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Predicting Parental Psychological Distress from Child Behavioral Problems and Parenting Burden: The Moderating Role of Coparenting Support

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A B S T R A C T

Objective: This study aimed to predict parental psychological distress from child behavioral problems and parenting burden and to examine whether coparenting support moderated these associations among parents in Spain.

Methods and Materials: This quantitative cross-sectional correlational study was conducted with 428 parents of children aged 6–16 years residing in Spain. Participants were recruited through schools and community-based family organizations using a multistage convenience sampling procedure. Data were collected using a demographic questionnaire, the Kessler Psychological Distress Scale (K10), the parent-report Strengths and Difficulties Questionnaire (SDQ), the Parenting Stress Index–Short Form (PSI-SF), and the Coparenting Relationship Scale (CRS). Data were analyzed using Pearson correlations, hierarchical multiple regression, and moderation analysis with the PROCESS macro in SPSS. Continuous predictors were mean-centered before interaction terms were created, and moderation effects were evaluated using 5,000 bootstrap resamples with 95% confidence intervals.

Findings: Child behavioral problems significantly predicted higher parental psychological distress ($B = 0.34$, $SE = 0.04$, $\beta = .29$, $p < .001$), while parenting burden showed the strongest positive association with distress ($B = 0.14$, $SE = 0.01$, $\beta = .46$, $p < .001$). Coparenting support significantly predicted lower psychological distress ($B = -1.53$, $SE = 0.34$, $\beta = -.17$, $p < .001$). The final hierarchical regression model explained 55.4% of the variance in parental psychological distress. Coparenting support significantly moderated the association between child behavioral problems and distress ($B = -0.09$, $SE = 0.03$, $p = .001$) and between parenting burden and distress ($B = -0.04$, $SE = 0.01$, $p < .001$). The full moderation model explained 58.6% of the variance, indicating that both adverse associations became weaker as coparenting support increased.

Conclusion: Child behavioral problems and parenting burden are important predictors of parental psychological distress, whereas coparenting support functions as both a direct protective factor and a buffer that attenuates the psychological impact of parenting-related difficulties.

Keywords: *parental psychological distress; child behavioral problems; parenting burden; coparenting support; moderation; parenting stress; Spain*

1. Introduction

Parenthood is a major developmental transition that entails sustained emotional, cognitive, relational, and practical demands. Although raising children can be associated with meaning, attachment, and personal fulfillment, parenting also exposes adults to repeated stressors involving children's emotional regulation, behavior management, daily routines, financial responsibilities, work–family coordination, and the maintenance of intimate and family relationships. When these demands exceed parents' perceived psychological and interpersonal resources, they may contribute to psychological distress manifested through anxiety, depressive affect, irritability, emotional exhaustion, tension, and reduced psychological well-being. Contemporary family research increasingly conceptualizes parental distress not merely as an individual psychological phenomenon but as an outcome embedded within a broader family system in which child characteristics, parenting demands, couple functioning, and social support interact dynamically. Evidence from families exposed to major contextual stressors, including the COVID-19 pandemic, has shown that parental psychological functioning is closely intertwined with parenting behavior, family relationships, and children's adjustment, highlighting the importance of examining parental distress within its relational context (Daks et al., 2022; Giannotti et al., 2021; McRae et al., 2021).

One of the most salient child-related factors associated with parental psychological strain is the presence of behavioral and emotional problems in children. Child behavioral problems may encompass externalizing manifestations such as aggression, oppositional behavior, conduct difficulties, impulsivity, and hyperactivity, as well as internalizing difficulties such as anxiety, withdrawal, sadness, and emotional dysregulation. Such difficulties can increase the frequency and intensity of demanding parent–child interactions, require greater parental monitoring and behavioral management, and challenge parents' expectations regarding their competence and effectiveness. Longitudinal research has further demonstrated that adverse family and social experiences may be associated with children's internalizing and externalizing symptoms, emphasizing that behavioral difficulties emerge within interconnected developmental and family processes rather than in isolation (Krasodomska, 2022). Research conducted under conditions of family disruption has similarly documented close associations among parental stress, coparenting processes, and child externalizing behavior (Giannotti et al., 2021). More recent dyadic research has emphasized that parents' perceptions of children's problem behaviors are related not only to parental emotional dysregulation but also to the quality of coparenting, reinforcing the systemic nature of relationships between child behavior and parental functioning (Li et al., 2025).

The association between child behavioral problems and parental psychological distress is also likely to be reciprocal. Parents experiencing elevated psychological distress may have fewer emotional resources available for consistent, patient, and responsive parenting, while children's difficult behavior may simultaneously intensify parental worry, frustration, helplessness, and exhaustion. This transactional pattern can create a reinforcing cycle in which parental distress contributes to less adaptive parenting interactions and child behavioral difficulties further increase psychological strain. Recent work examining psychological distress, parental hostility, and child behavior problems has provided further support for the interconnected nature of these constructs and has highlighted the role of positive coparenting in modifying family risk processes (Zhang, Yoon, et al., 2025). Similarly, longitudinal and dyadic approaches suggest that parenting stress may represent an important mechanism linking coparenting processes with adolescent behavioral problems, underscoring the bidirectional connections among parental, relational, and child adjustment variables (Wang, 2026). Research concerning child adjustment during periods of heightened family stress has likewise indicated that coparenting conflict and child temperament may jointly shape children's adaptation, further demonstrating that the consequences of child-related difficulties depend substantially on the broader relational environment of the family (Menéndez et al., 2024).

Beyond children's behavioral characteristics, the subjective burden of parenting represents a particularly important determinant of parental mental health. Parenting burden refers to the psychological, emotional, and practical strain associated with meeting the ongoing demands of childcare and family management. It may include feelings of overload, restricted personal freedom, role exhaustion, difficulty balancing competing responsibilities, dissatisfaction with parenting experiences, and perceived inadequacy in responding to children's needs. Parenting stress and general psychological distress are conceptually related but distinct constructs; the former is specifically rooted in the parenting role, whereas the latter reflects

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broader emotional and psychological difficulties. Research using dyadic approaches has demonstrated significant relationships among parenting stress, general distress, and coparenting quality, suggesting that the psychological consequences of parenting demands cannot be fully understood independently of the relationship between caregivers (Turgeon et al., 2023). Studies of new parents have also shown that parenting satisfaction and stress vary according to relational and contextual factors, emphasizing that the subjective experience of parenting is influenced by both individual and interpersonal resources (Schoppe-Sullivan et al., 2021).

Parenting burden may become especially consequential when parents encounter chronic or intensive caregiving demands. Research involving families of children with substantial care needs has emphasized the importance of parental involvement and shared responsibility in sustaining family functioning (Sato & Araki, 2021). Similarly, studies examining maternal stress across different cultural contexts have demonstrated that parental distress is affected by a combination of caregiving responsibilities, family circumstances, and broader environmental pressures (Giannotti et al., 2022). Evidence concerning mothers at risk for depression also indicates that satisfaction with parental responsibilities is meaningfully connected to family relational functioning and infant attachment-related outcomes, further illustrating how parents' subjective experience of their role may influence both their own adjustment and the family environment (Kim & Goodman, 2024). When parenting demands are experienced as excessive or uncontrollable, the accumulation of strain may contribute to persistent psychological distress, making parenting burden a theoretically important predictor of parental mental health.

At the same time, parenting demands do not occur in an interpersonal vacuum. In families in which two adults share responsibility for a child, the coparenting relationship constitutes a central organizational subsystem of family life. Coparenting refers to the ways in which adults coordinate, support, undermine, negotiate, and divide their responsibilities concerning childrearing. It is conceptually distinct from the romantic or marital relationship because individuals can experience difficulties as intimate partners while maintaining effective cooperation as parents, or conversely, report adequate couple satisfaction while experiencing significant disagreement or undermining in their parenting roles. Coparenting encompasses dimensions such as mutual support, agreement over childrearing, division of parenting responsibilities, coordination, communication, conflict management, and the extent to which each caregiver validates the other's parental competence. Systemic and developmental perspectives emphasize that the coparenting alliance represents a fundamental component of family organization and provides a bridge between couple functioning, parenting, and child development (McHale et al., 2025; Tissot & Favez, 2023).

Among the different dimensions of coparenting, coparenting support may be particularly relevant to parental psychological well-being. Coparenting support refers to the extent to which parents perceive the other caregiver as cooperative, emotionally supportive, appreciative, validating, and willing to share parenting responsibilities. A supportive coparent can reduce the perceived burden of parenting by providing instrumental assistance, affirming parental competence, sharing decision-making, and offering emotional reassurance during difficult childrearing situations. Such support may therefore function both as a direct protective factor and as a resource that modifies the psychological impact of parenting-related stressors. Research has shown that partner support and cooperative coparenting can buffer associations between parental distress and problematic parenting during periods of severe environmental stress (McRae et al., 2021). Likewise, stronger coparenting has been associated with lower parental burnout, suggesting that effective teamwork between parents may protect caregivers when parenting demands become chronically taxing (Favez et al., 2022).

The protective relevance of coparenting has also been demonstrated across different forms of family stress. Financial hardship can challenge family functioning by increasing conflict, uncertainty, and psychological strain, yet social and relational resources may mitigate its effects on coparenting processes (Stanford et al., 2022). More recent dyadic work with lower-income couples similarly emphasizes the close relationship between financial stress and coparenting quality (Stolz et al., 2025). Occupational circumstances also matter; among new parents, nonstandard work arrangements may contribute to parental distress, while coparenting can alter the extent to which such demands affect psychological functioning (Feng & Teti, 2025). These findings indicate that coparenting support may operate as a resilience resource across multiple domains of adversity, potentially reducing the psychological consequences of stressors that would otherwise place substantial pressure on parents.

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Coparenting support may be especially important when the stressor originates within the caregiving relationship itself. When a child presents persistent behavioral or emotional difficulties, parents must frequently coordinate discipline, routines, monitoring, decision-making, and emotional responses. Agreement and mutual support may facilitate consistent responses to the child's behavior and reduce feelings of isolation or parental inadequacy. In contrast, criticism, exclusion, undermining, or conflict between caregivers may amplify the burden associated with difficult child behavior. Research on patterns of coparenting in economically disadvantaged families has demonstrated meaningful associations between the quality of coparenting and young children's social-emotional adjustment (Schoppe-Sullivan et al., 2023). Studies of infant distress similarly suggest that difficult child behavior and coparenting develop in relation to one another, with socioeconomic risk influencing these processes (Kim & Teti, 2025). Furthermore, work examining maternal educational anxiety has emphasized the relevance of gatekeeping and father involvement for mother–child relational functioning, showing that parental roles and involvement are interconnected components of family adjustment (Wu et al., 2026).

Evidence concerning father involvement further supports the view that parenting stress may depend substantially on the distribution and quality of parenting participation. Greater paternal engagement may reduce the concentration of caregiving responsibilities on mothers and contribute to more balanced family functioning. Research examining father involvement and maternal stress has shown that coparenting constitutes an important relational mechanism connecting paternal participation to maternal well-being (d'Orsi et al., 2023). At the same time, coparenting exclusion may undermine parental adjustment by limiting one caregiver's participation and generating relational tension; evidence from parents during the COVID-19 period demonstrated associations among exclusion from coparenting, prenatal experiences, and parental mental health (Cox et al., 2023). These findings suggest that the psychological benefits of shared parenting depend not only on the amount of involvement but also on whether parental participation occurs within a supportive and collaborative relational climate.

The relevance of supportive coparenting is also evident in families facing health-related adversity. In families of children with pediatric epilepsy, maternal depressive symptoms have been examined in relation to coparenting, relationship burden, and socioeconomic circumstances, indicating that relational processes remain important even when parents face substantial illness-related caregiving demands (Mendes et al., 2026). In families in which a parent has advanced cancer while dependent children remain in the household, family cohesiveness and the role of the coparent similarly become central concerns (Caparso & Benkert, 2022). Such findings broaden the significance of coparenting beyond ordinary parenting challenges and suggest that the quality of parental teamwork may represent a general family-level resource capable of sustaining psychological functioning across diverse conditions of adversity.

Intervention research also provides support for treating coparenting and couple functioning as potentially modifiable protective resources. Couple relationship education programs have demonstrated beneficial effects across relationship and family outcomes, although the magnitude and consistency of effects vary across interventions and populations (Hawkins et al., 2022). Programs directed toward economically disadvantaged couples have also examined whether coparenting can improve through relationship-focused interventions, including under conditions of pandemic-related stress (Le, Fredman, et al., 2022). Research on capitalization processes in early parenthood further suggests that the ways partners respond to and share positive experiences can influence relational functioning during the transition to parenthood (Le, Hatch, et al., 2022). Home-visiting interventions incorporating parenting-focused components have likewise examined improvements in parenting-related outcomes through family-based programming (Ammerman et al., 2022). Together, these studies suggest that relational resources surrounding parenting are not necessarily fixed characteristics but may be strengthened through targeted preventive and therapeutic approaches.

Systemic couple therapy research offers additional evidence that interventions addressing family relationships can yield meaningful changes for parents. A pragmatic randomized controlled trial of a brief systemic intervention for parents demonstrated the clinical relevance of incorporating parental and couple dynamics into treatment (Darwiche et al., 2022). Subsequent research examining post-therapy trajectories has extended this work by considering how parents and couples develop following brief systemic couple therapy over time (Darwiche et al., 2026). Research with foster caregivers has similarly shown that parenting stress may influence change in coparenting following relationship education, underscoring the

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possibility that the benefits of relational intervention depend partly on the level of parenting strain already present (Richardson et al., 2021). These studies are especially relevant to moderation models because they imply that coparenting and parental stress are not simply parallel predictors but may influence one another in determining psychological outcomes.

Major societal stressors have offered an especially clear demonstration of the interdependence between parenting demands and family relationships. During the early phases of the COVID-19 pandemic, families had to adapt simultaneously to health concerns, social restrictions, changes in employment and schooling, increased time at home, and disruptions in ordinary support systems. Research examining daily health-protective behaviors and family life during this period documented the extent to which family processes became intertwined with everyday adaptation to external threat (Bai et al., 2023). Longitudinal research further indicated that psychological flexibility influenced family dynamics during the pandemic, highlighting the importance of adaptive resources for preserving functioning under sustained stress (Daks et al., 2022). Studies conducted in Italy and Spain also identified parental stress and family characteristics as central components of adjustment during the pandemic, providing important cross-cultural evidence for the relevance of family relational processes to parental well-being (Giannotti et al., 2022). In this context, cooperative coparenting appears particularly significant because it can distribute demands and provide emotional support when parents face simultaneous child-related and environmental stressors.

Despite growing evidence linking child behavior, parenting stress, and coparenting, several conceptual issues remain important. First, much of the literature has examined coparenting as an outcome of stress or as a direct predictor of parental and child adjustment, while comparatively fewer studies have explicitly considered its role as a moderator of the association between parenting-related risk factors and parental psychological distress. Yet a moderation perspective is theoretically informative because it addresses not only whether coparenting support is beneficial, but whether it changes the degree to which stressful parenting conditions translate into psychological difficulties. Existing evidence supports this possibility. Coparenting has been shown to moderate the association between nonstandard employment and parental distress (Feng & Teti, 2025), while positive coparenting has also been examined as a moderator in models connecting parental psychological distress, hostility, and child behavior problems (Zhang, Yoon, et al., 2025). Such findings suggest that the effects of parenting stressors may differ substantially according to the quality of support available within the parenting partnership.

Second, child behavioral problems and parenting burden should be considered simultaneously because they represent related but conceptually distinct sources of parental strain. A child's difficult behavior is an observable or perceived characteristic of the caregiving context, whereas parenting burden reflects the parent's subjective experience of the demands associated with fulfilling the parenting role. Two parents may therefore encounter similar child behaviors but experience different levels of psychological burden depending on their coping resources, socioeconomic circumstances, relationship quality, and support from the coparent. Conversely, high parenting burden may occur even in the absence of severe child behavioral difficulties when parents experience financial pressure, work constraints, low relational support, or competing caregiving responsibilities. Research on material hardship has demonstrated pathways linking socioeconomic strain, parental depression, coparenting, and children's social skills, emphasizing the need to distinguish external stressors from the psychological and relational processes through which they operate (Zhang, Calabrese, et al., 2025). The study of these variables within a single predictive model can therefore clarify their unique contributions to parental distress.

Third, contemporary family research increasingly emphasizes dyadic and systemic perspectives rather than treating one parent as an isolated unit. Actor–partner analyses of parenting stress, distress, and coparenting have illustrated how one caregiver's experiences may be connected to the functioning of the other caregiver and the family system as a whole (Turgeon et al., 2023). Similarly, work on child behavior, emotional dysregulation, and coparenting has demonstrated that parents' experiences may operate through actor and partner pathways (Li et al., 2025). The international study of coparenting networks has further broadened this framework by emphasizing engagement, teamwork, conflict, and child focus across complex caregiving systems rather than restricting coparenting to a simple dyadic construct (McHale et al., 2025). These developments reinforce the need to conceptualize parental psychological distress as a product of interconnected family processes.

Finally, although evidence on coparenting has expanded substantially, further research in European contexts remains warranted. Family structures, gender expectations,

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employment conditions, childcare systems, and social-support arrangements differ across countries and may shape both parenting burden and the protective significance of coparenting. Studies conducted in Spain and other European settings have demonstrated the importance of examining parental stress within its sociocultural context (Giannotti et al., 2022), while clinical and systemic work in European samples has underscored the relevance of coparenting and couple functioning to parental adjustment (Darwiche et al., 2026; Tissot & Favez, 2023). Integrating child behavioral difficulties, subjective parenting burden, and coparenting support in a Spanish sample can therefore contribute to a more contextually grounded understanding of parental psychological distress and may inform family-centered prevention and intervention efforts.

Accordingly, the aim of the present study was to predict parental psychological distress from child behavioral problems and parenting burden among parents in Spain and to examine whether coparenting support moderates the associations of child behavioral problems and parenting burden with parental psychological distress.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quantitative, cross-sectional, correlational design to examine the extent to which child behavioral problems and parenting burden predicted parental psychological distress and to determine whether coparenting support moderated these associations. The target population consisted of parents of school-aged children residing in Spain. A total of 428 parents participated in the study. Participants were recruited from public and private primary and secondary schools and community-based family organizations located in several urban and suburban areas of Spain. A multistage convenience sampling procedure was used. Initially, schools and family organizations were contacted and informed about the purpose and procedures of the study. After institutional permission had been obtained, information about the research was distributed to potentially eligible parents through school communication systems, parent associations, and electronic mailing lists. Interested parents were provided with an electronic link containing the study information sheet, informed-consent form, demographic questionnaire, and standardized measures. Eligibility criteria included being at least 18 years of age, being the biological, adoptive, or long-term legal parent of at least one child between 6 and 16 years of age, living with the target child for the majority of the week, residing in Spain, and having sufficient proficiency in Spanish to complete the questionnaires. When a parent had more than one child within the eligible age range, the parent was instructed to answer all child-related questions with reference to the child whose birthday was closest to the date of questionnaire completion. Parents were excluded when they reported that they were not currently involved in the child's day-to-day care or when substantial portions of the questionnaire were incomplete. Participation was voluntary, and respondents were informed that they could discontinue their participation at any point without penalty. No personally identifying information was included in the analytical dataset. Before completing the questionnaires, all participants provided electronic informed consent. The study procedures were conducted in accordance with the ethical principles of the Declaration of Helsinki and applicable Spanish and European regulations concerning research ethics, confidentiality, and protection of personal data.

2.2. Measures

Data were collected using a demographic information form and standardized self-report instruments measuring parental psychological distress, child behavioral problems, parenting burden, and coparenting support. The demographic questionnaire obtained information concerning the parent's age, gender, educational level, employment status, marital or partnership status, number of children in the household, the target child's age and gender, and selected family characteristics. Parental psychological distress, which constituted the principal outcome variable, was assessed using the 10-item Kessler Psychological Distress Scale (K10). The K10 evaluates nonspecific symptoms of psychological distress experienced during the recent past, including nervousness, restlessness, hopelessness, fatigue, and depressed affect. Participants rated the frequency of each experience on a five-point response scale, with higher total scores representing greater psychological distress. The K10 was selected because it provides a concise assessment of general emotional distress without restricting the construct to a single psychiatric symptom domain and is particularly suitable for epidemiological and community-based studies involving adult populations.

Child behavioral problems were assessed using the parent-report version of the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a widely used measure of

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children's emotional and behavioral functioning and contains items addressing emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems, and prosocial behavior. For the purposes of the present study, the Total Difficulties score was calculated from the emotional symptoms, conduct problems, hyperactivity/inattention, and peer problems subscales. Higher scores indicated a greater overall level of behavioral and emotional difficulties perceived by the parent. The parent-report format was considered particularly appropriate because the primary objective was to investigate whether parents' perceptions of their children's behavioral difficulties were associated with their own psychological distress. The validated Spanish-language form was used to ensure linguistic and cultural appropriateness for the study population.

Parenting burden was measured using the Parental Distress and Parent–Child Dysfunctional Interaction components of the Parenting Stress Index–Short Form (PSI-SF), with the overall parenting-stress score used as an indicator of the psychological and practical burden associated with the parenting role. The instrument assesses the extent to which parents experience parenting responsibilities as demanding, exhausting, difficult to manage, or inconsistent with their expectations regarding parenthood and the parent–child relationship. Participants rated each statement according to the extent to which it described their current parenting experience. Higher scores indicated greater parenting burden and parenting-related stress. The PSI-SF was selected because it conceptualizes parenting burden as a multidimensional experience arising not only from the characteristics of the child but also from perceived parental demands, restricted personal resources, and difficulties within the parent–child relationship. The Spanish-language version of the instrument was administered.

Coparenting support was assessed using the Coparenting Support dimension of the Coparenting Relationship Scale (CRS). This measure evaluates the degree to which parents perceive the other parental figure as supportive, cooperative, respectful, and validating in matters related to childrearing. Items assess experiences such as receiving assistance with parenting responsibilities, feeling appreciated as a parent, perceiving agreement and coordination in childrearing, and believing that the coparent supports one's parenting decisions. Responses were averaged to generate a coparenting-support score, with higher values indicating stronger perceived support within the coparenting relationship. Because coparenting support was conceptualized as a potential protective interpersonal resource, it was treated as the moderator in the statistical models. Participants without an active coparenting relationship were not included in moderation analyses because meaningful assessment of current coparenting support required the presence of another adult who regularly shared parenting responsibilities. For all multi-item instruments, internal consistency was evaluated in the present sample before substantive analyses were conducted, and Cronbach's alpha and McDonald's omega coefficients of .70 or higher were regarded as indicating acceptable reliability. Where validated Spanish-language versions were available, these versions were used without modification, and questionnaire administration was standardized across participants.

2.3. Data Analysis

Statistical analyses were conducted using IBM SPSS Statistics and the PROCESS macro for SPSS. Prior to hypothesis testing, the dataset was screened for incomplete responses, implausible values, univariate and multivariate outliers, and violations of the assumptions underlying parametric analyses. Descriptive statistics, including means, standard deviations, frequencies, percentages, observed ranges, skewness, and kurtosis, were calculated to characterize the study variables and participant characteristics. The distribution of the continuous variables was evaluated using graphical inspection and standardized skewness and kurtosis indices. Internal consistency of the multi-item measures was assessed using Cronbach's alpha and McDonald's omega. Pearson product-moment correlation coefficients were calculated to examine the bivariate relationships among parental psychological distress, child behavioral problems, parenting burden, and coparenting support. Preliminary associations between relevant demographic variables and parental psychological distress were also examined to identify potential covariates for inclusion in the multivariable models.

Hierarchical multiple regression analysis was subsequently performed to determine the independent predictive contributions of child behavioral problems and parenting burden to parental psychological distress. Demographic covariates that demonstrated theoretical or empirical relevance were entered in the initial step of the model, followed by child behavioral problems and parenting burden as the principal predictor variables. Coparenting

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support was then entered as an additional predictor in order to estimate its direct association with parental psychological distress after controlling for the other study variables. Before constructing interaction terms, continuous predictors were mean-centered to reduce nonessential multicollinearity and facilitate interpretation of the regression coefficients. Variance inflation factors and tolerance statistics were examined to evaluate multicollinearity, and regression residuals were inspected to assess linearity, homoscedasticity, independence, and approximate normality.

Moderation analyses were performed to determine whether coparenting support altered the strength of the associations between child behavioral problems and parental psychological distress and between parenting burden and parental psychological distress. Two interaction terms were therefore examined: child behavioral problems × coparenting support and parenting burden × coparenting support. The conditional-effects analyses were conducted using PROCESS, with parental psychological distress specified as the dependent variable and coparenting support specified as the moderator. Statistical inference for conditional effects was based on 5,000 bootstrap resamples with 95% confidence intervals. A moderation effect was considered statistically supported when the interaction coefficient was statistically significant and its corresponding 95% confidence interval did not include zero. Significant interactions were further examined through simple-slopes analysis by estimating the association between each focal predictor and parental psychological distress at relatively low, average, and relatively high levels of coparenting support, conventionally represented by one standard deviation below the mean, the mean, and one standard deviation above the mean. Where appropriate, the Johnson–Neyman procedure was additionally used to identify the range of coparenting-support values across which the conditional association between the focal predictor and psychological distress was statistically significant. Regression coefficients, standard errors, standardized coefficients, t statistics, confidence intervals, p values, changes in explained variance, and overall R^2 values were used to evaluate the magnitude and statistical significance of the observed effects. All statistical tests were two-tailed, and the significance level was set at $p < .05$.

3. Findings and Results

A total of 428 parents were included in the final analyses. The mean age of the participating parents was 40.86 years (SD = 6.74; range = 25–59 years). Of the respondents, 276 (64.5%) were mothers and 152 (35.5%) were fathers. Regarding educational attainment, 67 participants (15.7%) had completed secondary education or less, 103 (24.1%) had completed vocational or postsecondary non-university education, 176 (41.1%) held a university bachelor's degree, and 82 (19.2%) had postgraduate education. A total of 317 participants (74.1%) were employed either full-time or part-time, whereas 111 (25.9%) were unemployed, engaged primarily in unpaid caregiving, studying, or otherwise outside paid employment at the time of data collection. Most participants were married or living with a partner, accounting for 359 respondents (83.9%), while 69 (16.1%) were separated, divorced, widowed, or in another family arrangement in which an active coparenting relationship was maintained. The mean number of children in the household was 1.87 (SD = 0.76), and the mean age of the target child was 10.91 years (SD = 2.93; range = 6–16 years). Among the target children, 219 (51.2%) were boys and 209 (48.8%) were girls. Preliminary comparisons indicated that parental psychological distress did not differ significantly according to the child's gender, whereas modest differences were observed according to parental employment status and family relationship status. These demographic variables were therefore considered when evaluating potential covariates in the subsequent multivariable analyses.

Table 1

Descriptive Statistics, Distributional Characteristics, and Reliability of the Main Study Variables

Variable	Possible Range	Observed Range	Mean	SD	Skewness	Kurtosis	Cronbach's α	McDonald's ω
Parental psychological distress	10–50	10–46	23.84	7.21	0.51	-0.18	.91	.92
Child behavioral problems	0–40	2–34	15.62	6.08	0.39	-0.31	.84	.85
Parenting burden	36–180	45–165	101.47	23.86	0.28	-0.42	.93	.93
Coparenting support	1–5	1.25–5.00	3.54	0.82	-0.46	-0.10	.89	.90

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As shown in Table 1, the mean parental psychological distress score was 23.84 (SD = 7.21), indicating substantial variability in the level of emotional distress experienced by parents in the sample. Scores ranged from 10 to 46, demonstrating that the sample included parents reporting both very low and relatively high levels of psychological distress. Child behavioral problems had a mean score of 15.62 (SD = 6.08), with observed scores extending from 2 to 34. Parenting burden showed a mean of 101.47 (SD = 23.86), suggesting considerable heterogeneity in the extent to which respondents experienced parenting demands as stressful, exhausting, or difficult to manage. The mean coparenting support score was 3.54 (SD = 0.82), indicating that participants generally reported moderate to relatively high support from their coparenting partner, although the wide observed range demonstrated meaningful differences between families. Examination of skewness and kurtosis showed no substantial deviation from normality. Absolute skewness coefficients ranged from 0.28 to 0.51, and kurtosis coefficients ranged from -0.42 to -0.10, supporting the use of parametric statistical procedures. All instruments also demonstrated satisfactory to excellent internal consistency in the present sample. Cronbach's alpha coefficients ranged from .84 for child behavioral problems to .93 for parenting burden, while McDonald's omega coefficients ranged from .85 to .93. These findings indicated that all constructs were measured with acceptable reliability and that the scales were suitable for subsequent correlational, regression, and moderation analyses.

Table 2

Pearson Correlations Among Parental Psychological Distress, Child Behavioral Problems, Parenting Burden, and Coparenting Support

Variable	1	2	3	4
1. Parental psychological distress	1.00			
2. Child behavioral problems	.52***	1.00		
3. Parenting burden	.68***	.48***	1.00	
4. Coparenting support	-.49***	-.31***	-.55***	1.00

Table 2 presents the bivariate correlations among the principal study variables. Parental psychological distress was significantly and positively associated with child behavioral problems ($r = .52$, $p < .001$), indicating that parents who perceived greater emotional and behavioral difficulties in their children also tended to report higher levels of psychological distress. A stronger positive association was observed between parenting burden and parental psychological distress ($r = .68$, $p < .001$), suggesting that the subjective burden associated with parenting represented a particularly important correlate of parental emotional well-being. Child behavioral problems were also positively associated with parenting burden ($r = .48$, $p < .001$), indicating that more pronounced behavioral difficulties in the child tended to coexist with higher parenting-related demands and stress. In contrast, coparenting support demonstrated significant negative associations with parental psychological distress ($r = -.49$, $p < .001$), child behavioral problems ($r = -.31$, $p < .001$), and parenting burden ($r = -.55$, $p < .001$). Thus, parents perceiving greater cooperation, validation, and support from the other parental figure generally experienced lower psychological distress and less parenting burden. Although some of the correlations were moderate to moderately strong, none approached a magnitude indicative of problematic redundancy among the study constructs. These findings therefore supported proceeding to multivariable regression analyses to determine the independent predictive effects of child behavioral problems, parenting burden, and coparenting support.

Table 3

Hierarchical Multiple Regression Predicting Parental Psychological Distress

Predictor	B	SE	β	t	p	95% CI for B
Step 1: Demographic covariates						
Parent age	-0.06	0.05	-.05	-1.18	.239	[-0.16, 0.04]
Parent gender	0.71	0.54	.05	1.31	.191	[-0.35, 1.77]
Employment status	-1.23	0.56	-.08	-2.20	.028	[-2.33, -0.13]
Relationship status	-1.46	0.67	-.08	-2.18	.030	[-2.78, -0.14]

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Step 2: Main predictors						
Child behavioral problems	0.34	0.04	.29	7.85	<.001	[0.26, 0.43]
Parenting burden	0.14	0.01	.46	11.59	<.001	[0.12, 0.17]
Coparenting support	-1.53	0.34	-.17	-4.50	<.001	[-2.19, -0.86]
Model Statistic	Step 1			Step 2		
R^2	.041			.554		
Adjusted R^2	.032			.546		
ΔR^2	.041			.513		
F	4.54***			74.56***		
ΔF	4.54***			161.38***		

The hierarchical regression results are presented in Table 3. In the first step, demographic covariates collectively accounted for 4.1% of the variance in parental psychological distress, $R^2 = .041$, $F(4, 423) = 4.54$, $p < .001$. Employment status and relationship status emerged as modest but statistically significant predictors, whereas parent age and parent gender were not independently related to psychological distress. Specifically, employed parents reported slightly lower psychological distress after controlling for the other demographic variables ($B = -1.23$, $SE = 0.56$, $\beta = -.08$, $p = .028$), and parents living with a spouse or partner similarly reported lower distress than those in other relationship arrangements ($B = -1.46$, $SE = 0.67$, $\beta = -.08$, $p = .030$). The introduction of child behavioral problems, parenting burden, and coparenting support in Step 2 substantially improved the explanatory power of the model. The proportion of explained variance increased to 55.4%, representing an additional 51.3% of variance accounted for by the psychological and family variables, $\Delta R^2 = .513$, $\Delta F = 161.38$, $p < .001$. Child behavioral problems significantly predicted greater parental psychological distress ($B = 0.34$, $SE = 0.04$, $\beta = .29$, $t = 7.85$, $p < .001$), meaning that increases in perceived child behavioral difficulties were associated with greater parental distress even after parenting burden, coparenting support, and demographic characteristics were statistically controlled. Parenting burden demonstrated the strongest standardized association with parental psychological distress ($B = 0.14$, $SE = 0.01$, $\beta = .46$, $t = 11.59$, $p < .001$), identifying it as the principal independent predictor in the model. In contrast, coparenting support independently predicted lower psychological distress ($B = -1.53$, $SE = 0.34$, $\beta = -.17$, $t = -4.50$, $p < .001$). The final model accounted for more than half of the observed variance in parental psychological distress, indicating that the combined contribution of child difficulties, perceived parenting demands, and support within the coparenting relationship was substantial.

Table 4

Moderating Effects of Coparenting Support on the Associations of Child Behavioral Problems and Parenting Burden with Parental Psychological Distress

Predictor	B	SE	β	t	p	95% Bootstrap CI
Child behavioral problems	0.33	0.04	.28	7.71	<.001	[0.25, 0.42]
Parenting burden	0.14	0.01	.45	11.28	<.001	[0.11, 0.16]
Coparenting support	-1.42	0.33	-.16	-4.31	<.001	[-2.06, -0.77]
Child behavioral problems × coparenting support	-0.09	0.03	-.10	-3.26	.001	[-0.15, -0.04]
Parenting burden × coparenting support	-0.04	0.01	-.12	-3.84	<.001	[-0.06, -0.02]
Model Statistic						Value
R^2						.586
Adjusted R^2						.578
F(9, 418)						65.73***
ΔR^2 due to child behavioral problems × coparenting support						.011
ΔR^2 due to parenting burden × coparenting support						.015

As shown in Table 4, both interaction terms were statistically significant, demonstrating that coparenting support moderated the relationships of child behavioral problems and parenting burden with parental psychological distress. The interaction between child behavioral problems and coparenting support was negative and statistically significant ($B = -0.09$, $SE = 0.03$, $\beta = -.10$, $t = -3.26$, $p = .001$, 95% bootstrap CI [-0.15, -0.04]). This finding indicated that

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the positive association between child behavioral problems and parental psychological distress became weaker as coparenting support increased. Although the incremental variance attributable to this interaction was relatively modest ($\Delta R^2 = .011$), the effect remained statistically reliable after adjustment for demographic covariates, parenting burden, and the main effect of coparenting support. The interaction between parenting burden and coparenting support was also negative and significant (B = -0.04, SE = 0.01, β = -.12, t = -3.84, p < .001, 95% bootstrap CI [-0.06, -0.02]). Thus, the relationship between parenting burden and psychological distress was attenuated among parents who perceived stronger support from their coparenting partner. The parenting burden interaction explained an additional 1.5% of variance in psychological distress. After the interaction terms were introduced, the complete moderation model explained 58.6% of the variance in parental psychological distress, $R^2 = .586$, adjusted $R^2 = .578$, $F(9, 418) = 65.73$, p < .001. The absence of zero from both bootstrap confidence intervals provided additional evidence that these moderation effects were statistically robust.

Table 5

Conditional Effects of Child Behavioral Problems and Parenting Burden on Parental Psychological Distress at Different Levels of Coparenting Support

Focal Predictor	Level of Coparenting Support	Moderator Value	B	SE	t	p	95% CI
Child behavioral problems	Low (-1 SD)	2.72	0.41	0.05	8.15	<.001	[0.31, 0.51]
Child behavioral problems	Mean	3.54	0.33	0.04	7.71	<.001	[0.25, 0.42]
Child behavioral problems	High (+1 SD)	4.36	0.26	0.05	5.22	<.001	[0.16, 0.36]
Parenting burden	Low (-1 SD)	2.72	0.17	0.02	10.29	<.001	[0.14, 0.20]
Parenting burden	Mean	3.54	0.14	0.01	11.28	<.001	[0.11, 0.16]
Parenting burden	High (+1 SD)	4.36	0.10	0.02	6.48	<.001	[0.07, 0.13]

Table 5 provides the simple-slopes analyses for the two statistically significant interaction effects. Child behavioral problems were significantly associated with parental psychological distress at all three examined levels of coparenting support; however, the magnitude of the association systematically decreased as coparenting support increased. At a relatively low level of coparenting support, corresponding to one standard deviation below the mean, each one-point increase in child behavioral problems was associated with a 0.41-point increase in psychological distress (B = 0.41, SE = 0.05, p < .001). At the mean level of coparenting support, the corresponding association was B = 0.33 (SE = 0.04, p < .001), whereas at one standard deviation above the mean, the slope decreased to B = 0.26 (SE = 0.05, p < .001). Thus, although child behavioral difficulties remained associated with psychological distress even among parents experiencing high levels of coparenting support, the strength of this relationship was substantially attenuated in the context of stronger support. A similar buffering pattern was observed for parenting burden. When coparenting support was low, parenting burden had a comparatively strong positive association with parental psychological distress (B = 0.17, SE = 0.02, p < .001). At the mean level of support, the slope decreased to B = 0.14 (SE = 0.01, p < .001), and among parents reporting high coparenting support it was further reduced to B = 0.10 (SE = 0.02, p < .001). These conditional effects demonstrate that coparenting support did not eliminate the psychological consequences associated with parenting burden or child behavioral difficulties, but it consistently weakened their associations with parental distress. The pattern therefore supported the hypothesized protective or buffering role of a supportive coparenting relationship.

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Figure 1

Moderating Effect of Coparenting Support on the Associations of Child Behavioral Problems and Parenting Burden with Parental Psychological Distress

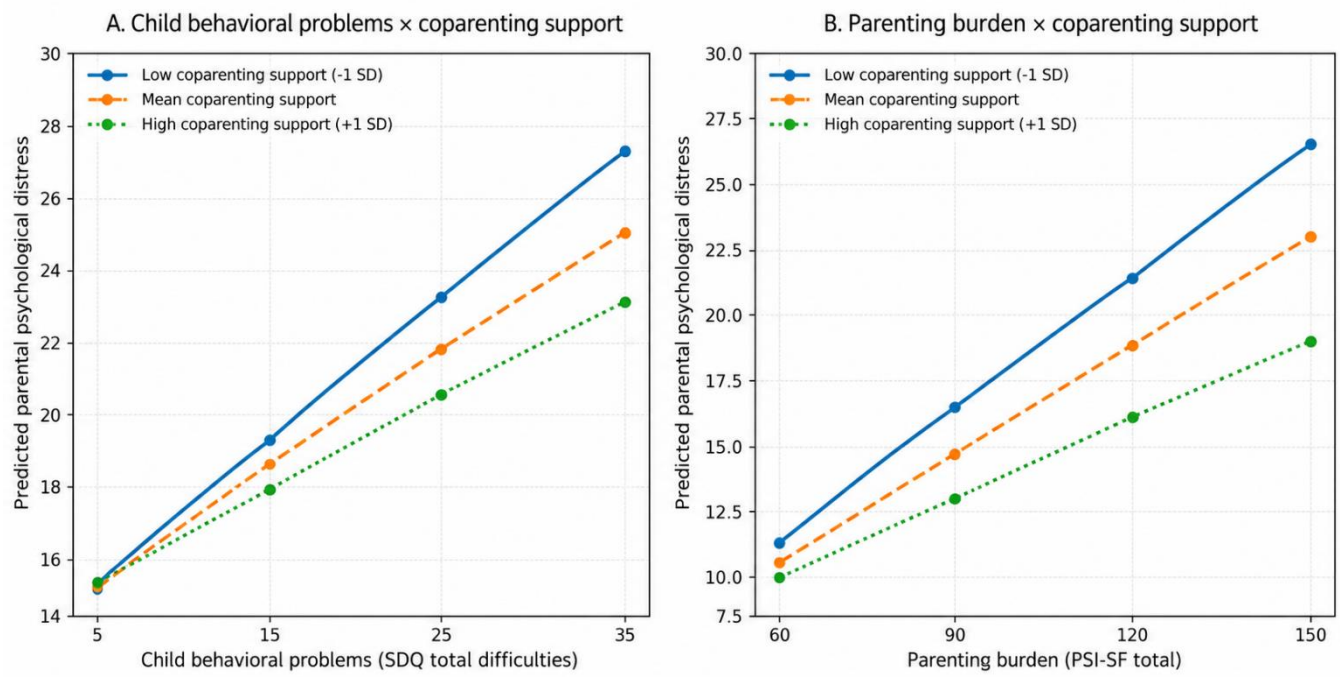

Figure 1 illustrates the nature of the statistically significant moderation effects. For both child behavioral problems and parenting burden, parental psychological distress increased as the level of the respective risk factor increased. However, the gradient of this increase differed according to the level of coparenting support. Parents reporting low coparenting support displayed the steepest increase in psychological distress as child behavioral problems became more severe, whereas the corresponding increase was less pronounced among those reporting average support and was weakest among parents with high coparenting support. The same pattern was observed for parenting burden, with the greatest increase in psychological distress occurring among parents experiencing limited coparenting support. In contrast, high coparenting support was associated with a comparatively flatter relationship between parenting burden and psychological distress. The divergence between the conditional regression slopes became progressively greater at higher levels of child behavioral problems and parenting burden, demonstrating that the protective contribution of coparenting support was particularly relevant under conditions of greater parenting adversity. Taken together, the graphical pattern and the interaction coefficients indicate that supportive cooperation between parenting partners functioned as a significant interpersonal resource that reduced, although did not completely neutralize, the association of difficult child behavior and parenting-related burden with parental psychological distress.

Overall, the findings supported the proposed predictive and moderation model. Child behavioral problems and parenting burden were both significant positive predictors of parental psychological distress, while coparenting support was independently associated with lower distress. Parenting burden demonstrated the largest unique standardized effect, indicating that parents' subjective experience of parenting demands was more strongly related to psychological distress than child behavioral problems alone. Importantly, coparenting support significantly moderated both risk pathways. The adverse associations of child behavioral problems and parenting burden with parental psychological distress were strongest when coparenting support was low and progressively weaker as support increased. These results therefore suggest that parental distress is related not only to the level of behavioral difficulty displayed by the child and the burden experienced in the parenting role, but also to the relational context in which parenting demands are managed.

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4. Discussion

The present study examined whether child behavioral problems and parenting burden predicted parental psychological distress among parents in Spain and whether coparenting support moderated these associations. The findings supported the proposed model in several important respects. First, child behavioral problems were positively associated with parental psychological distress, indicating that parents who perceived greater emotional and behavioral difficulties in their children tended to experience higher levels of psychological strain. Second, parenting burden emerged as an even stronger predictor of parental psychological distress, suggesting that parents' subjective experience of caregiving demands was particularly consequential for their emotional well-being. Third, coparenting support was negatively associated with psychological distress and independently contributed to the prediction of parental functioning after child behavioral problems, parenting burden, and demographic characteristics were considered. Most importantly, coparenting support significantly moderated both risk pathways. The associations of child behavioral problems and parenting burden with parental psychological distress were strongest when coparenting support was low and became progressively weaker as coparenting support increased. These findings support a family-systems interpretation in which parental distress is shaped not only by the severity of parenting demands but also by the relational resources available for managing those demands.

The positive association between child behavioral problems and parental psychological distress is consistent with previous evidence indicating that children's emotional and behavioral difficulties constitute an important source of strain for caregivers. Difficulties such as emotional dysregulation, oppositional behavior, hyperactivity, aggression, peer problems, and persistent distress can increase the amount of monitoring, regulation, negotiation, and behavioral management required from parents. Consequently, repeated exposure to challenging child behavior may tax parental emotional resources and contribute to greater anxiety, frustration, fatigue, and depressive affect. This interpretation corresponds with research showing close associations among parental stress, coparenting functioning, and child externalizing behavior (Giannotti et al., 2021). It is also consistent with work demonstrating that parents' perceptions of children's problem behaviors are related to parental emotional dysregulation and coparenting processes (Li et al., 2025). Research examining psychological distress, parental hostility, and child behavior problems has similarly emphasized that parental and child adjustment are interdependent rather than isolated processes (Zhang, Yoon, et al., 2025).

The present findings may also be understood from a transactional perspective. Child behavioral problems are unlikely to influence parental distress through a one-directional pathway alone. Greater behavioral difficulty can increase parenting strain, but distressed parents may simultaneously have fewer psychological resources for maintaining calm, consistency, emotional availability, and effective behavioral management. Such patterns can contribute to escalating reciprocal interactions between child behavior and parental functioning. This interpretation is compatible with longitudinal and dyadic evidence suggesting that parenting stress may operate as a mechanism through which family relational processes become associated with behavioral problems in children and adolescents (Wang, 2026). Similarly, evidence concerning child adjustment has shown that coparenting conflict and child characteristics may jointly contribute to behavioral adaptation under stressful family circumstances (Menéndez et al., 2024). Thus, the observed association between child behavioral problems and parental psychological distress likely reflects an ongoing family process in which child characteristics, parental emotional responses, and relational functioning continually influence one another.

A particularly important result of the present study was that parenting burden demonstrated the largest unique standardized association with parental psychological distress. Although child behavioral problems were clearly relevant, parents' subjective experience of parenting demands appeared more strongly associated with their overall psychological functioning. This finding suggests that objective or observable parenting challenges may be less important than the extent to which parents experience those challenges as overwhelming, exhausting, uncontrollable, or incompatible with their available resources. Parenting burden encompasses emotional fatigue, perceived role overload, difficulty balancing responsibilities, dissatisfaction with parental functioning, and strain within parent–child interactions. Therefore, it represents the psychological meaning of caregiving demands rather than merely their occurrence. Previous research has similarly shown strong links among parenting stress, general distress, and the quality of the coparenting relationship (Turgeon et

al., 2023). Research on new fathers has also demonstrated that parenting stress and satisfaction are responsive to both contextual demands and relational resources (Schoppe-Sullivan et al., 2021).

The strength of the association between parenting burden and distress may be further explained by the cumulative nature of parental demands. Parenting is a continuous role, and its burdens are not restricted to isolated episodes of difficult behavior. Parents must organize routines, make decisions, manage household responsibilities, respond to children's emotional needs, coordinate school-related requirements, accommodate work demands, and maintain other family relationships. When these responsibilities are perceived as exceeding available coping resources, psychological distress may accumulate over time. Evidence from families exposed to demanding caregiving circumstances supports this interpretation. Studies examining fathers' participation in caring for children with profound disabilities have highlighted the importance of shared caregiving responsibility in maintaining family functioning (Sato & Araki, 2021). Research on maternal stress in Italy and Spain has likewise demonstrated that parental well-being depends on a combination of caregiving demands, environmental stressors, and family-level resources (Giannotti et al., 2022). The present finding therefore reinforces the importance of examining parenting burden as an independent psychological construct rather than treating it merely as a consequence of child behavior.

Coparenting support showed a significant negative association with parental psychological distress, even after the other predictors and demographic characteristics were controlled. This finding suggests that parents who perceive greater cooperation, validation, assistance, and mutual respect from the other caregiver experience lower levels of psychological strain. This result is well aligned with family-systems models in which the coparenting subsystem acts as an important organizational structure connecting couple functioning, parenting, and child development. Coparenting involves coordination of responsibilities, agreement regarding childrearing, support for the other parent's competence, constructive communication, and management of disagreement. When these processes function effectively, parents are less likely to experience caregiving as an isolated or unsupported responsibility. Systemic perspectives on coparenting emphasize precisely this role of parental teamwork and coordination in shaping family adaptation (McHale et al., 2025; Tissot & Favez, 2023).

The protective association of coparenting support observed in the present study also corresponds with previous empirical evidence. Cooperative coparenting and partner support have been shown to buffer associations between parental distress and ineffective parenting during periods of substantial environmental stress (McRae et al., 2021). Similarly, lower-quality coparenting has been associated with parental burnout, indicating that inadequate teamwork may increase vulnerability when parenting demands become prolonged or intensive (Favez et al., 2022). Research on father involvement also suggests that coparenting may represent an important pathway through which shared parenting participation is associated with reduced maternal stress (d'Orsi et al., 2023). Conversely, exclusion from the coparenting role has been linked with poorer parental mental health, demonstrating that the psychological value of coparenting depends not simply on the presence of another caregiver but on meaningful inclusion, cooperation, and support (Cox et al., 2023). Taken together, these studies provide a coherent explanation for the direct protective effect found in the current Spanish sample.

The most important contribution of the present study concerns the significant moderating role of coparenting support in the relationship between child behavioral problems and parental psychological distress. Although child behavioral problems predicted distress at low, average, and high levels of coparenting support, the magnitude of this relationship decreased as support increased. This pattern indicates that coparenting support functions as a buffering resource rather than fully eliminating the psychological effects of difficult child behavior. When support was low, increasing child behavioral problems were accompanied by a comparatively steep increase in parental distress. When support was high, the increase in distress was substantially smaller. This finding is consistent with evidence that positive coparenting can alter the relationship among parental psychological distress, parental hostility, and child behavior problems (Zhang, Yoon, et al., 2025). It also aligns with research demonstrating interconnections between children's problem behaviors, parental emotional dysregulation, and coparenting functioning (Li et al., 2025).

Several mechanisms may explain this buffering effect. Supportive coparents can share responsibility for managing difficult child behavior, thereby reducing the degree to which one parent carries the practical and emotional burden alone. They can also provide validation following stressful interactions, help maintain consistent behavioral expectations, prevent escalation of parent–child conflict, and

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offer alternative interpretations of a child's behavior. Such processes may reduce parents' feelings of helplessness or incompetence when faced with challenging behavior. In contrast, low coparenting support may require one parent to cope simultaneously with the child's difficulties and with disagreement, criticism, exclusion, or lack of assistance from the other parent. Under those circumstances, child behavior problems may become more psychologically costly. Evidence that coparenting patterns are associated with children's social-emotional adjustment supports the broader importance of cooperative parenting climates (Schoppe-Sullivan et al., 2023). Similarly, research on infant distress has shown that child-related challenges and coparenting develop in interconnected ways, with socioeconomic risk further influencing these associations (Kim & Teti, 2025).

The second moderation effect showed that coparenting support also weakened the positive association between parenting burden and parental psychological distress. The simple-slopes pattern was particularly informative: parenting burden was strongly associated with distress when coparenting support was low, while the association became less pronounced at average and high levels of support. This result fits well with the conceptualization of coparenting support as a resource that changes the psychological meaning of demanding parenting experiences. High parenting burden may still involve substantial practical responsibilities, but those responsibilities may be perceived as more manageable when they are shared with a responsive, cooperative, and validating coparent. In contrast, when support is limited, equivalent levels of parenting demand may be experienced as significantly more overwhelming because the parent has fewer relational resources with which to manage them.

This result is closely aligned with previous work showing that coparenting can moderate the association between contextual stressors and parental distress. For example, coparenting has been identified as a moderator of the relationship between nonstandard work schedules and distress among new parents (Feng & Teti, 2025). Financial stress has likewise been associated with coparenting quality, while broader social resources may buffer the negative effects of economic strain on parenting partnerships (Stanford et al., 2022). Recent dyadic evidence among lower-income couples similarly indicates that financial stress and coparenting are closely connected (Stolz et al., 2025). These findings suggest that the buffering function observed in the present study is not limited to one form of stress. Coparenting support may represent a general interpersonal resource that reduces the translation of external or parenting-related demands into psychological distress.

The findings are also compatible with research conducted during the COVID-19 pandemic, when families were exposed to unusually high levels of simultaneous caregiving, occupational, educational, and health-related stress. During this period, family adjustment was strongly associated with parental stress and coparenting functioning (Giannotti et al., 2021). Psychological flexibility was likewise associated with more adaptive family dynamics over time (Daks et al., 2022), and daily health-protective behaviors became embedded within broader patterns of family functioning (Bai et al., 2023). These studies demonstrate that parental distress is especially likely to increase when multiple demands accumulate, but family relational resources can influence how successfully parents adapt. The present findings extend this reasoning beyond acute pandemic conditions by suggesting that coparenting support may similarly protect parents in everyday contexts characterized by challenging child behavior and high parenting burden.

The results also have implications for understanding differences between coparenting and general partner support. Although emotional support within a couple relationship is valuable, coparenting support is specifically focused on childrearing. Its protective function may therefore be particularly relevant when the source of stress is parenting itself. A partner may be emotionally supportive in general yet provide little assistance with discipline, routines, educational responsibilities, or difficult child behavior. Conversely, parents may experience relationship strain while still cooperating effectively around the child's needs. Research on family-centered relational interventions supports the practical importance of improving parenting teamwork. Couple relationship education programs have shown beneficial effects on relational functioning (Hawkins et al., 2022), and intervention studies have demonstrated that coparenting can improve through relationship-focused programs, including among economically disadvantaged families (Le, Fredman, et al., 2022). Research on positive relational processes during early parenthood also suggests that supportive partner interactions can strengthen relational functioning during periods of adaptation (Le, Hatch, et al., 2022).

The significant moderation effects are additionally consistent with evidence from therapeutic and preventive approaches that treat the parental relationship as a modifiable resource. Family-focused home-visiting programs have produced improvements in parenting-related

outcomes (Ammerman et al., 2022), while systemic couple interventions for parents have demonstrated beneficial effects in pragmatic randomized controlled trials (Darwiche et al., 2022). Follow-up research has further examined post-therapy trajectories after brief systemic couple treatment, emphasizing that family relational change may continue after intervention completion (Darwiche et al., 2026). In foster-care contexts, parenting stress has also been shown to influence changes in coparenting following relationship education (Richardson et al., 2021). These findings reinforce the interpretation that coparenting support is not merely a background family characteristic but a potentially modifiable process capable of influencing parental adaptation.

The present findings may be especially important in families facing persistent or medically complex caregiving demands. In pediatric epilepsy, coparenting has been linked with maternal depressive symptoms and relationship burden, indicating that the quality of parenting partnership can remain consequential even when caregiving stress originates in a child's chronic health condition (Mendes et al., 2026). Similarly, the role of family cohesion and coparenting becomes especially salient when families must manage serious parental illness while caring for dependent children (Caparso & Benkert, 2022). Although the current study focused on a community sample rather than a clinical population, the same underlying principle may apply: demanding family circumstances are less likely to translate into severe psychological distress when parenting responsibilities are experienced within a supportive relational system.

The findings further highlight the importance of considering coparenting within broader family and socioeconomic contexts. Material hardship can contribute to parental depression and children's adjustment partly through family relational processes, including coparenting (Zhang, Calabrese, et al., 2025). Educational anxiety and parental gatekeeping may similarly affect father involvement and parent–child closeness, illustrating how beliefs about parental roles shape the distribution of caregiving resources (Wu et al., 2026). These contextual processes may help explain why parents exposed to similar child behavioral problems or similar levels of objective caregiving demand nevertheless report markedly different degrees of psychological distress. Coparenting support may therefore be one mechanism through which family structure, gender expectations, economic conditions, and parental role organization influence psychological well-being.

5. Conclusion

Overall, the findings support an integrative family-systems account of parental psychological distress. Child behavioral problems represent an important child-level risk factor, while parenting burden reflects the parent's subjective experience of demands arising from the caregiving role. Coparenting support operates at the relational level and appears to perform two functions simultaneously: it is directly associated with lower distress and it reduces the strength of the associations between parenting-related risk factors and psychological distress. This pattern is consistent with contemporary dyadic research emphasizing that parenting stress, general distress, and coparenting are mutually embedded processes (Turgeon et al., 2023), as well as research documenting actor–partner links between parents' perceptions of children's behavior and coparenting functioning (Li et al., 2025). The findings therefore suggest that parental mental health cannot be fully understood through individual-level vulnerability alone; it must also be considered in relation to the interpersonal context in which parenting demands are negotiated and managed.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the present findings. First, the cross-sectional design prevents conclusions regarding temporal or causal direction. Although child behavioral problems and parenting burden were modeled as predictors of parental psychological distress, distressed parents may also perceive their children's behavior as more difficult, experience ordinary parenting demands as more burdensome, or encounter greater difficulty sustaining supportive coparenting relationships. Second, the study relied primarily on parental self-report, creating the possibility of common-method variance and shared perceptual bias. Parents experiencing elevated distress may systematically rate child behavior, parenting burden, and coparenting less favorably. Third, although the sample included a substantial number of parents from Spain, convenience-based recruitment through schools and family organizations may limit representativeness, particularly for families experiencing severe socioeconomic disadvantage, high-conflict separation, limited institutional engagement, or complex caregiving arrangements. Fourth, the assessment of coparenting support focused on the respondent's perception rather than obtaining parallel reports from both members of the coparenting dyad. Fifth, family diversity may not have been fully represented because coparenting can occur across

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married, cohabiting, separated, extended-family, same-sex, stepfamily, and other caregiving arrangements. Finally, potentially influential variables such as prior mental health difficulties, child diagnosis, socioeconomic hardship, work–family conflict, social support outside the family, and relationship satisfaction were not comprehensively incorporated into the predictive model.

Future studies should employ longitudinal and prospective designs to clarify the temporal relationships among child behavioral problems, parenting burden, coparenting support, and parental psychological distress. Repeated assessments across major developmental transitions would permit examination of whether changes in child behavior precede changes in parental distress and whether coparenting support protects parents over time. Dyadic designs including both coparents are particularly important because they would allow actor–partner interdependence models to identify how one parent's burden, support, and psychological functioning influence the other parent. Future research should also combine self-report measures with teacher reports, observational assessments of parent–child and coparenting interactions, clinical interviews, and behavioral indicators to reduce common-method bias. More diverse Spanish samples should be recruited across socioeconomic levels, regions, family structures, and cultural backgrounds. Studies could additionally test whether the moderating effect of coparenting support differs by parent gender, child age, child gender, type of behavioral difficulty, economic hardship, work schedule, or family structure. Experimental and intervention research would be particularly valuable for determining whether deliberately strengthening coparenting support leads to measurable reductions in psychological distress among parents facing high parenting burden or persistent child behavioral difficulties.

The findings suggest that assessment and intervention with distressed parents should extend beyond individual symptoms and include the broader parenting system. Professionals working in primary care, mental health services, schools, pediatric settings, and family-support programs should assess not only children's behavioral difficulties and parents' subjective burden but also the quality of cooperation between caregivers. Parents reporting high distress may benefit from interventions that strengthen shared decision-making, constructive communication, coordinated responses to child behavior, equitable distribution of parenting responsibilities, mutual validation, and recognition of each caregiver's contribution. Parenting programs addressing difficult child behavior may be more effective when both coparents are involved rather than placing responsibility on a single caregiver. Likewise, clinicians should consider whether apparent individual psychological distress is being maintained by chronic parenting overload combined with limited relational support. Preventive services could prioritize families in which child behavioral problems coexist with high parenting burden and weak coparenting support, because this combination may represent a particularly vulnerable family configuration. Strengthening the coparenting alliance should therefore be considered an important component of family-centered strategies designed to reduce parental distress and promote more sustainable parenting functioning.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors have equally contributed to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

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