Interventions to Help Parents and Children Through Separation and Divorce

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Introduction

It is estimated that 50% of youth in the U.S. experience parental divorce. Compared to youth in two-parent families, those from divorced families exhibit higher levels of mental health problems and academic and social difficulties, as well as higher rates of substance use and teen pregnancy. For some, the negative effects of parental divorce continue into adulthood. Although divorce confers increased risk for problems in multiple domains, most children from divorced homes do not experience significant adjustment problems.

The prevalence of divorce, its negative sequelae, and the variability in children’s response to divorce argue strongly for the development of theory-guided interventions. This paper presents current knowledge on theory-guided programs designed to prevent child adjustment problems following divorce. The review is restricted to preventive interventions that have shown positive effects on adjustment problems in at least one experimental or quasi-experimental trial.

Subject

Intrapersonal and interpersonal factors have important implications for children’s post-divorce adjustment problems. Researchers have identified several potentially modifiable factors that predict children’s post-divorce adjustment problems, including interparental conflict, parent-child relationship quality, discipline, children’s cognitions, and children’s coping strategies. Theoretically, if programs modify these factors, reductions in children’s adjustment problems should occur.

Programs have taken four forms: child-focused, residential parent-focused, nonresidential parent-focused, and combined residential parent- and child-focused programs. Child-focused programs target skills to cope with stressful divorce-related events, emotional expression skills, and interpersonal resources (e.g., parent-child

**Problems**

The high prevalence of divorce means that its impact on population rates of problem outcomes is substantial.¹¹ From a population attributable factor perspective, in which the maximum proportion of an outcome due to a risk factor that could be prevented by removing it is calculated, 36% of mental health problems in early adulthood, 30% of teen pregnancies, and 23% of school dropouts could be prevented by eliminating the negative effects of divorce.¹² The development, evaluation and dissemination of programs for this at-risk group have important public health implications.

**Research Context**

Over the past 35 years, two groups of investigators have developed child-focused programs that demonstrated positive effects on child adjustment problems using experimental and quasi-experimental designs; three groups of investigators demonstrated positive effects on child adjustment problems with parent-focused programs using experimental designs. Of these five programs, only one has been evaluated with more than one experimental trial. The methodological rigor of the quasi-experimental designs has varied widely across investigations, ranging from using a comparison group of children from non-divorced families, to randomly assigning schools (but not individuals) to intervention conditions.

**Key Research Questions**

Do theory-guided prevention programs reduce children’s post-divorce adjustment problems? Do these programs change theoretical mediators (i.e., variables that are hypothesized to account for the effect of divorce on adjustment problems), and do changes in mediators account for the improvements in adjustment problems? Are the program effects maintained over development? How can access to programs be increased?

**Recent Research Results**

**Child-focused programs**

The Children of Divorce Intervention Program (CODIP)¹³ and the Children’s Support Group (CSG)¹⁴ are highly similar programs. In one experimental and multiple quasi-experimental trials, CODIP has been shown to reduce a range of adjustment problems (e.g., anxiety, classroom problems) and improve divorce-related perceptions.¹⁵ Positive effects emerged for children in kindergarten through sixth grade and in suburban and urban populations.⁶,¹⁵,¹⁶,¹⁷ The effects were maintained two years after participation.¹⁸ CSG has shown positive preventive and treatment effects on self-esteem, social skills and adjustment problems in two quasi-experimental trials with children and early adolescents; program effects on adjustment problems were maintained at one-year follow-up.¹⁴,¹⁹

**Residential parent-focused programs**

Parenting Through Change (PTC)²⁰ and the New Beginnings Program (NBP)²¹-²² have demonstrated positive
effects on children's adjustment problems. In a randomized controlled trial, the PTC decreased adjustment problems three years after participation and decreased delinquency (e.g., fewer arrests) nine years after participation. The effects on child adjustment problems were accounted for by improvements in positive parenting and coercive discipline; the effects on delinquency were accounted for by improvements in effective parenting and decreases in deviant peer association.\textsuperscript{23,24,25}

NBP has been evaluated in two randomized controlled trials. In the first trial, positive effects at post-test occurred for mental health problems.\textsuperscript{21} This program effect was accounted for by improvements in mother-child relationship quality. In the second trial, positive effects were found at post-test for internalizing and externalizing problems. At six-month follow-up, the effect on externalizing problems was maintained. The effects on internalizing at post-test were accounted for by improvements in mother-child relationship quality. The effects on externalizing problems at post-test and six-month follow-up were accounted for by improvements in mother-child relationship quality and effective discipline. In both trials, program effects were stronger for youth in families that were functioning more poorly at program entry.

A six-year follow-up of the second trial showed a 37\% reduction in mental disorder diagnoses as well as positive effects on symptoms of mental disorder, internalizing problems, externalizing problems, substance use, grades, competence and number of sexual partners.\textsuperscript{26} Improvements in effective discipline accounted for the program effect on grades; improvements in mother-child relationship quality accounted for program effects on symptoms of mental disorder, internalizing problems and externalizing problems. Improvements in parental monitoring accounted for program effects on substance use.

\textit{Nonresidential parent-focused programs}

Dads for Life (DFL) is a prevention program for nonresidential fathers. In a randomized controlled trial, DFL improved children's internalizing problems at post-test and one-year follow-up. Program effects were stronger for youth with greater problems at program entry.\textsuperscript{27}

\textit{Combined residential parent- and child-focused programs}

Two experimental trials tested whether combining programs for mothers and youth produced greater effects.\textsuperscript{14,22} The findings indicated that stronger effects did not occur when both mothers and children participated in concurrent programs.

\textbf{Research Gaps}

Additional randomized controlled trials of the programs described above are necessary to identify programs that consistently produce positive effects. Further, most samples consisted of primarily non-Hispanic White families with school-aged children. The effects of these programs should be examined in racially- and culturally-diverse samples that include preschoolers as well as older children and adolescents. Examination of the costs and benefits of such programs and the development of strategies for disseminating these programs into community settings are other important topics for future research. Increasing knowledge of programs' mediators, identifying the subgroups that benefit most from these interventions, building relationships between program developers and community organizations, and developing strategies to link families at greatest risk for
developing problems to effective programs are other important steps in the process of reducing the public health burden of divorce.

Conclusions

Multiple theory-guided interventions have demonstrated short- and long-term positive effects on children’s post-divorce adjustment problems. Intervening with residential parents, nonresidential parents, or children are all effective strategies for promoting better outcomes. Combining parent-focused and child-focused programs has not been shown to produce additional benefits over single-component programs. Mediational analyses of NBP and PTC indicated that improving mother-child relationship quality and increasing effective discipline are essential components for residential parent-focused programs. Analyses of NBP and DFL indicated that these preventive interventions are most beneficial for families with greater problems at program entry. Six-year follow-up of NBP and nine-year follow-up of PTC demonstrated that positive effects of these programs persisted across developmental periods. In summary, there is convincing evidence that programs for children in divorced families are effective, especially for youth who have more problems at program entry.

Implications for Parents, Services and Policy

There is evidence that participation in prevention programs leads to reductions in children’s post-divorce adjustment problems and increases in competencies. Program effects have occurred on a wide range of outcomes, including mental disorder, delinquency, behavior problems, self-esteem and grades. Community providers working with divorced families may wish to utilize these programs as part of their treatment to teach parents effective, non-coercive discipline strategies and ways to enhance the quality of their relationships with their children, and to teach children adaptive emotional expression and coping skills.

Despite the existence of multiple effective programs, their availability is extremely limited. To reduce the public health burden of divorce, families’ access to effective prevention programs must be profoundly increased. Widespread access to these programs will require the development of strategies for high-quality implementation of these programs in community settings and the identification of ongoing funding streams for these services.

References


