

Thematic Dossier

Parenting and Coparenting: Intervention Program for Families of Adolescents

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Abstract: Promoting functional family relationships during adolescence is an important need, underscoring the relevance of programs designed to foster positive parenting for this population. This study aimed to describe parenting and coparenting among parents of adolescents before and after participation in an intervention program. The sample consisted of 22 participants (20 mothers and 2 fathers) who completed the Brazilian version of the Coparenting Relationship Scale (CRS), the *Inventário de Estilos Parentais* (IEP; Parenting Styles Inventory) at both pretest and posttest, as well as a sociodemographic questionnaire at baseline. Following the eight-session online group intervention and subsequent quantitative analysis, most participants obtained parenting style scores classified as excellent or good. In addition, mean scores in the positive dimensions of coparenting increased after the intervention. These findings highlight the importance of providing parents and caregivers with information on the specific characteristics of adolescence to strengthen family bonds and promote healthy parent-child relationships.

Keywords: adolescence, parent-child relations, psychological intervention, parenting, family relations

Parentalidade e Coparentalidade: Programa de Intervenção para Famílias com Filhos Adolescentes

Resumo: A promoção de relações funcionais em famílias com adolescentes é uma demanda importante, justificando a oferta de programas de promoção da parentalidade positiva para esta população. Assim, objetivou-se descrever a parentalidade e a coparentalidade de pais de adolescentes, antes e depois da participação em uma intervenção. A amostra foi composta por 20 mães e 2 pais ($N=22$) que responderam no pré e no pós-teste à Escala da Relação Coparental e ao Inventário de Estilos Parentais, além de um questionário sociodemográfico. Após a intervenção (*online*, em grupo e com 8 sessões) e análise quantitativa, verificou-se que a maioria dos participantes obteve escores de estilos parentais classificados entre ótimo e bom. Houve aumento das médias nas dimensões positivas da coparentalidade. Destaca-se a relevância em instrumentalizar pais e/ou cuidadores sobre as particularidades da adolescência, visando fortalecer os vínculos e promover relações saudáveis com os filhos.

Palavras-chave: adolescência, relações pais-filho, intervenção psicológica, parentalidade, relações familiares

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Parentalidad y Coparentalidad: Programa de Intervención para Familias con Hijos Adolescentes

Resumen: La promoción de relaciones funcionales en familias con adolescentes es una demanda importante, lo que justifica la oferta de programas que promuevan la parentalidad positiva para esta población. Así, el objetivo fue describir la parentalidad y coparentalidad de padres de adolescentes, antes y después de una intervención. La muestra estuvo compuesta por 20 madres y 2 padres ($N=22$) que respondieron la Escala de Relaciones Coparentales y el Inventario de Estilos Parentales en el pre y postest, y un cuestionario sociodemográfico. Después de la intervención (online con 8 sesiones), y análisis cuantitativo, se encontró que la mayoría obtuvo puntuaciones de estilo parental clasificados entre excelente y bueno. Hubo un aumento en los promedios en las dimensiones positivas de la coparentalidad. Se destaca la relevancia de educar a los padres y/o cuidadores sobre las particularidades de la adolescencia, con el objetivo de fortalecer vínculos y promover relaciones saludables con hijos.

Palabras clave: adolescencia, relaciones padres-hijo, intervención psicológica, parentalidad, relaciones familiares

Adolescence is a period of human development marked by profound physical, psychological, and neurological changes, as well as transformations in social and relational dynamics. While it can be a time of discovery and growth, it is also accompanied by conflict and challenges (Guida et al., 2024). The World Health Organization (WHO, 2010) defines adolescence as the period of life between 10 and 19 years, which begins with puberty and encompasses the formation of professional and social identities that shape both the transition into adulthood and achievement of stability during this stage of development. In this context, adolescents are an integral part of the family system—where their earliest social relationships are formed—and this system plays a crucial role in their development across all dimensions of life (Guida et al., 2024).

Thus, the family serves as a fundamental support network, and its relationship with the adolescent provides a context of trust and security that promotes healthy development. Open communication, characterized by clear boundaries, acceptance, and a willingness to listen without judgment, reduces the likelihood of conflict during adolescence (Perry, 2022). However, one of the greatest challenges in the functioning of the family system involves parenting and coparenting dynamics in everyday interactions with adolescent children (Machado & Mosmann, 2020; Mosmann et al., 2024).

In parenting and coparenting, parents and their support networks recognize their role in caring for, protecting, and teaching their children in accordance with their beliefs and values. As in childhood, the need for protection and care persists during adolescence. However, both the form of interaction and the focus of communication and goals must adapt to foster differentiation and autonomy (Ribeiro & Ferraz, 2022). Consequently, parental attitudes toward their interactions with adolescent children—and the resulting effects—have become an ongoing topic of research and discussion (Gomide, 2021).

In this context, coparenting refers to the division of leadership between mother and father in their parental roles and the degree of support shared in the education and guidance of their children (Böing & Crepaldi, 2016). It also encompasses the relational balance between the parents, or between the

primary caregiving dyad of sons and daughters (Feinberg et al., 2012; Machado & Mosmann, 2020; Mosmann et al., 2024). Thus, regardless of the type of marital relationship established between the parents, the quality of the relationship within the parental dyad can result in either a positive or negative coparenting dynamic.

The concept of coparenting has gained increasing attention, and its applicability is now frequently observed in psychology research. For example, studies have examined its association with internalizing and externalizing behavior problems in children and adolescents (Zhao et al., 2022). Coparenting has also been linked to adolescents' sense of autonomy and belonging following parental divorce (Rejaän et al., 2024), to parents' marital and coparenting relationships, to differential treatment among siblings, and to sibling relationships during adolescence (Chen, 2023).

In the context of family relationships involving the exercise of parenting and coparenting, studies have examined the relationship between parents' performance and their children's emotional, social, and behavioral development. Parenting styles are considered to exert a significant influence both on children's healthy development and on the emergence of disorders (Prativa & Deeba, 2019; Rejaän et al., 2024; Silva et al., 2023; Zhao et al., 2022).

Studies have defined parenting styles as the set of educational practices that occur during parents' interactions with their children (Gomide, 2021; Lawall et al., 2022). Some of these practices are considered negative, such as Neglect, Negative Monitoring, Physical Abuse, Inconsistent Punishment, and Lax Discipline, while others reflect positive behaviors, including Moral Behavior and Positive Monitoring. Parenting styles can be classified as excellent or good, indicating parental actions aimed at strengthening prosocial skills in children, whereas parenting styles classified as fair or at risk suggest a predominance of negative parenting practices, which may, in turn, be associated with the development of antisocial behaviors in children (Gomide, 2021).

Regarding parenting styles and their effects on child and adolescent development, Brazil has made significant progress

in promoting positive parenting and developing public policies for children and adolescents. Law No. 14,826, enacted on March 20, 2024, established positive parenting and the right to play as intersectoral strategies for preventing violence against children. This law designates these principles as state policies to be implemented by the Union, states, Federal District, and municipalities. Moreover, it reaffirms the duty of the state, families, and society to protect children from abuse and neglect, defining positive parenting as a family-based process that promotes education, safeguards rights, fosters respectful and caring relationships, and prevents violence (Law No. 14,826, 2024).

Although the Positive Parenting Law primarily focuses on families with younger children, its principles are equally relevant to adolescence, a stage marked by profound cognitive, emotional, and social changes. This developmental period demands adjustments in parenting practices to balance responsiveness and demandingness, taking into account adolescents' growing autonomy and sense of responsibility. Such practices promote emotional self-regulation and help prevent risky behaviors (Gomide, 2021). Therefore, extending the application of this law to families with adolescents is theoretically significant, as it aligns with the principles of the Child and Adolescent Statute (Law No. 8,069, 1990), which guarantees the right to care and comprehensive protection throughout these stages of development.

Positive parenting, therefore, refers to parental behavior grounded in the best interests of the child and adolescent—behavior that nurtures and develops their abilities, is nonviolent, and provides recognition and guidance, including the establishment of boundaries that support their full development (Manzano et al., 2012). The primary goal of parenting is to foster positive relationships with children through the exercise of responsibility, the protection of their rights within the family, and the promotion of their potential and well-being (Manzano et al., 2012).

Therefore, it is necessary to offer parenting support programs to promote positive parenting (Altafim & Linhares, 2022; Bochoski et al., 2024), as parenting practices and styles have diverse impacts on child and adolescent development (Alves & Martins, 2021; Cordero-López & Calventus-Salvador, 2022; Lawall et al., 2022; Prativa & Deeba, 2019). In this regard, both a Brazilian review (Benedetti et al., 2020) and an international review (Spencer et al., 2020) highlighted the importance and effectiveness of parenting programs in fostering positive parenting within families. The review conducted by Benedetti et al. (2020) included studies published between 2013 and 2018 that described group-based interventions for parents, caregivers, or family members, including training or orientation groups, and health promotion and prevention initiatives, each consisting of at least four sessions. Analysis of twenty selected studies, which involved families of children and adolescents, revealed recurring themes across interventions, such as problem-solving, the value of positive parenting practices, parental emotional regulation, and parent-child communication.

Spencer et al.'s (2020) meta-analysis of 28 studies on online parenting programs indicated that such programs have

become increasingly prevalent, highlighting the need for further evaluation of their effectiveness. The results showed that these programs had positive effects on enhancing parenting practices, reducing negative parent-child interactions, and addressing children's behavioral problems. The study identified only five programs involving adolescents: two conducted with the general population or those with typical development, and three targeting participants with behavioral problems or specific characteristics (such as autism or adoptive families).

Thus, the evaluated intervention programs not only addressed parents' main concerns but also improved mutual understanding between parents and their adolescent children. They also contributed to the development of more assertive communication and positive parenting skills that strengthened family bonds (Bochoski et al., 2024). However, few validated online interventions have been identified in Brazil, particularly those targeting families with adolescents (Nascimento et al., 2022), even though this intervention format became increasingly popular during the COVID-19 pandemic (Lasecke et al., 2022).

Thus, the prevalence of remote work, online education, and virtual programs has increased considerably in recent years due to the COVID-19 pandemic. At a time when work, school, and other activities have migrated to virtual environments, positive parenting programs delivered online can serve as an effective means of helping parents develop functional behavioral management skills in the absence of in-person resources (Lasecke et al., 2022).

In this context, the present study is part of a broader project whose ultimate goal was to develop an online positive parenting intervention program addressing variables such as family functioning, parenting, and coparenting to promote healthy adolescent development. Specifically, this study focused on the variables of parenting and coparenting and their impact on the family functioning of parents of typically developing adolescents.

Thus, the aim of this study was to describe parenting and coparenting among parents of adolescents before and after participation in an intervention program. This applied research addresses theoretical gaps in the field of parenting and coparenting within families of adolescents. In this context, access to communication technologies, combined with the restrictions imposed by the COVID-19 pandemic, highlighted the importance of investigating the effects of a remotely delivered parenting intervention.

Method

This applied, descriptive, correlational, and exploratory intervention study employed a quantitative methodology.

Participants

Twenty-two parents of adolescents participated in the study. The sample was selected by convenience, and the inclusion criteria comprised parents or legal caregivers over

18 years of age of adolescents aged between 11 and 18 years of age with typical development.

Instruments

In addition to collecting sociodemographic data to characterize the participants, parents were assessed before and after participation in the intervention using the Brazilian version of the Coparenting Relationship Scale (CRS), known in Brazil as *Escala da Relação Coparental (ERC)*. It consists of 35 items rated on a seven-point scale ranging from not true (0) to completely true (6) (Feinberg et al., 2012). The Brazilian adaptation by Carvalho et al. (2018) achieved a Cronbach's alpha coefficient above .70. It assesses coparenting across the following dimensions: Agreement, Support, Endorsement of Partner's Parenting, Division of Labor, Closeness, Conflict, and Coparenting Undermining. Higher scores on each subscale indicate greater intensity in the corresponding dimension; Conflict and Coparenting Undermining represent negative dimensions, whereas the others reflect positive aspects of coparenting.

Furthermore, the *Inventário de Estilos Parentais (IEP; Parenting Styles Inventory)* (Gomide, 2021) was used. This instrument includes items addressing both positive and negative parenting practices and can be completed by caregivers, children, or adolescents. It demonstrates good internal consistency, with Cronbach's alpha coefficients above .70. The IEP identifies seven parenting practices: two positive (positive monitoring and moral behavior – A and B) and five negative (physical abuse, lax discipline, negative monitoring, neglect, and inconsistent punishment – C, D, E, F, and G, respectively). Each practice is assessed through six items, totaling 42 overall, and responses are rated on a three-point Likert scale, with “always” corresponding to 2 points; “sometimes” to 1 point; and “never” to 0 points. The instrument yields an index, the Parenting Style Index (PSI) (Índice de Estilo Parental), calculated by subtracting the sum of positive parenting practices from the sum of negative parenting practices, namely: $(A+B) - (C+D+E+F+G)$. The raw score is then compared with normative tables to obtain the corresponding percentiles and classification: excellent (from 80-90), good (55-75), fair (30-50), and at risk (1-25).

PSI scores (Gomide, 2021) classified as good or excellent indicate positive parenting practices, although even in such cases, guidance for improving these practices is still recommended. Scores classified as fair or at risk indicate a higher prevalence of negative practices. Parental participation in parenting programs is advised to promote positive practices and healthy parent-child relationships. A positive PSI score comprises the dimensions of positive monitoring and moral behavior, whereas a negative PSI score is based on the following dimensions: Inconsistent Punishment; Neglect; Lax Discipline; Negative Monitoring, and Physical Abuse.

Procedures

Data collection. Participants were recruited through the publication of promotional flyers on social media. The flyer

and invitation letter specified the research objectives and outlined the criteria for participation. Individuals who wished to take part clicked on the link provided and were directed to a page containing an informed consent form. In addition to recruitment via social media platforms, the snowball sampling technique was employed, whereby each participant could nominate other potential participants, and the process continued accordingly.

After providing informed consent and signing the form, participants awaited contact from the research team to schedule a date and time for the study to begin. This contact included a telephone call to clarify any questions regarding the information contained in the informed consent form. Subsequently, the data collection instruments were presented and completed through documents shared by email or WhatsApp, depending on each participant's preference and availability. Parents were instructed to return the completed materials to be included in the group and participate in the intervention program.

Thus, after disseminating the program proposal and contacting enrolled families over a period of approximately two months, the group was formed with those who completed the pre-test instruments and agreed to participate in the intervention. During this initial stage, inclusion criteria were confirmed, particularly the absence of any diagnosis or prior referrals for evaluation of possible neurodevelopmental disorders in the adolescents, in line with the inclusion criterion of typical development. Subsequently, further contact was made to schedule parenting program meetings. Immediately after the final meeting—within one week of completing the parenting program—participants completed the posttest instruments, following the same procedures as the pretest.

The intervention, offered in a group-based online format via video conferencing (Zoom®), covered specific topics distributed across eight meetings. Each session addressed a distinct theme and was conducted interactively through videos, group activities, and discussions, among other resources. The topics of each meeting were as follows: Positive Parenting – Expectations and Reality; Self-Care and Parental Mental Health; Marital Relationships and Coparenting; Development: Milestones and Expectations; Influences on Parenting and Parenting Styles; Positive Parenting Practices: Rules and Limit-setting; Positive Parenting Practices: Affection and Social Skills; and Workshop Closing. These themes were established based on the proposal described in the *Oficina de Parentalidade Positiva* (Positive Parenting Workshop) Program Application Manual, developed by Ramos et al. (2023).

For the purposes of this study, the objectives, activities, selected resources and strategies, and homework assignments were adapted to meet the needs of parents of adolescents, as the program was originally designed for parents of young children. Materials such as slides and videos were modified when the content addressed specific aspects of the age group for which the original program was intended. The intervention was conducted by two research therapists, both Master's students in Psychology, who received specific training to carry out the program.

Data analysis. Quantitative data were analyzed according to the procedures recommended by the instrument authors, comparing pretest and posttest scores. For this study, no control group was used. Analyses were conducted using the IBM SPSS Statistics®, employing descriptive statistics (frequency, mean, standard deviation, and median) and inferential statistics (nonparametric Wilcoxon signed-rank tests) to compare pretest and posttest scores, with significance set at $p < .05$. Nonparametric statistical tests were applied based on the research design, given the characteristics of the data distribution (lack of normality) and the sample size.

Ethical considerations

This study complied with the ethical guidelines established by the Brazilian National Council of Health, Resolution No. 466 of December 12, 2012, which regulates research involving human subjects, and Resolution No. 510 of April 7, 2016. The study was submitted to and approved by the Institutional Review Board of Universidade do Vale do Itajaí (UNIVALI), under ethics committee approval No. 4,887,930 (CAAE: 47833121.0.0000.0120), dated August 5, 2021. In accordance with current legislation, special attention was given to the ethical requirements for research involving human participants, including the reading and signing of a free and informed consent form.

Results

Twenty-two participants took part in this study, among whom 20 were mothers (90.9%) and 2 were fathers, each with at least one son or daughter aged 11 to 17 years with typical development. The parents' ages ranged from 34 to 60 years. The number of children per family ranged from 1 to 6 ($M = 2.02$; $SD = 1.29$). Regarding education level, 54.5% ($n = 12$) hold a graduate degree, 22.7% ($n = 5$) had completed high school, 13.6% ($n = 3$) had completed higher education, and 9.1% ($n = 2$) had incomplete higher education. The posttest was administered to 21 participants, as one participant withdrew during the last two weeks of the program, due to personal reasons. Consequently, the descriptive analyses included all 22 participants, whereas the inferential pretest and posttest analyses were based on a final sample of 21 participants.

Regarding the adolescent children, there was a balanced distribution by gender and education level: 12 were boys (54.5%) and 10 were girls (45.5%). Half of the adolescents ($n = 11$) had incomplete elementary education and the other half ($n = 11$) were attending high school. Their ages ranged from 11 to 17 years, with a mean age of 14 years ($SD = 1.83$). Years of education ranged from 4 to 11, with a mean of 7.6 ($SD = 1.99$).

Parents' perspectives on parenting and parenting Styles

Among the 22 parents who completed the IEP pretest, 9 participants were classified as “excellent,” 5 as “good,” 5 as

“fair,” and 3 as “at risk.” Among the positive practices, the highest means were observed in Positive monitoring (PM). Among the negative practices, the highest scores were found in Negative Monitoring (NM). Although 13 participants did not score in the Physical Abuse (PA) dimension, notably, one parent—whose overall classification was at risk—obtained a high score in this dimension. The three participants in the at-risk group scored between 20 and 26 on the negative IEP, indicating a predominance of negative over positive practices. Detailed information regarding the PSI in the pre-test results is presented in Table 1.

After the intervention, a positive change was observed, with an increase in the number of parents classified as having an excellent parenting style (from 9 to 12). Another improvement was the reduction in participants classified as at risk (from 5 to 3). The number of parents with a fair classification style remained stable between pretest and posttest.

Regarding the dimensions of the instrument, the following changes were observed in the IEP results: four participants moved from good to excellent, one from fair to good, and two from at-risk to fair. One participant remained classified as at risk but showed a decrease in their Physical Abuse (PA) score, dropping from 6 to 4 points. One participant regressed from excellent to good: their positive PSI decreased by one point, while the negative PSI increased by two points. The only two participants in the at-risk group scored between 21 and 23 on the negative PSI, indicating a predominance of negative over positive practices, though this score decreased compared to the pretest (20 to 26). Further details are presented in Table 2.

Regarding parenting after the intervention, as shown in Table 2, most participants obtained positive scores, classifying their parenting styles as excellent or good ($n = 15$). Although some parents ($n = 5$) still had fair scores, the risk classification decreased, being present in only two participants. Among those with higher negative scores, the dimensions with the highest scores were inconsistent punishment, neglect, and negative monitoring—the latter being the most prominent among participants classified at risk. Importantly, physical abuse scores also tended to decrease; for example, participant 18's score dropped from 6 to 4 in this dimension, although they remained classified as at risk.

For parents whose positive scores increased at the expense of negative ones, resulting in an improvement in their parenting style classification from at risk to fair, or from fair to good (participants 3, 11, and 12), these changes likely reflect an increase in moral behavior or a decrease in negative monitoring. Specifically, in the case of participant 8, whose classification declined from fair to at risk, there was a decrease in positive monitoring and moral behavior scores. For participant 18, who remained at risk, the negative monitoring dimension showed a very high score.

Table 3 shows the pretest and posttest comparisons. The mean Parenting Style Index score in the pretest was 1.26 ($SD = 1.19$) and the median was 1.25. In the posttest, the mean was 1.56 ($SD = 1.35$) and the median was 1.83. The Wilcoxon signed-rank test revealed a statistically significant difference

Table 1
Participants' parenting styles before the intervention.

P	PSI	Classification	Positive PSI	Negative PSI	PM	MB	IP	NE	LD	NM	PA
1	16	Excellent	22	6	12	10	0	1	1	4	0
2	12	Excellent	23	11	12	11	2	3	0	6	0
3	5	Fair	23	18	12	11	3	2	4	6	3
4	14	Excellent	21	7	12	9	0	3	0	3	1
5	8	Good	24	16	12	12	4	3	4	5	0
6	13	Excellent	21	8	12	9	1	1	1	5	0
7	16	Excellent	22	6	11	11	0	0	1	5	0
8	1	Fair	16	15	8	8	5	7	1	2	0
9	7	Good	22	15	12	10	3	2	4	5	1
10	16	Excellent	22	6	11	11	2	1	0	2	1
11	-4	At risk	22	26	10	12	6	5	4	8	3
12	-3	At risk	17	20	10	7	5	5	2	5	3
13	6	Good	24	18	12	12	3	3	4	7	1
14	21	Excellent	24	3	12	12	2	0	0	1	0
15	10	Good	22	12	11	11	1	2	4	5	0
16	7	Good	20	13	10	10	1	5	1	6	0
17	1	Fair	20	19	9	11	4	4	1	8	2
18	-4	At risk	20	24	10	10	6	5	2	5	6
19	2	Fair	18	16	10	8	3	2	5	6	0
20	11	Excellent	23	12	12	11	2	0	3	7	0
21	0	Fair	20	20	9	11	4	4	6	6	0
22	11	Excellent	24	13	12	12	4	1	3	5	0

Source. Study data

Note. PM = Positive Monitoring; MB = Moral Behavior; IP= Inconsistent Punishment; NE= Neglect; LD = Lax Discipline; NM= Negative Monitoring; PA= Physical Abuse.

in the overall PSI index between pretest and posttest scores ($Z = 2.17$; $p < .030$).

Coparenting from the perspective of adolescents' parents

In the ERC pretest assessment, parents scored highest in the dimensions of Division of Labor, Agreement, Endorsement of Partner's Parenting, Closeness, and Support. The lowest scores were observed in Coparenting Undermining and Conflict. Similarly, in the posttest, the highest scores were again observed in Agreement, Endorsement of Partner's Parenting, Closeness, Support, and Division of Labor, while Coparenting Undermining and Conflict continued to show the lowest scores.

When comparing the participants' pretest and posttest responses, statistically significant differences were observed across all dimensions. Fathers tended to show increases in both positive and negative dimensions: Agreement, Endorsement of Partner's Parenting, Closeness, Support, Conflict, and Coparenting Undermining, and a decrease in Division of Labor. Details are presented in Table 4.

Discussion

This study aimed to strengthen healthy and functional parenting and coparenting relationships with adolescent children by fostering more assertive dialogue within the family system and in conflict resolution. Accordingly, it sought to describe parenting and coparenting from the parents' perspective before and after participation in the intervention program.

Following the intervention, the posttest results revealed changes in the participants' responses regarding both parenting styles (IEP) and coparenting (ERC). In the IEP, there was a positive shift in classifications—from good to excellent, from fair to good, and from at risk to fair. Although most parents achieved positive scores, with parenting styles ranging from excellent to good, some participants remained classified as fair, even though the number of at-risk parents had decreased. While not conclusive, these results provide important insights into the functioning of families with adolescent children, particularly regarding parenting practices, and the relevance of positive parenting programs for families whose parenting style index is classified as fair or at risk (Gomide, 2021).

Table 2
Participants' parenting styles after the intervention.

P	PSI	Classification	Positive PSI	Negative PSI	PM	MB	IP	NE	LD	NM	PA
1	16	Excellent	22	6	12	10	1	1	0	4	0
2	9	Good	22	13	11	11	1	2	3	7	0
3	8	Good	24	16	12	12	2	2	4	7	1
4	2	Excellent	20	7	12	8	0	2	0	2	1
5	9	Excellent	23	14	12	11	4	4	3	3	0
6	15	Excellent	21	6	11	10	1	0	0	5	0
7	14	Excellent	21	7	12	9	0	1	1	5	0
8	-10	At risk	11	21	7	4	6	8	3	3	1
9	7	Good	19	12	10	9	3	1	2	4	2
10	19	Excellent	24	5	12	12	0	1	0	2	2
11	1	Fair	22	21	11	11	4	3	4	6	4
12	0	Fair	17	17	10	7	2	4	3	4	4
13	19	Excellent	36	17	18	18	0	2	2	10	3
14	4	Excellent	24	3	12	12	0	0	0	3	0
15	11	Excellent	23	12	11	12	1	2	3	6	0
16	12	Excellent	23	11	12	11	1	3	1	5	1
17	-	-	-	-	-	-	-	-	-	-	-
18	-3	At risk	20	23	10	10	5	5	3	6	4
19	0	Fair	18	16	10	9	0	4	5	6	0
20	16	Excellent	24	8	12	12	0	0	3	5	0
21	2	Fair	17	15	9	8	3	2	4	6	0
22	14	Excellent	24	10	12	12	2	1	3	4	0

Source. Study data

Note. PM = Positive Monitoring; MB = Moral Behavior; IP= Inconsistent Punishment; NE= Neglect; LD = Lax Discipline; NM= Negative Monitoring; PA= Physical Abuse.

In this context, research has shown that children's and adolescents' socioemotional development is closely associated with positive parenting (Alves & Martins, 2021; Cordero-López & Calventus-Salvador, 2022). Moreover, parents whose styles are classified as good or excellent tend to describe their children as calm, attentive, and affectionate, whereas parents with negative styles often describe them as agitated, nervous, and confused. Children are also less likely to share information with parents who exhibit an authoritarian style (Bochoski et al., 2024; Lawall et al., 2022; Prativa & Deeba, 2019).

Regarding the ERC, significant changes were observed across all dimensions. Increases were found in the mean scores for Agreement, Endorsement of Partner's Parenting, Closeness, Support, and Coparenting Undermining, and a decrease in Division of Labor. The increases in Agreement, Endorsement, and Closeness represent important indicators of strengthened coparenting relationships. Meanwhile, the rise in Conflict and Coparenting Undermining scores may reflect greater negotiation efforts between partners, particularly concerning the Division of Labor. As a complex construct, coparenting may exhibit simultaneous increases in both positive and negative dimensions, suggesting that heightened

interaction and communication between partners can foster adaptation and change.

These findings support hypothesis suggested by the ERC posttest results: the observed decrease in the Division of Labor dimension may suggest that mothers began to assume greater participation than fathers, as levels of Agreement, Endorsement of Partner's Parenting, Support, and Closeness increased. This interaction between parenting and coparenting relationships and adolescent behavior is particularly relevant, since the relationship between parents can both influence and be influenced by parenting, which, in turn, may directly affect adolescents' emotional regulation (Lara et al., 2021; Machado & Mosmann, 2020).

A Brazilian interventional study was conducted with parents of adolescents who also completed the IEP before and after the intervention. The program was delivered online and individually, over the course of seven sessions. Although no significant differences were found between the control and experimental groups, pretest and posttest comparisons within the experimental group revealed statistically significant changes in the dimensions of Moral Behavior, Neglect, Negative Monitoring, Inconsistent Punishment, and Physical

Table 3
Comparison of parenting styles before and after the intervention

P	Pretest			Posttest			Comparison PSI	
	PSI	PSI Positive	PSI Negative	PSI	PSI Positive	PSI Negative	Pretest classification	Posttest classification
1	16	22	6	16	22	6	Excellent	Excellent
2	12	23	11	9	22	13	Excellent	Good
3	5	23	18	8	24	16	Fair	Good
4	14	21	7	2	20	7	Excellent	Excellent
5	8	24	16	9	23	14	Good	Excellent
6	13	21	8	15	21	6	Excellent	Excellent
7	16	22	6	14	21	7	Excellent	Excellent
8	1	16	15	-10	11	21	Fair	At risk
9	7	22	15	7	19	12	Good	Good
10	16	22	6	19	24	5	Excellent	Excellent
11	-4	22	26	1	22	21	At risk	Fair
12	-3	17	20	0	17	17	At risk	Fair
13	6	24	18	19	36	17	Good	Excellent
14	21	24	3	21	24	3	Excellent	Excellent
15	10	22	12	11	23	12	Good	Excellent
16	7	20	13	12	23	11	Good	Excellent
17	1	20	19	-	-	-	Fair	-
18	-4	20	24	-3	20	23	At risk	At risk
19	2	18	16	0	18	16	Fair	Fair
20	11	23	12	16	24	8	Excellent	Excellent
21	0	20	20	2	17	15	Fair	Fair
22	11	24	13	14	24	10	Excellent	Excellent

Source: Study data

Note. PM = Positive Monitoring; MB = Moral Behavior; IP= Inconsistent Punishment; NE= Neglect; LD = Lax Discipline; NM= Negative Monitoring; PA= Physical Abuse.

Table 4
Comparison of coparenting before and after the intervention

ERC Dimensions	Pretest <i>M (SD)/Median</i>	Posttest <i>M (SD)/Median</i>	Wilcoxon Test
Agreement	4.43 (1.01) /5.00	4.58 (1.01) /5.00	$Z=-2.18; p=.030$
Endorsement of Partner's Parenting	4.40 (1.38) /4.64	4.52 (1.18) /4.79	$Z=2.30; p=.023$
Closeness	4.03 (1.21) /4.00	4.18 (1.25) /4.00	$Z=-2.17; p=.030$
Support	3.58 (1.54) /3.42	4.06 (1.45) /4.00	$Z=-2.26; p=.024$
Division of Labor	4.79 (1.74) /4.75	3.57 (1.23) /3.25	$Z=-2.30; p=.023$
Conflict	0.84 (0.71) /0.80	0.86 (0.52) /1.00	$Z=-2.18; p=.030$
Coparenting Undermining	1.03 (1.47) /0.33	2.83 (0.81) /0.67	$Z=-2.16; p=.030$

Abuse (Nascimento et al., 2022). Such findings suggest that participation in parenting programs can equip parents with strategies to manage demands and conflicts inherent in parent-child relationships (Altafim & Linhares, 2022).

It is important to emphasize the psychosocial relevance of this study, as positive parenting programs in Brazil are far more developed and available for parents of younger children, while

few investigations have focused on programs targeting parents of adolescents (Benedetti et al., 2020). It is also noteworthy that only one participant was unable to complete the intervention. Another innovative aspect of this research is its entirely online format. Online programs present some specific challenges; however, the bonds formed among this study's participants and the resulting sense of belonging is key elements for group

effectiveness (Alcover et al., 2020). Overall, this study provides valuable scientific contributions to the field of parenting and coparenting among parents of adolescent children.

Nevertheless, this study presents certain limitations, including the use of a convenience sample, the absence of a control group, and the predominance of highly educated caregivers. These factors limit the generalizability of the findings to other groups of parents of adolescents. Establishing a control group was not possible due to the limited sample size at the outset of the project. Consequently, a quasi-experimental design was adopted, which allows for the assessment of changes over time while acknowledging the limitations of causal inference. Among these, the absence of a control group may reduce the ability to isolate the specific effect of the intervention.

However, despite these limitations, the findings provide valuable insights for future research and practice, serving as a foundation for more controlled studies with greater inferential power. It is also recommended that future investigations include the variable of adolescent behavior to better track changes associated with the intervention's effects, as well as to account for potential participant dropouts and develop strategies to enhance retention throughout the sessions.

Therefore, it is crucial that further research be conducted in the field of parenting and coparenting among parents of adolescents. Because parenting programs, including remote formats, can provide meaningful benefits to families, new parenting groups should be developed to strengthen the evidence base for their effectiveness. Future studies should also document the progress and positive outcomes of such interventions, highlighting their importance for the treatment, prevention, and health promotion of adolescents (Benedetti et al., 2020; Manzano et al., 2012; Spencer et al., 2020).

Data Availability

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

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