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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.1 Although divorce confers increased risk for problems in multiple domains, most children from divorced families do not experience significant adjustment problems.[2,3] However, compared to youth in two-parent families, those from divorced families exhibit higher levels of mental health problems, academic and social difficulties,[4-6] and higher rates of substance use[7-9] and teen pregnancy.[10,11] For a sizeable minority of these children, parental divorce is related to significant problems in adulthood as well,[12-17] and some research shows that differences between offspring in two-parent versus divorced families widen from childhood to adulthood.[15] There is also evidence that the consequences of parental divorce extend beyond the immediate offspring.[18] In a nationally representative sample, divorce in the first generation was related to lower education, higher marital discord and weaker ties with both parents in the third generation.[18]

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The high prevalence of divorce means that its impact on population rates of problem outcomes is substantial.[19] 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, 30% of teen pregnancies, 23% of school dropouts and 36% of mental health problems in early adulthood could be prevented by eliminating the negative effects of parental divorce.[20] Thus, the development, evaluation and dissemination of prevention programs for divorced families have important public health implications.

Researchers have identified several potentially modifiable processes that are associated with children's post-divorce adjustment problems, including interparental conflict,[5] parent-child relationship quality,[21] discipline,[22] children's cognitions,[23] and children's coping strategies.[19] Theoretically, if programs modify these processes, reductions in children's adjustment problems should occur.

This paper presents current knowledge on preventive interventions that have shown positive effects on children's adjustment in at least one experimental or quasi-experimental trial. Whenever possible, for each program, we address the following questions: What aspects of children's adjustment were affected by the program? Were the program effects maintained over time? Did the intervention-induced changes in the processes targeted for change account for the improvements in adjustment? We end by discussing important next steps that can reduce the public health burden of parental divorce.

Interventions

Child-focused programs

Three group programs have been tested in a single trial. Positive program effects on depression, attitudes about the divorce, and scholastic and athletic competence were found in a multimodal program;[24] on depression, anxiety and feelings about the divorce in a program focused on education about divorce, expression of feelings, and problem solving;[25] and on behaviour problems in a program focused on social role-taking and communication skills.[26] Children of Divorce – Coping with Divorce is an online program for children and adolescents that focuses on teaching effective coping skills and promoting coping efficacy.[27] In a randomized controlled trial, this program led to significant reductions in children's mental health problems. It was especially effective for children who entered the program at a higher level of risk.[27] Analyses indicated that

increases in coping efficacy accounted for reductions in mental health problems.[28]

Two highly similar programs, the Children of Divorce Intervention Program (CODIP)[29] and Children's Support Group (CSG),[30] have been tested in two or more trials. Both focus on coping skills, social support, and emotion identification. In one experimental and multiple quasi-experimental trials, the CODIP reduced a variety of adjustment problems (e.g., anxiety, classroom problems) and improved divorce-related perceptions.[29,31-33] Positive effects occurred for children in kindergarten through sixth grade and in suburban and urban areas.[31,32] The program effects were maintained two years after participation.[34] CSG has shown positive effects on self-esteem, social skills, and adjustment problems in two quasi-experimental trials with children and early adolescents; program effects were maintained at a one-year follow-up.[30,35] In none of the evaluations of these group programs did researchers examine whether changes in the processes targeted for change accounted for improvements in adjustment problems.

Parent-focused programs

Parenting Through Change (PTC)[36] is a group program for mothers that targets parenting practices, emotion regulation, and managing interpersonal conflict. Results of a randomized controlled trial showed that, although there were not program effects on children's adjustment problems as post-test,[36] the PTC decreased children's adjustment problems three years after participation and decreased delinquency nine years after participation.[37] The effects on adjustment problems were accounted for by improvements in positive parenting and reductions in coercive discipline; the effects on delinquency were accounted for by improvements in positive parenting and decreases in deviant peer association.[36,38,39]

Fathering Through Change (FTC)[40] is an online program that is an adaptation of the PTC for fathers. Results of a randomized controlled trial showed that the FTC led to a marginal decrease in adjustment problems at post-test, which was accounted for by decreases in coercive parenting. The long-term effects of this program are not yet available.

The Dads for Life (DFL), a program for fathers, focuses on increasing commitment to parenting and perceived control over divorce events and improving parenting and conflict management skills. A randomized controlled trial showed that the DFL reduced internalizing problems at post-test and 1-year follow-up.[41] Analyses that examined whether changes in the processes targeted for change accounted for reductions in internalizing problems were not conducted. Program

effects were stronger for youth with greater problems at program entry.[42]

The Collaborative Divorce Project (CDP) is a co-parenting program.[43] The program includes multiple components (e.g., divorce orientation, psychoeducational parenting classes, mediation-focused therapeutic resolution). A quasi experimental trial showed that the CDP reduced teacher-reported child attention and thinking difficulties compared to the community education condition at the 9- to 11-month follow-ups. The program was not as effective for non-White parents as it was for White parents.43 Analyses indicated that the program worked primarily through reducing interparental conflict and increasing co-parenting cooperation, which in turn improved parent-reported child behaviour problems.[44]

The New Beginnings Program (NBP),[45-47] is a group program that targets parent-child relationship quality, effective discipline and interparental conflict. It has been evaluated in three randomized controlled trials. The first two trials included only mothers. In the first trial, the program reduced mental health problems at post-test.[46] Reductions in mental health problems were accounted for by improvements in mother-child relationship quality. In the second trial, program effects were found for mother and child reports of internalizing and externalizing problems.[45-47] The effect on externalizing problems was maintained at the six-month follow-up. Teachers reported more internalizing problems in children in the NBP at post-test; at follow-up, the difference across condition was non-significant. The decrease in internalizing at post-test was accounted for by improvements in mother-child relationship quality. The decreases in 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.

The second sample was assessed six and fifteen years after the program. At the six-year follow-up, the NBP led to a 37% reduction in mental disorder diagnoses, decreases in several other problem behaviours and improvements in grades and competence.[48] Improvements in discipline and mother-child relationship quality accounted for these program effects. At the 15-year follow-up, the NBP led to a lower incidence of internalizing disorders in the past nine and fifteen years and reductions in multiple indicators of substance use for males but increases in alcohol use for females.[49] There were also positive direct and indirect effects of the NBP on work success, peer competence, and academic outcomes at the 15-year follow-up.[50] These effects were accounted for by intervention-induced improvements in parent-child relationship quality at post-test as well as indirect effects of the program on behaviour problems and competencies at the 6-year follow-up

through post-test improvements in relationship quality.

The NBP was also tested in a large-scale randomized controlled effectiveness trial that included mothers and fathers and was diverse in terms of race/ethnicity (Non-Hispanic White, Hispanic) and child age.[47] Ethnicity and child age moderated the NBP effects at post-test and 10-month follow-up. Non-Hispanic White parents and younger children reported reductions in mental health problems. Teachers reported more problems in children in the NBP at post-test but at follow-up, there were no significant differences between the conditions.[47] Analyses to identify the processes responsible for the program effects are currently being conducted.

To increase access and reduce costs, the NBP was recently adapted into an online program. A randomized controlled trial of this program is currently underway; preliminary results indicated that the program significantly reduced children's adjustment problems at post-test.

Combined parent- and child-focused programs

One quasi-experimental trial and two experimental trials tested whether combining programs for mothers and children produced greater effects.[30,35,45] Additive effects did not occur when the NBP was combined with a concurrently run child coping program.[45] Nor did the effects of the CSG increase when a group designed to facilitate children's adjustment through improving mothers' adjustment by enhancing identity development, social support, and parenting skills[30] or a four-session workshop[35] was added to this child program.

Summary and Directions for Future Research

Over the past 40 years, multiple investigators have developed and evaluated prevention programs designed to reduce children's post-divorce adjustment problems. This work has shown that both child-focused programs and parent-focused programs led to an array of improvements, including reductions in mental disorder, delinquency, and behaviour problems as well as improvements in self-esteem, adaptive coping, and academic performance. In the evaluations that included follow-up assessments, the program effects were maintained; program effects persisted from one year to 15 years. These data suggest that the widespread implementation of programs that improve children's post-divorce adjustment problems would significantly reduce the public health burden of parental divorce. Although we know little about the processes that account for change in the child-focused programs, several researchers have found that high-quality parenting and effective discipline were essential components of their parent-focused

programs.

There are several important directions for future research. First, despite evidence of positive, lasting effects in multiple trials for three programs (CODIP, CSG, NBP) and evidence of positive effects in a single trial for several other programs, none has been widely implemented. This lack of adoption is likely due to the high costs of group programs (e.g., training leaders, monitoring on-going delivery, recruiting for groups).[51] Given recent research showing positive effects of brief interventions (1- 4 sessions) for other at-risk groups,[52,53] an important research issue is whether shorter programs lead to improvements in children's adjustment problems that last over development. Exploring the effects of other delivery formats, such as podcasts, is another important research direction. If effective, shorter in-person group-based programs and online programs could have a powerful effect on the public health burden of parental divorce. Second, very few of the samples were ethnically diverse. The two evaluations that assessed differential benefits across ethnicity found benefits for only non-minority families. It is clearly important to examine program effects in racially and culturally diverse samples and identify ways to make these programs culturally robust. Third, most trials were conducted with families with school-aged children. Future evaluations should include families with preschoolers as well as older children. Other issues for future research include additional attention to the processes that account for improvements in children's adjustment in child-focused programs, identification of predictors of differential benefits, and the development of strategies to effectively engage families.

Implications for Services and Policy

To have a significant impact on the public health burden of parental divorce, programs must be widely available. Thus, policies that increase access to effective programs are critical. Widespread access to group programs will require the identification of ongoing funding streams for these services. Adapting these programs for online delivery in a manner that maintains their effects on children's adjustment problems is a promising strategy that will expand reach, reduce costs, and increase impact.

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