the degree of supportiveness and undermining; however, parenting collaboratively and cohesively is crucial for optimal family functioning (e.g., McHale, Negrini, and Sirotkin 2019).

Emotion security theory posits that the family environment effects children's sense of protection, safety, and security, which consequently influences their socioemotional functioning (Davies and Cummings 1994). The theory suggests that when children notice a threat in their family environment, they experience difficulties managing their emotions. For example, frequent destructive parental interactions (e.g., hostility and physical aggression) are risk factors for children's adjustment problems as they threaten a child's emotional security and induce distress (Buehler and Gerard 2002; Cummings et al. 2012; Davies et al. 2016). Warm and cooperative coparenting relationships and constructive interparental communication (e.g., affection, calmness, and cooperation) are related to less internalizing and externalizing problems in children and adolescents (Knopp et al. 2017; Kolak and Vernon-Feagans 2008) and provide children with opportunities to observe effective conflict resolutions skills (Davies et al. 2016; Goeke-Morey, Papp, and Cummings 2013). Given the influence of the coparenting relationship and family environment on children's socioemotional functioning, a coparenting version of TIK was developed, TIK-Together.

1.1 | Tuning in to Kids-Together

TIK-Together is an adapted emotion-focused parenting program that addresses how coparents work together when responding to their children's emotions (i.e., coparenting children's emotions), while retaining the overall aims of TIK (i.e., improve parental ES and ER; Ambrosi, Kavanagh, and Havighurst 2022). TIK-Together was designed to increase support/cooperation and reduce undermining between coparents when they are navigating their children's emotion socialization. Additionally, TIK-Together aimed to increase parents' dyadic coping; that is, how they help each other cope with common daily life stressors (Bodenmann 2000). Research shows that coparents who have higher levels of dyadic coping may be more supportive, cooperative, and collaborative in their parenting decisions (Zemp et al. 2018).

TIK-Together invites parents to both attend sessions. During the program, coparents receive psychoeducation about the coparenting relationship, parenting, and children's development. Parents also experience a breadth of experiential, interactive, and reflective activities. In sessions, coparents reflect on their current family dynamics and learn collaborative ways of supporting their children's emotional development. When participating in sessions, coparents have opportunities to develop a mutual understanding of program concepts and practice important relational skills with one another. For example, parents practice "turning toward" and emotion coaching, which involves recognizing each other's bids for emotional connection and engaging in emotionally supportive responding (Gottman and DeClaire 2001). The concept of turning toward is used in evidence-based coparenting interventions, such as Bringing Baby Home (Shapiro and Gottman 2005). Experiential and interactive tasks, such as role-plays and practicing skills, are used to assisted parents in becoming more emotionally attuned to one another (Ambrosi et al. 2023). Similarly, group discussions and coparent discussions about family of origin experiences help parents gain a greater awareness and understanding of their current parenting practices (Ambrosi et al. 2023). Facilitators who delivered TIK-Together as part of the pilot study reported that they observed several benefits during the program, including coparents becoming more aligned and collaborative in their approach to parenting (Ambrosi et al. 2023).

As TIK-Together has an increased focus on family systems, it is important to consider how relational factors, such as attachment, may influence program outcomes. Although attachment is not directly addressed in TIK-Together, research shows that it influences the coparenting relationship, parenting, and emotion regulation (e.g., see Jones, Cassidy, and Shaver 2015 for a review). Compared to individuals with a secure attachment, individuals with insecure attachment (e.g., attachment avoidance, attachment anxiety) are likely to engage in more coparenting conflict and less coparent cooperation (e.g., Young, Riggs, and

Kaminski 2017), engage in less sensitive, supportive, and responsive parenting (Jones, Cassidy, and Shaver 2015), and utilize less effective emotion regulation strategies during interpersonal conflict (Shaver and Mikulincer 2014). Conversely, individuals with secure attachment typically have higher levels of coparent agreement, are more comfortable discussing emotions with their children (Bost et al. 2006) and are more likely to utilize effective emotion regulation strategies (e.g., support seeking) during interpersonal conflict and stressful events (Shaver and Mikulincer 2014). Regarding child outcomes, Cowan, Cowan, and Mehta (2009) reported significant associations between parents' attachment and children's early school adaptation (i.e., internalizing behavior, externalizing behavior, and academic achievement). As such, a parent's attachment style may influence how comfortable they are with using skills taught in TIK-Together, such as emotion coaching their children and using similar supportive emotional skills with their coparent.

1.2 | The Current Study

The current pilot study examined program adherence, reliability of coparenting measures, and program outcomes of TIK-Together in a real-life context. Adherence (i.e., the extent to which the program was delivered as intended by program developers; Carroll et al. 2007) was assessed by examining parent attendance and the amount of program content delivered by facilitators. An important component of a pilot study is testing whether measurement tools are appropriate for assessing intervention outcomes in the target population, as this informs future research (e.g., randomized control trials; Hassan, Schattner, and Mazza 2006; In 2017). As the coparenting relationship is an important focus of TIK-Together, the internal consistencies of the Coparenting Children's Emotion Scale (Ambrosi et al. 2024) and Dyadic Coping Questionnaire (Bodenmann 2000) were examined to determine whether these tools would be suitable for future trials of TIK-Together. Based on the theoretical model of TIK-Together (Ambrosi, Kavanagh, and Havighurst 2022), it was expected that parents who attended the program would report increased supportive/cooperative coparenting of children's emotions and dyadic coping, and reductions in undermining coparenting of children's emotions. It was also expected that parents who attended TIK-Together would report increased emotion coaching beliefs/practices and child ER, in addition to reduced emotion dismissing beliefs/practices, parent emotion dysregulation, and child behavior difficulties. To assist in providing proof of concept for TIK-Together, parent attachment was included as a covariate in analyses as it is a common factor that may influence the coparenting relationship, parenting, and child functioning.

2 | Method

2.1 | Participants

Fifty-seven parents attended TIK-Together (27 coparenting dyads, 1 coparenting triad); however, only 56 parents (27 females, 29 males) participated in the pre-intervention questionnaire prior to attending sessions. Parents had a mean age of 40.33 years (SD = 4.85). Most parents had completed high school (94.1%), and all went on to further education (22.4% certificate/diploma/advanced diploma, 32.7% undergraduate degree, and 44.9% graduate diploma/certificate/post-graduate degree). Of parents who responded to questions about employment ($n = 51$), the majority were in paid employment (42 parents, 82.4%), working a mean of 34.29 h per week (SD = 10.56, Md = 38.00, range = 10–50 h). Most parents were in a married/de facto relationship with the other participating coparent (90.7%) and the remaining coparents dyads were divorced/separated (9.3%). Two couples who were de facto/married at pre-intervention began separating/divorcing during the study. Over a third ($n = 20$, 37%) of parents reported mental health concerns within the last year, which is somewhat higher than the Australian population (20.1%; ABS 2018). Two separated parents (6.90%) reported gross annual incomes below the poverty line for individual adults with two children ($42,521; Melbourne Institute 2019) and five households with two parents (17.24%) reported income at/slightly above the poverty line ($51,397; Melbourne Institute 2019). Based on the Australian mean household income for two-parent families ($125,944; Australian Bureau of Statistics 2018), the current sample's incomes were: five households (17.24%) below average income, three households (11.11%) with approximately average income, and 10 households slightly above ($n = 3$, 11.11%) or considerably above ($n = 7$, 21.43%) average income.

Most parents (83.4%) had more than one child (range: 1–3 children). Parents who were raising multiple children were asked to complete the questionnaire on the child whose behavior and/or emotions were most challenging. Parents reported on 28 children (14 females, 13 males, 1 not indicated) who at recruitment had a mean age of 6.38 years (SD = 2.11). Based on parents' responses to a question about whether their children had any psychological conditions, children presented with the following: 7.14% anxiety, 7.14% attention deficit hyperactivity disorder, 3.57% oppositional defiance disorder, 3.57% violence/aggression, and 3.75% sensory processing issues. At the time of the study, children in the current sample had similar prevalence rates to Australian children aged 4–11 year olds (i.e., 6.9% anxiety disorders, 8.2% attention deficit hyperactivity disorder, and 5.0% oppositional behaviors; Lawrence et al. 2015).

2.2 | Procedure

The study was submitted to the Australian New Zealand Clinical Trials Registry (ACTRN12618000504213). Once the study was approved by the University of South Australia Human Research Ethics Committee (200983), facilitators and community services that used TIK were invited to deliver TIK-Together. Parents were recruited through referrals from healthcare professionals and distribution of information at educational facilities, libraries, community groups, on social media, and via service providers' websites and email distribution lists. Parents completed online questionnaires at pre-intervention, post-intervention, and six-month follow-up. The pre-intervention survey was emailed to parents typically 1–2 weeks before program commencement, depending on when they expressed interest in participating. The post-intervention survey was sent to parents the day after program completion. Parents completed these surveys independently in their own time (i.e., surveys were not administered by the research team). Facilitators completed an attendance sheet and fidelity checklist at the end of each session.

TIK-Together programs were delivered from April 2018 to September 2019 in regional and metropolitan suburbs in Victoria, New South Wales, and Western Australia. Each program was delivered in a community setting on weekday evenings by facilitators who had, on average, delivered six TIK and/or Tuning in to Teens programs (M = 6.0, SD = 4.30; Md = 4.50, range = 14.0). Before starting delivery, facilitators met with one of the TIK program authors, SH, and CA to discuss the program's theoretical model, using of the TIK-Together manual, and strategies for working with coparents. Facilitators subsequently attended fortnightly supervision to ensure program content was understood, delivered with fidelity, and to overcome barriers in delivery and parent engagement. CA contacted parents who did not attend the first session or missed two consecutive sessions to provide updates and discuss attendance barriers. Compensation was not provided to participating families, facilitators, or services.

2.3 | Intervention

TIK-Together takes a coparenting approach to parenting and children's emotional competence. TIK-Together retains the same aims as TIK and all core components (e.g., psychoeducation, role-plays, demonstrations, group discussions, handout materials, and home activities). Role-plays are a key component of the program in which parents practice emotion coaching and receive guidance from facilitators. Role-plays are conducted in a variety of formats (e.g., whole group role-plays, pair role-plays), with parents using scripts to contrast the difference between emotion coaching and emotion dismissing. Parents also have opportunities to work through their own real-life parenting examples using roleplays.

Additionally, TIK-Together includes new coparenting content and activities, which has resulted in an extended number of sessions (TIK: six sessions, TIK-Together: eight sessions). The coparenting content created for TIK-Together includes psychoeducation about coparenting relationships and coparent conflict, an increased focus on meta-emotion philosophies, normalizing coparenting challenges, coparents practicing emotion coaching with one another, brainstorming how coparents can promote each other's self-care, and discussing similarities and differences in how coparents respond to their children's emotions. Discussion about meta-emotion philosophy is integrated into each session, allowing parents to explore their own family of origin experiences while also learning about their coparent's experiences. Facilitators explain how parents' individual meta-emotion philosophies inform their parenting and may contribute to current differences or disagreements between coparents. Between sessions, parents are encouraged to practice emotion coaching with their children and coparent and record their experiences in their emotion coaching diary. Each week parents have a group discussion to reflect on how they have used emotion coaching, including successes and difficulties they have experienced applying the skills. Facilitators take a curious and collaborative approach with parents to explore challenges and discuss alternative ways of approaching the situation, which are often later practiced in a group roleplay. During the program, facilitators gauge parents' understanding of emotion coaching through discussions, how parents describe their use of the skills, and their ability to demonstrate emotion coaching during roleplays. See Ambrosi, Kavanagh, and Havighurst (2022) for further details on TIK-Together content.

In the current study, facilitators were provided with a manual that outlined the new coparenting content and a program outline detailing how TIK and TIK-Together content were integrated into each session. Facilitators attended supervision prior to delivering their first session and throughout program delivery.

2.4 | Measures

2.4.1 | Coparents' Interactions

2.4.1.1 | Coparenting Children's Emotions. The Coparenting Children's Emotion Scale (CCES; Ambrosi et al. 2024), a modified version of the Coparenting Relationship Scale (Feinberg et al. 2012), was used to assess how coparents work together when responding to their children's emotions. The CCES comprises 11 items separated into two subscales: support/cooperation and undermining. Items were rated on a 7-point scale (1 = *not at all true*; 7 = *very true*). The CCES demonstrated good internal consistency and construct validity in previous research (Ambrosi et al. 2024). In the current study, both subscales demonstrated good to excellent internal consistency across all time points (undermining: $\alpha_{pre} = 0.81$, $\alpha_{post} = 0.90$, $\alpha_{follow\text{-}up} = 0.86$; support/cooperation: $\alpha_{pre} = 0.90$, $\alpha_{post} = 0.78$, $\alpha_{follow\text{-}up} = 0.85$).

2.4.1.2 | Dyadic Coping. The Dyadic Coping Questionnaire (DCQ; Bodenmann 2000) was used to assess how coparents cope when stressed. The current study used two subscales: common dyadic coping and evaluation of dyadic coping. The common dyadic coping subscale assessed how coparents help each other cope with daily life stressors. The evaluation subscale captured parents' overall satisfaction with their dyadic coping. Parents responded on a 5-point scale (1 = *very rarely*; 5 = *very often*). In the current sample, the common coping subscale demonstrated excellent internal consistency ($\alpha_{pre} = 0.94$, $\alpha_{post} = 0.91$, $\alpha_{follow\text{-}up} = 0.90$). As the evaluation subscale comprised two items, Pearson correlation analyses were conducted to assess internal consistency. The evaluation subscale demonstrated excellent internal consistency at pre ($r = 0.92$, $p < 0.001$) and post ($r = 0.93$, $p < 0.001$), and good internal consistency at follow-up ($r = 0.85$, $p < 0.001$).

2.4.2 | Parental Emotion Socialization

The Coping with Children's Negative Emotions Scale (CCNES; Fabes, Eisenberg, and Bernzweig 1990) was used to measure parents' ES practices. Parents used a 7-point scale (1 = *very unlikely*; 7 = *very likely*) to indicate their responses to 12 scenarios of children experiencing emotions. Parents were provided with seven different responses per scenario, each corresponding to a theoretically derived subscale: distress, minimization, punitive, expressive encouragement, emotion-focused, and problem-focused. An additional subscale (acknowledge) was added to assess parents' acknowledgment and validation of their children's emotions, a fundamental aspect of emotion coaching taught in TK-Together. The acknowledge subscale was created by Havighurst et al. (2024) and has demonstrated good to excellent

internal consistently in previous research (e.g., Mastromanno et al. 2021). Three subscales were used in the current study: expressive encouragement, acknowledge, and emotion dismissing (punitive and minimization subscales combined). The subscales demonstrated good to excellent internal consistency: pre ($\alpha_{expressive} = 0.89$, $\alpha_{acknowledge} = 0.92$, $\alpha_{dismissive} = 0.90$), post ($\alpha_{expressive\ =} 87$, $\alpha_{acknowledge} = 0.94$, $\alpha_{dismissive} = 0.83$), and follow-up ($\alpha_{expressive\ =} 0.88$, $\alpha_{acknowledge} = 0.92$, $\alpha_{dismissive} = 0.82$).

The Parent Emotion Style Questionnaire (PESQ; Havighurst et al. 2010), an extended version of the Maternal Emotion Style Questionnaire (Lagacé-Séguin and Coplan 2005), was used to assess parents' beliefs toward their children's emotions. A 5-point scale (1 = *strongly disagree*; 5 = *strongly agree*) was used. Two subscales of emotion coaching and emotion dismissing were used, with higher scores indicating more emotion coaching and emotion dismissing, respectively. The emotion coaching subscale demonstrated excellent internal consistency at pre ($\alpha = 0.89$), was questionable at post ($\alpha = 0.65$), and poor at follow-up ($\alpha = 0.58$). Further analysis was conducted to create an adjusted emotion coaching subscale (see Data S1), which demonstrated acceptable to excellent internal consistency ($\alpha_{pre} = 0.88$, $\alpha_{post} = 0.70$, $\alpha_{follow\text{-}up} = 0.68$). The emotion dismissive subscale demonstrated excellent internal consistency at all time-points ($\alpha_{pre} = 0.84$, $\alpha_{post} = 0.89$, $\alpha_{follow\text{-}up} = 0.86$).

2.4.3 | Parent Emotion Dysregulation

The Difficulties in Emotion Regulation Scale (DERS; Gratz and Roemer 2004) was used to measure parents' difficulties with emotional awareness, expression, and regulation. The scale comprised 36 items that parents responded to using a 5-point scale (1 = *almost never*; 5 = *almost always*). The total DERS score was used in the current study and higher scores indicated greater difficulties in ER. The scale demonstrated excellent internal consistency at all time points ($\alpha_{pre} = 0.93$, $\alpha_{post} = 0.93$, $\alpha_{follow\text{-}up} = 0.93$).

2.4.4 | Parents' Attachment

The 18-item Revised Adult Attachment Scale (RAAS; Collins 1996) was used to assess parents' attachment, with pre-intervention attachment scores included as covariates in the main analyses. The scale was separated into the three subscales: close (how comfortable parents were with closeness and intimacy in relationships), anxiety (how concerned parents were with being rejected, unloved, or abandoned), and depend (the extent to which parents felt they could depend on others for help). Parents used a 5-point scale to respond to each item (1 = *not at all characteristic of me*; 5 = *very characteristic of me*). The three subscales demonstrated acceptable to good internal consistency at pre-intervention ($\alpha_{close} = 0.79$, $\alpha_{anxiety} = 0.77$, $\alpha_{depend} = 0.88$).

2.4.5 | Children's Emotional and Behavioral Functioning

2.4.5.1 | Emotion Regulation. The Emotion Regulation Checklist (ERC; Shields and Cicchetti 1997) was used to assess children's ability to manage emotional experiences. Parents used a 4-point rating scale (1 = *rarely/never*; 4 = *almost always*) to respond to 24 items that correspond with two subscales: lability/negativity and emotion regulation. The lability/negativity subscale demonstrated good internal consistency at pre ($\alpha_{mothers} = 0.75$; $\alpha_{fathers} = 0.80$), post ($\alpha_{mothers} = 0.84$; $\alpha_{fathers} = 0.80$), and follow-up ($\alpha_{mothers} = 0.86$; $\alpha_{fathers} = 0.89$); however, the internal consistency was unacceptable for the emotion regulation subscale at different time points for mothers and fathers (mothers: $\alpha_{pre} = 0.45$, $\alpha_{post} = 0.65$, $\alpha_{follow\text{-}up} = 0.71$; fathers: $\alpha_{pre} = 0.62$, $\alpha_{post} = 0.42$, $\alpha_{follow\text{-}up} = 0.44$). Further analysis and refinement using inter-item and item-total correlations was conducted to create an adapted ERC total score (see Data S2), which demonstrated excellent internal consistency at all time points (mothers: $\alpha_{pre} = 0.81$, $\alpha_{post} = 0.86$, and $\alpha_{follow\text{-}up} = 0.89$; fathers: $\alpha_{pre} = 0.85$, $\alpha_{post} = 0.83$, and $\alpha_{follow\text{-}up} = 0.91$).

2.4.5.2 | Behavioral Adjustment. The Strengths and Difficulties Questionnaire (SDQ; Goodman 2001) was used to assess children's behavioral adjustment. Parents responded to 25 items about their child using a 3-point scale (0 = *not true*, 1 = *somewhat true*, 2 = *certainly true*). The current study used the internalizing subscale (emotion problems and peer problems subscales summed) and externalizing subscale (conduct and hyperactivity subscales summed). The internalizing subscale demonstrated questionable internal consistency at post-intervention in the father subsample ($\alpha_{post} = 0.61$). To improve internal consistency, inter-item and item-total correlations were assessed, and items with low correlations were removed (i.e., items 3 and 23). The recomputed subscale demonstrated acceptable to good internal consistency across all time points in mothers ($\alpha_{pre} = 0.75$, $\alpha_{post} = 0.69$, and $\alpha_{follow\text{-}up} = 0.78$) and fathers ($\alpha_{pre} = 0.67$, $\alpha_{post} = 0.73$. and $\alpha_{follow\text{-}up} = 0.83$). The externalizing subscale demonstrated good to excellent internal consistency in mothers ($\alpha_{pre} = 0.83$, $\alpha_{post} = 0.72$, and $\alpha_{follow\text{-}up} = 0.89$) and fathers ($\alpha_{pre} = 0.82$, $\alpha_{post} = 0.79$, and $\alpha_{follow\text{-}up} = 0.83$).

3 | Data Analysis

3.1 | Preliminary Analyses

Data were imported into IBM SPSS (Version 27), then cleaned and screened for missing scores and normality. Little's MCAR test was conducted, and results indicated that data missing were completely random ($p < 0.05$). Expectation maximization was used at the item-level (Heck, Thomas, and Tabata 2014) but was not conducted when participants missed a time-point, as mixed model analyses without ad hoc imputation provide equivalent or greater power than those with ad hoc imputation methods (Chakraborty and Gu 2009). Descriptive statistics and scatterplots were reviewed to explore whether linear or curvilinear trajectories fit the data best.

3.2 | Main Analyses

Program adherence (i.e., amount of content presented and parent attendance) was analyzed using frequencies and percentages. Program outcomes were examined using growth curve analyses.

Restricted expectation maximization was used to estimate models, which had repeated measures nested within individuals. The repeated covariance matrix was specified in the mixed effects models because participants had different amounts of data on various outcomes (Heck, Thomas, and Tabata 2014). Parent attachment and attendance were expected to relate to the outcome variables and were included in all analyses as fixed factors given complex models exploring interaction effects would likely be underpowered due to a small sample size. When conducting growth curve modeling, model fit was assessed using the Akaike Information Criterion index and Bayesian Information Criteria, with smaller values indicating better model fit (Peugh and Enders 2005).

Special consideration was required for analyzing child outcomes. As both coparents reported on their child, the preferred analysis was a three-level model (level 1: family, level 2: parents, level 3: pre-, post-, follow-up data); however, these models would likely be underpowered due to small sample size (families from which both parents responded: $n_{pre} = 26$, $n_{post} = 11$, and $n_{follow\text{-}up} = 9$). Intraclass correlation analyses were conducted to determine whether mothers' and fathers' reports of children's emotional and behavioral adjustment should be combined or separated in the models. According to Koo and Li (2016), intraclass estimates that are < 0.5 indicate poor interrater reliability, values between 0.5 and 0.75 indicate moderate reliability, values between 0.75 and 0.90 indicate good reliability, and values > 0.9 reflect excellent reliability.

4 | Results

4.1 | Preliminary Results

Descriptive statistics for parent and child outcomes are reported in Table 1.

Intraclass correlation estimates and their 95% confidence intervals indicated mothers and fathers had moderate to excellent interrater reliability at pre-intervention on ERC total and SDQ externalizing. However, mothers and fathers had poor to excellent interrater reliability on the ERC total at post-intervention and follow-up, SDQ externalizing at post-intervention and follow-up, and SDQ internalizing at follow-up. Additionally, parents demonstrated poor to good interrater reliability on the SDQ internalizing at pre-intervention and post-intervention. Given the variation in the intraclass correlation estimates and their 95% confidence intervals, data from mothers and fathers

TABLE 1 | Mean and standard deviations for parent and child outcomes.

	Baseline		Post		Follow-up	
Outcomes	***n***	**M (SD)**	***n***	**M (SD)**	***n***	**M (SD)**
Coparents' interactions						
CCES support/cooperation	53	4.77 (1.42)	35	5.29 (1.19)	30	5.04 (1.34)
CCES undermining	53	2.77 (1.62)	35	2.13 (1.48)	30	2.04 (1.41)
DC: Common dyadic coping	48	15.46 (5.65)	29	16.10 (4.84)	24	17.08 (4.71)
DC: Evaluation of dyadic coping	48	6.33 (2.50)	29	6.69 (2.33)	24	7.33 (1.76)
Parental emotion socialization						
CCNES emotion dismissing	54	4.87 (1.66)	36	3.52 (1.02)	30	3.49 (1.01)
CCNES expressive encouragement	54	4.78 (1.09)	36	5.74 (0.79)	30	5.67 (0.86)
CCNES acknowledgement	54	5.39 (1.11)	36	6.27 (0.78)	30	6.27 (0.68)
PESQ emotion coaching	53	30.50 (5.86)	35	35.03 (3.39)	30	34.55 (3.11)
PESQ emotion dismissive	53	34.29 (6.06)	35	28.37 (7.57)	30	27.60 (7.09)
Parent emotion dysregulation (DERS)	52	34.83 (12.53)	35	30.60 (10.93)	30	29.70 (9.84)
Child emotional and behavioral functioning						
ERC total (Mothers)	25	59.52 (7.97)	17	62.82 (7.86)	15	64.00 (8.77)
ERC total (Fathers)	26	59.85 (7.25)	17	59.29 (6.28)	13	59.85 (7.88)
SDQ internalizing (Mother)	25	6.24 (4.15)	16	3.75 (3.04)	15	4.47 (3.54)
SDQ internalizing (Father)	26	4.04 (3.21)	17	4.18 (2.63)	13	3.54 (2.86)
SDQ externalizing (Mother)	25	7.64 (4.00)	16	6.50 (3.41)	15	6.33 (4.89)
SDQ externalizing (Father)	26	8.04 (4.12)	17	7.59 (3.57)	13	7.08 (4.54)

Abbreviations: CCES, Coparenting Children's Emotion Scale; CCNES, Coping with Children's Negative Emotions Scale; DC, Dyadic Coping Questionnaire; DERS, Difficulties with Emotion Regulation; ERC, Emotion Regulation Checklist; PESQ, Parental Emotion Style Questionnaire; SDQ, Strengths and Difficulties Questionnaire.

were analyzed separately. See Table 2 for intraclass correlation estimates.

4.2 | Main Results

4.2.1 | Adherence

Fidelity checklists showed that of sessions delivered, facilitators presented 92.61% of the original TIK content and 91.58% of the unique TIK-Together. Overall, parent attendance at TIK-Together programs varied: 13 parents (23.2%) attended 4 or fewer sessions, 17 parents (30.5%) attended 5–6 sessions, and 26 parents (46.5%) attended 7–8 sessions. However, the length of the programs varied from 2 to 8 weeks. Of the eight programs that commenced, four services ran the entire program (all eight sessions) and one service delayed program commencement to allow additional time for recruitment which resulted in seven sessions being delivered. In the completed programs and delayed-start program, parents typically missed sessions sporadically due to work or family commitments (e.g., a child was sick, unable to access childcare). When programs were run to completion, 70.27% of parents attended 7–8 sessions, 24.32% of parents attended 6 sessions, and 5.41% of parents attended 5 sessions. Of the two parents who attended five sessions, one parent discontinued participation after difficulties attending with their ex-partner. The other parent engaged with the program via email but was unable to continue attending sessions due to her pregnancy. Additionally, three services discontinued delivery as parent withdrawals resulted in small group sizes: one service delivered two sessions, one service delivered three sessions, and one service delivered five sessions. Reasons for parent withdrawal included changes in work arrangements, study commitments, family sickness, and other life commitments that meant parents were too busy to maintain attendance. Figure 1 illustrates parent attendance across programs.

4.2.2 | TIK-Together Effectiveness

Growth curve models assessed change in coparents' interactions, parent emotion socialization, parent emotion dysregulation, and child emotional and behavioral functioning over time. Attendance (i.e., number of sessions attended) and attachment styles (i.e., RAAS close, depend, and anxiety subscales) were included as control variables in all models. Results are presented in Table 3 (parent outcomes), Table 4 (mother-reported child outcomes), and Table 5 (father-reported child outcomes).

4.2.2.1 | Coparents' Interactions. Support/cooperation between coparents significantly increased over time, with quadratic effects indicating most change from pre to post, with slower change from post to follow up. When examining undermining coparenting, significant reductions were found over time. Common dyadic coping and evaluation of dyadic coping significantly increased over time.

4.2.2.2 | Parental Emotion Socialization. The CCNES subscales of expressive encouragement, acknowledge and emotion

TABLE 2 | Intraclass correlations between mothers' and fathers' scores on child emotional and behavioral functioning.

	Pre			Post			Follow-up		
		95% CI			95% CI			95% CI	
	ICC	Lower	Upper	ICC	Lower	Upper	ICC	Lower	Upper
ERC total	0.85	0.65	0.93	0.62	−0.52	0.91	0.83	0.25	0.96
SDQ externalizing	0.82	0.58	0.92	0.65	−0.39	0.91	0.63	−0.36	0.90
SDQ internalizing	0.66	0.21	0.85	0.54	−0.83	0.89	0.83	0.36	0.95

Abbreviations: ERC, Emotion Regulation Checklist; SDQ, Strengths and Difficulties Questionnaire.

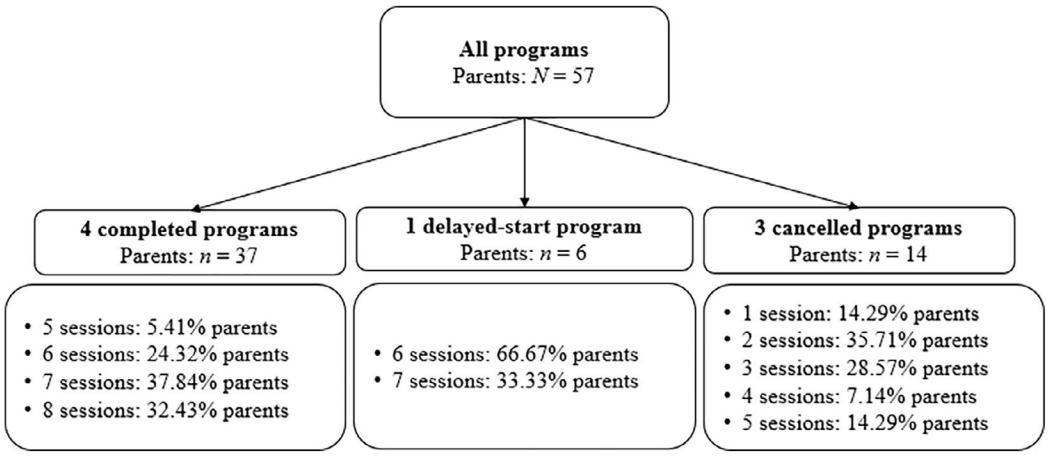

FIGURE 1 | Participant attendance in tuning in to kids together parenting programs.

TABLE 3 | Fixed effects for parent (mothers and fathers) outcomes from pre-intervention to 6-months follow-up.

		Test of fixed effects			Estimates of fixed effects						
										95% CI	
Outcome measure	**Fixed effects**	***F***	**df**	***p***	***β***	**SE**	**df[a]**	***t***	***p***	**Lower**	**Upper**
Coparents' interactions											
CCES support/cooperation	Intercept	28.67	45.34	<0.001	6.14	1.15	45.34	5.35	<0.001	3.83	8.45
	Linear	20.10	42.38	<0.001	1.10	0.24	42.38	4.48	<0.001	0.60	1.59
	Quadratic	12.18	35.21	0.001	−0.41	0.12	35.21	−3.49	0.001	−0.65	−0.17
	Attendance	5.44	54.77	0.023	−0.20	0.09	54.77	−2.33	0.023	−0.37	−0.03
	RAAS close	11.82	47.36	0.001	−0.79	0.23	47.36	−3.44	0.001	−1.26	−0.33
	RAAS depend	16.72	47.34	0.000	1.04	0.25	47.34	4.09	0.000	0.53	1.55
	RAAS anxiety	2.19	45.16	0.146	−0.26	0.17	45.16	−1.48	0.146	−0.61	0.09
CCES undermining	Intercept	3.95	42.71	0.053	2.76	1.39	42.71	1.99	0.053	−0.04	5.55
	Linear	15.66	30.48	<0.001	−0.39	0.10	30.48	−3.96	<0.001	−0.59	−0.19
	Attendance	0.34	51.84	0.561	−0.06	0.10	51.84	−0.59	0.561	−0.27	0.15
	RAAS close	0.90	44.36	0.347	−0.26	0.28	44.36	−0.95	0.347	−0.83	0.30
	RAAS depend	0.18	44.23	0.670	−0.13	0.31	44.23	−0.43	0.670	−0.75	0.49
	RAAS anxiety	10.49	43.30	0.002	0.68	0.21	43.30	3.24	0.002	0.26	1.11
Dyadic coping: Common coping	Intercept	13.29	44.76	0.001	17.11	4.69	44.76	3.65	0.001	7.66	26.57
	Linear	11.57	57.20	0.001	1.02	0.30	57.20	3.40	0.001	0.42	1.62
	Attendance	11.82	49.65	0.001	−1.24	0.36	49.65	−3.44	0.001	−1.97	−0.52
	RAAS close	1.48	44.19	0.230	−1.14	0.94	44.19	−1.22	0.230	−3.03	0.75
	RAAS depend	11.22	44.41	0.002	3.41	1.02	44.41	3.35	0.002	1.36	5.47
	RAAS anxiety	0.14	45.36	0.712	−0.28	0.75	45.36	−0.37	0.712	−1.79	1.23

(Continues)

TABLE 3 | (Continued)

		Test of fixed effects			Estimates of fixed effects						
										95% CI	
Outcome measure	**Fixed effects**	***F***	**df**	***p***	***β***	**SE**	**df[a]**	***t***	***p***	**Lower**	**Upper**
Dyadic coping: Evaluation	Intercept	10.81	43.88	0.002	7.24	2.20	43.88	3.29	0.002	2.80	11.68
	Linear	13.99	56.68	<0.001	0.55	0.15	56.68	3.74	<0.001	0.25	0.84
	Attendance	12.31	49.22	0.001	−0.58	0.17	49.22	−3.51	0.001	−0.94	−0.26
	RAAS close	1.79	43.26	0.189	−0.59	0.44	43.26	−1.34	0.189	−1.48	0.30
	RAAS depend	8.91	43.49	0.005	1.43	0.48	43.49	2.98	0.005	0.46	2.39
	RAAS anxiety	0.16	44.50	0.687	0.14	0.35	44.50	0.41	0.687	−0.57	0.85
Parental emotion socialization											
CCNES emotion dismissing	Intercept	17.59	34.46	<0.001	5.63	1.34	34.46	4.19	<0.001	2.91	8.36
	Linear	23.85	31.67	<0.001	−0.63	0.13	31.67	−0.49	<0.001	−0.89	−0.37
	Attendance	3.71	47.00	0.013	−0.27	0.10	47.00	−2.59	0.013	−0.47	−0.06
	RAAS close	2.33	36.99	0.135	−0.42	0.27	36.99	−1.53	0.135	−0.97	0.14
	RAAS depend	2.13	37.21	0.153	0.44	0.30	37.21	1.46	0.153	−0.17	1.04
	RAAS anxiety	3.08	33.39	0.089	0.36	0.20	33.39	1.76	0.089	−0.06	0.77
CCNES acknowledge	Intercept	55.61	44.59	<0.001	6.31	0.85	44.59	7.46	<0.001	4.60	8.01
	Linear	29.71	49.77	<0.001	0.52	0.10	49.77	5.45	<0.001	0.33	0.71
	Attendance	0.77	60.81	0.385	−0.06	0.07	60.81	−0.88	0.385	−0.19	0.07
	RAAS close	0.25	46.51	0.617	−0.09	0.17	46.51	−0.50	0.617	−0.43	0.26
	RAAS depend	0.29	46.55	0.593	0.10	0.19	46.55	0.54	0.593	−0.28	0.48
	RAAS anxiety	2.35	42.97	0.132	−0.20	0.13	42.97	−1.53	0.132	−0.45	0.06
CCNES expressive encouragement	Intercept	36.64	43.04	<0.001	5.11	0.84	43.04	6.05	<0.001	3.41	6.81
	Linear	32.14	40.55	<0.001	1.56	0.28	40.55	5.67	<0.001	1.00	2.12
	Quadratic	15.97	34.28	<0.001	−0.54	0.13	34.28	−4.00	<0.001	−0.81	−0.26
	Attendance	3.67	58.96	0.060	−0.13	0.07	58.96	−1.92	0.060	−0.26	0.01
	RAAS close	0.01	45.05	0.986	0.01	0.17	45.05	0.02	0.986	−0.34	0.35
	RAAS depend	1.07	45.10	0.307	0.19	0.19	45.10	1.03	0.310	−0.19	0.57
	RAAS anxiety	0.19	41.64	0.664	−0.06	0.13	41.64	−0.44	0.660	−0.31	0.20

(Continues)

TABLE 3 | (Continued)

		Test of fixed effects			Estimates of fixed effects						
										95% CI	
Outcome measure	**Fixed effects**	***F***	**df**	***p***	***β***	**SE**	**df[a]**	***t***	***p***	**Lower**	**Upper**
PESQ emotion dismissing	Intercept	52.28	49.09	< 0.001	45.18	6.25	49.09	7.23	< 0.001	32.62	57.74
	Linear	17.51	41.47	< 0.001	−6.60	1.58	41.47	−4.18	< 0.001	−9.79	−3.42
	Quadratic	5.95	34.10	0.020	1.88	0.77	34.10	2.44	0.020	0.31	3.44
	Attendance	7.47	61.42	0.008	−1.30	0.48	61.42	−2.73	0.008	−2.25	−0.35
	RAAS close	0.72	51.63	0.400	−1.07	1.36	51.63	−0.85	0.400	−3.61	1.46
	RAAS depend	0.01	51.72	0.956	−0.08	1.39	51.72	−0.06	0.956	−2.86	2.71
	RAAS anxiety	0.16	45.51	0.689	0.38	0.95	45.51	0.40	0.689	−1.53	2.29
PESQ emotion coaching	Intercept	45.41	39.06	< 0.001	33.39	4.96	39.06	6.74	< 0.001	23.37	43.42
	Linear	26.44	34.44	< 0.001	6.61	1.29	34.44	5.14	< 0.001	4.00	9.22
	Quadratic	12.79	30.68	0.001	−2.27	0.63	30.68	−3.58	0.001	−3.56	−0.97
	Attendance	0.31	49.34	0.578	−0.21	0.38	49.34	−0.56	0.578	−0.96	0.54
	RAAS close	0.01	38.04	0.982	−0.02	0.98	38.04	−0.02	0.982	−2.01	1.96
	RAAS depend	0.01	40.34	0.920	−0.11	1.09	40.34	−0.10	0.920	−2.32	2.10
	RAAS anxiety	0.41	38.65	0.528	−0.48	0.75	38.65	−0.64	0.528	−1.99	1.04
Parent emotion dysregulation (DERS)	Intercept	21.90	44.14	< 0.001	42.63	9.11	44.14	4.68	< 0.001	24.27	60.99
	Linear	22.03	33.97	< 0.001	−2.76	0.59	33.97	−4.69	< 0.001	−3.96	−1.57
	Attendance	2.12	56.25	0.151	−1.01	0.69	56.25	−1.46	0.151	−2.40	0.38
	RAAS close	3.45	45.48	0.070	−3.41	1.83	45.48	−1.86	0.070	−7.10	0.28
	RAAS depend	0.51	45.04	0.479	−1.43	2.01	45.04	−0.71	0.479	−5.47	2.61
	RAAS anxiety	16.98	46.35	< 0.001	5.79	1.40	46.35	4.12	< 0.001	2.96	8.61

Abbreviations: CCES, Coparenting Children's Emotion Scale; CCNES, Coping with Children's Negative Emotions Scale; DC, Dyadic Coping Questionnaire; DERS, Difficulties with Emotion Regulation; PESQ, Parental Emotion Style Questionnaire.

[a]Degrees of freedom calculated using the Satterthwaite method.

TABLE 4 | Fixed effectors for mother-reported child emotional and behavioral functioning from pre-intervention to 6-months follow-up.

	Fixed effects	Test of fixed effects			Estimates of fixed effects						
										95% CI	
Measure: Mothers' reports		***F***	**df**	***p***	***β***	**SE**	**df[a]**	***t***	***p***	**Lower**	**Upper**
ERC total	Intercept	10.06	19.58	0.005	49.57	15.63	19.58	3.17	0.005	16.93	82.88
	Linear time	21.23	17.57	<0.001	2.96	0.64	17.57	4.61	<0.001	1.61	4.32
	Attendance	0.01	20.70	0.999	−0.01	1.05	20.70	−0.01	0.999	−2.19	2.19
	RAAS close	1.03	19.14	0.322	3.24	3.19	19.14	1.02	0.322	−3.43	9.92
	RAAS depend	0.09	19.38	0.773	−0.83	2.82	19.38	−0.29	0.773	−6.73	5.08
	RAAS anxiety	0.04	19.57	0.852	0.37	1.96	19.57	0.19	0.852	−3.72	4.47
SDQ internalizing	Intercept	4.66	48.14	0.036	10.63	4.93	48.14	2.16	0.036	0.73	20.53
	Linear time	7.71	17.27	0.013	−2.36	0.85	17.27	−2.78	0.013	−4.14	−0.57
	Quadratic time	4.78	14.45	0.046	0.88	0.40	14.45	2.19	0.046	0.02	1.75
	Attendance	0.01	25.40	0.921	0.04	0.43	25.40	0.10	0.921	−0.84	0.93
	RAAS close	0.22	30.67	0.639	−0.29	0.61	30.67	−0.48	0.639	−1.53	0.96
	RAAS depend	5.00	35.74	0.032	−1.21	0.54	35.74	−2.24	0.032	−2.30	−0.11
	RAAS anxiety	0.01	49.92	0.940	−0.04	0.57	49.92	−0.08	0.940	−1.19	1.10
SDQ externalizing	Intercept	0.437	20.00	0.516	4.89	7.40	20.00	0.66	0.516	−10.55	20.33
	Linear time	6.05	31.98	0.019	−0.88	0.36	31.98	−2.40	0.019	−1.60	−0.15
	Attendance	0.020	21.83	0.890	0.07	0.50	21.83	0.14	0.890	−0.97	1.11
	RAAS close	0.347	19.36	0.562	−0.89	1.51	19.36	−0.59	0.562	−4.04	2.26
	RAAS depend	0.742	19.67	0.399	1.15	1.33	19.67	0.86	0.399	−1.64	3.94
	RAAS anxiety	0.754	20.26	0.395	0.81	0.93	20.26	0.87	0.395	−1.13	2.75
SDQ total	Intercept	2.71	19.70	0.114	19.56	11.83	19.70	1.65	0.114	−5.16	44.28
	Linear time	9.78	26.10	0.004	−1.80	0.57	26.10	−3.13	0.004	−2.98	−0.62
	Attendance	0.01	20.76	0.951	0.05	0.80	20.76	0.06	0.951	−1.62	1.72
	RAAS close	2.63	19.06	0.121	−3.92	2.41	19.06	−1.62	0.121	−8.97	1.14
	RAAS depend	1.04	19.86	0.319	2.20	2.15	19.86	1.02	0.319	−2.29	6.69
	RAAS anxiety	0.09	20.48	0.768	1.50	1.50	20.48	0.30	0.768	−2.67	3.57

Abbreviations: ERC, Emotion Regulation Checklist; SDQ, Strengths and Difficulties Questionnaire.
[a]Degrees of freedom calculated using the Satterthwaite method.

dismissing, significantly improved over time. Parents increased their expressive encouragement and acknowledgement of children's emotions and reduced their emotion dismissing. In addition, the PESQ emotion coaching significantly increased over time and PESQ emotion dismissing significantly decreased over time, with quadratic effects indicating change was most rapid from pre to post, with slower change from post to follow-up.

4.2.2.3 | **Parent Emotion Dysregulation.** A significant decrease in parental emotional dysregulation was found over time.

4.2.2.4 | **Children's Emotional and Behavioral Functioning.** Mothers and fathers reported significant improvements in their children's ER over time (ERC total). Fathers reported significant reductions in their children's SDQ internalizing difficulties. Similarly, mothers reported significant reductions in their children's SDQ internalizing difficulties, with quadratic effects indicating change was most rapid from pre to post, with slower changes from post to follow-up. Mothers and fathers also reported significant reductions in their children's SDQ externalizing difficulties.

5 | Discussion

This study aimed to examine program adherence, reliability of measures assessing coparent interactions, and program outcomes of TIK-Together when delivered in a real-world context. The findings show that adherence, specifically parent

TABLE 5 | Fixed effects for fathers-reported child emotional and behavioral functioning from pre-intervention to 6-months follow-up.

Measure: Fathers' reports	Fixed effects	Test of fixed effects			Estimates of fixed effects						
										95% CI	
		F	df	*p*	*β*	SE	df[a]	*t*	*p*	Lower	Upper
ERC total	Intercept	51.45	20.57	< 0.001	69.54	9.69	20.57	7.17	< 0.001	49.35	89.72
	Linear time	6.47	19.66	0.020	1.56	0.62	19.66	2.54	0.020	0.28	2.85
	Attendance	1.71	23.66	0.204	−1.00	0.76	23.66	−1.31	0.204	−2.57	0.58
	RAAS close	1.44	22.36	0.242	−2.43	2.02	22.36	−1.20	0.242	−6.63	1.76
	RAAS depend	1.06	22.01	0.315	2.83	2.75	22.01	1.03	0.315	−2.88	8.54
	RAAS anxiety	1.29	21.08	0.268	−2.01	1.77	21.08	−1.14	0.268	−5.69	1.67
SDQ internalizing	Intercept	2.23	43.06	0.143	5.40	3.62	43.06	1.49	0.143	−1.90	12.69
	Linear time	4.82	17.05	0.042	−0.82	0.37	17.05	−2.20	0.042	−1.61	−0.03
	Attendance	0.09	29.95	0.771	0.09	0.32	29.95	0.29	0.771	−0.56	0.74
	RAAS close	1.86	45.83	0.179	0.82	0.60	45.83	1.37	0.179	−0.39	2.03
	RAAS depend	3.10	48.60	0.085	−1.50	0.85	48.60	−1.76	0.085	−3.20	0.21
	RAAS anxiety	0.82	45.35	0.372	0.52	0.57	45.35	0.90	0.372	−0.64	1.67
SDQ externalizing	Intercept	4.15	20.40	0.055	11.83	5.81	20.40	2.04	0.055	−0.28	23.94
	Linear time	6.92	17.40	0.017	−1.18	0.45	17.40	−2.63	0.017	−2.12	−0.23
	Attendance	0.10	21.33	0.761	0.14	0.45	21.33	0.31	0.761	−0.79	1.07
	RAAS close	1.07	20.89	0.313	−0.24	1.20	20.89	−1.03	0.313	−3.73	1.25
	RAAS depend	0.01	20.79	0.938	−0.13	1.63	20.79	−0.08	0.938	−3.53	3.27
	RAAS anxiety	0.01	20.60	0.970	0.04	1.06	20.60	0.04	0.970	−2.16	2.24
SDQ total difficulties	Intercept	2.25	20.92	0.148	13.38	8.91	20.92	1.50	0.148	−5.16	31.92
	Linear time	11.83	19.48	0.003	−1.88	0.54	19.48	−3.44	0.003	−3.01	−0.74
	Attendance	0.01	23.89	0.906	0.08	0.70	23.89	0.12	0.906	−1.36	1.53
	RAAS close	0.01	22.59	0.962	0.09	1.86	22.59	0.05	0.962	−3.76	3.94
	RAAS depend	0.24	22.25	0.628	−1.24	2.53	22.25	−0.49	0.628	−6.48	4.00
	RAAS anxiety	0.77	21.44	0.389	1.43	1.63	21.44	0.88	0.389	−1.95	4.81

Abbreviaions: ERC, Emotion Regulation Checklist; SDQ, Strengths and Difficulties Questionnaire.
[a]Degrees of freedom calculated using the Satterthwaite method.

attendance and the amount of content delivered was typically high, although it varied across services. The CCES and DCQ measures demonstrated good to excellent internal consistency in the current sample. Regarding program outcomes, results show that parents who attended TIK-Together reported improvements in their coparenting of children's emotions, dyadic coping, ES practices and beliefs, parental emotion dysregulation, and child emotional and behavioral functioning. The findings demonstrate that parents experienced changes in the expected direction and provide initial support for TIK-Together.

5.1 | Adherence

Facilitators presented a high proportion of program content during the sessions they delivered. Similar fidelity rates were reported when TIK was delivered by practitioners in a community setting (e.g., Wilson, Havighurst, and Harley 2012). Most parents attended 7–8 sessions, with some variation. Parents with low attendance rates (i.e., four or less sessions) were typically from programs that ended prematurely due to low participant numbers. Factors that limited parent attendance in the current study included changes in work arrangements, study commitments, family sickness, and parents becoming too busy to attend ongoing sessions. These barriers to parent attendance are commonly reported in existing research (e.g., Mytton et al. 2013). Evidence shows that maintaining attendance at parenting training programs is an ongoing challenge for researchers and facilitators, with literature suggesting 40%–60% of parents stop attending sessions even when they have access to childcare, transportation, financial incentives, and refreshments (e.g., Baker, Arnold, and Meagher 2011; Frey and Snow 2005). It is

important to recognize that there are inherently additional barriers to parent engagement in coparenting programs, given both parents are expected to attend sessions together, as opposed to one parent attending alone (see Ambrosi et al. 2022). For example, well-known barriers to parent engagement, such as childcare, were amplified in TIK-Together. Although two services in the current study provided childcare, facilitators suggested that some parents were reluctant to use the childcare facilities because they were unfamiliar with the staff (Ambrosi, Kavanagh, and Havighurst 2022).

5.2 | Coparents' Interactions: Coparenting Children's Emotions and Dyadic Coping

Improvements to parents' coparenting of children's emotions provide initial support for TIK-Together. It was anticipated that new features of TIK-Together (i.e., coparents attending sessions together, new coparenting content/activities) would provide parents with opportunities to learn emotion coaching skills together and consequently develop solidarity and cooperation in their coparenting relationship. The original TIK program explores how parents can use emotion coaching with their children; however, TIK-Together showed parents how to also integrate these skills into their coparenting relationship. The current study extends research on Dads-TIK which showed that when fathers attended sessions, their partners reported being less emotionally stressed and less emotionally dismissive with their children, even though the partner did not attend the program (Havighurst et al. 2019). The findings suggest fathers' involvement in Dads-TIK had broad benefits for families, and the current study builds on this by showing coparents reported improvements in coparenting children emotions and dyadic coping when they both learned emotion coaching.

TIK-Together was designed for coparents to attend together, and so coparents have opportunities to reflect on their current family dynamics, explore alternative methods of communicating and parenting, and practice new skills and behaviors together (Ambrosi, Kavanagh, and Havighurst 2022). It was expected that if parents were able to turn toward each other's bids for connection and use emotion coaching, they would increase their dyadic coping by supporting each other with daily life stressors and provide emotionally supportive responses to one another. Coparents were encouraged to take time to connect when emotions occur, show interest in each other's emotional experiences, and respond with empathy (i.e., emotion coach). Coparents also had opportunities to learn about each other's family of origin experiences and meta-emotion philosophies (i.e., beliefs about emotions), which may have helped coparents become less critical and dismissive of each other's parenting (Ambrosi et al. 2023). The meta-emotion activities may have helped coparents contextualize their parenting preferences and realign their expectations.

5.3 | Parental Emotion Socialization: Emotion Coaching and Emotion Dismissing

The current finding that parents who participated in TIK-Together reported improvements to ES (i.e., emotion coaching practices and beliefs increased, emotion dismissing practices and beliefs decreased) is consistent with previous TIK and Dads-TIK research (Havighurst et al. 2010, 2019; Wilson, Havighurst, and Harley 2012, 2014, 2016). Wilson, Havighurst, and Harley (2012) found that TIK was effective when delivered by community practitioners, with the intervention group reporting greater increases in emotion coaching practices and decreases in emotion dismissing beliefs and practices compared to the control group. Furthermore, evidence shows that Dads-TIK led to increases in fathers' emotion coaching practices and beliefs and decreases in emotion dismissing practices and beliefs (Havighurst et al. 2019; Wilson et al. 2014, 2016). It is plausible that parents who attended TIK-Together benefited from the original TIK content, and that the extended program (eight instead of six sessions) with the added coparenting content enhanced these learning moments. As family systems are interconnected, improvements to ES and coparenting can be considered together: When parents feel more supported by one another, it may increase emotional availability for their children (Sturge-Apple, Davies, and Cummings 2006).

5.4 | Parent Emotion Dysregulation

Parents who attended TIK-Together reported improvements in their ER. This is consistent with results from a randomized control trial of TIK that involved parents of children (4–6 years old) with behavioral problems (Havighurst et al. 2013). Havighurst et al. (2013) found that parents in the intervention condition reported greater increases in ER compared to waitlist participants. Parents' ER was not assessed in the Dads-TIK studies; therefore, previous research on whether fathers improved their ER after the program is unavailable. TIK was designed to help parents develop their own ER while learning to support their children's emotional competence. TIK-Together extended the focus on parents' ER by including additional content on meta-emotion philosophy, specifically exploring parents' own experience of anger and how coparents could help each other with self-care. Targeting parents' ER during parenting programs is beneficial as difficulties with ER can interfere with acquiring and enacting new skills (Maliken and Katz 2013). Research shows that incorporating a focus on parents' ER can enhance treatment effectiveness for parents with psychopathology (Hajal and Paley 2020), which was important in the current study as more than a third of parents reported mental health concerns.

5.5 | Child Emotional and Behavioral Functioning

The current study showed that mothers and fathers reported improvements to children's emotional and behavioral functioning. Parents reported increases in children's ER, which is comparable to the TIK pilot study where Havighurst, Harley, and Prior (2004) reported children whose parents participated in TIK had a significant reduction in emotion negativity, with 66% demonstrating improvement, 21% no change, and 13% deterioration. Havighurst, Harley, and Prior (2004) found that in their predominantly female sample, there were neither significant changes reported for children's ER (ERC) nor emotional problems (SDQ), which is in contrast to the current results

from mothers. Additionally, the current finding that fathers reported a reduction in children's externalizing difficulties aligns with research on Dads-TIK, which consistently showed that fathers reported reductions in children's behavioral difficulties after learning ES skills (Havighurst et al. 2019; Wilson et al. 2014, 2016).

The improvements to children's emotional and behavioral functioning may partly be explained by emotion security theory. This theory suggests that children's family environment effects their sense of protection, safety, and security, creating a foundation for socioemotional functioning (Cummings and Davies 2010). Kolak and Volling (2013) suggest that undermining coparenting threatens children's sense of emotional security. Throughout TIK-Together, coparents learned about the consequences of destructive interactions (verbal hostility, physical aggression) and practiced constructive communication. Previous research shows that cooperative coparenting relationships and constructive interparental communication are related to less internalizing and externalizing problems in children and adolescents (Kolak and Vernon-Feagans 2008). Further evidence indicates that interparental conflict may affect children's adjustment indirectly by interfering with parenting practices. Sturge-Apple, Davies, and Cummings (2006) reported that destructive interpersonal conflict predicted increased parental emotional unavailability 1 year later, which led to increased internalizing, externalizing, and scholastic adjustment difficulties in children in the subsequent year. As such, it is plausible that parents who attended TIK-Together improved their coparenting relationship and communication, which contributed to children experiencing less emotional and behavioral difficulties. Further research is required to assess changes in interparental communication and mediation pathways.

5.6 | Strengths and Limitations

As TIK-Together was delivered in a real-life context by facilitators in different Australian states, the findings have excellent external validity. Another strength was the use of a domain-specific measure of coparenting children's emotions (CCES; Ambrosi et al. 2024), with excellent internal consistency across all time points. Difficulties with recruitment meant that although TIK-Together was advertised to diverse family structures (e.g., stepparents, foster parents, divorced/separated parents), most participants were married/de facto parents. As such, generalizability to other family structures, particularly where there is high interparental conflict, is limited. Additionally, comparison between current findings and previous research using the PESQ emotion coaching subscale, ERC, and SDQ internalizing subscale must be interpreted with caution as these measures were adapted in the current study due to internal consistency limitations with the subscales. Mothers and fathers in the current study demonstrated varied interrater agreement on child outcomes, which is consistent with previous research showing that mothers and fathers have similar yet unique views on their children's functioning (e.g., Ferreira et al. 2021). Future research could examine whether the agreement in parents' ratings of children's behaviors and emotions is influenced by the coparenting relationship. Such that, when there are higher levels of cooperation and supportiveness, parents may be more aligned in how they view their children's functioning. Furthermore, as the current study was piloting TIK-Together, observational measures for parent and child outcomes were not used and a comparison group was not recruited. Future research could use a randomized control trial with standardized observational measures and examine a disaggregation of outcomes by families' session attendance.

6 | Conclusion

This study piloted TIK-Together in a real-world context to examine program adherence, the reliability of coparenting measures, and program outcomes. Results showed that adherence across services varied; however, parent attendance and the proportion of content delivered was high. The measures used to assess coparent outcomes demonstrated good to excellent internal consistency in the current sample. Parents who attended TIK-Together reported improvements to coparenting children's emotions, dyadic coping, parents' ES beliefs and practices, parent and child ER, and child behavioral difficulties. These findings provide preliminary evidence for the effectiveness of the program; however, further research is required to establish its benefits using a randomized control trial with additional measures (e.g., observations, teacher-reports) and extended follow-up (e.g., 12-months). Promising findings suggest that TIK-Together is a program that optimizes parents' ES beliefs and practices, while also helping parents work together more collaboratively when supporting their children's emotional development. In the future, it is conceivable that services routinely delivering TIK could add TIK-Together to their program offerings to cater for parents both wanting to attend or those wanting to improve their coparenting.

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Conflicts of Interest

Tuning into Kids author, Havighurst, wishes to declare a conflicts of interest in that she may benefit from positive reports of this program. Proceeds from dissemination of Tuning into Kids provide funding for development and research with the program. The authors of Tuning in to Kids and the University of Melbourne receive royalties from proceeds of Tuning in to Kids manual sales. Ambrosi also wishes to declare a conflicts of interest as she may receive royalties from Tuning in to Kids Together in the future. Kavanagh and Evans declare no conflicts of interest.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.