

YOUTH ADJUSTMENT TO PARENTAL SEPARATION:
THE DEVELOPMENT AND EVALUATION
OF AN EMPIRICALLY-BASED PARENTING INTERVENTION
FOR SEPARATED FAMILIES WITH ADOLESCENT CHILDREN

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OF AN EMPIRICALLY-BASED PARENTING INTERVENTION
FOR SEPARATED FAMILIES WITH ADOLESCENT CHILDREN

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DECLARATION

I certify that except where due acknowledgement has been made, the work is that of the author alone; the work has not been previously submitted, in whole or in part, to qualify for any other academic award; and the content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program; and, any editorial work, paid or unpaid, carried out by a third party is acknowledged.

Mandy Kienhuis

May, 2006

ABSTRACT

The focus of this thesis is the evaluation of three forms of an empirically-based cognitive-behavioural parenting program for separated families with adolescent children. However, to initially determine the existence of lasting affects of parental separation (occurring during childhood and adolescence), an exploratory study used a sample of 272 young adults (aged between 18 and 30 years) from intact families and 78 young adults from separated families. This study investigated the impact of parental marital status on young adult psychological adjustment, interpersonal relationships, attitudes toward divorce, and interpersonal behaviour problems. Results indicated that the effects of parental separation on father-child relationships persist into adulthood for men and women. Further, young women from separated families also reported more accepting attitudes toward divorce, and earlier age at entering into de facto or marital relationships. Young men reported more difficulties in their relationships with mothers, moving out of the family home at a younger age, and higher levels of verbal attack behaviours in romantic relationships compared to their peers from intact families. Importantly, results suggested that both young children and adolescents experience adverse consequences of parental separation, albeit in different adjustment domains. Given these results, the need for intervention was established. While considerable efforts have gone into the development of intervention programs for young children from separated families, few efforts have focused on adolescents whose parents have separated. To redress this situation, this thesis describes the development and evaluation of three forms of delivery of a parenting program for separated families with adolescent children – group, individual, and telephone-assisted. Study 2 investigated the efficacy and acceptability of the Youth Adjustment to Parental Separation (YAPS) program – an empirically-based group cognitive-behavioural parenting program for separated families with adolescent children. Overall, the results from this initial trial with four mothers suggested that the program was implemented as planned and that the program was acceptable to mothers. Further, the program lead to improvements in mothers’ perceptions of adolescent symptomatology and their own symptomatology. However, there was limited or inconsistent change in mothers’ perceptions of family relationships, the coparenting relationship, and their parenting practises, and in adolescents’ perceptions of interparental conflict, coping, negative separation-related events, and problematic beliefs. Furthermore, adolescents reported

deterioration in family communication and their own symptomatology. Based on the results of Study 2 and the limitations identified, recommendations were made regarding improvements to the YAPS program and to the procedures used to evaluate program effectiveness. According to the recommendations made in Study 2, the efficacy and acceptability of the YAPS program delivered as a therapist-administered individual program was evaluated with six families in Study 3. Results indicated that the program is acceptable to mothers, and that it leads to improvements in adolescent adjustment, parent adjustment, mother-adolescent relationships, father-contact, adolescent exposure to interparental conflict and other negative-separation-related events, and mothers' perceptions of family relationships. Less consistent changes were observed for adolescent ratings of family relationships, and the father-adolescent relationship, however improvements in the father-adolescent relationship were associated with increased levels of father-contact. Consistent improvements in adolescents' coping and their appraisal of parental separation were not observed. However, there appeared to be a relationship between parental utilisation of coping strategies and adolescent coping, suggesting that promoting adolescent coping indirectly through parental modelling and parental encouragement is an appropriate intervention strategy. Study 4 evaluated the efficacy and acceptability of the YAPS program delivered as a telephone-assisted program. Results indicated that the program is acceptable to mothers, and that it improves adolescent perceptions of family communication, their own coping, and their relationship with their father. However, mothers' ratings of their own and their child's adjustment, and adolescent ratings of their own adjustment did not change. Further, expected improvements in mothers' parenting practises, the mother-adolescent relationship, separation-related negative-events, separation-related beliefs, and the coparenting relationship were not observed. Overall, improvements observed in the evaluation of the minimal-contact, telephone-assisted YAPS program (Study 4) were considerably less than those observed in the evaluation of the individual therapist-assisted, face-to-face program (Study 3). Future evaluations of the YAPS program need to address the limitations of the current series of studies, particularly, comparison to a wait-list control group is required so that threats to internal validity can be minimised.

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CHAPTER 1: INTRODUCTION

Divorce and marital separation are common experiences for Australian families. While there is variation in the estimated rate of divorce across studies, it is estimated that between 32% and 46% of Australian marriages will result in divorce (de Vaus, 2004). Further, the likelihood of experiencing divorce has increased by 22% over the last two decades (Australian Bureau of Statistics, 2003a), suggesting that there is an increased need to focus on marital separation and its impact on couples and their families.

Approximately half of all divorces involve children under the age of 18 years (Australian Bureau of Statistics, 2003a), exposing many Australian children to the economic, social, and psychological consequences of parental separation. Considering the large body of research indicating that the adjustment of children from divorced families is below that of children from intact families (Amato, 2001; Amato & Keith, 1991a; Amato & Keith, 1991b; Rodgers, 1996), it is important to identify factors which influence children's adjustment to their parent's divorce, and to assist them to adjust to the changes that occur in their families during separation. Many researchers have identified economic, family, and individual child factors which mediate and moderate the impact of parental separation on children (e.g. Conger, Patterson, & Ge, 1995; Forehand, McCombs-Thomas, Wierson, Brody, & Fauber, 1990; Forehand, Neighbors, Devine, & Armistead, 1994; Morrison & Cherlin, 1995; Sandler, Tein, & West, 1994; Simons & Associates, 1996; Vandewater & Lansford, 1998), while others have developed intervention programs for recently separated or divorced families to target these proposed factors (e.g. Forgatch & DeGarmo, 1999; Wolchik et al., 1993).

However, intervention programs to improve the adjustment of children in divorced families have largely focused on families with young children (e.g. Alpert-Gillis, Pedro-Carrol, & Cowen, 1989; Forgatch & DeGarmo, 1999; Pedro-Carrol & Cowen, 1985; Stolberg & Garrison, 1985), overlooking adolescents. Considering that in 38% of divorcing families with children, the youngest child is between the ages of 10 and 17 years (Australian Bureau of Statistics, 2003a), there is an unmet need to consider older children and adolescents when developing programs for separated families.

This thesis has two main aims. First, to add to the current body of research regarding the long-term effects of parental separation, specifically, the impact of parental separation on young adult's psychological adjustment, interpersonal relationships, and factors associated

with the intergenerational transmission of divorce. This first investigation will also address the importance of gender and age-at-separation on post-separation outcomes, with the expectation that young men and young women, regardless of whether they experience separation during early childhood or adolescence, will report poorer adjustment compared to their peers from intact families. The second aim of this thesis is to develop and evaluate an empirically-based intervention to enhance the adjustment of adolescents in recently separated families, a group relatively overlooked in clinical research. An overview of the way this thesis addresses these aims is provided below.

Overview of Chapters

Chapter 2 provides a review of the literature investigating the effects of marital separation on adults, with a particular focus on the factors proposed to influence parent adjustment to marital separation. A review of studies investigating the effects of parental separation on children and adolescents, and the factors proposed to mediate and moderate this relationship is then presented.

Chapter 3 reports the results of Study 1, an investigation of the relationship between parental marital status and young adult adjustment. Based on conclusions resulting from the literature review presented in Chapter 2, particular attention is given to positive aspects of development, and the life course variables proposed in Amato's (1996) model to account for the intergenerational transmission of divorce, that is, attitudes toward divorce, and interpersonal behaviour problems. Further, the influence of gender, age-at-separation, and time-since-separation on post-separation outcomes is investigated. Chapter 3 concludes with a discussion of the limitations of Study 1, and the implications of the study results for research and intervention.

The results of Study 1, and the literature reviewed in Chapter 2, provide a rationale for the development of an intervention program for separated families with adolescent children. Chapter 4 reviews the literature that informs the development of such a program. It reviews the theoretical and empirical support for intervention content and delivery methods, and a critical evaluation of the empirical development and evaluative methodology of the most commonly cited and well-researched programs for separated families. Chapter 5 provides an overview of how the program developed for this thesis, the Youth Adjustment to Parental Separation (YAPS) program, targets the proposed mediators and moderators in the

relationship between parental separation and adolescent outcomes, using the empirically supported strategies identified in Chapter 4, and outlines how the delivery methods used for the YAPS program were developed based on research identifying effective methods for delivering intervention programs to families.

Chapter 6 reports the results of Study 2, an investigation of the efficacy and acceptability of the YAPS program delivered as a group program with four mothers. Based on recommendations made in Chapter 6, Chapter 7 describes changes made to the YAPS program and reports the results of Study 3, an evaluation of the revised program as an individual therapist-administered program with six mothers. Chapter 8 reports the results of Study 4, an investigation of the efficacy and acceptability of the YAPS program delivered as a telephone-assisted, or minimal contact, program.

Chapter 9 provides a summary of the results of all four studies with a focus on the three program evaluation studies presented in Chapters 6, 7, and 8. A comparative discussion of the effectiveness and acceptability of the initial group trial and the individual therapist-assisted program, and of the individual therapist-assisted program and the telephone-assisted programs is also presented. This chapter concludes with a discussion of the limitations of the program evaluation studies, and the implications for future research and clinical intervention.

CHAPTER 2: LITERATURE REVIEW

A large body of research has investigated the effects of separation and divorce on families. This chapter reviews the effects of marital separation on parents and discusses the factors proposed to influence parental adjustment to this transition. This is followed by a review of studies investigating the relationship between parental separation and child adjustment and the factors that mediate and moderate this relationship. While not the focus of the current study, the impact of repartnering, or remarriage, on families is also reviewed briefly, as remarriage after divorce is common (Weston & Khoo, 1993) and it is important to acknowledge the impact of this additional transition on parent and child adjustment.

Before continuing, a note should be made regarding the terminology used throughout this thesis. In the literature, a distinction is not always made between marital separation and divorce, with the terms often used interchangeably. However, it is marital separation, rather than the legal dissolution of marriage through divorce which begins the process of marital dissolution, and for some families a divorce never occurs. So for this reason, the terms *marital separation*, and *parental separation* are used when referring to the process of marital dissolution, and the term *divorce* is used to refer specifically to the legal dissolution of marriage.

The Impact of Marital Separation

It is acknowledged that not all couples who separate are legally married. However, considering that the majority of research is conducted with married couples, as opposed to cohabiting or de facto partners, the terms *marital separation* and *married partners* will be used in this section when discussing the effects of separation on couples. Although an effort is made in this section to discuss the impact of separation and divorce on men and women, there is a larger body of research on the effects of separation on resident mothers, and this emphasis is reflected in the current review.

Marital separation has for a long time been acknowledged as one of life's most stressful events, with death of a spouse the only life event judged to be more stressful (Holmes & Rahe, 1967). More recent thinking, however, conceptualises marital separation as a process rather than as an event (Amato, 2000), and according to this *divorce-stress-adjustment* model, stress is considered to be due to the changes that occur before, during, and after marital separation (Amato, 2000). While marital separation is stressful for most individuals,

debate continues over the duration of the impact of marital separation (Amato, 2000), and whether it should be considered a *crisis* or a *chronic strain*. According to the crisis perspective, marital separation represents “a temporary crisis to which most individuals adapt” (Amato, 2000, p.1275). Alternatively, according to the chronic strain perspective, marital separation is “a source of chronic strains that persist indefinitely” (Amato, 2000, p.1275). Some studies find that separation-related stress abates within 2 to 3 years post-separation (Booth & Amato, 1991; Lorenz et al., 1997), which is consistent with a crisis model. Other studies find no reduction in stress over time, except when individuals remarry (Aseltine & Kessler, 1993; Wang & Amato, 2000), which provides support for conceptualising separation as a source of chronic strain that continues to influence adjustment for many years.

It is possible that under some circumstances and for some individuals, a chronic strain model explains the impact of separation, whereas other individuals experience separation as a crisis (Amato, 2000). It seems reasonable to suggest that certain factors exacerbate the impact of separation, whereas other factors assist individuals to cope with separation. However, at least in the short term, marital separation leads to declines in psychological adjustment for many adults experiencing marital separation. In addition, there is consistent evidence that parenting practices of custodial parents are adversely affected by marital separation.

Psychological Adjustment

Compared to married couples, recently separated men and women experience higher levels of psychological symptoms (Amato, 2000; Davies, Avison, & McAlpine, 1997; Hetherington, 1993; Hope, Power, & Rodgers, 1999; Kurdek, 1991; Lawson & Thompson, 1996; Menaghan & Lieberman, 1986; Shapiro & Lambert, 1999; Simons & Marcussen, 1999; Umberson & Williams, 1993) and lower levels of well-being and happiness (Mastekaasa, 1994a, 1994b; Kurdek, 1991; Stack & Eshleman, 1998). However, it is important to note that not all separations result in decreased psychological adjustment (Amato, 2000; Marks, 1996; Wheaton, 1990). For example, research has shown that marital separation following a high-conflict marriage is associated with a reduction in depressive symptomatology (Aseltine & Kessler, 1993; Wheaton, 1990), and that marital separation is associated with increased self-confidence and self-esteem in women (Hetherington, 1993).

Further, positive outcomes are likely to be underestimated due to the overrepresentation in the literature of studies which focus on negative outcomes (Amato, 2000).

It is also important to note that finding an association between marital separation and adjustment does not specify a causal relationship. Longitudinal and panel studies find that adjustment decreases at the time of separation (, &) (Aseltine & Kessler, 1993; Doherty, Su, & Needle, 1989; Hope, Rodgers, & Power, 1999; Lorenz et al., 1997; Marks & Lambert, 1998; Menaghan & Lieberman, 1986), supporting the divorce-stress-adjustment perspective, which states that events occurring before, during, and after marital separation result in adjustment problems (Amato, 2000). However, in addition to finding a decrease in adjustment after separation, some longitudinal studies show that adjustment and personality problems exist many years prior to divorce (Davies et al., 1997; Hope, Rodgers et al., 1999; Lorenz et al., 1997). This supports the *selection* perspective, an alternative view that states that personality characteristics and social problems that exist long before separation occurs contribute to both marital separation and post-separation adjustment problems (Amato, 2000). As discussed by Amato (2000), it is likely that selection effects are relevant in some separations but not others.

Parenting Practices

Research indicates that parenting practices in separated families are characterised by more negative and fewer positive interactions, and reduced effectiveness (Capaldi & Patterson, 1991; Forehand et al., 1990; Hetherington, Cox, & Cox, 1982; Simons & Associates, 1996). In an investigation of parenting practices in recently separated families with young children, Hetherington and colleagues (1982) found that custodial mothers displayed more negative and fewer positive communication behaviours, were less consistent in their discipline practices, and exerted less control over their children's behaviour, compared to mothers in intact families. These differences in parenting practices persisted across time, with reports of more aversive punishment and less control and monitoring when these children were young adolescents 6 years later (Hetherington, 1989). Problematic parenting practices have also been found in recently separated families with adolescent children (Forehand et al., 1990; Simons & Associates, 1996). Using independent evaluations of mother-adolescent interactions, Forehand and colleagues (1990) found that mothers in recently separated families displayed significantly more disagreement and overt expression

of anger, were less likely to define problems and propose solutions to problems, and engaged in less encouraging and responsive communication compared to mothers in intact families.

Summary

Research indicates that marital separation leads to declines in the psychological adjustment of separating couples, and deterioration in the parenting practices of custodial parents. While marital separation is stressful for most individuals, recent research indicates that most adjust within two years following separation (Booth & Amato, 1991; Rodgers, 1996a), and that for some individuals, marital separation leads to increased psychological adjustment (Amato, 2000; Marks, 1996; Wheaton, 1990). Due to this variation in the response to marital separation, a number of factors have been proposed to account for this variation. Demographic factors, personal appraisal of marital separation, availability of social support, and whether individuals remarry all have empirical support. The variables implicated in the relationship between marital separation and adjustment (and between parental separation and child adjustment) can be conceptualised as *mediating* or *moderating* factors. Because misinterpretation of mediating and moderating effects is common in the psychological literature (Holmbeck, 1997), a brief discussion of the differences between these terms and the analytic procedures used to demonstrate their existence will be provided before discussing the factors proposed to account for the variation in response to marital separation.

The Distinction Between Mediator and Moderator Variables

Baron and Kenny (1986) define a *mediator* as a third variable that “accounts for the relation between the predictor and the criterion” (p. 1176). To demonstrate a mediational effect of a third variable, a significant relationship must be established between the independent variable and the mediator variable, and between the mediator variable and the outcome variable. In addition, to demonstrate that a mediator variable is necessary and sufficient to produce the outcome, the direct relationship between the independent variable and the outcome variable should be reduced to zero, when the mediator variable is controlled for in analyses. However, as discussed by Baron and Kenny, the complexity of psychological research often means that there are multiple mediators active in any relationship between an independent variable and an outcome variable. In this case, any model which tests only one mediator variable is unlikely to reduce the direct relationship between an independent

variable and an outcome variable to zero. For this reason, as long as controlling for the mediating relationship reduces the direct effect to a significant degree, one can say that the proposed mediating variable is an important mediator in the relationship.

A *moderator* variable is one “that affects the direction and/or strength of the relation between an independent or predictor variable and a dependent or criterion variable” (Baron & Kenny, 1986, p. 1174). If the relationship between two variables changes when the level of a third variable changes, this third variable is considered to be a moderator. For example, if children exhibit emotional problems after parental separation when there are high levels of post-separation interparental conflict, but not when there are low levels of post-separation interparental conflict, post-separation interparental conflict would be conceptualised as a moderator in this relationship. Statistically, support for a moderator variable is demonstrated when a significant interaction effect is found for the moderator variable and the predictor variable. Comparing the research questions that moderator and mediator models usually investigate further assists in making a clear distinction between the two types of variables. Mediator models attempt to answer the question, Why is there a strong relationship between *a* and *b*? (answer is *c*, the mediator variable), whereas moderator models attempt to answer the question, Why is there an inconsistent relationship between *a* and *b*? (answer is *c*, the moderator variable) (Baron & Kenny, 1986).

It is important to note that some variables can be conceptualised as both moderator and mediator variables (Holmbeck, 1997). For example, the level of interparental conflict a child is exposed to influences their adjustment (moderator effect; Booth & Amato, 2001; Hanson, 1999), and the level of interparental conflict explains the association between parental separation and child adjustment (mediator effect; Cherlin et al., 1991). Further, as discussed by Amato (2000), it is important to recognise that some variables that are conceptualised as mediator variables or moderator variables can be considered outcome variables in their own right. For example, parent-child relationship quality has been conceptualised as a moderator (Forehand, Middleton, & Long, 1987; Peterson & Zill, 1986; Richardson & McCabe, 2001) and as a mediator (Summers, Forehand, Armistead, & Tannenbaum, 1998) of the divorce-adjustment relationship, however it is also conceptualised as an adjustment measure (Lopez et al., 2000; Woodward, Fergusson, & Belsky, 2000; Zill, Morrison, & Coiro, 1993).

Factors Influencing Adjustment to Marital Separation

Demographic Factors

A number of demographic factors have been proposed to influence adjustment to separation, including socioeconomic status, gender, parental responsibility, and race and ethnicity.

Socioeconomic Status

Separated families perform below intact families on indicators of socioeconomic status in Australia (Weston & Smyth, 2000), the UK (Pryor & Rodgers, 2001), and the US (McLanahan & Sandefur, 1994). Couples with lower socioeconomic status are more likely to separate (Bumpass, Martin, & Sweet, 1991; O'Connor, Pickering, Dunn, & Golding, 1999; White, 1991), and financial difficulties is often given as a reason for divorce (Cleek & Pearson, 1985; Gigy & Kelly, 1992), suggesting that socioeconomic status influences the adjustment of individuals who separate long before separation occurs. However, marital separation can also lead to a decline in socioeconomic status, especially for women (Duncan & Hoffman, 1985; Hanson, McLanahan, & Thomson, 1998; Peterson, 1996; Pett & Vaughan-Cole, 1986; Pryor & Rodgers, 2001; Simons & Associates, 1996; Weston, 1986, 1993; Weston & Smyth, 2000).

This gender difference in post-separation economic advantage can be explained by the lower earning capacity of women, the sporadic employment histories of married mothers which limits their employment opportunities, and the difficulties custodial mothers have finding stable employment while continuing to care for young children (Amato, 2000; McLanahan & Booth, 1989). Due to the economic disadvantage that custodial mother's confront, many experience stress associated with juggling work and parenting commitments, finding appropriate child care, paying bills, moving house, living in substandard accommodation and unsafe neighbourhoods, and declines in social support and community resources (Amato, 2000; Hanson et al., 1998; Simons & Associates, 1996).

Importantly, there is evidence that economic deprivation and perceptions of economic decline mediate the relationship between parental separation and psychological distress in women (Hope, Power et al., 1999; Menaghan & Lieberman, 1986). Further, socioeconomic disadvantage is associated with parenting stress and parenting practices, with disadvantaged

mothers more likely to have higher levels of parenting stress and more coercive parenting practices (Brooks-Gunn & Duncan, 1997; McLeod & Shanahan, 1993; Simons & Associates, 1996).

Gender

It has been suggested that the mental health of men is adversely affected by marital separation as they are less likely to be aware of marital problems and to initiate marital separation, less likely to have confidant support outside the marriage, and more likely to lose contact with their children (Wallerstein & Kelly, 1980; Wang & Amato, 2000). Women, on the other hand, are adversely affected by marital separation because they are more likely to experience economic decline, and because they experience greater parenting stress associated with having sole custody of children (Menaghan & Lieberman, 1986; Wang & Amato, 2000).

Empirical results for gender differences in adjustment to marital separation are mixed. A few studies do not find gender differences in post-separation adjustment (Mastekaasa, 1994b; Wang & Amato, 2000), while some find that men are more adversely affected (Bruce & Kim, 1992; Marks, 1996; Menaghan & Lieberman, 1986; Zick & Smith, 1991), and others find that women suffer more negative consequences of marital separation (Aseltine & Kessler, 1993; Doherty et al., 1989; Hope, Rodgers et al., 1999; Marks & Lambert, 1998; Shapiro, 1996).

It is possible that inconsistencies in the literature are associated with the different domains of adjustment that are measured in individual studies. It is also likely that other factors highly correlated with gender, rather than gender per se, are responsible for gender differences found in some studies. For example, initiators of separation experience less post-separation distress than non-initiating partners (Kiecolt-Glaser et al., 1988; Wang & Amato, 2000; Weston & Khoo, 1993) and women are more likely to initiate separation than men (Harrison, 1986; Wallerstein, 1986; Wang & Amato, 2000), and this association may account for gender differences in distress.

Parental Responsibility

The presence of children is believed to influence adjustment to marital separation because custodial parents find it difficult to work full-time, because difficulties in parent-child relationships increase parenting stress, and because the presence of children reduces the probability of remarriage and increases the likelihood of contact and conflict with the former

spouse (Wang & Amato, 2000). In addition, women with children who initiate marital separation are more likely to feel negatively evaluated by others compared to women without children (Gerstel, 1987), which is likely to lead to increased distress for this group of mothers. There is some empirical support for the negative effect of parenting responsibility on adjustment to marital separation, with childless women, and those who do not have childcare responsibilities, protected from the distress exhibited by mothers caring for children (Hope, Rodgers et al., 1999).

Race and Ethnicity

Few studies have investigated the moderating effect of race and ethnicity on adjustment to marital separation (Wang & Amato, 2000). However, it is argued that individuals in groups for which the divorce rate is higher, and more acceptable, find the transition less stressful (Menaghan & Lieberman, 1986). This hypothesis is supported by research that indicates African Americans, a group for which marital separation is more prevalent (Emery, 1999a), adjust more readily to separation compared to those of European origin (Gove & Shin, 1989; Kitson, 1992). However, other research conducted in the United States has not observed that the effects of marital separation vary according to ethnicity (Wang & Amato, 2000). Further, research investigating differences in adjustment to marital separation in countries outside the United States find that the experience of marital separation is similar across nations (Amato, 2000; Mastekaasa, 1994a; Stack & Eshleman, 1998), and that post-separation well-being is not associated with cross-national differences in divorce rates (Mastekaasa, 1994a).

Appraisal

Appraisal of stressful events has long been associated with emotional adjustment (Beck, Rush, Shaw, & Emery, 1979). Therefore, considering that marital separation is considered one of life's most stressful events (Holmes & Rahe, 1967), and that separating adults experience more stressful life events than married adults (Kitson, 1992; Lorenz et al., 1997; Simons & Associates, 1996), adaptive appraisal is particularly important for this group. A number of studies have investigated aspects of individual appraisal of marital separation, including attitudes toward marriage and divorce, perceptions of marital quality, and perceptions of control over the process of marital separation.

Studies investigating the association between adjustment and attitudes toward divorce find that those who hold more accepting attitudes toward divorce while married report fewer psychosomatic symptoms (Booth & Amato, 1991), less psychological distress (Simons & Marcussen, 1999), and less attachment to their former spouse (Wang & Amato, 2000) after marital separation. That marital separation is more difficult for those individuals whose actions contradict their established beliefs is consistent with cognitive dissonance theory which predicts that acting in a way that is inconsistent with one's beliefs leads to increased distress (Festinger, 1957).

Perceptions of marriage quality is also associated with post-separation adjustment, with individuals who report more marital problems adjusting more readily to marital separation (Aseltine & Kessler, 1993; Booth & Amato, 1991; Wheaton, 1990). In addition, perception of control over the separation process is linked to adjustment, with those who report initiating the divorce process also reporting greater post-separation adjustment (Kiecolt-Glaser et al., 1988; Kitson, 1982; Wallerstein, 1986; Wang & Amato, 2000). It seems then, that depending on the circumstances leading up to the separation, and who makes the decision regarding separation, one may see the event as a tragedy or as an escape from a stressful situation, which influences subsequent adjustment (Amato, 2000; Wang & Amato, 2000).

Social Support

Some research indicates that the level of social support available during and after marital separation is significantly reduced (Kitson, 1992; Milardo, 1987; Pryor & Rodgers, 2001). This is not surprising considering that during marriage, the spouse is considered an important source of social support (Pryor & Rodgers, 2001), and that after marital separation, relationships with in-laws, married friends, and friends shared with the former spouse are likely to deteriorate (Kitson, 1992; Raschke, 1987; Wang & Amato, 2000).

The availability of social support is an important factor in coping with stress (Cohen, 1985; Thoits, 1986), so it is no surprise that studies have shown that social support is important for post-separation adjustment. For example, studies have found that loss of social support contributes significantly to depression and irritability in separated mothers (Patterson & Forgatch, 1990), perceptions of the availability of a confidant mediates the relationship between marital separation and subsequent depression symptomatology in men and women

(Menaghan & Lieberman, 1986), and that accessing social support predicts parenting efficacy in separated mothers (DeGarmo & Forgatch, 1997).

Repartnering

The majority of maritally separated people remarry or begin de facto relationships (Bumpass, Sweet, & Castro-Martin, 1990; Emery, 1999a; Weston & Khoo, 1993). Australian statistics show that 57% of men, and 38% of women who separate remarry within 5 years following divorce, and an additional 14% of men and women begin de facto relationships (Weston & Khoo, 1993). Just like marital separation, repartnering is a time of transition where many changes occur in economic status, living arrangements, and family relationships. However, unlike marital separation, most studies find that repartnering is associated with increased psychological adjustment (Aseltine & Kessler, 1993; Hetherington et al., 1982; Mastekaasa, 1994b; Shapiro, 1996; Tschann, Johnson, & Wallerstein, 1989; Wang & Amato, 2000; Weston & Khoo, 1993). However, it is important to note that other research indicates that those who remarry have higher levels of adjustment across time (Booth & Amato, 1991), suggesting that the relationship between remarriage and increased adjustment is partly due to the increased likelihood of adjusted people to remarry.

In addition to improving psychological well-being, remarriage improves the socioeconomic status of women (Duncan & Hoffman, 1985; Hetherington, 1993; Weston, 1986, 1993; Weston & Smyth, 2000). For example, in a United States study, Duncan and Hoffman (1985) compared the living standards of separated women who remained single 5 years after divorce with those who were remarried 5 years after divorce and with couples who had remained married for the same 5 year period. They found that those who remarried had 125% of income relative to their needs compared to 94% for those women who remained single. This improvement in living standards for remarried women was comparable to the living standard of those couples who remained married (130% of income relative to needs). This is consistent with Australian findings which indicate that 55% of single mothers are dissatisfied with their household income compared to only 20% of repartnered mothers (Weston, 1986).

Summary

Marital separation is associated with an economic decline, especially for women with children. Further, post-separation economic conditions are associated with other aspects of

parent adjustment, including depression symptomatology, parenting stress, and coercive parenting practices. Apart from more adverse economic consequences for women, there seems to be few differences in the adjustment of men and women to separation, and it is likely that methodological limitations and other factors associated with gender account for the reported gender effects. There is some evidence for differences in adjustment according to race and ethnicity, however it seems that marital separation is stressful for the majority of individuals, irrespective of nationality.

Adaptive appraisal of marital separation, including acceptance of divorce, believing that the marriage was problematic, and initiating the separation are also associated with adjustment, as is the availability of social support. Remarriage and dating is also associated with increased economic and psychological adjustment, and the economic benefits of remarriage are particularly strong for women with children. While the effects of marital separation on adult adjustment are important, the adverse effects of marital separation also extend to children in separating families. When parents experience adverse consequences of marital separation, their children are also effected. The following section reviews the effects of parental separation on children.

The Impact of Parental Separation on Children

The adjustment of children from separated families has consistently been found to be below that of children from intact families (Amato, 2001; Amato & Keith, 1991a; Amato & Keith, 1991b; Rodgers, 1996b). Amato and Keith (1991b) conducted a meta-analytic review of studies investigating the differences between children from separated and intact families. The review included 92 studies published between 1950 and 1989, the majority of which were conducted in the United States, and together, the studies comprised 13,000 children of preschool, primary, secondary, and college age. A mean effect size of $-.13$ was found across outcome variables, with statistically significant, yet small, median effect sizes found for each outcome variable included, and all significant effect sizes were negative, indicating more favourable outcomes for children from intact families. The strongest effect sizes were found for father-child relationships and conduct problems, followed by mother-child relationships, school achievement, and social adjustment. The weakest effect sizes were found for self-concept and psychological adjustment.

In a similar meta-analysis, this time looking at adult outcomes in 37 studies, Amato and Keith (1991a) found significant and negative effect sizes for all 14 outcome variables. Again, these effect sizes were small, but consistently indicated lower levels of adjustment in separated families. The strongest effect sizes were found for conduct problems and psychological adjustment, followed by academic achievement, social relations and self-concept. Results for parent-child relationships were not presented in this later study.

Amato (2001) provided an update to the earlier meta-analysis by analysing a further 67 studies published in the 1990s. In this review, the mean effect size for the difference between the adjustment of children in separated and intact families was -0.29, again with statistically significant, yet small, effect sizes for the outcome variables included. Importantly, there was a trend for more recent studies to show greater differences between intact and separated families, with studies published in the 1990s indicating more adverse effects of parental separation on children than those in the late 1970s and 1980s, even after controlling for methodological differences.

It has been argued that the differences between children in intact and separated families may be larger in the United States than in Australia and other countries, due to the higher divorce rate, and the more extreme economic disadvantage associated with divorce in the United States (Burns & Dunlop, 2002). It is difficult to see how higher divorce rates would lead to greater adjustment difficulties in children, with increased prevalence of divorce more likely to lead to increased acceptance and reduced stigma attached to living in a separated or stepparent family, which is likely to result in increased adjustment in children (Amato, 2001; Emery, 1999a). In addition, other studies outside the United States, including Australia, have found effect sizes comparable to those reported in United States studies.

Amato and Keith (1991b) compared the effect sizes from United States studies with those from other countries, and found that the effect sizes found in studies conducted outside the United States were equal to or larger than those reported in the United States. They caution against drawing conclusions regarding cross-national comparisons due to the small number of studies conducted in other countries, however these results suggest that the detrimental effects of divorce are not limited to children in the United States.

From a review of 25 Australian studies, Rodgers (1996b) concluded that parental separation is associated with child, adolescent, and adult outcomes. The mean effect size

from 88 comparisons was 0.25, with a positive effect size indicative of lower adjustment in the separated sample. The strongest effects were seen for externalising and internalising problems in childhood, substance use and delinquency in adolescence, and attempted suicides, psychiatric symptoms and criminality in adulthood. Studies in Britain (Chase-Lansdale, Cherlin, & Kiernan, 1995; Cherlin et al., 1991; Cockett & Tripp, 1994; Rodgers, 1990) (Rodgers, Power, & Hope, 1997), New Zealand (Fergusson, Horwood & Lynskey 1994; Woodward et al., 2000), Finland (Aro & Pollasaari, 1992; Palosaari & Aro, 1994), China (Liu et al., 2000) and the Netherlands (Garnefski & Diekstra, 1997) have also found lower levels of adjustment in children from separated families.

A range of different post-divorce outcomes have been studied, with the most consistent findings being for externalising and internalising problems, academic achievement, social competence, parent-child relationships, and the intergenerational transmission of divorce. Further, some studies have found differences between adolescents and young adults from intact and separated families which may explain the intergenerational transmission of divorce. For example, those from separated families report earlier entry into sexual relationships, reduced educational and employment opportunities, more accepting attitudes toward divorce, and less intimacy and satisfaction in romantic relationships. These findings are discussed in more detail below.

Externalising Problems

Consistent and strong associations have been reported between parental separation and child externalising problems, a category including non-compliance, aggressive behaviours, substance abuse, and criminal acts (Amato, 2001; Amato & Keith, 1991b). Hetherington and colleagues studied the adjustment of children who were four years old at the time of their parents' divorce. Families were interviewed at the time of divorce, and again 1 year, 2 years, 6 years, and 11 years post-divorce when children were aged 5, 6, 10, and 15 years. Compared to an intact sample matched for child and family characteristics, children from separated families had higher rates of demanding, non-compliant, and aggressive behaviours one year after the divorce, and these problems were consistent across home and school. Higher rates of externalising behaviours were seen in the separated sample at 2 years, 6 years, and 11 years post-divorce, however, at 2 and 6 years post-divorce, the differences were found for boys only (Hetherington, 1993; Hetherington, Cox, & Cox, 1985).

Other longitudinal studies in the United States (Zill et al., 1993), Britain (Elliott & Richards, 1991) and New Zealand (Fergusson, et al., 1994) have found higher rates of conduct problems in children from separated compared to intact families. Elliott and Richards (1991) found that adolescents who experienced parental divorce between the ages of 7 and 16 years were significantly more likely to have mother-rated disruptive behaviour problems; Fergusson (1994) found that adolescents from separated families were more likely to receive diagnoses of conduct and oppositional disorders; and Zill et al. (1993) found that young adults from separated families had higher rates of behaviour problems and were more likely to have been suspended, or expelled, from school.

A number of studies have investigated the association between parental separation and substance use, finding that parental separation is associated with increased risk for substance use in general (Fergusson, et al., 1994; Flewelling, 1990; Needle, Su, & Doherty, 1990), and more specifically with alcohol use and cigarette smoking (Aro & Pollasaari, 1992; Cockett & Tripp, 1994; Kirby, 2002). Further, some studies have shown that the differences seen between separated families in childhood and adolescence persist into adulthood. Higher rates of substance abuse (Furstenberg & Teitler, 1994), heavy drinking, daily smoking (Aro & Pollasaari, 1992), and criminal offences (Summers et al., 1998) have been found in adults from separated compared to intact families.

Internalising Problems

Meta-analytic findings indicate small, yet significant differences between children, adolescents, and adults for internalising problems, which include symptoms and signs of anxiety, depression and distress, and low self-esteem, in addition to clinical diagnoses of anxiety and mood disorders (Amato, 2001; Amato & B. Keith, 1991a; Amato & Keith, 1991b). Compared to those in intact families, children from separated families are more likely to display anxious behaviours at home (Hetherington, 1993; Hetherington et al., 1985) and at school (Hetherington, 1993; Hetherington et al., 1985; Hoyt, Cowen, Pedro-Carrol, & Alpert-Gillis, 1990), to have higher levels of mother-rated sad and worried behaviour (Elliott & Richards, 1991), and to report psychosomatic symptoms (Aro & Pollasaari, 1992; Cockett & Tripp, 1994), anxiety symptoms (Hoyt et al., 1990), unhappiness (Cockett & Tripp, 1994), and lower self-esteem (Aro & Pollasaari, 1992; Cockett & Tripp, 1994; Doherty & Needle, 1991). Adolescents from separated families are also more likely to report depressed mood

(Simons & Associates, 1996) and to be diagnosed with mood and anxiety disorders (Fergusson, et al., 1994).

Like externalising behaviours, differences in internalising problems between those from separated and intact families are evident long after separation occurs (Forehand et al., 1994; Hetherington, 1993; Hetherington et al., 1985), and persist into adulthood (Richardson & McCabe, 2001) Rodgers, 1997 #1363](Aro & Pollasaari, 1992; O'Connor, Thorpe, Dunn, & Golding, 1999; Rodgers, 1990). Further, even when young adults from separated families appear to be adjusting well, they often report painful feelings and sad memories of their childhood (Emery, 1999a; Laumann-Billings & Emery, 2000).

A few studies have also looked at differences in wellbeing, or life satisfaction for those from separated compared to intact families. Doherty and Needle (1991) reported lower wellbeing in adolescents from separated families, Furstenberg and Teitler (1994) reported lower life-satisfaction in young women from separated families, Richardson and McCabe (2001) reported lower levels of life satisfaction in young adults, and Amato and Booth (1991a) found that adults who had experienced parental separation before age 18 reported lower levels of life satisfaction compared to those from happily married families. However, the research on life satisfaction is limited, as it is in many other areas of research where adjustment outcomes are evaluated, and is an important area for future studies looking at the adjustment of children and adults from separated families (Diener, 2000).

Academic Achievement

There is a large body of research investigating the effects of parental separation on academic competence, and together these studies indicate that children from separated families are disadvantaged compared to those from intact families (Amato, 2001; Amato & Keith, 1991a; Amato & Keith, 1991b; Emery, 1999a). A number of measures of academic achievement have been used, including standardised test scores, grades, school completion, and educational attainment. Compared to those in intact families, children from separated families are more likely to report difficulties with their schoolwork (Cockett & Tripp, 1994), to have lower cognitive competence (Long, Forehand, Fauber, & Brody, 1987), to have lower math, reading, and general academic test scores (Carlson & Corcoran, 2001; Elliott & Richards, 1991; Zimiles & Lee, 1991), and to receive lower grades (Forehand, Middleton et

al., 1987). Differences in academic performance between intact and separated families have also been observed for adolescents (Simons & Associates, 1996).

Like other problems, longitudinal studies indicate that the effects on academic achievement appear to be long-lasting. For example, Forehand et al. (1994) found that the association between parental separation and cognitive competence was still evident 3 years after divorce, and Hetherington (1993) found that the effects of parental separation on academic competence were evident 10 years after divorce when children were 15 years old. Other studies which have looked at long-term outcomes indicate that parental separation is associated with early school-leaving (Furstenberg & Teitler, 1994; Kiernan, 1992; Zimiles & Lee, 1991), reduced likelihood of entering college (Furstenberg & Teitler, 1994), and lower educational attainment (Aro & Pollasaari, 1992; Ross & Mirowsky, 1999; Summers et al., 1998). Importantly, some of these studies have shown that the association between parental separation and educational attainment remains after controlling for SES and pre-separation child ability (Kiernan, 1992; Zimiles & Lee, 1991).

Social Competence

A number of outcomes that can be categorised as social competence have been investigated in the divorce literature and include child, teacher, and parent ratings of social competence in childhood and adolescence, and measures of interpersonal problems and interpersonal conflict in adolescence and young adulthood. Results of these studies indicate that children from separated families are rated lower in social competence by mothers, teachers, and independent observers, compared to their peers from intact families (Hetherington & Clingempeel, 1992). Adolescents in separated families report lower social competence (Long et al., 1987), and more interpersonal problems (Aro & Pollasaari, 1992) compared to adolescents from intact families, and score lower than their peers from intact families on teacher-ratings of social competence (Forehand, McCombs, Long, Brody, & Fauber, 1988; Forehand et al., 1990; Hetherington, 1993). Further, these differences persist across time (Forehand et al., 1994) and are still evident in young adulthood (Aro & Pollasaari, 1992).

Parent-Child Relationships

A number of studies have investigated the relationship between parental separation and parent-child relationships (Aro & Pollasaari, 1992; Cooney, 1994; Hetherington et al., 1982;

Hines, 1997; Lopez et al., 2000; Shapiro & Lambert, 1999; Woodward et al., 2000; Zill et al., 1993). The majority of these studies have examined parent and child ratings of parent-child relationship characteristics, such as attachment, intimacy, warmth and conflict. Other studies have investigated the frequency of contact with non-resident parents during childhood, and the frequency of contact with, and likelihood of living with, parents in late adolescence and young adulthood (e.g. Aro & Pollasaari, 1992). These studies indicate that the quality of parent-child relationships in separated families are less positive compared to intact families, and these differences have been reported for families with young children, as well as for those with adolescents and adult children (Aro & Pollasaari, 1992; Hetherington & Clingempeel, 1992; Hetherington et al., 1982; Lopez et al., 2000; Woodward et al., 2000; Zill et al., 1993).

Relationships with non-resident fathers are particularly at risk of deterioration after parental separation (Amato & Booth, 1996; Amato & Keith, 1991b; Aquilino, 1994). Contact with non-resident fathers is significantly reduced following parental separation (Aquilino, 1994; Furstenberg, Nord, Peterson, & Zill, 1983; Seltzer, 1991), and the effects of parental separation on the quality of father child-relationships persists into young adulthood (Aquilino, 1994; Cooney, 1994; Zill et al., 1993).

While Hetherington found that relationships with resident mothers improve across time (Hetherington, 1989; Hetherington, 1993; Hetherington et al., 1982), other studies indicate that the effects of parental separation on relationships with resident mothers persist, with young adults who experience parental separation in childhood or adolescence reporting less positive relationships with resident mothers compared to young adults from intact families (Aro & Pollasaari, 1992; Richardson & McCabe, 2001; Zill et al., 1993).

There is also evidence that young adults from separated families leave home earlier (Aro & Pollasaari, 1992; Kiernan, 1992; O'Connor, Thorpe et al., 1999), and report less frequent contact with non-resident fathers (Amato & Booth, 1991a; Aquilino, 1994). Although not a direct measure of parent-child relations, it has been suggested that older adolescents and young adults may leave home early to escape conflict with their parents (Amato, 1996), and it is reasonable to expect that the frequency of contact between young adults and their parents will be reduced when relationships are not close.

There is some evidence to suggest that parent-child relationship difficulties exist in families who eventually separate long before the separation occurs (Amato & Booth, 1996) (Block, Block, & Gjerde, 1988; Shaw, Emery, & Tuer, 1993). However, others find that parental separation results in deterioration in parent-child relationships (Hetherington & Clingempeel, 1992; Zill et al., 1993), suggesting that while differences may exist before separation, parental separation intensifies problems in parent-child relationships (Emery, 1999b).

There is limited research on parent-child relationships in less common family arrangements (e.g. resident father/non-resident mother families), however research indicates that relationships with resident fathers (Aquilino, 1994) and with non-resident mothers (Aquilino, 1994; Furstenberg & Nord, 1985) are more positive than relationships with non-resident fathers, and that non-resident mothers are more involved in their children's lives (Stewart, 1999).

Intergenerational Transmission of Divorce

Studies using large representative samples consistently show that those who experience parental separation are at increased risk of marital separation themselves (Amato, 1996; Amato & DeBoer, 2001; Bumpass et al., 1991; Ross & Mirowsky, 1999; Teachman, 2002; Wolfinger, 2000), with one study showing that experiencing multiple parental divorces is associated with multiple marital transitions in offspring, even after controlling for socioeconomic factors (Wolfinger, 2000). Although the majority of these studies have focused on samples of women, similar, yet somewhat reduced effects have been found for men. However, as suggested by others (Feng, Giarrusso, Bengston, & Frye, 1999), this could be explained by the reduced likelihood of men from separated families marrying (Keith & Finlay, 1988).

Using a large representative sample of North American married men and women aged 55 years or younger in 1980, Amato (1996) found that experiencing parental separation increased the risk of marital separation by 26% for men, and by 59% for women, and when both married partners had experienced parental separation the likelihood of marital separation increased to 189%. Similar findings have been found across cultures (Aro & Pollasaari, 1992) and remain significant and nontrivial after controlling for demographic variables (Amato, 1996; Aro & Pollasaari, 1992; Teachman, 2002).

To explain the intergenerational transmission of divorce, Amato (1996) developed a model based on Levinger's (1976) earlier theory explaining marital dissolution. Levinger's (1976) model predicts that the likelihood of marital dissolution increases with a reduction in the rewards attained within the marriage, a reduction in the barriers to separation, and an increase in available options outside the marriage. This model has been supported by research (Booth, Johnson, White, & Edwards, 1985). Amato (1996) asserts that experiencing parental separation influences life course and socioeconomic outcomes (including early entry into marriage, living in a de facto relationship, and reduced educational and employment opportunities), attitudes toward marriage and divorce, and interpersonal problems and that these outcomes affect the processes outlined in Levinger's model. Support for the role of these factors in the intergenerational transmission of divorce is reviewed below.

Life Course and Socioeconomic Outcomes

There is research support for Amato's (1996) view that parental separation influences life course and socioeconomic outcomes. Studies have shown that young people from separated families enter into marital and de facto relationships earlier than their peers from intact families (Feng et al., 1999; Kiernan, 1992; Ross & Mirowsky, 1999), are more likely to enter into de facto relationships (Furstenberg & Teitler, 1994), and have reduced educational and employment opportunities (Aro & Pollasaari, 1992; Feng et al., 1999; Furstenberg & Kiernan, 2001; Kiernan, 1992; Ross & Mirowsky, 1999; Summers et al., 1998; Zimiles & Lee, 1991) leading to reduced economic status (Amato & Keith, 1991a; Furstenberg & Kiernan, 2001; Ross & Mirowsky, 1999).

Although not discussed by Amato (1996), other life-course events which influence educational opportunities and the likelihood of entering into marital or de facto relationships are also associated with parental separation. For example, compared to those from intact families, youth from separated families are more likely to report wanting more sexual experiences in romantic relationships (Garbardi & Rosen, 1992), to initiate sexual activity at a younger age (Fergusson, et al., 1994; Flewelling, 1990; Furstenberg & Teitler, 1994; Garbardi & Rosen, 1991; Simons & Associates, 1996), and to become parents at a younger age (Aro & Pollasaari, 1992; Kiernan, 1992). In addition, young women from separated families are more likely to have extramarital births (Kiernan, 1992), teen pregnancies

(Furstenberg & Teitler, 1994; O'Connor, Thorpe et al., 1999), and pregnancy terminations (Aro & Pollasaari, 1992).

Amato (1996) explains that youth from separated families may enter into marital and de facto relationships at a younger age due to economic disadvantage or to escape conflict with resident parents or stepparents. He also suggests that those from separated families enter into relationships at a younger age due to an increased need for emotional connections with others, and that this may explain the associations between parental separation and early sexual activity as well. Others have found that early sexual behaviour is mediated by poor parental monitoring, the modelling of sexually permissive attitudes by mothers, and association with deviant peers (Simons & Associates, 1996).

The reduced educational success of those from separated families is usually explained by economic disadvantage, with separated families less able to afford additional resources required for education, such as books, computers, and private tutoring, and also less able to fund their children's post-secondary education (Amato, 1996). Parental interest and involvement in children's education is also associated with academic success in separated families (Simons & Associates, 1996).

Studies also indicate that life course and socioeconomic outcomes predict marital separation. For example, early age at marriage is considered one of the strongest predictors of marital disruption (Amato, 1996; Feng et al., 1999; White, 1991). The reason for this association may be due to less time spent looking for a suitable spouse, immature interpersonal skills, or insufficient resources, which lead to increased conflict (Amato, 1996). It has also been suggested that younger age is associated with greater chances of finding a replacement partner outside the marriage, leading to an increased rate of marital separation (Amato, 1996).

Cohabitation prior to marriage also increases the chances of marital dissolution (Amato, 1996; Axxin & Thornton, 1992; Bennet, Blanc, & Bloom, 1988; Booth & Johnson, 1988; Bumpass et al., 1991) and the increased risk is significant. For example, Amato (1996) observed that adults who lived with their spouse before marriage had a 59% greater risk of divorce compared to those who did not cohabit. Those who have found this increased risk offer favourable attitudes toward divorce and weaker commitment to marriage in those who cohabit as explanations for their findings (Amato, 1996; Axxin & Thornton, 1992; Bennet et

al., 1988; Booth & Johnson, 1988). However, it is important to note that these results are based on people cohabiting in earlier decades, and the effects of cohabitation on marital success may be reduced now that living in de facto relationships is more common (Australian Bureau of Statistics, 2003b).

Those who do not receive a quality education are more likely to have low-status, low-paying employment, and this low socioeconomic status is itself associated with marital dissolution (Bumpass et al., 1991; White, 1991). Reasons proposed to explain the association between socioeconomic status and marital disruption include marital conflict as a result of financial difficulties, poorer communication, problem solving, and conflict resolution skills in less-educated couples, and more accepting attitudes toward divorce in lower socioeconomic groups (Amato, 1996).

Attitudes Toward Divorce

Research indicates that those who experience parental separation have more accepting attitudes toward divorce than those from intact families (Amato & Booth, 1991b; Coleman & Ganong, 1984; Greenberg & Nay, 1982; Kapinus, 2004; Kulka & Weingarten, 1979). Unfortunately, there is limited research regarding the association between attitudes toward divorce and actual divorce rates (Amato, 1996). However, one longitudinal study did find that those with more accepting attitudes toward divorce are more likely to divorce (Booth et al., 1985).

Experiencing parental separation may influence attitudes toward divorce directly through parental modelling of divorce as a solution to marital difficulties, or indirectly by influencing other factors that are associated with parental separation, such as socioeconomic status and early relationship experiences (Amato, 1996). Support for the direct modelling hypothesis is provided by Amato and DeBoer (2001). They found that parental separation rather than interparental conflict predicted offspring divorce, with parental separation occurring in the context of low interparental conflict being associated with offspring divorce. This suggests that children in separated families learn that marital separation is an acceptable solution to an unsatisfactory marriage. This direct modelling hypothesis is further supported by Kapinus (2004) who observed that the effect of parental divorce on young adults' attitudes toward divorce was no longer significant after controlling for parental attitudes toward divorce.

An alternative hypothesis is that the association between attitudes toward divorce and marital disruption could be due to some other third factor associated with parental separation, such as socioeconomic status or the development of interpersonal problems. This is supported by Amato (1996), who observed that divorce was predicted by attitudes toward divorce, but a third variable, interpersonal problems, explained the relationship between parental separation and risk of divorce.

Interpersonal Problems

It is proposed that the intergenerational transmission of divorce is mediated by interpersonal behaviours and relationship perceptions that are acquired in families characterised by high interparental conflict and low parental affection. This environment influences relationship behaviours as parents in these families do not provide adequate role models for behaviours required for successful marital relationships, and because disturbed parent-child relationships in these families leads to emotional insecurity, resulting in jealousy, low trust, and apprehensiveness about commitment in marital relationships (Amato, 1996).

There is consistent evidence that children from separated families are more likely to be exposed to higher levels of interparental conflict (Bickham & Fiese, 1997; Block et al., 1988; Hayashi & Strickland, 1998; Shaw et al., 1993) and to have more problematic parent-child relationships (Amato & Keith, 1991b; Aro & Pollasaari, 1992; Furstenberg & Nord, 1985; Lopez et al., 2000; Richardson & McCabe, 2001; Woodward et al., 2000; Zill et al., 1993). However there is less consistent evidence for greater interpersonal problems in children from separated families. Some studies have found associations between separated family status and interpersonal problems such as higher levels of marital problems (Amato & Booth, 1991a), insecure attachment in romantic relationships (Summers et al., 1998), ambivalence, conflict, reduced relationships satisfaction, and reduced confidence in depending on partners (Jacquet & Surra, 2001). However, other studies have not found significant associations between parental separation and offspring relationship behaviours (Dunlop & Burns, 1995; Garbardi & Rosen, 1992; Hayashi & Strickland, 1998; King, 2002; Lopez et al., 2000; Richardson & McCabe, 2001). For example Lopez et al. (2000) did not find a significant association for young adult attachment in romantic relationships, and Garbardi and Rosen (1992) did not find a significant association for intimacy in romantic relationships.

There is some support for the role of interpersonal problems as mediators in the relationship between parental separation and marital dissolution. For example, Amato (1996) found that the significant association between marital separation and parental separation for men and women reduced to non-significant levels after controlling for self- and spouse-ratings of interpersonal behaviour problems, suggesting that the intergenerational transmission of divorce is largely mediated by interpersonal behaviours. In contrast, Amato and DeBoer (2001) found little support for the role of interpersonal problems in the intergenerational transmission of divorce.

There is evidence to suggest that the influence of parental divorce on relationship behaviours is more pronounced for women. Sanders, Halford, & Behrens (1999), for example, observed that parental separation was associated with negative communication in pre-marital couples in which female partners had experienced parental separation, however communication was not significantly different in couples where male partners had experienced parental separation.

It is important to note that Amato's (1996) findings do not identify family characteristics as mediators in the relationship between parental separation and interpersonal problems. An alternative explanation is that inherited personality characteristics are responsible for the intergenerational transmission of interpersonal problems and subsequent divorce (Emery, 1999a). Support for this view comes from twin studies that find divorce risk has a heritable component. For example, McGue and Lykken (1992) found that concordance rates for divorce were significantly higher for identical twins (45%) compared to fraternal twins (30%). Further, in a follow-up study investigating personality characteristics associated with divorce, Jockin, McGue, and Lykken (1996) observed that positive emotionality (extraversion) and negative emotionality (neuroticism) accounted for 30% and 42% of the heritability of divorce risk for women and men, respectively. It is likely that both genetics and family environment explain the relationship between parental separation and offspring outcomes.

Summary

Experiencing parental separation has adverse effects on child, adolescent, and young adult adjustment. For children and adolescents, the strongest effects are seen for conduct problems, parent-child relationships, and educational attainment, and for young adults, the

strongest effects are seen for single-parent family status, psychological adjustment, educational attainment, and conduct problems. Importantly, more recent studies show more adverse effects of parental separation, indicating that the effects of marital separation on children have not diminished across time.

It is important to note that the conclusions that can be drawn about different domains of adjustment vary according to the number and quality of studies conducted. For example, the findings in relation to educational attainment, conduct problems, psychological adjustment, and the intergenerational transmission of divorce can be accepted with confidence as they are based on a number of studies with large representative samples and methodological controls (Amato, 2001; Amato & Keith, 1991a; Amato & Keith, 1991b). However, conclusions regarding positive psychological well-being and interpersonal problems should be drawn with caution due to the small number of studies that have focused on these outcomes.

The effect sizes reported for the majority of adjustment outcomes are small, however given the consistent differences found between children from intact compared to separated families, and given that a large proportion of children experience their parents divorce, these differences are clinically relevant. As discussed by others (Rodgers, 1996b; Sandler, Wolchik, MacKinnon, Ayers, & Roosa, 1997), the concept of *attributable risk* highlights the importance of small effect sizes when the prevalence of the risk factor is high in a population. *Attributable risk* refers to “the maximum proportion of any outcome that is due to a specified risk factor and that subsequently might be prevented if the effects of that risk factor were completely eliminated” (Sandler et al., 1997, p. 5). It is estimated based on the strength of a risk factor in predicting an outcome, and the prevalence of the risk factor.

Despite these robust findings, it needs to be kept in mind that even when significant effect sizes are found, they indicate that children from separated families are at greater risk for detrimental outcomes, not that all children from separated families will experience long-term maladjustment. In fact, the majority of children whose parents separate eventually adjust to the transition (Chase-Lansdale et al., 1995; Emery & Forehand, 1996), and for at least some children, the learning experience associated with parental separation appears to be associated with increased resilience (Gately & Schwebel, 1992; Hetherington, 1993; Rodgers, 1996b; Stolberg, Camplair, Currier, & Wells, 1987). This variability in adjustment of children from separated families highlights the need to identify family processes and child

characteristics that lead to resilience in children from separated families. If these factors are modifiable, they can form the basis of programs aimed at increasing the post-separation adjustment of children.

Explaining the Relationship Between Parental Separation and Child Adjustment

A number of explanations have been provided to explain the relationship between parental separation and offspring adjustment (Amato, 1993, 2000). There is support for economic explanations, and for sociological and psychological explanations that emphasise children's coping, and the importance of family processes that occur during or after separation. In contrast to these theories which stress the importance of the separation process, there is also support for the role of selection processes in post-separation outcomes, with differences between children from intact and separated families explained by family processes that occur long before the separation, and to inherited personality characteristics. Importantly, these theories are not mutually exclusive, with research to date suggesting that economic, psychological, and selection processes contribute to post-separation outcomes.

Research support for the various explanatory models and moderating factors is presented next, beginning with a discussion of economic factors. This is followed by a review of family factors implicated in the association between parental separation and child adjustment, namely, resident parent adjustment, interparental conflict and cooperative co-parenting, parenting effectiveness, and positive parent-child relationships. This is followed by a discussion of child factors that mediate and moderate the relationship between parental separation and child adjustment, that is, child gender, child age at the time of parental separation, and child appraisal and coping styles. This section concludes with a presentation of the evidence for the selection perspective, which explains the effects of parental separation on children by references to pre-existing family processes and inherited personality characteristics.

Economic Factors

As reviewed above, separated families perform below intact families on indicators of socioeconomic status (McLanahan & Sandefur, 1994; Pryor & Rodgers, 2001; Weston & Smyth, 2000), and there is consistent evidence that pre-separation socioeconomic status and post-separation economic decline are associated with child adjustment (King, 1994;

McLanahan & Sandefur, 1994; Morrison & Cherlin, 1995; Rodgers & Pryor, 1998; Sun, 2001; Wadsworth & Maclean, 1986). Pre-separation socioeconomic status is more strongly associated with educational and employment outcomes than with emotional outcomes (King, 1994; McLanahan & Sandefur, 1994; Rodgers & Pryor, 1998; Sun, 2001), and this is consistent with population studies which find stronger associations between academic and cognitive outcomes and poverty than between emotional outcomes and poverty (Bradley & Corwyn, 2002; Brooks-Gunn & Duncan, 1997).

However, a number of studies find that the association between parental separation and child outcomes remain after controlling for socioeconomic factors (Amato, 1993; Amato & Keith, 1991b), suggesting that a large part of the relationship between separation and child adjustment can not be explained by socioeconomic factors. For example, after controlling for socioeconomic factors, those from separated families continue to show poorer adjustment compared to intact families on measures of parent-adolescent relationship quality in adolescence and young adulthood (Woodward et al., 2000; Zill et al., 1993), depression in young adulthood (Rodgers, 1990; Zill et al., 1993) and academic achievement in adolescence and adulthood (Aro & Pollasaari, 1992; Zill et al., 1993; Zimiles & Lee, 1991).

Importantly, the broader literature identifies family factors such as parenting stress, parent interactional style, and discipline strategies as mediators in the relationship between socioeconomic factors and child adjustment (Bradley & Corwyn, 2002; Hoff, Laursen, & Tardif, 2002), and not surprisingly, support for this mediational model is also found in studies with separated families. For example, Bank, Forgatch, Patterson, and Fetrow (1993) found that the effect of socioeconomic factors on child behaviour problems in single-mother families is mediated by parenting practices, and DeGarmo, Forgatch, and Martinez (1999) found that parenting practices mediated the relationship between socioeconomic factors and academic achievement in boys from recently divorced families. Also, high quality father-child relationships are associated with payment of child support (Simons, Whitbeck, Beaman, & Conger, 1994), leading to speculation that post-separation socioeconomic effects may actually be a result of father-child relationship quality and involvement of non-resident fathers in child-rearing (Emery, 1999a; Pryor & Rodgers, 2001). Further, socioeconomic change is likely to result in other changes that affect children, including relocation to a new house, a new school or a different neighbourhood, and reduced time with parents due to

longer working hours, and that these factors are likely to mediate the relationship between socioeconomic change and child adjustment (Emery, 1999a).

Considering that a large body of research indicates that socioeconomic status influences many aspects of child well-being, policies to reduce the effects of post-separation economic decline are likely to improve adjustment in children from separated families. Also, considering that at least part of the effect of socioeconomic factors on child outcomes is likely to be mediated by parental stress, parenting practices, and child exposure to negative events, intervention programs that focus on reducing the impact of these factors are likely to improve adjustment in children from separated families.

Family Factors

Research investigating the relationship between parental separation and child adjustment provide support for the mediating role of family factors, including parent adjustment, interparental conflict, parenting style, and parent-child relationships. Despite the complex interactions between these variables, discussion of these family factors will be presented separately below, followed by a summary which draws these findings together.

Resident Parent Adjustment

Parents in separated families are at increased risk for psychological problems due to selection factors and to processes that occur during and after parental separation (Amato, 2000), and it is argued that exposure to post-separation parental distress and disorder is likely to result in adverse outcomes for children. A large body of evidence supports this argument, with strong associations found between parent adjustment and child adjustment in married families (Downey & Coyne, 1990; Forehand, McCombs, & Brody, 1987; Kessler & Magee, 1993) and between resident parent adjustment and child adjustment in separated families (Acock & Demo, 1994; Amato, 1993; Demo & Acock, 1996; Kalter, Kloner, Schreier, & Okla, 1989; Mednick, Baker, Reznick, & Hocevar, 1990; Silitsky, 1996; Simons & Associates, 1996; Stolberg et al., 1987). These associations between resident parent adjustment and child adjustment have been found across a range of child outcome variables, including externalising and internalising problems in young children (Kalter et al., 1989), depression in adolescents (Simons & Associates, 1996), and adolescent academic achievement (Mednick et al., 1990).

It is important to note that there are methodological problems with the majority of studies that test this relationship, that is, same-source bias, with parents reporting on their children's adjustment as well as their own, and it is likely that same-source bias inflates the strength of the association between child adjustment and parent adjustment (Simons & Associates, 1996). However, studies which use independent ratings of child adjustment (e.g. Forehand et al., 1990; Guidubaldi, 1985; Simons & Associates, 1996) also find a positive association, indicating that bias in parent reports of child adjustment does not fully explain the findings (Amato, 1993).

It has been pointed out by others that finding a significant association between child adjustment and resident parent adjustment does not provide information about the direction of this relationship, and it is likely that the relationship between parent and child adjustment is reciprocal in nature (Amato, 1993; Downey & Coyne, 1990; Emery, 1999a). Parenting a "difficult" child is likely to be more stressful than parenting a well-adjusted child, and there is research support for this bi-directional effect from longitudinal studies of separated families. These studies find that ineffective parenting behaviours lead to child behaviour problems which results in further decline in parent adjustment and positive parenting practices (Forgatch, Patterson, & Ray, 1996; Hetherington et al., 1982). Further, prevention programs with separated families have found that improvements in child behaviour lead to decreases in maternal depression (DeGarmo, Patterson, & Forgatch, 2004).

Studies that have investigated the relationship between maternal adjustment and child adjustment in separated families (Forehand et al., 1990; Simons & Associates, 1996) and intact families (Conger et al., 1995; Davies, Dumenci, & Windle, 1999) provide support for both direct effects of maternal adjustment on child functioning, and for the mediational role of parenting in this relationship. For example, Forehand and colleagues (1990) observed that parental adjustment influenced adolescent functioning independently of parenting practices, suggesting a more direct role through modelling of negative affect or unsuccessful coping strategies. In support of the mediational role of parenting practices, other studies have found that parenting practices are predicted by maternal distress (DeGarmo & Forgatch, 1997; Elder, Eccles, Ardel, & Lord, 1995).

The majority of studies investigating the relationship between child and parent functioning have been criticised on methodological grounds for requiring families to report

on their functioning over an extended period of time and carrying out follow-up assessments weeks or months apart (Snyder, 1991). This criticism is made because this methodology limits the conclusions that can be made regarding causation and intervening variables. To address this methodological issue, Snyder (1991) used a within-subjects design to assess the relationship between maternal mood and stress, maternal discipline, and child conduct problems in 10 single-parent families with children aged between 4 and 5 years. Maternal ratings of mood and stress, observations of discipline and child behaviour and parent rating of child behaviour were collected every 3 days. Results indicated that mothers' daily mood and stress was associated with child behaviour that day. Further, structural equation modelling found support for a direct effect of maternal mood and stress on child behaviour and a mediated effect via aversive discipline strategies. This study, however, did not indicate whether single-mothers had ever been married. If they had not, it is likely that these results can be generalised to separated single-parent families.

There is strong evidence for the relationship between parental adjustment and child adjustment in general, and for the relationship between resident-mother adjustment and child adjustment in separated families, specifically. Because resident parent adjustment is associated with post-separation child adjustment, it is essential that interventions which aim to increase child adjustment in separated families focus on improving resident-parent adjustment. Parents need their experience normalised through provision of information and support from others, and many require professional support regarding adaptive coping to reduce stress and mood symptomatology.

Interparental Conflict and Cooperative Coparenting

The detrimental effects of interparental conflict on child adjustment are well-recognised (Buchanan & Heiges, 2001; Emery, 1999a; Grych & Fincham, 1990, 2001b), with strong, consistent evidence that exposure to high levels of interparental conflict has adverse consequences for children (Amato & Keith, 1991b; Bueler et al., 1997; Kerig, 1998). Further, studies of the relative effects of parental separation and interparental conflict indicate that interparental conflict is a stronger predictor of post-separation outcomes than parental separation per se (Amato & Booth, 1991a; Dixon, Charles, & Craddock, 1998; Forehand et al., 1988; Forehand et al., 1994; Mechanic & Hansell, 1989; Vandewater & Lansford, 1998).

These findings highlight the important role of interparental conflict for post-separation child outcomes, and indicate that “staying together for the sake of the children” is not advice supported by the evidence. However, these results do not minimise the importance of focusing on children from separated families, as there is a large body of research to indicate that children from separated families are exposed to higher levels of interparental conflict compared to those from intact families (Bickham & Fiese, 1997; Block et al., 1988; Hayashi & Strickland, 1998; Shaw et al., 1993), and that high levels of pre-separation and post-separation conflict is associated with more adverse outcomes for children (Buchanan & Heiges, 2001).

Some theorists have hypothesised that exposure to interparental conflict before separation occurs accounts for the relationship between parental separation and child adjustment problems (Amato, 1993; Cherlin et al., 1991), and there is support for this perspective. For example, using longitudinal data, Cherlin et al. (1991) found that the effect of parental separation on parent-rated adolescent behaviour problems in boys was no longer significant after controlling for pre-separation marital conflict. However, other studies find that parental separation continues to influence child outcomes after controlling for pre-separation conflict (Hanson, 1999; Jekielek, 1998), suggesting that pre-separation conflict does not wholly explain the relationship between parental separation and child adjustment.

The majority of families experience a peak in interparental conflict at the time of divorce when resolving issues related to child custody and division of property, however only 10 to 25% of families continue to experience moderate to high levels of interparental conflict after this initial adjustment phase (Buchanan & Heiges, 2001). While those children who are exposed to protracted post-separation interparental conflict are a minority, they are an important group, as exposure to this conflict is associated with a wide range of adverse child outcomes. In a review of studies that examined the relationship between post-separation interparental conflict and child adjustment, Amato (1993) reports that 25 of 28 individual studies found that a coparenting relationship characterised by high conflict and low cooperation was associated with lower post-divorce adjustment. More recent studies also support the influence of post-separation interparental conflict on child outcomes (Forehand et al., 1994; Kitmann & Emery, 1994; Simons, Lin, Gordon, Conger, & Lorenz, 1999). Forehand et al. (1994) observed that adolescents exposed to higher levels of interparental

conflict after separation exhibited more externalising problems and lower cognitive competence according to teacher reports, and Kitzmann and Emery (1994) found that a decline in post-separation interparental conflict was associated with lower child behaviour problems compared to continued high interparental conflict. These findings highlight the need to encourage post-separation coparenting relationships that are characterised by low levels of interparental conflict.

A number of theories have been proposed to account for the association between interparental conflict and child outcomes, including direct effects by modelling of parent behaviour, and indirect effects through disruption of parenting practices and parent-child relationships. There is some support for the modelling perspective, whereby children learn inappropriate relationship behaviours and fail to acquire acceptable ones. Dadds, Atkinson, Turner, Blums, and Lendich (1999) found that adolescent boys and girls adopted the avoidant conflict resolution style displayed by their same-sex parent, in sibling interactions. Further, those adolescents who displayed an avoidant conflict resolution style were more likely to exhibit internalising problems, suggesting a pathway for the relationship between interparental conflict and emotional problems.

There is strong support for the relationship between interparental conflict and parenting practices in separated and intact families, with the strongest associations found for harsh discipline and reduced parental acceptance in families characterised by higher interparental conflict (Krishnakumar & Buehler, 2000). There is also support for the mediating role of parenting practices in the relationship between interparental conflict and child adjustment. Using a sample comprised of a range of family types, Vandewater and Lansford (1998) found that the relationships between interparental conflict and girls externalising and internalising problems were mediated by parental warmth. Using a sample of recently separated mothers with adolescent children, Fauber (1990) observed that interparental conflict was a significant predictor of adolescent internalising and externalising problems and that a large part of the variance in adolescent problems was accounted for by parental rejection.

Interparental conflict has also been conceptualised as a stressor (Fincham, 1994), and in accordance with stress theory (Lazarus & Folkman, 1984), it is proposed that children repeatedly exposed to high levels of interparental conflict respond with heightened

emotionality and physiological arousal which results in long-term difficulties with emotion regulation (Davies & Cummings, 1994; Kelly, 2000). Some studies have looked specifically at children's appraisal of, and coping with interparental conflict and have found that children's appraisal of interparental conflict and the way they cope with it moderates adjustment (Fincham, 1994; Grych & Cardoza-Fernandez, 2001; Kerig, 2001). For example, Kerig (1998) found that children's appraisal of interparental conflict in intact families moderated the relationship between parent ratings of marital conflict and a range of adjustment outcomes. Specifically, they found that perceived control over interparental conflict had a stress buffering effect for boys but resulted in increased risk for internalising problems for girls. They also found that children who blamed themselves for interparental conflict were more vulnerable, with boys and girls at greater risk for internalising and externalising problems, respectively.

Similar cautions to those made regarding the direction of causation between maternal adjustment and child adjustment also apply to the relationship between interparental conflict and child behaviour problems. It is important to consider the bi-directional nature of this relationship, that is, that child behaviour problems lead to increased interparental conflict and marital dissatisfaction, which leads to increased risk for marital separation, explaining part of the association between parental separation, interparental conflict and child outcomes (Long & Forehand, 1987). However, research evidence is stronger for the effects of interparental conflict on child adjustment (Fincham, 1994; Grych & Fincham, 2001a; Long & Forehand, 1987).

Characteristics of interparental conflict that are important for child adjustment have also been investigated. Bueler et al. (1997) found that associations with child adjustment were stronger for overt compared to covert interparental conflict, suggesting that conflict that is observed by children is likely to result in more adverse outcomes. This is supported by Grych, Seid, and Fincham (1992) who found that child perceptions of the characteristics of interparental conflict were better predictors of their adjustment than parent reports. Other research suggests that interparental conflict has more adverse effects on children when it is perceived as child-related (Grych & Fincham, 1993), and when it is poorly resolved (Cummings, Ballard, El-Sheikh, & Lake, 1991; Cummings, Vogel, Cummings, & El-Sheikh, 1989). Other research indicates that interparental conflict is particularly damaging for

children when they feel “caught in the middle” between parents, that is when one parent makes critical remarks about the other parent, when children feel they have to take sides, or when children are required to convey information between parents (Buchanan, Maccoby, & Dornbusch, 1991). These results highlight the importance of limiting child exposure to, and involvement in, interparental conflict.

In addition to reducing conflict after separation, it is also important for parents to establish a cooperative co-parenting relationship. Research indicates that children adjust better to separation when their parents agree on child rearing issues, have more positive attitudes toward each other, and are flexible around parenting arrangements (Bronstein, Stoll, Clauson, Abrams, & Briones, 1994; Camara & Resnick, 1988, 1989; Hetherington et al., 1982; Wallerstein & Kelly, 1980; Whiteside & Becker, 2000). While it is acknowledged that many separated parents may have difficulty establishing a cooperative parenting relationship, it is important for post-separation parenting programs to assist parents to do so (Whiteside & Becker, 2000), and this is an important aim of many court-connected mediation programs (Geasler & Blaisure, 1998; Kruk, 1993).

The research in this area is quite clear. Children and adolescents who experience continued interparental conflict, post-divorce, suffer more deleterious outcomes than children whose parents manage to engage in a post-separation co-parenting relationship characterised by low levels of conflict and high levels of cooperation surrounding child-rearing issues. These findings strongly indicate that interventions for separated families should aim to reduce interparental conflict and encourage cooperative parenting.

Parenting Effectiveness

There is a substantial body of evidence to suggest that parenting practices (including discipline, monitoring, positive involvement, and problem-solving) explain significant variance in child behaviour problems (Dishion, Patterson, & Kavanagh, 1992; Patterson, 1992; Patterson, Reid, & Dishion, 1992; Patterson & Yoerger, 1997). This is consistent with research that finds that an *authoritative* parenting style, that is, one characterised by warmth, monitoring, supervision, clear expectations, and encouragement of autonomy, is associated with greater child adjustment (Steinberg, Mounts, Lamborn, & Dornbusch, 1991; Steinberg & Silk, 2002).

As reviewed above, research indicates that parenting practices associated with child adjustment problems are more common in separated families (Capaldi & Patterson, 1991; Forehand et al., 1990; Hetherington et al., 1982; Simons & Associates, 1996). There is also evidence for the mediating role of parenting in the development of child behaviour problems (Capaldi & Patterson, 1991; Forgatch et al., 1996; Forgatch, Patterson, & Skinner, 1988; Hetherington & Clingempeel, 1992; Simons, Beaman, Conger, & Chao, 1993) and adolescent depression (Simons & Associates, 1996) in separated families. Further, program evaluation studies with separated families have found that improving parenting practices reduces child behaviour problems (Forgatch & DeGarmo, 1999; Patterson, DeGarmo, & Forgatch, 2004; Tein, Sandler, MacKinnon, & Wolchik, 2004).

As discussed in the section on resident-parent adjustment, it is important to consider the reciprocal nature between parenting and child adjustment. Parenting a “difficult” child is likely to be more stressful than parenting a well-adjusted child, and parenting stress is likely to influence parenting interactions and strategies. Research support for this bi-directional effect is available (Hetherington et al., 1982; Patterson, 1992; Simons et al., 1994). In a longitudinal study of separated families Hetherington et al. (1982) found that parenting behaviours influenced child behaviours which lead to a decline in parent adjustment and positive parenting practices. Simons et al. (1994) also found that adolescent behaviour problems in separated families were associated with later increases in custodial mothers’ aversive parenting and non-resident fathers’ involvement in parenting.

Because parenting practises have consistently been indicated as an important mediator in the relationship between parental separation and child adjustment, it is essential that any program aimed at improving child adjustment include information and training on parenting strategies. As discussed in previous sections, parenting efficacy is influenced by other family processes that are more prevalent in separated families, including resident parent distress and interparental conflict, so it is likely that intervention programs which focus on improving resident parent functioning and post-separation co-parenting relationships will also lead to improved parenting of children in separated families.

Positive Parent-Child Relationships

The quality of parent-child relationships is a well-established predictor of child outcomes, with research indicating that a warm, accepting, supportive relationship with at

least one parent is associated with child resilience (Luthar & Zigler, 1991; Rutter, 1987). Parents and children from separated families report less positive parent-child relationships compared to those from intact families (Aro & Pollasaari, 1992; Lopez et al., 2000; Richardson & McCabe, 2001; Woodward et al., 2000; Zill et al., 1993), and this is particularly the case for non-resident father-child relationships (Amato & Keith, 1991b; Furstenberg & Nord, 1985). The majority of research investigating the influence of parent-child relationships on post-separation outcomes study the most common post-separation family form, that is, resident-mother families. For this reason, the research reviewed here focuses on children's relationships with resident mothers and non-resident fathers.

There is evidence for the association between parent-child relationship quality and child adjustment in separated families (Burns & Dunlop, 1998; Forehand, Middleton et al., 1987; Hetherington, 1989; Maccoby, Buchanan, Mnookin, & Dornbusch, 1993; Richardson & McCabe, 2001). Hetherington (1989), for example, found that children in separated families who had more positive relationships with resident mothers were less likely to have externalising and internalising problems, while Forehand, Middleton et al. (1987) found that adolescents from recently separated families who reported positive parent-child relationships had higher levels of school competence. This association is also evident in young adulthood, with studies finding a positive association between troubled parent-child relationships and relationship dissatisfaction, ineffective conflict resolution strategies with intimates (Burns & Dunlop, 1998), insecure attachment in romantic relationships (Summers et al., 1998), negative attitudes toward marriage (Coleman & Ganong, 1984), and depression and stress (Richardson & McCabe, 2001).

There is some support for the mediational role of parent-child relations on post-divorce outcomes. For example, Amato and Booth, (1991a) found that young adults who reported a reduction in closeness with their mothers after parental separation were significantly more likely to have marital difficulties and marginally more psychological symptoms. Those who reported deterioration in the father-child relationship reported a wider range of difficulties, including lower occupational and financial status, lower marital happiness and increased likelihood of considering or experiencing marital separation. Program evaluation studies also provide support for a mediating role of parent-child relations, with improvements in child adjustment mediated by improvements in mother-child relationship quality (Tein et al., 2004;

Wolchik et al., 1993). However, there is limited research directly testing the mediating role of parent-child relationships between parental divorce and child outcomes. One study which directly tested the mediational role of parent-child relationships in the association between parental separation and young adult insecure attachment in romantic relationships, found no support for a mediational model (Summers et al., 1998).

There is more consistent evidence for a moderating, or stress buffering, effect of positive parent-child relationships whereby a close relationships with one parent buffers the effect of parental separation (Forehand, Middleton et al., 1987; Peterson & Zill, 1986; Richardson & McCabe, 2001; Wolchik, Wilcox, Tein, & Sandler, 2000). Forehand, Middleton et al. (1987) found that adolescents who reported a good relationship with at least one parent had higher teacher-rated social and cognitive competence, and Richardson and McCabe (2001) found that young adults who reported a positive relationship with at least one parent reported greater emotional well-being.

A number of explanations have been proposed for the relationship between parent-child relationships and child outcomes. The first explains that positive parent-child relations lead to the development of trust and intimacy and appropriate relationship behaviours which impact on the development of peer and romantic relationships (Forehand, Middleton et al., 1987). The second explanation highlights the importance of feeling secure and cared for by parents which relieves fears of abandonment and increases self-esteem, thereby decreasing anxiety and depression (Wolchik, Tein, Sandler, & Doyle, 2002; Wolchik, Wilcox, et al., 2000). The third argues that a more positive parent-child relationship increases the likelihood that a child will share their problems and feelings with parents, and this leads to improved adjustment (Wolchik, Wilcox, et al., 2000). The final explanation highlights the importance of a positive relationship in the facilitation of effective and appropriate discipline, which leads to reduced behavioural and emotional problems (Emery & Forehand, 1996).

Due to the marked deterioration in children's relationships with non-resident fathers, a number of studies have looked specifically at the association between non-resident father-involvement and post-separation child adjustment (Amato & Gilbreth, 1999; Bronstein et al., 1994; McCombs Thomas & Forehand, 1993; Simons et al., 1994). In a meta-analytic review of 63 studies investigating the association between child adjustment and non-resident father involvement with their children, Amato and Gilbreth (1999) found that feelings of closeness

were significantly associated with academic success and lower externalising and internalising problems. However, effect sizes for frequency of contact were smaller, and statistically significant for academic success and internalising problems only, suggesting that the quality of the father-child relationship is more important than the frequency of contact. Similar findings have been reported by Whiteside and Becker (2000).

Importantly, not all separations result in the deterioration of relationships with non-resident-fathers (Furstenberg & Nord, 1985; Hetherington et al., 1982; Simons et al., 1994). Consequently, studies have investigated factors which influence father-child contact and relationship quality after parental separation. These studies report that post-separation coparenting relationships characterised by low hostility and high co-operation are associated with greater father involvement (Ahrons & Miller, 1993; Camara & Resnick, 1988; Whiteside & Becker, 2000). Further, the coparenting relationship moderates the association between non-resident father-child contact and child adjustment, with father-contact associated with adjustment under conditions of a cooperative coparenting relationship, and maladjustment under conditions of a conflictual parenting relationship (Amato & Rezac, 1994; Hetherington et al., 1982). These findings suggest that professionals working with separated families need to consider the impact of parental relationships when recommending the benefits of increased contact with non-resident fathers. As Amato and Rezac (1994) caution, frequent visitation under conditions of interparental conflict may be more harmful than helpful. The findings also suggest that mothers can influence father-child relationships by fostering a cooperative coparenting relationship.

The strongest associations between child adjustment and father involvement are found when studies measure non-resident fathers' parenting style, with children adjusting better to separation when fathers engage in authoritative parenting (Amato & Gilbreth, 1999). For example, Simons et al. (1994) found that adolescents adjusted better to parental separation when non-resident fathers provided consistent discipline, provided encouragement and support, and engaged in problem solving. In addition, there is support for the mediational role of these parenting practices in the relationship between parental separation and child outcomes, at least for externalising problems in boys (Simons et al., 1999). These findings indicate that visitation schedules for non-resident fathers should allow for fathers to be involved in regular parenting activities, such as helping with homework, taking children to

social activities, and getting children ready for school. Engaging fathers in these activities will provide opportunities for fathers to set limits, monitor children's activities, and reinforce children's success, and this increased involvement is likely to result in closer relationships between non-resident fathers and their children (e.g. Warshak, 2000).

The literature on post-separation parent-child relationships highlights the importance of a positive relationship between resident-mothers and their children, and provides a rationale for intervention programs to focus on strengthening this relationship. Also, because father-child contact and father-child relationship quality impact child adjustment following separation, programs aimed at improving child adjustment also need to focus on the father-child relationship. Ideally, fathers should be the focus of post-separation interventions. However, where fathers can not be engaged in post-separation interventions, it is important to focus on ways that mothers can influence father-child relationships. Intervention programs can do this by explaining the importance of avoiding negative comments about fathers, and by providing tips for involving fathers in their children's lives. This of course, can be difficult if the coparenting relationship is hostile.

Summary

There is strong support for the role of resident-parent adjustment, interparental conflict, cooperative parenting, parenting practices, and parent-child relationships in shaping children's short- and long-term post-separation outcomes. A complex relationship exists between these family variables and more research is needed before firm conclusions can be made regarding the relative influence of each of the factors and the causal relationships between them. However there is considerable evidence for the mediating role of interparental conflict and parenting practices in the relationship between parental separation and child adjustment, for the mediating role of parenting in the relationship between maternal adjustment and child adjustment, for the mediating role of parenting practices in the relationship between interparental conflict and child adjustment, and for the moderating role of parent-child relationships for post-separation outcomes. There is also support for a reciprocal relationship, with child adjustment likely to influence maternal adjustment and parenting practices. At this point, it is reasonable to assume that interventions which focus on improving the adjustment of resident-parents, reducing interparental conflict, increasing cooperative parenting, improving parenting skills, and encouraging positive parent-child

relationships with both parents, will improve the adjustment of children from separated families.

Child Characteristics

Research indicates that child characteristics influence adjustment to parental separation. The moderating effects of child gender and child age-at-separation have been studied extensively, however, the research in this area remains equivocal. More recent research has focused on individual differences in child appraisal of parental separation and separation-related events, and child coping styles and coping strategy utilisation.

Child Gender

Historically, parental separation was believed to be more detrimental for boys compared to girls (Guidubaldi, Cleminshaw, Perry, & McLouglin, 1983; Hetherington et al., 1982; Wallerstein & Kelly, 1980). Explanations provided for the more pronounced effect of parental separation on boys include the absence of a same-sex role-model, and more coercive parenting of boys in single-mother families (Hetherington et al., 1982). Methodological issues may explain these earlier findings, with some studies using outcome measures more likely to show adjustment differences for boys (e.g. externalising problems; Zaslow, 1989). Importantly, the belief that parental separation is more detrimental for boys compared to girls appears to influence parents' likelihood to divorce, with adolescent girls three times more likely than adolescent boys to experience parental separation (Block et al., 1988; Cherlin et al., 1991).

More recent evidence indicates that the consequences of parental separation for girls are no less important than the consequences for boys, however adjustment difficulties may be evident in different domains for girls. In their meta-analytic study of effects of parental separation on children, Amato and Keith (1991b) found stronger effect sizes for females for academic achievement and psychological adjustment, whereas effect sizes for conduct, social adjustment, and parent-child relations were stronger for boys. Only the difference for social adjustment was statistically significant, indicating that boys and girls exhibit little difference in their adjustment to separation.

Contrary to earlier beliefs that parental separation leads to more adverse consequences for boys, some studies have found more adverse outcomes for adolescent girls (Allison & Furstenberg, 1989; Frost & Pakiz, 1990). Using longitudinal data from the second wave of

the United States National Survey of Children (NSC) study (when children were aged between 11 and 16 years), Allison and Furstenberg (1989) found that adolescent girls from separated families had higher levels of teacher-rated problem behaviour and self-rated dissatisfaction and distress compared to adolescent boys from separated families.

Gender by family status interactions have also been found in studies of young adult adjustment. In their meta-analytic review of the effects of parental separation on young adult outcomes, Amato and Keith (1991a) found that parental separation was more strongly associated with single-parent family status for men compared to women, whereas parental separation was more strongly associated with lower educational attainment for women compared to men. Using data from the 1946 cohort of the British National Survey and Health Development (NSHD), Rodgers (1990) found an association between parental separation and affective disorder for young adult women, but not men. There is limited research regarding the moderating effect of gender in the relationship between parental separation and young adult relationship attitudes and behaviours. However, Sanders et al. (1999) observed that negative communication was higher in pre-marital couples where female partners had experienced parental separation, but not in pre-marital couples where male partners had experienced parental separation; and Kulka and Weingarten (1979) found that young men, but not women, from separated families had more accepting attitudes toward divorce than those from intact families.

Other studies have not found gender by family status interactions for parent-adolescent relationships in adolescence (Woodward et al., 2000), or for psychological distress (Rodgers et al., 1997), behaviour problems, depression symptoms, academic attainment (Zill et al., 1993), or parent-child relationships (Aquilino, 1994; Zill et al., 1993) in young adulthood. One reason why studies show inconsistent findings for gender may be that the outcomes differ according to post-separation family circumstances, particularly the match between child gender and gender of resident parent and stepparent (Aquilino, 1991; Kiernan, 1992; Lee, Burkan, Zimilies, & Ladewski, 1994; Needle et al., 1990; Zimiles & Lee, 1991).

Child Age

Three hypotheses have stimulated research into age differences in adjustment to parental separation. The *cumulative effect* hypothesis predicts that those who are exposed to post-separation circumstances for a longer period of time will be more adversely effected

(Kalter & Rembar, 1981), and this view is supported by those studies that find more adjustment difficulties in those who experience parental separation at a younger age (Allison & Furstenberg, 1989; Palosaari & Aro, 1994; Woodward et al., 2000; Zill et al., 1993).

The *critical stage* hypothesis predicts that parental separation occurring during “critical” stages of development will result in more adverse effects for children, with predictions of more adverse outcomes for those experiencing parental separation at younger ages based on psychodynamic theorising regarding the importance of the oedipal stage of development, with outcomes for sex-role development, anxiety, guilt, and insecurity (Kalter & Rembar, 1981). However, more recent research suggests that family disruption occurring during other periods of development are also important for later adjustment, with many acknowledging that additional family transitions occurring at a time when the individual is attempting to cope with the normative transition to adolescence is likely to have serious effects on adjustment (Hines, 1997; McLanahan & Sandefur, 1994; Petersen, Leffert, Graham, Alwin, & Ding, 1997). This is supported by research that indicates that the co-occurrence of normative adolescent transitions (that is puberty onset and school transitions) and non-normative transitions (for example, parental separation or moving house) leads to greater risk for emotional and behaviour problems (Simmons, Burgeson, Carlton-Ford, & Blythe, 1987).

A third hypothesis, the *recency* hypothesis, states that children, irrespective of age-at-separation, suffer adverse consequences in the short-term only (Kalter & Rembar, 1981). This view is supported by research that indicates that most children experience some emotional disruption following divorce, however the majority adapt over time (Chase-Lansdale et al., 1995; Emery & Forehand, 1996). This third hypothesis is not incompatible with the first two, so could be considered an additional rather than an alternative hypothesis.

A child’s developmental level is likely to influence their response to parental separation due to their abilities to understand what is happening and to cope with the changes occurring (Grych & Fincham, 1992). Some earlier studies focused on documenting the different responses of children at different developmental stages. For example, Wallerstein (1983) observed that preschool children tend to blame themselves for the separation, fear abandonment from both parents, display anxiety at being separated from parents (e.g. at bedtime), exhibit sleep difficulties, and regress to earlier behaviours (e.g. bed wetting).

Children of early primary school age are more likely to express feelings of sadness, rejection, and fears of replacement, and to exhibit deterioration in academic achievement and peer relationships. Older primary school children and adolescents are likely to blame one parent for the separation, to express anger, and to report somatic symptoms.

Wallerstein's (1983) findings predict the short-term response of children at different developmental stages to parental separation. However, due to the absence of an intact family comparison group in Wallerstein's study, conclusions regarding differences in adjustment between children in intact and separated families, and the relative effects of a separation occurring at different ages on long-term adjustment can not be made. Fortunately, other studies have included appropriate comparison groups so that the problems described for children of different ages can be more clearly attributed to parental marital status.

In their meta-analytic review already described, Amato and Keith, (1991b) compared the findings across studies of preschool-, primary-, secondary-, and college-age children. Averaging across adjustment domains, the effects of separation on primary and secondary school age children were equivalent in magnitude, however, there were differences according to adjustment domain. Secondary-school-age children exhibited greater problems with psychological adjustment, self-concept, and father-child relations, whereas primary school children exhibited more difficulties in social adjustment and mother-child relations. Only a small number of studies analysed data from pre-school or college samples, and these studies showed more favourable outcomes. Effect sizes for studies published in the 1990s also varied according to adjustment domain, with secondary-school children exhibiting greater psychological difficulties, and primary-school children exhibiting more academic difficulties (Amato, 2001). However, these findings should be viewed with caution, as the authors suggests that the age effects found may be due to methodological problems associated with different samples. These problems include difficulties in measuring academic, psychological, and social adjustment in very young children, and the possibility that secondary-school children with academic difficulties are more likely to exit school (Amato, 2001). It is also important to consider that differences found at different ages may be due to the selection of outcome measures.

Time-since-separation information was not available for the majority of studies included in these meta-analytic studies, so it is possible that the favourable outcomes

reported for college students may be due to greater time-since-separation and therefore more time to adjust to the transition. It may also be that variables other than those included in the meta-analysis, for example, quality of intimate relationships and relationship behaviours are important for college students. Also, it is possible that those children adversely affected by parental separation are less likely to enter college and become part of a college research sample. More importantly, these studies do not provide information about child age at the time of separation, and the majority of children in the individual studies included in the meta-analyses were pre-adolescent at the time the separation occurred. This highlights the need for studies to investigate the effects of parental separation occurring at different ages on a range of outcomes.

A number of studies have recognised the need to investigate child age-at-separation on later outcomes, and the majority have found more adverse outcomes for a separation occurring during childhood (Allison & Furstenberg, 1989; Amato & Booth, 1991a; Palosaari & Aro, 1994; Woodward et al., 2000; Zill et al., 1993). However, some studies have found that separation occurring during adolescence has more adverse outcomes. For example, Needle et al. (1990) and Frost & Pakiz (1990) observed that adolescents who experienced parental divorce during adolescence were at greater risk for substance use and substance-related consequences than those who experienced parental divorce during childhood; and Chase-Lansdale et al. (1995) found that parental separation occurring during adolescence (between 11-16) had a greater effect on young adult psychological symptoms than a separation occurring earlier (between ages 7 –11). Further, those studies which report age differences do not find significant age effects for all adjustment domains investigated (Allison & Furstenberg, 1989; Amato & Booth, 1991a; Zill et al., 1993).

The way age groups are defined in these studies may be important. Fergusson, et al. (1994) observed that a separation occurring in early childhood (before age 5) or during early adolescence (between age 10 and 15 years) was associated with more problematic outcomes than a separation occurring during middle childhood (between age 5 and 10 years). Those who experienced a separation in early childhood were more likely to engage in early sexual activity and substance use, and to have conduct/oppositional disorders and mood disorders, and those who experienced a separation in early adolescence were more likely to engage in early sexual activity and substance use, and to have conduct/oppositional disorders, whereas

those who experienced a separation in middle childhood did not differ significantly from those in intact families. These findings suggest that comparing child and adolescent outcomes may obscure differences that are evident when comparing children of more specific ages.

Methodological and Conceptual Issues Associated with Studying Age Differences

Gender by age interactions. Considering that the effects of separation vary according to gender and age-at-separation for certain outcomes, it is important to investigate gender by age interactions. Studies that have investigated child gender by age-at-separation interactions have found significant interaction effects favouring girls' adjustment. For example, Needle et al. (1990) found that adolescent boys, but not girls, who experienced parental divorce during adolescence were at greater risk for substance use and substance-related consequences than those who experienced a separation during childhood or those from intact families. Palosaari and Aro (1994) observed that age at parental divorce was associated with depression and heavy drinking for adolescent males but not females. However, Amato (1996) found that risk of divorce was associated with age at parental separation but did not find an interaction between gender and age-at-separation. The limited research investigating the interaction effects of gender and age-at-separation suggests that future research needs to investigate these interactions further. If the effects of separation occurring at different ages affect later adjustment differentially according to gender, describing age-at-separation effects without considering gender may disguise age effects.

Confounding temporal variables. Studies that investigate the effects of age at parental separation can be criticised for not controlling for the confounding effects of time-since-separation (Emery, 1999a; Rodgers & Pryor, 1998). The confounding of time-since-separation and age-at-separation can best be illustrated using an example: A study observes that parental separation occurring in early childhood has more adverse effects on young adult adjustment compared to parental separation occurring during early adolescence. This could be explained by longer exposure to living in a separated family, or to experiencing a separation during the critical developmental stage of early childhood. Clarifying the effects of age-at-separation and time-since-separation is impossible in studies with same-age research participants, because in these studies, age-at-separation and time-since-separation are perfectly confounded (Emery, 1999a). For this reason, only studies that include

participants of different ages can clarify these effects, and consequently, few studies have investigated the relative effects of age-at-separation and time-since-separation on post-separation adjustment.

One study considered the confounding effect of time-since-separation on age effects. Allison and Furstenberg (1989) reported that children who experienced parental separation before age 5 years exhibited more teacher-rated adjustment problems compared to those who experienced separation between the age of 6 and 10 years. They also found those who had experienced parental separation in the previous 5 years were as adjusted as those from intact families, whereas those whose families had separated between 6 and 10 years earlier were less well adjusted. Considering the confounding effect of time-since-separation, further analyses were conducted to test whether the differences observed were due to age-at-separation or deterioration across time. These analyses indicated that post-divorce functioning did not change over time, suggesting that there are more adverse effects on children of a divorce occurring at an earlier age. In support of these findings, other studies have not found a relationship between time-since-separation and child outcomes (Amato & Keith, 1991b; Shaw & Emery, 1987).

Child Appraisal and Coping

Recent thinking conceptualises parental separation and divorce as a process rather than as an event (Amato, 2000). According to this *divorce-stress-adjustment* perspective, stress is due to exposure to negative events that occur before, during, and after parental separation, and children's perception and understanding of these events, and the way they cope with these changes, influences their subsequent adjustment (Amato, 2000).

Child exposure to negative separation-related events. Children who experience parental separation report exposure to more stressful life-events than children in intact families (Aro & Pollasaari, 1992). These stressful life events, or *negative separation-related events* are events that occur during or after parental separation and are rated by children and experts as undesirable. Examples of negative separation-related events include teasing about the separation, interparental conflict, parent unhappiness, reduced contact with parents, and giving up things (e.g. pets and material objects; Sandler, Wolchik, Braver, & Fogas, 1986). A strong relationship has been found between negative separation-related events and child adjustment, with higher levels of negative events being associated with higher levels of child

anxiety, depression, and conduct problems (Amato, 1993; Fogas, Wolchik, Braver, Smith Freedom, & Bay, 1992; Hetherington et al., 1985; Sandler, Wolchik, Braver, & Fogas, 1991; Sandler et al., 1994; Sheets, Sandler, & West, 1996; Silitsky, 1996; Stolberg et al., 1987). Importantly, other research indicates that experiencing positive events following parental separation (e.g. spending time with parent, parent doing nice things, and household routines running smoothly) buffers the adverse effects of negative separation-related events on child adjustment (Wilcox Doyle, Wolchik, Dawson-McClure, & Sandler, 2003). Based on these findings, it is reasonable to assume that intervention programs which provide parents with advice on how to reduce negative post-separation events and increase positive events for children are likely to improve the adjustment of children to their parent's separation.

Child understanding of negative separation-related events. In accordance with a stress and coping perspective, children's understanding of negative separation-related events is likely to effect their responses to these events (Lazarus & Folkman, 1984). Appraisal of events, including negative cognitive errors and positive illusions, have long been associated with adjustment in adults and children (Beck et al., 1979; Kendall, Stark, & Adam, 1990; Stark et al., 2005; Taylor & Brown, 1988), and more recent studies have investigated whether children's appraisal of separation-related events is associated with adjustment. Mazur, Wolchik, and Sandler (1992) examined this association in children from recently separated families. Children were given a series of hypothetical negative separation-related events which were paired with three to four statements that reflected either negative or positive cognitive appraisals. The negative cognitive appraisals evaluated were catastrophising (expecting catastrophic outcomes), overgeneralising (expecting outcome of future event to be the same or similar to the outcome of an event experienced in the past), personalising (ascribing personal responsibility to negative events) and selective abstraction (bias toward attending to negative features of events). The positive illusions evaluated were biased toward judgement of one's own positive qualities and likeability, the illusion of personal control over positive outcomes, and unwarranted optimism about the future. Children were required to indicate on a 5-point Likert scale how similar the appraisals were to how they believed they would think in the hypothetical situations. They found that children who endorsed more negative appraisals had higher levels of self-rated anxiety and parent-rated behavioural problems, and lower self-esteem.

Mazur and colleague's (1992) research, however, is limited as it focuses on children's appraisals of hypothetical events which may be different to their appraisals of experienced events. Also, because their study measured cognitive appraisals and adjustment concurrently, conclusions regarding the direction of causation between cognitive appraisals and adjustment cannot be made. In a study to address these limitations, Sheets et al. (1996) investigated the relationship between children's appraisals of negative events they experienced after parental divorce and adjustment problems reported 5 months later. Using structural equation models, they found that children's negative appraisals of negative separation-related events at Time 1 predicted anxiety symptoms at Time 2, over and above the direct effects of negative separation-related events, hence supporting the mediating role of appraisal. Time 1 adjustment was not a significant predictor of Time 2 appraisal, providing no support for alternative casual models which explain negative appraisal as a consequence rather than a cause of negative mood states (Sheets et al., 1996).

Other research has focused more specifically on the types of erroneous beliefs about parental separation that are associated with adjustment difficulties. For example, Kurdek and Berg (1987) developed a belief scale based on problematic separation-related beliefs cited in clinical literature. This scale included six distinct belief domains according to factor analysis: peer ridicule and avoidance (beliefs that parental separation will lead to peer ridicule, and associated avoidance of peers); fear of abandonment (concerns of being abandoned by, or not liked by parents); hope of reunification (belief that parents will reunite and that child has control over this happening); paternal blame; maternal blame; and self-blame. They found that children who reported more of these problematic beliefs reported higher levels of anxiety, poorer self-concept in relation to parents, and were less likely to seek social support compared to those with lower levels of problematic beliefs. While the direction of causation is unclear from this study, other research has found that fear of abandonment beliefs mediate the relationship between separation-related events and child adjustment (Wolchik, Tein et al., 2002). While the majority of research on separation-related beliefs has focused on younger children, the association between beliefs and adjustment has also been found for adolescents (Farber, Felner, & Primavera, 1985).

Other studies have focused specifically on the association between adjustment and locus of control beliefs for post-separation events (Fogas, et al., 1992). Locus of control is

defined as the degree to which events are seen as within one's control. When an individual has an internal locus of control, they believe that events can be controlled by their own behaviour, whereas an individual with an external locus of control believes that events can not be influenced by one's own behaviour and are due to things outside of personal control, such as luck, and other's actions (Lefcourt, 1976). More recently, a third dimension, unknown control, was added to children's locus of control beliefs to acknowledge that children often report not knowing what causes events to occur (Connell, 1985).

Investigations with children in separated families show that locus of control beliefs mediate the relationship between negative events and child adjustment, with Fogas et al. (1992) observing that external locus of control partially mediated the relationship between negative separation-related events and child anxiety. Further, Kim, Sandler, and Tein (1997) report that the influence of negative events on conduct problems is greater when children do not know why positive and negative events occurred. These results highlight the importance of helping children understand why events are occurring in their families. If children are aware of why negative events occur, they will be less likely to misattribute blame, which has been shown to be associated with poorer adjustment, and they will be more likely to select appropriate coping strategies (Fogas, et al., 1992). In addition, if children understand why events occur, they may be able to cause positive events (e.g. having free time to play, and making new friends) to occur which may reduce the impact of negative events over which they have little control (e.g. interparental conflict, moving house, and giving up material things; Kim et al., 1997).

Child coping. Coping is conceptualised as the “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p.141). A number of different typologies have been proposed to distinguish between different coping styles and strategies. For example, (Lazarus & Folkman, 1984) distinguish between *problem-focused* strategies and *emotion-focused* strategies, depending on whether coping efforts are aimed at affecting the source of stress or regulating emotions associated with the stressor, respectively. Others have distinguished between *active coping* which involves dealing directly with the stressor, and *avoidance coping* which includes strategies to avoid dealing with the problem (Billings & Moos, 1981). A further distinction is also made regarding

whether attempts to cope involve thought processes (cognitive strategies) or taking action (behavioural strategies) to solve or avoid the stressor. For example, Billings and Moos (1981) distinguished between direct behavioural attempts to deal with the stressor (active-behavioural strategies), and attempts to appraise the stressor in an adaptive way (active-cognitive strategies). In a factor analytic study of child coping strategies, Brodzinsky et al. (1992) found that children's coping efforts could be categorised into four distinct types: assistance seeking, cognitive-behavioural problem solving, cognitive avoidance, and behavioural avoidance. The first two of these strategies are consistent with Billings and Moos (1981) active strategies while the last two fit neatly into their category of avoidance strategies, differentiating between those that utilise cognitive or behavioural strategies.

There is a large body of research investigating the type of coping that is associated with child adjustment, and this research indicates that the utilisation of active coping strategies is associated with greater adjustment (Sandler et al., 1997). Brodzinsky et al. (1992) observed that children who reported higher self-esteem and competence were more likely to use cognitive-behavioural problem solving to deal with problems, and Glyshaw, Cohen, and Towbes (1989) observed that adolescents' problem-solving utilisation predicted lower depression scores five months later. Results from research with separated families are consistent with those found with general population samples (Kliewer & Sandler, 1993; Sandler et al., 1994), and indicate a mediational role of active coping in the relationship between negative events and adjustment.

The findings for the relationship between adjustment and utilisation of social support are less clear (Sandler et al., 1997). Brodzinsky et al. (1992) found that children who reported higher self-esteem and competence were more likely to seek support from others, suggesting that seeking social support is adaptive. In contrast, Sandler et al. (1994) found that seeking social support is associated with greater depression symptomatology in children in separated families. As discussed by Grych and Fincham (1997), Sandler et al. (1994) did not measure children's satisfaction with the social support received, and it may be that children in separated families have greater difficulty accessing adequate support from parents who are often overwhelmed with their own concerns. Seeking help from other adults or using alternative coping strategies under conditions of high parental stress may be more effective.

This is supported by research that indicates that the availability of a supportive adult outside the home can help children to adjust to family stress (Werner, 1992).

There is also evidence to suggest that avoidance coping is associated with lower adjustment in children in general population samples (Brodzinsky et al., 1992; Ebata & Moos, 1991), and with adjustment in children from separated families (Armistead et al., 1990; Kliewer & Sandler, 1993; Sandler et al., 1994). However, research to date suggests that avoidance coping does not mediate the effects of negative separation-related events on adjustment, rather that anxiety leads to avoidance coping (Sandler et al., 1994).

A further distinction has been made between distraction and avoidance coping, where distraction includes activities aimed at relieving emotional tension (e.g. moderate exercise and relaxation) or those aimed at avoiding thinking about the problem by engaging in activities that are distracting (e.g. games, reading, watching television). Avoidance strategies, on the other hand, involve physically avoiding situations or using cognitive strategies to avoid thinking about the problem (e.g. fantasy, wishful thinking) (Ayers, Sandler, West, & Roosa, 1996). Although distraction can be viewed as activity to avoid problems, it is important to distinguish between distraction and avoidance as it makes intuitive sense that distraction will lead to increased adjustment if these activities provide a temporary retreat from the stressful situation and provide the opportunity for positive experiences which can buffer the effects of negative events, and promote the restoration of physiological equilibrium. This explanation is supported by Sandler et al. (1994) who found that greater utilisation of distraction coping was associated with lower levels of depression and anxiety symptoms.

When evaluating the adaptive nature of coping strategies, it is important to consider the stressor involved, as some strategies will be more effective for particular problems than others (Compas, Malcarne, & Worsham, 1988; Forsythe & Compas, 1987; Grych & Fincham, 1997; Sandler, Tein, Mehta, Wolchik, & Ayers, 2000). For example, problem solving may be an effective strategy for controllable problems, however using this strategy when the problem is outside the child's control is likely to lead to frustration and distress. In this case, attempts to reappraise the stressor so that it is less threatening is more adaptive (Sandler et al., 2000). Conversely, focusing on distraction strategies is important for reducing emotional tension, however, utilising this strategy only when a problem-solving approach is

required will not resolve the problem situation. Using a combination of problem-solving and distraction strategies is likely to be more effective in the long-term, and this is particularly the case for complex and chronic problems. In the context of parental separation, many stressors are outside children's control (e.g. parental mood, financial difficulties, interparental conflict, contact with parents), and in these cases using distraction to alleviate the emotional distress, and optimistic thinking to interpret events, is likely to be an effective coping strategy. This suggests that children who are able to identify appropriate coping strategies based on an assessment of problem type will be more effective at dealing with stressors (Sandler et al., 2000). This is consistent with the research indicating that adolescents who select problem-focused strategies for controllable stressors report fewer emotional and behavioural problems (Compas et al., 1988) while those who select inappropriate strategies (i.e. where there is a mismatch between appraisal of controllability of a stressor and the coping strategy selected) report more psychological symptomatology (Forsythe & Compas, 1987).

Research on coping efficacy, that is "the belief that one has dealt well with stressors in the past and can deal effectively with the stressors one is likely to encounter in the future" (Sandler et al., 2000, p. 1099) indicates that this belief mediates the relationship between coping efforts and adjustment in children (Sandler et al., 2000). This suggests that children's coping efforts should be reinforced so that they feel confident about their coping ability. Further, encouraging children to modify their future selection of coping strategies based on an assessment of the effectiveness of strategies used in the past, is likely to increase their confidence in their ability to cope with future stressors.

Summary

Earlier conclusions that separation has more deleterious outcome for boys is not supported by more recent literature, with meta-analytic studies indicating similar outcomes for daughters and sons in separated families. In fact, some studies show that girls have poorer outcomes, even for behaviour problems, an outcome more commonly found for boys in the general population (McGee, Feehan, Williams, & Anderson, 1992). Inconsistent findings for gender may be a result of not considering post-separation family arrangements. Future research needs to clarify the effects of separation for daughters and sons by testing for interaction effects for child gender and gender of resident parents.

The effects of parental separation appear to be similar in magnitude for children of different ages, however research does suggest that differences in the types of post-separation adjustment problems children display vary according to their age-at-separation. However, interpreting the research findings in this area is difficult due to the confounding effects of time-since-separation and child gender, with more research required to clarify these confounding effects in the future.

Child age is likely to influence children's post-separation response due to developmental differences in cognitive processes that lead to appraisal of separation-related events and availability of coping resources and strategies. In fact, these individual differences in cognitive appraisal and coping appear to be more important than differences associated with child gender. Children in separated families experience more negative events than children in intact families, and the number of separation-related negative events experienced predicts post-separation adjustment. Further, children's beliefs about these events, and their utilisation of appropriate coping strategies mediates the relationship between experiencing negative events and their subsequent adjustment. These findings provide a strong rationale for intervention programs for separated families to focus on increasing children's understanding of separation-related events, and developing children's adaptive cognitive appraisal and coping strategies for dealing with events that occur.

The Selection Hypothesis

As reviewed above, research indicates that economic and family circumstances that occur during and after parental separation explain differences in adjustment between children from intact and separated families. However, there is also evidence for the role of selection in post-divorce outcomes, that is, that differences between children from separated and intact families are due to inherited personality characteristics, and to family processes that occur long before the separation occurs.

Genetic Influences

The results of a number of studies suggest that inherited personality characteristics are responsible for the relationship between parental separation and child outcomes (see Emery, 1999a for a review). According to this perspective, the intergenerational transmission of inherited personality characteristics are implicated in both parental divorce and offspring outcomes. Put simply, parents with psychological problems are more likely to divorce

(Davies et al., 1997; Hope, Rodgers et al., 1999) and their children are at increased risk for psychological problems due to genetic transmission (McGue & Lykken, 1992; O'Connor, Caspi, DeFries, & Plomin, 2000), and that genetic transmission of psychological problems accounts for the association between parental separation and child adjustment.

There is support for this perspective from studies that find that the association between parental separation and child behaviour problems is accounted for by parental antisocial personality (Capaldi & Patterson, 1991; Lahey et al., 1988). However, it is important to note that these studies do not eliminate a modelling hypothesis. Additional evidence for the role of inheritance comes from twin and adoption studies, with some post-divorce outcomes receiving higher heritability estimates than others (Jockin et al., 1996; McGue & Lykken, 1992; O'Connor et al., 2000). For example, using data from adoptive and biological families, O'Connor et al. (2000) found that genetic factors were associated with achievement and social adjustment, whereas environmental factors were associated with behavioural and substance use problems.

The Influence of Pre-Divorce Child and Family Adjustment on Post-Divorce Outcomes

Longitudinal studies have shown that many of the differences between children from separated and intact families are present before separation occurs and that the effects of separation are greatly diminished when pre-separation family functioning (Cherlin et al., 1991; Sun, 2001) and child characteristics (Elliott & Richards, 1991; Sun, 2001) are taken into account. Importantly, other research suggests that the adjustment difficulties associated with parental separation can not be fully accounted for by pre-divorce child and family characteristics (Forehand, Armistead, & David, 1997; Morrison & Cherlin, 1995). Further, some studies have examined gender differences and indicate that girls appear to be less affected by pre-divorce factors than boys (Block, Block, & Gjerde, 1986; Cherlin et al., 1991). However, at least one study indicates that girls are more effected by events occurring before the separation and boys are more effected after separation (Doherty & Needle, 1991) precluding firm conclusions regarding gender differences.

It is important to note, that even if adjustment difficulties in separated families are largely due to pre-divorce factors, it would not preclude the provision of assistance to families experiencing parental separation. Children in these families are at greater risk for a wide range of adjustment problems and providing appropriate interventions when these

families seek help after marital separation is likely to increase child adjustment regardless of when their emotional and behavioural problems originated.

The Impact of Parental Remarriage on Children

While not the focus of the current study, it is important to consider the impact of remarriage on child adjustment. Considering the high rate of remarriage (Weston & Khoo, 1993), many children will experience this additional family transition. In the past, it was believed that parental remarriage would improve the adjustment of children from separated families. It was thought that a stepparent, usually a stepfather, would aid the adjustment of children by increasing family income, providing parenting support, and acting as a role model (Cherlin & Furstenberg, 1994). There is some evidence for greater adjustment in stepfamilies compared to single-parent families (Kurdek et al., 1995), and compared to intact families (Amato & Ochiltree, 1987). Conversely, others have observed more adverse outcomes for those in stepfamilies compared to single-parent separated families (Capaldi & Patterson, 1991; Sandefur & Wells, 1999). However, there is more consistent evidence to suggest that children from stepfamilies do not fare any better than those in single-parent separated families (Amato & Keith, 1991b; Hetherington, 1993; Rodgers et al., 1997; Zill et al., 1993; Zimiles & Lee, 1991). Importantly, research indicates that experiencing additional family transitions appears to confer additional disadvantages, with those experiencing multiple parental separations showing more adjustment difficulties (Amato & Booth, 1991a; Capaldi & Patterson, 1991; Cockett & Tripp, 1994; Kurdek et al., 1995).

Compared to similar investigations with single-parent separated families, there is less research investigating factors associated with child adjustment in remarried families. However, research on family factors that influence child adjustment to parental remarriage indicate that families have difficulty adjusting to new family relationships, with children in remarried families experiencing more family conflict (Barber & Lyons, 1994; Hanson, McLanahan, & Thomson, 1996; Kurdek et al., 1995), less effective parenting practises (Bray & Berger, 1993; Hetherington & Clingempeel, 1992; Kurdek et al., 1995; Thomson, Mosley, Hanson, & McClanahan, 2001), and more disruption in positive parent-child relationships (Bray & Berger, 1993; Hetherington & Clingempeel, 1992; Kurdek et al., 1995; Vuchinich, Hetherington, Vuchinich, & Clingempeel, 1991) compared to intact families.

Establishing close stepparent-child relationships appears particularly difficult (Bronstein et al., 1994; Hetherington & Jodl, 1994; Hetherington & Clingempeel, 1992; Hines, 1997). However, research indicates that families who progress slowly into these new relationships and allow time for children and parents to take on their new roles have children who adjust better to this transition (Brand, Clingempeel, & Bowen-Woodward, 1988; Crosbie-Burnett & Giles-Sims, 1994; Hetherington, 1989). Providing families with advice regarding the best way to establish new family relationships, and advice on effective parenting strategies is likely to result in better child adjustment in stepfamilies.

Summary and Implications

Marital separation can lead to declines in the psychological adjustment and physical health of separating couples, and deterioration in the parenting practices of custodial parents. Experiencing parental separation may also have adverse effects on children, adolescents, and young adults. These findings provide a strong rationale for the development and evaluation of selective prevention programs that target separated families. However, findings for some adjustment outcomes, including positive well-being, and relationship problems, are limited, suggesting a focus for future research.

While marital separation is stressful for the majority of couples and their children, most adjust to the transition within 2 years, and for at least some parents and their children, marital separation appears to be associated with increased resilience. Awareness of this variability in adjustment has led to research which has identified economic, family, and individual factors that influence the adjustment outcomes of those who experience marital and parental separation.

Apart from there being more adverse economic consequences for women, especially those with children, there seems to be few differences in the adjustment of men and women to marital separation. In addition, individuals adjust more readily to marital separation if they do not experience adverse economic consequences, if they accept the divorce, and if they have access to helpful social support. Remarriage and dating is also associated with increased economic and psychological adjustment, and the economic benefits of remarriage are particularly strong for women with children.

Children suffer more adverse consequences after parental separation when their parents exhibit emotional disturbance, when they witness interparental conflict, and when parenting

practices and positive parent-child relationships are adversely effected by parent and child distress. Individual differences in children's appraisal of, and coping with, negative separation-related events is also important for adjustment, with those who understand the reasons for events, do not misattribute blame, and use active coping strategies showing better adjustment.

Considering these factors that have been identified as important in the adjustment of children, it is clear that programs aimed at improving children's post-separation adjustment need to focus on reducing parenting stress, interparental conflict, and other negative separation-related events, and developing parenting practices, and children's adaptive cognitive appraisal and coping strategies.

Earlier conclusions that separation has more deleterious outcomes for boys is not supported by the literature, with some recent studies indicating more adverse outcomes for daughters in separated families. Overall, the results of these studies indicate that the consequences of parental separation for girls are no less important than the consequences for boys, however adjustment difficulties may be evident in different domains for girls. Some studies have found more adverse effects of parental separation on the adjustment of young women compared to young men, specifically for depressive symptoms, academic achievement and relationship behaviours. However, other studies have not found gender differences in young adult adjustment, indicating that further research is required before firm conclusions can be drawn regarding gender differences in long-term adjustment to parental separation. Identifying whether girls experience similar consequences of parental separation compared to boys is important as information provided to recently separated families often discusses gender as an important factor in adjustment to separation, so it is important to establish the validity of such information. If parents assume that parental separation does not have an impact on girls, they may not seek support for their daughters during this transition. Further, if parental separation is associated with different outcomes for boys compared to girls, this can guide further research. For example, if parental separation is associated with deterioration in mother-adolescent relationship quality for sons but not daughters, research can investigate factors associated with this deterioration in relationship quality and develop interventions to target such factors.

The effects of parental separation appear to be similar in magnitude for children of different ages; however, research does suggest that differences in the types of post-separation adjustment problems children display vary according to their age-at-separation. Importantly, earlier conclusions that adolescents do not suffer the adverse effects of parental separation reported for younger children are not supported by the research. However, one serious limitation is the difficulty of interpreting the effects of age-at-separation due to the confounding effects of time-since-separation. Therefore, studies which investigate the effects of parental separation while controlling for time-since-separation, would add significantly to this body of research. The consideration of age effects on post-separation outcomes is important, as considerable efforts have gone into the development of intervention programs for young children from separated families, with few efforts focused on adolescents whose parents have separated. If adolescents also experience adverse consequences of separation, this provides a rationale for the development of intervention programs for separated families as well.

Based on this review, a number of issues for future research can be identified:

1. Further investigation of gender differences in young adult adjustment to parental separation.
2. Further clarification of the effects of age-at-separation and time-since-separation on young adult post-separation outcomes.
3. Further investigation of the long-term effects of parental separation on positive well-being, and relationship problems.

These issues are addressed in Study 1 of this thesis, described in the next chapter.

CHAPTER 3: STUDY 1
THE RELATIONSHIP BETWEEN FAMILY STRUCTURE AND YOUNG ADULT
ADJUSTMENT - AN INVESTIGATION OF GENDER AND AGE EFFECTS

Aims

The first investigation in this thesis addresses some of the issues highlighted in the literature review using an Australian sample. The study will replicate and extend on previous research investigating the effects of family structure on young adult psychological adjustment and interpersonal relationships. Differences in adjustment between young adults from separated families and those from intact families will be investigated, paying particular attention to the influence of gender, age-at-separation, and time-since-separation on post-separation outcomes.

Due to increased awareness of the need to focus on positive aspects of development (Diener, 2000), the influence of family structure on a positive aspect of development, that is, life satisfaction, will also be investigated. Also, because the current study is investigating young adult outcomes, attention will be paid to the life course variables proposed in Amato's (1996) model to account for the intergenerational transmission of divorce; that is, attitudes toward divorce, and interpersonal behaviour problems. Based on the literature reviewed in Chapter 2, a number of hypotheses will be tested:

1. Young adults from separated families will have poorer adjustment compared with young adults from intact families as indicated by higher levels of depression, anxiety, and stress; and lower levels of life satisfaction, self-esteem, and educational achievement.
2. Young adults from separated families will report poorer parent-child relationships and reduced contact with parents.
3. Young adults from separated families will have more accepting attitudes toward divorce.
4. Young adults from separated families will report more interpersonal behaviour problems and less intimacy in romantic relationships, and will be more likely to enter into marital and de facto relationships, and to do so at a younger age.

Because there is evidence to suggest that the effects of parental separation vary according to child gender for some outcomes (Amato & Keith, 1991b; Rodgers, 1990), this

study will also explore the influence of gender on post-separation outcomes. Based on findings from previous research that has focused on gender differences in young adult adjustment to parental separation, it is expected that parental separation will have more adverse outcomes for young women, particularly for depression symptoms, educational achievement, and relationship behaviours associated with the intergenerational transmission of divorce.

As discussed in Chapter 2, studies investigating the influence of age-at-separation and time-since-separation have reported inconsistent findings. For this reason, this study will also investigate the influence of age-at-separation and time-since-separation on young adult outcomes.

According to the critical stage hypothesis, parental separation occurring during “critical” stages of development will result in more adverse effects for children. As reviewed in Chapter 2, early theorising predicted more adverse outcomes for those experiencing parental separation at younger ages (Kalter & Rembar, 1981), while more recent research suggests that family disruption occurring during the normative transition to adolescence is likely to have serious effects on adjustment (Hines, 1997; McLanahan & Sandefur, 1994; Petersen et al., 1997). Based on this research, it is expected that young adults who experience parental separation in early childhood or during early adolescence will report lower levels of adjustment compared with young adults from intact families. Further, because early childhood and early adolescence are both times when parental separation is likely to have important influences on later adjustment, it is predicted that the impact of separation for those who experience parental separation during early adolescence will be similar to the impact of separation for those who experience parental separation in early childhood.

Based on other studies that have reported that the effects of parental separation diminish with time (Chase-Lansdale et al., 1995; Emery & Forehand, 1996), it is expected that parental separation will have a reduced effect on young adult adjustment with increasing time-since-separation. However, one exception to this hypothesis applies: because research indicates that the majority of children live with their mothers after separation and that contact with fathers is often adversely affected by parental separation, it is expected that the frequency of contact and relationships with fathers will deteriorate across time.

It has been argued by others (Emery, 1999; Rodgers & Pryor, 1998) that inconsistent findings regarding the influence of age-at-separation and time-since-separation are due to the confounding of these two variables. For this reason, where significant effects of time-since-separation and age-at-separation on young adult adjustment are observed, analyses will be conducted to investigate the unique contribution of each of these variables to the variance in young adult post-separation adjustment.

Method

Participants

Participants were recruited for this study in three ways. First, students in undergraduate psychology tutorials at RMIT University were invited to complete the questionnaire as part of a tutorial activity. Participants were informed that they could complete an alternative tutorial activity if they did not wish to participate in the research study. Second, postgraduate psychology students at RMIT University received the questionnaire with a brief cover letter inviting participation. Willing participants were able to return the questionnaire anonymously to the researcher. Third, a community subsample was recruited to increase the likelihood of a representative sample, specifically relating to the percentage of separated families, and gender. As part of the requirement for completing an assessment, members of a class of third-year psychology students each recruited 3 community participants (friends, family, and acquaintances) to complete the questionnaire. Following class discussion, students received a protocol stating the required procedures for recruiting participants and collecting the questionnaires. This protocol included information about voluntary participation, informed consent, and confidentiality (see Appendix A). All participants received information about the details of the research study, confidentiality of responses and the right to withdraw participation at any stage (see Appendix B).

As the sample was restricted to young adults, only participants aged between 18 years, 0 months and 30 years, 11 months were included in the total sample. This sample included 374 young people, and was comprised of 265 undergraduate psychology students, 24 students enrolled in postgraduate psychology courses, and 57 community participants. Initial analyses indicated that, apart from age and level of educational attainment, there were no significant differences between these different groups, so they were treated as one sample in

subsequent analyses. The resulting mean age of respondents was 20 years, 9 months ($SD = 2.85$ years). Due to the over-representation of females attending psychology courses at RMIT University, the sample consisted of 76% females and 24% males. Most of the participants were from intact families, comprising 73% of the entire sample. Four percent of respondents had a parent who was deceased, less than 1% reported that their parents were never married, and 2% did not respond to this item. The remaining 21% were from separated/divorced families. The proportion of young adults from intact families in the current sample is consistent with national data (70%; Australian Institute of Health and Welfare, 2005), and with other studies using university samples (e.g. Lopez, Melendez, & Rice, 2000; 69%).

For the purposes of the analyses reported in the current study, only those young adults from intact families ($n = 272$) and separated/divorced families ($n = 78$) were included. The modal parental educational status was a university degree, with this level of education reported for 33% of fathers and 27% of mothers. Of those who responded to the questions regarding multiple family transitions ($n = 74$), 28 (38%) indicated living with at least one stepparent at some point. Because research indicates that remarried and re-disrupted families differ in some respects to single-parent separated families (Capaldi & Patterson, 1991; Cockett & Tripp, 1994; Kurdek, Fine, & Sinclair, 1995; Sandefur & Wells, 1999), it would have been ideal to include only those families who did not experience additional family transitions (i.e., parental remarriage, re-disruption) in the current analyses. However, these families were included in the current analyses as excluding them would have resulted in a reduction to an already limited sample size. This was particularly important for those analyses involving comparisons of smaller sub-samples (i.e., age, gender, and time-since separation).

Measures

Participants completed standardised measures of young adult symptomatology, self-esteem, and well-being, communication in parent-child relationships, utilisation of conflict resolution strategies in romantic relationships, attitudes toward divorce, and frequency and intensity of relationship intimacy in romantic relationships. In addition, three sections developed for the current study asked questions about the participant, the participant's family, and family transitions, respectively. The questionnaires took approximately 20 minutes to complete.

Demographic Information

In the first section, information about the participant was collected, including the participant's age, gender, marital status, age at entering into a marital or de facto relationship (if applicable), and educational achievement (TER score). This questionnaire is shown in Appendix C.

Family Information

Items designed to gather information about the participant's family were presented in the next section, and included questions regarding parental marital status, parental educational attainment, current living arrangements, age at moving out of the family home (if applicable), and how often the participants had contact with their mother and father. This questionnaire is shown in Appendix D.

Family Transitions

If participants were from separated or remarried families, they completed an additional section which gathered more detailed information about the number of transitions (i.e., parental remarriages and subsequent separations) they experienced and their age at experiencing these transitions. This questionnaire is shown in Appendix E.

Young Adult Symptomatology

Participants completed the 21-item version of the Depression-Anxiety-Stress Scales (DASS₂₁; Lovibond & Lovibond, 1995a), which assesses the symptoms of depression, anxiety, and stress in adults. Scores on each scale can range from 0 to 42 and scores on each of the three subscales can be categorised as Normal, Mild, Moderate, Severe, or Extremely Severe. The DASS is a widely used standardised instrument with adequate psychometric properties (Lovibond & Lovibond, 1995a). Correlations between the Depression and Anxiety scales of the DASS and the revised Beck Depression Inventory (BDI-II; Beck & Steer, 1987) and the Beck Anxiety Inventory (BAI; Beck & Steer, 1990) respectively, indicate adequate construct validity (Lovibond & Lovibond, 1995b).

Young Adult Self-esteem

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) is a widely used measure of self-esteem. It consists of 10 items rated on a four-point Likert scale ranging from Strongly

Agree to Strongly Disagree. The reliability and validity of the scale has been demonstrated in many studies (e.g. Hagborg, 1993, 1996; McCarthy & Hodge, 1982).

Young Adult Well-being

The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) is a five-item, self-report scale measuring global life satisfaction. The scale is psychometrically sound (Pavot & Diener, 1993), and is widely used as an indicator of subjective well-being (Diener, 2000). Higher scores on the SWLS indicate greater well-being.

Parent-child Relationship

The Parent-Adolescent Communication Scale (PACS; Barnes & Olson, 1982) is a 20-item questionnaire designed to assess perceptions of communication in parent-adolescent relationships. Respondents record on a 5-point scale (from strongly disagree = 1, to strongly agree = 5) the degree to which each statement applies to their relationship. The scale measures both Open Family Communication and Problems in Family Communication. Higher subscale scores indicate higher levels of Open Family Communication, and Problem Communication, respectively. A total score can also be calculated, which is indicative of positive family communication. The questionnaire has adequate psychometric properties (Barnes & Olson, 1982). In the current study, young adults completed the PACS twice, with reference to their mother, and their father.

Attitudes Toward Divorce

The 6 items used to measure attitudes toward divorce were developed by Amato and Rogers (1999) to identify pro-divorce attitudes, with high scores indicating an accepting attitude toward divorce. Participants responded to each item on a 4-point Likert scale ranging from disagree strongly to agree strongly (see Appendix F). Alpha reliability coefficients have been reported in the range of .63 to .67 (Amato & Rogers, 1999).

Young Adult Utilisation of Conflict Resolution Strategies

An adapted version of the Conflict Resolution Scales (CRS; Rands, Levinger, & Melinger, 1981) used by Camara and Resnick (1988) consists of 17 questions which assess parent's perceptions of conflict resolution strategies utilised during incidents of interparental conflict. Four factors have been identified using factor analysis, and have been labelled (a) attack (6 items), (b) avoid (4 items), (c) compromise (5 items), and (d) physical anger (2

items). This adapted version differs from Rands and colleagues' (1981) original version by the inclusion of the physical anger items. Respondents are asked how well the item statements describe their own behaviour, with possible responses ranging from “Not too well” to “Very well” on a four-point Likert scale (see Appendix G). Higher subscale scores on the CRS indicate greater utilisation of the measured conflict resolution strategy. The CRS has adequate reliability and validity (Camara & Resnick, 1988; Rands et al., 1981). In the current study young adults were asked to rate their own use of conflict resolution strategies in intimate relationships. They were asked to complete the questionnaire in reference to a romantic partner, if they have one. If they do not have a romantic partner, they were directed to complete the questionnaire with reference to a close friend.

Young Adult Relationship Intimacy

The Miller Social Intimacy Scale (MSIS; Miller & Lefcourt, 1982) is a 17-item measure of intimacy experienced in relationships. The measure includes 6 frequency items and 11 intensity items and higher scores indicate greater frequency and intensity of intimacy (see Appendix H). It has been used to measure the intimate relationships of young adults in previous studies (Garbardi & Rosen, 1992), and has adequate psychometric properties (Miller & Lefcourt, 1982). The measure can be used in the context of friendship or romantic relationships, and in the current study, respondents were asked to indicate whether they were responding in relation to a friend or a romantic partner. They then responded to the frequency items on a 5-point scale ranging from “very rarely” to “almost always”, and to the intensity items on a 5-point scale ranging from “not much” to “a great deal”.

Results

The current study was designed to investigate the effects of family structure on young adult psychological adjustment and interpersonal relationships, with a specific focus on the effects of gender, age, and time-since-separation on young adult post-separation adjustment. Differences between young adults from separated families and those from intact families are presented first. This is followed by results for marital status by gender interactions, and results for males and females presented separately (these additional separate analyses for gender were conducted due to limited cell size). The section concludes with the results of the

analyses investigating the effects of age-at-separation and time-since-separation on young adult post-separation adjustment.

Differences in Adjustment Between Young Adults from Separated Families and Young Adults from Intact Families

To investigate differences in young adult adjustment between separated and intact families for all continuous outcome variables, a series of independent sample *t*-tests were conducted. Due to the large number of comparisons, a more conservative *a priori* error rate was used to control for Type 1 error across the family of comparisons. This more conservative error rate was derived using a Bonferroni adjustment, leading to a per comparison error rate of $p < .0026$ (i.e., $p < .05$ divided by number of comparisons). Table 1 shows the means and standard deviations for each of the adjustment variables investigated, and the significance levels and effect sizes (d , with associated confidence intervals around d) of the difference between the two groups for each of the continuous outcome variables.

Table 1

Differences in Adjustment Between Young Adults from Intact Families and Young Adults from Separated Families.

Adjustment variable	Intact			Separated			<i>df</i>	<i>t</i>	<i>p</i>	<i>d</i>	95% confidence interval for <i>d</i>	
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>					Lower	Upper
Symptomatology												
Depression	254	10.43	9.31	72	10.81	9.20	324	-0.30	.76	-0.04	-0.30	0.22
Anxiety	255	8.23	8.44	74	8.22	8.15	327	0.01	.99	0.00	-0.26	0.26
Stress	262	14.40	9.47	75	14.35	9.16	335	0.04	.97	0.01	-0.25	0.26
Self esteem	265	30.28	4.97	75	29.12	5.88	338	1.70	.089	0.22	-0.03	0.48
Well-being	267	23.94	6.05	78	22.71	6.97	112.96	1.42	.16	0.20	-0.06	0.45
Father-child communication												
Open	265	32.21	8.56	66	26.18	10.66	87.03	4.26	< .001	0.67	0.39	0.94
Problem	262	28.45	7.23	71	30.58	8.22	331	-2.16	.031	-0.29	-0.55	-0.02
Mother-child communication												
Open	257	35.99	8.37	76	32.75	1.48	104.86	2.47	.015	0.36	0.11	0.62
Problem	256	29.13	7.07	78	30.67	8.22	113.83	-1.48	.14	-0.21	-0.46	0.05
Utilisation of conflict resolution strategies ^a												
Attack	155	11.30	3.17	49	11.90	3.37	202	-1.13	.26	-0.19	-0.51	0.14
Avoid	156	8.32	2.84	49	8.53	2.91	203	-0.45	.65	-0.07	-0.39	0.25
Compromise	154	15.55	2.50	48	15.54	2.41	200	0.03	.98	0.00	-0.32	0.33
Physical attack	156	2.17	.61	49	2.29	.74	69.94	-1.03	.31	-0.19	-0.51	0.14
Attitudes toward divorce	256	15.78	2.78	74	16.92	2.53	328	-3.18	.002	-0.42	-0.68	-0.16
Relationship intimacy ^a												
Frequency	126	26.77	3.13	36	26.58	3.25	160	0.31	.76	0.06	-0.31	0.43
Intensity	123	51.18	3.53	34	51.56	2.65	155	-0.58	.56	-0.11	-0.49	0.27
TER score	231	76.26	13.61	64	80.65	12.74	293	-2.31	.021	-0.33	-0.60	-0.05
Age stopped living with parents	75	18.71	2.44	32	18.09	1.75	105	1.28	.20	0.27	-0.14	0.69
Age at de facto/marriage	22	21.27	3.33	10	20.20	2.90	30	0.88	.39	0.33	-0.43	1.08

Note. Negative effect sizes for adjustment variables are indicative of higher levels in the separated family group. Fractional degrees of freedom are reported for analyses where estimates for *t* are calculated assuming unequal sample variance.

^aStatistics presented for those who report on romantic relationship only.

Significant differences between intact and separated families were found for open communication in the father-child relationship, and attitudes toward divorce. Young adults from separated families reported lower levels of open father-child communication, and more accepting attitudes toward divorce compared with those from intact families. All other between-group differences in young adult adjustment were not statistically significant.

To investigate the relationship between parental marital status and young adult adjustment for all categorical outcome variables, a series of two-way contingency table analyses were conducted. The results of these analyses, including a measure of effect size for each analysis (V), are presented in Table 2. To control for Type 1 error across comparisons, a more conservative per comparison error rate of $p < .013$ was derived using a Bonferroni adjustment.

Table 2

Chi-square Analyses Investigating the Relationship Between Parental Marital Status and Young Adult Adjustment for all Categorical Outcome Variables.

Outcome variable	<i>n</i>	Parental marital status		<i>df</i>	χ^2	<i>p</i>	<i>V</i>
		Intact (%) (SR)	Separated (%) (SR)				
Young adult marital status							
Single	315	91.5 (0.2)	87.2 (-0.3)	2	2.62	.27	.09
De facto	26	6.3 (-0.7)	11.5 (1.3)				
Married	7	2.2 (0.2)	1.3 (-0.5)				
Live with at least one parent							
No	111	28.9 (-0.9)	42.3 (1.6)	1	5.02	.025	.12
Yes	237	71.1 (0.6)	57.7 (-1.1)				
Frequency of contact with mother							
Never	1	0.0 (-0.9)	1.3 (1.6)	3	15.25	.002	.21
Less than once per month	40	9.8 (-0.9)	18.2 (1.7)				
At least once per month	75	19.2 (-0.9)	31.2 (1.7)				
Almost every day	227	71.1 (1.0)	49.4 (-1.8)				
Frequency of contact with father							
Never	11	0.0 (-2.9)	14.5 (5.5)	3	91.57	< .001	.52
Less than once per month	52	11.7 (-1.5)	27.6 (2.8)				
At least once per month	91	21.4 (-1.6)	44.7 (3.1)				
Almost every day	188	66.9 (2.6)	13.2 (-4.9)				

Note. SR = Standardised Residual

Significant relationships were observed between parent marital status and two of the categorical outcome variables: young adults' frequency of contact with mothers, and with fathers. A significant relationship was not observed between parental marital status and young adult marital status, and those from separated families were as likely to live with a parent compared with young adults from intact families.

Consideration of the standardised residuals computed for the relationship between parental marital status and frequency of contact with mothers indicates which cells are contributing to any significant relationships observed. The low representation of young adults

in separated families seeing their mothers almost everyday, and the high representation of young adults in separated families seeing their mothers at least once per month, less than once per month, and never, accounts for the significant relationships between parental marital status and young adults frequency of contact with their mothers.

Consideration of the standardised residuals computed for the relationship between parental marital status and frequency of contact with fathers indicates that the high representation of young adults in separated families never seeing their fathers, and the high representation of young adults in intact families seeing their fathers almost everyday contributes important variance to this relationship. Approximately 14% of young adults from separated families reported never seeing their fathers, whereas none of the young adults from intact families reported never seeing their fathers. Further, 67% of young adults from intact families reported seeing their father almost everyday, while only 13% of those from separated families reported seeing their father almost everyday.

Gender Differences in Young Adult Adjustment to Parental Separation

To determine whether the effects of family status varied according to gender, a 2 x 2 between-subjects factorial ANOVA was carried out for each of the continuous adjustment variables. No significant interaction effects were found; however, due to the small number of male participants, the probability of finding significant interactions for these analyses was low. For this reason, it was considered necessary to conduct analyses to test for the differences between young adults in separated and intact families, for males and females separately. A series of independent sample *t*-tests were conducted for all continuous adjustment variables using a Bonferroni-adjusted per comparison error rate of $p < .0026$.

Tables 3 and 4 show the means and standard deviations for each of the adjustment variables investigated and the results of the *t*-test analyses, for males and females respectively.

Table 3

Differences in Adjustment Between Young Men from Intact Families and Young Men from Separated Families.

Adjustment variable	Intact			Separated			df	t	p	d	95% confidence interval for d	
	n	M	SD	n	M	SD					Lower	Upper
Symptomatology												
Depression	57	13.44	10.76	19	14.63	11.39	74	-0.41	.68	-0.11	-0.63	0.41
Anxiety	57	11.16	10.47	20	10.80	6.97	75	0.14	.89	0.04	-0.47	0.55
Stress	58	16.17	10.40	20	16.00	10.01	76	0.07	.95	0.02	-0.49	0.52
Self esteem	59	29.66	5.36	21	27.90	5.87	78	1.26	.21	0.32	-0.19	0.82
Well-being	58	23.38	6.61	21	20.76	7.79	77	1.48	.14	0.38	-0.13	0.87
Father-child communication												
Open	56	33.23	9.06	17	26.94	8.15	71	2.56	.013	0.71	0.14	1.25
Problem	57	28.30	7.62	19	30.89	7.36	74	-1.30	.20	-0.34	-0.86	0.18
Mother-child communication												
Open	53	36.13	7.63	20	31.05	8.55	71	2.46	.016	0.64	0.11	1.16
Problem	57	29.44	6.50	21	31.90	7.31	76	-1.44	.16	-0.37	-0.86	0.14
Utilisation of conflict resolution strategies ^a												
Attack	31	11.19	3.05	11	13.45	3.75	40	-2.00	.05	-0.70	-1.39	0.02
Avoid	31	9.13	2.93	11	9.36	2.58	40	-0.24	.82	-0.08	-0.77	0.61
Compromise	32	15.28	2.07	11	14.73	2.97	13.49	0.68	.50	0.24	-0.45	0.92
Physical attack	32	2.16	.57	11	2.45	1.04	12.18	-1.19	.24	-0.41	-1.09	0.29
Attitudes toward divorce	56	15.61	3.27	20	15.65	1.98	55.80	-0.06	.96	-0.01	-0.52	0.50
Relationship intimacy ^a												
Frequency	22	24.86	4.89	12	25.00	4.33	32	-0.08	.94	-0.03	-0.73	0.67
Intensity	21	49.43	4.25	11	49.82	3.43	30	-0.26	.80	-0.10	-0.83	0.63
TER score	52	74.29	15.68	14	81.84	12.24	64	-1.67	.10	-0.50	-1.09	0.10
Age stopped living with parents	17	19.12	1.94	11	17.91	1.64	26	1.71	.10	0.66	-0.14	1.42
Age at de facto/marriage	3	22.67	3.06	3	22.33	2.52	4	0.15	.89	0.12	-1.50	1.70

Note. Negative effect sizes for adjustment variables are indicative of higher levels in the separated family group. Fractional degrees of freedom are reported for analyses where estimates for *t* are calculated assuming unequal sample variance.

^aStatistics presented for those who report on romantic relationship only.

Table 4

Differences in Adjustment Between Young Women from Intact Families and Young Women from Separated Families.

Adjustment variable	Intact			Separated			<i>df</i>	<i>t</i>	<i>p</i>	<i>d</i>	95% confidence interval for <i>d</i>	
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>					Lower	Upper
Symptomatology												
Depression	194	9.54	8.60	52	9.58	7.96	244	-0.03	.98	0.00	-0.31	0.30
Anxiety	195	7.36	7.57	53	7.28	8.48	246	0.07	.95	0.01	-0.29	0.31
Stress	201	13.86	9.22	54	13.81	8.92	253	0.03	.97	0.01	-0.30	0.31
Self esteem	203	30.45	4.86	53	29.47	5.86	254	1.25	.21	0.19	-0.11	0.49
Well-being	206	24.11	5.85	56	23.38	6.63	260	0.81	.42	0.12	-0.18	0.41
Father-child communication												
Open	206	31.95	8.29	48	25.77	11.54	58.78	3.51	.001	0.69	0.36	1.00
Problem	202	28.50	7.10	51	30.53	8.10	251	-1.78	.077	-0.28	-0.58	0.03
Mother-child communication												
Open	201	35.89	8.58	55	33.55	11.11	72.56	1.45	.15	0.26	-0.05	0.55
Problem	197	29.14	7.21	56	30.02	8.50	251	-0.77	.44	-0.12	-0.41	0.18
Utilisation of conflict resolution strategies ^a												
Attack	122	11.37	3.22	37	11.41	3.20	157	-0.06	.95	-0.01	-0.38	0.36
Avoid	123	8.12	2.81	37	8.24	3.01	158	-0.23	.82	-0.04	-0.41	0.33
Compromise	120	15.60	2.61	36	15.81	2.23	154	-0.43	.67	-0.08	-0.45	0.29
Physical attack	122	2.17	0.63	37	2.24	0.64	157	-0.60	.55	-0.11	-0.48	0.26
Attitudes toward divorce	197	15.83	2.64	53	17.38	2.59	248	-3.81	< .001	-0.59	-0.89	-0.27
Relationship intimacy ^a												
Frequency	102	27.13	2.46	24	27.38	2.26	124	-0.45	.65	-0.10	-0.55	0.34
Intensity	100	51.53	3.27	23	52.39	1.73	63.73	-1.77	.081	-0.28	-0.73	0.18
TER score	177	76.92	12.86	49	80.42	13.08	224	-1.68	.094	-0.27	-0.58	0.05
Age stopped living with parents	56	18.63	2.61	21	18.19	1.83	75	0.70	.49	0.18	-0.32	0.68
Age at de facto/marriage	19	21.05	3.39	7	19.29	2.69	24	1.24	.23	0.55	-0.35	1.41

Note. Negative effect sizes for adjustment variables are indicative of higher levels in the separated family group. Fractional degrees of freedom are reported for analyses where estimates for *t* are calculated assuming unequal sample variance.

^aStatistics presented for those who report on romantic relationship only.

Results indicate that the adjustment of young men from separated families is not significantly different from the adjustment of young men from intact families. However, a number of notable, but not statistically significant, effect sizes were noted. These notable effect sizes indicated that compared with young men from intact families, young men from separated families reported lower levels of open communication in their relationships with their mothers and fathers, higher levels of verbal attack behaviour in romantic relationships, a younger age at moving out of the family home, and higher educational achievement.

Three statistically significant differences were observed for the comparisons between young women from separated families and young women from intact families. Young women from separated families reported lower levels of open communication with fathers, and more accepting attitudes toward divorce compared with young women from intact families; however, one other notable, but not statistically significant, effect size was observed: age at entering into a de facto or marital relationship, with young women from separated families entering into these relationships earlier.

To further investigate the relationship between parental marital status and young adult adjustment separately for males and females, a series of two-way contingency table analyses were conducted for all categorical outcome variables. The results of these analyses for males are presented in Table 5 and the results for females are presented in Table 6, and include a measure of effect size (V). A Bonferroni-adjusted per comparison error rate of $p < .013$ was used for these analyses.

Table 5

Chi-square Analyses Investigating the Relationship Between Parental Marital Status and Young Adult Adjustment for all Categorical Outcome Variables for Young Men.

Outcome variable	<i>n</i>	Parental marital status		<i>df</i>	χ^2	<i>p</i>	<i>V</i>
		Intact (%) (SR)	Separated (%) (SR)				
Young adult marital status							
Single	74	94.9 (0.2)	85.7 (-0.3)	2	3.44	.18	.21
De facto	5	3.4 (-.9)	14.3 (1.5)				
Married	1	1.7 (0.3)	0.0 (-0.5)				
Live with at least one parent							
No	28	28.8 (-0.8)	52.4 (1.3)	1	3.78	.05	.22
Yes	52	71.2 (0.6)	47.6 (-1.0)				
Frequency of contact with mother							
Never	1	0.0 (-0.9)	5.0 (1.5)	3	8.52	.036	.33
Less than once per month	13	12.1 (-0.9)	30.0 (1.5)				
At least once per month	19	22.4 (-0.3)	30.0 (0.5)				
Almost every day	45	65.5 (0.8)	35.0 (-1.3)				
Frequency of contact with father							
Never	4	0.0 (-1.7)	20.0 (3.0)	3	24.95	< .001	.56
Less than once per month	12	13.6 (-0.3)	20.0 (0.6)				
At least once per month	23	22.0 (-1.0)	50.0 (1.7)				
Almost every day	40	64.4 (1.5)	10 (-2.6)				

Note. SR = Standardised Residual

Table 6

Chi-square Analyses Investigating the Relationship Between Parental Marital Status and Young Adult Adjustment for all Categorical Outcome Variables for Young Women.

Outcome variable	n	Parental marital status		df	χ^2	p	V
		Intact (%) (SR)	Separated (%) (SR)				
Young adult marital status							
Single	237	90.4 (0.1)	87.5 (-0.2)	2	0.80	.67	.06
De facto	21	7.2 (-0.4)	10.7 (0.7)				
Married	6	2.4 (0.1)	1.8 (-0.2)				
Live with at least one parent							
No	81	28.4 (-0.6)	39.3 (1.2)	1	2.47	.12	.10
Yes	183	71.6 (0.4)	60.7 (-0.8)				
Frequency of contact with mother							
Less than once per month	26	8.8 (-0.5)	14.3 (1.0)	2	7.00	.030	.16
At least once per month	53	17.6 (-0.9)	30.4 (1.7)				
Almost every day	182	73.7 (0.7)	55.4 (-1.3)				
Frequency of contact with father							
Never	7	0.0 (-2.3)	12.7 (4.5)	3	70.50	< .001	.52
Less than once per month	39	10.8 (-1.6)	30.9 (3.0)				
At least once per month	66	20.6 (-1.4)	43.6 (2.7)				
Almost every day	147	68.6 (2.3)	12.7 (-4.3)				

Note. SR = Standardised Residual

For both young men and young women, the pattern of results was similar. A significant relationship was observed between parental marital status and frequency of contact with fathers for young men and young women. Consideration of the standardised residuals computed for the relationship between young men's parental marital status and frequency of contact with fathers indicates that the high representation of young men in separated families never seeing their fathers, and the high representation of young men in intact families seeing their fathers everyday contributes important variance to this relationship. Consideration of the standardised residuals computed for the relationship between young women's parental marital status and frequency of contact with fathers indicates that all categories of contact

were contributing important variance to the relationship – young women from separated families were less likely to see their fathers everyday and were more likely to see their fathers never, less than once per month, and at least once per month, compared with young women from intact families.

For both males and females, significant relationships were not observed between parental marital status and young adults' marital status or their frequency of contact with mothers, and young men and women from separated families were as likely to report living with a parent compared with young men and women from intact families.

The Relationship Between Age-at-Separation, Time-Since-Separation, and Young Adult Adjustment

To investigate the relationship between age at parental separation and young adult adjustment, a number of analyses were carried out. First, the relationship between age-at-separation and young adult adjustment was investigated using correlational analyses. Second, two analyses were conducted to compare the adjustment of young adults who had not experienced parental separation with those who had experienced separation in early childhood, and with those who had experienced separation in early adolescence, respectively. Finally, the adjustment of young adults who experienced separation in early childhood was compared with the adjustment of those who experienced separation in early adolescence.

A similar approach was used to investigate the relationship between time-since-separation and young adult adjustment. That is, the relationship between time-since-separation and young adult adjustment was investigated using correlational analyses, and then the adjustment of young adults who experienced parental separation recently (in the previous 5 years) was compared with the adjustment of young adults who experienced parental separation in the distant past (more than 15 years ago).

The Relationship Between Age at Parental Separation and Young Adult Adjustment

To examine the relationship between child age at parental separation and young adult adjustment, a series of correlations between age at parental separation and the continuous outcome variables were carried out. To be consistent with later categorical analyses investigating age effects, only those adolescents aged younger than 16 years at the time of parental separation were included in these analyses. These correlations are presented in Table

7. A more conservative Bonferroni-adjusted per-comparison error rate of $p < .0026$ was used for these analyses.

Table 7

Correlations Examining the Relationship Between Child Age at Parental Separation and Young Adult Adjustment for all Continuous Outcome Variables.

Continuous adjustment variable	Child age at parental separation			
	<i>N</i>	<i>r</i>	<i>p</i>	<i>R</i> ²
Symptomatology				
Depression	42	.14	.39	.15
Anxiety	43	.23	.14	.02
Stress	44	.06	.70	< .01
Self esteem	43	.00	.99	< .01
Well-being	45	.01	.96	< .01
Father-child communication				
Open	40	.28	.076	.08
Problem	40	-.24	.13	.06
Mother-child communication				
Open	44	-.15	.34	.02
Problem	45	.29	.057	.08
Utilisation of conflict resolution strategies ^a				
Attack	27	.18	.37	.03
Avoid	27	-.05	.79	< .01
Compromise	26	-.11	.61	.01
Physical attack	27	.17	.39	.03
Attitudes toward divorce	42	-.07	.65	< .01
Relationship intimacy ^a				
Frequency	20	.17	.47	.03
Intensity	19	-.10	.68	.01
TER score	35	-.05	.77	< .01
Age stopped living with parents	20	-.13	.59	.02
Age at de facto/marriage	5	-.15	.81	.02

^aStatistics presented for those who report on romantic relationship only.

Statistically significant correlations were not observed between age at parental separation and any of the continuous outcome variables; however, the correlational analyses conducted may not be sensitive enough to detect differences. For example, if there are adverse effects of parental separation on young adults who experienced parental separation during early childhood and those who experienced separation during early adolescence, but not for those who experienced parental separation during middle childhood, this relationship may not be detected using traditional linear correlational analysis because of non-linear relationship between age-at-separation and some of the outcome variables. For this reason,

additional analyses were carried out to investigate whether the effects of parental separation on young adult adjustment varied according to child age at the time of parental separation.

Age at parental separation was transformed into a categorical variable by dividing the sample into three groups: children younger than 7 years at the time of parental separation (early childhood); children aged between 7 and 11 years at the time of parental separation (middle childhood); and children aged between 11 and 16 years at the time of parental separation (early adolescence). These age categories are consistent with the age categories used in previous research studies investigating the effects of age at parental separation (e.g. Chase-Lansdale et al., 1995; Kiernan, 1992).

Three a priori between-subjects planned comparisons were carried out for each of the continuous outcome variables. The first set of comparisons tests the hypothesis that young adults who experience parental separation in early childhood will report lower levels of adjustment compared with young adults from intact families. The second set of comparisons tests the hypothesis that young adults who experience parental separation in early adolescence will report lower levels of adjustment compared with young adults from intact families. The final set of comparisons tests the hypothesis that the impact of separation for those who experience parental separation during early adolescence will be similar to the impact of separation for those who experience parental separation in early childhood. Due to the large number of comparisons, a more conservative Bonferroni-adjusted per-comparison error rate of $p < .0026$ was used. The means and standard deviations for each of the continuous adjustment variables for young adults from intact families, those who experienced separation during early childhood, and those who experienced separation during early adolescence are shown in Table 8. Results for each set of comparisons, including effect sizes (d , with associated confidence intervals around d) are presented in Tables 9, 10, and 11 respectively.

Table 8

Means and Standard Deviations for Adjustment of Young Adults in Intact Families and in Separated Families According to Age-at-Separation.

Adjustment variable	Young Adults from Intact Families			Age at Parental Separation					
	<i>n</i>	<i>M</i>	<i>SD</i>	0 -7 years			11-16 years		
				<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Symptomatology									
Depression	254	10.43	9.31	22	8.64	8.06	14	11.71	12.23
Anxiety	255	8.23	8.44	23	6.26	6.99	14	11.00	10.83
Stress	262	14.40	9.47	23	13.83	9.49	15	15.73	9.28
Self esteem	265	30.28	4.97	22	28.59	4.97	15	28.87	6.32
Well-being	267	23.94	6.05	24	23.13	6.52	15	22.87	7.41
Father-child communication									
Open	265	32.21	8.56	21	21.29	8.09	15	27.33	12.75
Problem	262	28.45	7.23	21	33.57	6.69	15	29.20	8.19
Mother-child communication									
Open	257	35.99	8.37	24	35.33	11.78	14	32.50	10.78
Problem	256	29.14	7.07	24	28.17	8.52	15	31.93	8.84
Utilisation of conflict resolution strategies ^a									
Attack	155	11.30	3.17	15	11.07	3.37	8	11.88	3.00
Avoid	156	8.32	2.84	15	8.40	2.72	8	7.38	2.39
Compromise	154	15.55	2.50	14	16.50	2.53	8	15.25	2.19
Physical attack	156	2.17	0.61	15	2.07	0.26	8	2.13	0.35
Attitudes toward divorce	256	15.78	2.78	22	17.23	2.02	15	16.80	2.31
Relationship intimacy ^a									
Frequency	126	26.77	3.13	11	27.00	2.72	6	28.33	1.75
Intensity	123	51.18	3.53	11	52.27	1.27	5	52.00	2.35
TER score	231	76.26	13.61	19	77.62	13.90	12	77.54	13.00
Age stopped living with parents	75	18.71	2.44	11	18.55	2.38	6	18.00	1.26
Age at de facto/marriage	22	21.27	3.33	3	20.33	3.21	2	20.00	2.83

^aStatistics presented are for those who report on romantic relationships only.

Table 9

Differences in Adjustment Between Young Adults from Intact Families and Young Adults who Experienced Parental Separation During Early Childhood.

Adjustment variable	<i>df</i>	<i>t</i>	<i>p</i>	<i>d</i>	95% confidence interval for <i>d</i>	
					Lower	Upper
Symptomatology						
Depression	292	-0.85	.40	0.19	-0.24	0.63
Anxiety	294	-1.07	.29	0.24	-0.19	0.66
Stress	302	-0.28	.78	0.06	-0.37	0.49
Self esteem	304	-1.46	.15	0.34	-0.10	0.77
Well-being	308	-0.62	.54	0.13	-0.29	0.55
Father-child communication						
Open	23.69	-5.93	< .001	1.28	0.80	1.72
Problem	298	3.12	.002	-0.71	-1.15	-0.25
Mother-child communication						
Open	25.22	-0.27	.79	0.08	-0.34	0.49
Problem	297	-0.62	.53	0.13	-0.29	0.55
Utilisation of conflict resolution strategies ^a						
Attack	178	-0.27	.79	0.07	-0.46	0.60
Avoid	179	0.11	.92	-0.03	-0.56	0.50
Compromise	176	1.37	.17	-0.38	-0.92	0.17
Physical attack	179	-0.64	.52	0.17	-0.36	0.70
Attitudes toward divorce	28.30	3.12	.004	-0.53	-0.96	-0.09
Relationship intimacy ^a						
Frequency	142	0.24	.81	-0.07	-0.69	0.54
Intensity	138	1.02	.31	-0.32	-0.93	0.30
TER score	262	0.42	.68	-0.10	-0.57	0.37
Age stopped living with parents	91	-0.21	.83	0.07	-0.57	0.70
Age at de facto/marriage	23	-0.45	.66	0.28	-0.93	1.48

Note. Negative effect sizes for adjustment variables are indicative of higher levels in the group who experienced separation during early childhood. Fractional degrees of freedom are reported for analyses where estimates for *t* are calculated assuming unequal sample variance.

^aStatistics presented are for those who report on romantic relationships only.

For the comparisons between young adults from intact families and those who experienced separation during early childhood, two statistically significant differences were observed. Young adults who experienced parental separation during early childhood reported less open communication and more problem communication in their relationships with their fathers, compared with those from intact families. One other notable, yet not statistically significant effect size was observed, indicating more accepting attitudes toward divorce in those who experienced parental separation in early childhood.

Table 10

Differences in Adjustment Between Young Adults from Intact Families and Young Adults who Experienced Parental Separation During Early Adolescence.

Adjustment variable	<i>df</i>	<i>t</i>	<i>p</i>	<i>d</i>	95% confidence interval for <i>d</i>	
					Lower	Upper
Symptomatology						
Depression	292	0.49	.62	-0.14	-0.67	0.41
Anxiety	294	1.20	.23	-0.32	-0.86	0.22
Stress	302	0.53	.60	-0.14	-0.66	0.38
Self esteem	304	-1.02	.31	0.28	-0.25	0.80
Well-being	308	-0.65	.51	0.17	-0.35	0.69
Father-child communication						
Open	14.72	-1.46	.17	0.55	0.02	1.07
Problem	298	0.39	.70	-0.10	-0.62	0.42
Mother-child communication						
Open	13.87	-1.19	.25	0.41	-0.13	0.94
Problem	297	1.45	.15	-0.39	-0.90	0.14
Utilisation of conflict resolution strategies ^a						
Attack	178	0.49	.62	-0.18	-0.89	0.53
Avoid	179	-0.93	.35	0.33	-0.38	1.04
Compromise	176	-0.34	.74	0.12	-0.59	0.83
Physical attack	179	-0.20	.84	0.07	-0.65	0.78
Attitudes toward divorce	16.48	1.65	.12	-0.37	-0.89	0.16
Relationship intimacy ^a						
Frequency	142	1.23	.22	-0.51	-1.32	0.32
Intensity	138	0.53	.60	-0.23	-1.13	0.66
TER score	262	0.32	.75	-0.09	-0.67	0.49
Age stopped living with parents	91	-0.71	.48	0.30	-0.54	1.13
Age at de facto/marriage	23	-0.51	.61	0.38	-1.08	1.82

Note. Negative effect sizes for adjustment variables are indicative of higher levels in the group who experienced separation during early adolescence. Fractional degrees of freedom are reported for analyses where estimates for *t* are calculated assuming unequal sample variance.

^aStatistics presented are for those who report on romantic relationships only.

For the comparisons between young adults from intact families and those who experienced separation during early adolescence, statistically significant differences were not observed for adjustment. However, two notable, but not statistically significant, effect sizes were observed, indicating less open communication in father-child relationships and more intimacy in romantic relationships in young adults who experienced parental separation in early adolescence, compared with those from intact families.

Table 11

Differences in Adjustment Between Young Adults who Experienced Parental Separation During Early Childhood and Young Adults who Experienced Parental Separation During Early Adolescence.

Adjustment variable	<i>df</i>	<i>t</i>	<i>p</i>	<i>d</i>	95% confidence interval for <i>d</i>	
					Lower	Upper
Symptomatology						
Depression	292	-0.95	.34	-0.31	-0.98	0.37
Anxiety	294	-1.65	.10	-0.55	-1.21	0.14
Stress	302	-0.60	.55	-0.20	-0.85	0.45
Self esteem	304	-0.16	.87	-0.05	-0.71	0.61
Well-being	308	0.13	.90	0.04	-0.61	0.68
Father-child communication						
Open	21.95	-1.62	.12	-0.59	-1.25	0.10
Problem	298	1.79	.075	0.59	-0.09	1.26
Mother-child communication						
Open	29.37	0.76	.46	0.25	-0.42	0.90
Problem	297	-1.57	.12	-0.44	-1.08	0.23
Utilisation of conflict resolution strategies ^a						
Attack	178	-0.58	.57	-0.25	-1.10	0.62
Avoid	179	0.84	.41	0.39	-0.49	1.24
Compromise	176	1.14	.26	0.52	-0.38	1.38
Physical attack	179	-0.23	.82	-0.20	-1.06	0.66
Attitudes toward divorce	27.50	0.58	.57	0.20	-0.46	0.85
Relationship intimacy ^a						
Frequency	142	-0.86	.39	-0.55	-1.53	0.49
Intensity	138	0.15	.88	0.16	-0.90	1.21
TER score	262	0.02	.99	0.01	-0.72	0.73
Age stopped living with parents	91	0.46	.65	0.27	-0.75	1.25
Age at de facto/marriage	23	0.11	.92	0.11	-1.71	1.87

Note. Negative effect sizes for adjustment variables are indicative of higher levels in the group who experienced separation during early adolescence. Fractional degrees of freedom are reported for analyses where estimates for *t* are calculated assuming unequal sample variance.

^aStatistics presented are for those who report on romantic relationships only.

For the comparisons between young adults who experienced separation during early childhood and those who experienced separation during early adolescence, statistically significant differences were not observed for adjustment; however, six notable, but not statistically significant, effect sizes were observed, indicating higher levels of anxiety, more open communication and less problem communication in father-child relationships, less compromise behaviour in romantic relationships, and more intimacy in romantic relationships in young adults who experienced parental separation in early adolescence, compared with those who experienced separation during early childhood.

To further investigate the relationship between young adult adjustment and parental separation occurring at different ages, a series of two-way contingency table analyses were conducted for all categorical outcome variables. Consistent with the comparisons conducted for the continuous variables, three sets of analyses were conducted. The first set of analyses investigated the relationship between young adult adjustment and parental marital status for those who experienced parental separation during early childhood, and the results of these analyses, including a measure of effect size (V), are presented in Table 12. The second set of analyses investigated the relationship between young adult adjustment and parental marital status for those who experienced parental separation during early adolescence, and the results of these analyses are presented in Table 13. The third set of analyses investigated the relationship between young adult adjustment and timing of parental separation, that is whether separation occurred during early childhood or during early adolescence, and these results are presented in Tables 14. A more conservative Bonferroni-adjusted per-comparison error rate of $p < .013$ was used for these analyses.

Table 12

Chi-square Analyses Investigating the Relationship Between Parental Marital Status and Young Adult Adjustment for all Categorical Outcome Variables for those who Experienced a Separation in Early Childhood.

Outcome variable	<i>n</i>	Timing of Parental Separation		<i>df</i>	χ^2	<i>p</i>	<i>V</i>
		No parental separation (%) (SR)	Early childhood (%) (SR)				
Young adult marital status							
Single	268	91.5 (0.1)	87.5 (-0.2)	2	1.82	.40	.08
De facto	20	6.3 (-0.3)	12.5 (1.1)				
Married	6	2.2 (0.2)	0.0 (-0.7)				
Live with at least one parent							
No	90	28.9 (-0.5)	50.0 (1.7)	1	4.63	.032	.13
Yes	204	71.1 (0.3)	50.0 (-1.1)				
Frequency of contact with mother							
Less than once per month	31	9.8 (-0.5)	20.8 (1.5)	2	3.80	.15	.11
At least once per month	57	19.2 (-0.2)	25.0 (0.6)				
Almost every day	202	71.1 (0.3)	54.2 (-0.9)				
Frequency of contact with father							
Never	3	0.0 (-1.7)	13.0 (5.7)	3	66.09	< .001	.48
Less than once per month	41	11.7 (-1.1)	43.5 (3.7)				
At least once per month	66	21.4 (-0.5)	39.1 (1.6)				
Almost every day	179	66.9 (1.0)	4.3 (-3.5)				

Note. SR = Standardised Residual

Table 13

Chi-square Analyses Investigating the Relationship Between Parental Marital Status and Young Adult Adjustment for all Categorical Outcome Variables for those who Experienced a Separation in Early Adolescence.

Outcome variable	<i>n</i>	Parental marital status		<i>df</i>	χ^2	<i>p</i>	<i>V</i>
		No parental separation (%) (SR)	Early adolescence (%) (SR)				
Young adult marital status							
Single	260	91.5 (0.0)	86.7 (-0.2)	2	1.43	.49	.07
De facto	19	6.3 (-0.2)	13.3 (1.0)				
Married	6	2.2 (0.1)	0.0 (-0.6)				
Live with at least one parent							
No	84	28.9 (-0.2)	40.0 (0.8)	1	0.84	.36	.05
Yes	201	71.1 (0.1)	60.0 (-0.5)				
Frequency of contact with mother							
Never	1	0.0 (-1.0)	6.7 (4.1)	3	19.81	< .001	.27
Less than once per month	29	9.8 (-0.3)	20.0 (1.2)				
At least once per month	54	19.2 (0.0)	20.0 (0.1)				
Almost every day	197	71.1 (0.2)	53.3 (-0.8)				
Frequency of contact with father							
Never	3	0.0 (-1.7)	20.0 (7.1)	3	64.32	< .001	.48
Less than once per month	35	11.7 (-0.4)	26.7 (1.6)				
At least once per month	63	21.4 (-0.3)	40.0 (1.4)				
Almost every day	180	66.9 (0.6)	13.3 (-2.5)				

Note. SR = Standardised Residual

Table 14

Chi-square Analyses Investigating the Relationship Between Timing of Parental Separation (Early Childhood Versus Early Adolescence) and Young Adult Adjustment for all Categorical Outcome Variables.

Outcome variable	n	Timing of parental separation		df	χ^2	p	V
		Early childhood (%) (SR)	Early adolescence (%) (SR)				
Young adult marital status							
Single	34	87.5 (0.0)	86.7 (0.0)	1	0.006	.94	.01
De facto	5	12.5 (0.0)	13.3 (0.1)				
Live with at least one parent							
No	18	50.0 (0.3)	40.0 (-0.4)	1	0.37	.54	.10
Yes	21	50.0 (-0.3)	60.0 (0.3)				
Frequency of contact with mother							
Never	1	0.0 (-0.8)	6.7 (1.0)				
Less than once per month	8	20.8 (0.0)	20.0 (0.0)	3	1.70	.64	.21
At least once per month	9	25.0 (0.2)	20.0 (-0.2)				
Almost every day	21	54.2 (0.0)	53.3 (0.0)				
Frequency of contact with father							
Never	6	13.0 (-.03)	20.0 (0.4)				
Less than once per month	14	43.5 (0.5)	26.7 (-0.6)	3	1.91	.59	.22
At least once per month	15	39.1 (0.0)	40.0 (0.0)				
Almost every day	3	4.3 (-0.6)	13.3 (0.7)				

Note. SR = Standardised Residual.

As shown in Table 12, a statistically significant relationship was observed between parental marital status and young adult's frequency of contact with their fathers for those who experienced separation during early childhood. Consideration of the standardised residuals computed for this analysis indicates that the high representation of those who experienced parental separation in early childhood never seeing their fathers or seeing their fathers once a month, and the high representation of young adults in intact families seeing their fathers everyday contributes important variance to this relationship. Only 4% of young adults who experienced a separation in early childhood reported seeing their father everyday,

compared with 67% of young adults from intact families; further, none of the young adults from intact families reported never seeing their fathers, while 13% of young adults from separated families reported never seeing their fathers. Statistically significant relationships were not observed for the remaining categorical variables.

As shown in Table 13, statistically significant relationships were observed between parental marital status and young adults' frequency of contact with their mothers and their fathers for those who experienced parental separation during early adolescence. Consideration of the standardised residuals computed for frequency of contact with mothers indicates that the high representation of those who experienced parental separation in early adolescence reporting that they never see their mothers contributes important variance to this significant relationship. None of the young adults from intact families reported never seeing their mothers, whereas 7% of young adults who experienced separation during early adolescence reported never seeing their mothers. Consideration of the standardised residuals computed for frequency of contact with fathers indicates that the high representation of those who experienced parental separation in early adolescence reporting that they never see their fathers, and the high representation of young adults in intact families reporting that they see their fathers almost everyday contributes important variance to this relationship. Only 13% of young adults who experienced a separation in early adolescence reported seeing their father everyday, compared with 67% of young adults from intact families; further, none of the young adults from intact families reported never seeing their fathers, while 20% of young adults who experienced separation during adolescence reported never seeing their fathers. Statistically significant relationships were not observed for the remaining categorical variables.

As shown in Table 14, statistically significant relationships were not observed between young adult adjustment and timing of parental separation (that is, during early childhood versus during early adolescence) for any of the categorical outcome variables.

Relationship Between Time-Since-Separation and Young Adult Adjustment

To examine the relationship between time since parental separation and young adult adjustment, a series of correlations between the continuous outcome variables and age at parental separation were carried out. This correlation matrix is presented in Table 15. A more

conservative Bonferroni-adjusted per-comparison error rate of $p < .0026$ was used for these analyses.

Table 15

Correlations Examining the Relationship Between Time Since Parental Separation and Young Adult Adjustment for all Continuous Outcome Variables.

Continuous adjustment variable	Time since parental separation			
	<i>N</i>	<i>r</i>	<i>p</i>	<i>R</i> ²
Symptomatology				
Depression	70	-.16	.17	.03
Anxiety	72	-.14	.23	.02
Stress	73	-.07	.58	< .01
Self esteem	72	.07	.59	< .01
Well-being	74	.04	.73	< .01
Father-child communication				
Open	63	-.32	.012	.10
Problem	69	.22	.073	.05
Mother-child communication				
Open	72	.23	.051	.05
Problem	74	-.34	.004	.05
Utilisation of conflict resolution strategies ^a				
Attack	46	-.35	.019	.12
Avoid	46	-.19	.21	.04
Compromise	45	.24	.115	.06
Physical attack	46	-.32	.031	.10
Attitudes toward divorce	70	< .01	.99	< .01
Relationship intimacy ^a				
Frequency	33	.06	.75	< .01
Intensity	31	.04	.81	< .01
TER score	60	-.15	.25	.02
Age stopped living with parents	31	.43	.015	.18
Age at de facto/marriage	10	.43	.21	.18

^aStatistics presented are for those who report on romantic relationships only.

As shown in Table 15, statistically significant correlations were not observed between time-since-separation and any of the continuous outcome variables. To further investigate the effect of time-since-separation on young adult outcomes, a series of independent samples *t*-tests was conducted to determine whether a recent separation has more adverse effects on young adult adjustment than a distant parental separation. Due the large number of comparisons, a more conservative Bonferroni-adjusted per-comparison error rate of $p < .0026$ was used to control for Type 1 error across comparisons. A recent separation was defined as one occurring within the previous 5 years, and a distant separation was defined as one occurring more than 15 years ago. These particular categories were chosen as they were

at the extremes of the time-since-separation variable, and because they provided sufficient sample size for conducting comparisons. The means and standard deviations for each of the continuous adjustment variables for those who experienced a distance versus a recent parental separation are shown in Table 16, in addition to the significance and effect size of the difference between the two time-since-separation groups for each continuous outcome variable.

Table 16

Differences in Adjustment Between Young Adults who Experienced a Recent Separation (Occurring Less Than 5 years ago) and those who Experienced a Distant Separation (Occurring More Than 15 Years Ago).

Adjustment variable	Recent separation – Less than 5 years ago			Distant separation – More than 15 years ago			<i>df</i>	<i>t</i>	<i>p</i>	<i>d</i>	95% confidence interval for <i>d</i>	
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>					Lower	Upper
Symptomatology												
Depression	23	13.39	8.30	15	8.40	8.43	66	-1.62	.11	0.60	-0.08	1.25
Anxiety	23	10.26	8.01	15	6.80	7.44	68	-1.27	.21	0.44	-0.22	1.09
Stress	24	16.58	8.50	15	14.27	9.56	69	-0.78	.44	0.26	-0.39	0.90
Self esteem	24	28.08	4.84	15	28.80	6.60	68	0.36	.72	-0.13	-0.77	0.52
Well-being	24	21.96	7.45	15	21.60	6.56	70	-0.15	.88	0.05	-0.60	0.69
Father-child communication												
Open	20	28.45	11.97	11	21.00	6.34	28.99	-2.27	.031	0.72	-0.06	1.45
Problem	24	29.67	8.18	11	34.09	7.84	65	1.61	.11	-0.55	-1.26	0.19
Mother-child communication												
Open	23	30.35	7.99	15	36.47	10.11	25.08	1.98	.059	-0.69	-1.34	-0.01
Problem	24	33.79	7.45	15	26.67	8.04	70	-2.69	.009	0.93	0.23	1.58
Utilisation of conflict resolution strategies ^a												
Attack	14	13.14	2.88	13	10.15	3.29	42	2.38	.022	0.97	0.14	1.73
Avoid	14	9.07	3.38	13	7.31	1.97	42	1.65	.11	0.63	-0.16	1.38
Compromise	14	14.36	1.86	13	16.23	3.22	18.95	-1.83	.083	-0.72	-1.47	0.08
Physical attack	14	2.64	1.15	13	2.00	.00	13	2.09	.057	0.77	-0.03	1.53
Attitudes toward divorce	24	17.08	2.80	15	17.20	2.04	66	0.14	.89	-0.05	-0.69	0.60
Relationship intimacy ^a												
Frequency	9	27.00	2.00	10	27.20	2.62	29	-0.13	.90	-0.09	-0.98	0.82
Intensity	8	52.25	2.12	10	52.50	1.65	27	-0.21	.84	-0.18	-1.10	0.76
TER score	23	83.36	11.78	9	79.75	15.41	56	0.71	.48	0.28	-0.50	1.05
Age stopped living with parents	6	17.33	1.86	11	18.46	2.51	13.28	-1.05	.31	-0.49	-1.47	0.54
Age at de facto/marriage	3	18.00	1.73	4	20.75	2.75	6	-1.46	.20	-1.15	-2.55	0.61

Note. Negative effect sizes for adjustment variables are indicative of higher levels in the group who experienced a separation more than 15 years ago.

Fractional degrees of freedom are reported for analyses where estimates for *t* are calculated assuming unequal sample variance.

^aStatistics presented are for those who report on romantic relationships only.

Statistically significant differences in adjustment were not observed between young adults who experienced separation in the distant past and those who experienced a recent separation; however, a number of notable, but not statistically significant, effect sizes were observed. These findings indicated lower levels of depression, higher levels of open communication and lower levels of problem communication in the mother-child relationship, lower levels of open communication and higher levels of problem communication in the father-child relationship, more compromise and fewer verbal attack, physical attack and avoidance behaviours in romantic relationships, and later age at entering into de facto or marriage relationship in those who had experienced a more distant separation.

To further investigate the relationship between time-since-separation and young adult adjustment, a series of two-way contingency table analyses were carried out for the four categorical outcome variables. These analyses investigate the relationship between young adult adjustment and time-since-separation. Consistent with the analyses presented above, time-since-separation was transformed into a categorical variable by dividing the sample into those who reported a recent parental separation (in the previous 5 years) and those who reported a distant parental separation (more than 15 years ago). A more conservative Bonferroni-adjusted per-comparison error rate of $p < .013$ was used for these analyses, and the results, including a measure of effect size (V), are presented in Tables 17.

Table 17

Chi-square Analyses Investigating the Relationship Between Time-Since-Separation (Recent versus Distant) and Young Adult Adjustment for all Categorical Outcome Variables.

Outcome variable	<i>n</i>	Parental marital status		<i>df</i>	χ^2	<i>p</i>	<i>V</i>
		Recent Separation (%) (SR)	Distant Separation (%) (SR)				
Young adult marital status							
Single	32	87.5 (0.3)	73.3 (-0.4)	2	2.87	.24	.27
De facto	6	8.3 (-0.9)	26.7 (1.1)				
Married	1	4.2 (0.5)	0.0 (-0.6)				
Live with at least one parent							
No	17	25.0 (-1.4)	73.3 (1.7)	1	8.77	.003	.47
Yes	22	75.0 (1.2)	26.7 (-1.5)				
Frequency of contact with mother							
Less than once per month	7	8.7 (-1.1)	33.3 (1.3)	3	4.87	.088	.36
At least once per month	14	34.8 (-0.2)	40.0 (0.2)				
Almost every day	17	56.5 (0.8)	26.7 (-1.0)				
Frequency of contact with father							
Never	7	13.0 (-0.6)	28.6 (0.8)	3	7.50	.058	.45
Less than once per month	12	21.7 (-0.9)	50.0 (1.2)				
At least once per month	13	43.5 (0.7)	21.4 (-0.9)				
Almost every day	5	21.7 (1.1)	0.0 (-1.4)				

Note. SR = Standardised Residual

For the analyses comparing those who had experienced a recent versus a distant separation, only one statistically significant difference was observed. This difference indicated that young adults who had experienced a distant separation were less likely to live with at least one parent than young adults who had experienced a recent separation.

If significant associations had been observed between age-at-separation and young adult adjustment, hierarchical linear regression analyses would have been conducted to investigate the unique effects of age-at-separation after entering time-since separation into the regression equation. However, as significant correlations between age-at-separation and young adult adjustment were not observed, regression analyses were not conducted.

Summary of Results

Overall, statistically significant differences were not observed between young adults from separated families and young adults from intact families according to measures of depression, anxiety, stress, well-being, or educational achievement; however, when the adjustment of males and females was investigated separately, young men from separated families reported notably higher educational achievement than young men from intact families. Also, when the effects of age at parental separation were investigated, a notable effect size indicated that young adults who experienced parental separation in early adolescence reported higher levels of anxiety compared with those who experienced separation during early childhood. Further, notably lower levels of depression were observed for those who had experienced a more distant separation compared with a recent separation.

Overall, young adults from separated families reported significantly less frequent contact with mothers and fathers, and significantly lower levels of open communication with fathers, compared with young adults from intact families. When analyses were conducted separately for males and females, both young men and women from separated families reported significantly less frequent contact with their fathers, and indicated that their relationships with fathers were of poorer quality compared with those from intact families. The small group effect found for the whole sample for frequency of contact with mothers was no longer significant when analyses were conducted separately for males and females; however, young men but not young women from separated families indicated notably lower levels of open communication in their relationships with their mothers, and reported moving out of the family home at a younger age.

When age-at-separation was considered, those who experienced separation in early childhood reported notably less open communication and more problem communication with fathers, compared with those who experienced separation during early adolescence. Further, those who experienced parental separation during adolescence, but not those who experienced separation during childhood, reported less frequent contact with mothers compared with young adults from intact families. When time-since-separation was considered, there was a notable trend for those who experienced separation more recently to report more open communication and less problem communication with fathers, and less open communication and more problem communication with mothers, compared with those who had experienced a parental separation earlier. Further, with greater time-since-

separation, young adults were significantly less likely to report living with at least one of their parents.

Young women from separated families reported significantly more accepting attitudes toward divorce compared with young women from intact families, however this effect was not observed for young men. Analyses also indicated that the relationship between parental marital status and attitudes toward divorce was more pronounced for those who experienced parental separation in early childhood.

Overall statistically significant differences between intact and separated families were not observed for measures of behaviours in romantic relationships; however, young men from separated families reported notably higher levels of verbal attack behaviour in romantic relationships, and young women from separated families reported notably earlier entry into de facto or marital relationships compared with their peers from intact families.

When age effects were investigated for relationship behaviours, those who had experienced separation in early adolescence reported notably more intimacy in romantic relationships compared with those who experienced separation during early childhood and those from intact families. In addition, those who experienced parental separation in childhood reported notably more compromise behaviour in romantic relationships compared with those who had experienced separation during early adolescence. When time-since-separation was considered, those who had experienced a more distant separation reported notably more compromise and fewer verbal attack, physical attack and avoidance behaviours in romantic relationships, and later age at entering into de facto or marital relationships compared with those who had experienced a more recent separation.

Discussion

Relationship Between Parental Marital Status and Young Adult Adjustment

Psychological and Educational Adjustment

The hypothesis that young adults from separated families would report lower levels of adjustment as indicated by higher levels of depression, anxiety and stress symptomatology, lower levels of well-being, lower self-esteem, and lower educational achievement, compared with young adults from intact families is not supported by the current data. Statistically

significant differences were not observed for any of these outcome variables, despite some effect size trends in the expected direction.

When the adjustment of males and females was investigated separately, however, young men from separated families reported notably higher educational achievement than young men from intact families. This finding is unexpected, and may be an artefact of sampling. A large proportion of the total sample were undergraduate psychology students, a population where males are underrepresented. For this reason, when the community subsample was recruited by third-year psychology students, the student researchers were encouraged to recruit male participants to increase the likelihood of obtaining a representative sample. As the student researchers were also encouraged to recruit young adults from separated families, the majority of males from separated families were from the community subsample (52 % compared with 13% of females from separated families). This sampling method would explain the differences in educational achievement between intact and separated families if the community sample had a higher level of educational achievement compared with the undergraduate sample; however, this is unlikely as one would expect that average educational achievement in a community sample to be below that of an undergraduate sample. Further, additional analyses indicated that the community and undergraduate sub-samples did not differ according to academic achievement scores, suggesting that sampling does not explain these findings. As these results are based on a relatively small sub-sample, future research should aim to verify this finding.

It is unclear why the current study did not find significant differences between young adults from intact and separated families on measures of psychological functioning. This is particularly surprising given that psychological adjustment is an adjustment domain in which strong effects of parental marital status are observed for young adults (Amato & Keith, 1991a); however, because the current sample was recruited from a university population it is possible that the separated family sub-sample is comprised of relatively resilient individuals. Those young adults who experience considerable economic decline and/or psychological problems associated with parental separation are less likely to succeed at secondary school and to subsequently attend university, thereby decreasing the differences between young adults from separated and intact families in a university population. This same explanation may apply to all other differences observed, with greater differences between young adults

from intact and separated families detected if a more representative sample of the general population were studied.

Relationships with Parents

It was predicted that those from separated families would report poorer parent-child relationships and reduced frequency of contact with parents. Overall, young adults from separated families did report significantly lower levels of open communication with fathers, and less frequent contact with mothers and fathers compared with young adults from intact families. Both young men and women from separated families reported significantly less frequent contact with their fathers compared with young men and women from intact families. Young men and women from separated families also reported less open communication with fathers compared with young men and women from intact families. Effect sizes indicate that the influence of parental marital status on young adult's level of open communication with fathers was equivalent for men and women; however this difference reached statistical significance for women only. These findings are consistent with other studies that have found that young adults from separated families are more likely to report less positive relationships with fathers (Aquilino, 1994; Cooney, 1994; Zill et al., 1993), and less frequent contact with non-resident fathers (Amato & Booth, 1991b; Aquilino, 1994), and indicate that the effects of separation on relationships with fathers are important for young men and women. Differences between separated and intact families were not observed for young adults' reports of problem communication with fathers, and this may be because limited contact with fathers does not allow for conflict to occur.

When analyses were conducted separately for males and females, the small group effect found for the whole sample for frequency of contact with mothers was no longer significant. Further, only young men from separated families reported notably lower levels of open communication in their relationships with their mothers compared with their peers from intact families. That males but not females from separated families reported problems in their relationship with mothers is consistent with research that indicates that compared with girls, boys are subject to more coercive parenting in single-parent families (Hetherington et al., 1982). Significant group differences were not found for problem communication with mothers. This is inconsistent with other studies that have observed that young adults from

separated families report greater conflict with their mothers, compared with those from intact families (Aro & Pollasaari, 1992).

Young men from separated families also reported moving out of the family home at a younger age compared to young men from intact families. This may be indicative of more problematic parent-child relationships. This finding is consistent with predictions and with other research (Aro & Pollasaari, 1992; Kiernan, 1992); however, it is unclear why this trend was seen for males only. As suggested by Amato (1996), it is reasonable to expect that when young adults have more problematic relationships with their parents they will be more likely to leave home than those who have more warm, accepting relationships with their parents. That young women from separated families did not report more difficulties in their relationship with their mothers (who are most often resident parents following separation), and did not report leaving home earlier, compared to young women from intact families, supports this explanation.

When age-at-separation was considered, those who experienced separation in early childhood reported notably less open communication and more problem communication with fathers, compared with those who experienced separation during early adolescence. That young adults who experience separation during early adolescence report fewer problems in the father-child relationship is not surprising, considering that relationships with fathers are likely to deteriorate across time for those who have infrequent contact with their father, and that those who experience separation during adolescence have also had more time to establish a close relationship with their fathers in the context of an intact family.

Further, those who experienced parental separation during adolescence, but not those who experienced separation during childhood, reported less frequent contact with mothers compared with young adults from intact families. This is consistent with the results obtained by Richardson and McCabe (2001), and with the finding in the current study that those who experienced parental separation recently have more problematic relationships with mothers compared with those who report a distant separation. These findings are opposite to those found for relationships with fathers, and suggest that difficulties in the mother-child relationship that occur after parental separation are relatively temporary. Alternatively, these results could indicate that the process of parental separation occurring during adolescence is particularly disruptive for the maintenance of positive mother-adolescent relationships.

In contrast to the general positive association between time-since-separation and adjustment, it was predicted that time-since-separation would be negatively associated with the quality of the father-child relationship. This was supported by the current data, with those who experienced a more distant separation reporting less open communication and more problem communication with fathers compared with those who had experienced a more recent separation. This finding indicates that relationships with fathers continue to deteriorate with time, and highlights the importance of post-separation parenting programs to promote continued high-quality contact with fathers.

Attitudes Toward Divorce

Young women from separated families reported significantly more accepting attitudes toward divorce compared with young women from intact families; however this effect was not observed for young men. That young women from separated families held more accepting attitudes toward divorce than those from intact families is consistent with predictions and with other research (Amato & Booth, 1991b), and is important, as research indicates that those with more accepting attitudes toward divorce are more likely to experience divorce themselves (Booth et al., 1985).

The current finding that young men's attitudes toward divorce are not influenced by parental separation suggests that the role of attitudes may be a stronger determinant of the intergenerational transmission of divorce for women compared with men. Attitudes toward divorce have been studied less frequently than other post-separation outcomes, with even fewer investigating gender differences. The current results are consistent with those found by (Kapinus, 2004), who observed that the influence of parental separation on pro-divorce attitudes was stronger for young women than young men; however, the results are inconsistent with Kulka and Weingarten (1979) who found that young men, but not women, from separated families had more accepting attitudes toward divorce than those from intact families, and with Amato and Booth (1991b) who did not find an interaction effect for gender and post-separation attitudes toward divorce. Considering the small number of males in the current sample and inconsistent reports for gender differences in the literature, further research is required before firm conclusions can be drawn regarding the effects of parental separation on young men's attitudes toward divorce.

There was a notable, non-significant trend for young adults who experienced parental separation in early childhood to report more accepting attitudes toward divorce compared with those from intact families. While the effect size for the comparison between those who separated during early childhood and those who experienced separation during adolescence for this outcome was small, descriptive data indicates that those who experienced separation during adolescence reported attitudes mid-way between intact families and those who experienced separation in early childhood. Other research investigating the effect of age-at-separation on post-separation pro-divorce attitudes is extremely limited, with one available study not observing a significant effect for age-at-separation on attitudes (Kapinus, 2004); however, considering that Kapinus (2004) also observed that parental attitudes towards divorce predicted young adult attitudes, the effects for age-at-separation observed in the current study could be explained by increased exposure to parental pro-divorce attitudes for those whose parents separated earlier.

Relationship Behaviours

It was also predicted that young adults from separated families would report less intimacy, less compromise, and more attack and avoidance behaviours in their romantic relationships, and that they would be more likely to be living in marital or de facto relationships and to have entered into these relationships at a younger age. Overall, statistically significant differences between intact and separated families were not observed for measures of behaviours in romantic relationships. However, young men from separated families reported notably higher levels of verbal attack behaviour in romantic relationships, and young women from separated families reported notably earlier entry into de facto or marital relationships compared with their peers from intact families.

That males from separated families reported higher levels of verbal attack behaviour in their romantic relationships compared with males from intact families supports the hypothesis that relationship behaviours associated with the intergenerational transmission of divorce are more common in separated families; however, the finding that young men, but not young women, from separated families report more problematic relationship behaviours was unexpected. This finding is also inconsistent with other research that finds that negative communication is higher in pre-marital couples where female partners had experienced parental separation, but not in pre-marital couples where male partners had experienced

parental separation (Sanders et al., 1999); however, these results are consistent with the finding that young men but not young women reported difficulties in the mother-child relationship. If current reports of difficulties in relationships with mothers are indicative of earlier coercive parenting by mothers, current verbal attack behaviours in romantic relationships may be explained by young men learning verbal attack behaviours in earlier coercive interactions with their mothers.

While the small number of young adults living in de facto or marital relationships limits interpretation of this data, young women in the current sample were more likely to enter into these relationships at an earlier age. This is consistent with other research that has found that young adults from separated families enter into de facto and marital relationships earlier than their peers from intact families (Feng et al., 1999; Kiernan, 1992; Ross & Mirowsky, 1999). This outcome has important long-term consequences, as cohabitation prior to marriage increases the chances of later marital dissolution (Amato, 1996; Axxin & Thornton, 1992; Bennet et al., 1988; Booth & Johnson, 1988; Bumpass et al., 1991). Combined with the finding that young men from separated families leave home earlier but do not cohabit earlier, and that young men but not women from separated families report difficulties in their relationship with their mothers, it may be that young men leave home early because of relationship difficulties with mothers, whereas young women enter into relationships early due to an increased need for emotional connections with others. However, this explanation is offered with caution, as it is not supported by increased intimacy in romantic relationships in young women from separated compared with intact families.

When age effects were investigated for relationship behaviours, those who had experienced parental separation in childhood reported notably more compromise behaviour in romantic relationships compared with those who had experienced separation during early adolescence. In addition, those who had experienced separation in early adolescence reported notably more intimacy in romantic relationships compared with those who experienced separation during early childhood and those from intact families.

That young adults who experience parental separation during adolescence report lower levels of compromise in their romantic relationships is difficult to explain, especially considering that differences were not observed for other relationship behaviours; however, this finding may be associated with increased exposure to stepfamilies in those who experience a separation in early childhood that may foster more compromising behaviour.

This is supported by the higher likelihood of living in a stepfamily for those who experienced separation in early childhood compared with early adolescence in the current sample (67% versus 40%). An additional explanation is that those who experience parental separation during adolescence are exposed to uncompromising interparental behaviours for a longer period than those who experience a separation earlier. Interparental conflict often precedes marital separation, sometimes by many years (Cherlin et al., 1991; Sun, 2001), and repeated exposure to these interactions may provide a model for later interpersonal behaviours in romantic relationships (Amato, 1996).

It is proposed that the greater frequency of intimacy in romantic relationships for those who experienced parental separation in early adolescence indicates maladaptive levels of intimacy for this group. As discussed by others (Chase-Lansdale et al., 1995), adolescence is an important time for identity development and for learning about intimate relationship behaviours. It is possible that those who experience separation during adolescence have an increased desire for intimacy in romantic relationships due to disruptions in parent-child relationships that occur more often in these families (Amato, 1996). This is consistent with findings from the current study and other studies that indicate that young adults from separated families enter into de facto or marital relationships earlier than their peers from intact families (Feng et al., 1999; Kiernan, 1992; Ross & Mirowsky, 1999). Further, other studies have observed that youth from separated families are more likely to report wanting more sexual experiences in romantic relationships (Garbardi & Rosen, 1992) and to initiate sexual activity at a younger age (Fergusson et al., 1994; Flewelling, 1990; Furstenberg & Teitler, 1994; Garbardi & Rosen, 1991; Simons & Associates, 1996).

Although the small number of young adults living in de facto or marital relationships limits interpretation of this data, those who have experienced a recent separation seem to enter into these relationships earlier. It may be that difficulties observed in the mother-child relationship explain this association, with youth from separated families entering into marital and de facto relationships to escape conflict with resident parents (Amato, 1996). This is consistent with the findings in this study that young men from separated families reported difficulties in their relationship with their mothers and also reported moving out of home at a younger age compared to young men from intact families. When mother-child relationship difficulties associated with parental separation emerge in early childhood, the child usually remains with their mother, and this may allow for time to repair the relationship. If the

relationship improves over time as families adjust to separation, the child is less likely to move out of home early due to mother-child relationship difficulties. However, for those who are in late adolescence or early adulthood when relationship difficulties emerge or worsen, moving away from custodial mothers may seem an attractive option. As the majority of this sample were undergraduate students and therefore unlikely to be able to afford accommodation on their own, they may choose to live with a de facto partner as an alternative to living with their mothers.

Contrary to this explanation, young adults who had experienced a distant separation were less likely to live with at least one parent compared with young adults who had experienced a recent separation. However, this may be explained by the significant positive correlation between young adult age and time-since-separation, $r(N = 74) = .35, p = .003, r^2 = .12$, with those who are older being more likely to move away from parents and to have experienced a separation in the distant past. Those who experience a recent separation may move into de facto or marital relationships hastily to avoid relationship difficulties with mothers, whereas those who experience a distant separation are likely to be older and for this reason have moved away from the family home. This explanation is supported by a non-significant trend for those who experienced a recent separation to move out of home earlier than those who experienced a distant separation.

An alternative explanation is that those who experience a separation in late adolescence or early adulthood respond by increasing intimacy in romantic relationships and this leads to early entry into serious romantic relationships and subsequent early entry into de facto or marital relationships (Amato, 1996). This is consistent with the association observed in this study between a separation occurring during adolescence and greater intimacy in romantic relationships.

Influences of Gender, Age-at-Separation, and Time-Since-Separation

Before concluding, it is important to note some overall findings regarding gender, age-at-separation, and time-since-separation. A greater number of statistically significant differences between intact and separated families were observed for females than males. Considering the smaller male sample size in the analyses investigating these differences, this is not surprising; however, when effect sizes rather than significance tests are considered, it

seems that parental marital status influences the adjustment of both young men and women, albeit, in different domains of functioning.

Based on *critical stage* theories of child development, it was predicted that young adults who experience parental separation in early childhood or during the transition to adolescence would report lower levels of adjustment compared with young adults from intact families. This hypothesis was partially supported, with the adjustment level of young adults who experienced separation during early childhood or early adolescence below the adjustment of young adults from intact families for only a few outcome variables. This is not surprising, considering the small number of differences found in the current study between intact and separated families overall.

Because early childhood and early adolescence are both times when parental separation is likely to have important influences on later adjustment, it was predicted that the impact of separation for those who experienced parental separation during early adolescence would be similar to the impact of separation for those who experienced parental separation in early childhood. According to tests of statistical significance, this hypothesis was supported; however, notable effect sizes indicated higher levels of anxiety, more open communication and less problem communication in father-child relationships, less compromise behaviour in romantic relationships, and more intimacy in romantic relationships in young adults who experienced parental separation in early adolescence, compared with those who experienced separation during early childhood. Considering the high correlation between age-at-separation and time-since-separation, it is possible that the observed differences are due to the confounding effect of time-since-separation. The results for anxiety, relationships with fathers, and compromise behaviour appear consistent with this explanation, especially considering that consistent differences were observed in psychological adjustment, relationships with fathers, and compromise behaviour when comparing those young adults who experienced a distant versus a recent separation. In contrast, it seems more likely that an age effect is occurring for intimacy in romantic relationships; however, these analyses were based on a small sub-sample, so any interpretation should be made with caution.

Based on other studies that have reported that the effects of parental separation diminish with time (Chase-Lansdale et al., 1995; Emery & Forehand, 1996), it was predicted that overall, parental separation would have a reduced effect on young adult adjustment with increasing time-since-separation, except for father-child relationships, which would

deteriorate with time. Consistent with this prediction, notable effect sizes indicated lower levels of depression, more open communication and less problem communication in the mother-child relationship, more compromise and fewer verbal attack, physical attack and avoidance behaviours in romantic relationships, and later age at entering into de facto or marital relationship in those who had experienced a more distant separation. These results indicate that, aside from the enduring adverse effect of parental separation on relationships with fathers, the effects of parental separation on young adult adjustment apply to those who are adjusting to a recent separation. During this initial readjustment period, young adults who have experienced a separation within the previous 5 years report mood symptoms and difficulties in their relationships with mothers and intimates.

Limitations

A number of limitations of the current study are important to note. These limitations include the research design, the size of some sub-samples used in individual analyses, the use of a convenience sample which may limit the generalisation of the findings, and the reliance on self-report measures.

Research Design

The aim of the current study was to investigate the effects of parental marital status on young adult adjustment; however, any differences observed in the current study between those from intact and separated families may have been present long before separation occurred. To control for pre-separation differences in those from intact and separated families, a longitudinal study is required so that pre-separation adjustment can be measured and accounted for in statistical analyses. Including participants who varied more broadly according to current age would also reduce the confounding of age-at-separation and time-since-separation that occurred in the current sample. This would allow for greater clarification of the unique influences of age-at-separation and time-since-separation, respectively, on young adult post-separation outcomes.

Sample Size

The overall sample size of the current study was sufficient for analysing the relationship between parental marital status and young adult adjustment; however, dividing the sample into categories to investigate the influence of gender, age-at-separation, and time-since-separation, limited the sample size for these analyses. The sample sizes for

comparisons for some of the outcome variables were also further limited because some outcomes were not applicable to all participants; that is, age at moving out of home, age at entering a de facto or marital relationship, and behaviours in romantic relationships.

With a larger sample size, it is more likely that statistically significant relationships would have been observed for the analyses investigating interactions between parental marital status and gender, and for those comparisons where medium and large effect sizes were observed. Further, a larger sample size would have allowed for investigation of interaction effects for gender and age at parental separation on young adult adjustment. Observing statistically significant relationships between age at parental separation and young adult adjustment would also have allowed for further investigation of the independent influences of age-at-separation and time-since-separation on young adult adjustment.

Sample Characteristics

The fact that a convenience sample was used in the current study limits the generalisations that can be made from the findings. While the sample was representative of the number of young adults from separated versus intact families, it is unlikely that the undergraduate student sample was representative of the general population in terms of socioeconomic variables. As noted by others (e.g. Tasker & Richards, 1994), those from lower socioeconomic groups and those still struggling with the economic and emotional consequences of parental separation are likely to be underrepresented in a sample comprised largely of university students. For this reason, the separated family sub-sample in the current study may be comprised of relatively resilient individuals, leading to an underestimation of the differences between young adults from separated and intact families.

Reliance on Self-Report Measures

The current study relied solely on young adults' reports of their own adjustment, and their relationships with their parents. Studies that use more objective measures of adjustment and parent-child relationships may provide more accurate information. This is particularly relevant considering that participants were informed of the aims of the research, and their perceptions of how parental marital status influences adjustment may have influenced their responses.

Conclusions and Future Research

Despite the limitations noted, the current findings indicate that at least some effects of parental separation persist into young adulthood. The findings are particularly strong for relationships with fathers. These findings are consistent with other studies (Amato & Booth, 1991a; Aquilino, 1994; Cooney, 1994; Zill et al., 1993), and support the commonly held belief that parental separation has long-term adverse consequences for father-child relationships. Future research is required to identify factors that influence father-child contact and relationship quality after parental separation, and clinical research efforts need to focus on developing effective methods for promoting father-child relationships and supporting fathers in their parental role.

Consistent with Amato and Booth (1991b), young women from separated families reported more accepting attitudes toward divorce and earlier age at entering into de facto or marital relationships, factors associated with the intergenerational transmission of divorce (Amato, 1996; Booth et al., 1985). Consistent with research that indicates boys are subject to more coercive parenting in single-parent families (Hetherington et al., 1982), males in the current study reported more difficulties in their relationships with mothers, and reported moving out of the family home at a younger age compared with their peers from intact families. Young men also reported higher levels of verbal attack behaviours in romantic relationships, and it was suggested that this may be due to learning these behaviours in coercive interactions with their mothers. These findings indicate that young adults from separated families may engage in behaviours that place them at greater risk of experiencing marital separation themselves, and highlights the need for further research to investigate how parental separation influences relationship behaviours and attitudes toward divorce; however, because of the small sub-samples upon which these conclusions regarding relationship behaviours are based, future studies should employ larger samples to substantiate these findings.

The current findings suggest that both young children and adolescents experience adverse consequences of parental separation. Most post-separation outcomes did not vary according to child age-at-separation, and where notable differences were observed, a consistent pattern favouring one age group over the other was not detected. Those who experience parental separation in early childhood report more accepting attitudes toward divorce and more difficulties in their relationship with their fathers, while those who

experience a separation in adolescence report greater anxiety, reduced frequency of contact with mothers, and more intimacy in romantic relationships. It was acknowledged that these findings may be due to the confounding effects of time-since-separation, with future studies required to clarify the relative influences of age-at-separation and time-since-separation on young adult adjustment. However, the current findings and other research (Amato & Keith, 1991b; Chase-Lansdale et al., 1995; Forehand et al., 1987; Forehand et al., 1994; Long, et al., 1987; Summers et al., 1998) indicate that parental separation can have important consequences for short- and long-term adjustment, regardless of when this separation occurs during a child's development. Despite this, the majority of prevention efforts directed toward separated families have focused almost exclusively on families with younger children (Alpert-Gillis et al., 1989; Forgatch & DeGarmo, 1999; Pedro-Carrol & Cowen, 1985; Stolberg & Garrison, 1985), overlooking adolescents.

That adolescents also experience adverse consequences of parental separation highlights the importance of prevention and early intervention programs for recently separated families with adolescent children. For this reason, the remainder of this thesis focuses on the development and evaluation of an intervention program for recently separated families with adolescent children. Chapters 4 and 5 describe the development of such a program – the Youth Adjustment to Parental Separation (YAPS) parenting program. Chapters 6, 7, and 8 report the results of a series of studies investigating the efficacy and acceptability of the YAPS program delivered as a group program, an individual therapist-administered program, and a telephone-assisted program, respectively.

CHAPTER 4: REVIEW OF THE LITERATURE THAT INFORMED THE DEVELOPMENT OF A PARENTING INTERVENTION FOR SEPARATED FAMILIES WITH ADOLESCENTS

The literature reviewed in Chapter 2, and the findings presented in Chapter 3, highlight the importance of intervention programs for separated families with adolescent children. The review of the empirical literature provided in Chapter 2 outlines the proposed mediators and moderators in the relationship between parental separation and child and adolescent outcomes, and it is these factors which should be targeted by intervention programs for separating families with adolescents. This chapter begins by presenting a review of empirically supported interventions for affecting the proposed mediators and moderators in the relationship between parental separation and adolescent outcomes. Discussion of the most efficacious methods for delivering intervention programs to families is also included in this chapter as it could be argued that the method of delivery is as important as the content for the program to be successful in including and retaining families, and ultimately achieving program outcomes.

This chapter will then provide an overview of intervention research with separated families, followed by a more detailed description of the aims and outcomes of the most commonly cited and well-researched programs. This description will be followed by a critical analysis of the empirical development and evaluative methodology of these programs. This critical analysis will focus on whether programs have targeted the proposed mediators and moderators identified in Chapter 2, whether they have used empirically supported intervention components and delivery methods to do so, and whether they have evaluated outcomes according to program aims.

Separated families with younger children have more commonly been the focus of interventions, largely because the majority of families who separate do so in the earlier years of marriage and therefore have younger children at the time of separation (Australian Bureau of Statistics, 2003a), but also due to earlier beliefs that separation has less pronounced effects on older children compared to younger ones (Kalter & Rembar, 1981). For this reason only a limited number of studies which include adolescent children can be included in this review.

Empirically Supported Interventions for Targeting Identified Mediators and Moderators in the Relationship Between Parental Separation and Adolescent Adjustment

As reviewed in Chapter 2, research indicates that economic, family, and child factors influence the relationship between parental separation and child and adolescent outcomes. The variables with the most consistent empirical support are socioeconomic status and socioeconomic decline, resident parent adjustment, interparental conflict and cooperative coparenting, parenting effectiveness, positive parent-child relationships, and children's appraisal of, and coping with, negative separation-related events.

Developing a program for separated families that utilises empirically supported strategies for changing these proposed mediators and moderators of the relationship between parental separation and child outcomes is likely to improve adolescent adjustment in separated families. This method of program development has been recommended by Dumka, Roosa, Michaels, and Suh (1995), and has been used to develop prevention programs for separated families (Wolchik, West et al., 2000; Wolchik et al., 1993).

Improving the socioeconomic status of separated families is beyond the scope of most interventions programs. However, as noted in Chapter 2, some of the effects of economic factors on child and adolescent outcomes are mediated by parent adjustment and parenting practices. A review of empirically supported strategies for targeting resident parent adjustment, interparental conflict and cooperative coparenting, parenting effectiveness, positive parent-child relationships, and children's appraisal of, and coping with, negative separation-related events is presented next.

An effort is made to include empirically supported interventions as defined by Chambless and Hollon (1998), that is "clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population" (p. 7). However, interventions for some of the mediators and moderators presented here are in a less-advanced stage of development. In these cases, interventions with the most consistent theoretical and empirical support will be presented. It is important to note that while interventions for some of these factors may be empirically supported for intact families, this does not assure their efficacy with separated families. For example, therapies to improve couple communication and reduce marital conflict in married families may not translate directly to separated families. However, if there is strong support for their efficacy with married families and there

is additional, albeit limited, theoretical and empirical support for their use in separated families, including them in programs for separated families is the best practice available.

Resident Parent Adjustment

Resident-parent adjustment refers more specifically to parent well-being and the absence of anxiety, stress and depression symptomatology. Therefore, interventions to improve parent adjustment in separated families should be empirically supported therapies for reducing anxiety, depression, and stress, and improving the psychological well-being of adults. Two such empirically supported treatments are stress inoculation training (SIT; Meichenbaum, 1993) for reducing stress and anxiety and increasing well-being, and cognitive-behaviour therapy (CBT; Beck et al., 1979) for reducing depression symptomatology.

As the name suggests, the aim of SIT is to train participants to develop skills to “inoculate” themselves against the effects of environmental stressors on psychological and physical health (Saunders, Driskell, Hall Johnston, & Salas, 1996). While SIT was developed as a clinical intervention to assist clients to manage phobias, pain, and anger (Meichenbaum, 1993), it has since been applied to a wide range of stressors (Saunders et al., 1996). SIT prepares individuals for stressful experiences before they occur by providing education about the effects of stress, providing skills practise in strategies to deal with stress, and encouraging the use of the acquired skills in stressful situations. The skills practise varies according to the type of stressor that is the focus of the intervention and may include cognitive control techniques which aim to reduce ruminations about current and future stressors, cognitive restructuring techniques which aim to reduce negative cognitive appraisals of stressors, and physical relaxation techniques which aim to reduce physiological arousal (Meichenbaum, 1993; Saunders et al., 1996). A recent meta-analytic study concluded that SIT is efficacious for reducing state anxiety and enhancing performance in stressful situations (Saunders et al., 1996). Further, SIT for reducing stress and anxiety is considered a well-established treatment (Chambless et al., 1998).

CBT is based on the cognitive model of depression which attributes the development of depression symptomatology to an individual’s negative evaluations of themselves, their experiences, and their future (Beck, 1967). CBT is similar to SIT in that it aims to change an individual’s cognitive style by encouraging a more realistic way of evaluating situations, and

uses education and cognitive restructuring to achieve this goal. Clients are educated about negative cognitive errors, and assisted to identify and challenge their own negative thoughts. These thought challenging skills are acquired and practised in CBT sessions and clients are strongly encouraged to practise these skills outside CBT sessions (Beck et al., 1979).

CBT also incorporates behavioural techniques to encourage individuals to respond to situations in more adaptive ways. For example, clients can be given homework tasks to collect evidence regarding the realistic nature of their thoughts, to engage in activities which distract attention from negative thoughts (e.g. work, exercise, cognitive control strategies), and to monitor and increase their engagement in pleasant and rewarding activities which has been shown to improve mood (Beck et al., 1979). Some CBT interventions focus more heavily on the behavioural aspects of intervention, based on the theoretical hypothesis that depression is associated with reduced positive reinforcement for adaptive behaviours (Lewinsohn & Gotlib, 1995). These programs focus on increasing pleasant activities and reducing aversive social events by providing clients with training in problem-solving and social communication skills (Craighead, Craighead, & Ilardi, 1998; Jacobson et al., 1996; Lewinsohn, Hoberman, & Clarke, 1989).

Research indicates that CBT is an efficacious treatment for reducing depression symptomatology (Dobson, 1989), and like SIT, CBT for depression is considered a well-established treatment (Chambless et al., 1998). While these meta-analytic results are based on evaluations of interventions with clinical samples, there is also evidence to suggest that these techniques are efficacious in preventing depression symptomatology in adolescents and adults at risk of developing depression (Clarke et al., 1995; Lewinsohn et al., 1989).

It is likely that parenting programs that include training in SIT techniques to reduce anxiety and stress associated with parental separation will increase parent adjustment. It is also likely that training in cognitive and behavioural techniques for reducing depression symptomatology will increase parent adjustment.

Interparental Conflict and Cooperative Coparenting

There is consistent support for the use of cognitive-behavioural marital therapy (CBMT) to reduce marital conflict and improve marital communication (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Hahlweg & Markman, 1988; Halford, Sanders, & Behrens, 1993; Jacobson & Follette, 1985; Markman, Renick, Floyd, Stanley, & Clements, 1993).

CBMT is based on research indicating that compared to non-distressed couples, maritally distressed couples have deficiencies in communication skills (Christensen & Sheck, 1991); cognitive deficits (Eidelson & Epstein, 1982); and reduced frequency of positive interactions and increased frequency of negative interactions (Halford, Hahlweg, & Dunne, 1990; Halford & Sanders, 1988). Following from this, CBMT aims to affect these identified problems by focusing on skills training and practise in communication skills, problem-solving skills, and conflict management, and activities to challenge unrealistic beliefs and increase positive interactions (Halford & Behrens, 1996).

It could be argued that marital conflict occurs in the context of a continuing relationship, whereas post-separation interparental conflict occurs after a relationship has dissolved, suggesting that the types of strategies used to reduce marital conflict would not be appropriate for separated parents. However, post-separation interparental conflict occurs in the context of a continuing coparenting relationships where communication and conflict are often problematic. For this reason, it is likely that many of the strategies used in cognitive-behavioural marital therapy to address these communication and cognitive deficits may be effective in reducing interparental conflict and improving coparental communication in separated couples.

Parenting Effectiveness and Positive Parent Child Relationships

Behavioural family intervention (BFI) has consistently been shown to be an efficacious intervention for teaching positive parenting practices (Serketich & Dumas, 1996; Taylor & Biglan, 1998), and while investigated less frequently, there is support for positive effects of BFI on parent-child relationships (Ralph & Sanders, 2003; Wolchik et al., 1993). BFI is based on behavioural principles (Skinner, 1953) and coercion theory (Dishion et al., 1992; Patterson, 1992; Patterson et al., 1992; Patterson & Yoerger, 1997) and aims to change the family interaction patterns that influence child behaviour problems. It does this by providing parents with information and skills training in positive parenting and child management strategies, including increasing positive interactions with children, setting limits, providing praise and rewards for desirable behaviours, discouraging inappropriate behaviour with non-violent punishments (e.g. time out, removal of privileges, logical consequences), and using problem solving to resolve family conflict (Forgatch & Patterson, 1987; Patterson & Forgatch, 1987; Sanders & Dadds, 1993).

Because parenting practices are dependent on other factors besides knowledge and acquisition of parenting skills (for example, parenting depression and marital distress) BFI provides additional components for dealing with these problems. These components are cognitive-behavioural in their approach and include thought monitoring and thought challenging for alleviating parental depression, and partner support and problem-solving discussions for reducing marital distress (Dadds, 1992; Sanders & Dadds, 1993).

The majority of studies investigating the efficacy of BFI have included families with children displaying oppositional behaviours (Forehand & Long, 1988; Sanders, 1999; Sanders, Markie-Dadds, Tully, & Bor, 2000; Webster-Stratton & Hammond, 1997). However, there is evidence to suggest that BFI is an effective adjunct therapy to improve parenting skills, parent-child relationships, and child adjustment across a wider range of child problems, including child obesity, anxiety disorders, sleeping problems (Taylor & Biglan, 1998). For example, research in Australia has found that a parent-focused intervention component based on BFI added significantly to the efficacy of a child-focused CBT intervention for children and adolescents (aged 7 to 14 years) with anxiety disorders (Barrett, Dadds, & Rapee, 1996; Dadds, Heard, & Rapee, 1992). Further, BFI has also been included as an adjunct to CBT for depressed adolescents, where parents are trained in communication, negotiation, and problem-solving in parallel sessions, and then taught to practise these skills in combined sessions with their adolescent children (Coping with Depression Course for Adolescents; Hops, 1992).

While the majority of studies evaluating the efficacy of BFI have focused on the reduction of clinical-level problems in young children, there is also evidence that BFI is an efficacious method for preventing child adjustment problems in families with sub-clinical levels of distress and disorder (Dadds, Spence, Holland, Barrett, & Laurens, 1997; Sanders, 1999), and for increasing effective parenting, positive parent-child relationships, and reducing behavioural and emotional problems in adolescents (Bank, Marlowe, Reid, Patterson, & Weinrott, 1991; Barrett et al., 1996; Dadds et al., 1992; Dadds et al., 1997; Ralph & Sanders, 2003). While there is some evidence that BFI is less effective with single-mothers than with married parents (Taylor & Biglan, 1998), it is effective for reducing child behaviour problems in single-mother families, especially if mothers are provided with additional training in problem-solving for non-parental problems (Pfiffner, Jouriles, Brown, Etscheidt, & Kelly, 1990).

Child Appraisal and Coping

Cognitive restructuring is a component of cognitive-behaviour therapy (Beck et al., 1979) and stress inoculation training (Meichenbaum, 1993), and as described above, aims to replace negative appraisal with realistic ones. There is consistent support for the efficacy of cognitive restructuring in the prevention and early intervention of child and adolescent internalising and externalising problems (Kazdin, 2003; Kazdin & Weisz, 1998). Empirically supported CBT programs for the prevention and early intervention of child and adolescent anxiety (Barrett et al., 1996; Dadds et al., 1997; Kendall, 1994; Kendall et al., 1997) and successful CBT programs for the prevention and treatment of child and adolescent depression (Clarke et al., 1995; Gillham, 1995; Jaycox, 1994; Rhode, Lewinsohn, Clarke, Hops, & Seeley, 2005; Stark et al., 2005) include cognitive restructuring components. This suggests that programs for separated families which aim to improve children's appraisal of negative separation-related events may benefit from the inclusion of training in cognitive restructuring.

There is evidence that children and adolescents who receive training in adaptive coping strategies show greater adaptation to normative and non-normative stressors, including invasive medical procedures (Powers, 1999), and the transition to secondary school (Elias et al., 1986). Further, there is a large body of evidence indicating that training in coping skills (including problem-solving skills training, relaxation training, engagement in distracting and enjoyable activities) is efficacious in preventing and treating child and adolescent depression, anxiety, and behaviour problems (Kazdin, 2003; Kazdin & Weisz, 1998). Training in relaxation skills is an important component of empirically supported CBT programs for child and adolescent anxiety (Barrett et al., 1996; Dadds et al., 1997; Kendall, 1994; Kendall et al., 1997); while problem solving skills training is a major component of successful intervention and early intervention programs for child and adolescent depression (Gillham, 1995; Jaycox, 1994) behavioural problems (Durlak, Fuhrman, & Lampman, 1991). In addition, Hains and colleagues have found that SIT programs that include cognitive restructuring and relaxation skills training prevent and reduce externalising and internalising symptomatology in adolescents (Hains, 1992; Hains & Szyjakowski, 1990). These findings suggest that providing coping skills training to adolescents in separated families is likely to increase their adjustment.

Summary

The findings from prevention and intervention research with families suggest that cognitive-behavioural approaches are effective methods for improving parent adjustment, parenting effectiveness, and positive parent-adolescent relationships. Behavioural family intervention (BFI), incorporating information and skills training in positive parenting and child management strategies, is an empirically supported intervention for increasing positive parenting practices and reducing adolescent behavioural problems. In addition, there is support for behavioural family intervention as an adjunct to cognitive behavioural techniques for reducing adolescent anxiety and depression. The efficacy of cognitive-behavioural marital therapy for reducing conflict and improving communication in married couples provides a rationale for the utilisation of cognitive behavioural treatment methods for reducing conflict and improving communication in separated dyads. These treatment methods include skills training and practise in communication skills, problem-solving skills, and conflict management, and activities to challenge unrealistic beliefs. There is also support for the use of cognitive-behavioural approaches to improve parent adjustment and adolescent appraisal and coping. These intervention techniques include skills training in cognitive restructuring, problem-solving, cognitive control, assistance seeking, physical relaxation training, and engaging in enjoyable and distracting activities.

Effective Methods for Delivering Intervention Programs to Families

A number of factors need to be considered when designing an intervention program for families. These include (a) the level of therapist contact, that is, the amount of professional assistance participants will receive while completing the program, (b) whether programs should be delivered to individuals or groups, and (c) the most effective teaching strategies to promote learning, behaviour change, and generalisation and maintenance of learning and behaviour change. These factors are discussed below.

Levels of Therapist Contact

Behavioural parenting programs can be organised into three categories based on the level of therapist contact: (a) self-administered (b) minimal contact, or (c) therapist-administered (Glasgow & Rosen, 1978). *Self-administered* programs are those where clients receive written and/or audio-visual materials and complete the program without therapist contact. In this category, clients may have contact with clinicians or researchers for data-

collection purposes provided that practical advice or clinical support is not given during these contacts. Self-administered programs vary widely in the type of material provided, with some providing brief written information (e.g. Bogenschneider & Stone, 1997) and others requiring parents to read written material and work through written and practical tasks (e.g. Endo, Sloane, Hawkes, & Jenson, 1991; Giebenhain & O'Dell, 1984).

Minimal contact programs are those where participants complete the program using written and/or audio-visual materials with limited involvement from clinicians. This involvement often consists of weekly phone-calls, however it can also include contact by mail, email, or brief meetings. The aim of these contacts is to assist clients to understand and apply the information and skills to their own family (Glasgow & Rosen, 1978). Minimal contact programs have been offered in rural areas to address barriers to program participation often found in small remote communities. These barriers include difficulties maintaining confidentiality in small towns where everyone knows each other, low therapist availability, and limited accessibility for families due to increased demands on time and finances when required to travel long distances to program venues (Connell, Sanders, & Markie-Dadds, 1997). In *therapist-administered* programs, clients are provided with written and/or audiovisual materials, and meet regularly with a clinician to clarify information presented in provided materials, to apply information to their own specific situation, and to practise skills presented in the program materials (Glasgow & Rosen, 1978).

There is support for the acceptability and efficacy of self-administered behavioural parenting programs for specific child problems, including disruptive behaviour during mealtimes at home (Ergon-Rowe, Ichinose, & Clark, 1991; McMahon & Forehand, 1978) and during shopping trips (Clark et al., 1977; Ergon-Rowe et al., 1991; Sanders, 1999), child whining (Endo et al., 1991), bedtime problems including fear of the dark (Giebenhain & O'Dell, 1984) and night waking (Seymour, Brock, During, & Poole, 1989), and for oppositional behaviour and conduct problems (Webster-Stratton, 1992; Webster-Stratton, Kolpacoff, & Hollinsworth, 1988). There is also support for the use of minimal contact parenting programs for reducing discrete child problems including night waking (Seymour et al., 1989) and disruptive behaviour during shopping trips (Clark et al., 1977), and for reducing oppositional behaviour and conduct problems (Connell et al., 1997); Webster-Stratton, 1990).

Therapist-administered delivery is the standard for behavioural parenting interventions and there is consistent support for the acceptability and efficacy of programs with this level of therapist contact (Sanders et al., 2000; Serketich & Dumas, 1996; Taylor & Biglan, 1998). Further, comparisons of the efficacy of parenting programs according to the level of therapist contact indicate that program efficacy varies with the level of therapist contact (Sanders et al., 2000; Seymour et al., 1989). In a comparative study evaluating the relative efficacy of different levels of the Triple-P Positive Parenting Program, the therapist administered version, and the minimal contact version were found to be superior to the self-administered version (Sanders et al., 2000). However, as reviewed above, self-administered contact programs do result in significant changes in parenting and child behaviours. Further, it has been suggested that therapist involvement increases the rate rather than the extent of improvement (Seymour et al., 1989), and this is supported by findings that variation in response to different levels of therapist contact are less pronounced at follow-up assessment (Sanders et al., 2000).

While there is support for the efficacy of therapist-administered parenting programs for families with adolescent children (Bank et al., 1991; Barrett et al., 1996; Dadds et al., 1992; Ralph & Sanders, 2003), there is considerably less research investigating the acceptability and efficacy of self-administered and minimal contact programs for families with adolescent children. However, there is some support for the efficacy of self-administered parenting programs for families with adolescent children. For example, Bogenschneider and Stone (1997) found that a preventative newsletter intervention was effective in promoting parental monitoring and parental responsiveness in families with adolescents in Years 9 through 12.

There is also some support for the efficacy of self-administered interventions for single-parent families and stepfamilies (Bogenschneider & Stone, 1997; Nicholson & Sanders, 1999), indicating that self-administered and minimal contact programs can be successfully delivered to diverse families. However, self-administered interventions may not be as effective for separated families as single parents may be less likely to have time to read materials due to additional personal, financial, and parenting stressors. For this reason, minimal contact interventions and therapist-administered programs are likely to result in greater participation and behaviour change than self-administered programs for separated families.

Individual Versus Group Delivery

Therapist-administered programs can be further categorised as those delivered as individual or group programs. Parents attending *individual* programs attend sessions with a clinician either alone or with their partner, and work through program materials with the guidance of the clinician and individualised application of information and skills training. *Group* programs are lead by one or two clinicians who provide the group with information and skills training, and skills are practised in small groups. While parents attending group sessions do not receive the same individualised attention from clinicians as parents in individual programs, there are other benefits of group delivery, including support and practical ideas from other parents, and the possibility of having parenting experiences normalised during group discussion (Sanders, 1999).

Group delivery is usually offered when interventions are targeting large groups with less complex problems, whereas individual programs are often offered to families with more complex child and family problems. For example, the Triple-P Positive Parenting Program (Sanders et al., 2000) offers an individually tailored program to parents with additional family problems (e.g. parental depression, interparental conflict). However, the main reason parenting programs are delivered to groups is the increased cost-effectiveness of this approach (Cunningham, Bremner, & Boyle, 1995; Taylor & Brown, 1988). Another advantage of group delivery is that parents of high-risk children prefer group programs over individual programs (Cunningham et al., 1995), so may be more likely to attend.

While studies comparing the relative efficacy of individual and group delivery are not available, studies investigating the acceptability and efficacy of these methods compared to control groups provide consistent support for both individually-delivered (Bank et al., 1991; Sanders et al., 2000) and group-delivered programs (Webster-Stratton & Hammond, 1997) (Barrett et al., 1996; Sanders, 1999). There is also support for the acceptability and efficacy of group parenting programs for separated families (Forgatch & DeGarmo, 1999; Martinez & Forgatch, 2001; Wolchik, Sandler et al., 2002; Wolchik et al., 1993), and for families with adolescent children (Ralph & Sanders, 2003).

*Strategies to Promote Behaviour Change, and Generalisation and Maintenance of
Behaviour Change*

There is consensus within the parent training literature that for parenting programs to be effective in changing parent and child behaviour they need to provide skills training in addition to information and instructions (Sanders & Dadds, 1993). Where parents need to acquire new behaviours, modelling of the behaviours (either by the therapist or using videotaped demonstrations), practise by parents, and feedback provided to parents regarding skills acquisition is considered important (Sanders & Glynn, 1981).

Further, for parenting interventions to achieve their aims, they need to ensure that parenting behaviours learned during the intervention are *generalised* across settings, and across time (Matthews & Hudson, 2001). A thorough evaluation of strategies for increasing generalisation of behaviour change is provided by Stokes and Baer (1977), and Sanders & Dadds (1993). Recommended strategies for promoting generalisation to the home setting include setting homework tasks that apply skills taught in training sessions to the home setting, parental monitoring and evaluation of parenting behaviours in the home setting, and reinforcement of parental reports of appropriate generalisation. Recommended strategies to promote generalisation across time include advising parents of the importance of continuing to apply skills outside training sessions and reinforcing them for doing so, training parents in self-monitoring and self-reinforcement to increase future positive parenting behaviours, training in problem-solving skills to deal with future problem situations, and training parents in stress management techniques to reduce the effects of stressors on the implementation of parenting strategies (Sanders & Dadds, 1993).

Maintenance is similar to generalisation across time in that it refers to the resistance of behaviour change to deterioration across time. However, maintenance differs from generalisation across time by the continuation of therapist assistance to change parent behaviours (Sanders & Dadds, 1993). Recommended strategies for promoting maintenance in behavioural family interventions include providing booster sessions, providing opportunities for parents to support each other (e.g. by establishing support groups), and lobbying for community and organisational changes that contribute to positive parenting (e.g. recreational facilities and family-friendly workplaces; Sanders & Dadds, 1993). There is consistent support for the use of booster sessions as a maintenance strategy for adult clinical problems (Whisman, 1990) and some support for their efficacy in behavioural family interventions

(Eyberg, Edwards, Boggs, & Foote, 1998). Further, booster sessions have been recommended as a maintenance strategy for interventions for separated families (Grych & Fincham, 1992; Kramer & Kowal, 1998; Wolchik, West et al., 2000).

Evaluation of Programs for Separating Couples and Their Families

Divorce-related programs can be categorised as those that focus on (a) marital conciliation, (b) divorce settlement mediation, or (c) post-separation adjustment (Lee, Picard, & Blain, 1994). This thesis is concerned with the adjustment of children in separating families, so will focus only on those programs aimed at increasing the post-separation adjustment of separating families.

Programs can be categorised according to the level of intervention and the method for selecting populations for intervention. There are two levels of intervention, *person-centred* and *environment-centred*. Person-centred, or *individual*, programs aim to improve adjustment by working directly with the target population without trying to change the environment, whereas environment-centred, or *system-level* interventions work indirectly by changing the environment. System-level approaches can aim for broad community or societal change, however programs for children more commonly seek to change the individual's home or school environment (Durlak & Wells, 1997).

There are three methods for selecting populations for intervention. In the first method, *universal* intervention, programs are offered to all members of a specific population group, for example, offering a coping skills program to all senior secondary school students, or offering a dental program to all preschool-age children. In the second method, *selective* intervention, programs are offered to individuals who are identified as being at risk for developing problems, based on biological or social indicators. Examples include breakfast programs for students from disadvantaged neighbourhoods, and support groups for children of alcoholic parents. The third method, *indicated* intervention, provides services to individuals identified as having sub-diagnostic levels of symptomatology, for example, social skills programs for preschoolers displaying aggressive behaviour (Greenberg, Domitrovich, & Bumbarger, 1999).

Both individual and system-level interventions have been developed to improve the adjustment of children and adolescents in separating families. School-based programs target children directly and are therefore categorised as individual programs, whereas court-

connected programs generally target parents and therefore can be categorised as system-level interventions. However, some researchers (e.g. Wolchik, West et al., 2000) have developed dual-component programs where both mothers and children attend intervention sessions. These programs do not fit neatly within the individual versus system-level intervention distinction, and can best be conceptualised as *person-and-environment-centred* interventions.

Most of the programs for separated families reviewed here can be categorised as selective interventions, as they target a population group that is identified as being at increased risk of psychological and social problems. According to a further distinction made by Durlak and Wells (1997), programs for separated families can also be conceptualised as falling within the category called *transition* programs. This category of intervention targets individuals who are approaching milestones or transitions that can be experienced as a series of stressful life events. Programs for children entering primary school or moving on to secondary education are examples of transition programs.

There are three main bodies of research that evaluate programs aimed at improving child and adolescent adjustment to parental separation: (a) school-based child-focused programs, (b) community-based parenting programs, and (c) court-connected parent education programs. There is some overlap between school-based programs and community-based parenting programs, with schools sometimes offering parenting programs to coincide with programs provided to students (e.g. Stolberg & Mahler, 1994). For this reason, school- and community-based programs are reviewed together. Thorough reviews of the theoretical basis, methodology, and outcomes for school-based child-focused programs, and community-based parenting programs have been undertaken previously (Grych & Fincham, 1992; Lee et al., 1994; O'Halloran & Carr, 2000), and an overview of these papers will be presented. The most promising programs will then be discussed in more detail, highlighting the strengths and limitations of this research.

The large body of research on court-connected parent education programs is due in large part to laws in several United States counties allowing for judges to require separating parents to attend parenting programs. These programs have not been included in reviews of psychological interventions for separated families (e.g. Grych & Fincham, 1992; Lee et al., 1994; O'Halloran & Carr, 2000), either because evaluative studies of these programs were published after the review papers were written or because they did not meet the inclusion criteria for the review. For example, O'Halloran and Carr (2000) required that the included

studies evaluate a psychological intervention, and Lee et al. (1994) did not search law journals. However, these studies are reviewed here as they provide additional information about the acceptability and efficacy of parenting programs for separated families, specifically those aimed at reducing interparental conflict. As a complete review of this body of research is beyond the scope of this thesis, a brief overview of the aims and outcomes of the most commonly cited and well-researched court-connected programs will be presented.

School and Community Programs

Lee et al. (1994) conducted a rigorous review of the methodology and efficacy of 15 studies of child-focused and parent-focused school- and community-based intervention programs for separated families. Only studies published in peer-reviewed psychology, psychiatry, education or social work journals between 1977 and 1992 which included a control group, and included analyses on pre- and post-intervention data were included in the review. All studies included in the review were group programs, however they differed in format, content and outcome measures. The majority of child-focused interventions focused on feelings exploration, problem-solving for separation-related issues, and increasing social support. Except for one study which included pre-school children, all child-focused studies included children aged between 6 and 14 years, and the majority were conducted in schools. Adult interventions were community-based programs focusing largely on individual adjustment, including such topics as self-esteem, depression, interpersonal skills, social support, and stress management. Only two of the adult-focused studies targeted single parenting and effects of separation on children (Lee et al., 1994).

The mean effect size across outcomes (measures included externalising problems, internalising problems, self-esteem, and social competence) for the eight child-focused studies was 0.27, and for the seven parent-focused studies, 0.80 (measures included depression, anxiety, self-esteem, single-parenting, social support) (Lee et al., 1994). As acknowledged by the authors, the effect size reported for the parent-focused studies is equivalent to that reported in meta-analytic reviews of adult psychological interventions (e.g. Shapiro & Shapiro, 1982), however the effect size for children is low in comparison to meta-analytic studies of intervention research with children and adolescents (e.g. effects sizes ranging from 0.71 to 0.84 reported by Weisz, Weiss, & Donenberg, 1992).

As explained by Lee and colleagues (1994), the child-focused studies included in their review were school-based prevention programs which often included a large number of measures. The participant children did not have pre-test scores in the clinical range so large differences across time would not be expected, and because many measures were used, average effect sizes were weakened by the inclusion of measures which did not change as a result of the intervention. In addition, child-only focused interventions for increasing child adjustment in separated families may have limited effectiveness considering that many of the mediators of child adjustment are outside a child's control (i.e. parent adjustment, parenting practices, interparental conflict, contact with non-custodial parent, negative-separation related events). Lee, et al. (1994) also noted the absence of evaluative studies of family-focused and individually-delivered interventions for divorce-related issues in the literature. They point out that such interventions are commonly provided by family and individual therapists, and strongly advocate the evaluation of such programs in the future.

Grych and Fincham (1992) critically reviewed the theoretical basis for child-, family-, and system-focused interventions aimed at increasing child adjustment in separated families. They concluded that greater links are needed between basic research on mediators of the relationship between parental separation and child adjustment, and intervention components that target these mediators. They also discussed the need for improved evaluation of interventions, including the evaluation of change in the proposed mediators targeted by interventions.

O'Halloran and Carr (2000) more recently reviewed methodologically sound intervention studies published between 1977 and 1997. Only nine studies met their inclusion criteria -inclusion of a psychological treatment group and a control group, a minimum of ten intervention cases, and reliable and valid pre- and post-intervention measures. Interventions evaluated in the nine studies were developed from cognitive-behavioural theory and were psychoeducational in nature. Participant children were aged between 6 and 15 years, and time since parental separation varied from one year to more than four years. All families were recruited for the study rather than referred for clinical intervention. Of the nine studies, six were child-focused, and one parent-focused. The remaining two studies compared different interventions - one compared a child-focused intervention with a parent-focused intervention and a combined parent-and-child-focused intervention, and the other compared a child-focused intervention with a parent-and-child-focused intervention.

From their review, O'Halloran and Carr (2000) conclude that child-focused interventions are effective in increasing child and adolescent adjustment to parental separation, and that the addition of a parent-training component is likely to add to the efficacy of these interventions. To be effective, they recommend that parenting components focus on increasing parenting skills likely to improve the quality of the parent-child relationship, that is, effective listening and discipline strategies. They also recommended that parents receive training on how to facilitate the generalisation of skills learned by their children in treatment sessions to the home environment.

The most promising intervention programs identified in the reviews presented above are the Divorce Adjustment Project developed by Stolberg and colleagues at Virginia Commonwealth University, the Children of Divorce Intervention Program developed by Pedro-Carrol and colleagues at the University of Rochester, New York, and the Children of Divorce Parenting Intervention developed by Wolchik and colleagues at the Program for Prevention Research at Arizona State University. More recently, a behavioural parenting intervention program, Parenting Through Change has been developed by Forgatch, Patterson and colleagues at the Oregon Social Learning Centre in Eugene, Oregon. A brief description of these programs and their outcome evaluation studies is provided below.

Divorce Adjustment Project

Stolberg and colleagues (Stolberg & Garrison, 1985; Stolberg & Mahler, 1994) evaluated the efficacy of the Divorce Adjustment Project (DAP). This project includes both a 12-session child-focused group program and a 12-session parent-focused group program, with the expectation that separating mothers and their children could attend parallel programs. The Child Support Group (CSG) program aimed to prevent future adjustment problems in children by increasing peer support, and training children in cognitive-behavioural skills to reduce their unhelpful beliefs about separation, enhance their ability to cope with separation-related stressors, and to ensure mastery of developmental tasks which may otherwise be disrupted by parental separation (e.g. impulse control, self-concept, and social competence). The main cognitive behavioural skills taught, modelled and rehearsed during CSG sessions were problem solving, communication skills, and anger control skills. The Single Parent's Support Group (SPSG) program aimed to increase child adjustment to separation by increasing maternal adjustment to separation and enhancing parenting skills.

The program is skills based, including parent training in communication skills and discipline strategies.

Stolberg and Garrison (1985) allocated 82 separated families with children aged 7 to 13 years to one of four conditions: CSG, SPSG, combined CSG and SPSG, and a no-treatment control group. They found that the child-focused intervention was superior to the control group and combined conditions for improving child reports of self-concept, but not superior to the parent-focused intervention. Mothers in the parent-focused intervention reported increases in their own adjustment, while mothers in other conditions reported a decrease. However, only the difference in maternal adjustment between the parent-focused intervention and the combined intervention was statistically significant. No intervention effects were observed for mother-rated child internalising problems, externalising problems, or parenting skills (Stolberg & Garrison, 1985).

It is difficult to understand why a combined intervention would not result in gains similar to those seen in the child-focused and parent-focused interventions. However, participants were not randomly allocated to the treatment conditions in the DAP evaluation because only one program was offered in a given 3-month period. This was not considered by the authors to be a serious methodological issue as participants were only offered the current program during the recruitment process (Stolberg & Garrison, 1985). Nevertheless, it could be argued that it is likely, at least in some cases, that self-selection to the four conditions did occur. For example, a mother looking for support for her family at a time when only a parent-focused intervention is available may not participate if she thinks that a child-focused program is what her family needs. This self-selection may lead to differences between families included in each of the three treatment conditions. For this reason, conclusions regarding the differential success of the child-focused versus parent-focused interventions should be made with caution. Participants who volunteered to attend the combined program may have been those who felt that they needed the most support. In fact, Stolberg and Garrison (1985) report that the mothers in the combined condition reported lower employment status and less father-child contact in their families compared to participants in the other conditions, which are factors associated with poorer post-separation family adjustment.

Children of Divorce Intervention Program

Pedro-Carrol and colleagues (Pedro-Carrol & Cowen, 1985) developed the Children of Divorce Intervention Program (CODIP) based on the Divorce Adjustment Project's Child Support Group (CSG) program (Stolberg & Garrison, 1985). They maintained the CSG's focus on peer support and cognitive behavioural skills, however, the CODIP program aimed to enhance the efficacy of the child-focused program by an increased focus on helping children to express their feelings appropriately, and by increasing the number of practical activities (i.e. role-plays, discussion) to enhance skill acquisition.

Pedro-Carrol and Cowen (1985) evaluated the efficacy of CODIP as a 10-session program with 40 children from separated families (time-since-separation: $M = 23.6$, range 1-84 months). Children were aged between 8 and 12 years completing Grades 3 through 6 in suburban schools. They compared teacher, parent, and child ratings of the intervention children to ratings of a wait-list control group matched for age, sex, and time-since-separation ($N = 32$). Significant improvement in the intervention condition were seen for teacher ratings of internalising problems and learning problems, teacher ratings of school-related competence, parent ratings of child adjustment, and child ratings of trait anxiety. Group leaders also rated the children on problems and competencies, and significant intervention effects were reported, with effect sizes of .79 and .50 for problems and competence, respectively. Significant improvements were not seen for teacher ratings of externalising problems, and child ratings of perceived competence and separation-related attitudes and self-perceptions.

Alpert-Gillis, et al. (1989) found similar results when evaluating the CODIP program with a group of 52 children from separated families in Grades 2 and 3 from urban schools. They adapted the program to suit the needs of younger urban children by modifying program activities and written materials to the participant children's developmental level, and by including an emphasis on issues relevant to urban family relationships (e.g. de facto relationships, extended family relationships, diverse ethnic background). In comparison to their earlier evaluation with suburban children which was delivered as 10, one-hour sessions across 10 weeks, the evaluation in urban school was delivered as 16, 45-minute sessions over a 16-week period.

In comparison to 52 control subjects from separated families, the intervention children improved significantly according to teacher ratings of child competence, parent ratings of

child adjustment, and child ratings of separation-related adjustment. No significant intervention effects were found for teacher ratings of child problems, and child-ratings of their school problems and competencies. Group leaders also rated participant children on separation-related competencies and problems, and significant pre-post differences were reported (effect size $d = 1.44$), indicating clinically significant improvement over time (Alpert-Gillis et al., 1989).

Divorce Adjustment Program - Revised Version

Based on an evaluation of the strengths and limitations of earlier studies (Alpert-Gillis et al., 1989; Pedro-Carrol & Cowen, 1985; Stolberg & Garrison, 1985), Stolberg and Mahler (1994) made improvements to the programs offered by the Divorce Adjustment Project (DAP). Based on the conclusion that increases in parent adjustment did not influence parenting practices in earlier parent-focused components of the DAP project, the parent-focused component of the revised program focused directly on parental skill development rather than parental adjustment. The revised program also included structured practices to ensure learning and generalisation of learning (e.g. game-like activities to increase interest in child-focused component, repeated rehearsal, homework tasks), and included a support-only child-focused program to assess the contribution of support as an intervention strategy. Research design and evaluation procedures were also improved, with random assignment to intervention and control conditions, inclusion of objective ratings completed by blind raters, and comparisons to a normative group of peers from intact families. In addition, the inclusion of children with clinical level symptomatology at pre-test distinguishes this program from other programs for children from separated families. Forty-two percent of the total recruitment sample ($N = 75$) received a diagnosis according to the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; DSM-III; American Psychiatric Association, 1980), and the rate of diagnosis was significantly higher in children from separated families (42%) compared to the control children from intact families (15%).

Stolberg and Mahler (1994) evaluated the relative efficacy of three programs against a no-treatment separated control group and an intact family control group. The three intervention programs were a support-only program (discussion and activities regarding separation-related issues), a support-plus-skills-building program (similar to the earlier CSG program), and a support-plus-skills-plus-parent-training program (similar to earlier combined

CSG + SPSG). Pre-post improvements in parent-rated child externalising and internalising problems were significantly greater for the support-plus-skills condition compared to other intervention and control conditions. They also found that the support-plus-skills-plus-parent-training program lead to significantly greater improvements in child-rated trait anxiety compared to the other two interventions, but not significantly greater improvement compared to the control conditions.

At one-year follow-up, significantly greater improvement in parent-rated child externalising and internalising problems were reported for children who received the support-plus-skills condition and the support-plus-skills-plus-parent-training condition compared to the no-treatment separated control group (Stolberg & Mahler, 1994). These results suggest that the effect of the child-focused skills component on externalising and internalising problems is immediate and is maintained across time, and that the parent training component had a delayed positive effect on child internalising and externalising problems. Stolberg and Mahler (1994) did not measure program effects on parenting practises or parenting adjustment, limiting conclusions regarding program effects on these mediator variables.

Children of Divorce Parenting Intervention

Wolchik and colleagues' (1993) evaluation of a preventive parenting intervention for separated mothers improved upon earlier studies in terms of theory-based program development and process evaluation. They developed their Children of Divorce Parenting Intervention (later called New Beginnings) based on a "small theory" approach to preventive intervention. In this approach, a "small theory" is developed based on the empirical research which identifies the most important modifiable predictors of child adjustment (Wolchik et al., 1993). In the case of parental separation, these modifiable variables are the mediators in the relationship between parental separation and child outcomes reviewed in Chapter 2. In addition to providing a structure for developing a preventive intervention, small theory also allows for theory-testing. When programs are developed based on small theory, analysis of intervention effects can be used to test the utility of the theory upon which the program is based (Wolchik et al., 1993). For example, if evaluation of a parenting program component focusing on discipline strategies leads to increases in parent utilisation of discipline strategies and subsequent changes in child behaviour problems, this provides support for the inclusion

of discipline as an important mediator in theories explaining the relationship between parental separation and child behaviour problems.

The Children of Divorce Parenting Intervention was based on a small theory which included five variables: (a) custodial parent-child relationship quality; (b) non-custodial parent-child contact; (c) negative separation-related events, including interparental conflict, (d) support from non-parental adults; and (e) parental discipline strategies. These variables were selected because they have consistent support in the empirical literature as mediators in the relationship between parental separation and child outcomes and because they are variables within parental control (Wolchik et al., 1993). The program was delivered as 10, 1.75-hour weekly group sessions and two one-hour individual sessions following the third and sixth group sessions. The program sessions consisted of a brief lecture, skill demonstration by facilitators, and skill practise by participants using role-play and feedback. In addition, homework assignments were utilised to increase the likelihood that skills were practiced at home, and homework progress was reviewed in sessions. Empirically supported interventions for effecting mediator variables were selected. For example, sessions on discipline strategies were based on behavioural family intervention (Forehand & McMahon, 1981), and listening skills and anger reduction techniques were based on the work of Guerney (1977) and Novaco (1975), respectively (Lustig, Wolchik, & Weiss, 1999; Wolchik et al., 1993).

The program was evaluated with mothers who had been divorced within the previous two-year period, who were not remarried, and did not have plans to remarry during the program evaluation period, and had at least one child aged between 8 and 15 years. Families with adaptive levels of mother-child relationship quality and negative separation-related events (26%) were excluded from the program, as they were considered unlikely to benefit from the program. Those families with children in the clinical range for depression (12%) were also excluded as the program was designed to be preventive in nature. After subject drop-outs (22% controls, 29% intervention group), the exclusion criteria resulted in a final sample of 70 families (36 control, 34 intervention). The mean time since divorce was 11.0 months ($SD = 5.9$, range = 2-24) and the mean time-since-separation was 23.1 months ($SD = 12.10$, range = 7-69). The average age of the focus children at pre-test was 10.6 years ($SD = 2.1$, range = 8-15), and the majority of these children were male (61%; Wolchik et al., 1993). Intervention effects were observed for parent-rated total behaviour problems, child-rated

aggression, and child depression scores obtained in a diagnostic interview. However there was no change on children's self-ratings of depression or anxiety and interviewer ratings of conduct disorder (Wolchik et al., 1993).

In regards to changes in the mediator variables targeted by the intervention, a significant intervention effect was found for one of the three child-rated measures of parent-child relationship quality, and marginally significant ($p < .10$) intervention effects were found for child ratings of interparental conflict and negative separation-related events. However, no significant intervention effects were found for child-ratings of time spent with their fathers, or consistency of mother's discipline, and children from the control group reported significantly greater levels of non-parental support at post-test compared to intervention children (Wolchik et al., 1993).

Mothers' ratings on measures of proposed mediator variables were more positive, with statistically significant intervention effects for two out of three measures of parent-child relationship quality and a marginally significant intervention effect for the third measure. Significant improvement was also found for mother ratings of disciplinary control, consistency of discipline, negative separation-related events, and willingness to change contact arrangements if requested by fathers. Marginally significant intervention effects were reported for mothers' reports of interparental conflict and their positive attitudes regarding father's parenting, but not their attitudes towards the father-child relationship (Wolchik et al., 1993).

Wolchik and colleagues also found that their parenting intervention had stronger effects for those families with lower adjustment at pre-test, highlighting the importance of reporting inclusion criteria and for reporting intervention effects for participants based on pre-test adjustment levels. To test whether changes in mediator variables assessed accounted for intervention effects on child adjustment, structured equation modelling was carried out, confirming that intervention changes in mother-rated child behaviour problems were mediated by changes in mother-child relationship quality. Based on the results of the structured equation model they estimated that 43% of the effect of the intervention on child behaviour problems was due to improvements in mother-child relationship quality, not surprising considering that 5 out of the 10 program sessions focused on this mediator variable (Wolchik et al., 1993).

Wolchik and colleagues (Wolchik, West et al., 2000) later evaluated the efficacy of a parenting program against a dual component program where mothers and children attended separate sessions concurrently. The parenting program and the mother component of the dual component program were very similar to the program evaluated by Wolchik et al. (1993), with 11 (1.75-hour) group sessions and 2 individual sessions. Child participant age ranged from 9 to 12 years ($M = 10.4$), and average time-since-separation was 27 months ($SD = 17.2$).

The child focused component of the dual component program consisted of 11 (1.75-hour) group sessions which children attended at the same time mothers attended parent-focused sessions. The child-focused program aimed to increase adaptive coping skills, reduce negative appraisals of separation-related events, and improve mother-child relationship quality. Sessions focused on feelings recognition, relaxation techniques, problem-solving training, cognitive restructuring, thought challenging, and “I” messages. Skills were taught using presentations, videos, and leader modelling, and skills practised through games and role-plays. Mothers and children attended one conjoint session in the dual-component program where they practiced communication skills together. Children did not receive structured homework, however they were instructed to practise skills at home (Wolchik, West et al., 2000).

The parenting program ($n = 81$) and dual-component ($n = 83$) program conditions were compared to a self-study program condition ($n = 76$) where both parents and children received books on adjusting to separation and a study guide. No differences were found between the mother-focused and the dual-focused programs for changes in composite scores (composite scores were created to reduce experimentwise error) of mother-and-child-rated internalising and externalising problems or teacher ratings of externalising and internalising problems. Compared to the self-study program, the mother-focused program resulted in a significantly greater reduction in mother-and-child-rated child externalising and internalising problems, but not teacher-rated externalising problems. Further, teacher-ratings indicated an increase in internalising problems in the parent-focused program compared to the self-study control group. The mother-focused program was also more effective in reducing the number of children in the clinical range for either externalising or internalising problems at post-test (18%) compared to the self-study control group (28%). In terms of clinical improvement, the dual-focused program did not differ from the mother-only program (16% children in clinical range at post-test) (Wolchik, West et al., 2000).

The intervention effect for the mother-focused program was maintained at 6-month follow-up for mother-and-child ratings of externalising problems, but not internalising problems, and a delayed positive effect of the intervention on teacher-ratings of externalising problems was also found at follow-up. The proportion of clinical cases seen in the mother-only condition at post-test was only marginally lower ($p < .09$) compared to the control condition at 6-month follow-up. Consistent with their earlier findings (Wolchik et al., 1993), they found that greater pre-test levels of externalising problems were associated with greater improvement in externalising problems at post-test (Wolchik, West et al., 2000).

In regard to changes in the mediator variables targeted by the interventions, a significant intervention effect was found for the mother-only intervention for mother-child relationship quality, maternal discipline, and mothers' attitudes towards father-child relationships. The dual-component program resulted in additional gains for mothers' attitudes towards father-child relationships, only. Significant intervention effects were not found for frequency of interparental conflict (child and parent composite score) or father visitation rates for either program. Child and mother reports of improvement in the parent-child relationship were supported by increases on an observational measure of mother-child relationship quality, and only intervention effects for mother-child relationship quality were maintained at 6-month follow-up (Wolchik, West et al., 2000).

The child-focused component of the dual-component program also aimed to reduce negative appraisals of separation-related events and improve child coping. However, Wolchik, West, and colleagues (2000) found that training in cognitive restructuring improved adaptive appraisal in those children with high levels of pre-intervention negative appraisal, yet resulted in deterioration for those children who had low levels of pre-intervention negative appraisal. This highlights the need for future research to evaluate the efficacy of cognitive restructuring for improving children's adaptive appraisal of negative separation-related events. Improvement in child knowledge of appropriate coping strategies was observed for the dual-component intervention, however changes in utilisation of coping strategies and coping efficacy were not observed (Wolchik, West et al., 2000). This suggests that programs need to include programmed methods for ensuring child use of coping strategies outside program sessions. While participant children were instructed to practise new skills at home, generalisation of these skills may have increased had children been encouraged to complete structured homework tasks.

Wolchik, West and colleagues (2000) concluded that the parenting intervention did result in sustained changes in child externalising problems and mother-child relationship quality, but only short-term gains in internalising problems, and limited change in interparental conflict, and father-child contact. Benefits of the dual-component program over the mother program were not seen for externalising or internalising problems, however some additive effects of the dual-component program were seen for threat appraisal, children's knowledge of adaptive coping strategies, and mothers' attitudes towards father-child relationships.

To assess the long-term effects of the programs evaluated by Wolchik, West and colleagues (2000), mothers and their children were reinterviewed six years later when children were aged between 15 and 19 years (91% of original sample completed 6-year follow-up data). Results indicated that children in families who had participated in the dual-component program were less likely to receive a psychiatric diagnosis and had fewer sexual partners at 6-year follow-up compared to those in the self-study control group. Significant differences between the mother-only program and self-study controls were found for marijuana, alcohol, and other drug use at 6-year follow-up, with lower levels in the intervention group. No significant differences in long term effects were found between the two active programs (Wolchik, Sandler et al., 2002).

Parenting Through Change

Forgatch and DeGarmo (1999) developed a parenting program for separated families based on coercion theory. As reviewed in Chapter 2, coercion theory states that certain parenting practices, including parental discipline, positive involvement, monitoring, and problem solving, affect child behaviour and contribute to child adjustment (Patterson, 1992; Patterson et al., 1992; Patterson & Yoerger, 1997). Coercion theory is an important intervention focus for separated families as there is evidence that these processes are disrupted in separated families (Capaldi & Patterson, 1991; Forehand et al., 1990; Hetherington, 1989; Hetherington et al., 1982).

The Parenting Through Change intervention is a manualised program with detailed information for program leaders regarding program objectives, procedures and activities. The program also includes a set of parent materials which provides summaries of principles taught, practise assignments, and recording charts, and a 30-minute video which

demonstrates effective parenting strategies. The parenting program was delivered as a 14-session group parenting program (31% of participants received a 16-session program before the program was condensed to a 14-week program) with intersession phone calls. However, average session attendance rates were low, with intervention condition mothers attending 8.5 sessions on average ($SD = 5.7$, range = 0-15). Program sessions focused on parenting practices identified in coercion theory in addition to other issues relevant to separating mothers, for example, emotion regulation, interpersonal problem-solving, and managing coparental conflict (Forgatch & DeGarmo, 1999).

The efficacy of the Parenting Through Change program was evaluated with a sample of 238 mothers of boys in Grades 1 to 3 who had been separated within the previous 2 years. Average child age was 7.8 years ($SD = 5.4$; range = 6.1 to 10.4) and average time-since-separation was 9.2 months. Families were randomly assigned to the parenting program ($n = 153$) or a no-intervention control group ($n = 85$). Data was collected at pre-intervention, at 6 months (4 to 6 weeks after completion of the intervention for experimental subjects), and again at 12 months. To assess parenting practices, observations of mother-child interactions were coded for negative reinforcement, negative reciprocity, positive involvement, skills encouragement, and problem-solving outcome. Measures of child adjustment included mother reports of child externalising behaviour, child anxiety, and child depressed mood, and child reports on their own depressed mood and their peer adjustment. Teachers also completed ratings of child externalising behaviours, prosocial behaviour, and adaptive functioning at pre-intervention and again at 12 months (Forgatch & DeGarmo, 1999).

Intervention effects for parenting practices were observed at the 12-month assessment, with a decrease in coercive parenting (negative reinforcement and negative reciprocity) and a significantly reduced decline in positive involvement in the intervention condition. A decline in positive involvement was seen in both experimental and control groups. However, this decline was significantly greater in the control condition, suggesting that the program prevented the deterioration of positive involvement that occurred in the control families (Forgatch & DeGarmo, 1999).

Overall, intervention effects were not seen for teacher, child, or parent ratings of child adjustment at 12-month assessment. However, child and mother ratings of child adjustment indicated improvement over time for both the experimental and control group, suggesting a natural adaptation to separation across time (Forgatch & DeGarmo, 1999). In an assessment

of child behaviour at 36-month follow-up, DeGarmo and Forgatch (2005) report that the Parenting Through Change program reduced teacher-rated delinquency and child-rated deviant peer association. Further, using structured equation modelling, Forgatch and DeGarmo (1999) were able to demonstrate that the intervention predicted increased effective parenting, and for each method of assessing child adjustment (child, mother, teacher ratings), increased effective parenting predicted increased child adjustment.

In a follow-up study, Patterson et al. (2004) reported on the program effects on maternal adjustment. Participant mothers reported greater reduction in depression symptoms compared to control group mothers, and these changes were maintained at 30-month follow-up. Further, additional analyses to determine factors that promoted the efficacy of the Parenting Through Change program indicated that reductions in maternal depression in the first year following program participation led to maintenance of improvements in parenting practices in the subsequent 18-month period (Patterson et al., 2004). Unfortunately, program effects on interparental conflict were not assessed, so the success of the program in promoting coparenting is unknown (Forgatch & DeGarmo, 1999).

Summary

School- and community-based research with separated families indicates that parent-focused and child-focused programs that include cognitive-behavioural skills training improve child adjustment. Further, behavioural parenting programs lead to changes in resident parent adjustment, parenting skills, and parent-child relationships, and improvement in these outcomes is positively associated with improved adjustment. This is consistent with the general literature, as programs that include cognitive-behavioural strategies are empirically validated for promoting adult and child adjustment, and behavioural parent training programs are among the most successful interventions for improving child behavioural and emotional problems.

School- and community based programs have rarely focused on resident-parent adjustment. Only two of the parent-focused programs reviewed, the Single Parenting Support Group component of the Divorce Adjustment Project (Stolberg & Garrison, 1985), and the Parenting Through Change program (Forgatch & DeGarmo, 1999; Patterson et al., 2004), include program content aimed at improving parents' coping skills. These programs did lead to increases in parent adjustment, and Patterson et al. (2004) report that reductions in

maternal depression are associated with maintenance of improvements in parenting practices. These findings emphasise the importance of targeting maternal depression in parenting programs for separated families.

Research indicates that communication skills training and problem solving communication training is likely to be an effective method for reducing conflict and improving the coparental relationship in separated couples. Based on this research, school- and community-based programs with separated families have included training in communication skills (Forgatch & DeGarmo, 1999; Wolchik, West et al., 2000; Wolchik et al., 1993), and problem-solving skills (Forgatch & DeGarmo, 1999). However, Forgatch and DeGarmo (1999) did not assess change in interparental conflict or coparental communication skills, and Wolchik et al. (1993) reported only marginally significant improvement in child and parent ratings of interparental conflict. Future research needs to extend on this earlier work by focusing on communication skills and problem-solving skills and evaluating program effects on interparental conflict and coparenting cooperation.

While school- and community-based parenting programs have focused on children's relationship with their non-resident parent (usually fathers), they have rarely measured program effects on actual contact between children and non-resident parents. In their evaluation of the Children of Divorce Parenting Intervention, Wolchik et al. (1993) did assess program effects on father-child contact and mothers' attitudes towards father-contact. They did not observe changes in father-child contact, however, they did observe statistically significant improvements in mothers' reports of their willingness to change contact arrangements if requested by fathers, and marginally significant improvement in mothers' attitudes regarding fathers' parenting. The Children of Divorce Parenting Intervention included information regarding the importance of continuing father-child relationships for child adjustment, which may have influenced mothers' willingness to be more flexible around parenting arrangements and more accepting of fathers' parenting practises. This supports the provision of this type of information to mothers in future programs for separated families.

Research with children from separated families has rarely focused on cognitive restructuring, highlighting the need for future research to evaluate the efficacy of cognitive restructuring for improving children's adaptive appraisal of negative separation-related events. Further, those who have investigated treatment effects on adaptive child appraisal and

coping have found disappointing results Wolchik, West et al. (2000), suggesting that programs need to include strategies to promote generalisation of learning outside program sessions. Training parents in cognitive restructuring techniques and adaptive coping skills and encouraging them to prompt their children to use these same strategies is likely to increase the likelihood that children will use these strategies.

The majority of children included in evaluations of school- and community-based programs have been of primary-school age. Wolchik and colleagues' evaluation of the Children of Divorce Parenting Intervention (Wolchik et al., 1993) included families with focus children aged between 8 and 15 years, however, they did not report the relative effectiveness of their program according to child age. Future research needs to evaluate the effectiveness of empirically based parenting interventions for families with adolescent children.

While there is limited research on the relative efficacy of different delivery methods for interventions for separated families, findings indicate that group parenting programs lead to parent and child behaviour change. This is consistent with the general parenting literature and is a positive finding, considering that group delivery is often selected due to cost effectiveness concerns. As discussed by Lee et al. (1994), individually-delivered interventions for divorce-related issues are commonly provided by family and individual therapists, and future research needs to evaluate the efficacy of individually-delivered programs. Considering that self-administered and minimal contact parenting programs are acceptable and effective, future research should also evaluate the efficacy of these program delivery methods for separated families.

Court-Connected Parent Education Programs

A large body of literature exists regarding the content and delivery methods of court-connected parent education programs in the United States (Braver, Salem, Pearson, & DeLuse, 1996; Geasler & Blaisure, 1998). These programs began in the 1970s and increased rapidly during the 1980s and 1990s in response to growing awareness of the importance of parental factors associated with children's post-separation adjustment (Braver et al., 1996). While post-separation interventions were available in the community, it was recognised that the majority of families, especially those most in need of support, were not accessing intervention programs due to lack of knowledge, cost, time availability, and stress (Gray,

Verdieck, Smith, & Freed, 1997). Further, a philosophical shift towards less adversarial family disputes influenced the development of parenting education programs to prepare divorcing couples for the divorce mediation process (Gray et al., 1997), and increased recognition of the advantages of mediation resulted in courts sponsoring, highly recommending, and in some cases, mandating parent education programs (Blaisure & Geasler, 1996).

Unfortunately, for the majority of these programs, the evaluative methodology is limited, relying on assessment of participant satisfaction and attitude change, and not utilising control groups (Geasler & Blaisure, 1998). However, the findings from these studies provide valuable information regarding the acceptability of parent education programs, specifically those focusing on reducing post-separation interparental conflict, and the relative efficacy of information-based versus skills-based programs.

Program Aims and Program Content

The broad aim of court-connected programs in the United States is to increase the post-separation adjustment of parents and children, however, programs vary in the extent to which they focus on parent outcomes, child outcomes, and legal issues (Braver, 1997; Geasler & Blaisure, 1998). For example, in a review of program content across 37 parent education programs, Geasler and Blaisure (1998) observed that the majority included information on the typical reactions of children (68%), responding to children's reactions (76%), and the co-parenting relationship (59%), with fewer focusing on parental adjustment (27%) and parenting skills (19%). Some programs covered legal issues, with custody, visitation, and mediation the most common topics (41%, 35%, and 24%, respectively).

Program Teaching Strategies

The majority of court-connected parent education programs in the United States utilise a combination of passive and limited involvement teaching strategies. *Passive* teaching strategies include the presentation of information in lecture or video-presentation format, with opportunities for clarifying questions, but not discussion about personal application of the information presented. *Limited involvement* strategies promote the personal application of the information presented using guided discussion, workbooks, and self-assessment (Geasler & Blaisure, 1998). Only 35% of programs reviewed by Geasler and Blaisure (1998) used *active involvement* strategies which utilise role plays and exercises to promote skill

acquisition. Importantly, Blaisure and Geasler (1996) report that in the United States, the majority of parent education programs are delivered as a single session, ranging in length from 2 to 4 hours. This may explain the limited use of active involvement teaching strategies, as the time required for role plays and other exercises would severely restrict the amount of content that could be covered in the restricted time available in most programs.

Program Acceptability

The majority of court-connected parenting programs have evaluated participant satisfaction and perceptions of program helpfulness, and results indicate that the majority of parents evaluate the programs positively, even when they resent the mandatory requirement to attend (Blaisure & Geasler, 1996; Geasler & Blaisure, 1998). More specifically, participants have indicated that court-connected parent education programs have helped them to understand their own feelings about the separation (Petersen & Steinman, 1994), and helped them to understand their children's perspective (Arbuthnot & Gordon, 1996; Kramer & Washo, 1993; Petersen & Steinman, 1994).

Efficacy Studies

Few methodologically sophisticated studies have utilised control groups and have evaluated program efficacy using measures of behaviour change (Geasler & Blaisure, 1998). Two exceptions are the evaluation of the Children in the Middle (CIM) program by Arbuthnot and colleagues at Ohio University (Arbuthnot & Gordon, 1996; Arbuthnot, Kramer, & Gordon, 1997), and the evaluation of the Children First program by Kramer and colleagues at the University of Illinois (Kramer & Washo, 1993).

Children in the Middle. The Children in the Middle program was developed to reduce the effects of parental separation on children by minimising children's involvement in coparental conflict, and at the time of evaluation was mandated for all divorcing parents with minor children in Athens County, Ohio. The program was delivered as a single, 2-hour session, where participants viewed a 30 minute video titled "Children in the Middle", which demonstrates both an adaptive and a dysfunctional version of family situations where children feel caught in the middle of parent conflict (e.g. using children to transfer messages, making negative comments about the other parent, discussing money problems in front of children, and using children as "spies"). Importantly, the training video provides parents with expert opinion regarding the effects of dysfunctional interaction on child adjustment and

instruction in adaptive communication skills. The video is delivered in the context of guided discussion as described in a program leaders manual, and attending parents receive a 32-page booklet that includes specific information about helping children to adjust to separation, single parenting, repartnering, and legal issues (Arbuthnot & Gordon, 1996).

A total of 48 (53.9%) program participants completed assessments 6 months after completion of the program and comparisons were made to ratings of parents who divorced in Athens County in the year prior to establishing the education program ($N = 23$). Arbuthnot and Gordon (1996) observed that, compared to the control group parents, parents who attended the education program responded more appropriately to vignettes regarding how they would act in potentially conflictual situations, and how they had acted in similar situations over the previous 3 months. Compared to the control group parents, parents who attended the education program also reported greater willingness to encourage contact between their children and their children's other parent. These results suggests that the program was successful in teaching participants appropriate ways to shield children from interparental conflict.

However, differences between the treatment and control groups were not seen for parents' self-reported behaviours over the past three months, including the frequency of coparental arguments, the frequency of positive comments about their child's other parent, or the number of times they encouraged their child to see their other parent. As discussed by Arbuthnot and Gordon (1996), these changes in knowledge and intentions, but not behaviours, may be due to the limited involvement strategies used in the CIM program, with practise of communication skills, in sessions and at home, necessary to change parent behaviours.

In a 2-year follow-up study of the same sample studied by Arbuthnot and Gordon (1996), Arbuthnot et al. (1997) assessed program effects on participant relitigation rates (as an indirect, yet objective measure of conflict in the coparental relationship) and the relationship between participant knowledge acquisition and relitigation rates. They found significant differences between parents who attended the program and control group parents for relitigation rates, with control group parents filing for relitigation more than twice as often as program attendees. Furthermore, participant knowledge acquisition, that is earlier adaptive responses to parental conflict vignettes, was significantly associated with reduced relitigation. These findings suggest that a brief information-based intervention that focuses

on reducing interparental conflict can have significant, long-term effects on co-parenting behaviours that influence children's post-separation adjustment.

Children First. The Children First program, developed by the Children First Foundation in Illinois was evaluated by Kramer and Washo (1993). At the time of the evaluation, the Children First program was mandated for all parents filing for divorce in the county of study. The program was delivered as two 90-minute sessions in consecutive weeks where attendees watched a total of six videotaped vignettes. Each vignette depicted a parent-child interaction where children are "caught in the middle" of interparental conflict and custody disputes. This was followed by guided discussion emphasising inappropriate parent behaviours, the effects of these behaviours on children, and more appropriate ways for parents to deal with feelings about their former partner. Attendees also received written material which included a brief overview of the content provided in the program, and information regarding additional resources for separating families.

When analyses accounted for pre-test interparental conflict, results indicated that those families with higher levels of interparental conflict showed significant reduction in triangulation behaviours, that is, behaviours that place children in the middle of interparental conflict. However, other significant program effects were not observed, with both program attendees and control group parents indicating comparable improvements in child adjustment and their own adjustment, and comparable declines in the quality of the coparenting relationship. These findings suggest that a brief program may be sufficient to increase parents' awareness of problematic parenting behaviours and to decrease these behaviours in families displaying high levels of interparental conflict. However, the absence of program effects on parent and child adjustment and the quality of the coparental relationship, suggests that a more comprehensive program that allows time for practising skills and applying these skills at home is required.

Information- Versus Skills-Based Parent Training

In order to determine the relative success of information versus skills-based parent training, Kramer, Arbuthnot and colleagues compared the efficacy of an active involvement program with a limited involvement program (Kramer, Arbuthnot, Gordon, Rousis, & Hoza, 1998). Both programs were delivered as a single 3-hour session to parents who were required to attend divorce education in Florida. The active involvement program was based on the

Children in the Middle (CIM) program described above, with additional practise in coparenting communication skills. The limited involvement program, Children First in Divorce (CFD), was developed from the Children Cope with Divorce program (Families First, 1995), and covered the same information as CIM, however unlike CIM it did not allow time for training or practise in communication and parenting skills. In place of the training and practise included in the CIM program, the CFD program covered the informational content in greater detail.

As expected, the active involvement program lead to significantly greater change in coparental communication compared to the limited involvement program and the control group. Consistent with this finding, the active involvement program, but not the limited involvement program, resulted in significant reduction in interparental conflict compared to the control group. The CIM and CFD programs were equally effective in changing parents' intentions to reduce children's exposure to interparental conflict, however, intervention effects on child behaviour problems were not observed in either program (Kramer et al., 1998). These findings indicate that active involvement programs are more effective than limited involvement programs in improving post-separation adjustment. However, the education programs included approximately 30 participants each, and as pointed out by Kramer et al. (1998), large class sizes limit the effectiveness of active involvement strategies, which may have lead to an underestimation of the relative benefits of active involvement in their study.

Programs for Separating Couples and Their Families in Australia

Published evaluations of programs for separated families in Australia are extremely limited, with no evaluations of empirically-based programs available for review. While a number of programs are offered to parents and their children experiencing marital separation, evaluation of these program is largely limited to consumer satisfaction evaluations. Examples of these programs include the child-focused Rainbows program provided by the Catholic Education Office in Victoria, the Transitions parenting group provided by Uniting Care in Melbourne, the Rebuilding after Separation parenting seminars provided by Relationships Australia in Sydney, and the Parenting After Separation seminars provided by the Melbourne office of the Australian Family Court.

One unpublished evaluation of an empirically-based parenting program has been identified (Dour, 2003). This dissertation describes the development and initial evaluation of the Key Steps to Parenting Program with 58 recently separated parents (81% mothers). This 3-session skills-focused parenting intervention was developed based on four identified mediators of children's post-divorce adjustment - interparental conflict, the child's relationship with the resident parent, the child's continued contact and relationship quality with the non-resident parent, and the coparenting relationship. Strengths of this program include its empirical base and the use of skills-training to improve communication in parent-child and coparenting relationships. However, the program only briefly addresses parenting skills, with limited time to acquire and practise these skills.

Despite these limitations, participants reported high levels of satisfaction with the Key Steps to Parenting Program. They also exhibited improvements over time in parenting distress, listening skills, and knowledge of appropriate responses to situations that have the potential to involve children in interparental conflict (Dour, 2003). However, conclusions regarding program-induced change could not be made as the initial experimental design was abandoned due to difficulties involving families in the intervention. Further, changes in child behaviour and emotional problems were not assessed.

Summary

This chapter has reviewed empirically supported interventions for affecting the proposed mediators and moderators in the relationship between parental separation and child outcomes. This chapter also reviewed the findings of intervention research with separated families, highlighting the strengths and limitations of the empirical development and evaluative methodology of these interventions. Implications for program development were identified, including the need to develop programs for separated families with adolescent children, and to evaluate the efficacy of different program delivery methods (i.e., group, individual, and minimal contact) for separated families. A number of important intervention foci were identified, including resident-parent adjustment, parent training in cognitive restructuring techniques and adaptive coping skills, parent training in encouraging and prompting child use of adaptive coping strategies, and parent training in communication and problem-solving skills.

Chapter 5 provides an overview of how the program developed for this thesis, the Youth Adjustment to Parental Separation (YAPS) program, targets the proposed mediators and moderators in the relationship between parental separation and adolescent outcomes, using the empirically supported strategies identified in this literature review. Chapter 5 also outlines how the delivery methods used for the YAPS program were developed based on research identifying effective methods for delivering intervention programs to families.

Implications for program evaluation were also identified, including the need to assess program effects on interparental conflict and coparenting cooperation, and actual contact between children and non-resident parents. These issues are addressed in the program evaluation studies described in Chapters, 6, 7, and 8.

CHAPTER 5: RATIONALE FOR THE CONTENT AND DELIVERY METHODS OF A PARENTING INTERVENTION FOR SEPARATED FAMILIES WITH ADOLESCENTS

This chapter provides an overview of the rationale for the YAPS program content and delivery methods. This rationale is developed by drawing on the literature that has identified mediators and moderators in the relationship between parental separation and adolescent adjustment (see Chapter 2), and the literature that has identified empirically supported interventions for targeting these mediators (see Chapter 4). This chapter concludes by providing a description of the program content and delivery methods of the YAPS program.

Rationale for Behavioural Family Intervention

Child-focused programs for separated families have had mixed success in improving child adjustment, with the most consistent intervention effects observed for those programs that include practical activities (i.e. role-plays, discussion) to enhance acquisition of cognitive-behavioural skills (e.g. Pedro-Carrol & Cowen, 1985). This is consistent with prevention and intervention research in the general population, with cognitive-behavioural programs among the most effective for targeting child and adolescent emotional and behavioural problems (Barrett et al., 1996; Kendall et al., 1997; Stark et al., 2005) and a range of adult difficulties (e.g. depression, anxiety, marital difficulties; Chambless, et al, 1998).

Parent-focused programs for separated families that include behavioural parent training have been more successful in promoting child adjustment and maintaining child behaviour change over time (Forgatch & DeGarmo, 1999; Wolchik, Sandler et al., 2002; Wolchik, West et al., 2000; Wolchik et al., 1993). They have also been successful in improving maternal adjustment (Patterson et al., 2004), parenting behaviour (Forgatch & DeGarmo, 1999), and parent-child relationships (Wolchik et al., 1993). Importantly, the added effects of child-focused components to skills-focused parenting programs are minimal (Stolberg & Mahler, 1994; Wolchik, Sandler et al., 2002; Wolchik, West et al., 2000). Together, these findings indicate that behavioural family intervention is an appropriate intervention method for promoting child adjustment in separated families. Further, focusing specifically on maternal adjustment by including training in coping skills is likely to lead to maintained improvement in parenting practices (Patterson et al., 2004).

Rationale for Content Targeting Interparental Conflict and Cooperative Coparenting

As reviewed previously, it is likely that many of the strategies used in cognitive-behavioural marital therapy to address communication and cognitive deficits may be effective in reducing interparental conflict and improving coparental communication in separated families. Research with separated families has taken this approach by focusing on communication skills training (Forgatch & Patterson, 1987; Kramer et al., 1998; Wolchik, West et al., 2000; Wolchik et al., 1993), and problem-solving skills training (Forgatch & Patterson, 1987; Kramer et al., 1998). However, only one of these studies has reported statistically significant improvements in interparental conflict or coparental communication (Kramer et al., 1998). Further research needs to extend on this earlier work by focusing on communication skills and problem-solving skills, and evaluating program effects on interparental conflict and coparenting cooperation.

While marital family therapy is likely to be a suitable model for addressing conflict and communication in separated families, it is acknowledged that there are important differences between married and separated parents, so there is a need for intervention programs for separated families to focus on factors specific to coparenting communication and conflict in separated families. Additional support for intervention content specific to separated families is derived from theoretical research.

Research indicates that coparental conflict is more frequent in separated families where mothers are less satisfied with fathers' parenting ability than fathers are, and when fathers perceive mothers as not willing to be flexible regarding contact arrangements (Madden-Derdich & Leonard, 2002). While Madden-Derdich and Leonard (2002) acknowledge that their findings are derived from correlational evidence, they suggest intervention programs with separated families should encourage mothers to be less critical and more realistic in their judgements of fathers' parenting ability and more flexible in negotiating changes in contact arrangements if they are to reduce coparental conflict.

It is important to note that Madden-Derdich and Leonard's (2002) research focused on mothers' *perceptions* of fathers' parenting ability and fathers' *perceptions* of mothers' willingness to change parenting arrangements, and it is not known whether these perceptions are realistic. For this reason, intervention programs should explore these perceptions, encouraging parents to evaluate whether their perceptions are realistic or based on other factors, such as dissatisfaction with current parenting arrangements, hostility toward the other

parent, or concerns about differing parenting styles that may be less detrimental to child adjustment than coparenting conflict that results from these concerns (Madden-Derdich & Leonard, 2002). As suggested by others (Camara & Resnick, 1989), interventions with separated families should help parents to distinguish between conflict regarding parenting issues and those occurring in the spousal relationship, so that coparenting cooperation is improved.

Specific issues relating to the effects of interparental conflict in separated families should also be addressed in post-separation interventions. For example, information should be provided regarding the adverse effects of arguing about parenting issues in front of children, and involving children in interparental conflict by using them to relay negative information between parents or to gain information about the other parent. The inclusion of this material is based on empirical research that identifies these characteristics of interparental conflict as harmful to children (Buchanan et al., 1991; Grych & Fincham, 1993), and results from evaluative research that finds programs that have included this type of information have been successful in reducing children's exposure to interparental conflict (Kramer & Washo, 1993).

Rationale for Content Targeting the Father-Adolescent Relationship

Research has identified factors that promote non-resident father involvement in separated families (see Chapter 2), providing a focus for the information and skills that need to be included in post-separation intervention programs. Children adjust better to separation when non-custodial fathers engage in authoritative parenting, suggesting that parenting arrangements should promote non-custodial fathers' involvement in regular parenting activities, such as helping with homework, taking children to social activities, and getting children ready for school. Intervention programs with custodial mothers can promote father-child relationships by explaining to mothers the importance of father-child relationships, and by providing them with tips for involving fathers in their children's lives.

Another important determinant of father involvement is low hostility and high cooperation in the coparenting relationship, suggesting that interventions can improve father-child relationships indirectly by reducing interparental conflict and fostering cooperative coparenting relationships. Parenting programs that have had the most success with reducing interparental conflict and improving coparental communication (e.g. Wolchik et al., 1993)

have provided this type of information, supporting the inclusion of this type of information in future programs for separated families.

Rationale for Parent Training in Cognitive Restructuring and Coping Skills

Parent training in cognitive restructuring and coping skills is an important component in intervention programs for separated families for two reasons. First, training in these skills is empirically validated for targeting maternal depression and stress, important mediator variables in the relationship between parental separation and child outcomes. Second, training parents in these strategies is likely to increase children's adaptive appraisal and coping via parental modelling and socialisation.

As reviewed above, research indicates that teaching coping skills directly to children is likely to be effective in increasing child adjustment in separated families. Not surprisingly then, a number of child-focused programs for children from separated families have focused on teaching children coping strategies (Alpert-Gillis et al., 1989; Pedro-Carrol & Cowen, 1985; Stolberg & Garrison, 1985; Wolchik, West et al., 2000), and have found positive effects on child adjustment. However, intervention effects on child appraisal and coping have rarely been assessed, and when they have, limited change in adaptive appraisal and coping have been observed outside the intervention setting (Wolchik et al., 1993). This highlights the need for intervention programs to increase the likelihood that children will acquire and utilise these skills.

It is proposed that providing parents with skills training in adaptive appraisal and coping skills and encouraging them to prompt their children to use them may increase children's adaptive appraisal and utilisation of coping skills. This proposal is supported by research that finds an association between parental appraisal and child appraisal. For example, research indicates that the attributional style of children and adolescents is associated with the attributional style of their mothers (Brown et al., 1993; Fincham, Beach, Arias, & Brody, 1998; O'Bryan, 2002; Stark, Schmidt, & Jolner, 1996), and that mothers who use cognitive restructuring techniques encourage their children to use them (Kliewer, Fearnow, & Miller, 1996). Further, there is evidence for a positive relationship between parental coping and child coping (Brown et al., 1993; Gil, Williams, Thompson, & Kinney, 1991; Kliewer et al., 1996), and there is support for the mediational role of parental

modelling and parental encouragement in this relationship (Kliewer et al., 1996; Martinez-Pons, 1998).

There is also support for the influence of parental coping on child coping in separated families. For example, Miller, Kliewer, Hepworth, and Sandler (1994) found that separated mothers encourage their children to use the same coping strategies that they use themselves, and that mothers' reports of children's utilisation of distraction, cognitive restructuring, and support seeking, were associated with mothers' reports of encouraging children to use these coping strategies. Also, Kurtz (1995) observed that high levels of escape-avoidance coping and low levels of social support seeking by mothers in separated families predicted maladaptive coping in their children.

Rationale for Program Delivery and Teaching Methods

As reviewed previously, research indicates that self-administered and minimal contact parenting programs are acceptable and effective. However, comparative studies indicate that behaviour change varies according to the level of therapist contact, suggesting that therapist-administered and minimal contact programs should be selected over self-administered programs, especially for families with more complex problems. While there is limited research evaluating the efficacy of self-administered and minimal contact programs for separated families with adolescent children, current findings suggest that minimal contact programs may be appropriate for these families, particularly those experiencing low to moderate levels of personal stress. Further, an added benefit of minimal contact interventions is that parents can complete the intervention program in their own time and do not need to attend program sessions. This is an advantage for separated families where time availability is often restricted due to the competing demands of child care and paid employment.

Parenting programs are often delivered as group programs, and selection of group delivery is often based on cost-effectiveness concerns. Individual programs are often provided to those families where child problems are more severe, and when families have more complex needs due to parental depression and/or marital distress. Parents in recently separated families are often characterised by greater distress due to financial concerns, grief associated with marital separation, and difficulties in the coparenting relationship. For this reason, it is predicted that group programs may not adequately address the complex needs of this group. However, due to the added benefits of group participation, including support from

other parents, and the possibility of having post-separation experiences normalised during group discussion, group participation may be particularly beneficial for this group.

Research indicates that parenting programs that include skills training will lead to greater learning than those providing information only. Based on the experience of those delivering behavioural family interventions, training parents in self-monitoring, problem-solving skills, and stress management techniques is also likely to promote future positive parenting behaviours. Further, prompting parents to practise newly acquired skills at home is likely to enhance generalisation of learned behaviours across settings, and booster sessions are likely to increase maintenance across time.

Description of the Content and Delivery Methods of the Youth Adjustment to Parental Separation (YAPS) Program

Identified mediator and moderator variables in the relationship between parental separation and adolescent adjustment provide a focus for the YAPS program, while empirically supported strategies for changing these proposed mediators and moderators provides a rationale for the intervention strategies used. Delivery methods which increase the effectiveness of parenting programs, that is programs that are acceptable to parents, and those that promote generalisation and maintenance of learning are utilised.

The development of the YAPS program was guided by the work of Wolchik and colleagues (Wolchik, West et al., 2000), however it extends on their research by including empirically supported intervention strategies to increase maternal adjustment. In addition, instead of working directly with adolescents to increase their cognitive appraisal and coping skills, the YAPS program aims to teach parents how to use cognitive-behavioural coping strategies themselves, and to prompt their children to use these strategies. In this sense, the YAPS program is different from other programs for separated families and other behavioural family interventions. A description of the content included in the YAPS program is presented next, followed by a detailed description of the delivery of the YAPS program.

Content of the YAPS Program

The YAPS program as delivered in the initial trial was comprised of two parts: *Looking After Yourself* and *Providing Support to Your Children* (see Appendices I and L for the YAPS Group Program Parent's Book, and YAPS Group Program Leaders Manual, respectively). Table 18 lists each YAPS program topic, along with the proposed mediators

and moderators targeted by each topic, the information and training provided to target the proposed mediators and moderators, and indicative research support for the information and training provided.

The first topic, *Looking After Yourself* targets maternal adjustment by teaching mothers about normal reactions to separation, providing them with an opportunity to discuss their own reactions, and providing them with strategies for managing stress and emotional reactions. The strategies taught to mothers are based on stress inoculation training and cognitive-behavioural practices for treating depression, anxiety and stress, which have demonstrated efficacy. These strategies include increasing pleasant activities, engaging in physical relaxation strategies, and using cognitive control techniques. The relationship between parental adjustment and child adjustment is also discussed to highlight the importance of mothers improving their own well-being in order to help their children.

The second topic area *Providing Support to Your Children*, focuses on providing mothers with information and skills to increase the adjustment of their adolescent children. It does this by using empirically-based information and empirically supported interventions to target the remaining five mediating and/or moderating variables identified in the literature: (a) parenting effectiveness, (b) positive parent-child relationships, (c) interparental conflict and cooperative coparenting, (d) adolescent understanding and appraisal of parental separation and separation-related negative events, and (e) adolescent coping efficacy.

The YAPS program targets parenting effectiveness and positive parent-child relationships by providing information regarding behavioural family intervention techniques, including information on rule setting, providing praise and rewards for desirable behaviours, discouraging inappropriate behaviour with consistent consequences, and increasing positive interactions with children. The program also provides information and training in listening skills, and using family problem solving to resolve parent-adolescent conflict.

To target positive father-adolescent relationships specifically, the YAPS program provides mothers with information on the advantages of positive father-adolescent relationships and practical ways to promote positive father-child relationships. The program encourages mothers to avoid making negative comments about fathers in front of their children, to be more realistic in their judgements of fathers' parenting ability, and more flexible in negotiating changes in contact arrangements.

Table 18

The Mediator and Moderator Variables Targeted by Each YAPS Program Topic, the Intervention Strategies used, and the Empirical Support for Strategies Used.

Program Components	Mediators/Moderators Targeted by Components	Information and/or Training	Empirical Support for Information and Training
Looking After Yourself			
Why is parent adjustment important?	Resident-parent adjustment	Information	Amato, 1993; Forehand et al., 1990
Understanding your own reactions	Resident-parent adjustment	Information	
How parents can help themselves Being with friends Distraction and pleasurable activities Relaxation exercises	Resident-parent adjustment	SIT; CBT	Saunders et al., 1996; Dobson, 1989
Providing Support to Your Children			
Understanding your children's reactions	Effective parenting; Positive parent-child relationships	BFI	Serketich, 1996
Reducing the impact of changes	Negative separation-related events	Information	Amato, 1993; Sandler, et al., 1991, 1994; Sheets, et al., 1996
Providing opportunities for social support outside the home	Adolescent coping efficacy	Information	Werner, 1992
Encouraging contact with fathers	Positive parent-child relationships	Information	Amato & Gilbreth, 1999; Whiteside & Becker, 2000
The effects of parental conflict on your children Reducing the effects of conflict Developing an effective co-parenting relationship Communicating with your co-parenting partner	Interparental conflict & cooperative co-parenting	Communication skills training; Information	Buchanan, et al., 1991; Grych & Fincham, 1993; Baucom, et al., 1998; Halford, 1993
Avoid overwhelming children with adult concerns Positive family relationships Listening and responding	Parenting effectiveness; Positive parent-child relationships	BFI	Serketich, 1996
Prompting effective coping Challenging unhelpful thoughts Problem solving	Child understanding and appraisal; Adolescent coping efficacy; Resident-parent adjustment	CBT SIT	Kazdin & Weisz, 1998 Hains, 1992
Adjustment in stepfamilies	Parenting effectiveness; Positive parent-child relationships	Information	Crosbie-Burnett & Giles-Sims, 1994; Brand et al., 1988; Fine et al., 1993; Hetherington, 1989
Additional support and information	Information and resources	Information and resources	Not Applicable

Note. BFI = Behavioural family intervention; CBT = Cognitive-behaviour therapy; SIT = Stress inoculation training

The YAPS program targets interparental conflict and cooperative coparenting by teaching mothers about the adverse effects of interparental conflict on children, and by providing practical tips for reducing interparental conflict and establishing a cooperative coparenting relationship. It does this by assisting parents to distinguish between conflict regarding parenting issues and those occurring in the spousal relationship, and providing practical suggestions for reducing children's exposure to, and involvement in, interparental conflict. It also provides detailed information regarding effective communication and negotiation and skills training in listening skills and "I" statements.

The YAPS program targets the impact of negative separation-related events on children by providing mothers with information about the types of negative events that influence children's post-separation adjustment. It also provides tips on ways to improve children's adjustment to changes, for example preparing them for change, modelling appropriate adjustment, helping them to feel in control of positive events, not changing daily routines, and not asking children to take responsibility for family decisions. Further, it aims to improve children's adaptive appraisal of events by training mothers to prompt children to challenge unhelpful beliefs about parental separation and negative separation-related events.

The YAPS program targets children's coping skills by teaching mothers how to use cognitive-behavioural coping strategies and stress inoculation techniques themselves, and to prompt their children to use these strategies. This distinguishes the YAPS program from other post-separation intervention programs, and prevention and intervention programs in general, as most programs teach these skills directly to children and adolescents. The specific coping strategies taught include activity scheduling, physical relaxation, cognitive control, cognitive restructuring, and structured problem-solving. Mothers are also encouraged to provide opportunities for social contact with non-parental adults to facilitate adolescent utilisation of social support.

It is important to note that while the program is divided into two sections, one focusing on maternal adjustment, and the other on child adjustment, there is considerable overlap in the focus of these two sections. For example, while increasing pleasant activities, engaging in physical relaxation strategies, and cognitive control techniques are presented as coping strategies for mothers, the applicability of these coping strategies for children are also discussed, and mothers are encouraged to prompt their children to use them. Parental adjustment is also addressed in the section focusing on child adjustment where mothers learn

to apply problem-solving skills to personal problems. Further, in the section focusing on teaching parents how to prompt effective coping in their children, they learn cognitive restructuring techniques which they can also use to challenge their own maladaptive thoughts.

Delivery of the YAPS Program

The YAPS program was initially designed as a therapist-administered group program. This method of delivery was chosen as it has empirical support in the parent-training literature (Martinez & Forgatch, 2001; Ralph & Sanders, 2003; Sanders, 1999; Wolchik, Sandler et al., 2002) and because it is cost-effective (Cunningham et al., 1995; Taylor & Brown, 1988). In this form, the program is delivered as four 2-hour treatment sessions over a 5 week period, with a booster session delivered 3 months after the fourth session. The four sessions are delivered over a five-week period to provide a two-week interval between sessions 3 and 4, to allow sufficient time for participants to practise skills presented in the program sessions at home. This was viewed as an important aspect of the YAPS program as application of skills in the home setting is considered important for skills to generalise to the home setting (Sanders & Dadds, 1993). Parents also attend a booster session 3 months after attending session 4, as booster sessions are a recommended strategy for maintaining treatment gains in parenting programs (Sanders & Dadds, 1993) and have been recommended by others as an important improvement to intervention programs for separated families (Grych & Fincham, 1992; Kramer & Kowal, 1998; Wolchik, West et al., 2000).

Parents are provided with a booklet which provides the information presented in the group sessions in written format (see Appendix I for the YAPS Group Program Parent's Book). In addition to didactic teaching (see Appendix J for the YAPS Group Program overheads) and the accompanying written information, group sessions also include discussion, demonstrations, participant role plays, and written activities. As discussed previously, homework tasks are an important part of the YAPS program to ensure generalisation of skills taught during the session to the home environment. Homework tasks include reading sections of the YAPS booklet, practicing skills taught during the sessions (e.g. relaxation strategies, listening skills, family problem solving, challenging adolescents unhelpful thoughts), and participants applying "tips" to their own family situation (e.g. encouraging contact with fathers) (a copy of the YAPS Group Program Homework Sheets is

provided in Appendix K). The previous session's homework is reviewed at the beginning of each group session, and parents are verbally reinforced for attempting and completing homework. The booster session does not contain any new information or activities. Material presented in the four sessions is reviewed using guided discussion to see how participants have been progressing with application of acquired skills and information over the previous 3 months, and challenging situations are discussed. Parents are reinforced for continued application of skills taught in the program and encouraged to refer to the program materials and additional resources if challenges occur in future.

Summary

This chapter has described the development of the Youth Adjustment to Parental Separation (YAPS) parenting program based on the literature identifying the mediators and moderators in the relationship between parental separation and adolescent adjustment, and the literature that has identified empirically supported interventions for targeting these mediators. Chapter 6 describes an evaluation of the efficacy and acceptability of the YAPS program delivered as a group program.

CHAPTER 6 - STUDY 2: TRIAL OF THE YAPS GROUP PROGRAM

Aim

As reviewed in Chapter 2, parental separation can have serious short-term and long-term consequences for children and adolescents. Further, as established in Chapter 4, intervention programs have demonstrated success in improving the adjustment of children from separated families. The effectiveness of intervention programs aimed at improving the adjustment of adolescents from separated families is less clear. In addition, there is limited Australian research focusing on the empirical development and appropriate evaluation of parenting programs for separated families. A review of the literature on (a) the effects of separation on adolescents, (b) the mediating and moderating variables in the relationship between parental separation and adolescent adjustment, (c) empirically evaluated intervention components for targeting these factors, and (d) intervention research with separated families, provides a framework for the development of prevention programs for separated families with adolescent children. The YAPS program was developed based on this literature review and is described in Chapter 5. The aim of the current study is to implement the YAPS program in a group format and evaluate its integrity, effectiveness, and acceptability.

The specific research questions to be answered by the trial of the program are:

1. Was the program implemented as planned?
2. Did participants acquire the knowledge presented in the program?
3. Were mothers satisfied with the program's delivery, content, and outcomes?
4. Was the program effective in improving adolescent adjustment?
5. Was the program effective in changing the proposed mediator/moderator variables (maternal adjustment, interparental conflict, family relationships, parenting practises, child coping, separation-related negative-events, separation-related beliefs)?
6. What aspects of program content, delivery, and evaluation require review?

Method

Participants

Four mothers of adolescent children attended the group sessions. The age of the mothers ranged in age from 36 years, 4 months to 46 years, 6 months ($M = 40$ years, 4

months), and on average, mothers had been separated for 12 months, with a range of 2 months to 25 months. One of the two mothers eligible to apply for a divorce had successfully done so approximately 12 months before pre-treatment data was collected.

The average years of education for the four mothers was 12.5 years (range from 9 to 15 years), and their yearly incomes, including child support payments and government allowances, were in the following ranges for case studies 1, 2, and 3, respectively: \$60 - 70,000, \$25 - 30,000, and \$35 - \$40,000 (fourth mother did not provide this information). Based on the responses from three mothers, their average weekly hours of paid employment outside the home was 31 hours (range from 18 to 50 hours per week). The mean level of educational attainment for fathers was 12 years (range from 11 to 15 years).

Each mother was asked to select one of their children aged between 11 and 15 years to focus on when participating in the YAPS program and when completing questionnaires. Three of the four focus children were boys, and the age of the four focus children ranged from 11 years, 3 months to 13 years, 4 months ($M = 12$ years). Although each focus child was invited to participate in the research by completing a questionnaire package at pre- and post-test, only three children complied, and only one child returned the 3-month follow-up questionnaire.

Three of the four mothers had sought professional assistance for themselves from a counsellor, social worker or psychologist in the 6 months prior to attending the YAPS program, and only one mother indicated that her child had received professional assistance for emotional or behavioural problems.

Program Evaluation Method

The YAPS program was evaluated according to the guidelines provided by Matthews and Hudson (2001). Based on Stufflebeam's (1983) Context, Input, Process, Product (CIPP) model, Matthews and Hudson discuss the importance of evaluating the objectives (context), content (input), implementation (process), and outcomes (product) of parenting programs. *Context evaluation* of a parenting program requires an assessment of the appropriateness of the expected outcomes of the program. *Input evaluation* considers the relevant theoretical and empirical support for the parenting strategies and training methods included in the parenting program, in addition to the appropriateness and acceptability of the parenting strategies and training methods by participants. Context and input evaluation of the YAPS

program was addressed in Chapter 5. *Process evaluation* assesses treatment integrity, parent participation in training, and parent satisfaction with the training methods used. *Product evaluation* includes the assessment of participant knowledge acquisition, participant skills acquisition, and parent and child behaviour change. In the current study, participant knowledge acquisition and indirect measures (questionnaires) of parent and child behaviour change were used. Informal assessment of skill acquisition formed part of the YAPS program, for example, by having participants complete practise examples and role-plays. However, skill acquisition data was not collected in any formal way. More detailed information regarding these process and product evaluation measures is provided below.

Process Evaluation

Treatment Integrity

Steps were taken to ensure treatment integrity. First, a detailed program manual was developed (see Appendix L). This manual included detailed information about group activities and provided scripts for delivering program content. Time approximations were also provided for each session component.

Second, using a detailed checklist of program sessions, program delivery was assessed for adherence to content and duration as detailed in the program leader's manual. The facilitator not actively delivering the program content completed a checklist (see Appendix M), recording time taken to complete each session component. Percentage adherence to session content was then calculated by dividing the number of components presented by the total number of components and multiplying by 100. Percentage adherence to duration of program components was calculated by dividing the completion time of each component by the recommended time given in the leader's manual and multiplying by 100. An average of the percentage adherence to duration scores was then calculated. A percentage value of 100 indicates that a program component adhered to the expected duration, a percentage value of less than 100 indicates a component which took less time than expected, and a percentage value greater than 100 indicates a component which took more time than expected.

Participation

A detailed record of participant attendance was kept by the facilitators. A checklist was completed of the attendance of each participant at each program component. If participants attended a session, however left early or arrived late, session components not attended could

be noted. Percentage attendance was calculated by dividing the number of session components attended by the total number of session components and multiplying by 100.

Social Validity

Mothers completed a participant satisfaction questionnaire immediately after attending Session 4. The participant satisfaction questionnaire, “How Helpful was the YAPS Program” (see Appendix N), was adapted from the Therapy Attitude Inventory (Eyberg, 1993) and from the client satisfaction questionnaire developed by Christensen (1998). The questionnaire asked participants how well they believed the program met their own and their child’s needs, increased their skills, and decreased child problem behaviour. It contains 30 Likert scale items and three open-response questions, and took approximately 10 minutes to complete.

Product Evaluation

Background Information

Background information was collected from each mother to determine time-since-separation, divorce status, age of all immediate family members, educational background and current employment status of both parents, mother’s income level, recent utilisation of health professional services, and the focus child’s general health and development. Mothers were asked to indicate whether they had a court-approved visitation arrangement, and if so, to provide information about the agreed number and length of time spent with each parent. Mothers were also asked to indicate the actual number of visits, including overnight stays, their child had with their father over the previous month, and the average length of visits. It was considered important to collect information regarding overnight stays as research indicates that overnight stays are associated with father relationship satisfaction and child support payment (Parkinson & Smyth, 2003). A copy of the questionnaire used to gather this information is provided in Appendix O.

Knowledge Acquisition

To assess knowledge acquisition, participants completed a Knowledge Questionnaire (see Appendix P) during the data collection session (approximately 2 weeks before Session 1) and immediately after Session 4. The 40-item true/false knowledge questionnaire was

developed by the researcher from the YAPS program content and took participants approximately 10 minutes to complete.

Parent and Child Behaviour Change Measures

The study was originally designed as an independent-subjects experimental design, with the expectation that pre-post differences in the treatment group would be compared to pre-post differences in a wait-list control group. Due to difficulties recruiting families, the independent-subjects experimental design was not feasible, and hence the available data will be presented as a series of single-case designs. Results from the mother- and child-rated measures will be presented as four separate case studies (pseudonyms have been used to ensure confidentiality), with clinical cut-off points and severity labels (e.g., normal, borderline, abnormal) used to indicate clinically significant change where possible. Some outcome measures do not provide symptom categories and in these cases, only Reliable Change Indices (RCI) are provided.

The RCI is a widely used indicator of clinical significance and is determined by calculating the difference between the pre-treatment and post-treatment scores and dividing by the standard error of measurement (Jacobson, Roberts, Berns, & McGlinchey, 1999). The standard error of measurement (SE_m) is calculated using the standard deviation (SD) and reliability of the measure (r_{xx}), using the following formula: $SE_m = SD [(1 - r_{xx})^{1/2}]$ (Jacobson & Truax, 1991). To calculate RCIs using the most accurate estimation of reliability, an average of Cronbach's alpha and test-retest reliability was used in the current study when both these statistics were available. For the Depression Anxiety Stress Scales and the Quality of Coparental Communication scale, Cronbach's alpha was used in isolation as test-retest reliability data was not available from the authors of these instruments, and test-retest reliability was used as an estimate of reliability for the Negative Life Events Scale.

The Reliable Change Generator developed by Devilly (2004) was used to calculate RCI scores reported here. A *highly significant* change corresponds to a difference between scores of 2.58 SD and translates to having 99% confidence that a clinically significant change has occurred. A *significant* change corresponds to a difference between scores of 1.96 SD and translates to having 95% confidence that a clinically significant change has occurred. A *marginally significant* change corresponds to a difference between scores of 1 SD and translates to having 68.26% confidence that a clinically significant change has occurred.

Maternal symptomatology. Mothers completed the Depression-Anxiety-Stress Scales (DASS; Lovibond & Lovibond, 1995a). The DASS is a 42 item questionnaire that assesses the symptoms of depression, anxiety, and stress in adults over the previous week. Scores on each scale can range from 0 to 42 with a total psychopathology scale score ranging from 1 to 126. Mothers' scores on each of the three subscales can be categorised as Normal, Mild, Moderate, Severe, or Extremely Severe. The DASS is a widely used standardised clinical instrument with adequate psychometric properties. Reliability alpha values based on a normative data set of 1044 males and 1870 females aged between 17 and 69 years are .91 for Depression, .84 for Anxiety and .90 for Stress (Lovibond & Lovibond, 1995a). Correlations between the Depression and Anxiety scales of the DASS and the revised Beck Depression Inventory (BDI-II; Beck & Steer, 1987) and the Beck Anxiety Inventory (BAI; Beck & Steer, 1990), indicate adequate construct validity (Lovibond & Lovibond, 1995b).

Child symptomatology. Mothers and their focus child each completed the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001; Goodman, Meltzer, & Bailey, 1998), a 25-item questionnaire designed to measure child symptomatology. The parent-completed version can be used for children aged 4 to 16 years, and the self-report version by adolescents aged between 11 and 16 years. The versions are similar with parallel items and the same subscale structure. The questionnaire includes 5 subscales, with five items each. The five subscales are (a) emotional symptoms, (b) conduct problems, (c) hyperactivity/inattention, (d) peer relationship problems, and (e) prosocial behaviour. Higher scores on the SDQ subscales indicate higher levels of the subscale construct. Subscale and Total scores on the SDQ can be categorised as normal, borderline, or abnormal based on comparisons with normative data. The SDQ is a standardised questionnaire with established adequate validity and reliability (Cronbach's alpha = .70 - .85; Goodman, 2001). Both the mother-rated and self-rated versions of the SDQ correlate highly with the Child Behavior Checklist (Achenbach, 1991) another widely-used measure of child behaviour (Goodman & Scott, 1999; Koskelainen, Sourander, & Kaljonen, 2000). The pre-test version of the SDQ inquires about perceptions of adolescent behaviour over the previous 6 months. At post-test and follow-up, the follow-up version of the SDQ was used which inquires about perceptions of behaviour over the past month.

Family communication. Mothers and children completed the Family Problem Solving Communication Index (FPSC; McCubbin, McCubbin, & Thompson, 1988). The FPSC is a

10 item questionnaire in which respondents are asked to record, on a four-point Likert scale, the degree to which each statement is typical of their family's pattern of communication. The questionnaire has two subscales: (a) incendiary communication (i.e. communications that are hostile and tend to increase family stress), and (b) affirming communication (i.e. communications that express care and support). Higher scores on each of the subscales indicate greater levels of incendiary and affirming communication, and total scores of 15 for each subscale can be attained. A total score can also be calculated, which is indicative of the extent to which positive family communication exists. The FPSC has adequate reliability (Cronbach's alpha = .78 -.89) and validity, and normative data is available for a variety of samples (McCubbin, Thompson, & McCubbin, 1996). Means did not differ greatly across samples, however, given that the current study looks at separated families, a normative sample of single-parent families of native Hawaiian origin ($N = 109$) was used in the current study. Mean Total Positive Communication in the comparison sample is 18.75 ($SD = 4.83$). At pre-test an open time frame was used for the FPSC questionnaire items. However, at post-test and follow-up, participants were asked to describe their family's communication over the previous month.

Interparental conflict and coparental communication. Mothers rated their perceptions of conflict and communication in their coparenting relationship by completing the Quality of Coparental Communication scale (QCC; Ahrons, 1981; see Appendix Q.). The QCC is a ten item questionnaire with two subscales labelled (a) interparental conflict (4 items) and (b) support (6 items). The possible total score, labelled Quality of Communication, ranges from 10 to 50 points, with high scores indicating low interparental conflict and high mutual support. The indices of the QCC have adequate reliability (Cronbach's alpha = .76 - .87), and participant responses are highly correlated with interviewer ratings of participants' relationship quality (Ahrons, 1981). Normative data from a sample of 98 recently divorced couples, described as predominantly white and middle class, were used for calculating RCI statistics. At pre-test an open time frame was used for the QCC questionnaire items. However, at post-test and follow-up, participants were asked describe the quality of their communication over the previous month.

Child perception of interparental conflict. The Children's Perception of Interparental Conflict Scale (CPIC; Grych et al., 1992) is a 49-item questionnaire designed to measure child perceptions of interparental conflict, specifically those perceptions which may lead to

adjustment problems. The CPIC has adequate reliability (Cronbach's alpha of .90, .83, and .78 for Conflict Properties, Threat, and Self-blame subscales, respectively), and scores on the CPIC are significantly correlated with established parent-rated measures of marital conflict and standardised measures of child adjustment (Grych et al., 1992). The CPIC was derived using a sample of 9 to 12 year-old children from intact families, however, the authors indicate that the scale could be used with adolescents from separated or divorced families with slight adjustment. The scale has also been used to measure perceptions of conflict with older adolescents (aged 17 to 21 years) and was found to have a similar factor structure and adequate reliability and validity (Bickham & Fiese, 1997). Normative data from a sample of 942 youths aged 6 to 19 years ($M = 14.32$, $SD = 3.41$) were used to calculate RCI statistics (Grych, 2004, personal communication). The CPIC was adapted for use in the current study by deleting one item: "When my parents argue, I worry that they will get a divorce", as this was considered inappropriate for families who had already separated.

This study reports the results from the Conflict Properties Scale which is comprised of three smaller subscales called Frequency (6 items), Intensity (7 items) and Resolution (6 items). The Conflict Properties Scale does not include the Stability subscale, as it has been found in recent studies that young children cannot reliably report on this dimension of conflict (John Grych, personal communication, 2004). The Self-blame Scale, comprised of Content (4 items; higher content scores indicate higher level of child-related conflict) and Self-Blame (5 items), and the Coping Efficacy subscale (6 items) were also used. For each item, respondents indicate whether each statement is true, sort of true, or false. Higher subscale scores indicate higher levels of the subscale construct, except for coping efficacy, and resolution, where higher scores indicates lower coping efficacy, and poorer resolution, respectively. A copy of the CPIC is provided in Appendix R. At pre-test an open time frame was used for the CPIC questionnaire items. However, at post-test and follow-up, participants were asked to describe their perceptions of interparental conflict over the previous month.

Adolescent coping. The Coping Scale for Children and Youth (CSCY; Brodzinsky et al., 1992; see Appendix S) is a 29-item self-report questionnaire which measures an adolescent's utilisation of coping strategies. Factor analysis has identified four distinct coping strategies: (a) assistance seeking (4 items); (b) cognitive-behaviour problem solving (8 items); (c) cognitive avoidance (11 items); and (d) behavioural avoidance (6 items). Utilisation of assistance seeking and cognitive-behavioural problem solving strategies is

associated with child adjustment, while the utilisation of cognitive and behavioural avoidance strategies is associated with maladjustment (Brodzinsky et al., 1992).

Children are asked to describe a recent problem and then to indicate how often they behave in ways representative of the four coping strategies. They do so by responding on a four-point Likert scale ranging from “never” to “very often”. The CSCY has adequate psychometric properties (Cronbach’s alpha = .70 - .82), and comparative norms are available from a sample of 8th grade students ($N = 274$; Brodzinsky et al., 1992). At pre-test, participants were asked to describe their coping behaviours over the past few months, and at post-test and follow-up, were asked to describe their coping behaviours over the previous month.

Separation-related beliefs. Adolescents completed the Children’s Beliefs About Parental Divorce Scale (CBAPS; Kurdek & Berg, 1987), a scale developed from divorce-specific beliefs cited in the clinical literature as problematic. The scale consists of six subscales, each containing 6 items, which are rated as true or false. The subscales have been labelled as (a) peer ridicule and avoidance, (b) parental blame, (c) maternal blame, (d) fear of abandonment, (e) hope of reunification, and (f) self-blame. Higher scores on each of the subscales indicates a higher level of problematic beliefs, with total score of 6 for each subscale. The CBAPS has adequate psychometric properties (Cronbach’s alpha = .54 - .78 for subscales and .80 for total score), and predicts self-reported maladjustment (Kurdek & Berg, 1987). Normative data is available from a sample of children aged 6 through 17 years ($N = 170$, M age = 11.06 years). A copy of the CBAPS is provided in Appendix T. At pre-test an open time frame was used for the CBAPS questionnaire items. However, at post-test and follow-up, participants were asked to describe how they felt over the previous month.

Negative separation-related events. The Negative Life Events Scale (NLES) was developed by Sandler and colleagues (Sandler et al., 1991) from the Divorce Events Schedule for Children (DESC; Sandler et al., 1986). The DESC is a 62-item questionnaire that asks children whether they have experienced a particular divorce-related event within the last 3 months and whether this event has happened more, less, or the same amount as usual (Sandler et al., 1986). The 16 items included in the NLES are those items from the DESC that were rated by 80% of child respondents as undesirable, and which reached a criterion of 70% interrater agreement by experts as negative events (Sandler et al., 1986). A higher score on the NLES indicates a higher level of negative separation-related events, with a maximum

score of 16. Children completed the 62 item DESC in the current study, however, results on the 16 NLES items are reported as the measure of negative separation-related events. The DESC is a psychometrically sound instrument (test-retest reliability = .85), and normative data is available from a sample of 142 children aged between 8 and 15 years ($M = 11.5$ years) whose parents had been separated for 16.7 months on average (Sandler et al., 1991). At pre-test, adolescents reported events that had occurred since their parent's separation. However, at post-test and follow-up, participants were asked to report events occurring during the previous month.

Parenting strengths. Mothers completed the Single Parenting Questionnaire (SPQ; Stolberg & Ullman, 1984), an 88 item scale designed to assess parenting qualities and skills in single mothers. Factor analytic studies indicate that six dimensions of single parenting are measured by the SPQ. These six subscales have been labelled (a) problem solving skills, (b) parental warmth, (c) discipline/control procedures, (d) parent imposed rules, (e) enthusiasm for parenting, and (f) availability of parent support systems. Higher subscale scores on the SDQ indicate greater levels of the parenting construct. The SPQ is a psychometrically sound instrument (Cronbach's alpha = .63 - .85), and it is significantly correlated with measures of post-divorce child adjustment and child behaviour problems (Stolberg & Ullman, 1984). A normative sample of single parents ($N = 210$; 85% single-mothers) who had been divorced for between 6 months and 4 years was utilised for the current study. The respondents' focus children were of preschool ($N = 6$), primary ($N = 102$), adolescent ($N = 86$) and young adult ($N = 11$) age. Scores can easily be converted to T-scores so that normative comparisons can be made. A T-score between 30 and 70 is considered within the normal range. At pre-test an open time frame was used for the SPQ questionnaire items. However, at post-test and follow-up, participants were asked to describe their parenting over the previous month.

Procedure

All mothers who expressed interest in the research study were provided with a written explanation of the study (see Appendix U). Those mothers who volunteered to participate were required to sign a written consent form (see Appendix V). Where adolescents volunteered to complete questionnaires, mothers and their adolescent child signed the consent form.

Recruitment

Ethical approval to recruit participants for the current study was granted by the RMIT University Human Research Ethics Committee. Families were recruited for the study through a press release which resulted in a brief article in a metropolitan newspaper. Notices were placed in local newspapers, secondary school newsletters, medical clinic waiting rooms, local libraries, a parenting newsletter, and an RMIT University staff newsletter (see Appendix W). Agencies which provided services to families, youth, and separated families in particular, were also contacted by telephone. These services included legal services, family lawyers, welfare agencies, and counselling services. Those who agreed to assist with promoting the study were provided with copies of the recruitment notice and encouraged to promote the program to their clients. Notices explained that the RMIT University Psychology Clinic, as part of its research focus, was conducting a number of free programs to assist young people (aged 11-15 years) and their parents who had recently experienced marital separation, and provided contact details. The program was promoted in this way for approximately 3 months before the study was scheduled to begin.

Table 19 shows the number of recruitment contacts made, the number of phone calls received, and the number of participants recruited via each recruitment method. Considering the number of contacts made to promote the program, the number of phone calls received was disappointing. From a total of 40 schools contacted to place notices in newsletters, only five phone calls were received, resulting in one participant. From the brief article in a metropolitan newspaper, five phone calls were received, again resulting in one participant. The remaining two participants responded after seeing a notice in the RMIT University newsletter.

Table 19

Number of Telephone Responses and Number of Participants as a Function of Each Type of Contact Made to Recruit Participants for the YAPS Group Program.

	No. of Contacts	No. of Responses	No. of Participants
Independent schools	15	2	0
Government schools	25	3	1
Medical centres	46	0	0
Family/Youth support services	24	0	0
Legal services	5	1	0
Family lawyers	14	0	0
Local libraries	5	1	0
Centrelink offices	6	0	0
RMIT University newsletter	1	2	2
Parenting newsletter (Parentzone)	1	0	0
Herald Sun newspaper	1	5	1
RMIT University Psychology Clinic wait-list	1	1	0
Totals	144	15	4

A total of fifteen mothers called to express interest in the study. Of these 15 mothers, only 4 participated. Table 20 lists the reasons why the remaining 11 interested callers did not participate in the study.

Table 20

Reasons for Non-participation of Interested Respondents in Group Program.

Reason for Non-participation	No. of Families
Interest in research, not parenting program	1
Child age outside exclusion criteria	2
Time-since-separation outside exclusion criteria	1
No longer required assistance at second contact	2
Marriage reconciled	1
Child no longer living with mother	1
Couldn't make scheduled program time due to family commitments	1
Couldn't make time for program due to family death	1
Discontinued after committing to attend program due to travel distance	1
Total	11

Data Collection

Within a two-week period prior to starting the YAPS program, program participants and their focus child attended a pre-treatment interview. The option of a home visit or an appointment at the RMIT University Psychology Clinic was offered, with three of the four families selecting a home visit. The purposes of this interview were to (a) establish rapport,

(b) introduce participants to the rationale and content of the YAPS program, (c) explain the importance of completing questionnaires, and (d) assist adolescents with completion of questionnaires if necessary.

The amount of assistance given to adolescent participants varied across families. With one exception, this involved a brief overview of each questionnaire, reading out the instructions for each section and checking that each participant understood the instructions and how to respond. For one child, questionnaire items were read out from a separate questionnaire booklet while the adolescent wrote his answers privately in his questionnaire booklet. In this case, the child's mother recommended this procedure, explaining that her child required assistance maintaining attention when completing written tasks. Adolescents and mothers were informed that responses were confidential and that information would not be shared across respondents. To ensure that mother-and-adolescent pairs did not influence each other's responses, mothers completed the questionnaires in a separate room at the same time as the adolescent completed theirs. Adolescent-rated and mother-rated questionnaires each took approximately 45 to 60 minutes to complete.

Post-treatment and follow-up measures were completed by participants at home, reducing the level of inconvenience to families, and increasing the likelihood of participant retention. Post-treatment questionnaires were given to mothers at the end of the Booster session, which took place approximately three months after the fourth program session (approximately 5 months after completion of pre-treatment measures). Mothers were given two reply paid envelopes (one for the mother-rated questionnaire, and one for the adolescent-rated questionnaire), and were instructed to complete and return the questionnaires within 2 weeks. It was explained to mothers that they should not help or influence their child in completing the questionnaire and that they should allow their child to seal their questionnaire in the reply-paid envelope once completed. The same child who required assistance completing the pre-measures was assisted by the researcher, at home, to complete the post-measures.

Follow-up measures were completed 3 months after the booster session. The same procedures were followed as with post-measures except that questionnaires were posted out to families with a cover letter providing instructions for completion. Only two mothers and one child completed the follow-up measures despite weekly phone calls over a period of one month to remind participants to complete and return the questionnaires. During reminder

phone calls, mothers apologised for not returning their questionnaires, on all occasions explaining that they had been very busy with work and family commitments and had not found the time to complete their questionnaires. They also apologised that their child had not wanted to complete the questionnaire despite continued prompting. The child who required assistance completing the pre- and post-measures did not complete the follow-up measures.

Program Delivery

Sessions were held in a family consulting room of at the RMIT University Psychology Clinic. This location was chosen as it was large enough to accommodate a small group, and contained lounge furniture that could be arranged in a semi-circle with co-facilitators positioned at the front. This arrangement was considered appropriate to ensure that participants were relaxed and comfortable, leading to increased learning. There was also access to kitchen facilities, so that refreshments could be provided to participants during the session break. Refreshment breaks were considered important for the group process, encouraging the establishment of rapport between participants and thereby facilitating group discussion. The sessions were co-facilitated by the researcher who has Masters-level training in Clinical Psychology, and a Clinical and Educational Psychologist with extensive experience.

Results

Treatment Integrity

All information and activities were presented as outlined in the manual, ensuring optimal adherence to treatment content. Because this study describes a trial of a new program, times outlined in the program manual could only be predicted, so variation from these approximations were expected and would be used to redraft the program for future use. It turned out that many of the approximations in the manual were appropriate, with a percentage adherence to duration of 113.89% averaged across components. Percentage adherence rates ranged from 83% to 160% with the majority of components running longer than expected. As described in the method section, a percentage value of 100 indicates that a program component adhered to the expected duration, a percentage value of less than 100 indicates a component which took less time than expected, and a percentage value greater than 100 indicates a component which took more time than expected.

Participation

Three mothers attended all four sessions. Of these three mothers, the mean percentage attendance was 83.3%. The fourth mother did not attend Session 4 due to a conflicting engagement, however expressed interest in attending the booster session. Mean percentage attendance including the fourth mother was 78%, which amounted, on average, to each mother missing three-quarters of a session. Participants were sometimes late for a session, or excused themselves early, due to work or family commitments.

Only two of the four mothers were able to attend the scheduled Booster session. The third mother attended an individual booster session and the fourth mother declined the opportunity to attend an individual booster session, explaining that she was too busy at that time.

Social Validity

Mothers' responses to the participant satisfaction questionnaire indicated overall satisfaction with the program. On a scale of 1 to 7, with lower scores corresponding to dissatisfaction, the mean Likert rating across all items was 5.02 ($SD = .95$). Mean ratings for each of the items is presented in Table 21.

Responses indicate that mothers were satisfied with the amount of help received, and their own adjustment, and that they would recommend the program to others. They indicated some improvement in the relationship with their child, and reported that the program was successful in increasing their understanding of their own and their children's reactions to separation, helping them to manage parent-child conflicts, and assisting them to develop skills that could be applied to other family members.

Table 21

Mean Mother Ratings for Each Item on the Participant Satisfaction Questionnaire (N = 4).

Satisfaction Questionnaire Item	Mean Visual Analogue Scale Rating						
	1 Negative Response	2	3	4 Neutral Response	5	6	7 Positive Response
1. Did you receive the type of help you wanted from the program?				X			
2. To what extent has the program met your <i>child's</i> needs?			X				
3. To what extent has the program met your needs?				X			
4. How satisfied were you with the <i>amount of help</i> you and your child received?						X	
5. Has the program helped you to deal more effectively with your child's behaviour?				X			
6. Has the program helped you to deal more effectively with problems that arise in your family?				X			
7. Has the program helped you to deal more effectively with personal problems?				X			
8. Has the program helped you to understand your child's feelings and responses related to parental separation?							X
9. Has the program helped you to understand your own feelings and responses related to the separation?						X	
10. Do you think the relationship with your former partner has been improved by the program?		X					
11. Do you think the program has helped you to manage any conflicts that arise between yourself and your child?						X	
12. Do you think the program has helped you to manage any conflicts that arise between yourself and your former partner?				X			
13. Would you recommend this program to other people?							X
14. Has the program helped you to develop skills that can be applied to your other family members?						X	
15. In your opinion, how is your relationship with your child at this point?						X	

Table continues

Table 21 (cont.)

Mean Mother Ratings for Each Item on the Participant Satisfaction Questionnaire (N = 4).

Satisfaction Questionnaire Item	Mean Visual Analogue Scale Rating						
	1 Negative Response	2	3	4 Neutral Response	5	6	7 Positive Response
16. How would you describe your feelings at this point about your child's adjustment?			X				
17. How would you describe your feelings at this point about your own adjustment? ^a						X	
18. How confident are you that you will be able to cope with problems that may come up in future?				X			
19. How would you describe the organisation of this program?							X
20. How would you describe the effectiveness of the leaders in helping you understand the information and activities?							X
21. How helpful was the information/activities focusing on understanding your own reactions and feelings towards separation?						X	
22. How helpful was the information/activities focusing on coping strategies?							X
23. How helpful was the information/activities focusing on understanding your child's reactions and feelings towards separation?						X	
24. How helpful was the information/activities focusing on providing support to your child?						X	
25. How helpful was the information/activities focusing on the importance of father contact and reducing conflict between yourself and your former partner?				X			
26. How helpful was the information/activities focusing on managing and monitoring your child?						X	
27. How helpful was the information/activities focusing on improving family relationships?						X	
28. How helpful were the information booklets?						X	
29. Were the program sessions conducted at a convenient time for you and your family?				X			
30. Were the program sessions conducted at a location convenient to you and your family?						X	

^aBased on 3 responses.

The majority of information and activities were rated as helpful, with only the information and activities relating to increasing father contact and reducing co-parental conflict receiving a satisfaction rating below 5. The organisation of the program, and effectiveness of the facilitators were rated positively, however convenience of program scheduling was rated as less than “somewhat convenient”.

Satisfaction ratings below 5 were given for the type of assistance received, and for the program improving their ability to deal with child behaviour problems, personal problems, family problems and conflicts, and coparental conflict. Less-than-neutral responses were provided for the program meeting their child’s needs, satisfaction with child adjustment, and improving the relationship with their former spouse.

Knowledge Acquisition

The mean number of knowledge questions correct at pre-test was 30 (75% correct) compared to 33.5 (83.75% correct) immediately after YAPS Session 4. Three mothers completed another knowledge questionnaire after attending the Booster session. The mean knowledge score immediately after attending the Booster session was 32.3 (80.83% correct).

Parent and Child Behaviour Change

Case Study 1

At the time of presenting for support, Mary had been separated for 15 months and had not yet filed for divorce. Mary has two children, Jack, aged 11 years, 3 months, and a daughter, Josie, aged 14 years. Mary and her former partner have a court-approved custody arrangement. The arrangement states that Jack is to live with his father for 15 days per month and with his mother for the remaining 15 days, and that Josie is to stay over at Mary’s place one day per month, and live with her father for the remainder. The information that Mary provided regarding the actual time that Jack spent in each parent’s home over the previous month was consistent with the court-approved custody arrangement.

Mary reported experiencing relationship difficulties with Josie since the separation had occurred and that her daughter had chosen to live full-time with her father. At the time of completing pre-questionnaires, Mary was seeing her daughter one day per month. She reported that she was distressed that her daughter did not want to have more regular contact with her and reported that she had been making great efforts to get along better with her.

Mary reported that she was experiencing difficulties with Jack's angry outbursts and that she was concerned about him worrying about "little things" that happened at school and at home. She described Jack as the type of child who was easily distracted and at times was restless and impulsive.

At the time of beginning the program, Mary reported that she had experienced a high level of stress in the lead up to the marital separation and that it had been personally challenging taking the steps necessary to be financially independent. Mary was settling in to a new home and was trying to keep herself busy with friends and her career during the weeks Jack was living with his dad. Mary stated that she was interested in the YAPS program because she wanted to learn how to manage her own emotional reactions, and also because she wanted to learn from other parents how to help her children through the separation.

Mary did not provide follow-up data and Jack did not provide post or follow-up data, so only pre- and post-test parent-rated questionnaire data and pre-test adolescent-rated questionnaire data are presented for Case Study 1. Along with pre-test, post-test and three-month follow-up scores on each of the measures for Case Study 1, the clinical significance of the differences between pre-test, post-test and follow-up scores are presented in Table 22.

Maternal symptomatology. Mary scored in the Normal range for DASS Anxiety and DASS Stress at pre-test, and these scores remained in the Normal range from pre-test to post-test, with a marginally significant decrease in maternal stress. There was clinically significant improvement in Mary's DASS Depression rating, changing from a score in the Moderate range at pre-test to a score in the Normal range at post-test.

Child symptomatology. Mary and Jack both provided data on child symptomatology. At pre-test Jack's self-ratings on the SDQ were all in the Normal range. By post-test, Jack's self-rating of Total Difficulties was still in the normal range, however had increased by a marginally significant degree. This increase can be attributed to a clinically significant increase in emotional symptoms, leading to a score in the Abnormal range at post-test for this subscale, and a marginally significant increase in peer problems.

Table 22

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 1, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	71.15 (M)	22.28 (N)***	-
DASS Anxiety	28.89 (N)	17.00 (N)	-
DASS Stress	29.95 (N)	12.75 (N)*	-
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	95.39 (A)	87.65 (B)	-
Conduct Problems	58.79 (N)	36.94 (N)	-
Hyperactivity	88.20 (A)	79.24 (B)	-
Peer Problems	59.30 (N)	17.33 (N)*	-
Prosocial	43.00 (N)	43.00 (N)	-
Total Difficulties	88.88 (B)	64.54 (N)*	-
Adolescent-rated SDQ			
Emotional Symptoms	37.61 (N)	98.97 (A)***	-
Conduct Problems	63.79 (N)	63.79 (N)	-
Hyperactivity	19.39 (N)	19.39 (N)	-
Peer Problems	12.65 (N)	61.25 (N)*	-
Prosocial	81.12 (N)	81.12 (N)	-
Total Difficulties	24.63 (N)	75.37 (N)*	-
Family Communication			
Mother-rated FPSC			
Affirming communication	52.36	85.22*	-
Incendiary communication	37.44	6.78**	-
Adolescent-rated FPSC			
Affirming communication	85.22	76.33	-
Incendiary communication	13.53	37.44*	-
Quality of Co-parental Communication (Mother-rated)			
Conflict	99.28	99.28	-
Support	8.49	5.84	-
Interparental Conflict (Adolescent-rated CPIC)			
Conflict Properties			
Frequency	93.70	57.45*	-
Intensity	95.23	85.24*	-
Resolution	97.07	80.03*	-
Total	97.72	79.75*	-
Self-Blame			
Content	16.41	9.73	-
Self-Blame	13.40	7.59	-
Total	13.55	7.47	-
Coping Efficacy	21.42	66.74*	-

Note. - = missing data; N = Normal; M = Mild; B = Borderline; A = Abnormal; *** RCI > 99% (2.58 SD); ** RCI > 95% (1.96 SD); * RCI > 68.26% (1 SD); ¹ = difference from pre-test; ² = difference from post-test.

Table continues

Table 22 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 1, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Adolescent Coping (Adolescent-rated CSCY)			
Assistance Seeking	85.48	75.80	-
Cognitive Behavioural Problem Solving	44.35	62.59	-
Cognitive Avoidance	29.44	82.13**	-
Behavioural Avoidance	22.57	32.84	-
Separation-related Beliefs (Adolescent-rated CBAPS)			
Peer Ridicule & Avoidance	64.87	37.73	-
Paternal Blame	16.83	16.83	-
Fear of Abandonment	19.70	41.62	-
Maternal Blame	27.33	27.33	-
Hope of Reunification	22.25	43.74	-
Self Blame	13.07	13.07	-
Total	10.66	14.82	-
Negative Events (Adolescent-rated NLES)	23.98	97.87***	-
Parenting Strengths (Mother-rated SPQ)			
Problem solving	58.18	71.64	-
Social support	41.04	49.65	-
Parental warmth	82.91	52.81*	-
Discipline/control	48.29	56.80	-
Parental enthusiasm	83.44	83.44	-
Parent rules	66.96	89.11*	-
Total	76.91	82.13	-

Note. - = missing data; *** RCI > 99% (2.58 SD); ** RCI > 95% (1.96 SD); * RCI > 68.26% (1 SD); ¹ = difference from pre-test; ² = difference from post-test.

Mary's ratings of Jack's symptomatology differed from Jack's self-ratings. At pre-test, Mary's ratings of Jack on the Emotional Symptoms and Hyperactivity subscales were in the Abnormal range and his Total Difficulties score was in the Borderline range. However, by post-test his scores on the Emotional Symptoms and Hyperactivity subscales were in the Borderline range and his Total Difficulties score in the Normal range, and there had been a marginally significant decrease in peer problems.

Interparental conflict and communication. Mary's reports of the quality of coparental communication between herself and her former spouse were indicative of high conflict and low-to-moderate support at pre-test. Her reports of the quality of co-parental communication did not change significantly.

Child perception of interparental conflict. According to Jack's report, there was a marginally significant reduction on the Conflict Properties scale of the CPIC, representing marginal improvement in the frequency, intensity and resolution of interparental conflict.

There was also a marginally significant decrease in Jack's perception of his ability to cope with interparental conflict.

Family communication. Mary indicated improvement in family communication across time, with a significant increase in affirming family communication and a marginally significant reduction in incendiary communication. Jack's reports of family communication were more positive than Mary's at pre-test and he reported a marginally significant increase in incendiary family communication from pre- to post-test.

Separation-related beliefs. Jack's ratings on the CBAPS were below average, and did not show clinically significant change from pre- to post-test.

Adolescent coping. There was a clinically significant increase in Jack's score on the Cognitive Avoidance subscale from pre-test to post-test, indicating decreased adjustment.

Negative separation-related events. Jack indicated a below average level of separation-related negative events at pre-test. However, by post-test, his endorsement of negative events approached the upper limit of statistical normality.

Parenting strengths. All of Mary's SPQ subscale ratings were within the normal range at pre-test and post-test. However, there was a marginally significant decrease in parental warmth and a marginally significant increase in use of parent rules.

Summary. Case study 1 is characterised by improvements in post-separation adjustment as indicated by clinically significant improvements in maternal depression, and mother-rated family communication. Marginally significant improvements were seen for maternal stress, mother-rated child problems, child-rated family communication, child-rated interparental conflict, and mother's use of parent rules.

However, adjustment declined significantly for some measures from pre- to post-test, including Jack's ratings of emotional symptoms and occurrence of negative separation-related events. Marginally significant declines in adjustment were indicated by Mary's self-ratings of parental warmth, and Jack's rating of his peer problems and coping strategy utilisation. No change occurred for Jack's reports of unhelpful separation-related beliefs, which remained low, or for Mary's rating of coparental communication quality.

Case Study 2

At the time of beginning the YAPS program, Angela had been separated for 25 months and her divorce had been finalised approximately 12 months earlier. However, at the time of

completing the YAPS program, Angela was still involved in legal proceedings with her former partner relating to the settlement of their assets.

Angela has two sons, Chris, aged 13 years, and Michael, aged 6 years. Angela has a court-approved custody arrangement stating that the children live solely in their mother's care. Angela states that she has tried to organise times for her children to see their father, however on the majority of occasions when she has done this, the children's father has not arrived at the arranged meeting point. At the time of completing the pre-questionnaire, Chris had not seen his father in the previous month.

Angela reported that she was concerned about how her children were dealing with the separation and not seeing their father. Before beginning the YAPS program, she reported that she believed Chris was generally well-adjusted, however she felt that he might have concerns that he was not sharing. She expressed a desire to understand what her children were thinking and feeling about the separation, and to share her experience with other parents.

Angela had experienced high levels of conflict in her marriage and reported that she was relieved to be on her own. However, she reported concern about how the conflict may have influenced her children. Angela seemed to be coping well with the high level of stress that she experienced in relation to legal matters.

Angela and Chris both completed questionnaires at the three data-collection points. Results for all measures for Case Study 2 are presented in Table 23.

Maternal symptomatology. Angela scored in the Normal range for DASS Anxiety and in the Extremely Severe Range for DASS Depression and DASS Stress at pre-test. By the completion of intervention, all three of Angela's DASS psychopathology scores were in the Normal range. Unfortunately, these changes were not maintained at follow-up, with a return to scores in the Extremely Severe range and an Anxiety score in the Moderate range. It is important to note that Angela reported that at the time of completing post-test measures, she was experiencing high levels of stress at work. She reported that it was this work-related stress that had resulted in an increase in her symptomatology as reported on the DASS.

Table 23

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 2, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	99.92 (ES)	18.75 (N)***	99.98 (ES)* ¹ *** ²
DASS Anxiety	22.50 (N)	17.00 (N)	94.85 (Mod)*** ^{1, 2}
DASS Stress	98.91 (ES)	12.75 (N)***	99.82 (ES)* ¹ *** ²
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	54.19 (N)	33.69 (N)	73.62 (N)* ²
Conduct Problems	78.17 (B)	78.17 (B)	58.79 (N)
Hyperactivity	79.24 (B)	25.25 (N)**	25.25 (N)** ¹
Peer Problems	59.30 (N)	36.21 (N)	17.33 (N)* ¹
Prosocial	2.61 (B)	22.22 (N)*	22.22 (N)* ¹
Total Difficulties	76.17 (N)	38.02 (N)*	38.02 (N)* ¹
Adolescent-rated SDQ			
Emotional Symptoms	8.56 (N)	8.56 (N)	8.56 (N)
Conduct Problems	63.79 (N)	98.29 (A)*	> 99.99 (A)*** ¹ ** ²
Hyperactivity	69.15 (N)	69.15 (N)	19.39 (N)* ^{1, 2}
Peer Problems	33.41 (N)	33.41 (N)	12.65 (N)
Prosocial	0.41 (A)	0.41 (A)	< 0.01 (A)** ^{1, 2}
Total Difficulties	38.43 (N)	61.57 (N)	61.57 (N)
Family Communication			
Mother-rated FPSC			
Affirming communication	39.37	27.47	39.37
Incendiary communication	37.44	23.83	23.86
Adolescent-rated FPSC			
Affirming communication	2.78	0.06**	0.02*** ¹
Incendiary communication	89.29	94.87	99.93*** ^{1, 2}
Quality of Co-parental Communication (Mother-rated)			
Conflict	91.29	79.25*	99.28*** ^{1, 2}
Support	1.55	3.88	3.88
Interparental Conflict (Adolescent-rated CPIC)			
Conflict Properties			
Frequency	88.39	80.48	88.39
Intensity	95.23	95.23	97.61
Resolution	88.34	88.34	98.75* ^{1, 2}
Total	94.63	93.06	98.33* ²
Self-Blame			
Content	9.73	9.73	16.41
Self-Blame	13.40	7.59	44.82*
Total	10.18	7.47	27.80* ^{1, 2}
Coping Efficacy	35.06	21.42	79.98* ¹ *** ²

Note. N = Normal; Mod = Moderate; S = Severe; ES = Extremely Severe; B = Borderline; A = Abnormal; *** RCI > 99% (2.58 SD); ** RCI > 95% (1.96 SD); * RCI > 68.26% (1 SD); ¹ = difference from pre-test; ² = difference from post-test.

Table continues

Table 23 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 2, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Adolescent Coping (Adolescent-rated CSCY)			
Assistance Seeking	7.45	23.31*	23.31* ¹
Cognitive Behavioural Problem Solving	6.29	6.29	6.29
Cognitive Avoidance	3.29	3.29	3.29
Behavioural Avoidance	8.53	8.53	8.53
Separation-related Beliefs (Adolescent-rated CBAPS)			
Peer Ridicule & Avoidance	37.73	37.73	15.70
Paternal Blame	76.27	99.16**	99.16** ¹
Fear of Abandonment	19.70	41.62	41.62
Maternal Blame	27.33	27.33	27.33
Hope of Reunification	43.74	43.74	43.74
Self Blame	34.15	34.51	13.07
Total	32.93	64.11	48.40
Negative Events (Adolescent-rated NLES)	89.36	23.98***	97.87* ¹ *** ²
Parenting Strengths (Mother-rated SPQ)			
Problem solving	58.18	77.49	58.18
Social support	66.53	66.53	49.65
Parental warmth	26.31	26.31	32.36
Discipline/control	18.42	65.00*	79.21* ¹
Parental enthusiasm	60.30	83.44	53.33* ²
Parent rules	78.20	58.40	40.46* ¹
Total	62.59	69.33	55.43

Note. *** RCI > 99% (2.58 SD); ** RCI > 95% (1.96 SD); * RCI > 68.26% (1 SD); ¹ = difference from pre-test; ² = difference from post-test.

Child symptomatology. Angela and Chris both provided data on child symptomatology. At pre-test Chris' self-rating on the Prosocial behaviour subscale was in the Abnormal range, with all other self-rated pre-test subscale scores falling within the Normal range. By post test, there was a significant increase in Chris' self-reported Conduct Problems with a score in the Abnormal range. By follow-up, scores on the Prosocial and Conduct Problems subscales deteriorated significantly, however, there was a marginally significant decrease in hyperactivity symptoms.

Angela and Chris' ratings of Chris' symptomatology on the SDQ were consistent with respect to the areas rated as problematic. However, the severity of the problems and the change in these ratings over time differed between raters. Angela rated Chris' symptomatology in the Borderline range for Conduct Problems, Hyperactivity and Prosocial behaviour at pre-test. At post-test, Angela's ratings on the Hyperactivity subscale and the

Prosocial subscale were within the Normal range, and by follow-up all of Angela's ratings were within the Normal range.

Interparental conflict and communication. Angela's reports of the quality of co-parental communication between herself and her former spouse were indicative of moderate-to-high conflict and low support at pre-test. There was a marginally significant decrease in conflict by post-test, however by follow-up conflict had increased significantly compared to pre-test.

Child perception of interparental conflict. Chris reported marginally significant increases on the Conflict Properties and Self-Blame scales of the CPIC by follow-up. Increases on these scales can be attributed to his perceptions that his parents were less able to resolve their conflict, that he was less able to cope with their conflict, and that he was more likely to blame himself for their conflict.

Family communication. Angela's ratings on the FPSC indicated no significant change in family communication across testing, with normative levels of affirming and incendiary communication. Chris' ratings of family communication were more negative compared to his mothers' at pre-test, and his perception of family communication deteriorated across time. He reported a clinically significant decrease in affirming communication at post-test that was maintained at follow-up, and a clinically significant increase in incendiary communication by follow-up.

Separation-related beliefs. Chris' overall ratings on the CBAPS were in the average range at pre-test. There was a significant increase in his Paternal Blame beliefs from pre- to post-test, and this change was maintained at follow-up.

Adolescent coping. Across the three data collection points, Chris reported the use of only one type of coping behaviour, Assistance Seeking, and there was a marginally significant increase in his use of this coping strategy, which was maintained at follow-up. However, each time Chris completed this questionnaire, he wrote "nothing" in the space provided for recording a problem that he had worried about, questioning the validity of his responses for this measure.

Negative separation-related events. Chris indicated a moderate level of separation-related negative events at pre-test. By post-test, there was a significant decrease, however this improvement was not maintained at follow-up.

Parenting strengths. Angela's scores on the SPQ were in the normal range at all data collection points, with only marginally significant changes for three of the subscales. There was a marginal improvement in discipline practises, which was maintained at follow-up, and a marginal decrease in utilisation of parent rules from pre-test to follow-up.

Summary. Case study 2 is characterised by clinically significant improvements in adjustment as indicated by decreases in maternal depression and stress, mother-reported child hyperactivity and conduct problems, and child-rated separation-related negative events, and increases in mother-rated child prosocial behaviour. Marginal improvements were seen in mother-rated use of discipline, mother-rated coparental conflict, and child-rated assistance seeking. However, improvements in maternal depression and stress, separation-related events, and coparental conflict were not maintained at follow-up.

Adjustment declined significantly in some child-rated domains, as indicated by decreases in affirming family communication and prosocial behaviour, and increases in conduct problems, incendiary communication, and paternal blame beliefs. Marginally significant adjustment decline was indicated by a decrease in mother-rated utilisation of rules by follow-up, and child perceptions of parental resolution of interparental conflict, ability to cope with interparental conflict, and self-blame for interparental conflict. No change was evident in mother-rated family communication.

Case Study 3

Jenny had been separated for 2 months when she participated in the YAPS program. She has three sons, aged 6, 11, and 19 years. She was concerned about Matthew, aged 11, who she reported was displaying anxious and aggressive behaviour and was returning from his father's home visibly upset. Jenny was particularly concerned about Matthew's aggressive and "nasty" behaviour towards his younger brother. She also reported that she believed Matthew had been experiencing difficulties concentrating at school over recent months.

Jenny and her former partner did not have a court-approved custody arrangement for Matthew at pre-test. At pre-test Jenny reported that Matthew visited his father for approximately four hours each week and that he had not stayed overnight with his father in the previous month.

Jenny reported that she was having difficulty adjusting to all the changes occurring in her life, and reported symptoms of depression and anxiety. She expressed interest in hearing

how other parents were coping with separation, and learning new ways to manage Matthew's behaviour. Jenny also expressed an interest in the program's focus on cooperating skills.

Jenny completed questionnaires at all data-collection points, however Matthew did not complete questionnaires at follow-up. For this reason, adolescent-rated follow-up data is not presented for Case Study 3. Results for all measures for Case Study 3 are presented in Table 24.

Maternal symptomatology. Jenny scored in the Extremely Severe range on all subscales of the DASS at pre-test. By post-test significant improvements were seen for depression, anxiety, and stress, and improvements were maintained at follow-up. However, symptom levels remained in the Extremely Severe or Severe range across time.

Child symptomatology. Jenny and Matthew both provided data on child symptomatology. At pre-test Matthew rated himself in the Normal range for Total Difficulties, and his rating increased significantly to the Abnormal range at post-test. His ratings on the Conduct Problems, Peer Problems, and Prosocial subscales fell within the Abnormal range, with significant or marginally significant change on all subscales.

Jenny's ratings of Matthew's symptomatology differed from Matthew's self-ratings, both in the areas rated as problematic and in the severity of problems. At pre- and post-test, Jenny rated Matthew within the Abnormal range on the Emotional Symptoms subscale, within the Borderline range on the Conduct Problems subscale and within the Normal range for the remaining subscales. She reported a clinically significant increase in prosocial behaviour from pre- to post-test, however this significant improvement was not maintained at follow-up. There were also marginal changes in the remaining scales, resulting in a non-significant reduction in Total Difficulties.

Interparental conflict and communication. Levels of mother-rated coparental conflict and support at pre-test were high and moderate, respectively. A significant decrease was observed from pre- to post-test, and this change was maintained at follow-up. Coparental support remained stable across time.

Table 24

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 3, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	> 99.99 (ES)	98.90 (S)***	99.92 (ES)*** ¹ ** ²
DASS Anxiety	> 99.99 (ES)	> 99.99 ^a (ES)***	> 99.99 ^a (ES)*** ¹ ** ²
DASS Stress	99.97 (ES)	98.91 (S)**	98.50 (S)*** ¹
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	99.99 (A)	99.69 (A)*	98.65 (A)* ¹
Conduct Problems	78.17 (B)	78.17 (B)	36.94 (N)* ^{1, 2}
Hyperactivity	67.16 (N)	67.16 (N)	79.24 (B)
Peer Problems	17.33 (N)	17.33 (N)	59.30 (N)* ^{1, 2}
Prosocial	8.80 (N)	65.97 (N)***	22.22 (N)* ²
Total Difficulties	91.77 (A)	85.33 (B)	85.33 (B)
Adolescent-rated SDQ			
Emotional Symptoms	8.56 (N)	58.34 (N)*	-
Conduct Problems	63.79 (N)	93.69 (A)*	-
Hyperactivity	34.12 (N)	69.15 (N)*	-
Peer Problems	33.41 (N)	99.99 (A)***	-
Prosocial	61.57 (N)	1.98 (A)***	-
Total Difficulties	24.63 (N)	96.88 (A)***	-
Family Communication			
Mother-rated FPSC			
Affirming communication	39.37	39.37	39.37
Incendiary communication	23.86	23.86	13.53
Adolescent-rated FPSC			
Affirming communication	39.37	27.47	-
Incendiary communication	23.86	80.28***	-
Quality of Co-parental Communication (Mother-rated)			
Conflict	99.28	94.85**	91.29*** ¹
Support	27.82	21.64	34.75
Interparental Conflict (Adolescent-rated CPIC)			
Conflict Properties			
Frequency	31.45	31.45	-
Intensity	30.64	20.70	-
Resolution	88.34	41.83**	-
Total	52.22	27.69*	-
Self-Blame			
Content	9.73	9.73	-
Self-Blame	7.59	7.59	-
Total	7.47	7.47	-
Coping Efficacy	66.74	35.05*	-

Note. - = missing data; N = Normal; S = Severe; ES = Extremely Severe; B = Borderline; A = Abnormal; *** RCI > 99% (2.58 SD); ** RCI > 95% (1.96 SD); * RCI > 68.26% (1 SD); ¹ = difference from pre-test; ² = difference from post-test; a = decrease from pre-test.

Table continues

Table 24 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 3, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Adolescent Coping (Adolescent-rated CSCY)			
Assistance Seeking	49.43	49.43	-
Cognitive Behavioural Problem Solving	50.49	78.35*	-
Cognitive Avoidance	35.26	72.43*	-
Behavioural Avoidance	32.84	78.53*	-
Separation-related Beliefs (Adolescent-rated CBAPS)			
Peer Ridicule & Avoidance	85.91	15.70**	-
Paternal Blame	16.83	16.83	-
Fear of Abandonment	19.70	41.62	-
Maternal Blame	27.33	27.33	-
Hope of Reunification	95.16	43.74*	-
Self Blame	13.07	13.07	-
Total	40.48	10.66*	-
Negative Events (Adolescent-rated NLES)	6.83	52.96***	-
Parenting Strengths (Mother-rated SPQ)			
Problem solving	5.24	3.56	3.56
Social support	41.04	49.65	41.04
Parental warmth	78.07	52.81	52.81
Discipline/control	39.86	65.00	65.00
Parental enthusiasm	66.96	83.44	78.64
Parent rules	66.96	86.84	91.08* ¹
Total	53.60	67.70	67.70

Note. - = missing data; *** RCI > 99% (2.58 SD); ** RCI > 95% (1.96 SD); * RCI > 68.26% (1 SD); ¹ = difference from pre-test; ² = difference from post-test.

Child perception of interparental conflict. According to Matthew's report, there was a clinically significant improvement in his parent's ability to resolve interparental conflict, and a marginally significant increase in his ability to cope with interparental conflict.

Parenting strengths. Jenny's scores on the SPQ were in the normal range at all data collection points. However, there was a marginally significant increase in the use of parent rules from pre-test to follow-up.

Family communication. Jenny's ratings on the FPSC indicated no significant change in family communication across testing, with normative levels of affirming and incendiary communication. Matthew's ratings on the FPSC were similar to Jenny's at pre-test, however, at post-test, he reported a clinically significant increase in incendiary communication.

Separation-related beliefs. Matthew's overall endorsement of problematic separation-related beliefs was in the average range at pre-test and showed a marginally significant reduction from pre-test to post-test. By post-test his ratings on the Peer Ridicule and

Avoidance, and Hope of Reunification subscales were reduced by significant and marginally significant levels, respectively.

Adolescent coping. Matthew reported normative utilisation of all coping strategies at pre- and post-test, with a marginally significant increase in cognitive-behavioural problem-solving, suggesting an improvement in coping strategy utilisation. However, he also reported an increase in cognitive avoidance and behavioural avoidance from pre to post-test, which is indicative of reduced adjustment.

Negative separation-related events. Matthew indicated an absence of separation-related negative events at pre-test. By post-test, there was a clinically significant increase in the number of negative events he endorsed.

Summary. Case Study 3 is characterised by improvements in post-separation adjustment as indicated by decreases in maternal self-ratings of depression, anxiety and stress, and coparental conflict, and by child perceptions of increased parental ability to resolve of interparental conflict. Marginal improvements were indicated by an increase in the use of parent rules, a decrease in parent-rated child symptomatology, a decrease in adolescent-rated separation-related beliefs, and increases in adolescent-rated cognitive-behavioural problem-solving and ability to cope with interparental conflict. Adjustment declined on some measures from pre- to post-test, including child-rated behavioural and emotional problems, child-rated incendiary family communication, and negative separation-related events. There was no change in mother-rated family communication or coparental support.

Case Study 4

Kate separated 6 months prior to attending the YAPS program. Her daughter Kylie was 11 years, 8 months at the time Kate began the YAPS program. Kylie lived with her mother for 15 days each month, and with her father for the remainder. This living arrangement was not court-approved, however, Kate described an amicable relationship with Kylie's father and that the arrangement seemed to be working well.

Kate reported recent difficulties with Kylie's behaviour, and in particular that Kylie was not doing as she was asked at home. Kate also believed that Kylie was more worried and emotional than usual. Kate expressed an interest in learning how to help herself and her daughter cope better with the changes resulting from the separation.

Kate did not attend the fourth group session of the YAPS program, explaining that she was busy with organised recreational activities. She also missed the group Booster session

and declined the offer to attend an individual Booster session. Kate explained that she was unable to make a time for an individual session as she was very busy with work at the time. Kate completed data at pre-test only, while her daughter did not participate in the research study. For this reason, only a summary of parent-rated pre-test data is presented here. Results for all measures for Case Study 4 are presented in Table 25.

Table 25

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 4, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	43.46 (N)	-	-
DASS Anxiety	22.50 (N)	-	-
DASS Stress	29.95 (N)	-	-
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	66.59 (N)	-	-
Conduct Problems	82.67 (B)	-	-
Hyperactivity	24.33 (N)	-	-
Peer Problems	37.73 (N)	-	-
Prosocial	26.69 (N)	-	-
Total Difficulties	38.75 (N)	-	-
Family Communication			
Mother-rated FPSC			
Affirming communication	91.54	-	-
Incendiary communication	2.99	-	-
Quality of Co-parental Communication (Mother-rated)			
Conflict	70.66	-	-
Support	94.16	-	-
Parenting Strengths (Mother-rated SPQ)			
Problem solving	43.68	-	-
Social support	49.65	-	-
Parental warmth	72.53	-	-
Discipline/control	24.66	-	-
Parental enthusiasm	83.44	-	-
Parent rules	81.39	-	-
Total	75.48	-	-

Note. - = missing data; N = Normal; B = Borderline; *** RCI > 99% (2.58 SD); ** RCI > 95% (1.96 SD); * RCI > 68.26% (1 SD); ¹ = difference from pre-test; ² = difference from post-test.

Kate's rating on the pre-test measures suggest a relatively adjusted family. Her self-report on the DASS was normal, and her ratings of Kylie's behavioural and emotional problems were in the normal range, except for the Conduct Problems subscale which was in

the Borderline range. Her ratings indicate parenting skills in the normal range, a supportive coparental relationship, and positive family relationships.

Discussion

This trial investigated the efficacy of a group cognitive-behavioural parenting program for separating families with adolescent children. In addition to an evaluation of program effects on adolescent adjustment, program effects on the proposed mediators in the relationship between parental separation and adolescent adjustment were also assessed. Further, the trial has allowed for an evaluation of treatment integrity, social validity, and knowledge acquisition. The results have implications for improvements in program content and program evaluation strategies in future implementations of the YAPS program.

The primary aim of the YAPS program was to improve adolescent adjustment, as indicated by mother-rated and adolescent-rated behavioural and emotional symptomatology. In Case Study 1, there was a marginally significant decrease in mother-rated adolescent peer problems, whereas adolescent self-ratings indicated a significant increase in emotional symptoms, and a marginally significant increase in peer problems. In Case Study 2, there was significant improvement in mother-rated adolescent hyperactivity and marginally significant improvement in mother-rated prosocial behaviour, which was maintained at follow-up. Whereas adolescent ratings indicated a marginally significant increase in conduct problems which was clinically significant by follow-up, and a significant increase in prosocial problems by follow-up. In Case Study 3, according to mother report, there was significant improvement in adolescent prosocial behaviour and marginally significant improvement in mother-rated adolescent emotional symptoms, and marginally significant improvements were maintained at follow-up. Contrasting with mother ratings, adolescent ratings indicated marginally significant or significant deterioration in adjustment in all emotional and behavioural domains. So, across participants, there was marginally significant or significant improvement in mother ratings, and marginally significant or significant decline according to adolescent ratings, and where follow-up data was available, changes were maintained at follow-up. This suggests that the program was successful in reducing adolescent emotional and behavioural symptomatology according to mothers', but not adolescents' perceptions.

The YAPS program aimed to increase adolescent adjustment by effecting the proposed mediators (maternal adjustment, interparental conflict, family relationships, parenting

practises, child coping, separation-related negative-events, and separation-related beliefs) in the relationship between parental separation and adolescent adjustment. The outcome data indicates that mothers did experience an alleviation of depression, anxiety, and stress symptomatology, however, in one of the two cases in which follow-up data was available, these reductions were not maintained. Change in mothers' ratings of coparental conflict were disappointing, with only one mother reporting a significant decrease over time. This finding is consistent with only minimal improvements in adolescent perceptions of interparental conflict in two families. There was also no change in coparenting support across participants. Two mothers indicated no change in family communication, however their children indicated significant declines. The remaining mother indicated improvements in family communication, however this was not supported by her child's report, which indicated a marginally significant deterioration. Parenting practises remained in the normal range across time, with only marginally significant change. These changes exhibited no clear pattern, with increases and decreases occurring on a range of subscales.

There were marginally significant improvements in adolescent utilisation of coping strategies in two families, however significant deterioration in another. Only one child indicated a marginally significant improvement in perceived ability to cope with interparental conflict, with the other two children who completed questionnaires indicating marginally significant deterioration on this measure. Change in negative separation-related events was not consistent across participants, with one child reporting a decrease (which returned to pre-test levels at follow-up), and the remaining two children reporting an increase. Separation-related beliefs remained low in one child, one reported a marginal increase in paternal blame beliefs, and another reported clinically significant and marginally significant decreases in peer ridicule and avoidance beliefs, and hope of reunification beliefs, respectively.

The most consistent improvements in family adjustment were reported for maternal symptomatology and mother perceptions of adolescent symptomatology, and the most consistent deterioration for adolescent perceptions of family communication and their own symptomatology. Changes in other areas did not show a reliable pattern across participants.

Mothers' reports on the social validity measure indicated satisfaction with the organisation of the program and the effectiveness of the facilitators. However, convenience of program scheduling was rated as less than "somewhat convenient", which is consistent

with attendance rates, and recruitment difficulties. This suggests that program delivery needs to be more flexible to meet mothers' needs.

Mothers' reports on the social validity measure indicate that the program helped them to understand their own and their children's reactions to separation, and to feel better equipped to manage child and family challenges. They also reported satisfaction with their own adjustment and some improvement in the relationship with their child. However, mothers reported that they did not feel that the program had met all of their child's needs, and that they were slightly dissatisfied with their child's adjustment at the time of completing the fourth session. This could indicate that it may have been too early for mothers to recognise change in their children, or alternatively, that they believe children need more direct support post-separation, for example, attending a group program themselves. Interestingly, adolescents' ratings of their own adjustment are more consistent with mothers' reports of satisfaction with adolescent adjustment. Mothers also reported that they did not believe the program helped them to improve their relationship with their former spouse.

The finding that the program did not consistently improve the coparental relationship or children's perceptions of interparental conflict is consistent with mothers' reports that they did not believe the program improved their relationship with their former partner or reduced coparental conflict. This finding is disappointing and suggests that the YAPS program needs to focus more specifically on these components in future. Inclusion of tips and skills to improve communication and negotiation, and to avoid conflict, especially in front of children, is likely to enhance this component of the program.

Mothers' perceptions of their ability to manage personal problems, family problems, family conflicts and their children's behaviour at the end of the program was not as positive as expected, therefore improvements in these perceptions should be a goal of future interventions. Providing mothers with more practice in personal problem-solving, family problem-solving, rule setting and providing consequences for behaviour is likely to improve mothers' ability and confidence in these areas. It is also likely to improve family relationships and child symptomatology.

Process evaluation indicates that the program content was implemented as intended, however, during the trial, the program leaders found it difficult to complete the treatment adherence checklist while facilitating the program. For this reason, the use of video recording is proposed as an important improvement in future evaluations of the YAPS program. Using

a video recording of each session and a detailed outline of program sessions, adherence to content and duration as detailed in the program leader's manual could be assessed. Also, times required for different group activities were tested in the trial and results of this evaluation will be used to revise the program manual.

Results for participation and knowledge acquisition indicate that these procedures also require improvement in future evaluations. Participation in the current trial consisted of recording attendance rates only. In future, more detailed assessment of components completed during intervention sessions, and practise and review tasks completed at home, should be recorded. In order to assess parent participation more thoroughly in future evaluations of the YAPS program, facilitators could complete checklists to assess completion of session activities and parents could complete checklists to assess their own completion of homework tasks. In addition to providing data for the program evaluation study, this data will also be clinically useful. Facilitators will be able to use this information to monitor how participants are progressing with the program content, and to adjust their presentation of material accordingly. Also, participants are more likely to complete homework activities if they are engaged in self-monitoring.

Some program evaluation studies use quizzes to assess knowledge acquisition without having pre-session or pre-treatment testing (e.g. Long, Rickert, & Ashcraft, 1993). The results of the trial of the YAPS program highlight the importance of pre-treatment knowledge scores. Scores attained by participants on the pre-test knowledge questionnaire indicate that it was not specific to program content, and that it should be redrafted in future studies to ensure that it is more specific to program material, with a greater emphasis on specific behavioural management principles taught during the program (e.g. problem solving steps, communication skills).

In addition to small sample size limiting generalisation of the findings in the current study, it also imposed limits on the type of analyses that could be conducted. The trial was initially designed as an independent-groups experimental design with a wait-list control group. However, due to substantial recruitment difficulties, this plan was abandoned and replaced with a series of case study analyses. In the event that similar difficulties occur in future evaluations of the YAPS program, the collection of single-case data, which could be analysed using a series of single-case experimental designs, would be advantageous.

Small sample size in the current study resulted from a difficulty involving families in the group program. Some of the difficulties involved in recruiting families once they called to express interest were specifically related to the availability of the program in group format. Mothers were often interested at initial contact, however, if required to wait until the next program began, they sometimes lost interest or no longer believed they required support by the time they were re-contacted. Other mothers remained interested in attending a program, however some could not make the scheduled time. This was despite much organisation and renegotiating with potential attendees about suitable times. Still, other mothers could not attend the program due to geographical distance. Those mothers who did attend, missed sessions or parts of sessions, and expressed dissatisfaction with the scheduling of the program.

For the YAPS program to be effective in increasing adjustment in adolescents in separated families, it is essential that families are able to access the program. For this reason, offering the program as an individual therapist-administered program, or as a minimal contact intervention with telephone support may be more appropriate. If programs were offered on an individual basis, session times could be scheduled to fit in with individual family's needs, and programs could begin as soon as participants expressed initial interest. Providing the option of a minimal contact program enables mothers who would otherwise not participate, due to geographical distance or time availability, to complete the program.

Another limitation in the current study was the measure of family communication used. When responding to this questionnaire, respondents provide an overall rating of incendiary and affirming communication in their family, which may be an average of communication in parent-parent, adolescent-parent, and sibling dyads. This gives a less precise measure of the family relationship than one that asks respondents to rate their communication in a specific relationship dyad. This is particularly important in a study that is interested in isolating the constructs of interparental conflict and parent-child relationships. In recently separated families, an additional problem arises with the term *family* usually encompassing two households where the communication in each could be quite different. To measure parent-adolescent relationships more specifically in future studies, an additional measure where separate ratings can be given for communication with specific family members, for example, mothers and fathers, would improve the conclusions that can be drawn.

Another limitation was the absence of a specific measure for father contact. Mothers were asked to indicate the level of father contact at pre-test, however this data was not collected at follow-up, so comparisons could not be made across time. Collecting information regarding change in father contact, including the number of nights children spend in their father's home, and the frequency of telephone contact with fathers, would be an improvement in future studies.

Due to limited sample size, and the absence of a control group, conclusions about the effectiveness of the YAPS program can not be made from the current trial. However, the trial provides valuable information about the social validity of the program content and the suitability of the process evaluation procedures used. It also highlights areas requiring improvement in future evaluations of the YAPS program. The preliminary data indicates that mothers report some short-term benefits after completing the program. However, findings from the available outcome data indicate that the program content needs enhancement in order to improve family adjustment in the long term. Studies 3 and 4 will incorporate the recommended improvements to program content and process evaluation strategies. Considering the difficulties recruiting families in the current study, Studies 3 and 4 will evaluate the efficacy and acceptability of the YAPS program delivered as an individual therapist-administered program, and a minimal contact intervention with telephone support, respectively.

CHAPTER 7 - STUDY 3: TRIAL OF THE YAPS INDIVIDUAL THERAPIST-ADMINISTERED PROGRAM

Aim

For the YAPS program to be effective in increasing adjustment in adolescents in separated families, it is essential that families are able to access the program. As recommended in Chapter 6, accessibility could be improved by offering the YAPS program as an individual therapist-administered program. This alternative mode of delivery allows for session times to be scheduled to fit in with individual family needs, and for programs to begin as soon as participants express interest.

Therapist-administered individual programs have been effective in reducing other child emotional and behavioural problems (Bank et al., 1991; Sanders et al., 2000). However, the acceptability and efficacy of this method of program delivery for recently separated families has not been evaluated. The aim of this study is to evaluate the acceptability and efficacy of a revised version of the YAPS program, delivered as an individual therapist-administered program.

It is expected that the current study will contribute significantly to the body of research into the efficacy of individual therapist-administered interventions for separated families and their adolescents. Further, evaluating the effectiveness and acceptability of this method of delivery for separated families is clinically important as mothers in separated families may be less able to attend group sessions because of work and family responsibilities.

The specific research questions to be answered by the trial of the program are:

1. Was the program implemented as planned?
2. Did participants acquire the knowledge presented in the program?
3. Were mothers satisfied with the program's delivery, content, and outcomes?
4. Was the program effective in improving adolescent adjustment?
5. Was the program effective in changing the proposed mediator variables (father-contact, maternal adjustment, interparental conflict, parent-adolescent relationships, family relationships, parenting practises, child coping, separation-related negative-events, separation-related beliefs)?

Method

Participants

A total of 12 interested mothers who met the research inclusion criteria (separated within previous 3 years; at least one child aged between 11 and 15) attended an initial information and data collection session. One mother withdrew participation before attending the initial session, and four mothers withdrew after attending the initial session. One additional mother decided not to continue after attending Session 2, and the remaining 6 mothers completed the program. The demographic data is presented separately for those mothers who participated ($N = 6$) and those who dropped-out after completing the initial data collection session ($N = 5$). Only data relating to mother age, child age, and time-since-separation, is available for three of the families who discontinued as they did not return the pre-treatment questionnaire.

The six mothers who completed the program ranged in age from 40 to 49 years ($M = 44$ years, 9 months). On average, mothers had been separated for 21 months. There was great variability in time-since-separation however, ranging from 3 months to 49 months. Selection criteria for time-since-separation was originally set for 36 months, however, the mother who had been separated for 49 months expressed a strong desire to participate. She stated that she still had concerns about her daughter's adjustment to the family transition and issues with her former spouse. For this reason she was included in the program.

At the time of attending the initial data collection session, 4 of the mothers were eligible to apply for divorce. One had applied two months previously, and was proceeding. Two had finalised the divorce process, 2 and 30 months, previously. One mother was eligible to apply for divorce, yet had not done so, despite being separated for 28 months. The remaining two mothers had been separated less than 12 months so were not yet able to apply for divorce.

Data relating to parent education level, employment status, and family yearly income was also collected. Average years of education for the six mothers was 11.33 years (range from 10 to 15 years). Four of the six mothers reported working in paid employment outside the home. Average hours in paid employment across these four mothers was 25 hours per week (range from 16 to 36 hours per week). Mothers also responded to items regarding their child's father's education level. Mean level of educational attainment for fathers was 11.5 years (range from 9 to 15 years). Four of the mothers reported income ranges (including child

support payments and government allowances) at \$25,000 to \$30,000 per year, one mother at \$30,000 to \$35,000 per year, and one at \$60,000 to \$70,000 per year.

Mothers were asked to select one child between the ages of 11 and 15 years to focus on when participating in the YAPS program (it was explained that program information and skills would also be applicable to other family members) and when completing questionnaires. In one family, two children were keen to participate, so data was collected for both children. This resulted in three girls and four boys as focus children ranging in age from 11 years, 10 months to 15 years, 11 months ($M = 12.6$ years).

Although each focus child was invited to participate in the research by completing a questionnaire package, only four of the seven focus children agreed to complete questionnaires at pre-test. One child did not return the 3-month follow-up questionnaire, despite 3 reminder phone calls over a 6 week period (Case Study 3, Child A). Another child's 3-month follow-up questionnaire was incomplete and unusable, as her mother explained upon returning the questionnaire that she had completed some of the information that her daughter had omitted (Case Study 1). One measure within another child's 3-month follow-up questionnaire package was unable to be scored due to improper completion, and results were not provided for this measure. Responses on two other measures within this child's questionnaire were also of questionable validity, and this is discussed in the results sections for these measures (Case Study 2). All mothers completed pre-test, post-test, and follow-up questionnaires.

Two of the six mothers had sought professional assistance from a counsellor, social worker or psychologist in the 6 months prior to attending the YAPS program. None of these mothers indicated that their child was receiving professional assistance for emotional or behavioural problems.

The age range for the five mothers who discontinued after attending the initial information and data-collection session was 36 years, 4 months to 48 years, 1 months ($M = 41$ years, 9 months). On average, these mothers had been separated for 12.6 months, with a range of 4 to 22 months. Three of the five focus children in these families were boys, and child ages ranged from 12 years, 10 months to 15 years, 8 months ($M = 13$ years, 7 months). Although each of these children were invited to participate in the research by completing a questionnaire package, only two initially agreed to do so.

Data relating to divorce status, use of mental health services, parent education level, and family yearly income was collected for two families. At the time pre-treatment data was collected one of these mothers was eligible to apply for a divorce and had successfully done so approximately 12 months previously. Both mothers reported that they had sought professional assistance from a counsellor, social worker or psychologist in the 6 months prior to attending the YAPS program. Neither indicated that their child was receiving professional assistance for emotional or behavioural problems.

Each mother had completed 10 years of education and worked 20 hours and 50 hours, respectively in paid employment. The two mothers' incomes (including child support payments and government allowances) were in the ranges of \$25,000 to \$30,000 and \$40,000 to \$50,000 per year, respectively. Mothers also responded to items regarding their child's father's education level. Mean level of educational attainment for fathers was 12.5 years (range from 10 to 15 years).

Process Evaluation

Treatment Integrity

Steps were taken to ensure treatment integrity. First, a detailed program manual was developed based on the manual used in the group trial (see Appendix X). This manual included detailed information about session activities and provided scripts for delivering program content. Time approximations were also provided for each session component.

Second, using a video recording of program sessions and a detailed outline of planned program content, adherence to content and duration, as detailed in the program leader's manual, was assessed. The video recorder was located at the rear of the clinic in which the program took place, limiting the intrusion on participant privacy. The video was seen by the researchers only and was erased immediately after the assessment of program adherence was complete. Of a total of thirty sessions across 6 participants, a random sample of videotapes (30%) were assessed in this way. This sample included at least one example of each of the five intervention sessions (Sessions 1 through 4 and the Booster session).

Percentage adherence to session content was calculated by dividing the number of components presented by the total number of components and multiplying by 100. Percentage adherence to duration of program components was calculated by dividing the completion time of each component by the recommended time given in the leader's manual

and multiplying by 100. An average of the percentage adherence to duration scores was then calculated.

Participation

Attendance at sessions and number of weeks to complete the initial 4-week program was recorded. Completion of session activities was recorded on a checklist completed by the therapist immediately after each program session (see Appendix Y). Completion of homework activities was recorded on the *How Did I Go Checklist* that participants completed at the end of each module. This checklist collected information regarding whether participants reviewed the module content and completed practise and written tasks. Once returned, the information provided on the *How Did I Go Checklist* was added to the Activity Completion Checklist.

The completion of coping skills practise was considered particularly important for intervention effects on maternal mood and stress and for adolescent coping. For this reason the average number of coping skills practised per week per participant is also reported.

Social Validity

Mothers completed the same validity questionnaire used in Study 2 immediately after attending Session 4.

Product Evaluation

Background Information

The background information questionnaire used in the current study was similar to the that used in Study 2. It differed by collecting additional information about child custody arrangements and level of contact with fathers. As in Study 2, mothers were asked to indicate whether a court-approved visitation arrangement existed, and if so, to provide details regarding agreed number and length of visits with each parent. Consistent with Study 2, data was collected regarding actual number and length of visits with fathers, and actual number of overnight stays with fathers over the previous month. Additional data relating to the number of phone calls between fathers and adolescents per month was collected. This was included as it is proposed that this type of contact is important for maintaining relationships between adolescents and non-custodial parents. In Study 2, data relating to time spent with fathers was collected at pre-test only. In the current study this data was collected at pre-test, post-test and follow-up, so that change in father contact over the course of the intervention could be

assessed. A copy of the revised Background Information Questionnaire is provided in Appendix Z.

Knowledge Acquisition

Due to the high scores attained by participants on the pre-test knowledge questionnaire used in Study 2, the knowledge questionnaire was revised to ensure that it was more specific to YAPS program material, and that it had a greater emphasis on specific behavioural management principles taught during the program (e.g. problem solving steps, communication skills). The revised version of the *Knowledge Questionnaire* contained 20 multiple-choice questions. Participants completed the Knowledge Questionnaire during the data collection session (approximately 2 weeks before Session 1) and immediately after Session 4. It took approximately 10 to 15 minutes to complete. A copy of the revised Knowledge Questionnaire is provided in Appendix AA.

Parent and Child Behaviour Change Measures

Mothers, and in some cases their focus child, completed a questionnaire package which included a number of measures designed to assess child and family adjustment and variables proposed to mediate the relationship between parental separation and child and family adjustment. Children in three of the six families also agreed to complete questionnaires. In one family, questionnaires were completed by two children. Pre-treatment measures were completed within a 2-week period before the first program session. Post-treatment measures were completed after the booster session, which was attended approximately 3 months after the fourth program session (approximately 5 months after pre-treatment measures). Follow-up measures were completed approximately 3 months after the booster session. The measures completed by mothers and children were the same as those used in Study 2, except for a small number of changes, which are outlined below.

Parent-adolescent relationship. A limitation reported in Study 2 was the measurement of family communication rather than specific parent-adolescent relationships. To measure parent-adolescent relationships more specifically in the current study, the Parent-Adolescent Communication Scale (PACS; Barnes & Olson, 1982) was used. The scale, which has both parent- and child-rated forms, measures Open Family Communication and Problems in Family Communication. The PACS is a psychometrically sound instrument, with Cronbach's alpha reported as .87 and .78 for the Open Family Communication and Problem Family

Communication scales, respectively, and norms ($N = 317$ for adolescent-ratings; $N = 317$ for mother-ratings) are available to determine percentile ranks and Reliable Change Indices (Barnes & Olson, 1982).

In the current study, mothers completed the PACS in relation to their focus child, and adolescents completed it in relation to both their mother and father. At pre-test an open time frame was used for the questionnaire items. However, at post-test and follow-up, participants were asked to describe their relationship over the previous month.

Negative separation-related events. Children completed the 62-item Divorce Events Schedule for Children (DESC; Sandler et al., 1986) in Study 2, with the 16 Negative Life Events Scale (NLES) items reported as the measure of negative separation-related events. To abbreviate the child-rated questionnaire package in an effort to increase questionnaire return rates, children completed the 16 NLES items only, in the current study. They were required to answer whether the events had occurred or not, by circling yes or no. At pre-test, adolescents reported events that had occurred since their parent's separation. However, at post-test and follow-up, participants were asked to report events occurring during the previous month.

Continuous Data Recording

Continuous data recording of child behaviour and maternal mood and stress were collected in the current study so that single-case analyses could be carried out. It was initially expected that enough families would be recruited for the current study to utilise an independent-groups experimental design with a wait-list control group. However, due to recruitment difficulties that occurred in Study 2, it was considered necessary to collect single-case data for the current study. This would allow for analyses using a series of single-case experimental designs in the event that similar recruitment difficulties occurred in the current study.

These ratings were recorded continuously for a period which began approximately 4 weeks prior to attending YAPS Session 1 until approximately one week after completing YAPS Session 4. One week of follow-up data was collected one month after completing YAPS Session 4, and in the 2-week period before attending the Booster Session (approximately 3 months after completing YAPS Session 4).

Daily child behaviour ratings. Mothers selected two child behaviours to monitor and record over the course of the YAPS program. These behaviours were selected with the

assistance of the researcher, as mothers worked through a booklet, *YAPS: Monitoring and Recording Behaviour* (see Appendix BB). This booklet is based on applied behaviour analysis principles (Hudson, 1998), and provides a rationale for monitoring and recording behaviour and teaches mothers how to do so, with examples and practise exercises. Mothers were instructed to think of two child behaviours they would like to change. A copy of the daily recording sheet used to record child behaviour is provided in Appendix CC.

The data from the behaviour recordings was then graphed and visually inspected by two independent raters to assess the level of behaviour change. Using a method reported by Hudson, Wilken, Jauernig, and Radler (1995), each graph was rated on a four-point Likert scale: *substantial improvement, moderate improvement, no change, or deterioration*. Substantial improvement was given a rating of 3 and was defined as “data showing that following intervention there was an elimination of the inappropriate behaviour or a reduction to a very low occurrence, or in the case of a desirable behaviour, an increase that could be considered clinically significant”. Moderate improvement was given a rating of 2 and was defined as “data showing that following intervention there was a clear reduction in the inappropriate behaviour or a clear increase in a desirable behaviour, but not sufficient to be considered substantial or clinically significant”. No change was given a rating of 1 and was defined as “data showing that following intervention there was no change in the behaviour”. Finally, deterioration was given a rating of 0, and was defined as “data showing that following intervention the inappropriate behaviour was occurring more often, or a desirable behaviour was occurring less often, than during baseline recording”. When there was disagreement between independent raters, the raters consulted until they could agree upon a rating for that behaviour.

In addition to independent ratings of behaviour change graphs, the Goal Achievement Scale (GAS; Hudson et al., 1995) was used as a measure of intervention success. For each behaviour selected for change, the baseline rate of behaviour was designated as 0% success. With guidance from the researcher, mothers made the decision regarding the rate of behaviour which would indicate 100% success. This rate of behaviour did not always represent complete elimination of undesirable behaviour or total compliance. The level of behaviour required for 100% success was judged by the mother to be that which would make a considerable improvement to family relationships and/or that which was developmentally appropriate.

Daily maternal mood and stress ratings. Mothers rated their mood and stress levels on a daily recording sheet (see Appendix CC). They were instructed to record their mood and stress level on a scale of 1 to 10 (1 = low mood, low stress, 10 = high mood, high stress), and to make their recordings in the evening before going to bed. The data from the daily mood and stress recordings was then graphed and visually inspected by two independent raters to assess the level of behaviour change using the same method as described for child behaviour ratings.

Procedure

Recruitment

Ethical approval to recruit participants for the current study was granted by RMIT Human Research Ethics Committee. To recruit families for the current study, notices were placed in local newspapers, secondary school newsletters, medical clinic waiting rooms, local libraries, a parenting newsletter, and the RMIT University Research Website (see Appendix DD). Agencies which provided services to families, youth, and separated families in particular, were also contacted by telephone. These services included legal services, family lawyers, welfare agencies, and counselling services. Those who agreed to assist with promoting the study were provided with copies of the recruitment notice and encouraged to promote the program to their clients. Notices explained that the RMIT University Psychology Clinic, as part of its research focus, was conducting a number of free programs to assist young people (aged 11-15 years) and their parents who had recently experienced marital separation, and provided contact details. The program was promoted in this way over a period of 12 months, beginning approximately 3 months before the therapist-administered individual program was scheduled to begin. Recruitment contacts were made approximately every 3 months to promote the program, however not all types of contacts were made during each recruitment phase. Recruitment methods which required a lot of time to implement were not used in the later stages of recruitment if they did not result in high response rates. For example, the researcher visited medical centres and local libraries to distribute flyers in the first phase of recruitment only as these recruitment methods did not result in enough responses to justify this time-consuming procedure. Further, suggestions from other researchers and family clinicians in the later phases of recruitment lead to recruitment procedures which were not utilised in earlier stages.

All mothers who expressed interest in the research study were provided with a written explanation of the study (see Appendix EE). Those mothers who volunteered to participate were required to sign a written consent form which was identical to the consent form used in Study 2 (see Appendix V), and where adolescents volunteered to complete questionnaires, mothers and their adolescent child signed the consent form.

Table 26 shows the number of recruitment contacts made, the number of phone calls received, and the number of participants recruited via each recruitment method at each of the four 3-monthly recruitment phases. Considering the number of contacts made to promote the program, the number of phone calls received is disappointing. Across all phases of recruitment, only 30 phone calls were received. The majority of phone calls were from people who had seen the notice in their local newspaper, with 16 phone-calls received through this method. Placing notices in school newsletters was also a successful method of recruitment, with 10 phone calls received. One response each was received from notices in medical centres, local libraries, a parenting newsletter, and a radio mention (by a colleague of the author during a parenting advice program). Contacting family lawyers, separated family support groups, community legal services, and family and youth support services, and placing a notice on the authors research website did not result in additional phone calls.

In addition to the contacts outlined in Table 26, attempts were also made to link the YAPS program with community-based support services and the Family Court, however these attempts were unsuccessful. The community-based support providers contacted were themselves having difficulties involving families in similar programs, while procedures required to incorporate a new program into those already provided by the Family Court would have required more time than was available in the context of completing this thesis. The Family Court also had concerns about the legal ramifications for mothers who were referred by the Family Court to attend YAPS. They were concerned that receiving the referral and attending a parenting program could be used against mothers currently in the process of custody disputes.

Table 26

Number of Telephone Responses and Number of Participants as a Function of Each Type of Contact Made During Phase 1 through 4 of Recruitment.

Type of contact	Phase 1			Phase 2			Phase 3			Phase 4		
	No. of Cont.	No. of Resp.	No. of Part.	No. of Cont.	No. of Resp.	No. of Part.	No. of Cont.	No. of Resp.	No. of Part.	No. of Cont.	No. of Resp.	No. of Part.
Independent schools	13	0	0	13	4	1	13	0	0	13	0	0
Government schools	25	3	2	21	2	0	21	0	0	21	1	0
Medical centres	25	1	0	-	-	-	-	-	-	-	-	-
Family lawyers	13	0	0	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	5	0	0	-	-	-	-	-	-
Family/Youth support services	-	-	-	24	0	0	-	-	-	-	-	-
Local libraries	3	1	1	-	-	-	-	-	-	-	-	-
Separated family support groups	18	0	0	-	-	-	-	-	-	-	-	-
Parenting newsletter (Parentzone)	1	0	0	1	1	0	1	0	0	1	0	0
Local newspapers	3	7	1	1	4	1	1	4	1	1	1	1
Radio mention	-	-	-	-	-	-	1	1	0	-	-	-
RMIT research website	-	-	-	-	-	-	1	0	0	1	0	0
Totals	101	12	4	65	11	2	38	5	1	37	2	1

From a total of 30 respondents, eight participants were recruited for the YAPS program. However, two of these participants reported that it would be difficult for them to attend individual sessions at the RMIT University Psychology Clinic due to employment and parenting responsibilities. These two mothers were given the opportunity to participate in a telephone-assisted version of the YAPS program (see Chapter 8 - Study 4).

Table 27 lists the reasons why the remaining 22 callers did not participate in the study. Three phone calls were classified as general interest (researchers, clinicians), and five were from fathers (these fathers were provided with resources and referral information). One caller expressed interest in participating in research but was not interested in attending a program, and another was interested in attending a group program only. The program was considered unsuitable for six families. In five cases this was because the children were younger than 11 years (information was provided regarding more appropriate support), and in one case the family had been separated for 5 years and no longer require assistance with adjusting to the separation. Of the remaining 14 families, two declined participation when contacted at a later date to organise appointments for data collection, and four mothers discontinued after attending the initial data-collection session. In all six cases, the reason given for discontinuing was limited time availability.

Table 27

Reasons for Non-participation of Interested Respondents for Individual and Telephone-assisted Program (Across Recruitment Phases 1-4).

Reason for Non-participation	No. of Families
General interest	3
Fathers	5
Interest in research, not parenting program	1
Interest in attending group program	1
Child age outside exclusion criteria	5
Time-since-separation outside exclusion criteria	1
Discontinued before attending data-collection session	2
Discontinued after attending data-collection session	4
Total	22

Data Collection

Approximately five weeks prior to starting the YAPS program, program participants and their focus child attended a pre-treatment interview. The purposes of this interview were (a) to establish rapport, (b) to introduce participants to the rationale and content of the YAPS

program, (c) to explain the importance of completing questionnaires, (d) to assist adolescents with completion of questionnaires if necessary, and (e) to begin the process of continuous data recording. This interview was delivered according to a written protocol (see Appendix FF) and participants received a program outline (see Appendix GG) and information sheet regarding the aims of the YAPS program and the importance of completing behaviour recording and questionnaires (see Appendix HH). The option of a home-visit or an appointment at the RMIT University Psychology Clinic was offered, with one family selecting a home-visit. Although each focus child was invited to participate in the research by completing a questionnaire package, only four of the seven focus children agreed to complete questionnaires at pre-test.

Adolescents were given assistance with completing the questionnaire package by providing a brief overview of each questionnaire, reading out the instructions for each section and checking that each participant understood the instructions and how to respond. Adolescents and mothers were informed that responses were confidential and that information would not be shared across respondents. To ensure that mother-and-adolescent pairs did not influence each other's responses, mothers completed the questionnaires in a separate room. Adolescent-rated and mother-rated questionnaires took approximately 45 to 60 minutes to complete.

Post-treatment and follow-up measures were completed by participants at home, reducing the level of inconvenience to families and increasing the likelihood of participant retention. Post-treatment questionnaires were sent to mothers and adolescents at the end of the Booster session, which took place approximately three months after the fourth program session (approximately 5 months after completion of pre-treatment measures). Reply paid envelopes were supplied and participants were instructed to complete and return the questionnaires within 2 weeks. It was explained to mothers that they should not help or influence their child in completing the questionnaire and that they should allow their child to seal their questionnaire in the reply-paid envelope once completed.

Follow-up measures were completed 3 months after the booster session. The same procedures were followed as with post-measures, with a cover letter providing instructions for completion.

Revised YAPS Program

Based on the results of the group trial, the content of the original YAPS program was revised for the current study (see Chapter 5 for a description of the original program). Changes were made to facilitate learning, and to increase generalisation of skills across settings and time. In general, these improvements included more detailed information, additional written activities to emphasise personal application of program information, more skills practise during sessions, additional time between sessions 2 and 3 to complete practise activities, and monitoring of skill utilisation at home. The specific changes made to individual sections are outlined below.

The original program resulted in improvements in maternal symptomatology, however these changes were not maintained across time. For this reason changes were made to the section focusing on maternal adjustment. To increase the likelihood that participants would practise coping strategies at home, thereby increasing the likelihood that program changes in maternal symptomatology would be of maintained, mothers were required to monitor the frequency of their coping skills practise by keeping a daily record. Two other minor sections were added to the maternal adjustment section to increase the strength of the intervention. One of these sections alerted mothers to the importance of seeking support when overwhelmed. The other emphasised the importance of prompting children to use the stress reduction strategies presented, in an effort to improve intervention effects on adolescent coping strategy utilisation.

Because only minimal improvements in parent and adolescent reports of coparental conflict and communication were observed in the group trial, major revisions were made to the section focusing on coparental conflict and communication. In the section on Reducing Conflict Between Parents, the characteristics of business-like relationships (important in developing an effective coparenting relationship) were presented, and there was a greater focus on negotiation and “I” Statements. In addition, participants were required to monitor their use of conflict-reduction strategies and coparenting communication skills at home for one week, to promote skills generalisation.

The section on Positive Family Relationships was expanded to include a greater focus on rules and consequences and practising the strategies discussed. This was done for two reasons; firstly, because participants in the group trial expressed a need for a greater focus on behaviour management strategies, and secondly, because the results of the group trial

indicated limited change in child behaviour. In comparison to the trialled materials, which included one paragraph each for the sections on providing rules, applying consequences, and noticing positive behaviour, the revised version allocated 1.5 to 2 pages for each of these sections. In addition, participants completed written exercises which required them to select rules to establish at home, and to select appropriate consequences for rule-breaking, and were provided with information about how to set up a Family Rules Meeting at home. They were then required to record a feedback sheet about their Family Rules Meeting and to monitor their provision of effective consequences and use of labelled praise for one week. In the trialled version, participants were encouraged to plan a family activity and a one-on-one activity with their focus child. In the revised version, this activity was formalised in a written exercise and a recording sheet. Participants also completed a recording sheet to monitor their use of listening skills.

The content in the sections focusing on prompting effective child coping were not changed significantly, however the strength of these sections was bolstered by adding written exercises and formalising homework tasks. In the section focusing on cognitive restructuring, participants completed a written exercise that required them to provide thought challengers for examples of unhelpful thinking. They were also required to monitor their use of thought challenging at home with their focus child. In the section focusing on problem-solving, participants worked through a written exercise to apply formal problem solving to a personal problem during the program session. They were also required to select and record a family problem to focus on during a family problems solving exercise at home. Participants were also required to practise prompting their child to use problem solving and to monitor and record the frequency and helpfulness of this strategy.

Other changes to the program content were made to strengthen program effects on separation-related negative events. More detailed information about the effects of parental separation on children and more tips on how to reduce these effects were added to the sections on Reducing the Impact of Changes, Providing Opportunities for Social Support, and Encouraging Relationships with Fathers. In addition, the title for the topic Encouraging Relationships with Fathers was changed from Encouraging Contact with Fathers to acknowledge that it is the relationship with fathers that is important, not contact per se. Due to the importance of post-separation father-child relationships, a self-monitoring homework

activity was also added to this section to increase the likelihood that mothers would apply the hints provided in this section.

The title of the final section was changed from *Adjustment in Stepfamilies* to *Repartnering* in the revised materials and this section was edited to include discussion of “blended” families. These language changes were made to highlight the importance of considering the impact of all new relationships, not only live-in stepfamily relationships on children. Also, use of the word “stepfamily” was reduced due to the negative associations some people have with this term. The program concluded with a review exercise to assist learning, and some additional resources were added to the *Resources for Separated Families* section.

The original written information was contained in one 39-page booklet with additional handouts for homework task instructions and written exercises (see Appendix I for the YAPS Group Program Parent’s Book). To improve organisation of the material and to increase the likelihood that participants would keep all relevant materials together, it was decided that all material retained by participants would be presented together in a booklet. Only monitoring and recording sheets, which would be collected by the researcher each week, would be presented separately. However, once additional information was added, and homework activities and written exercises were incorporated into the booklet, the booklet was in excess of 70 pages. For this reason, the material was organised into four separate modules (one for each program session) to make the material more user-friendly. An overview of the topics included in each of the four modules is presented in Table 28 and copies of these four modules are presented in Appendices II through LL. Participants were provided with additional recording sheets for monitoring their use of skills taught during the program. Copies of these recording sheets are provided in Appendix CC.

Table 28

Topics Included in each Module of the Revised YAPS Program

Module	Topics
Module 1: Looking After Yourself	Why is parent adjustment important? Understanding your own reactions How parents can help themselves Being with friends Distraction and pleasurable activities Relaxation exercises
Module 2: Providing Support – Part I	Understanding your children’s reactions Reducing the impact of changes Providing opportunities for social support outside the home Encouraging relationships with fathers Reducing conflict between parents The effects of parental conflict on your children Reducing the effects of parental conflict Developing an effective co-parenting relationship Communicating with your co-parenting partner Positive family relationships Avoid overwhelming children with adult concerns Listening and responding How to provide clear and fair rules for adolescents to follow How to provide consistent consequences Noticing when your adolescent behaves well Spending fun times together
Module 3: Providing Support – Part II	Prompting effective coping How thoughts influence behaviour Types of unhelpful thinking Useful thought challengers Problem solving Problem solving steps Solving family problems Prompting children to use problem solving
Module 4: Looking Forward	Repartnering Resources for separated families

In the therapist-administered individual program, participants attended one-on-one sessions at the RMIT University Psychology Clinic. The sessions were facilitated by the author who has Masters-level training in Clinical Psychology and supervision was provided by a Clinical and Educational Psychologist with extensive experience. One 90-minute session was provided for each of the first three modules and 60 minutes for module 4 and the Booster session. In the revised program, additional time was provided between sessions 2 and 3 to complete practise activities, resulting in the four intervention sessions being delivered over a six-week period to allow for a two-week interval between sessions 2 and 3, and between

sessions 3 and 4. During sessions, the therapist worked through the module with the participant, reviewing the previous week's homework tasks, discussing the personal application of written information, providing demonstrations of skills, and guiding participants through written tasks. A protocol outlining discussion points, demonstrations, and review questions was followed during sessions (see Appendix X).

The Booster session was scheduled for 3 months after attending session 4. The booster session did not contain any new information or activities. Material presented in the four modules was reviewed using guided discussion to see how participants had been progressing with application of acquired skills and information over the previous 3 months, and challenging situations were discussed. Parents were reinforced for continued application of skills taught in the program, and encouraged to refer to the program materials and additional resources if challenges occurred in future.

Participants received a scheduled phone call during the baseline data collection phase to check progress with data recording and to troubleshoot any problems. They also received a phone call in the two-week period between sessions 2 and 3 to discuss progress with Module 2 homework tasks and personal application of Module 2 skills to the home environment. Intersession phone calls are a common procedure in behavioural parenting programs to encourage completion of homework tasks and have been utilised in parenting programs for separated families (Forgatch & DeGarmo, 1999).

Results

Treatment Integrity

Using a video recording of each session and a detailed outline of program sessions, adherence to content and duration as detailed in the program leader's manual was assessed. Percentage adherence to duration of program components was calculated by dividing the completion time of each component by the recommended time given in the leader's manual and multiplying by 100. A percentage value of 100 indicates that a program component adhered to the expected duration, a percentage value of less than 100 indicates a component which took less time than expected, and a percentage value greater than 100 indicates a component which took more time than expected.

The percentage adherence to content was 94%. Across the 10 videotaped sessions, only three brief sections were missed. These sections were of 2 to 3 minutes in duration each and

covered content presented in the written materials. Apart from these minor deviations from the manualised program, all other information and activities were presented as outlined in the manual. An average percentage adherence to duration across components of 102.16% was observed, indicating that the total length of time allocated to each session was appropriate. However, there was a tendency for Session 1 to take less time than scheduled and for Session 2 to take more time than scheduled. There was, however, variation in the actual duration of components across participants, with individual percentage adherence rates for one component ranging from 20% to 160%. This is the equivalent of a component estimated to take 10 minutes taking only 2 minutes for one mother and 16 minutes for another. Those components which included discussion regarding the personal application of information were those most likely to go over time.

Participation

All mothers attended all four intervention sessions and the Booster session. Three mothers completed the program in the scheduled 6 weeks. The remaining three mothers each completed the program in a 7-week period due to postponement of a single session until the following week. Reasons given for postponement of sessions were mother and/or child illness.

All *How Did I Go Checklists* were completed and returned by three mothers, with a total percentage return rate across six participants of 75%. When mothers did not return these checklists (in most cases reporting that they had misplaced the sheets) information regarding completion of homework exercises was elicited from mothers during the session. In most cases this information was available from other homework recording sheets, and information collected from verbal reports was consistent with other data collected.

In addition to working through the module material during each session, it was a homework requirement that the module be read at least once in the week/s between sessions. Two mothers reported completing the reading homework for each module, with the other four mothers reporting reading three out of four modules. Across all six participants, 89% of practise exercises and 91% of written exercises were completed.

The completion of coping skills practise was considered an important indicator of program participation. For this reason, the average number of coping skills practised per day per participant is also reported. Table 29 presents the average number of controlled

breathing, physical relaxation, and thought stopping exercises, and total coping exercises reported by each participant per week across the course of the program.

Table 29

Average Weekly Practise of Coping Exercises Reported by Mothers During the Course of the YAPS Program.

Coping Practise	Case Study					
	1	2	3	4	5	6
Controlled breathing	1.0	4.3	9.7	8.3	12.2	6.8
Physical relaxation	6.0	4.8	8.3	5.0	8.7	3.5
Thought stopping	1.2	6.8	9.7	3.5	4.2	7.8
Total	8.2	15.9	27.7	16.8	25.1	18.1

Mothers were instructed to practise each of the coping strategies at least once per day. The level of practise reported for case studies 3 and 5 was optimal. Case studies 2, 4, and 6 also practised at acceptable levels, while Case Study 1 reported daily practise of physical relaxation only.

Social Validity

Mothers' responses to the participant satisfaction questionnaire indicated overall satisfaction with the program. On a scale of 1 to 7 with lower scores corresponding to dissatisfaction, the mean Likert rating across all items was 5.74 ($SD = .51$). Mean ratings for each of the items is presented in Table 30.

Responses indicate that mothers received the type of assistance they wanted from the program, were satisfied with the amount of help received, and that they would recommend the program to others. They also reported that the program was successful in helping them to manage conflicts and problems that occurred with their children. Moderate levels of satisfaction were reported for the program's effectiveness in helping them to understand their own and their children's reactions to separation, improving their ability to deal with child behaviour, and dealing with personal problems. Importantly, mothers reported that they felt that the program had met most of their own, and their child's needs, that they were satisfied with their own and their child's adjustment, and believed that there had been some improvement in their relationships with their child.

Table 30

Mean Mother Ratings for Each Item on the Participant Satisfaction Questionnaire (N = 6).

Satisfaction Questionnaire Item	Mean Visual Analogue Scale Rating						
	1 Negative Response	2	3	4 Neutral Response	5	6	7 Positive Response
1. Did you receive the type of help you wanted from the program?						X	
2. To what extent has the program met your <i>child's</i> needs?					X		
3. To what extent has the program met your needs?					X		
4. How satisfied were you with the <i>amount of help</i> you and your child received?						X	
5. Has the program helped you to deal more effectively with your child's behaviour?					X		
6. Has the program helped you to deal more effectively with problems that arise in your family?						X	
7. Has the program helped you to deal more effectively with personal problems?					X		
8. Has the program helped you to understand your child's feelings and responses related to parental separation?					X		
9. Has the program helped you to understand your own feelings and responses related to the separation?					X		
10. Do you think the relationship with your former partner has been improved by the program?				X			
11. Do you think the program has helped you to manage any conflicts that arise between yourself and your child?						X	
12. Do you think the program has helped you to manage any conflicts that arise between yourself and your former partner?				X			
13. Would you recommend this program to other people?							X
14. Has the program helped you to develop skills that can be applied to your other family members?						X	
15. In your opinion, how is your relationship with your child at this point?					X		

Table continues

Table 30 (cont.)

Mean Mother Ratings for Each Item on the Participant Satisfaction Questionnaire (N = 6).

Satisfaction Questionnaire Item	Mean Visual Analogue Scale Rating						
	1 Negative Response	2	3	4 Neutral Response	5	6	7 Positive Response
16. How would you describe your feelings at this point about your child's adjustment?						X	
17. How would you describe your feelings at this point about your own adjustment?						X	
18. How confident are you that you will be able to cope with problems that may come up in future?						X	
19. How would you describe the organisation of this program?							X
20. How would you describe the effectiveness of the leaders in helping you understand the information and activities?						X	
21. How helpful was the information/activities focusing on understanding your own reactions and feelings towards separation?						X	
22. How helpful was the information/activities focusing on coping strategies?							X
23. How helpful was the information/activities focusing on understanding your child's reactions and feelings towards separation?						X	
24. How helpful was the information/activities focusing on providing support to your child?						X	
25. How helpful was the information/activities focusing on the importance of father contact and reducing conflict between yourself and your former partner?						X	
26. How helpful was the information/activities focusing on managing and monitoring your child?						X	
27. How helpful was the information/activities focusing on improving family relationships?						X	
28. How helpful were the information booklets?							X
29. Were the program sessions conducted at a convenient time for you and your family?							X
30. Were the program sessions conducted at a location convenient to you and your family?						X	

All information and activities were rated as helpful, and the organisation of the program, effectiveness of the facilitator, and the convenience of delivery of the program, were all rated positively. No items indicated a less-than-neutral response, however responses below 5 were given for improving the coparental relationship, and managing coparental conflict.

Knowledge Acquisition

Redrafting the Knowledge Questionnaire resulted in lower pre-test scores (52.5%) compared to the original version used in the initial group trial (75%), indicating that it included a greater amount of knowledge that participants did not know before attending the program. There was also an improvement in knowledge acquisition in the current study compared to the group trial. Percentage correct scores at pre-test and post-test were 52.5 and 73.35, and 75 to 83.75, in the current study and the group trial, respectively. The mean number of knowledge questions correct at post-test was 14.67 (73.35% correct), an improvement from a pre-test score of 10.5 (52.5% correct).

Parent and Child Behaviour Change

Results from the mother- and child-rated measures will be presented as six separate case studies (pseudonyms have been used to ensure confidentiality), with clinical cut-off points and severity labels (e.g., normal, borderline, abnormal) used to indicate clinically significant change where possible. Some outcome measures do not provide symptom categories and in these cases, only Reliable Change Indices (RCI) are provided. A detailed description of RCIs and their calculation is provided in Chapter 6.

The results for visual analysis of behaviour change and maternal mood and stress graphs and GAS scores for behaviour change are referred to when discussing each case study. However, a summary of these results is also presented here. A total of 75 ratings were provided by the two observers across 25 graphs (ratings given for baseline v intervention, baseline v 1 month follow-up, and baseline v 3-month follow-up). Agreement occurred in 50 (66.67%) cases. When disagreement occurred the raters conferred until agreement was reached. The graphs of daily child behaviour ratings and daily maternal mood and stress ratings are presented in Appendix MM. Table 31 provides a summary of the visual analysis ratings for child behaviour graphs and maternal mood and stress across all participants. The distribution of ratings for child behaviour graphs, maternal mood graphs, and maternal stress

graphs, and the distribution of ratings across all graphs is represented graphically in Figures 1 through 4.

Tables 32 through 34 provide the results for child behaviour change and maternal mood and stress for each individual case study. Tables 32 and 33 provide the estimated change in child behaviour according to visual analysis ratings, and GAS ratings, respectively, for each child behaviour measured in each case study. Table 34 provides the estimated change in maternal mood and stress according to visual analysis ratings for each participant.

Table 31

Summary of Results for Visual Analysis Ratings for Maternal Mood and Stress and Child Behaviour Graphs.

Rating	Number (%) of Ratings (Intervention)	Number (%) of Ratings (1 mo follow-up)	Number (%) of Ratings (3 mo follow-up)
Child Behaviour			
Substantial	3 (23)	3 (23)	2 (15)
Moderate	7 (54)	6 (46)	5 (38)
No Change	2 (15)	3 (23)	5 (38)
Deterioration	1 (8)	1 (8)	1 (8)
Maternal Mood			
Substantial	1 (17)	0 (0)	0 (0)
Moderate	4 (67)	4 (67)	2 (33)
No Change	1 (17)	1 (17)	3 (50)
Deterioration	0 (0)	1 (17)	1 (17)
Maternal Stress			
Substantial	1 (17)	0 (0)	0 (0)
Moderate	3 (50)	1 (17)	1 (17)
No Change	2 (33)	5 (83)	3 (50)
Deterioration	0 (0)	0 (0)	2 (33)
Total			
Substantial	5 (20)	3 (12)	2 (8)
Moderate	14 (56)	11 (44)	8 (32)
No Change	5 (20)	9 (36)	11 (44)
Deterioration	1 (4)	2 (8)	4 (16)

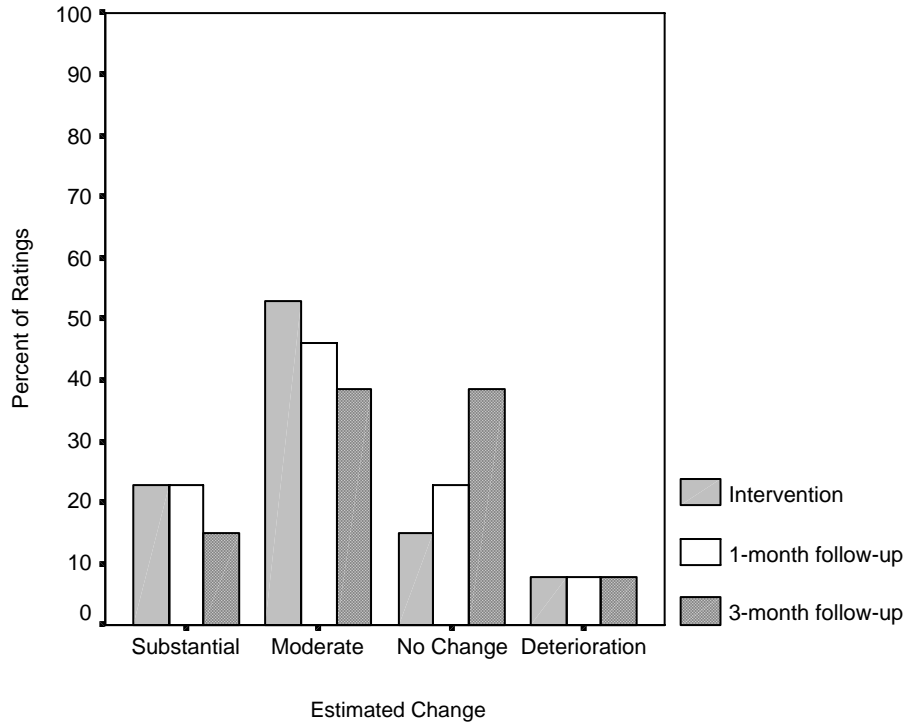


Figure 1. Summary of results for visual analysis ratings for child behaviour graphs.

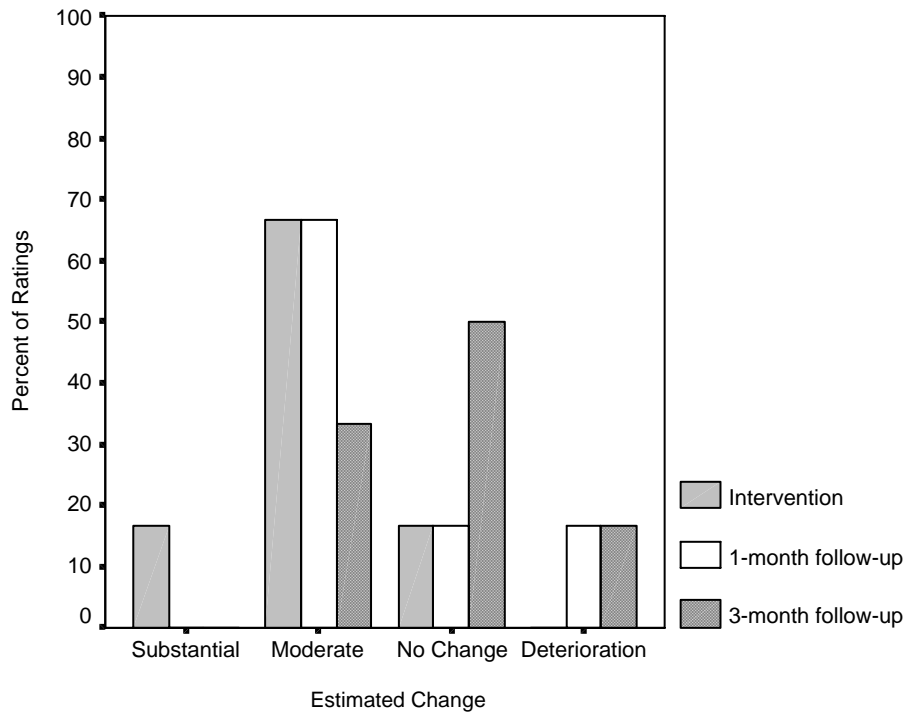


Figure 2. Summary of results for visual analysis ratings for maternal mood graphs.

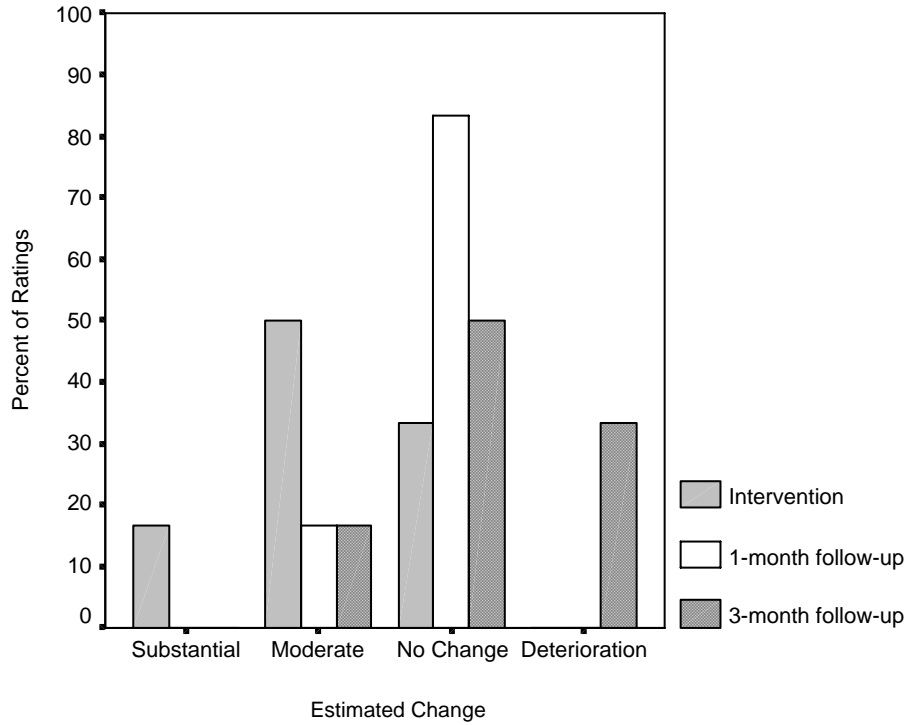


Figure 3. Summary of results for visual analysis ratings for maternal stress graphs.

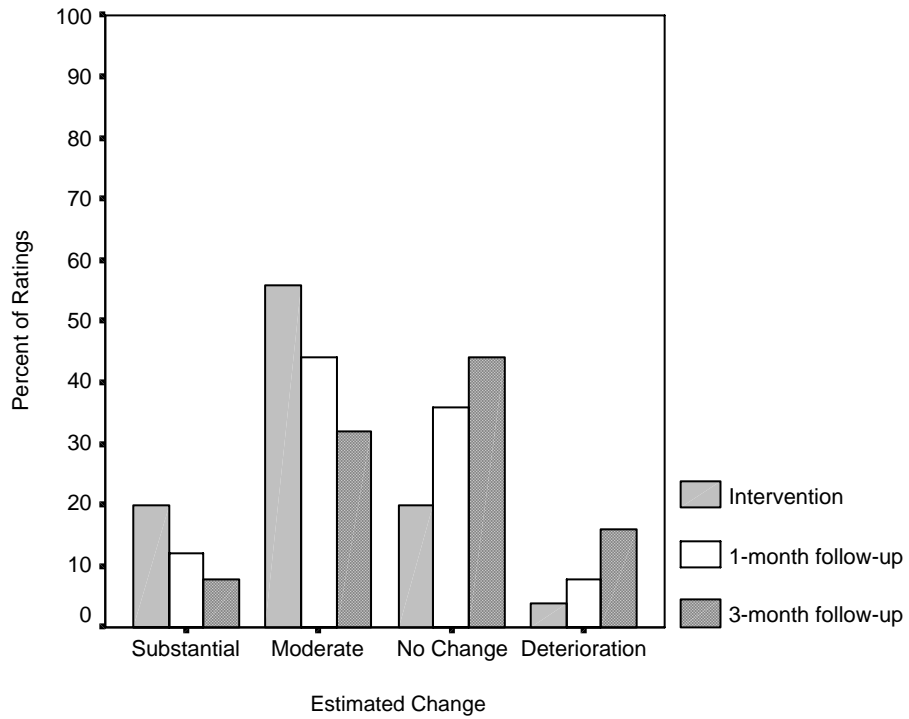


Figure 4. Summary of results for visual analysis ratings for all graphs.

Table 32

Summary of Visual Analysis Ratings for Behaviour Change Graphs.

Case Study	Behaviour	Visual Analysis Intervention (Improvement)	Visual Analysis 1 mo follow-up (Improvement)	Visual Analysis 3 mo follow-up (Improvement)
1	Percent makes bed per week	Moderate	No Change	Deterioration
	Percent days leaves items around per week	Moderate	Moderate	Moderate
2	Nagging duration (minutes)	Substantial	Substantial	Substantial
	Frequency of language statements	Substantial	Substantial	Substantial
3	Frequency of attack behaviour	Moderate	Moderate	No Change
	Frequency of anger behaviour	Moderate	Moderate	No Change
	Duration of whinging behaviour	Moderate	No Change	No Change
	Duration of squabbles	Moderate	Moderate	Moderate
4	Percent accepts without arguing	Moderate	Moderate	Moderate
	Frequency of physical attack behaviour	Substantial	Substantial	Moderate
5	Percent compliance	No Change	Moderate	No Change
6	Percent compliance	No Change	No Change	Moderate
	Frequency of physical attack behaviour	Deterioration	Deterioration	No Change

Table 33

Summary of GAS Ratings for Behaviour Change.

Case Study	Behaviour	GAS Intervention	GAS 1 mo follow-up	GAS 3 mo follow-up
1	Percent makes bed per week	26	100	0
	Percent days leaves items around per week	100	56	21
2	Nagging duration (minutes)	100	100	100
	Frequency of language statements	100	97	100
3	Frequency of attack behaviour	77	86	3
	Frequency of anger behaviour	45	100	17
	Duration of whinging behaviour	83	46	0
	Duration of squabbles	96	100	21
4	Percent accepts without arguing	40	80	55
	Frequency of physical attack behaviour	100	100	100
5	Percent compliance	100	100	0
6	Percent compliance	23	0	71
	Frequency of physical attack behaviour	0	0	0
Mean GAS Rating		68.50	74.23	37.54

Table 34

Summary of Visual Analysis Ratings for Maternal Mood and Stress Graphs.

Case Study	Rating	Visual Analysis Intervention (Improvement)	Visual Analysis 1 mo follow-up (Improvement)	Visual Analysis 3 mo follow-up (Improvement)
1	Mood	Moderate	Moderate	Deterioration
	Stress	Moderate	Moderate	Deterioration
2	Mood	Moderate	Moderate	Moderate
	Stress	Moderate	No Change	No Change
3	Mood	Moderate	Moderate	Moderate
	Stress	No Change	No Change	No Change
4	Mood	No Change	No Change	No Change
	Stress	No Change	No Change	No Change
5	Mood	Substantial	Moderate	No Change
	Stress	Moderate	No Change	Deterioration
6	Mood	Moderate	Deterioration	No Change
	Stress	Substantial	No Change	Moderate

During the time families were participating in the YAPS program, substantial or moderate improvements in mother ratings of child behaviour were seen for the majority of participant families. By 1-month follow-up, only 8% of ratings which had shown substantial or moderate improvement across the intervention had returned to baseline levels. By 3-month follow-up, the corresponding figure was 23%.

Substantial or moderate improvement in maternal mood ratings were seen for five of the six mothers at the completion of the intervention. By 1-month follow-up, four of these mothers maintained the gains seen during the intervention, however one mother's ratings deteriorated to below-baseline level. By 3-month follow-up, two mothers maintained treatment gains, three showed a return to baseline levels and one showed deterioration.

Substantial or moderate improvement in maternal stress ratings were seen for four of the six mothers at the completion of the intervention. By 1-month follow-up, only one mother maintained the gains seen during the intervention, with the remainder returning to baseline level. By 3-month follow-up, the stress levels of two mothers had deteriorated to below-baseline level.

Case Study 1

At pre-test, Debbie had been separated for approximately 4 years and divorced for approximately 2.5 years. Debbie has two daughters, Jemma and Hayley. Jemma is the focus

child in the current study and is aged 11 years, 10 months, and Hayley is 18 years old. Hayley lives with her father and visits Debbie and Jemma at least once a week.

Debbie reported that she had not sought counselling or assistance from a mental health professional for herself in the previous 6 months, and that Jemma was not receiving professional support for emotional or behavioural problems.

Debbie had been separated for a longer period than other participants, and attended the first data collection session under the misunderstanding that the research study involved completing questionnaires about her own experiences in an effort to help others who were adjusting to separation. Upon further explanation of the aims and method of the study, Debbie was uncertain whether she needed the support offered by the YAPS program, however upon reflection decided that she would benefit from participating.

At the time of presenting for support, Debbie reported that she had difficulty communicating with her former partner regarding parenting of their two children. She also reported that she was upset that she did not see her oldest daughter very often. Debbie reported that she did not have any concerns about Jemma's current behavioural or emotional adjustment, however stated that the YAPS program may help her to improve family relationships and to communicate more assertively with her former partner regarding parenting issues.

Debbie and Jemma both completed questionnaires at pre-test, and post-test. However, at 3-month follow-up, Jemma's questionnaire was unusable, as her mother explained upon returning the questionnaire that she had completed some of the information her daughter had omitted. The available pre-test, post-test and 3-month follow-up scores on each of the measures for Case Study 1 are presented in Table 35. The clinical significance of the differences between pre-test, post-test and follow-up scores is indicated. Debbie also completed daily ratings of her own mood and stress and child behaviour, and provided information regarding father contact.

Maternal symptomatology. Debbie's scores for DASS Depression, Anxiety and Stress remained in the Normal range across time, with only a marginally significant increase in stress symptomatology reported from post-test to follow-up.

Table 35

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 1, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	18.75 (N)	22.88 (N)	18.75 (N)
DASS Anxiety	22.50 (N)	28.89 (N)	36.02 (N)
DASS Stress	34.34 (N)	29.95 (N)	53.47 (N)* ^{1, 2}
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	81.72 (B)	66.59 (N)	15.87 (N)** ^{1*2}
Conduct Problems	20.51 (N)	40.70 (N)	40.70 (N)
Hyperactivity	56.90 (N)	85.16 (N)*	72.86 (N)
Peer Problems	17.43 (N)	37.73 (N)	37.73 (N)
Prosocial	55.30 (N)	29.69 (N)	29.69 (N)
Total Difficulties	45.73 (N)	66.59 (N)	38.75 (N)* ²
Adolescent-rated SDQ			
Emotional Symptoms	68.30 (N)	68.30 (N)	-
Conduct Problems	50.00 (N)	26.60 (N)	-
Hyperactivity	97.72 (A)	86.23 (B)*	-
Peer Problems	38.75 (N)	15.87 (N)	-
Prosocial	36.05 (N)	63.95 (N)	-
Total Difficulties	82.73 (N)	57.48 (N)*	-
Parent-adolescent Relationship			
Mother-rated PACS			
Open family communication	26.38	38.95	26.38
Problem family communication	0.92	1.47	1.47
Adolescent-rated PACS (mother)			
Open family communication	31.66	74.51**	-
Problem family communication	98.45	94.86	-
Adolescent-rated PACS (father)			
Open family communication	3.90	96.48**	-
Problem family communication	86.49	17.14**	-
Family Communication			
Mother-rated FPSC			
Affirming communication	52.36	39.37	39.37
Incendiary communication	37.44	23.86	23.86
Adolescent-rated FPSC			
Affirming communication	17.68	17.68	-
Incendiary communication	80.28	67.76	-
Quality of Co-parental Communication (Mother-rated)			
Conflict	60.71	60.71	50.00
Support	34.75	34.75	57.77

Note. - = missing data; N = Normal; B = Borderline; A = Abnormal; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Table continues

Table 35 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 1, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Interparental Conflict (Adolescent-rated CPIC)			
Conflict Properties			
Frequency	69.97	80.48	-
Intensity	85.24	85.24	-
Resolution	93.85	68.90*	-
Total	88.91	83.21	-
Self-Blame			
Content	9.37	16.41	-
Self-Blame	44.82	21.72	-
Total	22.38	17.62	-
Coping Efficacy			
	89.42	95.13	-
Adolescent Coping (Adolescent-rated CSCY)			
Assistance Seeking	45.70	21.66*	-
Cognitive Behavioural Problem Solving	27.31	34.90	-
Cognitive Avoidance	56.34	56.34	-
Behavioural Avoidance	55.52	44.48	-
Separation-related Beliefs (Adolescent-rated CBAPS)			
Peer Ridicule & Avoidance	37.73	37.73	-
Paternal Blame	16.83	16.83	-
Fear of Abandonment	41.62	95.65**	-
Maternal Blame	27.33	27.33	-
Hope of Reunification	22.25	22.25	-
Self Blame	62.78	85.33	-
Total	19.95	48.40*	-
Negative Events (Adolescent-rated NLES)	97.87	23.98***	-
Parenting Strengths (Mother-rated SPQ)			
Problem solving	65.15	58.18	71.64
Social support	9.41	49.65*	25.39
Parental warmth	72.53	59.73	52.81
Discipline/control	79.21	72.56	56.80
Parental enthusiasm	66.96	73.12	53.33
Parent rules	58.40	78.20	74.71
Total	66.02	75.48	64.32

Note. - = missing data; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Child symptomatology. At pre-test Jemma's self-ratings on SDQ subscales were in the Normal range, except for Hyperactivity which was in the Abnormal range. By post-test, there was a marginally significant reduction in hyperactivity symptomatology with a rating in the Borderline range.

Debbie's ratings of Jemma's behaviour on the SDQ subscales were in the Normal range at pre-test, except for the Emotional Symptoms subscale, which fell within the Borderline range. By follow-up, there was a clinically significant reduction on the Emotional Symptoms scale, bringing Jemma's score within the Normal range.

Interparental conflict and communication. Levels of mother-rated coparental conflict and support at pre-test were moderate, and did not change significantly across time.

Child perception of interparental conflict. Jemma reported a marginally significant reduction on the Resolution subscale, suggesting improvement in her parents' ability to resolve their conflict.

Parent-adolescent relationship. Debbie reported a low level of problem communication at pre-test and a moderate level of open communication in the mother-adolescent relationship at pre-test, and this did not change significantly across time. At pre-test, Jemma reported a high level of problem communication in the mother-adolescent relationship, which did not change across time. However, she did report a clinically significant improvement in open communication with her mother.

At pre-test, Jemma reported a father-adolescent relationship characterised by a low level of open communication and a moderate-to-high level of problem communication. By post-test, there was clinically significant improvement in both open and problem communication.

Family communication. Debbie and Jemma's perceptions of family communication did not change significantly across time, with ratings within the normal range. However Jemma's ratings indicated a somewhat less favourable view of family communication compared to her mother.

Adolescent coping. Jemma reported utilisation of all coping strategies on the CSCY at pre- and post-test, and her utilisation of all strategies remained within the normal range across time. Coping strategy utilisation remained quite stable over time, however the marginally significant decrease in assistance seeking is indicative of adjustment decline.

Separation-related beliefs. Jemma's endorsement of separation-related beliefs at pre-test was within the normal range. By post-test, she reported a clinically significant increase in fear of abandonment beliefs, leading to a marginally significant increase in her total post-test score, which approximated the normative sample mean.

Negative separation-related events. Jemma indicated a high level of negative separation-related events at pre-test, with a score approaching the limits of statistical normality. At post-test, there was a clinically significant reduction in negative events, with a score below the normative mean.

Parenting strengths. All of Debbie's SPQ subscale ratings were within the normal range at pre-test, post-test, and follow-up. There was a marginally significant increase in utilisation of social support, however this improvement was not maintained at follow-up.

Child behaviour ratings. Debbie had difficulty selecting behaviours for recording, reporting that she was content with Jemma's current behaviour. After much consideration, she decided that she wanted to focus on Jemma making her bed every morning, and removing her personal items from the living room. She recorded whether Jemma's bed was made before leaving the house in the morning, and whether personal items were left in the living room before bed at night. These permanent products of behaviours were graphed as a percentage of days given the opportunity to perform the behaviours (she did not have the opportunity for success 7 times per week as she regularly stayed with her father). A summary of behaviour change ratings are found in Table 32, graphs are provided in Appendix MM, and a summary of GAS scores are provided in Table 33. According to visual analysis ratings, moderate improvement was seen in the first behaviour during the course of the intervention, however by 1-month this behaviour had returned to baseline level, and by 3-month follow-up had deteriorated compared to baseline. GAS scores for this behaviour indicated success by 1-month follow-up that was not maintained at 3-month follow-up. For the second behaviour, moderate improvement was seen during the course of the intervention, and this improvement was maintained at 1-month and 3-month follow-up. GAS scores for this behaviour indicated success at post-intervention with gradual deterioration in improvement across follow-up.

Daily maternal mood and stress ratings. Debbie recorded daily mood and stress ratings across the required period, however there was considerable missing data in her recordings. A summary of visual inspection ratings of mood and stress change are provided in Table 34, and graphs are provided in Appendix MM. According to visual analysis ratings, Debbie's mood and stress showed moderate improvement across the intervention, and this change was maintained at 1-month follow-up. However, by 3-month follow-up, her mood and stress ratings had deteriorated compared to baseline.

Father contact. At pre-test, there was no formal custody arrangement for Jemma. She lived with her mother for the majority of the time, spending every second weekend with her father. Jemma was collected from her mother's home on a Friday evening and returned early Sunday morning. At post-test, Jemma was still spending every second weekend with her father, however the length of time increased, with Jemma returning to her mother's home on Sunday evening. This increased level of contact was maintained at follow-up. At pre-test, Debbie reported that Jemma had additional contact with her father by telephone approximately 4 times in the previous month. This contact did not change at post-test or follow-up.

Summary. Case Study 1 is characterised by significant increases in post-separation adjustment as indicated by improvements in communication in the mother-adolescent relationship and father-adolescent relationship, improvement in parent-rated adolescent emotional symptoms, and reduction in negative separation-related events (by follow-up). Marginally significant increases in adjustment were indicated by a reduction in adolescent-rated hyperactivity symptomatology, and an improvement in Jemma's perception of her parent's ability to resolve coparental conflict. There was also an improvement in the level of father contact, however telephone contact remained stable.

Adjustment decline was indicated by a significant increase in fear of abandonment beliefs, and a marginally significant reduction in assistance seeking. Significant change was not seen for adolescent-rated or mother-rated family communication, the mother-rated mother-adolescent relationship, or coparental conflict and support. Maternal symptomatology remained in the normal range across time, with only a minimal increase in stress symptoms at follow-up. Parenting strengths also remained quite stable over time with only a marginally significant increase in social support at post-test which was not maintained at follow-up.

Compared to DASS ratings, daily ratings of mood and stress suggested greater improvement in symptomatology, and the marginally significant increase in DASS Stress symptomatology at follow-up is consistent with the deterioration in stress and mood symptomatology according to daily ratings at 3-month follow-up. Moderate improvement according to Debbie's daily behaviour ratings is consistent with improvements in mother- and child-rated SDQ symptomatology.

Case Study 2

At pre-test, Linda had been separated for 19 months and divorced for 12 months. She has two children, Hayden and Deanne. Hayden is the focus child in the current study and is aged 12 years, 10 months, and Deanne is 9 years old. Linda reported that she had sought assistance from a counsellor in the previous 6 months, and that Hayden was not receiving professional support for emotional or behavioural problems.

At the time of presenting for support, Linda reported that she was concerned about Hayden's behavioural and emotional adjustment, explaining that he used disrespectful language towards her and his sister, and that he was exhibiting nagging behaviour that was reaching an intolerable level. Linda stated that she hoped that the YAPS program would help her to manage her own emotions, her reactions to Hayden's outbursts, and Hayden's behaviour. By doing so, she hoped that her family relationships would improve.

Linda and Hayden both completed questionnaires at pre-test, post-test and 3-month follow-up. However, Hayden's 3-month follow-up questionnaire had one section (CBAPS) which was unable to be scored due to improper completion, and results are not provided for this measure. The available pre-test, post-test and 3-month follow-up scores on each of the measures for Case Study 2 are presented in Table 36. The clinical significance of the differences between pre-test, post-test and follow-up scores is indicated. Linda also completed daily ratings of her own mood and stress and child behaviour, and provided information regarding father contact.

Maternal symptomatology. Linda scored in the Moderate range for DASS Depression, and in the Normal range for Anxiety and Stress at pre-test. By post-test, there were marginally significant changes in depression and stress symptomatology. However, by follow-up, there has been a highly significant reduction in depression symptomatology, with all subscale scores falling within the Normal range.

Table 36

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 2, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	80.15 (M)	60.60 (N)*	22.88 (N)*** ^{1**2}
DASS Anxiety	36.02 (N)	43.68 (N)	43.68 (N)
DASS Stress	18.58 (N)	34.34 (N)*	25.84 (N)
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	73.62 (N)	73.62 (N)	54.19 (N)
Conduct Problems	78.17 (B)	78.17 (B)	36.94 (N) ^{1,2}
Hyperactivity	67.16 (N)	52.95 (N)	79.24 (B) ²
Peer Problems	36.21 (N)	79.49 (B)*	36.21 (N) ²
Prosocial	< 0.01 (A)	< 0.01 (A)	< 0.01 (A)
Total Difficulties	70.62 (N)	76.17 (N)	58.06 (N)
Adolescent-rated SDQ			
Emotional Symptoms	19.99 (N)	96.32 (B)***	89.67 (N)** ¹
Conduct Problems	93.69 (A)	82.67 (B)	93.69 (A)
Hyperactivity	34.12 (N)	69.15 (N)*	69.15 (N) ¹
Peer Problems	12.65 (N)	99.99 (A)***	99.24 (B)*** ^{1*2}
Prosocial	1.98 (A)	0.41 (A)	7.07 (B) ²
Total Difficulties	38.43 (N)	98.79 (A)***	96.88 (A)*** ¹
Parent-adolescent Relationship			
Mother-rated PACS			
Open family communication	3.15	32.41**	26.38** ¹
Problem family communication	5.02	9.93	2.28 ²
Adolescent-rated PACS (mother)			
Open family communication	98.78	24.05***	49.09*** ^{1*2}
Problem family communication	6.35	2.01	41.66 ^{1**2}
Adolescent-rated PACS (father)			
Open family communication	55.68	28.39*	3.90*** ^{1**2}
Problem family communication	7.19	42.88*	24.44 ¹
Family Communication			
Mother-rated FPSC			
Affirming communication	10.45	10.45	17.68
Incendiary communication	67.76	13.53***	23.86** ¹
Adolescent-rated FPSC			
Affirming communication	17.68	1.24**	17.68** ²
Incendiary communication	52.80	80.28*	67.76
Quality of Co-parental Communication (Mother-rated)			
Conflict	94.85	-	-
Support	16.34	-	-

Note. - = missing data; N = Normal; M = Mild; B = Borderline; A = Abnormal; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Table continues

Table 36 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 2, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Interparental Conflict (Adolescent-rated CPIC)			
Conflict Properties			
Frequency	80.48	69.97	44.13* ¹
Intensity	85.24	66.48*	76.91
Resolution	80.03	93.85*	80.03* ²
Total	86.26	83.21	71.70
Self-Blame			
Content	36.74	16.41	36.74
Self-Blame	32.42	32.42	57.75
Total	33.79	22.38	53.74* ²
Coping Efficacy	35.06	35.06	50.98
Adolescent Coping (Adolescent-rated CSCY)			
Assistance Seeking	49.43	23.31*	49.43* ¹
Cognitive Behavioural Problem Solving	18.05	32.61	44.35* ¹
Cognitive Avoidance	24.11	35.26	41.45
Behavioural Avoidance	44.60	44.60	68.49
Separation-related Beliefs (Adolescent-rated CBAPS)			
Peer Ridicule & Avoidance	37.73	64.87	-
Paternal Blame	76.27	16.83**	-
Fear of Abandonment	19.70	41.62	-
Maternal Blame	93.63	79.26	-
Hope of Reunification	22.25	43.74	-
Self Blame	85.33	34.51*	-
Total	64.11	40.48	-
Negative Events (Adolescent-rated NLES)	67.90	80.39	> 99.99*** ^{1,2}
Parenting Strengths (Mother-rated SPQ)			
Problem solving	2.34	36.62*	50.95** ¹
Social support	6.25	18.94	13.61
Parental warmth	32.36	52.81	32.36
Discipline/control	24.66	48.29	56.80
Parental enthusiasm	21.05	6.49	21.05
Parent rules	17.83	44.90*	49.41* ¹
Total	9.80	27.39	32.17* ¹

Note. - = missing data; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Child symptomatology. Linda and Hayden both provided data on child symptomatology at all three data-collection points. At pre-test Hayden rated himself in the Normal range for Total Difficulties on the SDQ. By post-test, there was a clinically significant increase in endorsed symptoms, bringing his Total Difficulties score into the Abnormal range, and this deterioration was maintained at follow-up. Significant increases in emotional symptoms and

peer problems and a marginally significant increase in hyperactivity contributed to this deterioration. The only behaviour domain which Hayden rated as normal consistently across time was Hyperactivity.

Linda's ratings were consistent with Hayden's at pre-test, yet indicated higher levels of symptomatology. However, according to her report, there was only minimal change across time. There was a marginally significant increase in peer problems at post-test that was not maintained at follow-up. And at follow-up, there was a marginally significant decrease in conduct problems and a marginally significant increase in hyperactivity.

Parent-adolescent relationship. Linda reported low levels of open and problem communication the relationship with her son at pre-test, and reported a clinically significant increase in open communication which was maintained at follow-up. Hayden rated the mother-adolescent relationship more positively than his mother at pre-test, however he reported a clinically significant reduction in open communication that was maintained at follow-up, and by follow-up he reported a significant increase in problem communication. By post-test his ratings more closely approximated the normative mean.

At pre-test, Hayden's rating of his relationship with his father suggested moderate open communication and low-to-moderate problem communication. He reported marginally significant deterioration in communication by post-test, and by follow-up, the level of open communication had deteriorated significantly.

Family communication. At pre-test Linda and Hayden's perceptions of family communication were similar. Linda reported a clinically significant decrease in incendiary communication which was maintained at follow-up. In contrast, Hayden reported a significant decrease in affirming communication and a marginally significant increase in incendiary communication, however this deterioration were not maintained at follow-up.

Interparental conflict and communication. At pre-test, Linda's ratings were indicative of high conflict and moderate support. At post-test and follow-up, Linda did not complete this measure, noting that she had not had contact with her former partner in the month prior to these data collection times.

Child perception of interparental conflict. Hayden reported marginally significant improvements in the intensity of interparental conflict and parental ability to resolve interparental conflict, however these improvements were not maintained at follow-up. There

was also a marginally significant increase on the Self-Blame scale from post-test to follow-up.

Adolescent coping. Hayden's coping strategy utilisation remained quite stable over time, with only marginally significant change. He reported a marginally significant decrease in assistance seeking that was not maintained at follow-up, and a marginally significant increase in cognitive-behavioural problem-solving by follow-up. These reported changes in assistance seeking and cognitive-behavioural problem-solving are suggestive of deterioration and improvement, respectively.

Separation-related beliefs. Hayden's overall endorsement of separation-related beliefs approximated the normative mean at pre-test. By post-test, there was a clinically significant decrease in paternal blame beliefs, and a marginally significant decrease in self-blame beliefs.

Negative separation-related events. Hayden indicated a normative level of separation-related negative events at pre-test. However, by follow-up his endorsement of negative events had increased significantly, placing him in the clinical range for this scale.

Parenting strengths. All of Linda's SPQ subscale ratings were within the normal range at pre-test, post-test, and follow-up, with a marginally significant increase in SPQ Total across time. There was a marginally significant increase in utilisation of problem-solving, and by follow-up this increase was significant. There was also a marginally significant increase in utilisation of parent rules which was maintained at follow-up.

Child behaviour ratings. Linda reported that she wanted to reduce Hayden's nagging behaviour and his bad language, so recorded the duration of nagging behaviour and frequency of language statements per day. A summary of behaviour change ratings are found in Table 32, graphs are provided in Appendix MM, and a summary of GAS scores are provided in Table 33. According to visual analysis ratings, substantial improvement was seen for both behaviours during the course of the intervention, and this improvement was maintained at 1-month and 3-month follow-up. GAS scores were indicative of success at all time points.

Daily maternal mood and stress ratings. Linda recorded complete daily mood and stress ratings across the required period, however recorded only one day of ratings in the follow-up period. A summary of visual inspection ratings of mood and stress change are provided in Table 34, and graphs are provided in Appendix MM. According to visual

analysis ratings, Linda's mood showed moderate improvement across the intervention, and this change was maintained at 1- and 3-month follow-up. Her stress level also showed moderate improvement during the intervention, however, by 1- and 3-month follow-up her stress ratings had returned to baseline level.

Father contact. At pre-test, a formal custody arrangement was not in place. Hayden's father lived overseas, and there had been no physical, or telephone, contact between Hayden and his father in the previous month. This absence of contact continued at post-test and follow-up. It is important to note, however, that during the program, Linda had initially been quite reluctant to encourage contact between Hayden and his father. After discussing the importance of father contact, Linda returned to the following session reporting that she was considering inviting her former partner, and his new partner, to stay in her home at some time in the future. She acknowledged that she would find this extremely difficult to carry out, however realised the importance of encouraging the relationship between her son and his father.

Summary. Case Study 2 is characterised by significant increases in post-separation adjustment as indicated by improvements in maternal depression, mother-rated open communication in the parent-adolescent relationship, mother-rated incendiary family communication, and paternal blame beliefs. Marginally significant increases in adjustment are indicated by decreases in adolescent-rated intensity of interparental conflict, frequency of interparental conflict (by follow-up), and self-blame beliefs, and increases in parent utilisation of problem-solving (clinically significant by follow-up) and parent rules, and adolescent utilisation of cognitive-behavioural problem-solving (by follow-up).

Significant adjustment decline was indicated by increases in adolescent-rated emotional symptoms and peer problems and endorsement of negative events, and decreases in adolescent-rated affirming family communication (not maintained at follow-up), and adolescent-rated open communication in the mother-adolescent, and father-adolescent, relationship.

There were no improvement in father contact, or coparental contact over time, however, Linda did indicate an improved attitude toward her children having increased contact with their father. In contrast to Hayden's symptomatology ratings, Linda's ratings changed minimally over time, with abnormal ratings for the prosocial behaviour domain only.

The clinically significant change in Linda's symptomatology on the DASS depression scale is consistent with the moderate sustained improvement according to daily mood ratings. Her stress symptomatology according to the DASS remained in the normal range, which suggests that the unsustained moderate improvement in daily stress ratings may be due to low level stress at baseline. Substantial change according to visual analysis of behaviour change graphs, and GAS scores indicative of successful behaviour change, suggest greater improvement in behaviour compared to SDQ ratings.

Case Study 3

At pre-test, Pam had been separated for 3 months. She has three children, Leigh, Nicole, and Natalie, and Pam chose to collect data for Leigh and Nicole. Leigh is aged 12 years, 3 months, Nicole is aged 15 years, 11 months, and Natalie is 18 years old. Pam reported that she had sought assistance from a mental health professional in the previous 6 months, however her children had not received professional support for emotional or behavioural problems.

At the time of presenting for support, Pam reported that she was finding it difficult to cope with separation-related stress and was taking antidepressant medication. Pam reported that she was concerned about her children's emotional adjustment, specifically Leigh's behavioural problems and the social adjustment of Leigh and Nicole. Pam also explained that she believed that her children had witnessed conflict between herself and her former partner, and was concerned that this had influenced their emotional adjustment. She stated that she hoped that the YAPS program would help her to deal more effectively with separation-related stressors, to strengthen family relationships, and to manage Leigh's behaviour more effectively.

Pam, Nicole, and Leigh completed questionnaires at pre-test and post-test. Pam and Nicole, but not Leigh, returned the 3-month follow-up questionnaire, despite 3 reminder phone calls over a 6 week period. The available pre-test, post-test and 3-month follow-up scores on each of the measures for Case Study 3 are presented in Table 37. The clinical significance of the differences between pre-test, post-test and follow-up scores is indicated. Pam also completed daily ratings of her own mood and stress and child behaviour, and provided information regarding father contact.

Table 37

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 3, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	98.90 (S)	99.98 (ES)***	54.95 (N)*** ^{1,2}
DASS Anxiety	99.94 (ES)	99.87 (ES)	89.11 (Mod)*** ^{1,2}
DASS Stress	92.44 (Mod)	85.71 (Mod)	29.95 (N)*** ^{1,2}
Child Symptomatology^a			
Mother-rated SDQ			
Emotional Symptoms	> 99.99 (A)	99.69 (A)*	87.65 (B)*** ^{1,2}
Conduct Problems	97.05 (A)	97.05 (A)	58.79 (N)** ^{1,2}
Hyperactivity	98.92 (A)	98.92 (A)	79.24 (B)** ^{1,2}
Peer Problems	99.93 (A)	99.52 (A)	79.49 (B)*** ^{1,2}
Prosocial	22.22 (N)	43.00 (N)	84.13 (N)*** ^{1,2}
Total Difficulties	> 99.99 (A)	99.94 (A)*	85.33 (B)*** ^{1,2}
Adolescent-rated SDQ			
Emotional Symptoms	89.67 (N)	99.96 (A)**	-
Conduct Problems	99.66 (A)	98.29 (A)	-
Hyperactivity	92.06 (A)	51.81 (N)*	-
Peer Problems	84.13 (N)	99.92 (A)**	-
Prosocial	1.98 (A)	0.41 (A)	-
Total Difficulties	98.79 (A)	99.78 (A)	-
Child Symptomatology^b			
Mother-rated SDQ			
Emotional Symptoms	99.75 (A)	99.02 (A)	99.95 (A) ²
Conduct Problems	93.69 (A)	63.79 (N)*	20.51 (N)*** ^{1,2}
Hyperactivity	56.90 (N)	56.90 (N)	39.71 (N)
Peer Problems	99.75 (A)	98.56 (A)	82.57 (B)** ^{1,2}
Prosocial	26.69 (N)	29.69 (N)	78.81 (N)** ^{1,2}
Total Difficulties	99.16 (A)	95.34 (A)*	87.35 (B)** ¹
Adolescent-rated SDQ			
Emotional Symptoms	92.34 (B)	97.16 (A)	92.34 (B)
Conduct Problems	73.40 (N)	26.60 (N)*	50.00 (N)
Hyperactivity	93.89 (A)	97.72 (A)	93.89(A)
Peer Problems	99.95 (A)	96.84 (B)*	66.59 (N)*** ^{1,2}
Prosocial	36.05 (N)	14.20 (N)	36.05 (N)
Total Difficulties	98.82 (A)	97.04 (A)	90.67 (B)* ¹
Parent-adolescent Relationship^a			
Mother-rated PACS			
Open family communication	45.81	32.41	82.83* ^{1,2}
Problem family communication	28.39	22.66	1.47** ^{1,2}
Adolescent-rated PACS (mother)			
Open family communication	17.57	67.71**	-
Problem family communication	98.45	31.79***	-
Adolescent-rated PACS (father)			
Open family communication	20.91	73.21**	-
Problem family communication	63.06	17.14*	-

Note. - = missing data; N = Normal; Mod = Moderate; S = Severe; ES = Extremely Severe; B = Borderline; A = Abnormal; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test; ^achild a; ^bchild b.

Table continues

Table 37 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 3, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Parent-adolescent Relationship ^b			
Mother-rated PACS			
Open family communication	26.38	32.41	92.97*** ^{1, 2}
Problem family communication	62.61	34.72*	0.19*** ^{1, 2}
Adolescent-rated PACS (mother)			
Open family communication	81.23	74.51	94.16* ^{1, 2}
Problem family communication	31.79	3.68*	1.03*** ¹
Adolescent-rated PACS (father)			
Open family communication	14.74	3.90*	2.28* ¹
Problem family communication	53.07	24.44*	17.14* ¹
Family Communication			
Mother-rated FPSC			
Affirming communication	0.51	39.37***	52.36*** ¹
Incendiary communication	89.29	37.44***	13.53*** ^{1*2}
Adolescent-rated FPSC ^a			
Affirming communication	27.47	2.78**	-
Incendiary communication	67.76	52.80	-
Adolescent-rated FPSC ^b			
Affirming communication	2.78	17.68*	17.68* ¹
Incendiary communication	89.29	89.29	67.76* ^{1, 2}
Quality of Co-parental Communication (Mother-rated)			
Conflict	50.00	39.29	50.00
Support	34.75	72.18*	57.77
Interparental Conflict (Adolescent-rated CPIC) ^a			
Conflict Properties			
Frequency	96.90	31.45***	-
Intensity	97.61	30.64***	-
Resolution	98.75	18.26***	-
Total	99.15	23.53***	-
Self-Blame			
Content	25.52	61.80*	-
Self-Blame	57.75	21.72*	-
Total	40.23	40.23	-
Coping Efficacy	79.98	35.06*	-

Note. - = missing data; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test; ^achild a; ^bchild b.

Table continues

Table 37 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 3, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Interparental Conflict (Adolescent-rated CPIC) ^b			
Conflict Properties			
Frequency	80.48	20.65**	3.40*** ^{1*2}
Intensity	91.26	30.64**	0.89*** ^{1, 2}
Resolution	80.03	68.90	18.26*** ^{1*2}
Total	88.91	36.96***	2.09*** ^{1, 2}
Self-Blame			
Content	9.73	9.73	9.73
Self-Blame	13.40	7.59	21.72
Total	10.18	7.47	13.55
Coping Efficacy	35.06	35.06	5.39*
Adolescent Coping (Adolescent-rated CSCY) ^a			
Assistance Seeking	23.31	75.80**	-
Cognitive Behavioural Problem Solving	86.27	73.55	-
Cognitive Avoidance	89.35	82.13	-
Behavioural Avoidance	95.69	99.02	-
Adolescent Coping (Adolescent-rated CSCY) ^b			
Assistance Seeking	7.22	32.78*	71.48*** ^{1*2}
Cognitive Behavioural Problem Solving	15.05	15.05	51.72* ^{1, 2}
Cognitive Avoidance	78.74	73.82	43.66* ^{1, 2}
Behavioural Avoidance	83.45	99.58**	66.15*** ²
Separation-related Beliefs (Adolescent-rated CBAPS) ^a			
Peer Ridicule & Avoidance	64.87	99.32**	-
Paternal Blame	89.86	89.86	-
Fear of Abandonment	85.78	95.65	-
Maternal Blame	93.63	93.63	-
Hope of Reunification	67.31	43.74	-
Self Blame	96.21	99.38	-
Total	97.55	99.85*	-
Separation-related Beliefs (Adolescent-rated CBAPS) ^b			
Peer Ridicule & Avoidance	64.87	15.70*	37.73
Paternal Blame	76.27	76.27	16.83*** ^{1, 2}
Fear of Abandonment	41.62	19.70	19.70
Maternal Blame	27.33	27.33	27.33
Hope of Reunification	43.74	43.74	43.74
Self Blame	13.07	13.07	34.51
Total	40.48	19.95	14.82* ¹
Negative Events (Adolescent-rated NLES) ^a	97.87	80.39**	-
Negative Events (Adolescent-rated NLES) ^b	52.96	6.83***	6.83*** ¹

Note. - = missing data; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test; ^achild a; ^bchild b.

Table continues

Table 37 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 3, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Parenting Strengths (Mother-rated SPQ) ^a			
Problem solving	0.93	5.24	14.16* ¹
Social support	1.44	9.41*	6.25
Parental warmth	52.81	59.73	82.91* ¹
Discipline/control	48.29	48.29	39.86
Parental enthusiasm	87.48	66.96	78.64
Parent rules	74.71	58.40	81.39
Total	42.61	40.81	62.59
Parenting Strengths (Mother-rated SPQ) ^b			
Problem solving	0.56	7.51*	14.16* ¹
Social support	2.44	13.61*	9.41
Parental warmth	59.73	12.26*	78.07** ²
Discipline/control	56.80	65.00	56.80
Parental enthusiasm	60.30	83.44	66.96
Parent rules	36.13	63.13	58.40
Total	24.40	46.25	51.77

Note. *** > 99% (2.58 *SD*) RCI; ** > 95% (1.96 *SD*) RCI; * > 68.26% (1 *SD*) RCI; ¹ = difference from pre-test; ² = difference from post-test; ^achild a; ^bchild b.

Maternal symptomatology. Pam scored in the Severe range for DASS Depression, in the Extremely Severe range for Anxiety and in the Moderate range for Stress at pre-test. By post-test, Pam reported a significant increase in depression symptomatology, with a score in the Extremely Severe range. Improvement increased by follow-up, with a significant reductions leading to Depression and Stress ratings within the Normal range, and an Anxiety rating within the Moderate range.

Child symptomatology. Pam and Nicole both provided data on child symptomatology at all three data-collection points, however Leigh did not complete the follow-up questionnaire. At pre-test Leigh rated himself in the Abnormal range for Total Difficulties on the SDQ, with abnormal levels of conduct problems, hyperactivity, and prosocial behaviour. By post-test, there were significant increases in his ratings of emotional symptoms and peer problems, however his Total Difficulties score did not change significantly, partly due to a marginally significant reduction in hyperactivity problems.

Pam's ratings on the SDQ subscales differed from Leigh's ratings, with pre-test scores in the Abnormal range for all problem areas, and in the Normal range for prosocial behaviour. There was a marginally significant reduction in emotional symptoms by post-test,

and by follow-up, there was significant improvement on all subscales, with all scores falling within the Normal or Borderline range.

At pre-test Nicole rated herself in the Abnormal range for Total Difficulties on the SDQ, with abnormal levels of hyperactivity, and peer problems, and within the borderline range for emotional symptoms. Marginally significant reductions were present for conduct and peer problems at post-test, and by follow-up, a further reduction in peer problems, brought this score to within the Normal range. These reductions lead to a marginally significant decrease in her Total Difficulties score, which fell within the Borderline range at follow-up.

Pam's ratings on the SDQ subscales were similar to Nicole's ratings, with a Total Difficulties score in the Abnormal range at pre-test. However, Nicole's and her mother's ratings on the Conduct Problems and Hyperactivity subscales differed, with Nicole rating herself in the Abnormal range for hyperactivity and the Normal range for conduct problems, whereas her mother reported difficulties in conduct problems, but not hyperactivity. There was a marginally significant reduction in conduct problems at post-test, and by follow-up, significant improvements were seen in conduct problems, peer problems and prosocial behaviour, however, emotional symptoms remained in the Abnormal range. In accordance with Nicole's ratings, there was a significant decrease in her Total Difficulties score by follow-up, to within the Borderline range.

Parent-adolescent relationship. Pam's rating of her relationship with her son was within the normative range at pre-test. Change did not occur until follow-up, with a marginally significant increase in open communication and a significant decrease in problem communication. Leigh's ratings of the mother-adolescent relationship were less favourable than his mothers ratings at pre-test, with a score in the clinical range for problem communication. However, he reported improvements in both open and problems communication at post-test. Leigh's rating of the father-adolescent relationship were more favourable compared to his ratings of the mother-adolescent relationship, and reported marginally significant improvements in open and problem family communication at post-test.

Pam reported marginally significant improvement in problem family communication in her relationship with Nicole by post-test, and by follow-up, significant improvements in both open and problems communication by follow-up. Nicole's ratings of the mother-adolescent relationship were more favourable than her mothers ratings at pre-test, and she reported a

marginally significant reduction in problem communication that reached significance at follow-up. She also reported a marginally significant improvement in open communication by follow-up. Nicole's perception of the father-adolescent relationship was more favourable than the mother-adolescent relationship at pre-test, and she reported a marginally significant reduction in both open and problem communication that was maintained at follow-up.

Family communication. At pre-test Pam's ratings indicated family communication characterised by low affirming communication and high incendiary communication. By post-test there were significant improvements in affirming and incendiary communication, and these improvements were maintained at follow-up. Leigh rated family communication more positively than his mother at pre-test, however reported a significant decrease in affirming family communication. Nicole's perception of family communication was similar to her mother's at pre-test and she reported a marginally significant improvement in affirming family communication, which was maintained at follow-up, and a marginally significant improvement in incendiary communication by follow-up.

Interparental conflict and communication. At pre-test, Pam's ratings were indicative of moderate levels of conflict and support. There was a marginally significant increase in support from pre- to post-test, however this improvement was not maintained at follow-up.

Child perception of interparental conflict. According to Leigh's report, significant improvements in the frequency, intensity, and resolution of interparental conflict occurred across time. Marginally significant improvements were seen for coping efficacy, and self-blame. However there was a marginally significant increase on the content subscale indicating an increase in child-related interparental conflict.

Nicole reported clinically significant improvements in the frequency and intensity of interparental conflict at post-test, and in parental resolution of conflict by follow-up. By follow-up, she also indicated a marginally significant improvement in her ability to cope with interparental conflict.

Adolescent coping. Leigh's coping strategy utilisation remained stable over time for three of the coping strategies, however, there was a clinically significant increase in his level of assistance seeking from pre- to post-test, suggesting an improvement in coping strategy utilisation.

Nicole reported a marginally significant increase in assistance seeking and by follow-up this increase was clinically significant. She also reported a significant increase in behavioural

avoidance that was not maintained at follow-up, and a marginally significant increase in the use of cognitive-behavioural problem-solving and a marginally significant decrease in the use of cognitive avoidance by follow-up. While an increase in behavioural avoidance is indicative of adjustment decline, an improvement in Nicole's overall coping strategy utilisation is suggested by the increase in support seeking and cognitive behavioural problem solving and the decrease in cognitive avoidance.

Separation-related beliefs. Leigh's endorsement of separation-related beliefs was high at pre-test, and by post-test, had increased marginally. A clinically significant increase on the Peer Ridicule and Avoidance beliefs contributed to this overall increase. Nicole reported a reduction in Peer Ridicule and Avoidance beliefs that was not maintained at follow-up, and a significant reduction in Paternal Blame beliefs at follow-up.

Negative separation-related events. Leigh indicated a high level of separation-related negative events at pre-test, however, by post-test, there was a significant reduction in the number of negative events he endorsed. Nicole endorsed a normative number of negative events at pre-test, with a significant decrease by post-test, which was maintained at follow-up.

Parenting strengths. Pam rated her utilisation of problem solving in parenting each of her children in the abnormally low range at pre-test. However, by post-test these ratings had moved into the normal range, an improvement that was marginally significant by follow-up for both ratings. She also reported a marginally significant improvement in utilisation of social support, and a marginally significant deterioration in parental warmth towards Nicole, however these changes were not maintained at follow-up.

Child behaviour ratings. Pam reported that she wanted to reduce Leigh's whinging and his verbal attack and physical anger behaviour, so recorded the duration of his whinging behaviour and the frequency of his verbal attack and anger behaviours. She also wanted to reduce Nicole's squabbling behaviour, so recorded the duration of squabbles between Nicole and her siblings per day. A summary of behaviour change ratings are found in Table 32, graphs are provided in Appendix MM, and a summary of GAS scores are provided in Table 33. According to visual analysis ratings, there were moderate improvements in all recorded behaviours during the intervention. Change in Leigh's verbal attack and anger behaviours were maintained at 1-month follow, however returned to baseline level at 3-month follow-up, and the duration of his whinging behaviour returned to baseline level at 1- and 3-month

follow-up, whereas the improvement in Nicole's squabble behaviour was maintained across time. GAS scores for all four behaviours were indicative of success at either post-intervention or 1-month follow-up, yet had deteriorated by 3-month follow-up.

Daily maternal mood and stress ratings. Pam recorded complete daily mood and stress ratings across the required period. A summary of visual inspection ratings of mood and stress change are provided in Table 34, and graphs are provided in Appendix MM. According to visual analysis ratings, Pam's mood showed moderate improvement across the intervention, and this change was maintained at 1- and 3-month follow-up. Her stress levels showed no change from baseline across the intervention and follow-up phases.

Father contact. At pre-test, a formal custody arrangement did not exist for Leigh and Nicole. In the month prior to pre-test data collection, Nicole had 2 one-hour visits with her father. Leigh had contact with his father more often than Nicole, staying overnight on three occasions for approximately 16 hours. In the month prior to post-test, Nicole had 2 half-hour visits with her father, and Leigh had stayed overnight with his father on three occasions for approximately 18 hours. At follow-up, Nicole had seen her father for approximately one hour on four occasions, and Leigh had stayed overnight with his father on six occasions for approximately 18 hours.

Pam reported that her children had additional contact with their father by telephone. In the month prior to pre-test data collection, Nicole spoke to her father approximately 3 times. There was no change in the level of telephone contact at post-test, and at follow-up there was a reduction to 2 phone calls in the previous month. Leigh had telephone contact with his father approximately 12 times in the month prior to pre-test, approximately 3 times in the month prior to post-test, and this reduction was maintained at follow-up.

Summary. Case Study 3 is characterised by significant increases in post-separation adjustment as indicated by improvements in: Pam's perception of affirming and incendiary family communication; Leigh's ratings of open communication in the father-adolescent relationship, and open and problem communication in the mother-adolescent relationship, assistance seeking, and his perception of parental resolution of conflict; and both children's endorsement of negative separation-related events, and ratings of the frequency and intensity of interparental conflict.

Marginally significant increases in adjustment were indicated by improvements in: Leigh's self-reported hyperactivity symptoms, problem communication in the father-

adolescent relationship, and his ratings on the Coping Efficacy and Self-blame subscales of the CPIC; Nicole's utilisation of assistance seeking, and her ratings of affirming family communication, problem communication in the mother-adolescent relationship and the father-adolescent relationship; maternal problem solving and support seeking, and Pam's rating of coparental support (not maintained at follow-up).

Significant improvements were indicated by follow-up for maternal depression, anxiety, and stress; mother-rated open and problem communication in the parent-adolescent relationship for both children; maternal ratings of Leigh's symptomatology in all emotional and behavioural domains; maternal ratings of Nicole's conduct problems, peer problems and prosocial behaviour; and Nicole's ratings of problem communication in the mother-adolescent relationship, parental resolution of conflict, peer problems, utilisation of assistance seeking, and paternal blame beliefs.

Marginally significant improvements in adjustment were indicated by follow-up for Nicole's perceived ability to cope with interparental conflict, and her utilisation of cognitive-behavioural problem-solving. There was also an increase in physical father contact by follow-up.

Significant adjustment decline was reported by Leigh for emotional symptoms, peer problems, peer ridicule and avoidance beliefs, and affirming family communication. Marginally significant adjustment decline was indicated by a decrease in parental warmth (not maintained at follow-up), and Nicole's rating of open communication in the father-adolescent relationship.

There was no significant change in Leigh's self-reported conduct problems or prosocial behaviour, however mother-rated changes did not occur until follow-up, at which time Leigh did not return the questionnaire. There was also no significant change in Nicole's self-rated emotional and hyperactivity symptoms, or maternal ratings of her emotional symptoms.

The clinically significant change in Pam's depression symptomatology according to the DASS at follow-up is consistent with the moderate sustained improvement according to daily mood ratings. However, her improvement in stress symptomatology according to the DASS at follow-up is not consistent with the absence of change in DASS stress according to daily ratings. Moderate change according to visual analysis of behaviour change graphs, and GAS scores indicative of successful behaviour change are consistent with improvement according to maternal SDQ ratings. However, according to maternal SDQ ratings, clinically significant

behaviour change did not occur until after the intervention, whereas behaviour change according to visual analysis of behaviour change graphs occurred for the majority of behaviours during the intervention phase and returned to baseline at either 1-month or 3-month follow-up.

Case Study 4

At pre-test, Tina had been separated for 29 months, and had not yet submitted a divorce application. She has two children, Jessica and Alexandra. Jessica is the focus child in the current study and is aged 11 years, 4 months, and Alexandra is 16 years old. Tina reported that she had not sought assistance from a mental health professional for herself in the previous 6 months, and that Jessica had not received professional support for emotional or behavioural problems.

At the time of presenting for support, Tina reported that she believed she had adjusted to her separation and had maintained a cooperative relationship with her former partner. She reported that up until recently she had been too preoccupied with her children's adjustment to be concerned about her own well-being. Tina reported high levels of work-related stress, however believed that she managed her stress levels effectively. Tina reported that she did not have current concerns about her children's behaviour beyond normal sibling bickering, however expressed concern that her children may have worries that they had not yet discussed with her. Tina reported that she hoped the YAPS program would provide her with information about the effects of separation on children so that she would be sensitive to these effects on her own children.

Tina completed questionnaires at all data-collection points, and scores on each of the measures for Case Study 4 are presented in Table 38. The clinical significance of the differences between pre-test, post-test and follow-up scores is indicated. Tina also completed daily ratings of her own mood and stress and child behaviour, and provided information regarding father contact.

Maternal symptomatology. Tina scored in the Normal range for DASS Depression and Anxiety, and in the Moderate range for Stress at pre-test. By post-test, there were marginally significant reduction in depression symptoms and a clinically significant reduction in stress symptoms. These improvements were maintained at follow-up, with all symptomatology scores falling within the normal range.

Table 38

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 4, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	49.19 (N)	27.48 (N)*	32.50 (N)* ¹
DASS Anxiety	28.89 (N)	36.02 (N)	22.50 (N)
DASS Stress	92.44 (Mod)	48.58 (N)***	25.84 (N)*** ^{1*2}
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	99.75 (A)	96.84 (A)*	91.64 (A)* ¹
Conduct Problems	82.67 (B)	63.79 (N)	40.70 (N)* ¹
Hyperactivity	99.06 (A)	93.03 (B)*	56.90 (N)*** ^{1*2}
Peer Problems	82.57 (B)	62.27 (N)	62.27 (N)
Prosocial	78.81 (N)	78.81 (N)	78.81 (N)
Total Difficulties	99.49 (A)	93.32 (B)*	72.81 (N)*** ^{1*2}
Parent-adolescent Relationship			
Mother-rated PACS			
Open family communication	16.29	77.99***	77.99*** ¹
Problem family communication	13.41	2.28*	0.02*** ^{1*2}
Family Communication			
Mother-rated FPSC			
Affirming communication	39.37	52.36	52.36
Incendiary communication	23.86	6.78*	6.78* ¹
Quality of Co-parental Communication (Mother-rated)			
Conflict	8.71	13.85	8.71
Support	88.03	96.12	98.45* ¹
Parenting Strengths (Mother-rated SPQ)			
Problem solving	7.51	18.66	29.99* ¹
Social support	49.65	49.65	49.65
Parental warmth	32.36	82.91*	72.53* ¹
Discipline/control	65.00	65.00	72.56
Parental enthusiasm	83.44	73.12	87.48
Parent rules	89.11	91.08	86.84
Total	72.49	82.13	84.43

Note. N = Normal; Mod = Moderate; B = Borderline; A = Abnormal; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Child symptomatology. Tina's rating of Jessica on the SDQ placed her in the abnormal range for Total Difficulties and within the Normal range for Prosocial Behaviour. There was a clinically significant reduction in symptomatology across time, with a Total Difficulties score in the Borderline range by post-test and in the Normal range by follow-up. By follow-up, marginally significant reductions were indicated for emotional symptoms and conduct problems, and a highly significant reduction was indicated for hyperactivity.

Parent-adolescent relationship. Tina reported a clinically significant improvement in open communication in the mother-adolescent relationship, which was maintained at follow-up, and a marginally significant improvement in problem communication which was clinically significant by follow-up.

Family communication. At pre-test Tina's reported a normative levels affirming and incendiary communication. A marginally significant improvement in incendiary family communication was evident by post-test and this improvement was maintained at follow-up.

Interparental conflict and communication. At pre-test, Tina's ratings were indicative of low conflict and high support in the coparental relationship. By follow-up, there was a marginally significant increase in coparental support.

Parenting strengths. All of Tina's SPQ subscale ratings were within the normal range at pre-test, post-test, and follow-up. There were marginally significant increases for parental warmth by post-test and for problem solving by follow-up.

Child behaviour ratings. Tina discussed that she would like to increase the frequency of Jessica's compliance without arguing or storming off. She was also keen to reduce the frequency of physical attacks between Jessica and her sister, so the frequency of these behaviours per day were also recorded. These behaviours were graphed as a percentage of days when she had the opportunity to perform the behaviours. A summary of behaviour change ratings are found in Table 32, graphs are provided in Appendix MM, and a summary of GAS scores are provided in Table 33. According to visual analysis ratings, moderate improvement was seen in percent accepts without arguing and this was maintained across time. Substantial improvement was seen in physical attack behaviour during the intervention and the 1-month follow-up period, and moderate improvement compared to baseline during the 3-month follow-up period. GAS scores indicated moderate success for the first behaviour and complete success for the second.

Daily maternal mood and stress ratings. Tina recorded complete daily mood and stress ratings across the required period. A summary of visual inspection ratings of mood and stress change are provided in Table 34, and graphs are provided in Appendix MM. According to visual analysis ratings, Tina's mood and stress levels showed no change across the intervention and follow-up periods.

Father contact. At pre-test, Tina reported that Jessica stayed overnight with her father in his home for two nights per month. However this was an informal arrangement, and both

children also saw their father approximately three times per week when he visited them in their mother's home. At post-test the number of overnight stays had increased to five per month, and short visits were no longer occurring. At follow-up, Tina reported that Jessica had stayed overnight with her father on nine occasions in the previous month.

Tina reported that Jessica had additional contact with her father by telephone. At pre-test Jessica had telephone contact two times in the previous month, and this level of contact remained at post-test. At follow-up, Jessica had telephone contact with her father 20 times per month, a clinically significant increase compared to pre-test.

Summary. Case Study 4 is characterised by clinically significant increases in post-separation adjustment as indicated by improvements in maternal stress and open communication in the mother-adolescent relationship. Marginally significant improvement was seen for mother-rated hyperactivity and mother-rated problem communication in the mother-adolescent relationship, and these changes were clinically significant by follow-up. Marginally significant increases in adjustment were also indicated by improvements in maternal depression, parental warmth, and incendiary communication in the mother-adolescent relationship. By follow-up, these were additional marginally significant improvements in maternal problem solving, coparental support, and mother-rated adolescent conduct problems. There was also an improvement in the number of nights Jessica stayed with her father, and the number of telephone contacts per month. There was no significant improvement in maternal anxiety, or coparental conflict, however, these ratings were in the below-average range at pre-test.

The clinically significant and marginally significant change in Tina's stress and depression symptomatology, respectively is not consistent with the absence of change according to daily mood ratings. Moderate and substantial change according to behaviour change graphs and GAS scores is consistent with maternal SDQ ratings indicative of marginal improvement at post-test and clinically significant improvement by follow-up.

Case Study 5

At pre-test, Liz had been separated for 22 months and divorced for one month. She was living with a new partner who she described as supportive, and friendly with her sons. Liz has two children, Luke and Michael. Luke is the focus child in the current study and is aged 11 years, 5 months, and Michael is 10 years old. Liz reported that she had not sought counselling or assistance from a mental health professional for herself in the previous 6

months, and that Luke was not receiving professional support for emotional or behavioural problems.

At the time of presenting for support, Liz reported that she experienced irritability, sadness, loneliness, difficulty concentrating, and difficulty sleeping during weeks when her sons were living with their father. She said that these symptoms had diminished over time, and that she felt she managed her emotions appropriately by accessing social support and distracting herself with activities. Liz did not have current concerns about her children's behaviour or emotional adjustment, however, believed that the YAPS program would be helpful if problems occurred in future. Liz also hoped that the program would assist her family to adjust to the introduction of a step-parent, and to assist her to communicate more assertively with her former partner.

Liz completed questionnaires at all data-collection points, and scores on each of the measures for Case Study 5 are presented in Table 39. The clinical significance of the differences between pre-test, post-test and follow-up scores is indicated. Liz also completed daily ratings of her own mood and stress and child behaviour, and provided information regarding father contact.

Maternal symptomatology. Liz scored in the Moderate range for DASS Depression, the Normal range for DASS Anxiety, and in the Mild range for DASS Stress at pre-test. By post-test, there were clinically significant reductions in depression and stress symptoms, and a marginally significant reduction in anxiety symptoms. Improvements for depression and stress were maintained, with all symptomatology scores falling within the normal range at follow-up.

Child symptomatology. Liz's rating of Luke's symptomatology on the SDQ placed him in the Abnormal range for Total Difficulties. By post-test, all symptomatology fell within the normal range, and these improvements were maintained at follow-up. Clinically significant improvement in hyperactivity, conduct problems and peer problems and a marginally significant emotional symptoms contributed to this overall improvement. Prosocial behaviour was rated in the normal range across time, however there was a marginally significant improvement at follow-up.

Table 39

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 5, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	92.29 (Mod)	32.50 (N)***	27.48 (N)*** ¹
DASS Anxiety	43.68 (N)	22.50 (N)*	28.89 (N)
DASS Stress	79.45 (M)	34.34 (N)***	25.84 (N)*** ¹
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	87.65 (B)	33.69 (N)*	33.69 (N)* ¹
Conduct Problems	97.05 (A)	36.94 (N)***	18.70 (N)*** ¹
Hyperactivity	98.92 (A)	67.16 (N)***	52.95 (N)*** ¹
Peer Problems	79.49 (B)	17.33 (N)**	17.33 (N)** ¹
Prosocial	8.80 (N)	8.80 (N)	43.00 (N)* ^{1, 2}
Total Difficulties	98.74 (A)	38.02 (N)***	25.98 (N)*** ¹
Parent-adolescent Relationship			
Mother-rated PACS			
Open family communication	6.57	66.31***	66.31*** ¹
Problem family communication	55.68	9.93**	0.19*** ^{1, **2}
Family Communication			
Mother-rated FPSC			
Affirming communication	39.37	27.47	76.33* ^{1, **2}
Incendiary communication	80.28	6.78***	1.15*** ^{1, **2}
Quality of Co-parental Communication (Mother-rated)			
Conflict	70.66	29.34***	29.34*** ¹
Support	42.23	78.36*	72.18* ¹
Parenting Strengths (Mother-rated SPQ)			
Problem solving	36.62	71.64*	77.49* ¹
Social support	32.84	32.84	58.28
Parental warmth	45.79	82.91*	59.73
Discipline/control	48.29	72.56	79.21
Parental enthusiasm	66.96	78.64	87.48
Parent rules	36.13	66.96*	81.39* ¹
Total	46.25	79.62*	86.53*

Note. N = Normal; M = Mild; Mod = Moderate; B = Borderline; A = Abnormal; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Parent-adolescent relationship. Liz reported low levels of open communication and average levels of problem communication in the mother-adolescent relationship at pre-test. At post-test she reported significant improvement in open and problem communication and these improvements were maintained at follow-up.

Family communication. A clinically significant improvement in incendiary communication was reported at post-test and this change was maintained at follow-up, and a marginally significant improvement in affirming communication was seen at follow-up.

Interparental conflict and communication. At pre-test, Liz's ratings were indicative of moderate levels of conflict and support in the coparental relationship. By follow-up, there was a marginally significant increase in support and a clinically significant decrease in conflict, and these improvements were maintained at follow-up.

Parenting strengths. All of Liz's SPQ subscale ratings were within the normal range at pre-test, post-test, and follow-up. There were marginally significant increases in problem solving and utilisation of rules, and these changes were maintained at follow-up. There was also a marginally significant increase in parental warmth at post-test, however, this improvement was not maintained at follow-up.

Child behaviour ratings. Liz reported that she wanted to increase Luke's compliance, so recorded percentage compliance per day. A summary of behaviour change ratings are found in Table 32, graphs are provided in Appendix MM, and a summary of GAS scores are provided in Table 33. According to visual analysis ratings, no change was seen in Luke's compliance during the intervention. However, moderate change occurred during the 1-month follow-up period. According to GAS ratings, complete success was achieved by the end of the program and was maintained at 1-month follow-up, but not 3-month follow-up. The discrepancy between GAS ratings and visual analysis of behaviour graphs is the high level of compliance at pre-test.

Daily maternal mood and stress ratings. Liz kept complete recordings of daily mood and stress during the program. However, she missed two weeks of data recording in the period before beginning the program, explaining that she did not realise that she had to continue recording during the weeks her sons were not with her. A summary of visual inspection ratings of mood and stress change are provided in Table 34, and graphs are provided in Appendix MM. According to visual analysis ratings, Liz's mood showed substantial improvement compared to baseline level across the intervention phase. However, compared to baseline, there was only moderate improvement during the 1-month follow-up period, and mood returned to baseline levels during the by 3-month follow-up period. Liz's stress level showed moderate improvement across the intervention, however returned to

baseline level during the 1-month follow-up period, and deteriorated compared to baseline level during the 3-month follow-up period.

Father contact. At pre-test, Liz and her former partner had a court-approved custody arrangement for their children. The arrangement stated that Luke and Michael were to live with their father for 15 days per month and with their mother for the remaining 15 days, in a 'week-about' arrangement. At all data-collection points, the information that Liz provided regarding the actual time that her sons spent in each parent's home over the previous month was consistent with the court-approved custody arrangement.

Liz reported that Luke had additional contact with his father by telephone. At pre-test Luke had telephone contact 3 times in the previous month, and at post-test and follow-up, 4 times.

Summary. Case Study 5 is characterised by clinically significant increases in post-separation adjustment as indicated by improvements in maternal depression and stress, coparental conflict, open and problem communication in the mother-adolescent relationship, mother-rated incendiary family communication, and mother-rated adolescent hyperactivity, conduct, and peer problems. Marginally significant increases in adjustment were indicated by improvement in mother-rated adolescent emotional symptoms, coparental support, maternal problem-solving, parent rules, and parental warmth. All of these improvements were maintained at follow-up except for the improvement in parental warmth.

Additional marginally significant improvements were seen at follow-up for mother-rated affirming family communication and adolescent prosocial behaviour. There was only minimal reduction in anxiety symptoms, however this rating was low at pre-test. There was also no clinically significant change in father contact across time, however, a court-approved 'week-about' shared parenting arrangement was in place at pre-test.

The clinically significant change in Liz's depression and stress symptomatology is consistent with ratings of moderate or substantial change according to daily mood and stress ratings. However, according to daily ratings, mood and stress returned to baseline level and deteriorated, respectively, in contrast to DASS ratings which maintained their post-test levels at follow-up. Maternal SDQ ratings indicated greater change than visual analysis ratings of behaviour change graphs, however are consistent with GAS ratings.

Case Study 6

At pre-test, Andrea had been separated for 6 months. She lives with her three children, Ben, Adam, and Jordyn. Ben is the focus child in this study and is aged 12 years, 3 months. Adam is 10-years-old and Jordyn is 4-years-old. Andrea reported that she had not sought counselling or assistance from a mental health professional for herself in the previous 6 months, and that Ben was not receiving professional support for emotional or behavioural problems.

At the time of presenting for support, Andrea reported that she believed she had adjusted to the separation quite well. She reported that she found single-parenting of a young family to be quite challenging, however stated that her responsibilities had not increased dramatically since her separation, as she had completed most of the parenting tasks when married. She reported appropriate stress management strategies, a network of supportive friends, and a cooperative relationship with her former partner. Andrea reported that she needed assistance managing Ben's behaviour, describing the discipline of an adolescents boy as a new challenge. She also hoped that the YAPS program would teach her some new coping strategies.

Andrea completed questionnaires at all data-collection points, and scores on each of the measures for Case Study 6 are presented in Table 40. The clinical significance of the differences between pre-test, post-test and follow-up scores is indicated. Andrea also completed daily ratings of her own mood and stress and child behaviour, and provided information regarding father contact.

Maternal symptomatology. Andrea scored in the Normal range for DASS Depression and DASS Anxiety, and in the Mild range for DASS Stress at pre-test. By post-test, there was a marginally significant reduction in anxiety symptoms and a clinically significant reduction in stress symptoms, with all scores falling within the Normal range. At follow-up, these improvements were maintained, with an additional clinically significant reduction in depression symptoms.

Table 40

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 6, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	49.19 (N)	43.46 (N)	18.75 (N)** ^{1,2}
DASS Anxiety	43.68 (N)	17.00 (N)*	17.00 (N)* ¹
DASS Stress	82.76 (M)	18.58 (N)***	12.75 (N)*** ¹
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	95.39 (A)	33.69 (N)***	98.65 (A)*** ²
Conduct Problems	78.17 (B)	58.79 (N)	99.87 (A)*** ^{1,2}
Hyperactivity	88.20 (A)	25.25 (N)***	38.35 (N)** ¹
Peer Problems	97.72 (A)	92.10 (A)	97.72 (A)
Prosocial	8.80 (N)	2.61 (B)	8.80 (N)
Total Difficulties	97.12 (A)	51.35 (N)***	98.07 (A)*** ²
Parent-adolescent Relationship			
Mother-rated PACS			
Open family communication	26.38	52.80*	45.81
Problem family communication	5.02	0.19*	1.47* ²
Family Communication			
Mother-rated FPSC			
Affirming communication	17.68	52.36*	39.37* ¹
Incendiary communication	99.75	13.53***	13.53*** ¹
Quality of Co-parental Communication (Mother-rated)			
Conflict	8.71	8.71	20.75* ^{1,2}
Support	83.66	78.36	57.77* ¹
Parenting Strengths (Mother-rated SPQ)			
Problem solving	43.68	90.38*	77.49* ¹
Social support	90.29	90.29	93.53
Parental warmth	59.73	66.37	72.53
Discipline/control	65.00	89.29	84.80
Parental enthusiasm	73.12	78.64	60.30
Parent rules	78.20	62.76	49.41* ¹
Total	82.13	89.31	82.13

Note. N = Normal; M = Mild; B = Borderline; A = Abnormal; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Child symptomatology. Andrea's rating of Ben on the SDQ placed him in the Abnormal range for Total Difficulties and within the Normal range for Prosocial Behaviour. By post-test, Andrea's ratings placed Ben in the Normal range for Total Difficulties, however this score returned to the Abnormal range at follow-up. There was a clinically significant improvement in Hyperactivity at post-test and this improvement was maintained at follow-up. Conversely, there was a worsening of conduct problems over time, and no significant

change in peer problems. Emotional symptoms improved significantly at post-test, however returned to within the Abnormal range at follow-up.

Parent-adolescent relationship. Andrea's ratings suggested a mother-adolescent relationship characterised by a low-to-moderate level of open communication and a low level of problem communication at pre-test. She reported marginally significant improvement in open and problem communication at post-test, however, this improvement was not maintained at follow-up.

Family communication. Andrea reported a low-to-moderate level of open family communication and a high level of incendiary communication at pre-test. A clinically significant decrease in incendiary communication and a marginally significant increase in affirming communication was evident by post-test, and this improvement was maintained at follow-up.

Interparental conflict and communication. At pre-test, Andrea's ratings were indicative of low conflict and high support in the coparental relationship. By follow-up, there was a marginally significant increase in conflict and a marginally significant decrease in support.

Parenting strengths. All of Andrea's SPQ subscale ratings were within the normal range at pre-test, post-test, and follow-up. By post-test there was a marginally significant increase in problem solving which was maintained at follow-up, and by follow-up a marginally significant decrease in utilisation of parent rules.

Child behaviour ratings. Andrea reported that she wanted to increase Ben's compliance, and reduce the frequency of his physical attacks directed towards his siblings. She recorded percentage compliance per day, and the frequency of physical attacks per day. A summary of behaviour change ratings are found in Table 32, graphs are provided in Appendix MM, and a summary of GAS scores are provided in Table 33. According to visual analysis ratings, there was no change in Ben's compliance across the intervention and 1-month follow-up period, however there was a moderate improvement compared to baseline at 3-month follow-up. For physical attack behaviour there was deterioration across the intervention and 1-month-follow-up period, with return to baseline levels at 3-month follow-up. GAS scores indicates moderate success for compliance, but not physical attack behaviour, at 3-month follow-up.

Daily maternal mood and stress ratings. Andrea kept near-complete recordings of daily mood and stress during the data-collection period, missing only 10 days out of a total of 112.

A summary of visual inspection ratings of mood and stress change are provided in Table 34, and graphs are provided in Appendix MM. According to visual analysis ratings, Andrea's mood showed moderate improvement compared to baseline across the intervention phase. However, her mood ratings returned to baseline levels during the 1-month follow-up period and this level was maintained at 3-month follow-up. Her stress ratings showed substantial improvement across the intervention, returned to baseline level during the 1-month follow-up period, and by 3-month follow-up, showed moderate improvement compared to baseline.

Father contact. At pre-test an informal arrangement existed where the three children spent two weekends per month with their father and had additional contact with him 2 nights per week. These additional contacts varied in length from 30 minutes to 4 hours depending on the children's activities. At post-test, the number of days of contact remained constant, however, Ben stayed overnight with his father for an additional 3 nights. At follow-up, the level of overnight contact returned to that reported at pre-test, and the reported number of shorter visits in the month prior to data-collection reduced from 8 to 6. At pre-test, Andrea reported that Ben had additional contact with his father by telephone approximately 4 times in the previous month. This contact did not change at post-test or follow-up.

Summary. Case Study 6 is characterised by clinically significant increases in post-separation adjustment as indicated by improvements in maternal stress, mother-rated adolescent emotional symptoms and hyperactivity, and incendiary family communication. Marginally significant increases in adjustment were indicated by improvements in maternal anxiety, maternal problem solving, open and problem communication in the mother-adolescent relationship, and affirming family communication. These improvements were maintained at follow-up, except the improvements for mother-rated adolescent emotional symptoms, and open and problem communication in the mother-adolescent relationship. By follow-up, clinically significant increases in post-separation adjustment were also seen for maternal depression.

Adjustment decline was indicated by a clinically significant increase in adolescent conduct problems, a marginally significant deterioration in coparental conflict and support, and a deterioration in utilisation of rules at follow-up. There was no significant improvement in total father contact across time. There was an increase in the number of overnight stays at post-test, however, this improvement was not maintained at follow-up. There was also no

improvement in adolescent peer problems, which remained in the abnormal range across time.

Andrea's sustained improvement in stress symptomatology according to the DASS is consistent with substantial change according to daily ratings. However her daily mood ratings suggest a post-intervention improvement whereas DASS ratings indicate that clinically significant improvement did not occur until follow-up. Deterioration or no change in Ben's behaviour across the intervention is not consistent with improvements according to the SDQ at post-test. According to behaviour recordings, Ben's behaviour improved or returned to baseline level between post-test and 3-month follow-up, however, his follow-up SDQ scores are indicative of deterioration in behavioural and emotional adjustment.

Summary of Results

This trial investigated the efficacy of the YAPS individual therapist-administered parenting program in effecting adolescent adjustment, and the proposed mediators in the relationship between parental separation and adolescent adjustment. The results have implications for the provision of programs for separating families with adolescents, and for parenting interventions in general. The trial has also allowed for process evaluation of the YAPS program which has implications for program content and program evaluation in future interventions for separated families.

The primary aim of this study was to improve adolescent adjustment in the participating families. There were marginally significant or clinically significant improvements in at least one area of mother-rated adolescent adjustment in all six families at either post-test or follow-up. According to mother-report, two of the seven adolescents demonstrated a clinically significant reduction in total emotional and behavioural difficulties by post-test, and an additional three demonstrated marginally significant overall improvement. By 3-month follow-up, four of the seven adolescents demonstrated clinically significant improvement, one returned to pre-test level from a clinically significant change at post-test, and the remaining did not demonstrate significant change from pre-test. The mother who reported on the adjustment of her two children indicated similar improvement for each.

Four adolescents provided self-ratings of symptomatology at post-test and only two provided these self-ratings at follow-up, making it difficult to compare their responses to mother ratings. These ratings were not always consistent with mother reports, and overall

results suggest less improvement compared to mother ratings. Self-ratings of total symptomatology at post-test were indicative of clinically significant deterioration for one adolescent and this deterioration was maintained at follow-up. Marginally significant improvement was reported by another adolescent and no change for the remaining two adolescents. The two adolescents who reported no change were from the same family, and their reports of total symptomatology were similar at both pre-test and post-test. The female adolescent in this family provided data at follow-up which indicated a marginally significant improvement.

According to GAS ratings and visual analysis ratings of behaviour change graphs, substantial or moderate improvements in mother ratings of child behaviour were seen for the majority of participant families. These positive results for behaviour change are in accordance with mother-ratings of adolescent symptomatology improvement, but not adolescent ratings of their own behavioural and emotional adjustment. Overall, results for adolescent symptomatology and behaviour change suggest that the aim of increasing adolescent emotional and behavioural adjustment was achieved according to mothers', but not adolescents' perceptions.

The YAPS program aimed to increase adolescent adjustment by effecting the proposed mediators (maternal adjustment, interparental conflict, family relationships, parenting practises, child coping, separation-related negative-events, and separation-related beliefs) in the relationship between parental separation and adolescent adjustment. Increases in mothers' knowledge of the material presented in the program were observed, indicating that the program was successful in teaching mothers the information and skills required to begin changing their behaviours that influence their children's adjustment. Questionnaire data indicated that maternal depression, anxiety, and stress symptomatology improved, and this improvement was maintained at follow-up. The majority of mothers also showed substantial or moderate improvement in mood and stress according to daily ratings, with the maintenance of treatment gains greater for mood than stress ratings.

Those mothers who reported frequent practise of the coping skills taught in the program reported significant improvements in adjustment. Further, the mother who reported the most improvement in symptomatology (Case Study 3) practised each of the coping strategies more than once per day, on average. Case Study 1 reported frequent use of physical relaxation only and did not report improvements in depression, anxiety, and stress symptomatology.

However her symptomatology was in the normal range at all data collection points, and her mood and stress ratings showed moderate improvement across time. It is possible that this mother did not recognise mood and stress symptoms, and therefore did not think it necessary to practise the coping strategies.

Change in mothers' ratings of the coparenting relationship was disappointing, with only one mother reporting clinically significant improvement in coparenting conflict. Four of the five mothers who reported on this measure indicated marginally significant improvement in coparenting support, however for two of these mothers this change did not occur until 3-month follow-up. Adolescent perceptions of improvements in characteristics of interparental conflict were more positive, with two siblings in one family indicating clinically significant improvements, one adolescent indicating marginal improvement, and the other indicating marginal improvements for some characteristics of conflict and marginal deterioration in others. These findings suggest that the program was moderately successful in changing adolescents' perceptions of interparental conflict despite limited change in mothers' perceptions.

Results for family relationships were mixed, with four mothers indicating clinically significant improvements in family communication, one indicating marginally significant improvement, and one indicating no change. Of the four adolescents who reported on family communication, two reported significant decline, one indicated a marginally significant decline, and one reported no change. Overall, it appears that the YAPS program leads to improved perceptions of family relationships for mothers, but not adolescents.

Results for the mother-adolescent relationship were mostly positive. Apart from one mother who indicated no change, and one adolescent who indicated significant decline, all remaining mothers and adolescents indicated clinically significant or marginally significant improvement in the mother-adolescent relationship. Changes in the father-adolescent relationship were more variable, with two adolescents reporting clinically significant improvement and one reporting marginally significant decline. The remaining adolescent reported marginally significant reductions in both open and problem communication, which may indicate a reduced level of total communication.

Improvements in the level of father contact reported by mothers were consistent with adolescent-reported changes in the father-adolescent relationship. One adolescent did not have any contact with his father and he reported a marginally significant deterioration in the

father-adolescent relationship. Another adolescent, whose mother reported brief day-only father-contact, which increased by follow-up, reported a reduced level of both problem and open communication. The mothers of both adolescents who reported clinically significant improvement in the father-adolescent relationship reported an increase in overnight contact with fathers. Telephone contact remained quite stable for these adolescents, except for one whose mother reported a reduction in telephone contact. However, this change may be due to an increased level of face-to-face contact for this adolescent.

There was also improvement in the level of father contact for those adolescents who did not report on the father-adolescent relationship. One mother indicated an increase in overnight stays and an increase in telephone contact, and these changes were maintained at follow-up; another reported an increase in overnight stays at post-test that was not maintained at follow-up; and the remaining mother reported a week-about arrangement at pre-test, and this did not change over time. Overall, father-contact increased during the course of the program, and increased father-contact was associated with improvements in adolescent perceptions of the father-adolescent relationship.

All mothers reported marginally significant improvements in at least one domain of parenting. Of the 11 marginally significant post-test changes in parenting, 10 were improvements, and 7 of these improvements were maintained at 3-month follow-up. Only one participant had subscale scores in the clinical range at pre-test, and these scores improved to within the normal range by post-test.

There were a number of changes in adolescent coping across time, however, there is no clear pattern to these changes. Two adolescents indicated marginally significant decreases in assistance seeking, and no change in their coping efficacy for interparental conflict. However, one of these children indicated a return to baseline level of assistance seeking and a marginally significant increase in cognitive-behavioural problem-solving at follow-up. Both siblings reported improvements in assistance seeking and coping efficacy for interparental conflict, and one also reported a clinically significant increase in behavioural avoidance. This increase in behavioural avoidance returned to baseline level at follow-up, and was associated with a marginally significant decrease in cognitive avoidance, and marginally significant and clinically significant improvements in cognitive-behavioural problem-solving and assistance seeking, respectively. Overall, these results indicate

improvement in coping efficacy and coping strategy utilisation for two of the four adolescents who provided self-reports.

Because the YAPS program targeted adolescent coping indirectly by teaching mothers coping strategies and prompting their children to use them, it is important to observe the relationship between mothers' coping practise and changes in adolescent coping. The children of the mother who practised the coping strategies most frequently (Case Study 3) reported marginally significant increases in their coping efficacy for dealing with interparental conflict, and reported improvements in coping strategy utilisation.

Respondents reported either no change or marginally significant increases in the total number of separation-related problematic beliefs at post-test. Clinically significant increases on the Fear of Abandonment, and Peer Ridicule and Avoidance subscales, respectively, contributed to the marginally significant increases reported by two of the adolescents. One respondent who did not show clinically significant change in total beliefs, reported a clinically significant reduction in paternal blame beliefs and a marginally significant reduction in self-blame beliefs at post-test. The other adolescent reported a marginally significant decrease in peer ridicule and avoidance beliefs at post-test, followed by a clinically significant reduction in paternal blame beliefs at 3-month follow-up, leading to a marginally significant reduction in her total number of problematic beliefs at this time. Overall, results for separation-related problematic beliefs were not indicative of improvement.

Three adolescents indicated clinically significant reductions in negative separation-related events at post-test, and for the adolescent who provided follow-up data this improvement was maintained. The remaining adolescent reported no change in negative events at post-test, and a clinically significant increase by 3-month follow-up. These results suggest that the program was effective in reducing adolescent's perceptions of negative separation-related events.

The most consistent improvements in the proposed mediators occurred for mother perceptions of their own symptomatology, family communication, coparenting support, parenting strengths, the mother-adolescent relationship, and adolescent-father contact, and adolescent perceptions of interparental conflict, negative separation-related events, and the mother-adolescent relationship. Less consistent improvements were seen for mother ratings of coparenting conflict, and adolescent ratings of their own coping and the father-adolescent

relationship. Results for adolescent-rated family communication and separation-related beliefs are indicative of adjustment decline.

Mothers' responses on the social validity measure indicate that they were satisfied with the type and amount of assistance they received, the organisation of the program, the effectiveness of the facilitator, and the convenience of program scheduling, and reported that they would recommend the program to others. They reported that the program was successful in helping them to manage conflicts and problems that occurred with their children, and reported moderate levels of satisfaction with the program's effectiveness in helping them to understand their own and their children's reactions to separation, improve their ability to deal with child behaviour, and deal with personal problems. Mothers' satisfaction with change in the coparental relationship was positive, yet low compared to other ratings. Importantly, mothers reported that they felt that the program had met most of their own, and their child's needs, that they were satisfied with their own and their child's adjustment, and believed that there had been some improvement in their relationships with their child.

Mother ratings of child behavioural and emotional problems at post-test are consistent with mother reports of satisfaction with child adjustment at this time. Considering the further improvement in child problems at follow-up, mother satisfaction ratings may have been higher had they completed the social validity scale at follow-up.

The unreliable pattern of change for mother-rated coparenting conflict is consistent with mothers' reports that the program was not very helpful in reducing coparental conflict. However, there was improvement in adolescent perceptions of interparental conflict, suggesting that the level of interparental conflict that adolescents were exposed to had improved. Only marginal improvement in coparenting support is also consistent with mothers' beliefs that the program was minimally helpful in improving the coparenting relationship.

Mothers' perceptions of their ability to manage personal problems, family problems, family conflicts and their children's behaviour at the end of the program were positive. This is consistent with improvements in mother reports of parenting strengths, family communication, and adolescent and mother reports of the mother-adolescent relationship.

The use of video recording was a more accurate and practical way to measure program adherence compared to keeping a written checklist as trialled in Study 2. Only minor deviations from the manualised program were observed, and these were instances where brief

sections of the Module content was not covered. In general, the total length of time allocated to each session was appropriate. However, there was a tendency for Session 2 to take more time than scheduled. There was great variation across participants in the time taken to complete individual components, and this occurred for those sections which included discussion regarding the personal application of the information presented.

The nature of individual face-to-face delivery allows for session times to be changed if required, which led to high attendance rates in the current study. Session times were changed for three of the participants, most often due to child illness, so delivery of the parenting programs in this format, seems particularly suited to single-parent families, who are less likely to have partner, and extended family support. Improved methods for assessing completion of homework activities were effective, and indicated high levels of participation.

The most reliable improvements in the current study were observed for adolescent adjustment, maternal adjustment, mother-adolescent relationships, father-contact, adolescent exposure to interparental conflict and other negative-separation-related events, and mothers' perceptions of family relationships. Minimal change was observed for mothers' parenting practises, while consistent changes were not observed for adolescent ratings of family relationships, the father-child relationship, or for adolescents' coping strategy utilisation or appraisal of parental separation. However, improvements in the father-adolescent relationship were associated with increased levels of father-contact, and improvements in adolescent coping strategy utilisation were associated with parental utilisation of coping strategies.

CHAPTER 8 - STUDY 4: TRIAL OF THE YAPS TELEPHONE-ASSISTED PROGRAM

Aim

The aim of this study is to evaluate the effectiveness of the YAPS program as a telephone-assisted, or minimal contact, program. Providing the option of a telephone-assisted program enables mothers who would otherwise not participate, due to geographical distance or time availability, to complete the program.

Previous research has evaluated the effectiveness of minimal contact parenting interventions for oppositional behaviour (Connell et al., 1997) and sleep problems (Seymour et al., 1989). Both of these studies found that the minimal contact programs resulted in greater behavioural change compared to wait-list controls. Evaluating the acceptability and effectiveness of a telephone-assisted version of the YAPS parenting program will contribute significantly to the body of research on the effectiveness of minimal contact interventions. Evaluating the effectiveness and acceptability of this method of delivery for separated families is also clinically important as mothers in separated families may be less able to attend clinic sessions because of work and family responsibilities.

The specific research questions to be answered by the trial of the program are:

1. Was the program implemented as planned?
2. Did participants acquire the knowledge presented in the program?
3. Were mothers satisfied with the program's delivery, content, and outcomes?
4. Was the program effective in improving adolescent adjustment?
5. Was the program effective in changing the proposed mediator variables (father-contact, maternal adjustment, interparental conflict, parent-adolescent relationships, family relationships, parenting practises, child coping, separation-related negative-events, separation-related beliefs)?

Method

Participants

Two mothers participated in the trial of the YAPS program delivered as a telephone-assisted program. These mothers expressed interest in the YAPS program after seeing advertisements for the individual therapist-administered program (see Chapter 7 - Study 3),

However, they reported that it would be difficult for them to attend individual sessions at the RMIT University Psychology Clinic due to employment and parenting responsibilities, so they were invited to participate in the telephone-assisted program. The demographic information is presented separately below for the two case studies (pseudonyms have been used to ensure confidentiality).

Case Study 1

At the time of collecting pre-treatment data, Margaret was 44 years old and she had been separated for 3 months. She had completed Year 11 at school and was employed for 20 hours per week, earning income in the range of \$25,000 to \$30,000 per year (including child support payments and government allowances). Margaret has two sons, Andrew and Kyle, aged 14 years, 6 months, and 9 years, respectively. At pre-test, both boys were living with their mother for 20 days and their father for 10 days each month. Margaret reported that she had sought assistance from a psychologist in the 6 months prior to participating in the YAPS program. She indicated that her son was not receiving professional support for emotional or behavioural problems.

Case Study 2

At the time of collecting pre-treatment data, Jean was 52 years old and she had been separated for 9 months. She has a university degree and works in paid employment for 38 hours per week, earning income in the range of \$60,000 to \$70,000 per year (including child support payments and government allowances). Jean has two daughters, Bianca and Ashley, aged 23 years, and 14 years, 1 month, respectively. At the time of participating in the YAPS program, Bianca was living with her father, while Ashley was living with Jean for 12 days per month, and with her father for the remainder. Jean reported that she had not sought professional assistance for herself or her daughter in the 6 months prior to participating in the YAPS program.

Process Evaluation

Treatment Integrity

Steps were taken to ensure treatment integrity. First, a detailed program manual was developed based on the manual for the individual therapist-administered program. This manual included detailed information about telephone discussions and questions regarding homework tasks (see Appendix NN). Time approximations were also provided for each

scheduled telephone call. Second, using a detailed checklist, program delivery was assessed for adherence to content and duration as detailed in the program leader's manual. A tape-recording of each scheduled telephone call was used to check adherence to planned content and the time taken to complete each call.

Participation

Completion of phone calls and number of weeks to complete the initial 4-week program was recorded. Completion of homework activities was recorded on the *How Did I Go Checklist* that participants completed at the end of each module. This checklist collected information regarding whether participants reviewed the module content and completed practise and written tasks.

The completion of coping skills practise was considered particularly important for intervention effects on maternal mood and stress, and for adolescent coping. For this reason, the average number of coping skills practised per week per participant is also reported.

Social Validity

The social validity questionnaire that was used in Studies 2 and 3 was adapted for use in the current study so that the wording was appropriate for participants completing the telephone-assisted program. "Program sessions" was changed to "program phone calls" for items 29 and 30 of the questionnaire. The questionnaire was sent out to participant mothers after they received the Module 4 phone call. Mothers were given a reply paid envelope to return the questionnaire.

Product Evaluation

Background Information

The background information questionnaire used in Study 3 was used in the current study. A copy of this Background Information Questionnaire is provided in Appendix Z.

Knowledge Acquisition

Participants completed the same Knowledge Questionnaire used in Study 3. It was completed during the data collection session (approximately 2 weeks before Session 1) and again after the Module 4 phone call. Mothers were sent this questionnaire along with the social validity questionnaire and asked to return it in the reply-paid envelope.

Parent and Child Behaviour Change Measures

Mothers and their focus children each completed a questionnaire package which included a number of measures designed to assess child and family adjustment and variables proposed to mediate the relationship between parental separation and child and family adjustment. Pre-treatment measures were completed within a 4-week period before the first program session. Post-treatment measures were completed after the booster phone call (approximately 5 months after pre-treatment measures). Follow-up measures were completed approximately 3 months after the booster phone-call. The measures completed by mothers and children were the same as those used in Study 3. Details of these measures are provided in Chapters 6 and 7.

Continuous Data Recording

Continuous data recording, of child behaviour and maternal mood and stress, was collected and analysed as described for Study 3 (see Chapter 7). Continuous data recording of child behaviour and maternal mood and stress began approximately 4 weeks prior to beginning YAPS Module 1 until approximately 1 week after receiving YAPS Module 4. Mothers were encouraged to collect data for one month after completing YAPS Module 4 so that 1-month follow-up data could be analysed. However, in both cases mothers did not complete data recording during the 1-month follow-up period. One week of follow-up data recording was completed in the 2-week period before the Booster phone-call (approximately 3 months after completing YAPS Module 4).

Consistent with Study 3, the Goal Achievement Scale (GAS; Hudson et al., 1995) was also used as a measure of intervention success. For each behaviour selected for change, the baseline rate of behaviour was designated as 0% success. With guidance from the researcher, mothers made the decision regarding the rate of behaviour which would indicate 100% success. This rate of behaviour did not always represent complete elimination of undesirable behaviour or total compliance. The level of behaviour required for 100% success was judged by the mother to be that which would make a considerable improvement to family relationships and/or that which was developmentally appropriate.

Procedure

Recruitment and Data Collection

Ethical approval to recruit participants for the current study was granted by RMIT Human Research Ethics Committee. Recruitment and data collection methods were identical to that described for Study 3. All mothers who expressed interest in the research study were provided with a written explanation of the study (see Appendix OO). Those mothers who volunteered to participate were required to sign a written consent form which was identical to the consent form used in Studies 2 and 3 (see Appendix V). Where adolescents volunteered to complete questionnaires, mothers and their adolescent child signed the consent form. Approximately five weeks prior to starting the YAPS program, program participants and their focus child attended a pre-treatment interview which followed the same procedures as those outlined in Study 3. Participants received a program outline (see Appendix PP) and were provided with the same information sheet provided to participants in Study 3. The option of a home-visit or an appointment at the RMIT University Psychology Clinic was offered, with one family selecting a home visit.

Program Content and Materials

The YAPS program content and materials were identical to those used in Study 3.

Program Delivery

In the telephone-assisted program, participants completed the program modules at home over a five-week period. In addition to receiving the four YAPS modules, participants received one scheduled phone call per module during the five-week program. Program phone calls were made by the author who has Masters-level training in Clinical Psychology and supervision was provided by a Clinical and Educational Psychologist with extensive experience. The aim of these phone calls was to discuss progress with the program, to answer any questions about written information, to discuss personal application of the written information, and to provide assistance with the written tasks.

At the initial interview, dates were set for scheduled phone calls and participants were informed that they would receive each module in the mail before each scheduled phone call. Participants were provided with Modules 1 and 4 one week before receiving the scheduled phone call, and Modules 2 and 3 two weeks before the scheduled phone call. This allowed for consistency with the individual therapist-administered program which provided 2 weeks

for participants to complete the homework activities contained in modules 2 and 3. Parents also received a scheduled phone call three months after completing the five-week program. This phone call was the equivalent of the Booster session provided in the group and individual therapist-administered versions of the YAPS program.

Scheduled phone calls were made according to the protocol outlined in the facilitators manual (see Appendix NN). Phone calls for modules 1 and 4 were scheduled to take approximately 10 minutes and phone calls for modules 2 and 3, and the booster phone call were scheduled for 20 minutes.

Results

Treatment Integrity

Using an audio-tape recording of each phone call and a detailed outline of content, adherence to content and duration of each call, as detailed in the program facilitator's manual, was assessed. Percentage adherence to duration of program components was calculated by dividing the completion time of each phone call by the recommended time given in the facilitator's manual and multiplying by 100. A percentage value of 100 indicates that a program component adhered to the expected duration, a percentage value of less than 100 indicates a component which took less time than expected, and a percentage value greater than 100 indicates a component which took more time than expected.

All phone calls covered the required components, so adherence to treatment content was optimal. Many of the approximations in the manual were appropriate, with a percentage adherence to duration of 109.5% averaged across phone calls. Percentage adherence rates ranged from 70% to 120% with the majority of phone calls exceeding the estimated time.

Participation

Both participants received all planned phone calls in the scheduled 6-week period. All *How Did I Go Checklists* were completed and returned by participant 1, with participant 2 returning the checklists for Modules 1 and 3 only. Information regarding completion of practise and written exercises was also elicited from mothers during scheduled phone calls. It was a program requirement that the module be read at least once before the scheduled phone call for that module, and both mothers reported meeting this requirement. Participant 1 completed 95% of the practise exercises and 100% of the written exercises, whereas Participant 2 completed 68.4% of the practise exercises and 76.9% of the written exercises.

The completion of coping skills practise was considered an important indicator of program participation. For this reason, the average number of coping skills practised per day per participant is also reported here. Table 41 presents the average number of controlled breathing, physical relaxation, and thought stopping exercises, and total coping practise exercises reported by each participant per week across the course of the program.

Table 41

Average Weekly Practise of Coping Exercises Reported by Mothers During the Course of the YAPS Program.

Coping Practise	Case Study	
	1	2
Controlled breathing	1.2	0.6
Physical relaxation	5.7	1.0
Thought stopping	0.2	4.6
Total	7.1	6.2

Social Validity

Mothers' responses to the participant satisfaction questionnaire indicated overall satisfaction with the program. On a scale of 1 to 7 with lower scores corresponding to dissatisfaction, the mean Likert rating across all items was 5.12 ($SD = 1.02$). Mean ratings for each of the items is presented in Table 42.

Responses indicated that both mothers received the type and amount of assistance that they wanted from the program, and that they would recommend the program to others. They also reported that the program was successful in increasing their understanding of children's reactions to separation and improving their ability to deal with child behaviour, personal problems, and family conflicts and problems. One mother felt that the program had helped her to understand her own response to separation, however, the other gave a neutral response to this question. All information and activities were rated as at least somewhat helpful, and the organisation of the program, the program booklets, effectiveness of the facilitator, and the convenience of delivery of the program, were all rated positively.

Mothers reported that they felt the program had met some, to most, of their own needs, yet only a few of their child's needs, and that they were satisfied with their child's adjustment, but less so with their own. They also believed there had been slight improvement in their relationships with their child.

Table 42

Mother Ratings for Each Item on the Participant Satisfaction Questionnaire (N = 2).

Satisfaction Questionnaire Item	Visual Analogue Scale Rating						
	1 Negative Response	2	3	4 Neutral Response	5	6	7 Positive Response
1. Did you receive the type of help you wanted from the program?					X O		
2. To what extent has the program met your <i>child's</i> needs?			O	X			
3. To what extent has the program met your needs?				X	O		
4. How satisfied were you with the <i>amount of help</i> you and your child received?					X O		
5. Has the program helped you to deal more effectively with your child's behaviour?					O	X	
6. Has the program helped you to deal more effectively with problems that arise in your family?					X O		
7. Has the program helped you to deal more effectively with personal problems?					X		O
8. Has the program helped you to understand your child's feelings and responses related to parental separation?					O	X	
9. Has the program helped you to understand your own feelings and responses related to the separation?				O	X		
10. Do you think the relationship with your former partner has been improved by the program?	O		X				
11. Do you think the program has helped you to manage any conflicts that arise between yourself and your child?					X O		
12. Do you think the program has helped you to manage any conflicts that arise between yourself and your former partner?				X	O		
13. Would you recommend this program to other people?					X O		
14. Has the program helped you to develop skills that can be applied to your other family members?				X	O		
15. In your opinion, how is your relationship with your child at this point?					X O		

Note. X = Participant 1; O = Participant 2

Table continues

Table 42 (cont.)

Mother Ratings for Each Item on the Participant Satisfaction Questionnaire (N = 2).

Satisfaction Questionnaire Item	Visual Analogue Scale Rating						
	1 Negative Response	2	3	4 Neutral Response	5	6	7 Positive Response
16. How would you describe your feelings at this point about your child's adjustment?						X O	
17. How would you describe your feelings at this point about your own adjustment?				X	O		
18. How confident are you that you will be able to cope with problems that may come up in future?				X	O		
19. How would you describe the organisation of this program?							X O
20. How would you describe the effectiveness of the leaders in helping you understand the information and activities?							X O
21. How helpful was the information/activities focusing on understanding your own reactions and feelings towards separation?					O	X	
22. How helpful was the information/activities focusing on coping strategies?				O		X	
23. How helpful was the information/activities focusing on understanding your child's reactions and feelings towards separation?					X	O	
24. How helpful was the information/activities focusing on providing support to your child?					O	X	
25. How helpful was the information/activities focusing on the importance of father contact and reducing conflict between yourself and your former partner?				X	O		
26. How helpful was the information/activities focusing on managing and monitoring your child?				O	X		
27. How helpful was the information/activities focusing on improving family relationships?				O	X		
28. How helpful were the information booklets?						X O	
29. Were the program sessions conducted at a convenient time for you and your family?							X O
30. Were the program sessions conducted at a location convenient to you and your family?					O		X

Note. X = Participant 1; O = Participant 2

Satisfaction with improvement in the coparental relationship were less positive. Mothers reported that they did not feel that the program had improved their relationship with their former partner, however when asked whether the program had helped them to manage coparental conflicts, one mother responded “yes, it has helped somewhat” and the other circled a response between “it has helped somewhat” and “no, it hasn’t helped much”.

Knowledge Acquisition

The number of correct knowledge questions at post-test for participant 1 was 18 (90% correct), an improvement from a pre-test score of 11 (55% correct). The number of correct knowledge questions at post-test for participant 2 was 14 (70% correct), an improvement from a pre-test score of 9 (45% correct).

Parent and Child Behaviour Change

Results from the mother- and child-rated measures are presented separately for the two case studies, with clinical cut-off points and severity labels (e.g., normal, borderline, abnormal) used to indicate clinically significant change where possible. Some outcome measures do not provide symptom categories and in these cases, only Reliable Change Indices (RCI) are provided. A detailed description of RCIs and their calculation has been provided in Chapter 6.

The results for visual analysis of behaviour change and maternal mood and stress graphs and GAS scores for behaviour change are referred to when discussing each case study individually. A total of 16 ratings were provided by the two observers across 8 graphs (ratings given for baseline v intervention, and baseline v 3-month follow-up). Agreement occurred in 14 (87.5%) cases. When disagreement occurred, the raters conferred until agreement was reached.

Case Study 1

Margaret reported that she was experiencing difficulties adjusting to the separation and was concerned that her difficulties may affect her children’s adjustment. Margaret reported that she was happy with her children’s behaviour, and did not think that their behaviour had changed since the separation. She also reported that both boys were maintaining a close relationship with their father, calling him on the telephone on days they were not with him. Margaret reported that she would like to deal more effectively with her emotions and communicate more effectively with her former partner regarding parenting of their children.

Margaret completed questionnaires at pre-test, post-test and 3 month follow-up. Andrew also participated in the research study. He completed questionnaires at pre-test and 3-month follow-up. Unfortunately, he did not complete the post-test questionnaire, despite 3 reminder phone calls over a 6 week period. The available pre-test, post-test and three-month follow-up percentile scores on each of the measures for Case Study 1 are presented in Table 43. The clinical significance of the differences between pre-test, post-test and follow-up scores, according to RCIs, is indicated. Where *significance* is discussed in text, this refers to clinical significance according to RCIs. Margaret also completed daily rating of her own mood and stress and child behaviour, and provided information regarding father contact.

Maternal symptomatology. Margaret scored in the Normal range for DASS Depression, Anxiety and Stress at pre-test. At post-test, there was a marginally significant increase in Margaret's depression rating, placing her score in the Mild range. This score returned to the Normal range at follow-up, a significant decrease from post-test. Anxiety and Stress scores remained in the Normal range across time, with a marginally significant decrease at post-test for Anxiety scores, and a marginally significant decrease for Stress scores at 3-month follow-up.

Child symptomatology. Margaret and Andrew both provided data on child symptomatology. At pre-test, Andrew's self-rated SDQ Total Difficulties score was in the Normal range. By follow-up, this score was in the Borderline range, largely due to significant increases in difficulties on the Peer Problems scale and a score in the Abnormal range for Conduct Problems at pre-test, which persisted across time. A significant decrease was also reported by Andrew on the Prosocial behaviour scale.

Margaret's ratings of Andrew's symptomatology differed from Andrew's self-ratings. At pre-test, she rated Andrew in the Normal range on all SDQ subscales except for Conduct Problems, for which she gave him a score that fell within the Borderline range. Her ratings remained quite stable from pre- to post-test, with only a marginally significant increase in Conduct Problems, which placed Andrew in the Abnormal range. At 3-month follow-up, there was a significant reduction in Conduct Problems, to a score in the Normal range. There was also a marginally significant increase on the Hyperactivity scale, however this score remained within the Normal range.

Table 43

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 1, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	60.60 (N)	80.15 (M)*	43.46 (N)* ¹ ** ²
DASS Anxiety	51.59 (N)	28.89 (N)*	22.50 (N)* ¹
DASS Stress	67.53 (N)	63.01 (N)	38.95 (N)* ^{1, 2}
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	17.17 (N)	17.17 (N)	17.17 (N)
Conduct Problems	78.17 (B)	97.05 (A)*	58.79 (N)** ²
Hyperactivity	38.35 (N)	52.95 (N)	67.16 (N)* ¹
Peer Problems	36.21 (N)	17.33 (N)	17.33 (N)
Prosocial	43.00 (N)	43.00 (N)	22.22 (N)
Total Difficulties	38.02 (N)	51.35 (N)	38.02 (N)
Adolescent-rated SDQ			
Emotional Symptoms	76.94 (N)	-	58.34 (N)
Conduct Problems	93.69 (A)	-	98.29 (A)
Hyperactivity	83.01 (B)	-	69.15 (N)
Peer Problems	12.65 (N)	-	95.68 (B)***
Prosocial	61.57 (N)	-	7.07 (B)**
Total Difficulties	81.12 (N)	-	92.93 (B)
Parent-adolescent Relationship			
Mother-rated PACS			
Open family communication	20.98	1.35**	6.57* ^{1, 2}
Problem family communication	22.66	94.20***	55.68* ¹ ** ²
Adolescent-rated PACS (mother)			
Open family communication	17.57	-	5.33* ¹
Problem family communication	94.86	-	31.79*** ¹
Adolescent-rated PACS (father)			
Open family communication	28.39	-	20.91
Problem family communication	94.69	-	17.14*** ¹
Family Communication			
Mother-rated FPSC			
Affirming communication	52.36	27.47*	65.11* ²
Incendiary communication	67.76	80.28	37.44* ¹ ** ²
Adolescent-rated FPSC			
Affirming communication	17.68	-	52.36* ¹
Incendiary communication	37.44	-	2.99** ¹
Quality of Co-parental Communication (Mother-rated)			
Conflict	79.25	97.14***	91.29* ^{1, 2}
Support	21.64	11.97	11.97

Note. - = missing data; N = Normal; M = Mild; B = Borderline; A = Abnormal; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Table continues

Table 43 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 1, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Interparental Conflict (Adolescent-rated CPIC)			
Conflict Properties			
Frequency	44.13	-	20.65
Intensity	30.64	-	20.70
Resolution	5.43	-	68.90*** ¹
Total	19.74	-	32.19
Self-Blame			
Content	36.74	-	16.41
Self-Blame	44.82	-	21.72
Total	40.23	-	17.62* ¹
Coping Efficacy	79.98	-	79.98
Adolescent Coping (Adolescent-rated CSCY)			
Assistance Seeking	23.31	-	49.43* ¹
Cognitive Behavioural Problem Solving	14.28	-	50.49** ¹
Cognitive Avoidance	60.68	-	60.68
Behavioural Avoidance	14.42	-	32.84
Separation-related Beliefs (Adolescent-rated CBAPS)			
Peer Ridicule & Avoidance	37.73	-	37.73
Paternal Blame	56.22	-	96.66** ¹
Fear of Abandonment	19.70	-	41.62
Maternal Blame	27.33	-	98.73*** ¹
Hope of Reunification	22.25	-	85.42* ¹
Self Blame	34.51	-	34.51
Total	19.95	-	91.39** ¹
Negative Events (Adolescent-rated NLES)	67.90	-	94.92** ¹
Parenting Strengths (Mother-rated SPQ)			
Problem solving	10.46	18.66	29.99
Social support	58.28	58.28	32.84
Parental warmth	52.81	58.21	45.79
Discipline/control	56.80	39.86	31.88
Parental enthusiasm	16.30	16.30	12.31
Parent rules	44.90	17.83*	17.83* ¹
Total	32.17	24.40	19.00

Note. - = missing data; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Parent-adolescent relationship. Margaret indicated a significant decrease in open communication, and a significant increase in problem communication in her relationship with Andrew at post-test. By three-month follow-up these scores had improved, but not to pre-test levels. Andrew reported a marginally significant decrease in open communication, and a significant decrease in problem communication with his mother by 3-month follow-up. He

also reported a significant decrease in problem communication in the relationship with his father.

Family communication. A marginally significant decrease in mother-rated affirming family communication was seen from pre- to post-test, however, between post-test and follow-up there was a marginally significant increase, to above pre-test level. A reduction in mother-rated incendiary family communication was also seen by 3-month follow-up. Andrew's reports of family communication were more favourable than his mother's report at pre-test, and he reported a marginally significant increase in affirming family communication and a significant reduction in incendiary family communication by 3-month follow-up.

Interparental conflict and communication. At pre-test Margaret reported moderate levels of conflict and support. She reported a highly significant increase in interparental conflict from pre- to post-test, and then a marginally significant decrease to a score intermediate between pre- and post-test scores at 3-month follow-up. The level of support between herself and her former spouse did not change significantly.

Child perception of interparental conflict. Andrew's increased score on the Resolution subscale of the CPIC from pre-test to 3-month follow-up was significant, indicating that he perceived a deterioration in his parents' ability to resolve their conflict. There was also a marginally significant decrease in Andrew's tendency to blame himself for interparental conflict, suggesting a minimal increase in his adaptive appraisal of interparental conflict.

Adolescent coping. By 3-month follow-up, Andrew reported a marginal increase in his utilisation of assistance seeking and a significant increase in his utilisation of cognitive-behavioural problem-solving, suggesting improvements in coping strategy utilisation.

Separation-related beliefs. Andrew's ratings on the CBAPS were low at pre-test, however increased significantly by 3-month follow-up, when he endorsed 15 out of a total of 36 items. There were significant increases on the Paternal Blame and Maternal Blame subscales and a marginally significant increase on the Hope of Reunification subscale.

Negative separation-related events. Andrew indicated a normative level of separation-related negative events at pre-test, with a significant increase at 3-month follow-up.

Parenting strengths. All of Margaret's SPQ subscale ratings were within the normal range at pre-test, post-test, and follow-up. However, there was a marginally significant decrease on the Parent Rules subscale from pre- to post-test and this change was maintained at follow-up.

Child behaviour ratings. Margaret had difficulty selecting behaviours for recording as she was happy with Andrew's behaviour. After much consideration, she selected twice-daily teeth brushing and offering to help around the house. She recorded the frequency of help offered and teeth brushing per week and this was graphed as a percentage of days when he had the opportunity to perform the behaviours. The graphs for these behaviours are provided in Appendix QQ. A summary of visual analysis ratings for behaviour change graphs is presented in Table 44, and a summary of GAS ratings for each of these behaviours is presented in Table 45. According to visual analysis ratings, there was no change in Andrew's offers of help and teeth brushing, across the intervention period. This is consistent with the GAS rating of 0 at post-intervention and 3-month follow-up. However, there was moderate improvement in his offers of help at 3-month follow-up compared to baseline, with a GAS rating of 100 at both intervention and 3-month follow-up for his behaviour.

Table 44

Summary of Visual Analysis Ratings for Behaviour Change Graphs and Daily Mood and Stress Graphs for Case Study 1.

Behaviour	Visual Analysis Intervention (Improvement)	Visual Analysis 3 mo follow-up (Improvement)
Percent days offers help per week	No Change	Moderate
Percent days brushes teeth per week	No Change	No Change

Table 45

Summary of GAS Ratings for Case Study 1.

Behaviour	GAS Intervention	GAS 3 mo follow-up
Percent days offers help per week	100	100
Percent days brushes teeth per week	0	0

Daily maternal mood and stress ratings. Margaret recorded complete daily mood and stress ratings across the required period. Graphs of Margaret's daily mood and stress ratings are provided in Appendix QQ, and a summary of visual inspection ratings of mood and stress change are provided in Table 46. According to visual analysis ratings, Margaret's mood and stress showed moderate improvement compared to baseline across the intervention phase. However, by 3-month follow-up her mood and stress ratings returned to baseline levels.

Table 46

Summary of Visual Analysis Ratings for Daily Mood and Stress Graphs for Case Study 1.

Rating	Visual Analysis Intervention (Improvement)	Visual Analysis 3 mo follow-up (Improvement)
Mood	Moderate	No change
Stress	Moderate	No change

Father contact. At pre-test, Margaret reported that Andrew spent a total of 10 days with his father in the previous month. This informal arrangement translated to contact consisting of 10 overnight stays, each lasting approximately 24 hours. At post-test, a court-approved custody arrangement had been set, stating that both children were to live in their father's home for two weekends and 4 weeknights per month. Due to Margaret taking her children away for the school holidays, the actual time the children spent with father was somewhat less than that outlined in the custody arrangement. During this time, Andrew stayed in his father's home for 3 overnights and 3 day visits. At follow-up, actual time spent with father was consistent with the court-approved custody arrangement.

At pre-test, Margaret reported that Andrew had additional contact with his father by telephone approximately 30 times in the previous month. At post-test and follow-up Margaret reported that she was unsure of the number of phone calls between Andrew and his father as Andrew had his own mobile phone and did not always communicate with Margaret about contact with his dad. However, Margaret predicted that contact was regular.

Summary. Case Study 1 is characterised by significant increases in post-separation adjustment as indicated by improvements in adolescent-rated affirming and incendiary family communication, adolescent-rated problem communication in the mother-adolescent-relationship and the father-adolescent relationship, and adolescent utilisation of cognitive-behavioural problem-solving. Marginally significant increases in adjustment were indicated by improvements in maternal anxiety (and depression and stress by follow-up), increases in adolescent utilisation of assistance seeking and mother-rated incendiary family communication (by follow-up), and Andrew's reduced tendency to blame himself for interparental conflict. There was also an improvement in the stability of living arrangements, with a court-approved custody arrangement set by post-test, and by follow-up, the actual time the children spent with their father was consistent with the court-approved custody arrangement.

Significant adjustment decline was indicated by a deterioration in the mother-rated parent-adolescent relationship, increase in mother-rated coparenting conflict, a decrease in Andrew's perceptions of his prosocial behaviour and his parents' ability to resolve their conflict, and increases in negative separation-related events, parental blame beliefs, and adolescent-rated peer problems. Marginally significant adjustment decline was indicated by an increase in adolescent beliefs relating to hopes of parental reunification, a decrease in adolescent-rated mother-adolescent open communication, and a decrease in Margaret's utilisation of parent rules.

Marginally significant decreases in Margaret's symptomatology on the DASS across time is consistent with the moderate change in mood and stress levels according to daily ratings. Limited change occurred according to Margaret's daily behaviour ratings, which is consistent with her ratings on the SDQ.

Case Study 2

At the time of presenting for support, Jean reported that she was experiencing high levels of stress, however she explained that pressure at work was a contributing factor. She did not have current concerns about Ashley's behaviour beyond the desire for Ashley to tidy up after herself and to get to bed earlier on school nights. She reported that Ashley had positive relationships with both parents, and believed that Ashley was content with the current living arrangements. Jean reluctantly admitted that she and her former partner did not communicate directly, and expressed a desire to improve their level of communication regarding parenting.

Jean and Ashley both completed questionnaires at pre-test, post-test and 3-month follow-up. The available pre-test, post-test and 3-month follow-up scores on each of the measures for Case Study 2 are presented in Table 47. The clinical significance of the differences between pre-test, post-test and follow-up scores is indicated. Jean also completed self-ratings of mood and stress and child behaviour recordings, and provided information regarding father contact.

Maternal symptomatology. Jean scored in the Moderate range for DASS Depression, the Severe range for DASS Anxiety, and the Extremely Severe range for DASS Stress at pre-test. By post-test, there had been a marginally significant decrease in DASS Anxiety, bringing Jean's score into the Moderate range, and this change was maintained at follow-up.

A significant reduction from the Extremely Severe to the Severe range was seen for stress ratings at post-test and was maintained at follow-up. Jean's Depression score remained in the Moderate range across time, with only marginally significant reduction at follow-up.

Child symptomatology. Jean and Ashley both provided data on child symptomatology. Ashley's self-ratings on all SDQ subscales were in the Normal range at all three data-collection points. Jean's ratings of Ashley's symptomatology differed from Ashley's self-ratings at pre-test, when she rated Ashley in the Abnormal range for Emotional Symptoms and Hyperactivity. By post-test, significant reductions in Jean's ratings placed all scores in the Normal range, and these reductions were maintained at follow-up.

Parent-adolescent relationship. Jean rated the relationship with Ashley positively at pre-test. However, by post-test there was a significant decline in open family communication which was maintained at follow-up. There was also a significant increase in problem communication at post-test. However this increased level was well within the normal range and reduced to a marginally significant degree by follow-up.

Ashley's ratings of open and problem communication with her mother were within the normal range at all time points, however there was a marginally significant increase in problem communication at follow-up. Her ratings of open and problem communication in the relationship with her father were not as favourable as that reported for her relationship with her mother at pre-test. Significant improvements in both open and problem communication with her father, however, were seen at post-test and were maintained at follow-up.

Family communication. At pre-test Ashley's ratings indicated a less favourable view of family communication compared to her mother, however, her ratings more closely approximated the mean of the normative sample. A marginally significant decrease in mother-rated affirming family communication was seen at post-test and was maintained at follow-up. A marginally significant increase in adolescent-rated affirming family communication was seen at post-test, and was maintained at follow-up. A significant decrease in adolescent-reported incendiary family communication was seen at post-test and this change remained marginally significant at follow-up.

Interparental conflict and communication. Jean reported moderate levels of conflict and support at pre-test. Marginally significant increases in interparental conflict and support were seen at post-test, however scores returned to pre-test levels at follow-up.

Table 47

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 2, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Maternal Symptomatology			
DASS Depression	97.74 (Mod)	96.84 (Mod)	94.17 (Mod)* ¹
DASS Anxiety	99.24 (S)	92.38 (Mod)*	92.38 (Mod)* ¹
DASS Stress	99.99 (ES)	97.29 (S)***	99.21 (S)*** ^{1,2}
Child Symptomatology			
Mother-rated SDQ			
Emotional Symptoms	91.64 (A)	30.02 (N)**	30.02 (N)** ¹
Conduct Problems	40.70 (N)	20.51 (N)	20.51 (N)
Hyperactivity	97.21 (A)	56.90 (N)**	56.90 (N)** ¹
Peer Problems	37.73 (N)	62.27 (N)	62.27 (N)
Prosocial	78.81 (N)	55.30 (N)	55.30 (N)
Total Difficulties	87.35 (B)	38.75 (N)**	38.75 (N)** ¹
Adolescent-rated SDQ			
Emotional Symptoms	31.70 (N)	31.70 (N)	31.70 (N)
Conduct Problems	10.56 (N)	10.56 (N)	10.56 (N)
Hyperactivity	11.86 (N)	11.86 (N)	5.09 (N)
Peer Problems	15.87 (N)	15.87 (N)	38.75 (N)
Prosocial	63.95 (N)	63.95 (N)	85.80 (N)
Total Difficulties	9.33 (N)	9.33 (N)	9.33 (N)
Parent-adolescent Relationship			
Mother-rated PACS			
Open family communication	82.83	4.61***	3.15*** ¹
Problem family communication	0.33	13.41**	2.28* ^{1,2}
Adolescent-rated PACS (mother)			
Open family communication	74.51	66.71	66.71
Problem family communication	15.87	23.06	52.10* ^{1,2}
Adolescent-rated PACS (father)			
Open family communication	28.39	97.97***	97.97*** ¹
Problem family communication	53.07	4.29**	4.29** ¹
Family Communication			
Mother-rated FPSC			
Affirming communication	85.22	65.11*	52.36* ¹
Incendiary communication	13.53	13.53	6.78
Adolescent-rated FPSC			
Affirming communication	52.36	76.33*	52.36* ²
Incendiary communication	67.76	13.53***	37.44* ^{1,2}
Quality of Co-parental Communication (Mother-rated)			
Conflict	86.15	94.85*	91.29
Support	21.64	65.25*	21.64* ²

Note. Mod = Moderate; S = Severe; ES = Extremely Severe; B = Borderline; A = Abnormal; *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Table continues

Table 47 (cont.)

Pre-Treatment, Post-Treatment, and Follow-up Scores as Percentile Ranks (Clinical Ranges where available) for each Measure for Case Study 2, Indicating Reliable Change.

Measure	Pre	Post	Follow-up
Interparental Conflict (Adolescent-rated CPIC)			
Conflict Properties			
Frequency	6.81	3.40	3.40
Intensity	0.89	0.89	0.89
Resolution	97.07	28.91***	93.85*** ²
Total	19.74	2.96*	13.35* ²
Self-Blame			
Content	9.73	9.73	9.73
Self-Blame	7.59	7.59	7.59
Total	7.47	7.47	7.47
Coping Efficacy	50.98	2.19***	2.19*** ¹
Adolescent Coping (Adolescent-rated CSCY)			
Assistance Seeking	81.74	45.70*	32.78** ¹
Cognitive Behavioural Problem Solving	51.72	60.20	43.16
Cognitive Avoidance	50.00	10.10**	62.51*** ²
Behavioural Avoidance	33.85	16.55	33.85
Separation-related Beliefs (Adolescent-rated CBAPS)			
Peer Ridicule & Avoidance	37.73	37.73	37.73
Paternal Blame	16.83	16.83	16.83
Fear of Abandonment	19.70	19.70	19.70
Maternal Blame	79.26	79.26	79.26
Hope of Reunification	67.31	22.25*	22.25* ¹
Self Blame	34.51	13.07	13.07
Total	32.93	14.82	14.82
Negative Events (Adolescent-rated NLES)	37.58	13.62*	52.96** ²
Parenting Strengths (Mother-rated SPQ)			
Problem solving	58.18	23.96*	43.68
Social support	74.05	74.05	74.05
Parental warmth	26.31	45.79	26.31
Discipline/control	65.00	39.86	31.88
Parental enthusiasm	46.25	46.25	16.30* ^{1,2}
Parent rules	24.35	20.94	10.35
Total	40.81	30.54	17.78

Note. *** > 99% (2.58 SD) RCI; ** > 95% (1.96 SD) RCI; * > 68.26% (1 SD) RCI; ¹ = difference from pre-test; ² = difference from post-test.

Child perception of interparental conflict. According to Ashley's perceptions, there was a significant improvement in her parents' ability to resolve their conflict by post-test, however this change was not maintained at follow-up. Ashley also indicated a significant improvement in her ability to cope with her parent's conflict, which was maintained at follow-up.

Adolescent coping. Ashley reported a marginally significant decrease in the use of assistance seeking, and by follow-up this decrease reached statistical significance. Her utilisation of cognitive-avoidance significantly decreased from pre-test to post-test, however it returned to pre-test levels by follow-up. While the decrease in assistance seeking could be indicative of decreased adjustment, the change in utilisation of cognitive avoidance indicates adjustment improvement that was not maintained at follow-up.

Separation-related beliefs. Ashley's ratings on the CBAPS did not change significantly across time. However, there was a marginally significant reduction in the endorsement of Hope of Reunification beliefs from pre- to post-test, and this decrease was maintained at follow-up.

Negative separation-related events. Ashley indicated a below-average level of separation-related negative events at pre-test. She indicated a marginal decrease by post-test, and by follow-up, an increase that was significantly different from post-test, but not pre-test.

Parenting strengths. There was a marginally significant decrease on the Problem Solving subscale of the SPQ at post-test, however this decline was not maintained at follow-up. There was also a marginally significant reduction in Parental Enthusiasm at follow-up, however, all of Jean's SPQ subscale ratings were within the normal range at pre-test, post-test, and follow-up.

Child behaviour ratings. Jean had difficulty selecting behaviours for recording as she was satisfied with Ashley's behaviour. After much consideration, she decided that she wanted to focus on Ashley removing her personal items from the living room, and getting to bed before 10.30pm on school nights. Jean recorded whether personal items were left in the living room each evening and the frequency of school nights in bed before 10.30pm. These behaviours were graphed as a percentage of days when she had the opportunity to perform the behaviours (she did not have the opportunity for success 7 times per week as she regularly stayed with her father). The graphs for these behaviours are provided in Appendix QQ. A summary of visual analysis ratings for behaviour change graphs and a summary of GAS ratings for each of these behaviours are found in Tables 48 and 49 respectively. According to visual analysis ratings, there was no change in the percentage of days Ashley left personal items in the living room. However there was moderate improvement in the percentage of nights that Ashley was in bed before 10.30pm, and this change was maintained at 3-month follow-up. Post-intervention the GAS score for leaving personal items in the

living room was 59, however at 3-month follow-up this score had declined to 0. The GAS score for percentage of nights in bed by 10.30pm was 66 at post-intervention and this score was maintained at 3-month follow-up.

Table 48

Summary of Visual Analysis Ratings for Behaviour Change Graphs for Case Study 2.

Behaviour	Visual Analysis Intervention (Improvement)	Visual Analysis 3 mo follow-up (Improvement)
Percent days leaves items around per week	No Change	No Change
Percent nights in bed by 10.30	Moderate	Moderate

Table 49

Summary of GAS Ratings for Case Study 2.

Behaviour	GAS Intervention	GAS 3 mo follow-up
Percent days leaves items around per week	59	0
Percent nights in bed by 10.30	66	66

Daily maternal mood and stress ratings. Jean recorded complete daily mood and stress ratings across the required period. Graphs of Jean's daily mood and stress ratings are provided in Appendix QQ, and a summary of visual inspection ratings of mood and stress change are provided in Table 50. According to visual analysis ratings, Jean's mood and stress levels showed no change compared to baseline across the intervention phase. By 3-month follow-up her mood level had still not changed from baseline, however her stress rating had deteriorated compared to baseline level.

Table 50

Summary of Visual Analysis Ratings for Daily Mood and Stress Graphs for Case Study 2.

Rating	Visual Analysis Intervention (Improvement)	Visual Analysis 3 mo follow-up (Improvement)
Mood	No change	No change
Stress	No change	Deterioration

Father contact. At pre-test, Ashley was living with Jean for 12 days per month, and with her father for the remainder. This was an informal arrangement, with Ashley staying

with her mother for approximately 3 days per week and with her father for approximately 4 days per week. At post-test living arrangements were still informal, with Ashley living with her mother for 15 days and her father 15 days per month. This arrangement was organised in a similar way to the earlier arrangement, however the time Ashley spent with her mother had increased. This informal arrangement continued until the time of follow-up data collection.

At pre-test, Jean reported that Ashley had additional contact with her father by telephone approximately 6 times in the previous month. At post-test, the number of phone calls had increased to 10 per month, and at follow-up, Ashley was calling her father 15 times per month, equivalent to calling him every day that she was not living with him.

Summary. Case Study 2 is characterised by significant increases in post-separation adjustment as indicated by a decrease in adolescent-rated incendiary family communication, and improvements in maternal stress, mother-rated adolescent emotional symptoms and hyperactivity, the father-adolescent relationship, and Ashley's self-reported ability to cope with her parent's conflict. There was also significant improvement in Ashley's perception of her parents' ability to resolve their conflict, however this change was not maintained at follow-up. Marginally significant increases in adjustment were indicated by an increase in adolescent-rated affirming family communication (not maintained at follow-up), decreases in maternal anxiety and depression symptoms, a reduction in the endorsement of hope of reunification beliefs, and a reduction in negative events (not maintained at follow-up). There was also an improvement in living arrangements, with Ashley spending equal time with her mother and father by post-test. Ashley's phone calls to her father also increased, in line with the reduced number of days in his home.

Significant adjustment decline was indicated by deterioration in the mother-rated parent-adolescent relationship. There were also marginally significant reductions in parental problem solving and parental enthusiasm, however, these changes were not consistent across time, and remained within the normal range. Whether the decrease in Ashley's use of assistance seeking as a coping strategy is indicative of adjustment decline is unclear.

There was no significant improvement in coparental conflict or support over time, or the adolescent-rated open communication in the mother-adolescent relationship. There was also no significant change in mother-rated incendiary family communication, however, this rating was indicative of adjustment at pre-test.

Only marginally significant change in Margaret's symptomatology on the DASS depression scale is consistent with the absence of change in her daily mood ratings across time. According to the DASS, there was a significant reduction in stress across time and this is inconsistent with her daily stress ratings which showed deterioration between post-test and follow-up. There was moderate improvement in one monitored behaviour according to Margaret's daily child behaviour ratings, which is consistent with decreased behavioural difficulties according to her SDQ ratings.

Summary of Results

This trial investigated the efficacy of the YAPS parenting program in effecting adolescent adjustment and the proposed mediators in the relationship between parental separation and adolescent adjustment, when delivered as a telephone-assisted, or minimal contact, program. The trial has also allowed for process evaluation of the YAPS program, which has implications for program content and program evaluation in future interventions for separated families.

The primary aim of this study was to reduce adolescent emotional and behavioural symptomatology in the participating families. There were significant improvements in mother-rated adolescent symptomatology in one family, however a significant decline in self-reported adolescent symptomatology in the other. It is important to note that according to both informants, total adolescent symptomatology in both families was within the normal or borderline range at all time points. This low level of reported behavioural problems in both families may account for the limited change in adolescent behaviour according to daily child behaviour ratings. Both mothers reported satisfaction with their child's behaviour at the beginning of the intervention, finding it difficult to decide on challenging behaviours for monitoring. This may have led to low motivation in changing the selected behaviours. Also, one of these behaviours was occurring at a rate satisfactory to the mother during the baseline period.

The YAPS program aimed to increase adolescent adjustment by effecting the proposed mediators (maternal adjustment, interparental conflict, family relationships, parenting practises, child coping, separation-related negative-events, and separation-related beliefs) in the relationship between parental separation and adolescent adjustment. Improvements in maternal adjustment were not as promising as expected. One mother indicated normal to mild

symptomatology on the DASS and this remained relatively stable across time. Her daily ratings of mood and stress were indicative of moderate change at post-test, however ratings returned to baseline levels at 3-month follow-up. The other mother indicated a significant reduction in stress symptoms and marginal reductions in depression and anxiety, however symptoms remained in the moderate and severe ranges at follow-up. Her daily ratings of mood and stress did not improve across time, with an increase in stress at 3-month follow-up. The limited change in depression, anxiety and stress symptomatology and daily mood and stress ratings observed in both mothers is consistent with their reports of limited practise of the coping strategies taught during the course of the program.

Change in mother ratings of coparenting support was disappointing with only a marginal increase in one family which returned to pre-test levels at follow-up. Change in mother ratings of coparenting conflict was also disappointing, with a significant increase in one family and a marginally significant increase in the other. Adolescent ratings for characteristics of interparental conflict did change though, with reductions in self-blame reported by one adolescent and improvement in coping efficacy for interparental conflict reported by the other. One adolescent's perceptions of her parents' ability to resolve conflict also improved, however, this change was not maintained at follow-up. The other adolescent reported a decline in his parents' ability to resolve conflict by follow-up.

Adolescent perceptions of change in family relationships were more positive than mother perceptions. Adolescent reports indicated significant improvements, whereas mother reports of change were mixed. Ratings of mother-adolescent open communication were also mixed, with marginal reduction or no change according to adolescent reports, and significant reduction according to mother reports. Ratings of mother-adolescent problem communication were more mixed, with significant reduction or minimal increase according to adolescent reports, and significant increase according to mother reports. Changes in the father-adolescent relationship were positive, with significant improvements reported by both adolescents. There were also improvements in the stability of family arrangements, which may have influenced adolescent perceptions of family relationships.

Both mothers were in the normal range for parenting practises at pre-test and there were no significant improvements over time. In fact, there were marginally significant reductions in the utilisation of parent rules for one mother, and parental problem solving and parental enthusiasm for the other.

Improvements in coping were observed in the current study. Clinically significant improvements in utilisation of cognitive-behavioural problem-solving coping were reported by the first adolescent, and a clinically significant increase in ability to cope with interparental conflict and a reduction in cognitive avoidance (not maintained at follow-up) was reported by the second. Increased improvement in adolescent utilisation of cognitive-behavioural problem solving in Case Study 1 is important, considering the low level of utilisation of this strategy by this adolescent at pre-test. The improvement in adolescent coping observed in the current study does not appear to be associated with mothers' utilisation of coping skills, as the rate of mothers' practise of coping strategies was low.

Reliable improvements were also absent for adolescent reports of negative separation-related events, and separation-related beliefs. The first adolescent reported a significant increase in negative events, and the second a marginally significant decrease that was not maintained at follow-up. The first adolescent indicated a significant increase in parental blame beliefs and a marginally significant increase in hope of reunification beliefs, while the second indicated a marginal decrease in hope of reunification beliefs.

Mothers' responses on the social validity measure indicate that they were satisfied with the type and amount of assistance they received, and that they would recommend the program to others. They also reported that the program was successful in increasing their understanding of children's reactions to separation and improving their ability to deal with child behaviour, personal problems, and family conflicts and problems. One mother felt that the program had helped her to understand her own response to separation, however the other mother gave a neutral response to this question. All information and activities were rated as "at least somewhat helpful", and the organisation of the program, the program booklets, the effectiveness of the facilitator, and the convenience of delivery of the program, were all rated positively. Mothers reported that they felt the program had met some-to-most of their own needs, yet only a few of their child's needs, and that they were satisfied with their child's adjustment, but less so with their own. They also reported minor improvement in their relationships with their child. Satisfaction with improvement in the coparental relationship was less positive. Both mothers reported that they did not feel that the program had improved their relationship with their former partner, however when asked whether the program had helped them to manage coparental conflicts, one mother responded that "yes, it has helped

somewhat” and the other circled a response between “it has helped somewhat” and “no, it hasn’t help much”.

Process evaluation indicates that the program was implemented as intended, however phone calls did extend beyond time limits expressed in the program manual. Participation rates were acceptable with high and moderate levels of participant task completion, respectively. Knowledge acquisition scores showed considerable improvement from pre- to post-test, indicating that participants acquired the information taught in the program.

The most reliable improvements in the current study were observed for adolescent perceptions of family communication, their own coping, and their relationship with their father. Consistent decline was seen in mother reports of the mother-adolescent relationship, and for other variables there was either minimal change, changes were not maintained over time, or the direction of change was different across families. However, because this trial included only two families, and because there was little consistency in the findings across these families, it is difficult to see clear patterns in the findings.

CHAPTER 9: GENERAL DISCUSSION

This thesis has investigated the effects of parental separation on young adult adjustment, and has developed and evaluated a parenting intervention for recently separated families with adolescent children. This chapter begins by summarising the investigation into the relationship between family structure and young adult adjustment. A brief overview of the limitations and implications of this study is then presented. The remainder of this chapter will discuss the findings of the three program evaluation studies presented in Chapters 6, 7, and 8.

Discussion of the three program evaluation studies will commence with a brief summary of the results of the YAPS group trial and the revisions to the YAPS program which resulted from this trial. This will be followed by a summary of the results for the individual therapist-administered and telephone-assisted trials of the YAPS program, incorporating comparisons to previous research findings. Next, a comparative discussion of the effectiveness and acceptability of the initial group trial and the individual therapist-assisted program, and of the individual therapist-assisted program and the telephone-assisted programs will be presented. This chapter will conclude with a discussion of the methodological and theoretical considerations, and the clinical implications of the program evaluation studies. Suggestions for future research are then made.

The Relationship Between Family Structure and Young Adult Adjustment - An Investigation of Gender and Age Effects

The first study investigated the effects of family structure on young adult psychological adjustment, interpersonal relationships, attitudes toward divorce, and interpersonal behaviour problems, paying particular attention to the influence of gender, age-at-separation, and time-since-separation on post-separation outcomes. Consistent with other research reviewed, results indicated that the effects of parental separation on father-child relationships persist into adulthood for men and women. Other long-term effects were differentially relevant to young men or women only. Young women from separated families reported more accepting attitudes toward divorce, and earlier age at entering into de facto or marital relationships, factors associated with the intergenerational transmission of divorce. Young men reported more difficulties in their relationships with their mothers, moving out of the family home at a

younger age, and higher levels of verbal attack behaviours in romantic relationships compared to their peers from intact families.

The results also suggested that both young children and adolescents experience adverse consequences of parental separation, albeit in different adjustment domains. Those who experience parental separation in early childhood report more accepting attitudes toward divorce and more difficulties in their relationship with their fathers. Those who experience a separation in adolescence report greater anxiety, reduced frequency of contact with mothers, and more intimacy in romantic relationships. It was acknowledged that these findings may be due to the confounding effects of time-since-separation, and recommendations were made for future studies to clarify the relative influences of age-at-separation and time-since-separation on young adult adjustment. However, the results of the present study along with those from other research reviewed in Chapter 2 indicate that parental separation can have important consequences for short- and long-term adjustment regardless of when this separation occurs during a child's development.

It was concluded that future research is required to identify factors which influence father-child contact and relationship quality after parental separation, and to investigate how parental separation influences relationship behaviours and attitudes toward divorce. Further, it was suggested that clinical research should focus on developing effective methods for promoting father-child relationships and supporting fathers in their parental role, and that prevention efforts targeting recently separated families should not overlook those with adolescent children.

Development and Evaluation of the YAPS Program

Trial of the YAPS Group Program

The second study investigated the efficacy and acceptability of the YAPS program - a group cognitive-behavioural parenting program for separated families with adolescent children. The primary aim of the YAPS program was to improve adolescent adjustment, as indicated by mother-rated and adolescent-rated behavioural and emotional symptomatology. In addition, program effects on the proposed mediators in the relationship between parental separation and adolescent adjustment (that is, maternal adjustment, interparental conflict, family relationships, parenting practises, child coping, separation-related negative-events, and separation-related beliefs) were assessed.

Overall, the results from the initial trial of the YAPS group program suggested that the program was implemented as planned and that the program was acceptable to mothers. However, convenience of program scheduling was rated as less than “somewhat convenient”. This is consistent with attendance rates, and recruitment difficulties, suggesting that program delivery needs to be more flexible to meet mothers’ needs. Further, mothers reported that they did not feel the program had met all of their child’s needs, or helped themselves to improve their relationship with their former spouse.

The program led to improvements in mothers’ perceptions of adolescent symptomatology and their own symptomatology. However, there was limited or inconsistent change in mothers’ perceptions of family relationships, the coparenting relationship, and their parenting practices, and in adolescents’ perceptions of interparental conflict, coping, negative separation-related events, and problematic beliefs. Furthermore, adolescents reported deterioration in family communication and their own symptomatology.

Based on the results of this evaluation and the limitations identified, recommendations were made regarding improvements to the YAPS program and to the procedures used to evaluate program effectiveness. These recommendations included alternative delivery methods to increase participation, an increased program focus on parenting and coparental communication skills, and improved methods for assessing knowledge acquisition, program adherence, program participation, contact with fathers, and parent-adolescent relationships. Further, it was recommended that data be collected which could be reported using a series of single-case experimental designs.

Effectiveness and Acceptability of the YAPS Individual Therapist-Administered Program

Based on the recommendations made in the group program evaluation, the efficacy and acceptability of the YAPS program delivered as a therapist-administered individual program was evaluated. Methods for assessing knowledge acquisition, program adherence, and program participation were improved, and additional measures to assess changes in father contact, and the mother-adolescent and father-adolescent relationship were utilised. Further, mothers completed daily recordings of their own mood and stress levels and child behaviour across the course of the program, and at follow-up, so that program effects on maternal and child adjustment could be reported using a series of single-case experimental designs.

The content of the YAPS program was revised to strengthen the program's influence on adolescent adjustment and the mediator variables implicated in the relationship between parental separation and adolescent adjustment. In particular, those sections focusing on coparenting communication, interparental conflict, and parenting strategies were revised and expanded, and changes were made to facilitate learning and to increase generalisation of skills across settings and time. These changes included the provision of more detailed information, additional written activities to emphasise personal application of program information, more skills practise during sessions, and monitoring of skill utilisation at home. There was also a greater emphasis on mothers' assisting adolescent cognitive appraisal and coping through parental modelling and prompting.

The primary aim of this study was to improve adolescent adjustment in the participating families. According to mothers' reports of adolescent symptomatology, marginally significant or clinically significant improvements were observed for all families. These positive results for adolescent symptomatology are consistent with the substantial or moderate improvements in mother's daily ratings of adolescent behaviour that were observed for the majority of participant families. Adolescent's self-reports of symptomatology were not always consistent with mother reports, and overall results suggest less improvement compared to mother ratings. Finding discrepancies between mothers' and adolescents' reports of adolescent adjustment is consistent with reports of moderate agreement between parent and adolescent ratings of adolescent adjustment on the SDQ (average r across subscales = .38; Goodman, 2001), and the Child Behavior Checklist ($r = .25$; Achenbach, McConaughy, & Howell, 1987). A number of explanations could account for the observed differences between mothers and adolescents' reports, including situational specificity of behaviours (Achenbach et al., 1987), effects of maternal adjustment on mothers' perceptions of adolescent adjustment, and variation in expectancy effects across raters.

Mothers' reports of greater improvements in adolescent adjustment could be due to improvements in their own adjustment, an explanation supported by research indicating that depressed mothers' perceive their children's behaviour more negatively than non-depressed mothers (Brody & Forehand, 1986). Also, because mothers have participated in an intervention program, they are more likely to report that improvements have occurred in their families. The adolescent children who completed questionnaires, yet were not directly involved in an intervention program, are less likely to be susceptible to subject-expectancy

effects. Inclusion of an alternative-treatment control group in future evaluations of the YAPS program would clarify the relative contribution of expectancy and intervention effects on mothers' reports of changes in adolescent adjustment.

It is also possible that adolescents who are aware that their mother is attending a parenting program become conscious of their emotional and behavioural difficulties, leading them to report more symptoms at post-test and follow-up. Adolescents may overestimate their problems because their mother is seeking assistance and because she is recording their behaviour and practising parenting skills with them. This explanation is consistent with the low levels of symptomatology reported by some adolescents at pre-test followed by high levels of symptomatology reported at post-test and follow-up. However, it is also important to note that these results are also consistent with iatrogenic effects of the program on adolescent adjustment. This highlights the importance of collecting adolescent self-reports and independent observer ratings of adolescent behaviour in future evaluations of the YAPS program.

Future research using independent observers' ratings of adolescent behaviour would provide further information regarding the relative validity of adolescents' and parents' perceptions of change in adolescent adjustment. If independent observer ratings indicate that well-functioning adolescents report adjustment declines after their parents attend parenting interventions, it suggests that providing parenting interventions for families with well-functioning adolescents has adverse implications for adolescent adjustment. If independent observer ratings indicate that adolescents overestimate their problems as a result of their parents participating in a parenting program, this also has implications for adolescent self-perceptions or self-esteem and would also need to be addressed.

The YAPS individual therapist-administered program aimed to increase adolescent adjustment by effecting the proposed mediators in the relationship between parental separation and adolescent adjustment, and this aim was achieved according to the majority of mother and adolescent ratings. Overall, results from questionnaire data and mothers' daily ratings of mood and stress indicate that the program was successful in improving maternal adjustment and that these improvements were maintained across time. Further, those mothers who reported more frequent practise of the coping skills taught in the program reported greater improvements in adjustment.

Results for coparenting conflict and communication suggest that the YAPS individual therapist-administered program was moderately successful in changing adolescents' perceptions of interparental conflict despite limited change in mothers' perceptions of the coparenting relationship. This difference in the perceptions of adolescents and their mothers may be explained by mothers' continued experience of coparental conflict while limiting their child's exposure to this conflict. Considering that children's perceptions of interparental conflict are more predictive of child adjustment than parent reports (Grych et al., 1992), a change in adolescents' perceptions of interparental conflict, despite limited change in mothers' perceptions, is an important outcome. Observing only moderate improvement in mothers' and adolescents' perceptions of interparental conflict is consistent with Wolchik and colleagues' (1993) findings. They report only marginally significant improvement ($p < .10$) in mothers' and children's perceptions of change in interparental conflict.

Overall, it appears that the YAPS individual therapist-administered program leads to improved perceptions of family relationships for mothers, but not for adolescents. This discrepant finding is consistent with the findings from the group program evaluation, and with other research, which finds that parents' and adolescents' perceptions of family relationships are often dissimilar, especially in separated families (see Pelton & Forehand, 2001, for review). A possible explanation for the discrepancy found in this study is that adolescents, but not mothers, may be including fathers in their definition of *family*, and by so doing, poorer evaluations of family relationships by adolescents occur, particularly when father-adolescent relationships are unsatisfying.

Results for the mother-adolescent relationship were mostly positive across mothers' and adolescents' reports, indicating that the YAPS individual therapist-administered program was successful in improving this important mediating variable in the relationship between parental separation and adolescent adjustment. This is consistent with other evaluations of similar parent-focused programs (Wolchik, West et al., 2000; Wolchik et al., 1993), and provides further support for the efficacy of parenting programs for improving parent-adolescent relationships in separated families.

Mother-reported father-adolescent contact increased for four of the six families. Further, in this small sample, mother-reported contact was associated with improvements in adolescents' perceptions of the father-adolescent relationship. Father-adolescent relationships did not improve to the extent that mother-adolescent relationships did. However, this is not

surprising considering that fathers were not involved in the program. The YAPS intervention aims to increase father-adolescent relationships by motivating mothers to encourage the relationship between their former partner and their children, and by communicating positive messages about their children to their former partner, and about their former partner to their children. The improved level of mother-reported father contact is promising and may lead to future improvements in the father-adolescent relationship. However, future interventions should endeavour to include both parents and evaluate fathers' perceptions of family relationships. Treatment effects have been observed for mothers' intentions to encourage more frequent contact with fathers (Arbuthnot & Gordon, 1996), and improved attitudes toward father contact (Wolchik, West et al., 2000), however, improvements in father-child contact is rarely assessed in post-separation program evaluations. The evaluations conducted by Wolchik and colleagues are an exception, however limited improvement in actual father-contact was observed in these studies (Wolchik, West et al., 2000; Wolchik et al., 1993).

All mothers reported marginally significant improvements in at least one domain of parenting at post-test, and the majority of these improvements were maintained at 3-month follow-up. While the majority of parenting scores remained within the normal range across time, one participant who scored in the clinical range at pre-test, improved to within the normal range by post-test. The variable change in parenting behaviour may be due to the limited sensitivity of the parenting questionnaire to detect changes in the parenting behaviours targeted by the YAPS program. A more direct measure of parental change in communication, problem-solving, and utilisation of parenting strategies may be more appropriate. For example, mothers' communication skills could be assessed directly by videotaping mother-adolescent interactions and having an independent rater evaluate the effectiveness of mothers' skills.

Limited change in parenting practises could also be due to the limited effectiveness of the program to change parenting practises, suggesting that the program needs to be strengthened. The YAPS program is likely to be enhanced by the inclusion of videotaped modelling of parenting practises, as behavioural parenting programs that have utilised videotapes to model parenting skills have been more effective than those which have covered identical content without the use of videotaped material (Taylor & Biglan, 1998). It is also possible that the YAPS program was successful in reducing deterioration in parenting.

However, without a comparison control group, the validity of this alternative explanation is undetermined.

There were a number of changes in adolescent coping across time, however, there is no clear pattern to these changes. Overall, these results indicate improvement in coping efficacy and coping strategy utilisation for only two of the four adolescents who provided self-reports. However, all adolescents who completed the coping questionnaire reported coping strategy utilisation within the normal range at pre-test, suggesting that their coping strategy utilisation may not have required intervention. Importantly, there appeared to be an association between mothers' coping strategy utilisation and adolescent coping efficacy for dealing with interparental conflict and reported improvements in coping strategy utilisation. This finding suggests that promoting adolescent coping by increasing mothers' coping skills is an appropriate program strategy and is supported by other studies which have found that parental modelling and encouragement of coping strategy utilisation mediates the relationship between mother and child coping (Kliewer et al., 1996; Martinez-Pons, 1998).

Overall, results for separation-related problematic beliefs were not indicative of improvement. However, results for adolescent's perceptions of negative separation-related events were promising, with three of the four adolescents who reported on this measure indicating clinically significant reductions in negative separation-related events at post-test. Mothers' have greater control over the negative events to which their children are exposed than they do over their children's problematic beliefs, providing a possible explanation for stronger program effects on negative separation-related events. This finding also suggests that the program was not successful in teaching mothers to help their adolescent children to appraise situations in more adaptive ways. Given that other studies indicate that mothers who use cognitive restructuring techniques encourage their children to use them (Kliewer et al., 1996), it is possible that the amount of time dedicated in the YAPS program to teaching mother's how to challenge unhelpful beliefs is insufficient.

Mothers' reported a high level of overall satisfaction with the individual therapist-administered YAPS program. This included increased confidence in their ability to manage personal problems, family problems, family conflicts, and their children's behaviour at the end of the program. One exception was mothers' satisfaction with change in the coparental relationship, which was positive, yet low compared to other satisfaction ratings. This suggests that programs need to do more to improve mothers' perceptions of the coparenting

relationship in the future. On the other hand, it could be argued that this positive, yet comparatively lower level of satisfaction is acceptable given the level of difficulty parents have in establishing an effective coparenting relationship after separation. It is likely that more time is required for coparenting relationships to settle into a satisfying workable relationship. Initial increases in conflict may be a transitional stage where mothers are initiating increased contact with fathers for the sake of their children. It is expected that continued practise of coparental communication and partner support is required before perceptions of conflict can be significantly reduced.

In general, the time allocated to each YAPS session was adhered to according to program adherence records. However, there was a tendency for Session 2 to take more time than scheduled, suggesting that the time allocated for this session needs to be greater in future YAPS programs. Alternatively, this session could be delivered across two sessions. There was also great variation across participants in the time taken to complete individual components and this occurred for those sections which included discussion regarding the personal application of the information presented. Some material presented was not as relevant for some families as for others, and some mothers were more familiar with the ideas and skills presented. This suggests that while manualised programs are important for program integrity, it is also important to allow for minor changes so that the material can be adapted to individual family needs.

This preliminary evaluation of the YAPS individual therapist-administered parenting program suggests that the program is acceptable to mothers. For the majority of families, participation in the program was associated with improvements in adolescent adjustment, parent adjustment, mother-adolescent relationships, father-contact, adolescent exposure to interparental conflict and other negative-separation-related events, and mothers' perceptions of family relationships. Across families, less consistent changes were observed for adolescent ratings of family relationships, and the father-adolescent relationship, however improvements in the father-adolescent relationship were associated with increased levels of reported father-contact. There was minimal change in mothers' parenting practises and this may be due to limitations of the program. Alternatively, the program may have been successful in reducing the deterioration in parenting practises that has been observed after marital separation. Consistent improvements across families in adolescents' coping and their appraisal of parental separation were not observed. However, there appeared to be a relationship between

parental utilisation of coping strategies and adolescent coping, suggesting that promoting adolescent coping indirectly through parental modelling and parental encouragement is an appropriate intervention strategy. However, these results are from a small sample, and replication with a larger sample, utilising a control group, are necessary before conclusions about the effects of this program on family adjustment can be made.

Effectiveness and Acceptability of the YAPS Telephone-Assisted Program

Based on the recommendations proposed in the group trial of YAPS, specifically those recommendations relating to making the YAPS program more accessible to separated families, the efficacy and acceptability of the YAPS program delivered as a telephone-assisted program was evaluated. The content included in the telephone-assisted intervention was identical to that provided in the individual therapist-assisted program. The program differed only in the way it was delivered. Participants completed the YAPS program at home over a 5-week period with scheduled phone-calls to assist with personal application of the program materials instead of attending individual face-to-face program sessions.

Consistent with the group and individual program evaluations, the primary aim of this study was also to improve adolescent adjustment in the participating families. Similarly, the YAPS telephone-assisted program aimed to increase adolescent adjustment by effecting the proposed mediators in the relationship between parental separation and adolescent adjustment. That is, maternal adjustment, interparental conflict, family relationships, parenting practises, child coping, separation-related negative-events, and separation-related beliefs.

The most reliable improvements were for adolescent perceptions of family communication, their own coping, and their relationship with their father. Both adolescents reported significant improvements in family communication and the father-adolescent relationship. There were also improvements in the stability of family arrangements, which may have influenced adolescent perceptions of family relationships. Consistent decline was seen in mother reports of the mother-adolescent relationship. For other variables there was either minimal change, changes were not maintained over time, or the direction of change was different for each family.

The limited change in adolescent behaviour according to mother and adolescent ratings could be explained by the low level of reported behavioural problems in both families. Both

mothers reported satisfaction with their child's behaviour at the beginning of the intervention and total adolescent symptomatology according to both informants was within the normal or borderline range at all time points in both families. Alternatively, these results may indicate that the telephone-assisted version of the YAPS program is not effective in changing child behaviour.

It is unclear why adolescent ratings of behavioural and emotional problems declined in one family. However, this decline in adolescent perceptions of their own adjustment was also found for some families included in the group and individual program evaluations. As discussed already, the differences between mothers' and adolescents' reports could be due to subject-expectancy effects occurring for mothers but not adolescents, improvements in mothers' adjustment leading to improvements in their perceptions of adolescent adjustment, or adolescent's concerns about being a "problem" because their mother has been attending a parenting program.

The limited program effects observed for maternal adjustment are consistent with mothers' reports of limited practise of the coping strategies taught during the course of the program. While mothers' reported use of coping strategies during the individual face-to-face program showed variable compliance, both mothers in the telephone-assisted program reported lower rates of coping skills practise than the mother who reported the lowest rate of practise reported in the individual program. This suggests that a telephone-assisted program does not provide enough incentive for mothers to practise the strategies presented in the program modules. Face-to-face therapist contact which establishes a stronger therapist-client relationship may be necessary for separated mothers to complete the program tasks. However, improvements in adolescent coping were observed in this study, suggesting that at least for these two families, improvements in adolescent coping were not due to mothers' modelling of coping. It is possible, however, that these mothers encouraged their children to use appropriate coping strategies while not actively practising the strategies themselves.

One mother (Case Study 1) reported worsening of interparental conflict and this was consistent with her child's perception of deterioration in his parents' ability to resolve interparental conflict. However, the remaining mother (Case Study 2) reported marginal increases in conflict and support, which returned to pre-test levels at follow-up. This initial change in Case Study 2 could be explained by an attempt by this mother to improve the coparental relationship. However, due to the increased contact, increases in interparental

conflict may have occurred in addition to increases in support, leading to withdrawal and subsequent return to pre-test levels of conflict and support. This is speculation, however, and any such interpretation should be made with caution.

Nevertheless, in Case Study 2, improvements in the adolescents' perceptions of his parents' ability to resolve interparental conflict and his ability to cope with interparental showed clinically significant improvements, which unfortunately were not maintained at follow-up. This suggests that the mothers' perceptions of initial improvements in the coparental relationship were consistent with adolescents' perceptions of his parents' ability to resolve conflict and his ability to deal with it. Because changes in coparental conflict are not consistent across the two case studies, firm conclusions can not be drawn regarding the efficacy of the telephone-assisted program in improving the coparental relationship and in decreasing adolescent exposure to interparental conflict. However, the results do suggest that improvement in mothers' perceptions of the coparenting relationship are associated with improvements in adolescent perceptions of interparental conflict.

Adolescents' perceptions of change in family relationships were more positive than mothers' perceptions. As already discussed, discrepancies in mother and adolescent perceptions of family relationship are common (see Pelton & Forehand, 2001, for a review). However, the discrepancy observed in the telephone-assisted program is different to that found in the group and individual face-to-face evaluations, where mothers' perceptions were more positive. The discrepancy observed in the group and individual face-to-face evaluations was explained by adolescents, but not mothers, including fathers in their definition of *family*, which may result in poorer evaluations of family relationships by adolescents when father-adolescent relationships are unsatisfying. In the telephone-assisted program evaluation, adolescents reported improvements in the father-adolescent relationship which may have improved their perceptions of family relationships.

Mothers reported clinically significant deterioration in the mother-adolescent relationship while one adolescent reported marginally significant decline and the other significant improvement. Mothers' more negative perceptions may be due to the differing expectations of the parent-adolescent relationships across respondents, with mothers being more concerned about the decreased closeness that occurs when adolescents spend more time with friends. This is likely to be particularly pronounced for mothers whose children live

with their fathers for part of the time, further limiting the time mothers spend with their children.

These findings indicate that the YAPS telephone-assisted program in its current form does not provide enough assistance to mothers to improve their relationship with their adolescent children. It must be noted, however, that Forgatch and DeGarmo (1999) also observed declines in positive parental involvement for participants in their Parenting Through Change program. However, this decline was significantly greater in the control condition, suggesting that the program prevented the more marked deterioration in positive involvement that occurred in the control families. Because comparison to a control group could not be made, it is unclear whether the deterioration in parent-child relationships is more or less than that expected if participants did not participate in the YAPS program.

The finding that adolescents reported greater improvement in their relationship with their fathers compared to mothers is inconsistent with the results from the trial of the individual therapist administered program, and is surprising considering that fathers were not involved in the intervention program. However, the YAPS intervention aims to increase father-adolescent relationships by motivating mothers to encourage the relationship between their former partner and their children, and improvement in the stability of family arrangements suggests that the program was successful in doing this.

Both mothers were in the normal range for parenting practises at pre-test and there were no significant improvements over time. In fact, there were marginally significant reductions in the utilisation of parent rules for one mother, and parental problem-solving and parental enthusiasm for the other. This suggests that the telephone-assisted YAPS program was not powerful enough to change parenting practises. As discussed in relation to the results of the individual therapist-administered program, the use of videotaped modelling of parenting practises is likely to enhance the effectiveness of the YAPS program. This is even more important for the telephone-assisted YAPS program as the limited therapist contact does not allow for modelling of parenting practises by the therapist. Also, as discussed above in relation to the parent-adolescent relationship, it may be more important to describe the absence of change in parenting practises as prevention of deterioration in parenting practises rather than as a failure to observe improvements.

Mothers' reported a high level of overall satisfaction with the telephone-assisted YAPS program. This included an increased confidence in their ability to manage personal problems,

family problems, family conflicts and their children's behaviour at the end of the program. One exception was mothers' dissatisfaction with change in the coparental relationship. However, when asked whether the program had helped them to manage coparental conflict, mothers' responses were more positive, suggesting that while mothers were currently dissatisfied with the coparental relationship, they felt they could manage conflicts that occurred in the future.

Mothers also indicated that they believed the program had met only a few of their child's needs. This is inconsistent with their reports of satisfaction with their children's adjustment and the low levels of reported child problems which decreased over time. It is unclear why they thought the program had met only a few of their child's needs, given that they indicated satisfaction with their child's adjustment. When recruiting families for the program, many mothers expressed a desire for their children to receive direct support, so it may be that mothers' felt that their child's needs were not met by a parenting intervention. The YAPS program aims to improve adolescent adjustment by increasing mothers' adjustment and mother's skills and confidence in improving the adjustment of their children. It is proposed that mothers can facilitate adolescent adjustment by developing skills to listen to their children's concerns, by encouraging their adolescent to use effective coping strategies, and by fostering positive family relationships. While there is a large body of research to indicate that parenting programs improve the adjustment of young children, the effectiveness of parenting programs for families with adolescent children is limited, and this may influence parents perceptions of their effectiveness. Further, for this indirect method of intervention with adolescents to be effective in improving adolescent adjustment, it also needs to be acceptable to mothers. Therefore, further research is required to determine the efficacy and acceptability of this method of intervention for improving adolescent children's adjustment.

Importantly, the organisation of the program, the program booklets, and the convenience of delivery of the program, were all rated positively, indicating that telephone-assisted programs are acceptable to separated mothers. This is consistent with the acceptability of minimal contact parenting interventions in the general parenting intervention literature (Connell et al., 1997), and the literature evaluating court-connected programs for separated parents (Blaisure & Geasler, 1996; Geasler & Blaisure, 1998).

Process evaluation indicated that the telephone-assisted program was implemented as intended, and there was an acceptable level of task completion by both participants. Phone calls did extend beyond time limits expressed in the program manual, so either the manual needs to be revised, or methods are required to ensure phone call limits are adhered to in future. Knowledge acquisition scores indicate that participants acquired the information taught in the program. However, as parents completed evaluations at home it is possible that they may have checked their answers by referring to the program modules.

This preliminary evaluation of the YAPS telephone-assisted parenting program indicates that the program was implemented as intended and that the evaluation procedures were generally appropriate. These results also suggest that the YAPS telephone-assisted program is acceptable to mothers, and that it improves adolescent perceptions of family communication, their own coping, and their relationship with their father. However, mothers' ratings of their own and their child's adjustment, and adolescent ratings of their own adjustment did not change. Further, expected improvements in mothers' parenting practises, the mother-adolescent relationship, separation-related negative-events, separation-related beliefs, and the coparenting relationship were not observed, suggesting that a minimal contact intervention is insufficient to improve adolescents' adjustment in separated families. However, because this trial included only two families, and because there was little consistency in the findings across these families, further evaluation of the YAPS telephone-assisted program is required before conclusions regarding efficacy can not be drawn.

Comparative Effectiveness and Acceptability of the YAPS Programs

In this section, the effectiveness and acceptability of the different versions of the YAPS program are compared. First, the effectiveness and acceptability of the initial group trial is compared to the individual therapist-assisted program. Comparing the results of these two trials provides information regarding the success of the revisions made to the YAPS program based on the initial group trial. Comparing the results of these two trials also provides information regarding the relative efficacy of group and individual delivery. However, because major improvements were made to the YAPS program content after the initial group trial, it is acknowledged that this is an imperfect comparison. A comparison of the effectiveness and acceptability of the individual therapist-assisted and the telephone-assisted programs is then presented. As these programs were equivalent in content, a comparison of

their effectiveness provides information regarding the relative efficacy and acceptability of therapist-assisted and minimal contact parenting interventions.

Comparison of Initial Group Trial and the Individual Therapist-Administered Program

Improvements in mothers' perceptions of adolescent behavioural and emotional problems were comparable across the group and individual therapist-administered program trials, suggesting that the revisions made to the YAPS program following the original trial did not result in additional improvements in adolescent adjustment. However, according to adolescents' reports of their own adjustment, improvements were observed in the individual therapist-administered program trial. This suggests that changes made to the content and delivery of the YAPS program after the initial group trial were effective in changing adolescent perceptions of their own adjustment. It also provides support for actual change in adolescent adjustment, rather than changes in mothers' perceptions of adolescent adjustment due to subject-expectancy effects and the influence of changes in mothers' adjustment on their perceptions.

Improvements in mothers' perceptions of their own adjustment, their parenting practises, the mother-adolescent relationship, and support within the coparenting relationship, and adolescents' perceptions of interparental conflict, negative separation-related events, and the mother-adolescent relationships were greater in the individual compared to the group trial. Change in the level of father-contact and father-child relationships were not assessed in the group trial so comparisons between the group trial and the trial of the individual therapist-administered trial cannot be made for these variables. Reliable changes in coping efficacy, coping strategy utilisation, or separation-related beliefs were not observed in either study. These results indicate that the revised YAPS program was more effective in promoting mothers' adjustment, mothers' parenting practises, communication in the coparenting relationship, and the mother-adolescent relationship, and reducing adolescents' exposure to interparental conflict and other negative separation-related events. It is proposed that revisions to the YAPS program which provided mothers with more practise in personal problem-solving, family problem-solving, rule setting, and providing consequences for behaviour, increased mother's utilisation of these skills, and their parenting confidence. It is proposed that improved skill in these areas lead to the improvements in family relationships, and that these improvements influenced maternal adjustment and mothers' perceptions of

child adjustment. It is likely that parent and child adjustment are reciprocally related (Amato, 1993; Downey & Coyne, 1990; Emery, 1999a), so improvement in one of these areas is likely to lead to improvement in the other.

Alternatively, the greater changes observed in the trial of the individual therapist-administered program could be due to differences in program delivery between these two studies. Individual therapist-administered delivery, which allows for greater personal application of the information and skills presented, may lead to greater family change compared to group delivery. A comparison of group and individual delivery of the revised YAPS program would be required to clarify the meaning of this finding.

Mother's perceptions of their ability to manage personal problems, family problems, family conflicts and their children's behaviour at the end of the individual therapist-administered program, and their satisfaction with the coparenting relationship, were more positive compared to parents reports of these same perceptions in the group trial. This improvement in participant satisfaction is consistent with greater change in mother-rated and adolescent-rated behaviour and attitude change observed in the individual therapist-administered program compared to the group trial. Improvements in mothers' satisfaction may be due to the increased focus on skill development and an increased opportunity to apply program information to their own family's needs in the individual program.

Based on the experience of the researcher, individual delivery was more suitable than group delivery for separated families from a practical perspective. While group delivery is more cost-effective, it is likely that this approach is only practicable in settings where large numbers of families can be engaged at the same time (e.g. court-connected programs). In clinical and community settings, it may be necessary to offer individual programs for separated families. This way, families can be engaged at the time when they need support, rather than having them wait until a large enough group of participants can be organised. Further, the nature of individual delivery allows for session times to be changed if required, which leads to higher attendance rates. In the individual program, session times were changed for three of the six mothers, most often due to child illness, so delivery of the parenting programs in this format seems particularly suited to single-parent families who are less likely to have partner and extended family, support.

Overall, changes in adolescent adjustment and in the proposed mediators targeted by the intervention were greater for the individual therapist-administered program trial

compared to the group program trial. This suggests that changes to the program following the group trial did improve the effectiveness of the program, or that individual delivery of the program was more effective than group delivery. It is possible that the combined effect of program revisions and individual delivery led to the greater improvements observed for those families who participated in the individual therapist-administered program.

Comparison of the Individual Therapist-Administered and Telephone-Assisted Programs

The improvements observed in the telephone-assisted YAPS program were considerably less than those observed in the individual therapist-administered, face-to-face program. Because there were only two participants in telephone-assisted program evaluation, it is difficult to make comparisons with the individual therapist-administered trial, as it is more difficult to see overall patterns in the results with only two participants. Despite this, it appears that there was more improvement in adolescent adjustment in the face-to-face program. However, it is important to note that both mothers who completed the telephone-assisted program reported satisfaction with their adolescents' behaviour at pre-test and that adolescent adjustment problems were minimal in these families across time. This low level of problems in both families may account for the limited change observed in adolescent behaviour for those who participated in the telephone-assisted program.

Improvements in maternal adjustment, mother-adolescent relationships, parenting practises, adolescent exposure to interparental conflict and other negative-separation-related events, and mothers' perceptions of family relationships were not as positive in the telephone-assisted program as those found for the face-to-face program. Improvements in adolescent coping were seen for two of the four adolescents who completed questionnaires in the face-to-face program evaluation and improvement in at least one area of coping strategy utilisation or coping efficacy was observed for each of the adolescents in the telephone-assisted program evaluation. This suggests greater improvements in coping in the face-to-face study. However, because changes were observed for different measures of coping across participants, conclusions regarding the relative efficacy of the different programs on adolescent coping remain tentative. Improvements in adolescents' perceptions of family relationships and their relationship with their father were greater in the telephone-assisted program compared to the face-to-face program.

Improvements in maternal adjustment and parenting practises, and reductions in adolescent exposure to interparental conflict and other negative separation-related events were greater in the face-to-face compared to the telephone-assisted program. This suggests that a minimal contact intervention is insufficient to influence these mediating factors in separated families. It may be that the face-to-face contact, extended discussion regarding personal application of program content to individual interpersonal and family problems, and modelling of skills is necessary to improve maternal adjustment, parenting practises, and adolescent exposure to interparental conflict and other negative-separation-related events. Further, mothers who have minimal contact with a therapist may not be as motivated to complete the module reading and the practical tasks as those who have face-to-face contact with a therapist. While a relationship can be established during the initial information and data-collection session, and during scheduled phone calls, the relationship established by this limited contact is likely to be less influential than the relationship that is established with regular face-to-face contact. This is supported by the lower level of homework task completion in the telephone-assisted compared to the face-to-face program.

Improvement in adolescent perceptions of family communication was greater in families who participated in the telephone-assisted program compared to those who participated in the face-to-face program. Mothers who participated in the face-to-face program indicated improvement in family relationships whereas their adolescents did not, while mothers in the telephone-assisted program did not report improvement while their adolescents did. As explained above, adolescents, but not mothers, may be including fathers in their definition of *family*, which results in poorer evaluations of family relationships by adolescents when father-adolescent relationships are unsatisfying. The improvement in adolescent perceptions of the father-adolescent relationship paired with an improvement in their ratings of the family relationship in the telephone-assisted study supports this explanation.

It is unclear why adolescents in the telephone-assisted program evaluation reported greater changes in father-adolescent relationships compared to those in the face-to-face program evaluation, considering the limited impact of the telephone-assisted program on the other targeted mediator variables. However, program content relating to improving father-child relationships consisted largely of written information rather than skill development, which may explain the relative success of this component of the program. While mothers in

the telephone-assisted program may have been disadvantaged by not adequately acquiring the skills taught in the program due to the absence of therapist modelling and less frequent completion of homework tasks, they may not have been disadvantaged when it came to learning through written information. This is supported by the equivalent level of knowledge acquisition in the telephone-assisted and therapist-assisted programs. Another explanation for the improvement in father-adolescent relationships in the telephone-assisted program evaluation is that both families had informal parenting arrangements at pre-test that included overnight stays in the fathers' home, suggesting that practises to improve father-adolescent relationships were in place before mothers participated in the YAPS program.

In the telephone-assisted program evaluation, mothers' reported significant decline in their relationship with their adolescent child and significant improvement was not observed for adolescents' perceptions of their relationship with their mother. This is inconsistent with the results of the face-to-face program evaluation, where both mothers and their adolescent children indicated improvements in the mother-adolescent relationship. It appears that the telephone-assisted program has not helped mothers to improve their own adjustment or their parenting practises, resulting in a decline in the parent-adolescent relationship.

Mothers' satisfaction with the telephone-assisted program was slightly lower, and had greater variance than mothers' satisfaction with the individual therapist-administered program. This reduced satisfaction with the program is mirrored by the reduced effectiveness of the program to change the targeted mediators. This greater satisfaction with therapist-administered programs over minimal contact programs is consistent with other research (Nicholson & Sanders, 1999; Sanders et al., 2000).

The greater improvement in adolescent perceptions of their own adjustment in the face-to-face trial compared to the telephone-assisted trial was associated with greater improvements in the proposed mediator variables targeted by the YAPS intervention. Consistent with other program evaluation studies that have found that observed changes in child adjustment were associated with changes in mother-child relationships (Wolchik et al., 1993) and parenting practises (Forgatch & DeGarmo, 1999), these findings provide further support for the model upon which the development of the YAPS was based. Those components which focused on improving maternal adjustment, the mother-adolescent relationship, the father-adolescent relationship, and adolescent coping strategy utilisation and

coping efficacy appear to be particularly important intervention components based on the results of the studies presented here.

Limitations

A number of limitations were identified in the current series of studies. Conclusions regarding the efficacy of the YAPS program were limited by the absence of a control group and the small sample sizes. Additional concerns exist regarding sample characteristics and specific methods of program evaluation.

Experimental Design

In the current series of studies, improvements were seen in adolescent adjustment and in the proposed mediators in the relationship between parental separation and adolescent adjustment. However, due to challenges recruiting families for these studies, it was not possible to include a wait-list comparison group to control for threats to internal validity. For this reason it remains unclear whether observed changes in mother and adolescent behaviour change can be attributed to intervention effects or to other extraneous variables. Change due to other factors, for example, decreases in maternal depression and anxiety due to anti-depressant medication and other therapies are uncertain. Also, normal improvement or deterioration in family adjustment which may occur in the absence of intervention was not accounted for.

Other research suggests that programs for separated families prevent deterioration in adjustment rather than increase adjustment (Forgatch & DeGarmo, 1999). This suggests that prevention of deterioration in adjustment rather than improvement in adjustment may be a more realistic goal for prevention programs for separated families. Because comparison to a control group could not be made in the current series of studies, the meaning of minimal change and deterioration for some of the outcomes is unclear. It may be that the YAPS program leads to prevention of deterioration or reduced deterioration for some outcomes in some families. This is supported by the deterioration in parent-child relationship found in the evaluation of the telephone-assisted program. It appears that the less successful telephone-assisted program did not help mothers to improve their own adjustment or their parenting practises, resulting in a decline in the parent-adolescent relationship. Further research using an independent-samples experimental design with a wait-list control group is required to clarify the meaning of the current findings.

Sample Size

Another limitation concerns the small sample size in each of the program evaluation studies, which restricts external validity of the studies, and therefore the generalisations which can be made regarding the efficacy of the program for recently separated families. Evaluation of the YAPS program using an independent-subjects experimental design with an adequate sample is required before firm conclusions regarding the efficacy of the YAPS program can be drawn. The small sample size also imposed limits on the type of analyses that could be conducted. Analyses could not be conducted to assess the extent of influence of the proposed mediator and moderator variables in the model underlying program development. Future research using structured equation modelling with larger samples could test the proposed mediational models, and investigation of interaction effects could test for proposed moderators effects.

Sample Characteristics

Attempts were made to restrict the sample utilised in each of the program evaluation studies so that homogeneity of the sample could be controlled. However, the original inclusion criteria lead to interested families being turned away and difficulty recruiting participants. This problem is discussed by Nicholson and Sanders (1999) who found that their inclusion criteria for a program for stepfamilies resulted in a considerable number of families being excluded.

The original inclusion criteria for the group trial were those families where separation had occurred within the previous 2 years, and those with at least one child between the ages of 11 and 15. For the subsequent trials, the inclusion criterion for time-since-separation was extended to 3 years. However, to limit the number of interested families excluded from participating in the YAPS programs, and to increase the chance of meaningful results, this inclusion criterion was broadened further. This led to greater variation in the time-since-separation (range = 2 – 49 months across studies) and adolescent age (range = 11 year, 3 months – 15 years, 9 months across studies). This variability may have influenced the effectiveness of the YAPS program for individual families in important ways. Future evaluations of the YAPS program would need to include a greater number of families so that analyses could be conducted to determine the relative efficacy of the program for families who varied according to time-since-separation and adolescent age.

While the YAPS program was conceptualised as a selective intervention program, with adolescents in recently separated families identified as at-risk of developing behavioural and emotional problems, families with adolescents already displaying abnormal levels of problematic behaviours were also included in each study. This inclusion criterion differs from other prevention studies which have excluded families already displaying clinical levels of maladjustment (e.g. Wolchik et al., 1993). However, it is consistent with Stolberg & Mahler (1994) who included well-adjusted children and children displaying clinical levels of symptomatology in their study.

It is possible that including adolescents who were well-adjusted and those who were showing clinical levels of symptomatology may have obscured any positive effects of the intervention program on adolescent adjustment. However, due to the limited sample size, the current series of studies precludes investigation of program effects according to pre-test adolescent adjustment levels. Studies that have investigated the influence of pre-test levels of child adjustment suggest that it is an important factor in determining the efficacy of parenting interventions for separated families. Garvin, Leber, and Kalter (1991) found that pre-test at-risk status predicted greater change, and Wolchik, West et al. (2000) found that the Children of Divorce Parenting Intervention had stronger effects for those families with lower adjustment at pre-test. This highlights the importance of investigating program efficacy according to pre-test family functioning in future evaluations of the YAPS program.

The demographic characteristics of the families included in program evaluation studies also varied widely. Mothers' age, educational attainment, employment status, and income may be important in determining the success of the YAPS program for individual families, and the impact of these variables needs to be evaluated in future studies.

It is also important to note that the families who participated in this program self-selected to each intervention, so it is difficult to draw conclusions regarding the effectiveness and acceptability of the different methods of program delivery. Further, the effectiveness and acceptability of the intervention for families who choose to participate is likely to be quite different compared to families required to participate according to a court order. Because it was extremely difficult to recruit families to participate in the YAPS program, it is likely that those mothers who did complete the program were more motivated to improve their children's adjustment and more accepting of psychological interventions than the average mother. This cautions against the delivery of the YAPS program as a court-mandated or

court-referred program without assessment of its efficacy and acceptability under such conditions.

Program Evaluation

A number of limitations in the program evaluation methods used in the initial group trial of the YAPS program have already been identified and addressed in subsequent evaluations. This section will discuss additional limitations that were identified in the individual therapist-administered and telephone-assisted trials. Some of these limitations are specific to the measurement of individual outcome variables, including adolescent-father contact, family communication, and mother and adolescent cognitive appraisal and coping strategy utilisation. Other limitations include the reliance on parental self-report measures, measurement of skill acquisition, and the reference time for questionnaire responses.

Reliance on parental self-report measures. While an effort was made to collect adolescent reports of change on the outcome variables included in these studies, for many families only mothers' ratings of intervention outcomes were collected. As acknowledged in the discussion section of Study 2, mothers reports of changes in their children's behaviour following intervention may be explained by changes in their own adjustment, or subject-expectancy effects. In future studies, a greater emphasis on the collection of adolescent self-report data and direct observation of mother-adolescent interactions would strengthen the conclusions that could be made about intervention outcomes.

Assessment of father contact. Improvements in mother-rated father contact were reported for the majority of families. However, considering the differences between mothers' and adolescents' perceptions of other outcomes assessed, it would be interesting to measure adolescents' perceptions of contact with their fathers. Adolescents could be asked directly about the level of adolescent-father contact, including the frequency and length of phone calls, and satisfaction with length and type of contact. Mothers may not be accurate reporters of telephone contact. This is supported by the comments of one mother that she was unsure of the level of telephone contact between her son and his father as her son had his own mobile phone and did not always communicate with her about contact with his dad. Fathers' perceptions of contact with their children, and indeed their perception of the father-adolescent relationship would also be informative as fathers' perceptions may be quite different to mothers' perceptions of their contact with their children.

Assessment of family communication. As previously discussed, mothers' and adolescents' reports of family communication were discordant in each study, and it was suggested that this may be because adolescents, but not mothers, are including fathers in their definition of *family*. If future evaluations are to adequately assess family communication, it would be important to provide more detailed instructions to ensure that mothers and adolescents are reporting on the same relationships. For example, they could be asked to report on the communication that occurs between family members in the mother's household.

Assessment of mother and adolescent cognitive appraisal and coping. An attempt was made to investigate the relationship between mothers' utilisation of coping strategies and the coping strategy utilisation of their adolescent children. Mothers' coping strategy utilisation was assessed by having mothers record their frequency of practise of the coping strategies taught during the intervention, and change in adolescent coping strategy utilisation was measured using the Coping Scale for Children and Youth (CSCY; Brodzinsky, et al., 1992). However, firm conclusions regarding an association between mother and adolescent coping was difficult to determine due to limitations regarding the measurement of mother and adolescent coping. These limitations include the lack of pre-test measures of mothers' coping, assessing mother and adolescent coping using very different measures, and not assessing mothers' encouragement of adolescent coping. While it is acknowledged that addressing these limitations in the current series of studies would have led to minimal improvement in the conclusions that could be drawn due to the limited sample size, these suggestions are important for future evaluations of the YAPS program.

Those mothers who practised the coping strategies most often may have been more inclined to use adaptive coping strategies before participating in the intervention. For this reason, any association between parental coping strategy practise and adolescent coping improvement could be a due to pre-existing differences between families in mothers' coping efficacy and their inclination to encourage their children to use adaptive coping strategies. If measures of mothers' coping strategy utilisation were assessed at pre-test, changes in mothers' coping as a result of the intervention could be assessed.

To detect a reliable relationship between mothers' and adolescents' coping it would be better to use similar measures to assess mothers' and adolescents' coping. Adolescent coping strategy utilisation could be assessed using daily or weekly self-reports of specific coping practise so they could be compared to mothers' reports of coping practise. In addition, both

mothers and adolescent could complete self-report coping questionnaires (similar to the CSCY measure used in the current series of studies) so their utilisation of adaptive coping strategies could be compared. Using similar measures for mothers' and adolescents' coping, and assessing mothers' coping before participating in the intervention would also allow for analysis of the predictive value of mothers coping on adolescent coping strategy utilisation.

A final limitation regarding the measurement of coping was the inability to determine whether changes in adolescent coping were due to changes in parental modelling or parental encouragement. For this reason, measuring mothers' encouragement of adolescent coping would be an improvement in future studies. For example, the Parental Socialization of Coping Questionnaire developed by Miller et al. (1994) could be used to determine whether mothers encouraged their children to use the strategies that they were taught during the program.

Measurement of skill acquisition. To assess whether participants have acquired the skills to apply the strategies taught in the program, assessment of skill acquisition in the training setting is required. This assessment can be direct, where parents are assessed directly applying the strategies with their children, for example, by videotaping family members working through a problem-solving discussion and assessing for application of taught skills. Assessment of skill acquisition can also be indirect, for example, by having parents complete hypothetical written problems during sessions (Matthews & Hudson, 2001).

Mothers completed checklists of practised behaviours to increase generalisation through behaviour monitoring and these checklists were also used as a measure of parent utilisation of taught strategies. Mothers also completed questionnaires to measure change in parenting practises, and acquisition of knowledge relating to parenting in separated families. However, specific measures of skill acquisition were not used. In future evaluations of the YAPS program, direct and indirect assessment of skill acquisition should be carried out more formally. For example, mothers' problem-solving skills could be assessed directly by videotaping (or audiotaping) family problem-solving meetings and evaluating mother-adolescent interactions for adherence to skills taught in the program. Further, following Arbuthnot and Gordon (1996), mothers' skill acquisition could be indirectly assessed by the appropriateness of their responses to a series of vignettes regarding how they would act in potentially conflictual situations, and how they would respond to specific child problems.

Reference time for questionnaire responses. Except for the Depression Anxiety Stress Scales (DASS) and the Strengths and Difficulties Questionnaire (SDQ), the reference time for reporting behaviours, feelings, and events for all other questionnaires was different at pre-test compared to post-test and follow-up. For these remaining questionnaires, the reference time at pre-test was not specified, except in one case (Coping Scale for Children and Youth) where reference was made to events that occurred “in the past few months”. At post-test and follow-up, mothers and adolescents were asked to report on how things had been over the previous month. This means that during pre-test data collection, mothers and adolescents were reporting behaviours, feelings, and events that had occurred over a larger span of time. This may have inflated the occurrence of behaviours, feelings, and events reported at pre-test, which would have inflated the differences between pre-test scores and post-test and follow-up scores. In further evaluations of the YAPS program, it would be important to adapt questionnaires so that the reference time for responding is consistent across time.

However, it is unlikely that this problem has adversely contaminated the results of the series of studies reported here. If reports of behaviours, feelings, and events were inflated at pre-test, this would have resulted in greater decreases of scores measuring positive outcomes (e.g. affirming family communication, open family communication) and negative outcomes (e.g. problem family communication, negative separation-related events, unhelpful separation-related beliefs) at post-test and follow-up than those observed. Overall, the pattern of observed results is more consistent with change due to program effects than inflation of pre-test scores, that is, increases in scores measuring positive adjustment, and no change or decreases in scores measuring negative outcomes. It is probable that when participants are provided with a response interval of one month, several months, or an unspecified period, they may be just as likely to report how events are currently.

Implications for Research

A large body of research has investigated the efficacy of parenting programs, and has shown that parenting interventions can influence child externalising behaviours without providing direct interventions to children themselves (e.g. Bank et al., 1991; Sanders et al., 2000; Webster-Stratton & Hammond, 1997). Based on the premise that parental modelling and encouragement of adaptive behaviours are important for child and adolescent internalising problems, other researchers have utilised adjunctive parent training components

to enhance interventions for targeting child and adolescent anxiety and depression (Barrett et al., 1996; Dadds et al., 1992; Hops, 1992). These adjunctive components which teach parents how to model and encourage appropriate coping strategies have added significantly to the efficacy of child-focused interventions (Barrett et al., 1996; Dadds et al., 1992). The current series of studies investigated the appropriateness of training parents in coping skills and encouraging them to model and prompt adolescent use of the coping skills they were taught, providing a unique contribution to the body of research focusing on promoting adolescent adjustment.

Consistent improvements in adolescents' coping strategy utilisation and their appraisal of parental separation were not observed in the current series of studies. However, there did appear to be a positive relationship between parental report of coping skills practise and adolescent coping, at least in the evaluation of the individual therapist-administered program. This provides some support for promoting adolescent coping indirectly through training mothers in coping strategies, as this positive relationship may be due to parental modelling of adaptive coping. In the evaluation of the telephone assisted program, improvements in adolescent coping were observed despite mothers reporting limited practise of the coping strategies taught during the program. This suggests that maternal modelling of coping was not responsible for the improvement in adolescent coping. It is possible that these mothers influenced adolescent coping through socialisation, that is, encouraging adolescents to use strategies that they had been taught, even though they reported limited use of them. This is speculation, however, as it is possible that other factors, for example, improvements in the parent-adolescent relationship, or reduced interparental conflict lead to improvements in adolescent coping efficacy, and/or that improvements in emotional adjustment lead to increased confidence in selecting adaptive coping strategies.

It is possible that interventions which train parents to model, prompt, and encourage child and adolescent adaptive coping will be effective methods for promoting child and adolescent adjustment without parallel child-focused programs teaching coping strategies to children and adolescents directly. However, considering the methodological limitations of this study, future research is required before adolescent-focused interventions are abandoned in favour of parenting interventions for improving adolescent coping.

Implications for Intervention

The YAPS parenting program lead to clinically significant improvements in mothers' perceptions of adolescent adjustment and some of the proposed mediators in the relationship between parental separation and adolescent outcomes. This is consistent with the positive results reported in evaluations of parenting programs for separated families with younger children (Forgatch & DeGarmo, 1999; Wolchik, West et al., 2000; Wolchik et al., 1993) and adolescents (Wolchik et al., 1993) in the United States. Therefore, the current findings provide further support for the parenting programs as an appropriate method for promoting adolescent adjustment in separated families.

Despite these positive results, further evaluation with larger samples and a control group are required before conclusions can be drawn about the effectiveness of the YAPS program. Further, a number of improvements to the YAPS intervention program could be made. Suggested improvements include an adolescent-focused component to improve adolescents' perceptions of their own adjustment, inclusion of fathers in programs to further improve the coparenting relationship and father-child relationships, and incorporating the YAPS program into existing community-based or court-connected programs to increase program accessibility. Further, increasing the number of sessions may strengthen the effects of the program.

Across the three evaluations of the YAPS program, mothers' reports of adolescent symptomatology indicated greater improvement compared to adolescent self-ratings, suggesting that the YAPS program needs to focus on improving adolescent perceptions of their own adjustment. A combined adolescent-and-parent-focused intervention may be more effective in improving adolescent perceptions of their own emotional and behavioural adjustment. Normalising adolescents' behavioural and emotional responses to separation may be more valuable if provided to adolescents directly. Comparing the effects of a mother-focused program with a combined adolescent-and-parent-focused program would determine the comparative effectiveness of these programs in effecting adolescent perceptions of their own adjustment. Wolchik, West et al. (2000) did compare the effects of a mother-focused program with a combined adolescent-and-parent-focused program. However, they did not observe differences in teacher, parent, or child ratings of child adjustment between those who participated in the mother-only and dual focused programs. Considering that teachers were blind to the intervention that individual families received, and that teachers reported a

positive effect of the intervention on externalising problems at follow-up, Wolchik, West and colleagues' findings indicate that the advantages of a dual component program are minimal. Further, due to the reported iatrogenic effects of group interventions for adolescents with adjustment problems or at risk of developing adjustment problems (Dishion & Dodge, 2005), caution should be taken in developing adolescent-focused group interventions for separated families.

The disappointing results for changes in coparental conflict and support, and mothers satisfaction with the coparental relationship suggest that a program which includes mothers only may not be sufficient to improve the coparental relationship. Involvement of fathers in programs, whether they attend joint sessions with mothers, or attend separate programs, is more likely to improve post-separation coparental relationships. The inclusion of fathers in post-separation parenting programs is also likely to improve program effects on fathers' parenting and father-adolescent relationships.

Although methodological limitations make comparisons of the efficacy of the different delivery methods difficult, the preliminary data suggests that the individual therapist-assisted program was more effective than the group-delivered program. This may be because individual therapist-administered delivery, which allows for greater personal application of the information and skills presented, leads to greater family change compared to group delivery. Alternatively, revisions that were made to the YAPS program after the group trial may account for the greater success of the individual therapist-administered program. A comparison of group and individual delivery of the revised YAPS program would be required to clarify the meaning of these findings.

The preliminary data also indicates that the minimal contact, telephone-assisted program was less effective than the individual therapist-assisted program. This is consistent with other studies that have observed that program efficacy is positively associated with the level of therapist contact (Sanders et al., 2000; Seymour et al., 1989). However, the reduced effectiveness of the telephone-assisted program could be due to self-selection to the minimal contact intervention by mothers who need more support in completing a parenting program. Mothers who selected the telephone-assisted program explained that they did not have enough time to attend face-to-face sessions due to employment and parenting responsibilities, indicating that they were time-pressured, which supports this explanation. Minimal-contact parenting interventions may not be appropriate for separated families, however, further

research with larger samples is required before firm conclusions can be drawn. Minimal-contact interventions may be appropriate for some families, so further research should determine the characteristics of families who do benefit from the different modes of program delivery.

For post-separation parenting programs to be effective in increasing adolescent adjustment, it is essential that families are able to access the program. Based on the difficulties encountered in the current study, it is clear that for a program like YAPS to be accessible to parents it needs to be promoted widely. For this reason, future delivery of parenting programs for separated families need to be incorporated into existing community-based or court-connected programs that have established links with separating families.

Conclusions and Future Research

The results from the study investigating the effects of family structure on young adult adjustment, along with consideration of the literature reviewed in Chapters 2 and 4 led to the development of an empirically-based parenting program for separated families – The Youth Adjustment to Parental Separation (YAPS) program. Based on the results of the group trial of this program and the limitations identified, recommendations were made regarding improvements to the YAPS program and to the procedures used to evaluate its effectiveness.

Addressing the recommendations made following the group trial, the efficacy and acceptability of the YAPS program delivered as a therapist-administered individual program was evaluated. The results of this study suggested that the YAPS individual therapist-administered parenting program is acceptable to mothers and that it leads to improvements in adolescent adjustment, parent adjustment, mother-adolescent relationships, father-contact, adolescent exposure to interparental conflict and other negative-separation-related events, and mothers perceptions of family relationships. Less consistent changes were observed for adolescent ratings of family relationships, and the father-adolescent relationship, however improvements in the father-adolescent relationship were associated with increased levels of father-contact. This suggested that where mothers were successful in promoting father-adolescent contact, this resulted in improvements in the father-adolescent relationship.

Minimal change was observed in mothers' parenting practises and this may be due to limitations of the program (e.g. absence of videotaped modelling of parenting practises), or limited sensitivity of the parenting skills questionnaire. Alternatively, the program may have

been successful in reducing the deterioration in parenting practises that has been observed after marital separation. Reliable changes were not seen for mother perceptions of coparenting conflict, and it was suggested that involving fathers in post-separation interventions may be necessary to improve the coparenting relationship. Consistent improvements in adolescents' coping and their appraisal of parental separation were not observed. However, there appeared to be a relationship between parental utilisation of coping strategies and adolescent coping, suggesting that promoting adolescent coping indirectly through parental modelling and parental encouragement is an appropriate strategy.

Overall, changes in adolescent adjustment and in the proposed mediators targeted by the intervention were greater in the individual therapist-administered program compared to group program. This suggests that changes to the program following the group trial did improve the effectiveness of the program, or that individual delivery of the program was more effective than group delivery. It is possible that the combined effect of program revisions, and individual delivery lead to greater effectiveness of the individual therapist-administered program. Further research is required to determine the relative success of the two delivery methods.

Following recommendations based on the results of the group trial, the efficacy and acceptability of the YAPS program delivered as a telephone-assisted program was assessed. The results of this study suggested that the YAPS telephone-assisted program was acceptable to mothers and that it improved adolescent perceptions of family communication, their own coping, and their relationship with their father. However, mothers' ratings of their own and their children's adjustment, and adolescents' ratings of their own adjustment did not change. Further, expected improvements in mothers' parenting practises, the mother-adolescent relationship, separation-related negative-events, separation-related beliefs, and the coparenting relationship were not observed.

Overall, improvements observed in the evaluation of the minimal-contact, telephone-assisted YAPS program were considerably less than those observed in the evaluation of the individual therapist-assisted, face-to-face program. This suggests that a minimal contact intervention is insufficient to improve adolescent adjustment in separated families. It may be that face-to-face contact, extended discussion regarding family problems, and time taken to apply module content to specific family problems is necessary for a program like YAPS to be effective in making changes to the proposed mediators in the relationship between parental

separation and adolescent outcomes. However, because this trial included only two families, and because there was little consistency in the findings across these families, further evaluation is required before drawing conclusions regarding the efficacy of the YAPS telephone-assisted program.

Future evaluations of the YAPS program need to consider the limitations of the current series of studies. Specifically, future evaluations need to comprise a larger sample so that threats to external validity can be reduced and so that analyses can be conducted to assess the validity of the model underlying program development. A wait-list control group is also required so that threats to internal validity can be minimised and conclusions regarding program efficacy can be made with greater confidence. Further, independent observer ratings of mother and adolescent behaviour change would clarify the relative contribution of expectancy and program effects. It is expected that information gained from future evaluations of the YAPS program will fill a gap that currently exists in the literature, that is, the usefulness of parenting programs for separated families with adolescents.

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Appendix A

Study 1 - Protocol for Data Collection

Guidelines for Recruitment and Questionnaire Administration

To ensure that the rights of potential participants are respected, students acting as research assistants must adhere to the following guidelines when recruiting potential participants and administering questionnaires:

1. ***When approaching potential participants it is necessary to ensure that they voluntarily consent to participate.***
 - This involves making sure that they have read the **Plain Language Statement** before completing the questionnaire.
 - Participants should also be given **time to decide whether they wish to participate** without feeling obligated to do so.
 - As formal written consent is not required for this project, participants should be **informed that their consent is implied by their return of the completed questionnaire.**
2. ***It is essential that potential participant's rights to confidentiality are maintained.***
 - The procedures for establishing confidentiality are explained in the Plain Language Statement.
 - In no circumstances should a participant's personal information be kept together with their questionnaire responses.
 - In addition, participants should be given the opportunity to return the questionnaire in a reply-paid envelope to the Researcher in the Department of Psychology and Disability Studies.
3. ***The following procedures should be followed when administering questionnaires.***
 - i. Participants should be asked whether they would be interested in being involved in a research study.
 - ii. The aims of the research study, the fact that the study has been approved by the RMIT University Human Research Ethics Committee, and the procedures in place to protect the potential participant's rights, should be explained to the potential participant before they complete the questionnaire:

I am assisting with a research project conducted by the Department of Psychology and Disability Studies at RMIT University. The research study is approved by the RMIT University Human Research Ethics Committee, and aims to increase understanding of young adults' adjustment, relationship satisfaction, relationship behaviours, and attitudes towards marriage and divorce. It also aims to understand how experiencing family conflict and/or parental separation/divorce influences these outcomes.

If you decide to participate you will be asked to complete a multiple choice questionnaire that will take approximately 20 minutes to complete. There are no right or wrong answers, just honest answers. When you have finished the questionnaire, you can return it to me now or post it to the Department of Psychology and Disability Studies with a postage-paid envelope that I will provide.

All information you provide will be kept confidential (subject to legal constraints) and in a secure place. The results of the research may be presented in published literature so that other people can learn about the experiences of young people. If this is the case, no information that can identify you will be published.

Participating in this research is entirely voluntary and you are under no obligation to be involved.

- iii. The participant should then be instructed to read the Plain Language Statement and be told that because formal written consent is not required for this project, consent is implied by the return of the completed questionnaire.
- iv. Participants should then be provided with an opportunity to complete the questionnaire in their own time and provided with an envelope to return the questionnaire to the student research assistant or to post it to the researcher in the Department of Psychology and Disability Studies.
- v. Upon agreeing to participate, participants should be reminded that if they are seriously concerned about any of their responses to the questionnaire items, they should cease involvement in the study immediately, and contact the researcher (whose contact details are provided on the Plain Language Statement) to discuss their concerns confidentially.

If questionnaires are collected from participants directly, student research assistants must ensure that the confidentiality of questionnaire responses are maintained. This means that students should not open sealed envelopes, or read individual questionnaire responses until the questionnaires are collated with other collected questionnaires, thus making the responses of individual respondents non-identifiable.

NOTE:

1. ***Write your name and student number on each sealed envelope you hand in.***
2. ***Each envelope containing the completed questionnaire should be sealed before it is handed to you. Under no circumstances should you open a sealed envelope.***

Appendix B

Study 1 - Plain Language Statement

(Presented on RMIT University Division of Psychology Letterhead)

Family Conflict, Parental Marital Status and Young Adult Adjustment**Dear Participant,**

My name is Mandy Kienhuis and I am a PhD student in the Department of Psychology and Disability Studies at RMIT University, Bundoora Campus. I am inviting you to participate in a research study that I am currently undertaking under the supervision of Dr Ray Wilks and Dr John Reece. This research study is approved by the RMIT University Human Research Ethics Committee.

What is the aim of the research?

The research aims to increase understanding of young adults' adjustment, relationship satisfaction, relationship behaviours, and attitudes towards marriage and divorce. It also aims to understand how experiencing family conflict and/or parental separation/divorce influences these outcomes.

How can I participate?

You are asked to complete a multiple choice questionnaire that will take approximately 20 minutes to complete. There are no right or wrong answers, just honest answers. When you have finished the questionnaire, you can return it to class, or deliver or post it to the Department of Psychology and Disability Studies on the Bundoora campus (Level 3, Building 201) or on the City Campus (Building 6, Level 5).

What will the information be used for?

All information you provide will be kept confidential (subject to legal constraints) and in a secure place. The information will be written up for my PhD thesis. The results of the research may be presented in published literature so that other people can learn about the experiences of young people. If this is the case, no information that can identify you will be published.

Three research assistants who are also working on the research study will also use portions of the data to write up a report in partial fulfillment of requirements for their final year in the Bachelor of Applied Science (Psychology).

Finally, if you were invited to participate in the research in lectures or tutorials, the completed questionnaires will be analysed and you will receive feedback about group results (not individual participants' responses) in class.

What do I do if I no longer wish to participate?

Participating in this research is entirely voluntary and you are under no obligation to be involved. If you have been invited to participate in this research as part of a lecture or tutorial activity and you choose not to participate, you will be asked to complete an alternative activity. You can cease your involvement at any time. Please note that formal written consent is not required for this project. Instead, your consent is implied by your return of the completed questionnaire.

How can I get in contact with the researcher?

I can be contacted on 9925 7376 during business hours or at s9905533@student.rmit.edu.au. If you are seriously concerned about any of your responses to the questionnaire items, you should cease involvement in the study immediately, and contact me, and we can discuss your concerns confidentially.

Thank-you for your time and interest. At the completion of the research study, the results will be posted on the researcher's website: http://www.rmit.edu.au/pd/postgraduate/mandy_kienhuis.

I wish you all the best with your studies.

Mandy Kienhuis
BSc;
BAppSci (Psych)(Hons)

Dr Ray Wilks
TPTC; BA;
Grad Dip App Ch Psych;
MA; PhD

Dr John Reece
BSc(Hons); PhD

Appendix C
Study 1 - Demographic Questionnaire

SECTION A: YOU

1	What is your date of birth?	_____ DAY _____ MONTH _____ YEAR		
2	How old are you?	_____ YEARS _____ MONTHS		
3	What is your gender? (Please circle)	Male ⁽¹⁾	Female ⁽²⁾	
4	What is your marital status? (Please circle)	Single ⁽¹⁾		
		De Facto ⁽²⁾	→	How old were you when you began living in a de facto relationship? _____ YEARS
		Married ⁽³⁾	→	How old were you when you married? _____ YEARS
		Separated/ Divorced ⁽⁴⁾	→	How old were you when you married? _____ YEARS
			→	How old were you when you separated? _____ YEARS
		Widowed ⁽⁵⁾	→	How old were you when you married? _____ YEARS
→	How old were you when your spouse died? _____ YEARS			
5	How many times did your family move house before your 18 th birthday?	_____ (Please write approximate number)		
6	Please indicate the highest level of schooling you have achieved (Please circle)	Less than Year 10 ⁽¹⁾	Trade/Apprenticeship ⁽⁴⁾	
		Year 10/11 ⁽²⁾	TAFE/College Certificate ⁽⁵⁾	
		Year 12 ⁽³⁾	University Degree ⁽⁶⁾	
7	If you have completed Year 12, please indicate your TER score	_____ (Please write TER score here)		

IN THE FOLLOWING SECTIONS, YOU ARE ASKED TO ANSWER QUESTIONS ABOUT YOUR BIOLOGICAL PARENTS. IF YOU WERE ADOPTED AT A VERY YOUNG AGE, PLEASE IGNORE THE WORD *BIOLOGICAL* AND ANSWER THESE QUESTIONS ABOUT YOUR ADOPTIVE PARENTS. PLEASE INDICATE IN QUESTION 8 WHETHER YOU WERE ADOPTED AND YOUR AGE WHEN YOU WERE ADOPTED:

8	Are your parents adoptive parents? (Please circle)	YES ⁽¹⁾	→	How old were you when you were adopted? _____ YEARS
		NO ⁽⁰⁾		

Appendix D

Study 1 - Family Information Questionnaire

SECTION B: YOUR FAMILY

1	What is the marital status of your biological parents? (Please circle)	Married ⁽¹⁾			
		Separated/divorced ⁽²⁾			
		Never married ⁽³⁾			
		Mother Deceased ⁽⁴⁾	→	How old were you when your mother died?	_____ YEARS
		Father Deceased ⁽⁵⁾	→	How old were you when your father died?	_____ YEARS
2	What level of education did your biological mother achieve? (Please circle)	Less than Year 10 ⁽¹⁾	Trade/Apprenticeship ⁽⁴⁾		
		Year 10/11 ⁽²⁾	TAFE/College Certificate ⁽⁵⁾		
		Year 12 ⁽³⁾	University Degree ⁽⁶⁾		
3	What level of education did your biological father achieve? (Please circle)	Less than Year 10 ⁽¹⁾	Trade/Apprenticeship ⁽⁴⁾		
		Year 10/11 ⁽²⁾	TAFE/College Certificate ⁽⁵⁾		
		Year 12 ⁽³⁾	University Degree ⁽⁶⁾		
4	With who do you currently live? (Please circle as many as apply)	Biological Father ⁽¹⁾	Biological Mother ⁽²⁾	Friend/s ⁽³⁾	
		Stepfather/Mother's new partner ⁽⁴⁾	Stepmother/Father's new partner ⁽⁵⁾	Other Relatives ⁽⁶⁾	
		Sibling/s ⁽⁷⁾	Partner ⁽⁸⁾	Live Alone ⁽⁹⁾	
5	If you do not live with a parent, how old were you when you stopped living with your parent/s?	_____ YEARS			
6	How often do you see your biological mother? (Please circle)	Mother deceased ⁽⁰⁾	Never ⁽¹⁾	Less than once a year ⁽²⁾	
		Once a year ⁽³⁾	A few times per year ⁽⁴⁾	Once per month ⁽⁵⁾	
		More than once per month ⁽⁶⁾	Weekly ⁽⁷⁾	Almost every day ⁽⁸⁾	
7	How often do you see your biological father? (Please circle)	Father deceased ⁽⁰⁾	Never ⁽¹⁾	Less than once a year ⁽²⁾	
		Once a year ⁽³⁾	A few times per year ⁽⁴⁾	Once per month ⁽⁵⁾	
		More than once per month ⁽⁶⁾	Weekly ⁽⁷⁾	Almost every day ⁽⁸⁾	

Appendix E

Study 1 - Family Transitions Questionnaire

SECTION C: FAMILY TRANSITIONS**PLEASE COMPLETE THIS SECTION IF YOUR BIOLOGICAL PARENTS ARE SEPARATED/DIVORCED.**

1	How long ago did your parent's divorce/separate?	_____ YEARS AGO	
2	How old were you at the time of your parent's divorce/separation?	_____ YEARS	
3	Has your father remarried or lived in a de facto relationship? (Please circle)	YES	→ How old were you the first time this occurred? _____ YEARS
		NO	
4	Has your mother remarried or lived in a de facto relationship? (Please circle)	YES	How old were you the first time this occurred? _____ YEARS
		NO	
5	Have you ever lived with a step-father/mother's new partner? (Please circle)	YES	→ How old were you when you began living with step-father/mother's new partner? _____ YEARS
			→ How many different step-fathers/mother's new partners did you live with? Number: _____
		NO	
6	Have you ever lived with a step-mother/father's new partner? (Please circle)	YES	→ How old were you when you began living with step-mother/father's new partner? _____ YEARS
			→ How many different step-fathers/mother's new partners did you live with? Number: _____
		NO	
7	Have you ever lived with step-brothers/sisters? (Please circle)	YES	→ How old were you when you began living with your step-brothers/sisters? _____ YEARS
		NO	Please go to Question 9
8	How often do you see your step-brothers/sisters at the moment? (Please circle)	Every Day ⁽⁶⁾	
		Approximately once a month ⁽⁴⁾	
		Once a year ⁽²⁾	
9	When your parents separated , did this influence your relationship with your mother ? (Please circle)	Yes, relationship with mother improved ⁽³⁾	
		No, relationship with mother stayed the same ⁽²⁾	
		Yes, relationship with mother worsened ⁽¹⁾	
10	When your parents separated , did this influence your relationship with your father ? (Please circle)	Yes, relationship with father improved ⁽³⁾	
		No, relationship with father stayed the same ⁽²⁾	
		Yes, relationship with father worsened ⁽¹⁾	
11	When your mother remarried or began living in a de facto relationship, did this influence your relationship with your mother ? (Please circle)	Not Applicable ⁽¹⁾ (Mother didn't remarry or live in de facto relationship)	
		Yes, relationship with mother worsened ⁽²⁾	
		No, relationship with mother stayed the same ⁽³⁾	
		Yes, relationship with mother improved ⁽⁴⁾	

12	When your mother remarried or began living in a de facto relationship, did this influence your relationship with your father ? (Please circle)	Not Applicable ⁽¹⁾ (Mother didn't remarry or live in de facto relationship)	Yes, relationship with father worsened ⁽²⁾
		No, relationship with father stayed the same ⁽³⁾	Yes, relationship with father improved ⁽⁴⁾
13	When your father remarried or began living in a de facto relationship, did this influence your relationship with your father ? (Please circle)	Not Applicable ⁽¹⁾ (Father didn't remarry or live in de facto relationship)	Yes, relationship with father worsened ⁽²⁾
		No, relationship with father stayed the same ⁽³⁾	Yes, relationship with father improved ⁽⁴⁾
14	When your father remarried or began living in a de facto relationship, did this influence your relationship with your mother ? (Please circle)	Not Applicable ⁽¹⁾ (Father didn't remarry or live in de facto relationship)	Yes, relationship with mother worsened ⁽²⁾
		No, relationship with mother stayed the same ⁽³⁾	Yes, relationship with mother improved ⁽⁴⁾
15	Which statement best describes your parent's relationship? (Please circle)	The level of conflict between my parents did not change after they separated - it remained high ⁽¹⁾	The level of conflict between my parents was reduced after they separated ⁽²⁾
		The level of conflict between my parents did not change after they separated - it remained low ⁽³⁾	The level of conflict between my parents increased after they separated ⁽⁴⁾

Appendix F

Attitudes Towards Marriage and Divorce Scale (Amato & Rogers, 1999)

SECTION D: ATTITUDES TOWARDS MARRIAGE & DIVORCE (Amato & Rogers, 1999)

Please read each statement carefully. Indicate your level of agreement with the six items by circling your response.

		Strongly Disagree	Disagree	Agree	Strongly Agree
1	Couples are able to get divorced too easily today.	4	3	2	1
2	It is okay for people to get married, thinking that if it does not work out they can always get a divorce.	1	2	3	4
3	The personal happiness of an individual is more important than putting up with a bad marriage.	1	2	3	4
4	If one partner becomes mentally or physically disabled, the other person should stay in the marriage regardless of his or her own happiness.	4	3	2	1
5	Marriage is for life, even if the couple is unhappy.	4	3	2	1
6	In marriages where parents fight a lot, children are better off if their parents divorce or separate.	1	2	3	4

Appendix G

Conflict Resolution Scales (Rands, Levinger, & Mellinger, 1981)

SECTION E: WHEN WE DISAGREE... (CRS; Rands, Levinger, & Mellinger, 1981)

In this section you are asked to report on your relationship behaviours with a romantic partner. If you do not have a romantic partner, please answer in relation to your closest friend. Please indicate which person you intend to answer these questions in relation to by circling a response from the box below:

Romantic Partner/Girlfriend/Boyfriend/Husband/Wife ⁽¹⁾
Friend ⁽²⁾

How well does this statement describe your behaviour when you and your friend/romantic partner disagree about something that is important?	Not at all	Not too well	Fairly well	Very well
1. I do something to hurt his/her feelings	1	2	3	4
2. I get really mad and start yelling	1	2	3	4
3. I get sarcastic	1	2	3	4
4. The more we talk, the madder I get	1	2	3	4
5. I get mad and walk out	1	2	3	4
6. I take a long time to get over feeling mad	1	2	3	4
7. I clam up and hold in my feelings	1	2	3	4
8. I try to avoid talking about it	1	2	3	4
9. I get cool and distant and give her/him the cold shoulder	1	2	3	4
10. I come straight out and tell her/him how I am feeling	4	3	2	1
11. I try to work out a compromise	1	2	3	4
12. I try to smooth things over	1	2	3	4
13. I try to reason with her/him	1	2	3	4
14. I listen to what she/he has to say and try to understand how she/he really feels	1	2	3	4
15. I do something to let her/him know I really love her/him even if we disagree	1	2	3	4
16. I get really mad and strike her/him	1	2	3	4
17. I get mad and throws things at her/him	1	2	3	4

Conflict Resolution Scales (CRS); Rands, M., Levinger, G., & Mellinger, G. D. (1981)

Appendix H

Miller Social Intimacy Scale (Miller & Lefcourt, 1982)

SECTION F: RELATIONSHIP BEHAVIOURS (MSIS; Miller & Lefcourt, 1982)

A number of phrases are listed below that describe the kind of relationships people have with others. Indicate, by filling in the boxes, how you would describe your current relationship with your closest friend. This friend can be of either sex and should be someone whom you consider to be your closest friend at this time.

1	Sex of your closest friend/partner (please circle)	MALE ⁽¹⁾	FEMALE ⁽²⁾
2	Is the friend you describe your romantic partner/girlfriend/boyfriend/husband/wife? (please circle)	YES ⁽¹⁾	NO ⁽⁰⁾

3	How long has this person been your closest friend? (please circle)	Less than a month ⁽¹⁾	1-4 months ⁽²⁾	5-8 months ⁽³⁾	9-12 months ⁽⁴⁾	More than a year ⁽⁵⁾
---	--	----------------------------------	---------------------------	---------------------------	----------------------------	---------------------------------

Circle the response that applies to your relationship.

		Very Rarely	Some of the Time	Almost Always		
4	When you have leisure time how often do you choose to spend it with him/her alone?	1	2	3	4	5
5	How often do you keep very personal information to yourself and not share it with him/her?	5	4	3	2	1
6	How often do you show him/her affection?	1	2	3	4	5
7	How often do you confide very personal information to him/her?	1	2	3	4	5
8	How often are you able to understand his/her feelings?	1	2	3	4	5
9	How many times do you feel close to him/her?	1	2	3	4	5

		Not Much	A Little	A Great Deal		
10	How much do you like to spend time alone with him/her?	1	2	3	4	5
11	How much do you feel like being encouraging and supportive to him/her when he/she is unhappy?	1	2	3	4	5
12	How close do you feel to him/her most of the time?	1	2	3	4	5
13	How important is it to you to listen to his/her very personal disclosures.	1	2	3	4	5
14	How satisfying is your relationship with him/her?	1	2	3	4	5
15	How affectionate do you feel toward him/her?	1	2	3	4	5
16	How important is it to you that he/she understands your feelings?	1	2	3	4	5
17	How much damage is caused by a typical disagreement in your relationship with him/her?	5	4	3	2	1
18	How important is it to you that he/she is encouraging and supportive to you when you are unhappy?	1	2	3	4	5
19	How important is it to you that he/she shows you affection?	1	2	3	4	5
20	How important is your relationship with him/her in your life?	1	2	3	4	5

Appendix I
Study 2 – YAPS Group Program Parent’s Book

Not available in electronic form. Please contact author for more information.

Appendix J
Study 2 – YAPS Group Program Overheads

Not available in electronic form. Please contact author for more information.

Appendix K

Study 2 – YAPS Group Program Homework Sheets

Not available in electronic form. Please contact author for more information.

Appendix L
Study 2 – YAPS Group Program Leader’s Manual

Not available in electronic form. Please contact author for more information.

Appendix M

Study 2 - Program Adherence Checklist

YAPS Group Program
- Program Adherence Record -

Session 1**Component 1a**

Activity	Planned Time (mins)	Actual Time (mins)
SESSION CONTENT	50	
1. Establish Group Rapport		
YAPS Activity 1 - Getting to Know You	8	
2. Provide Rationale for Parent Group Program	1	
3. Establish Group Rules		
YAPS Activity 2 - Group Rules	5	
4. Outline Group Session Contents	3	
5. Hand out Parent Program Folders	1	
6. Explain: Why Parent Adjustment is Important?	2	
7. Help Participants to Understand Their Own Reactions		
YAPS Activity 3 - Sharing and Discussion of Own Personal Reactions to Separation.	25	
Teaching using overheads	5	

Component 1b

Activity	Planned Time (mins)	Actual Time (mins)
SESSION CONTENT	50	
1. Explain: How Parents Can Help Themselves		
YAPS Activity 4 - Unsolvable Problems Discussion	4	
Teaching using overheads	1	
2. Being with Friends	2	
3. Distraction & Pleasurable Activities	1	
YAPS Activity 5 - Distracting Activities	4	
YAPS Activity 6 - Enjoyable Activities	3	
4. Relaxation	3	
5. Provide Handouts of Examples of Relaxation Strategies	15	
YAPS Activity 7 - Relaxation Exercises	14	
6. Helping Participants to Understand Their Children's Reactions	15	
YAPS Activity 8 - Sharing and Discussion of Children's Reactions to Separation.	10	
7. Introduce Topic: Providing Support to Your Children	5	
HOMEWORK TASKS 1		

Session 2

Component 2a

Activity	Planned Time (mins)	Actual Time (mins)
REVIEW HOMEWORK	10	
SESSION CONTENT	50	
1. Explain: How to Reduce the Impact of Changes	2	
2. Explain: Importance of Providing Opportunities for Social Support Outside the Home	2	
3. Explain: How to Encourage Contact with Fathers	5	
4. Explain: How to Reduce Conflict between Parents	5	
5. Explain: How to Develop an Effective Co-Parenting Relationship	4	
6. Teach Effective Communication		
YAPS Activity 9 - Non-verbal Communication	5	
Teaching using overheads	4	
7. Teach How to use "I" Statements	2	
YAPS Activity 10 - Using "I" Statements	3	
YAPS Activity 11 - Brainstorm Issues for "I" Statements	3	
YAPS Activity 12 - "I" Statement Role Play	15	

Component 2b

Activity	Planned Time (mins)	Actual Time (mins)
SESSION CONTENT	40	
1. Explain: It is Important to Avoid Overwhelming Children with Adult Concerns	2	
2. Explain: How to Create and Maintain Positive Family Relationships	4	
3. Teach Listening and Responding Skills	4	
YAPS Activity 13 - Good Listening Demonstration	10	
YAPS Activity 14 - Brainstorm Issues for "Good Listening" Role-play	5	
YAPS Activity 15 - Good Listening Role Play	15	
HOMEWORK TASKS 2		

Session 3

Component 3a

Activity	Planned Time (mins)	Actual Time (mins)
REVIEW HOMEWORK	10	
SESSION CONTENT	20	
1. Teach Participants to Prompt Children to use Effective Coping	2	
2. Teach Participants to Challenge Unhelpful Thoughts		
YAPS Activity 16 - Unhelpful Thoughts Vignette	4	
Teaching using overheads	6	
YAPS Activity 17 - Using Thought Challengers.	8	

Component 3b

Activity	Planned Time (mins)	Actual Time (mins)
SESSION CONTENT	70	
1. Problem Solving	5	
YAPS Activity 18 - Problem Solving Demonstration	15	
YAPS Activity 19 - Problem Solving Practice	20	
YAPS Activity 20 - Prompting Children to Use Problem Solving	10	
YAPS Activity 21 - Solving Family Problems I	5	
YAPS Activity 22 - Solving Family Problems II	5	
2. Adjustment in Step-families	10	
HOMEWORK TASKS 3		

Session 4

Component 4a

Activity	Planned Time (mins)	Actual Time (mins)
REVIEW	50	
1. Being with Friends	4	
2. Relaxation	4	
3. Distraction & Pleasurable Activities	5	
4. Providing Support to Your Children	5	
5. Encouraging Contact with Fathers	5	
6. Reducing Conflict between Parents	4	
YAPS Activity 23 - More Practise with "I" Statements	5	
7. Challenging Unhelpful Thoughts	4	
YAPS Activity 24 - More practise with Challenging Unhelpful Thoughts	5	
8. Problem Solving	5	
9. Positive Family Activities	4	

Component 4b

Activity	Planned Time (mins)	Actual Time (mins)
MAINTENANCE	5	
1. Encourage Participants to Keep Up The Good Work!	2	
2. Hand-out Certificates	3	
PROVIDE ENVIRONMENT FOR RELAXED SOCIAL DISCUSSION	45	

Appendix N
Study 2 - Participant Satisfaction Questionnaire
HOW HELPFUL WAS THE YAPS PROGRAM?

This questionnaire will help us to improve the program we offer. We are interested in your honest opinions about the program, whether they are positive or negative. Please answer all the questions.

Please circle the response that best describes how you honestly feel.

1. Did you receive the type of help you wanted from the program?

1	2	3	4	5	6	7
No definitely not		No not really		Yes generally		Yes definitely

2. To what extent has the program met your *child's* needs?

7	6	5	4	3	2	1
Almost all needs met		Most needs have been met		Only a few needs have been met		No needs have been met

3. To what extent has the program met *your* needs?

7	6	5	4	3	2	1
Almost all needs met		Most need have been met		Only a few needs have been met		No needs have been met

4. How satisfied were you with the *amount of help* you and your child received?

1	2	3	4	5	6	7
Quite Dissatisfied		Dissatisfied		Satisfied		Very satisfied

5. Has the program helped you to deal more effectively with your child's behaviour?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

6. Has the program helped you to deal more effectively with problems that arise in your family?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

7. Has the program helped you to deal more effectively with personal problems?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

8. Has the program helped you to understand your child's feelings and responses related to parental separation?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

9. Has the program helped you to understand your own feelings and responses related to the separation?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

10. Do you think the relationship with your former partner has been improved by the program?

1	2	3	4	5	6	7
No definitely not		No not really		Yes generally		Yes definitely

11. Do you think the program has helped you to manage any conflicts that arise between yourself and your child?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

12. Do you think the program has helped you to manage any conflicts that arise between yourself and your former partner?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

13. Would you recommend this program to other people?

1	2	3	4	5	6	7
No definitely not		No, I don't think so		Yes, I think so		Yes, definitely

14. Has the program helped you to develop skills that can be applied to your other family members?

7	6	5	4	3	2	1
Yes, it has helped a great deal		Yes, it has helped somewhat		No, it hasn't helped much		No, it made things worse

15. In your opinion, how is your relationship with your child at this point?

1	2	3	4	5	6	7
Considerably worse	Worse	Slightly worse	The same	Slightly improved	Improved	Greatly improved

16. How would you describe your feelings at this point about your child's adjustment?

7	6	5	4	3	2	1
Very satisfied	Satisfied	Slightly satisfied	Neutral	Slightly dissatisfied	Dissatisfied	Very dissatisfied

17. How would you describe your feelings at this point about your own adjustment?

7	6	5	4	3	2	1
Very satisfied	Satisfied	Slightly satisfied	Neutral	Slightly dissatisfied	Dissatisfied	Very dissatisfied

18. How confident are you that you will be able to cope with problems that may come up in future?

7	6	5	4	3	2	1
Very confident		Somewhat confident		Uncertain		I will not be able to cope

19. How would you describe the organisation of this program?

7	6	5	4	3	2	1
Excellent		Good		Fair		Poor

20. How would you describe the effectiveness of the leaders in helping you understand the information and activities?

7	6	5	4	3	2	1
Excellent		Good		Fair		Poor

21. How helpful was the information/activities focusing on understanding your own reactions and feelings towards separation?

7	6	5	4	3	2	1
Very helpful			Somewhat helpful			Not at all helpful

22. How helpful was the information/activities focusing on coping strategies?

7	6	5	4	3	2	1
Very helpful			Somewhat helpful			Not at all helpful

23. How helpful was the information/activities focusing on understanding your child's reactions and feelings towards separation?

7	6	5	4	3	2	1
Very helpful			Somewhat helpful			Not at all helpful

24. How helpful was the information/activities focusing on providing support to your child?

7	6	5	4	3	2	1
Very helpful			Somewhat helpful			Not at all helpful

25. How helpful was the information/activities focusing on the importance of father contact and reducing conflict between yourself and your former partner?

7	6	5	4	3	2	1
Very helpful			Somewhat helpful			Not at all helpful

26. How helpful was the information/activities focusing on managing and monitoring your child?

7	6	5	4	3	2	1
Very helpful			Somewhat helpful			Not at all helpful

27. How helpful was the information/activities focusing on improving family relationships?

7	6	5	4	3	2	1
Very helpful			Somewhat helpful			Not at all helpful

28. How helpful were the information booklets?

7	6	5	4	3	2	1
Very helpful			Somewhat helpful			Not at all helpful

29. Were the program sessions conducted at a convenient time for you and your family?

7	6	5	4	3	2	1
Very convenient		Somewhat convenient		Somewhat inconvenient		Very inconvenient

30. Were the program sessions conducted at a location convenient to you and your family?

7	6	5	4	3	2	1
Very convenient		Somewhat convenient		Somewhat inconvenient		Very inconvenient

31. Since beginning this program, have you sought further assistance for your child or for your family from any other source? (Please circle)

Yes

No

If yes, please describe:

32. What was the most useful part of the program?

33. What suggestions would you make to improve this program?

34. Do you have any other comments about this program?

**Thank you for completing this questionnaire.
It will help us to develop better programs in the future.**

6. Please answer the following question about your **child who is participating in this program**.

a. Do you have a court-approved custody arrangement? (please circle)

Yes

No

b. How often does your child visit with their father? _____ visits per month

c. What is the average length of visits? _____ hours

7. Your highest level of education: (please circle)

1. Less than Year 10

4. Trade/apprenticeship

2. Year 10/11

5. TAFE/college certificate

3. Year 12

6. University degree

8. Your former partner's highest level of education

1. Less than Year 10

4. Trade/apprenticeship

2. Year 10/11

5. TAFE/college certificate

3. Year 12

6. University degree

9. Are you currently in paid employment? (please circle)

Yes

No

If Yes, how many hours per week? _____ hours

Please write your job title and a brief description of what you do in your paid employment

Job Title: _____

Job Description: _____

10. Is your former partner currently in paid employment? (please circle)

Yes

No

Don't Know

If Yes, how many hours per week? _____ hours

Please write the job title of your former partner and a brief description of what he does in his paid employment. Job Title: _____

Job Description: _____

11. Which of the following income bands best describes the income for your household including child support payments and government benefits or pensions (gross - before tax)?
(please circle)

- | | |
|---|---|
| 1. Less the \$58 per week
(less than \$3001 per year) | 8. \$482 - \$577 per week
(\$25001 - \$30000 per year) |
| 2. \$59 - \$96 per week
(\$3001 - \$5000 per year) | 9. \$578 - \$673 per week
(\$30001 - \$35000 per year) |
| 3. \$97 - \$154 per week
(\$5001 - \$8000 per year) | 10. \$674 - \$769 per week
(\$35001 - \$40000 per year) |
| 4. \$155 - \$230 per week
(\$8001 - \$12000 per year) | 11. \$702 - \$961 per week
(\$40001 - \$50000 per year) |
| 5. \$231 - \$308 per week
(\$12001 - \$16000 per year) | 12. \$962 - \$1154 per week
(\$50001 - \$60000 per year) |
| 6. \$309 - \$385 per week
(\$16001 - \$20000 per year) | 13. \$1155 - \$1346 per week
(\$60001 - \$70000 per year) |
| 7. \$386 - \$481 per week
(\$20001 - \$25000 per year) | 14. More than \$1346 per week
(more than \$70000 per year) |

12. In the last 6 months have you sought professional assistance from any of the following?
(please circle)

- | | | |
|-----------------------|-----|----|
| 1. Psychologist | Yes | No |
| 2. Psychiatrist | Yes | No |
| 3. Counsellor | Yes | No |
| 4. Social Worker | Yes | No |
| 5. Other Professional | Yes | No |

13. Does your child experience any of the following problems? (Please circle)

- | | | |
|---|-----|----|
| 1. Vision or hearing impairment(s) | Yes | No |
| 2. Severe chronic illness that results in regular hospitalisation | Yes | No |
| 3. A physical disability | Yes | No |
| 4. An intellectual disability | Yes | No |
| 5. A developmental delay | Yes | No |

If Yes to any of the above, please provide brief details: _____

14. Is your child having any regular contact with another professional or government agency for emotional or behavioural problems? (Please circle)

- Yes No

If Yes, please describe: _____

15. Are there any other details we have missed that you feel we should know about?
(Please circle)

- Yes No

If Yes please describe: _____

Youth Adjustment to Parental Separation

True or False?

Read each statement below. Circle *true* if you believe the statement is true or circle *false* if you believe the statement is not true.

1. If a marriage is stressful, separation can lead to feelings of relief. true false
2. Child problems that occur in separated families are most often a result of the separation. true false
3. When worrying about something that you can not change it's a good idea to avoid thinking about it. true false
4. Two years after separation, one quarter of mothers report being happier than in the last year of their marriage. true false
5. Just talking to others about feelings and concerns can make you feel better. true false
6. Parents who adjust well to separation are likely to have children who adjust well too. true false
7. The bodily changes that occur as a result of stress are harmful to the body. true false
8. Muscle relaxation exercises are the only way to reduce stress levels. true false
9. If a child has problems adjusting to their parents' separation, they will continue to have difficulties into adulthood. true false
10. There isn't a lot that parents can do to reduce the harmful effects of parental separation on their children. true false

11. Parental separation can sometimes be beneficial to child adjustment. true false
12. Girls have more problems than boys when their parents separate. true false
13. Child age at the time of separation has a greater influence on future child adjustment than how well parents get along. true false
14. Children adjust better if stepparents are not directly involved in discipline. true false
15. Stress can lead to physical health problems. true false
16. Boys have more problems than girls when their mother remarries. true false
17. Children can't have close relationships with their stepmother and their mother at the same time. true false
18. Children are more likely to have adjustment difficulties when their parents argue in front of them. true false
19. Most children whose parents separate continue to have problems into adulthood. true false
20. Parenting effectiveness is greatly affected by stress. true false
21. Children are more likely to have adjustment difficulties when their relationship with one or both parents is impaired. true false
22. Children who experience many changes as a result of the separation (e.g. moving house, changing schools) are likely to have greater difficulty adjusting to the separation. true false
23. Most children adapt to their parents' separation within six months. true false
24. Consistent discipline is harmful to parent-child relationships. true false
25. It is in the best interests of children to see both of their parents on special occasions. true false

26. It is best to inform children about changes before they occur. true false
27. Talking to children about family problems is always helpful for child and parent. true false
28. Children learn better from punishment for misbehaviour than they do from praise for positive behaviour. true false
29. It doesn't matter if children don't see their other parent regularly. true false
30. Something other than the separation could be causing child problems. true false
31. Different people often react differently to the same situation. This is largely because of their personality. true false
32. Children can't have close relationships with their stepfather and their father at the same time. true false
33. Separation is considered one of life's most stressful experiences. true false
34. Fathers are more likely to continue child support payments if they have regular contact with their children. true false
35. Physical exercise can reduce emotional tension. true false
36. Children who see their parents treating each other badly may develop negative feelings towards them. true false
37. About 40% of what we communicate to others is conveyed in words. true false
38. It is best for children if parents are honest in their opinions of their former partner. true false
39. If children forget their father's birthday, it's not up to their mother to remind them. true false
40. It is important that rules and routines are consistent across households when there is a shared custody arrangement. true false
41. It is best to walk away from a heated conversation. true false

Appendix Q

Quality of Coparental Communication Scale (Ahrns,1981)

PARENTING TOGETHER

Please choose the best answer for each question from the options given and circle the corresponding number for that answer	Always	Often	Some-times	Rarely	Never
1. When you and your former spouse discuss parenting issues, how often does an argument result?	5	4	3	2	1
2. How often is the underlying atmosphere one of hostility and anger between you and your former partner?	5	4	3	2	1
3. How often is the conversation stressful and tense between you and your former partner?	5	4	3	2	1
4. Do you and your former spouse have basic differences of opinion about issues related to child rearing?	5	4	3	2	1
5. When you need help regarding the children, do you seek it from your former spouse?	5	4	3	2	1
6. Would you say that your former spouse is a resource to you in raising the children?	5	4	3	2	1
7. Would you say that you are a resource to your former spouse in raising the children?	5	4	3	2	1
8. If your former spouse has needed to make a change in the visiting arrangements, do you go out of your way to accommodate?	5	4	3	2	1
9. Does your former spouse go out of the way to accommodate any changes you need to make?	5	4	3	2	1
10. Do you feel that your former spouse understands and is supportive of your special needs as a parent?	5	4	3	2	1

Appendix R

Children's Perception of Interparental Conflict Scale (Grych, Seid, & Fincham, 1992)

WHEN MY PARENTS DISAGREE...

In every family there are times when the parents don't get along. When their parents argue or disagree, kids can feel a lot of different ways. We would like to know what kind of feelings *you* have when *your* parents have arguments or disagreements.

If your parents don't live together in the same house with you, think about times that they are together when they don't agree or about times when both of your parents lived in the same house, when you answer these questions. Circle T if the statement is *true* of you. If the statement is *sort of true* or *sometimes true*, circle ST. If the statement is not true of you, circle F for *false*.

T = true ST = sort of true F = false

- | | | | |
|---|---|----|---|
| 1. I never see my parents arguing or disagreeing. | T | ST | F |
| 2. When my parents have an argument they usually work it out. | T | ST | F |
| 3. My parents often get into arguments about things I do at school. | T | ST | F |
| 4. My parents get really mad when they argue. | T | ST | F |
| 5. When my parents argue I can do something to make myself feel better. | T | ST | F |
| 6. I get scared when my parents argue. | T | ST | F |
| 7. I feel caught in the middle when my parents argue. | T | ST | F |
| 8. I'm not to blame when my parents have arguments. | T | ST | F |
| 9. They may not think I know, but my parents argue or disagree a lot. | T | ST | F |
| 10. Even after my parents stop arguing they stay mad at each other. | T | ST | F |
| 11. My parents have arguments because they are not happy together. | T | ST | F |
| 12. When my parents have a disagreement they discuss it quietly. | T | ST | F |
| 13. I don't know what to do when my parents have arguments. | T | ST | F |
| 14. My parents are often mean to each other even when I'm around. | T | ST | F |
| 15. When my parents argue I worry about what will happen to me. | T | ST | F |
| 16. It's usually my fault when my parents argue. | T | ST | F |
| 17. I often see my parents arguing. | T | ST | F |
| 18. When my parents disagree about something, they usually come up with a solution. | T | ST | F |

T= true ST = sort of true F = false

- | | | | |
|--|---|----|---|
| 19. My parents arguments are usually about something that I did. | T | ST | F |
| 20. The reasons my parents argue never change. | T | ST | F |
| 21. When my parents have an argument they say mean things to each other. | T | ST | F |
| 22. When my parents argue or disagree I can usually help make things better. | T | ST | F |
| 23. When my parents argue I'm afraid that something bad will happen. | T | ST | F |
| 24. My mum wants me to be on her side when she and my dad argue. | T | ST | F |
| 25. Even if they don't say it, I know I'm to blame when my parents argue. | T | ST | F |
| 26. My parents hardly ever argue. | T | ST | F |
| 27. When my parents argue they usually make up right away. | T | ST | F |
| 28. My parents usually argue or disagree because of things that I do. | T | ST | F |
| 29. My parents argue because they don't really love each other. | T | ST | F |
| 30. When my parents have an argument they yell a lot. | T | ST | F |
| 31. When my parents argue there's nothing I can do to stop them. | T | ST | F |
| 32. When my parents argue I worry that one of them will get hurt. | T | ST | F |
| 33. I feel like I have to take sides when my parents have a disagreement. | T | ST | F |
| 34. My parents often nag and complain about each other in front of me. | T | ST | F |
| 35. My parents hardly ever yell when they have a disagreement. | T | ST | F |
| 36. My parents often get into arguments when I do something wrong. | T | ST | F |
| 37. My parents have broken or thrown things during an argument. | T | ST | F |
| 38. After my parents stop arguing, they are friendly toward each other. | T | ST | F |
| 39. When my parents argue I'm afraid that they will yell at me too. | T | ST | F |
| 40. My parents blame me when they have arguments. | T | ST | F |
| 41. My dad wants me on his side when he and mum argue. | T | ST | F |
| 42. My parents have pushed or shoved each other during an argument. | T | ST | F |
| 43. When my parents argue or disagree there's nothing I can do to make myself feel better. | T | ST | F |
| 44. My parents still act mean after they have had an argument. | T | ST | F |
| 45. My parents have arguments because they don't know how to get along. | T | ST | F |
| 46. Usually it's not my fault when my parents have arguments. | T | ST | F |
| 47. When my parents argue they don't listen to anything I say. | T | ST | F |

Appendix S

Coping Scale for Children & Youth (Brodzinsky, Elias, Steiger, Simon, Gill, & Hitt, 1992)

HOW I COPE WITH PROBLEMS

All children and teenagers have some problems they find hard to deal with and that upset and worry them. We are interested in finding out what you do when you try to deal with a hard problem. Think about some problem that has upset or worried you in the *past few months*. It could be a problem with someone in your family, a problem with a friend, a school problem, or anything else. Briefly describe what the problem is in the space below:

Listed below are some ways that children and teenagers try to deal with their problems. Please tell us how often each of these statements has been true for you when you tried to deal with the *problem you described above*. Please circle your response.

	Never	Some- times	Often	Very Often
1. I asked someone in my family for help with the problem.	1	2	3	4
2. I thought about the problem and tried to figure out what I could do about it.	1	2	3	4
3. I tried not thinking about the problem.	1	2	3	4
4. I stayed away from things that reminded me about the problem.	1	2	3	4
5. I got advice from someone about what I should do.	1	2	3	4
6. I took a chance and tried a new way to solve the problem.	1	2	3	4
7. I went on with things as if nothing was wrong.	1	2	3	4
8. I tried not to feel anything inside me. I wanted to feel numb.	1	2	3	4
9. I shared my feelings about the problem with another person.	1	2	3	4
10. I made a plan to solve the problem and then I followed the plan.	1	2	3	4
11. I pretended the problem wasn't very important to me.	1	2	3	4
12. I went to sleep so I wouldn't have to think about it.	1	2	3	4

HOW I COPE WITH PROBLEMS (cont.)

	Never	Some- times	Often	Very Often
13. I kept my feelings to myself.	1	2	3	4
14. I went over in my head some of the things I could do about the problem.	1	2	3	4
15. I knew I had lots of feelings about the problem, but I just didn't pay attention to them.	1	2	3	4
16. When I was upset about the problem, I was mean to someone even though they didn't deserve it.	1	2	3	4
17. I realised there was nothing I could do. I just waited for it to be over.	1	2	3	4
18. I tried to get away from the problem for a while by doing other things.	1	2	3	4
19. I hoped that things would somehow work out so I didn't do anything.	1	2	3	4
20. I learned a new way of dealing with the problem.	1	2	3	4
21. I pretended the problem had nothing to do with me.	1	2	3	4
22. I decided to stay away from people and be by myself.	1	2	3	4
23. I tried to figure out how I felt about the problem.	1	2	3	4
24. I tried to pretend that the problem didn't happen.	1	2	3	4
25. I figured out what had to be done and then I did it.	1	2	3	4
26. I tried not to be with anyone who reminded me of the problem.	1	2	3	4
27. I tried to pretend that my problem wasn't real.	1	2	3	4
28. I put the problem out of my mind.	1	2	3	4
29. I thought about the problem in a way so that it didn't upset me as much.	1	2	3	4

Appendix T

Children's Beliefs About Parental Divorce Scale (Kurdek & Berg, 1987)

HOW I THINK ABOUT MY PARENT'S SEPARATION...

The following statements are about children and their separated parents. Some of them are true about how you think and feel, so you will want to check YES. Some are not about how you think and feel, so you will want to check NO. There are no right or wrong answers. Your answers will just tell us some things you are thinking now about your parent's separation.

- | | | |
|--|-----|----|
| 1. It would upset me if other kids asked a lot of questions about my parents. | YES | NO |
| 2. It was usually my father's fault when my parent's had a fight. | YES | NO |
| 3. I sometimes worry that both my parents will want to live without me. | YES | NO |
| 4. When my family was unhappy, it was usually because of my mother. | YES | NO |
| 5. My parents will always live apart. | YES | NO |
| 6. My parents often argue with each other after I misbehave. | YES | NO |
| 7. I like talking to my friends as much now as I used to. | YES | NO |
| 8. My father is usually a nice person. | YES | NO |
| 9. It's possible that both my parents will never want to see me again. | YES | NO |
| 10. My mother is usually a nice person. | YES | NO |
| 11. If I behave better I might be able to bring my family back together. | YES | NO |
| 12. My parents would probably be better if I were never born. | YES | NO |
| 13. I like playing with my friends as much now as I used to. | YES | NO |
| 14. When my family was unhappy, it was usually because of something my father said or did. | YES | NO |
| 15. I sometimes worry that I'll be left alone. | YES | NO |
| 16. Often I have a bad time when I'm with my mother. | YES | NO |
| 17. My family will probably do things together just like before. | YES | NO |
| 18. My parents probably argue more when I'm with them than when I'm gone. | YES | NO |

- | | | |
|--|-----|----|
| 19. I'd rather be alone than play with other kids. | YES | NO |
| 20. My father caused most of the trouble in my family. | YES | NO |
| 21. I feel that my parents still love me. | YES | NO |
| 22. My mother caused most of the trouble in my family. | YES | NO |
| 23. My parents will probably see that they made a mistake and get back together again. | YES | NO |
| 24. My parents are happier when I'm with them than when I'm not. | YES | NO |
| 25. My friends and I do many things together. | YES | NO |
| 26. There are a lot of things about my father I like. | YES | NO |
| 27. I sometimes think that one day I may have to go live with a friend or relative. | YES | NO |
| 28. My mother is more good than bad. | YES | NO |
| 29. I sometimes think that my parents will one day live together again. | YES | NO |
| 30. I can make my parents unhappy with each other by what I say or do. | YES | NO |
| 31. My friends understand how I feel about my parents. | YES | NO |
| 32. My father is more good than bad. | YES | NO |
| 33. I feel my parents still like me. | YES | NO |
| 34. There are a lot of things about my mother I like. | YES | NO |
| 35. I sometimes think that once my parents realise how much I want them to, they'll live together again. | YES | NO |
| 36. My parents would probably still be living together if it weren't for me. | YES | NO |

Appendix U
Study 2 - Plain Language Statement



Department of Psychology
& Disability Studies

RMIT University Psychology Clinic



Dear Parents and Teenagers,

A team of researchers from RMIT University's Department of Psychology and Disability Studies is currently conducting a research study evaluating a group treatment programs for families who have recently experienced parental separation and need support coping with the changes occurring during this time. This research forms part of a PhD research project conducted by Mandy Kienhuis and supervised by Dr Ray Wilks and Dr John Reece.

Families who decide to participate in the study will be randomly allocated to the group parenting program or a wait-list group. Participants in the wait-list group will be offered the treatment approximately 6 months later at the conclusion of the research study.

The group parenting program will consist of four 2-hour group sessions plus one "booster" session three months later. Evening sessions will be held at the RMIT University Psychology Clinic, with two group leaders and up to 12 participants. The sessions include information and skills training in the following areas: adaptation to separation; providing support to adolescents; discipline and monitoring; coping skills; challenging children's unrealistic expectations and beliefs; positive communication; and problem solving.

Mothers and teenagers in families who decide to participate in the research will be required to complete a number of questionnaires prior to, immediately after, and at 6 months after completion of the program. These questionnaires will take approximately 60 minutes to complete. There will be a few questions asking about your background and your family. The majority of questions will be asking about your family relationships, coping strategies, behaviours,

and personal feelings. After the program is completed there will also be questions about what you learned from the group program and how helpful the program was for you and your family.

A summary of the research findings will be available to you on completion of the research study. The information collected may also be used in future publications, however, these reports will not contain any identifying information. All questionnaire answers and information disclosed in group sessions will remain confidential. No identifying information will be kept with questionnaire responses. Group sessions will be videotaped to check whether program leaders have delivered the program as outlined in the program schedule. This videotape will be viewed by the group leaders (Mandy Kienhuis and Dr Ray Wilks) only and erased immediately after each group session.

While your participation in the research study would be greatly appreciated, your participation in this study is completely voluntary. There is no obligation to participate and any participant can withdraw from the study at any time.

If you agree to participate please complete the attached consent form (both mother and teenager please sign) and return in the reply paid envelope. If you have any questions about participating in the research, please contact Dr Ray Wilks or Mandy Kienhuis on 9925 7376. If you are concerned about any of your responses to any of the questions asked as part of this research, you should cease your participation immediately, and contact Dr Ray Wilks who will discuss this with you.

Yours Sincerely,

Mandy Kienhuis
BBSc;
BAppSci (Psych)(Hons)

Dr Ray Wilks
TPTC; BA;
Grad Dip App Ch Psych;
MA; PhD

Dr John Reece
BBSc(Hons); PhD

<p>Any queries or complaints about your participation in this project may be directed to the Secretary, RMIT Human Research Ethics Committee, University Secretariat, RMIT, GPO Box 2476V, Melbourne, 3001. The telephone number is (03) 9925 1745.</p>

Appendix V
Study 2 - Consent Form

(Printed on RMIT University Division of Psychology letter head)



Name of Investigator: Mandy Kienhuis
Telephone: 9925 7376

Supervisor: Dr Ray Wilks
Telephone: 9925 7376

1. I have received the attached statement explaining the procedures involved in this project.
2. I consent to participate in the above project, the particulars of which - including details of questionnaires and procedures - have been explained to me.
3. I authorise the investigator or his or her assistant to use with me the questionnaires or procedures referred to in 1 above.
4. I acknowledge that:
 - (a) The possible effects of the procedures have been explained to me to my satisfaction.
 - (b) I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied.
 - (c) The project is for the purpose of research and/or teaching. It may not be of direct benefit to me.
 - (d) The confidentiality of the information I provide will be safeguarded. However, should information of a confidential nature need to be disclosed for moral, clinical or legal reasons, I will be given an opportunity to negotiate the terms of this disclosure.
 - (e) The security of the research data is assured during and after completion of the study. The data collected during the study will be written into a thesis, and may be published. Any information, which will identify me, will not be used.

Adolescent's Consent

Signature: _____ Date: _____
(Signature of adolescent)

Mother's Consent

I, _____ consent to the participation of myself
(Please print mother's name)

and _____ in the above project.
(Please print adolescent's name)

Signature: _____ Date: _____
(Signature of mother)

Any queries or complaints about your participation in this project may be directed to the Secretary, RMIT Human Research Ethics Committee, University Secretariat, RMIT, GPO Box 2476V, Melbourne, 3001. The telephone number is (03) 9925 1745.



**Department of Psychology
& Disability Studies**

RMIT University Psychology Clinic

Young People of Recently Separated Parents

RMIT University Psychology Clinic, as part of its research focus, is conducting a number of free programs to assist young people (aged 11 - 15 years) and their parents who have recently experienced marital separation.

If your family has experienced marital separation during the previous 2 years and you would like assistance coping with the changes, the programs offered at RMIT University in Bundoora may be helpful.

If you and your child are interested in finding out more information please contact: Dr Ray Wilks or Mandy Kienhuis at RMIT University on 9925 7376.

Appendix X

Study 3 – YAPS Individual Therapist-Administered Program Facilitators Manual

Not available in electronic form. Please contact author for more information.

Appendix Y
 Study 3 - Activity Completion Checklist
ACTIVITY COMPLETION CHECKLIST IA
 (Therapist to complete)

Module 1: Looking After Yourself

Review & Practise

Initials and code	Read Module 1	1A Enjoyable Activities	1B Practise Relaxation Exercises			Continue to Record Child Behaviour?	Continue to Record Stress & Mood Level Ratings?
			Tensing & Relaxing Muscles	Breathing Exercises	Thought Stopping Techniques		

✓ Place a Tick in the box if the Review/Practise has been done. If the Participant has practised the activity more than once, write a number in the box which indicates how many times the activity has been practised.

ACTIVITY COMPLETION CHECKLIST IIA
(Therapist to complete)

Module 2: Providing Support - Part I
Review & Practise

Initials and code	Read Module 2	Continued Practise 1A Enjoyable Activities	Continued Practise 1B Practise Relaxation Exercises			2A Encouraging Contact with Fathers	2B Reducing the Effects of Conflict	2C Comm. with Your Co-parenting Partner	2D Good Listening Skills	2E Establishing Family Rules	2F Providing Effective Consequences	2G Labelled Praise	2H Spending Fun Times Together
			Tensing & Relaxing Muscles	Breathing Exercises	Thought Stopping Techniques								

✓ Place a Tick in the box if the Review/Practise has been done. If the Participant has practised the activity more than once, write a number in the box which indicates how many times the activity has been practised.

ACTIVITY COMPLETION CHECKLIST IIB
(Therapist to complete)

Module 2: Providing Support - Part I

Written Exercises

Initials and code	Continue to Record Child Behaviour?	Continue to Record Stress & Mood Level Ratings?	2A Using "I" Statements	2B Family Rules	2C Providing Effective Consequences	2D Spending Fun Times Together

- ✓ Tick for Homework attempted
- * Star for Homework completed

ACTIVITY COMPLETION CHECKLIST IIIIB
(Therapist to complete)

Module 3: Providing Support - Part II

Written Exercises

Initials and Code	Exercise 3A Why do we act the way we do?	Exercise 3B Using Thought Challengers	Exercise 3C Problem Solving I	Exercise 3D Problem Solving II	Exercise 3E Family Problem Solving I	Exercise 3F Family Problem Solving II

- ✓ Tick for Homework attempted
- * Star for Homework completed

6. Please answer the following question about your **child who is participating in this project**.

a. Do you have a court-approved custody arrangement? (please circle)

Yes

No

b. If yes to above question, what is the agreed visitation arrangement?

Please indicate:

number of visits per month: _____

length of visits: _____

number of overnight stays per month: _____

c. How many days did your child see their father in the previous month? ____ days

d. During the previous month, what was the average length of visits? ____ hours

e. During the previous month, how many nights did your child sleep over at their father's place? ____ days

f. How many times has your child had telephone contact with their father in the previous month? ____ calls

7. Your highest level of education: (please circle)

1. Less than Year 10

4. Trade/apprenticeship

2. Year 10/11

5. TAFE/college certificate

3. Year 12

6. University degree

8. Your former partner's highest level of education

1. Less than Year 10

4. Trade/apprenticeship

2. Year 10/11

5. TAFE/college certificate

3. Year 12

6. University degree

9. Are you currently in paid employment? (please circle)

Yes

No

If Yes, how many hours per week? _____ hours

Please write your job title and a brief description of what you do in your paid employment

Job Title: _____

Job Description: _____

10. Is your former partner currently in paid employment? (please circle)

Yes

No

Don't Know

If Yes, how many hours per week? _____ hours

Please write the job title of your former partner and a brief description of what he does in his paid employment. Job Title: _____

Job Description: _____

11. Which of the following income bands best describes the income for your household including child support payments and government benefits or pensions (gross - before tax)? (please circle)

1. Less the \$58 per week
(less than \$3001 per year)

2. \$59 - \$96 per week
(\$3001 - \$5000 per year)

3. \$97 - \$154 per week
(\$5001 - \$8000 per year)

4. \$155 - \$230 per week
(\$8001 - \$12000 per year)

5. \$231 - \$308 per week
(\$12001 - \$16000 per year)

6. \$309 - \$385 per week
(\$16001 - \$20000 per year)

7. \$386 - \$481 per week
(\$20001 - \$25000 per year)

8. \$482 - \$577 per week
(\$25001 - \$30000 per year)

9. \$578 - \$673 per week
(\$30001 - \$35000 per year)

10. \$674 - \$769 per week
(\$35001 - \$40000 per year)

11. \$702 - \$961 per week
(\$40001 - \$50000 per year)

12. \$962 - \$1154 per week
(\$50001 - \$60000 per year)

13. \$1155 - \$1346 per week
(\$60001 - \$70000 per year)

14. More than \$1346 per week
(more than \$70000 per year)

12. In the last 6 months have you sought professional assistance from any of the following? (please circle)

1. Psychologist	Yes	No
2. Psychiatrist	Yes	No
3. Counsellor	Yes	No
4. Social Worker	Yes	No
5. Other Professional	Yes	No

13. Does your child experience any of the following problems? (Please circle)

- | | | |
|---|-----|----|
| 1. Vision or hearing impairment(s) | Yes | No |
| 3. Severe chronic illness that results in regular hospitalisation | Yes | No |
| 3. A physical disability | Yes | No |
| 4. An intellectual disability | Yes | No |
| 5. A developmental delay | Yes | No |

If Yes to any of the above, please provide brief details: _____

14. Is your child having any regular contact with another professional or government agency for emotional or behavioural problems? (Please circle)

- Yes No

If Yes, please describe: _____

15. Are there any other details we have missed that you feel we should know about?
(Please circle)

- Yes No

If Yes please describe: _____

Youth Adjustment to Parental Separation

For these questions, read each statement and the four options given to complete the statement. Select the option that best completes the sentence for each item by circling a, b, c or d. Sometimes more than one answer could be correct under certain circumstances; however, you should select the best answer or the answer that is most generally true.

1. Parents who use lots of rewards for good behaviour and few punishments will probably tend to have children who:
 - a. Do not understand discipline.
 - b. Will not cooperate unless they are "paid".
 - c. Take advantage of their parents.
 - d. Are well behaved, cooperative, and happy.
2. Which of the following statements is most true?
 - a. About 70% of what we communicate to others is conveyed in words.
 - b. The first step in Problem Solving is to brainstorm solutions.
 - c. We can not help the way we think.
 - d. It is best to walk away from a heated conversation.
3. Which reward is probably best to help a 12 year-old child improve her Maths skills?
 - a. Five dollars for each evening she studies.
 - b. Fifty cents for each problem worked correctly.
 - c. Fifty dollars if she gets an A for her next Maths test.
 - d. A bicycle for passing Maths at the end of the year.
4. Which is the best example of praise?
 - a. "Good girl, Jemma".
 - b. "I love you, Jemma".
 - c. "I like the way you helped me put the dishes away, Jemma."
 - d. "I'll tell your father how nice you were today, Jemma."
5. Which of the following statements is most true?
 - a. Girls have more problems than boys when their parents separate.
 - b. Boys have more problems than girls when their mother remarries.
 - c. Individual differences between children influences their response to separation more than gender does.
 - d. Most children respond to parental separation in the same way.
6. A good rule to remember is:
 - a. Consistent discipline is harmful to parent-child relationships.

- b. Catch a child doing something right.
 - c. Punishment is a more effective way to change behaviour than rewards.
 - d. Punishment is always unnecessary.
7. A child often cries over small matters that bother him. How could his parent/s respond to best reduce his crying?
- a. Reward/praise when he reacts without crying.
 - b. Use a mild punishment when he cries.
 - c. Try to find out what is really bothering the child and deal with that.
 - d. Distract her with something she likes when she is crying.
8. Which of the following statements is most true?
- a. Most children adapt to their parents' separation within two years.
 - b. Most children whose parents separate continue to have problems in adulthood.
 - c. Most children adapt to their parents' separation within six months.
 - d. If a child has problems adjusting to their parents' separation, they will continue to have difficulties in adulthood.
9. Which of the following is the most effective way to get a child to do their homework?
- a. "When you finish your homework, you can watch TV".
 - b. "You can watch this show on TV if you promise to do your homework when the show is over".
 - c. "If you don't do your homework tonight, you can't watch TV at all tomorrow".
 - d. Explain the importance of school work and the dangers of putting things off.
10. Which of the following statements is most true?
- a. There is not a lot that parents can do to reduce the harmful effects of parental separation on their children
 - b. Parental separation can sometimes be beneficial to child adjustment.
 - c. If a child has problems adjusting to their parent's separation, they will continue to have difficulties in adulthood.
 - d. Child problems that occur in separated families are most often a result of the separation.
11. Which of the following statements is most true?
- a. Younger children always have more adjustment difficulties than older children when their parent's separate.
 - b. Child age does not influence their adjustment to separation.
 - c. Child age at the time of separation has a greater influence on future child adjustment than how well parents get along.
 - d. Children of all ages can have problems adjusting to their parent's separation.
12. When a mother says negative things about a child's father in front of her child, this is most likely to result in:
- a. The child developing positive feelings towards their father.

- b. The child developing negative feelings towards their father, but not their mother.
 - c. The child developing negative feelings towards their mother and their father.
 - d. The child developing positive feelings towards their mother.
13. Which of the following statements is most true?
- a. Talking to children about family problems is always helpful for child and parent.
 - b. It is best for children if parents are honest in their opinions of their former partner.
 - c. Children from separated families are more likely to have adjustment difficulties if they are asked to pass on information between their parents.
 - d. It is important that rules and routines are consistent across households when there is a shared custody arrangement.
14. Your child arrives home an hour after expected for dinner without calling to let you know. The most appropriate consequence is:
- a. Tell her that you will tell her father.
 - b. Ground her for a week.
 - c. Tell her that she has missed dinner and will have to prepare her own.
 - d. Explain to her how her behaviour is inconsiderate.
15. Which of the following statements is most true?
- a. Muscle relaxation exercises are the only way to reduce stress levels.
 - b. Learning to relax is easy for most people.
 - c. Distraction is the best way to manage solvable problems.
 - d. It is helpful to avoid thinking about problem situations that you can not change.
16. Which of the following statements is false?
- a. Consistent discipline is harmful to parent-child relationships.
 - b. Children adjust better to remarriage if stepparents are not directly involved in discipline.
 - c. It is best to inform children about changes before they occur, if possible.
 - d. It is in the best interests of children to see both of their parents on special occasions.

17. Which of the following statements is most true?
- Fathers are more likely to continue child support payments if they have regular contact with their children.
 - If children forget their father's birthday, it's not up to their mother to remind them.
 - It doesn't matter if children don't see their father regularly.
 - Children can not have close relationships with their stepfather and their father at the same time.
18. A child thinking: "My school friends think that we are poor because I have to change schools" is an example of which type of Unhelpful Thinking?
- Predicting the future
 - Mind reading
 - Blaming
 - Taking things personally
19. The best example of communication from the examples below is:
- "You are always letting James eat too much junk food. Do you think you could cook at home some nights!"
 - "I get angry when James is allowed to eat junk food at your house".
 - "Do you think you could arrive on time when you pick the kids up. You always make me late for work".
 - "I worry when you allow Jenny to stay up late"
20. Which of the following is not a way to help children to cope with separation?
- Keep daily routines the same.
 - Encourage relationships between children and their father's relatives.
 - Seek permission and approval from your children about important family decisions.
 - Provide clear guidelines for expected behaviour.

Appendix BB

Study 3 – YAPS Monitoring and Recording Booklet

Not available in electronic form. Please contact author for more information.

Appendix CC

Study 3 - YAPS Recording Sheets

DAILY RECORDING SHEET 1 - CHILD BEHAVIOUR**Behaviour 1**

Child's Name:			
Behaviour Being Recorded:			
Way of Measuring Behaviour:			
Day	Date		Daily Total
___ day	/		
___ day	/		
___ day	/		
___ day	/		
___ day	/		
___ day	/		
___ day	/		
			Weekly Total

Behaviour 2

Behaviour Being Recorded:			
Way of Measuring Behaviour:			
Day	Date		Daily Total
___ day	/		
___ day	/		
___ day	/		
___ day	/		
___ day	/		
___ day	/		
___ day	/		
			Weekly Total

DAILY RECORDING SHEET 4 - "GOOD LISTENING" SKILLS

Which of the *Tips for Good Listening* have you had the opportunity to use this week?

Have a look at page 24 of YAPS Module 2 for more detail about each step if you need a reminder.

Please complete this checklist after you have had a conversation with your child.

Fill in the date at the top of the Column. Then tick (✓) the column if you applied the tip. If you did not apply the tip, mark the column with a X.

TIP	DATE						
	/	/	/	/	/	/	/
1. Look at your child when they are speaking							
2. When your child is speaking, visualise their story in your mind							
3. Try to learn from your child							
4. Stay focused on what your child is telling you							
5. Ask questions that move the conversation along							
6. Try to match your child's emotions unless they are angry							
7. Do not to give advice unless you are asked to							
8. Try to understand your child's perspective							
9. Think before you respond.							

DAILY RECORDING SHEET 5 - PROVIDING EFFECTIVE CONSEQUENCES - REMOVING PRIVILEGES

Each time you apply a consequence for rule-breaking, complete this checklist.

Fill in the date at the top of the Column. Then tick (✓) the column if you completed the step. If you did not apply the tip, mark the column with a X. More information about these tips is available on pages 28-29 of YAPS Module 2.

STEP	DATE						
	/	/	/	/	/	/	/
	Did I complete the STEP?						
State clearly what rule has been broken							
State the consequence clearly							
Apply the consequence as soon as possible							
TIP	Did I follow the TIP?						
Privileges need to be important to your child							
It is important that privileges are not taken away for long periods of time							
Privileges removed should be related to the behaviour that occurs if possible.							
Remember to provide praise or small rewards for behaviours you do like							

DAILY RECORDING SHEET 7 - CHALLENGING UNHELPFUL THOUGHTS

When you challenge your child's unhelpful thinking, record the unhelpful thought, and your thought challenger below.

DATE	Child's Unhelpful Thought	Your Thought Challenger
/		
/		
/		
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/		
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/		
/		

WEEKLY RECORDING SHEET 1 - ENCOURAGING CONTACT WITH FATHERS

Have a look at pages 7-11 of YAPS Module 2. Which of the hints for Encouraging Contact with Fathers have you had the opportunity to do this week?

Tick (✓) the *Had the Opportunity* box if you had the opportunity to apply the hint.

Tick (✓) the *Tried It* box if you attempted to apply the hint.

Tick (✓) the *It Helped* box if you feel that applying the hint helped your family.

Hint	<i>Had the Opportunity</i>	<i>Tried It</i>	<i>It Helped</i>
Avoid saying bad things about your child's father.			
Allow your child to see their father as someone who they can trust.			
Don't punish your former partner by limiting time with their children.			
Provide opportunities for you child to contact their father.			
Remind your child of their father's birthday and Father's Day.			
Provide opportunities for fathers to be involved in your child's life.			
Tell your child's father about the good things your child does.			
Encourage your child to talk about their father.			
Words are important.			
Provide opportunities for children to "live with" their fathers.			
Children need to have some of their personal items at their father's home.			
Provide the opportunity for father involvement in special occasions and holidays.			

WEEKLY RECORDING SHEET 2 - REDUCING THE EFFECTS OF CONFLICT

Have a look at pages 13-14 of YAPS Module 2. Which of the hints for *Reducing Conflict* have you had the opportunity to do this week?

Tick (✓) the *Had the Opportunity* box if you had the opportunity to apply the hint.

Tick (✓) the *Tried It* box if you attempted to apply the hint.

Tick (✓) the *It Helped* box if you feel that applying the hint helped your family.

Hint	<i>Had the Opportunity</i>	<i>Tried It</i>	<i>It Helped</i>
Avoid using your child to relay messages to their father.			
Avoid using your child as a spy.			
Avoid arguing with your former partner in front of your child.			
Avoid discussing specific parenting issues in front of your child.			
Avoid criticising your former partner in front of your child.			
Choose "drop-off" places that are less likely to result in conflict.			

WEEKLY RECORDING SHEET 3 - COMMUNICATING WITH YOUR CO-PARENTING PARTNER

Have a look at pages 17-21 of YAPS Module 2. Which of the hints for *Communicating with your Co-parenting Partner* have you had the opportunity to do this week?

Tick (✓) the *Had the Opportunity* box if you had the opportunity to apply the hint.

Tick (✓) the *Tried It* box if you attempted to apply the hint.

Tick (✓) the *It Helped* box if you feel that applying the hint helped your family.

Hint	<i>Had the Opportunity</i>	<i>Tried It</i>	<i>It Helped</i>
Focus not only on what you say, but HOW you say it.			
Plan your discussions.			
Be prepared to negotiate.			
Be polite.			
Take turns in the conversation.			
Don't exaggerate or make generalisations.			
Stick to the point.			
Focus on solutions to problems.			
Emphasise agreements.			
Discontinue heated discussions.			
Make criticisms without making personal attacks - Using "I" Statements			

WEEKLY RECORDING SHEET 4 - ESTABLISHING FAMILY RULES

Below is a checklist of helpful hints for setting up Family Rules. Check that you have followed these hints when preparing the Family Rules that you want to set up. More detail is provided about these hints on pages 25-26 of YAPS Module 2, if you need a reminder.

Place a tick (✓) in the box if you applied the hint. Place a cross (X) in the box if you did not apply the hint.

HELPFUL HINT	Did I apply this hint?
Limit the number of rules.	
Include DO as well as DON'T rules.	
Be specific.	
Allow for change.	

During the week, set up a family meeting to establish family rules. Use the checklist below to ensure that you have completed each step. Tick (✓) the column if you have completed the step. Mark the column with an X if you did not complete the step.

STEP	Did you complete the step?
1. Call a family meeting.	
2. Tell your family the reason for the meeting, that is to set some family rules.	
3. State each rule clearly.	
4. Allow older children to give their opinions about the rules.	
5. Repeat steps 3 - 4 for each rule you need to establish.	
6. Summarise the rules and write them down.	
7. Explain what the consequences are for breaking each rule.	
8. Allow adolescents to negotiate the consequences for breaking rules.	

WEEKLY RECORDING SHEET 6 - FAMILY PROBLEM SOLVING

Complete this checklist after you have had a Family Problem Solving meeting.

Problem:

Tick the "Did we do it?" column if you followed the Helpful Family Rule.

HELPFUL FAMILY RULES	Did we do it?
1. Stick to one problem.	
2. No talking while anyone else is talking.	
3. One family member is given the role of Note Keeper.	
4. One family member is given the role of Mediator.	
5. If the discussion becomes heated, the meeting is stopped and another time is planned for the meeting.	

Tick the "Did we do it?" column if you followed the Problem Solving step.

PROBLEM SOLVING STEPS	Did we do it?
1. DEFINING THE PROBLEM - Define problem accurately	
2. BRAINSTORMING - Brainstorm without evaluating	
- All family members contribute	
- No ridiculing of solutions	
3. EVALUATING SOLUTIONS - All family members pros and cons are recorded	
4. CHOOSE THE BEST SOLUTION	
5. PLANNING - Allocate tasks to individual family members and/or decide on what steps need to be taken	
- Set meeting to review progress	
- DO IT	

YAPS

Youth Adjustment to
Parental Separation Project



Department of Psychology
& Disability Studies

RMIT University Psychology Clinic

Support for Separated Families



RMIT University Psychology Clinic, as part of its research focus, is offering a number of free parenting programs to mothers in recently separated families. These programs aim to assist young people to adjust to parental separation.

If you're a parent of a child aged 11-15 years, have separated during the previous 2 years, and would like assistance adjusting to this transition, the programs offered by RMIT University Psychology Clinic may be helpful.

If you are interested in finding out more information please contact: Mandy Kienhuis at RMIT University on 9925 7376 or email: mandy_kienhuis@optusnet.com.au



Appendix EE
Study 3 - Plain Language Statement



Department of Psychology
& Disability Studies

RMIT University Psychology Clinic



Dear Parents and Teenagers,

A team of researchers from RMIT University's Department of Psychology and Disability Studies is currently conducting a research study evaluating a treatment program for families who have recently experienced parental separation and need support coping with the changes occurring during this time. This research forms part of a PhD research project conducted by Mandy Kienhuis and supervised by Dr Ray Wilks and Dr John Reece.

After attending an initial individual assessment session, families who decide to participate will be randomly allocated to the parenting program or a wait-list group. Participants in the wait-list group will be offered the treatment approximately 6 months later at the conclusion of the research study.

Mothers and teenagers will be required to complete a questionnaire package at the initial assessment session, three months later (corresponding to after completion of the program for those in the treatment group), and again six months later. This questionnaire package will take approximately 45 minutes to complete. There will be a few questions asking about your background and your family. The majority of questions will be asking about your family relationships, coping strategies, behaviours, and personal feelings. After the program is completed there will also be questions about what you learned from the group program and how helpful the program was for you and your family.

The parenting program consists of four 90-minute sessions over six weeks plus one "booster" session three months later. Sessions will be held at the RMIT University Psychology Clinic and aim to increase family adaptation to separation. The sessions will include information and skills training in the following areas: The importance of parent adjustment; understanding your own reactions; how parents can help themselves; understanding your children's reactions; reducing the impact of changes; encouraging contact between your child and your child's other parent; reducing conflict between parents; providing support, structure and discipline; challenging unrealistic expectations and beliefs; and problem solving.

A summary of the research findings will be available to you on completion of the research study. The information collected may also be used in future publications, however, these reports will not contain any identifying information. All questionnaire answers and information disclosed in telephone conversations will remain confidential. No identifying information will be kept with questionnaire responses. Sessions will be videotaped to check whether the program has been delivered as outlined in the program schedule. This videotape will be viewed by the researchers (Mandy Kienhuis and Dr Ray Wilks) only and erased immediately after each session.

While your participation in the research study would be greatly appreciated, your participation in this study is completely voluntary. There is no obligation to participate and any participant can withdraw from the study at any time.

If you agree to participate please complete the attached consent form (both mother and teenager please sign) and return in the reply paid envelope. If you have any questions about participating in the research, please contact Dr Ray Wilks or Mandy Kienhuis on 9925 7376. If you are concerned about any of your responses to any of the questions asked as part of this research, you should cease your participation immediately, and contact Dr Ray Wilks who will discuss this with you.

Yours Sincerely,

Mandy Kienhuis
BBSoc;
BAppSci (Psych)(Hons)

Dr Ray Wilks
TPTC; BA;
Grad Dip App Ch Psych;
MA; PhD

Dr John Reece
BBSc(Hons); PhD

Protocol for Pre-Treatment Interview

Aims of Pre-Treatment Interview

1. To establish rapport.
2. To introduce participant to rationale and content of program.
3. To explain importance of collecting behaviour recording/questionnaire data.
4. To work through behaviour recording module.
5. To present behaviour recording booklet and questionnaires (and assist with completion of questionnaires if necessary).

Procedures Covered During Pre-Treatment Interview

1. Establish rapport
2. Explain aims of YAPS program (give participant About YAPS handout)
3. Explain program outline (give participant copy of Program Outline)
4. Explain importance of behaviour recording/questionnaire assessments
5. Work through Behaviour Recording Booklet
6. Assist client to select 2 child behaviours (1 positive behaviour and 1 challenging behaviour) for recording. Identify target rate (maximum goal for behaviour) so that GAS can be calculated.
7. Present client with 1st Behaviour Recording Booklet 1 (4 weeks of recording) and explain contents. Explain that participant will receive a Behaviour Recording Booklet to complete with each YAPS Module.
8. Hand out Questionnaires Booklet (adolescent and parent) and provide reply paid envelope for questionnaires
9. Assist adolescent with questionnaires if judged to be necessary
10. Inform participant that they will receive a phone call over the next week to see if the data collection decided upon is working well.
11. Schedule first YAPS Session

Appendix GG

Study 3 – YAPS Program Outline

YAPS Program Outline

- Week 1 Initial Interview - Introduction to program and complete measures
- Week 5 Phone call to remind re YAPS Session 1
- YAPS Session 1 - Looking After Yourself
- Week 6 Phone call to remind re YAPS Session 2
- YAPS Session 2 - Providing Support Part I
- Week 7 Week to practise homework tasks
- Week 8 Phone call to remind re YAPS Session 3
- YAPS Session 3 - Providing Support Part II
- Week 9 Week to practise homework tasks
- Week 10 Phone call to remind re YAPS Session 4
- YAPS Session 4 - Looking Forward
- Week 11 Schedule Booster Session
- Week 26 Booster Session to review information and strategies used in program
- Receive questionnaire package in the mail and return
- Week 38 Receive 3-month follow-up questionnaire package in mail
- Receive additional resources in mail

About YAPS

Aims of YAPS Program

The aim of the YAPS program is to support families through the initial stages of parental separation and to prevent adolescent problems that sometimes occur following parental separation. The program does this by supporting parents and providing them with ways to reduce the effects of separation on their children. The program includes information, and training in skills that may be helpful for parents at this time.

What you get out of the program depends on the work you put in. The effort you put into reading the modules and completing the activities will greatly influence what you and your family will gain from the program.

Importance of Completing Behaviour Recording & Questionnaires

Recording parent and child behaviour is a standard part of family programs like the YAPS program. Selecting specific behaviours and keeping track of these behaviours helps to change behaviour. It enables you to keep track of whether you are using the hints and parenting strategies discussed in the program, and to keep track of whether the strategies you are using are helping to change your child's behaviour.

Recording behaviour during the program also helps us to assess whether the program is helping you and your family. If methods of behaviour recording and strategies used to change behaviour are not working for you, the YAPS program can be adjusted to meet your families needs.

It is important to keep a written record of activities completed during the program and to share this information during sessions. This will guide our discussion of the Module during the session, and will help us to assist you with any tasks you may have found difficult. We also need to know whether the homework tasks are a helpful way to teach the skills presented in the program, and whether the number of homework tasks is appropriate. We will be able to use this information to adapt the YAPS program to better suit the needs of families.

All of the data that you collect enables us to assess whether the YAPS program is achieving its aims. The feedback we receive from you will allow us to improve the YAPS program for families who participate in future.

Appendix II
Study 3 – YAPS Program Module 1

Not available in electronic form. Please contact author for more information.

Appendix JJ
Study 3 – YAPS Program Module 2

Not available in electronic form. Please contact author for more information.

Appendix KK
Study 3 – YAPS Program Module 3

Not available in electronic form. Please contact author for more information.

Appendix LL
Study 3 – YAPS Program Module 4

Not available in electronic form. Please contact author for more information.

Appendix MM

Study 3 - Graphs of Child Behaviour Ratings and Maternal Mood and Stress Ratings

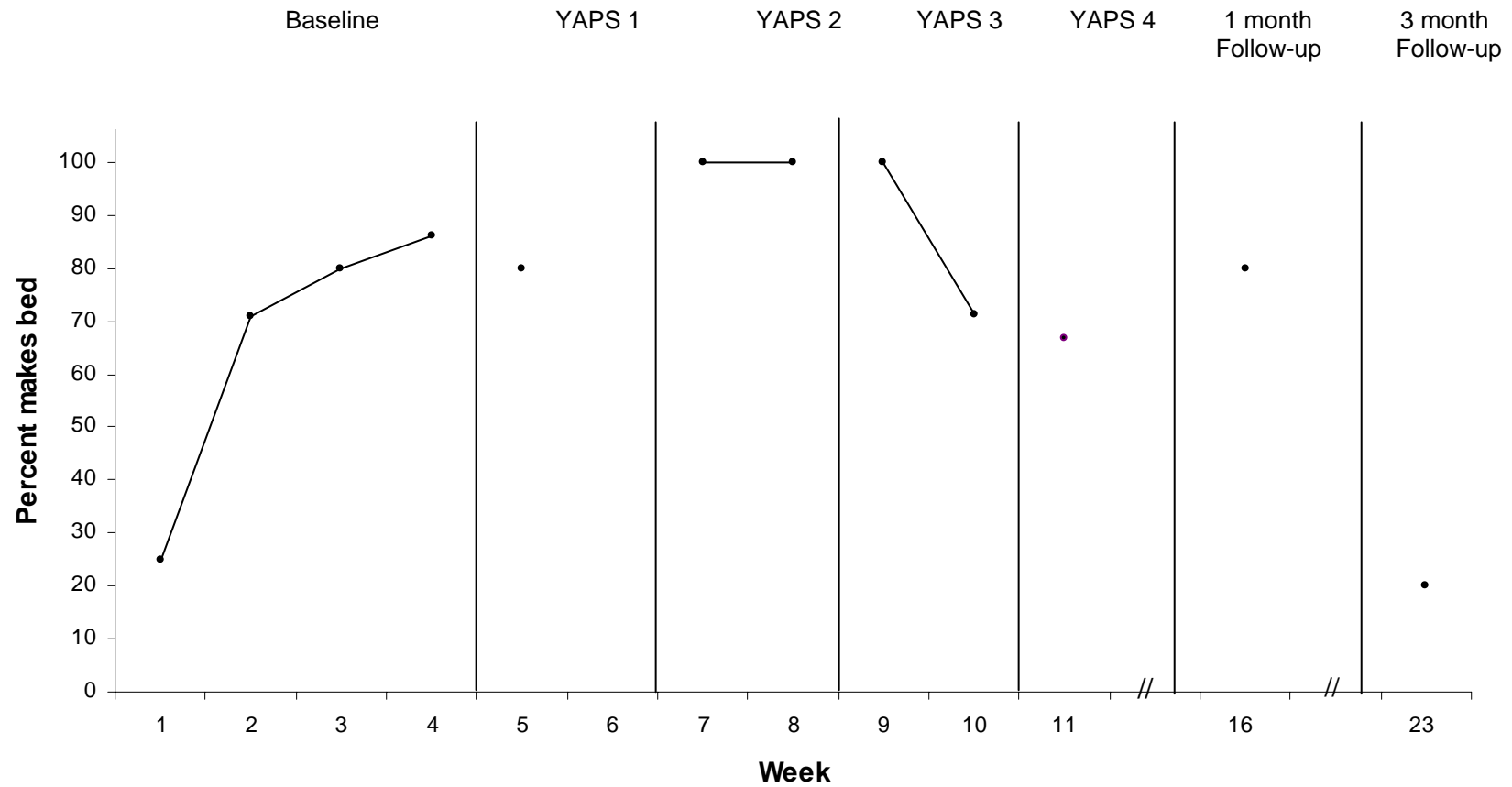


Figure 1. Case study 1: Percent of days per week that Jemma made her bed in the morning across baseline, intervention, and follow-up phases.

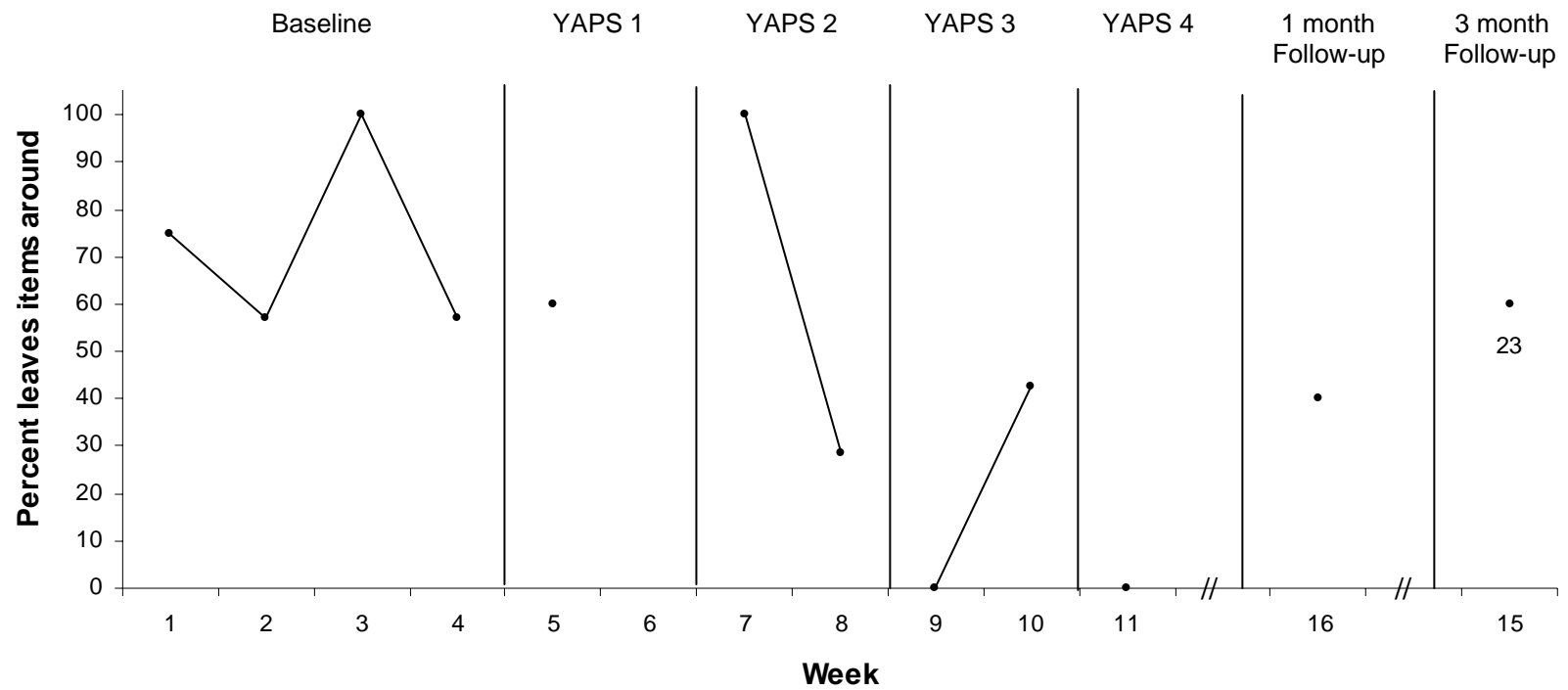


Figure 2. Case study 1: Percent of days per week that Jemma left items around across baseline, intervention, and follow-up phases.

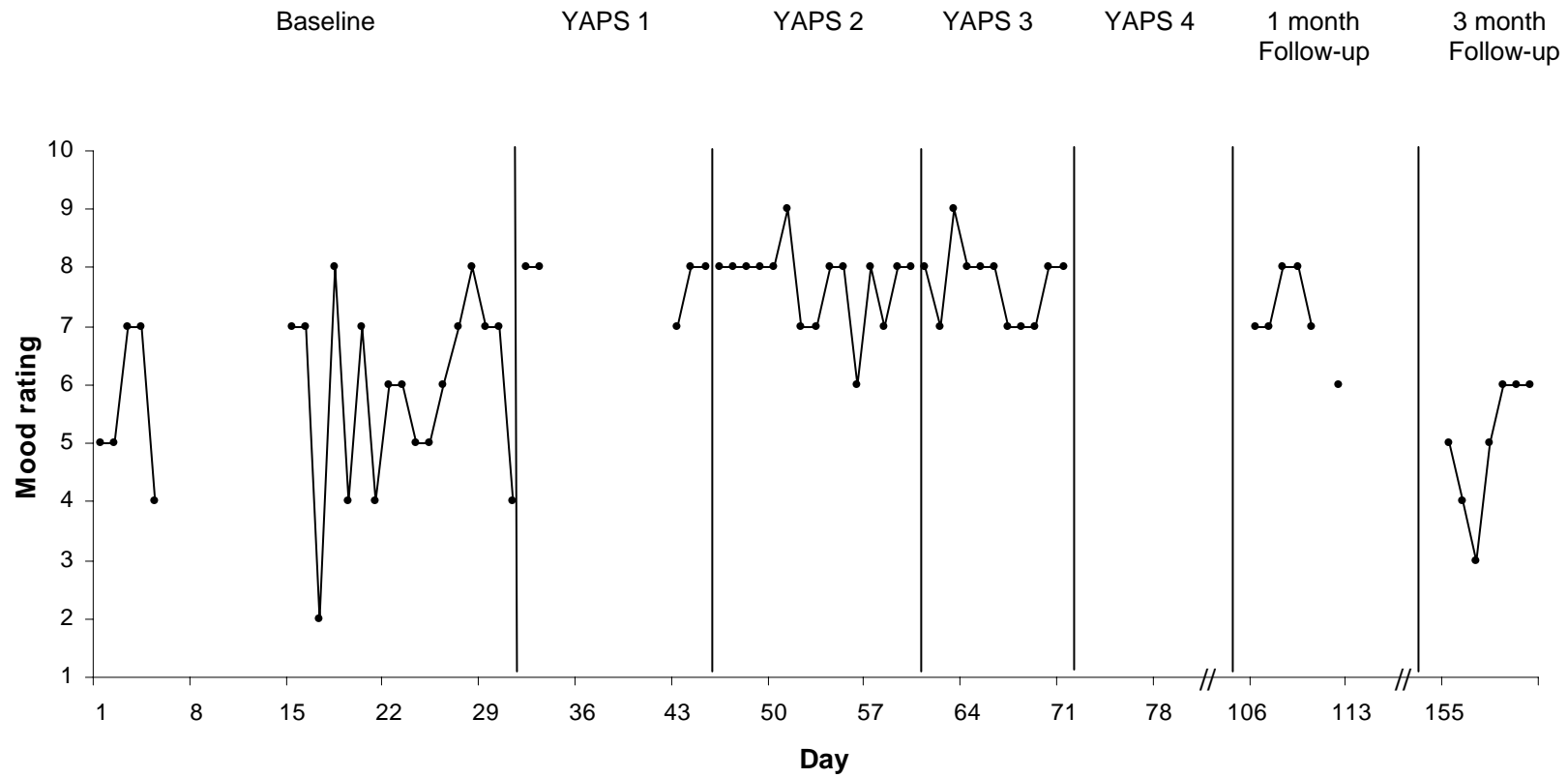


Figure 3. Graph of daily maternal mood ratings for case study 1 across baseline, intervention, and follow-up phases.

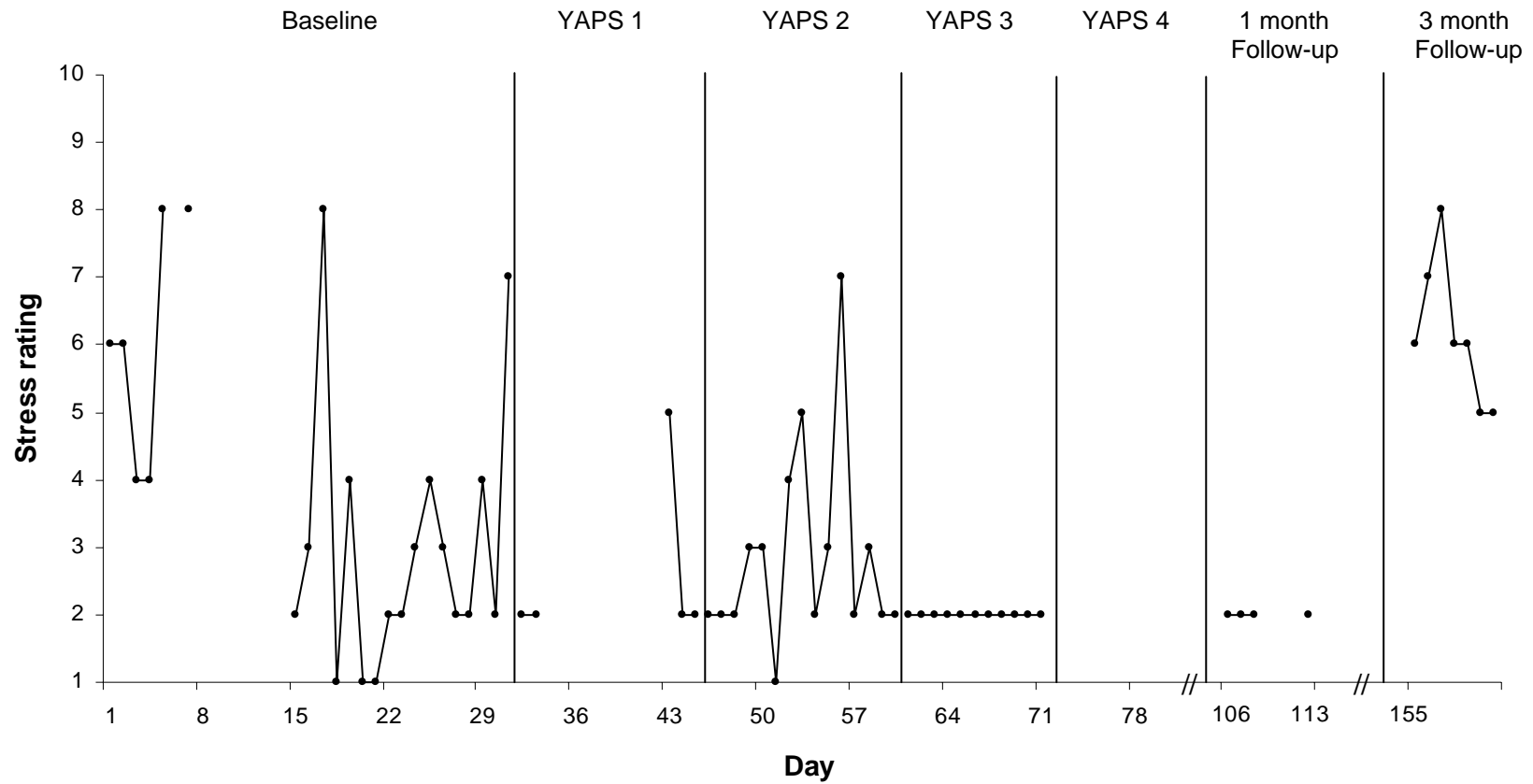


Figure 4. Graph of daily maternal stress ratings for case study 1 across baseline, intervention, and follow-up phases.

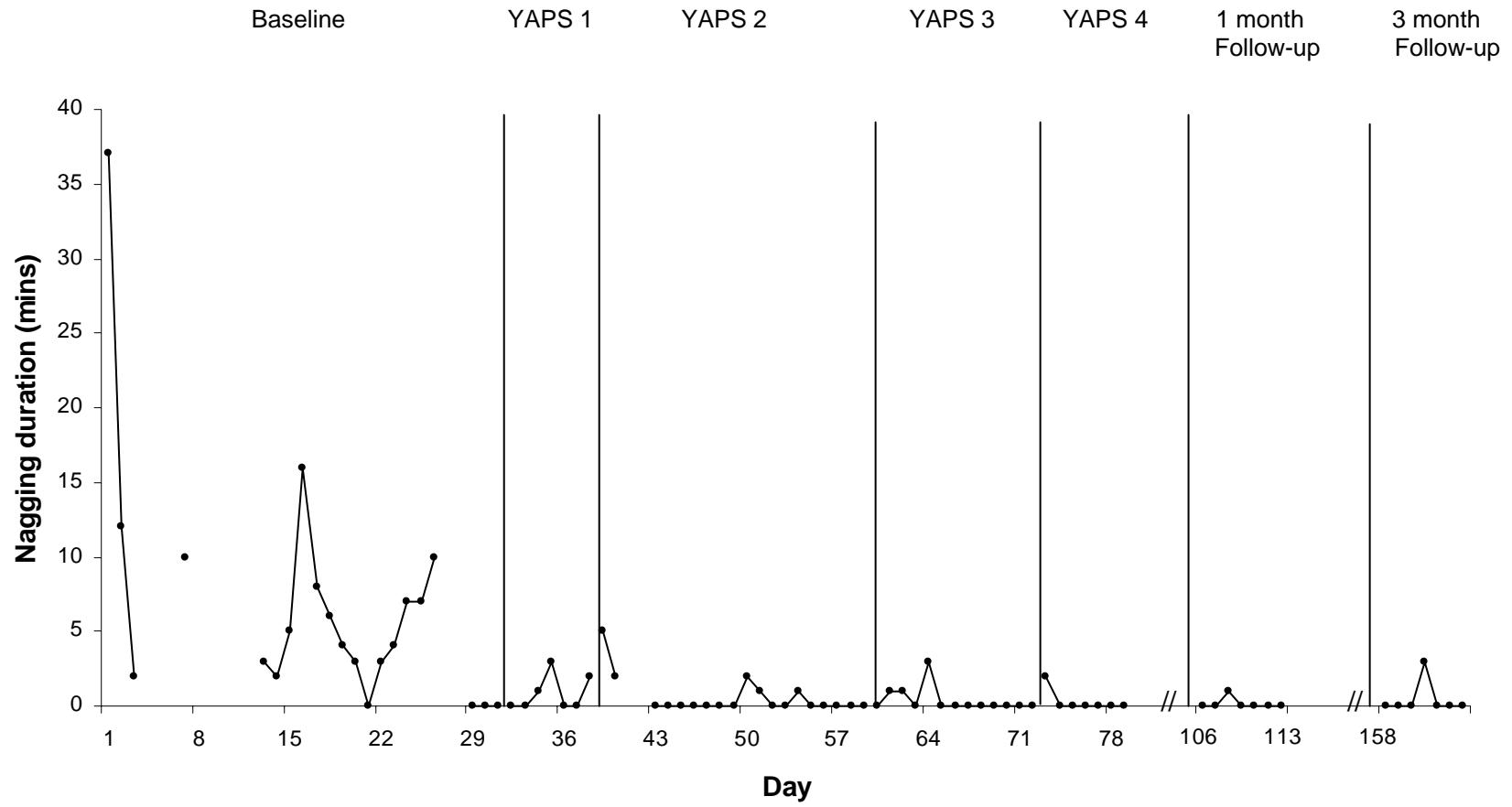


Figure 5. Case study 2: Duration of Hayden’s nagging behaviours per day across baseline, intervention, and follow-up phases.

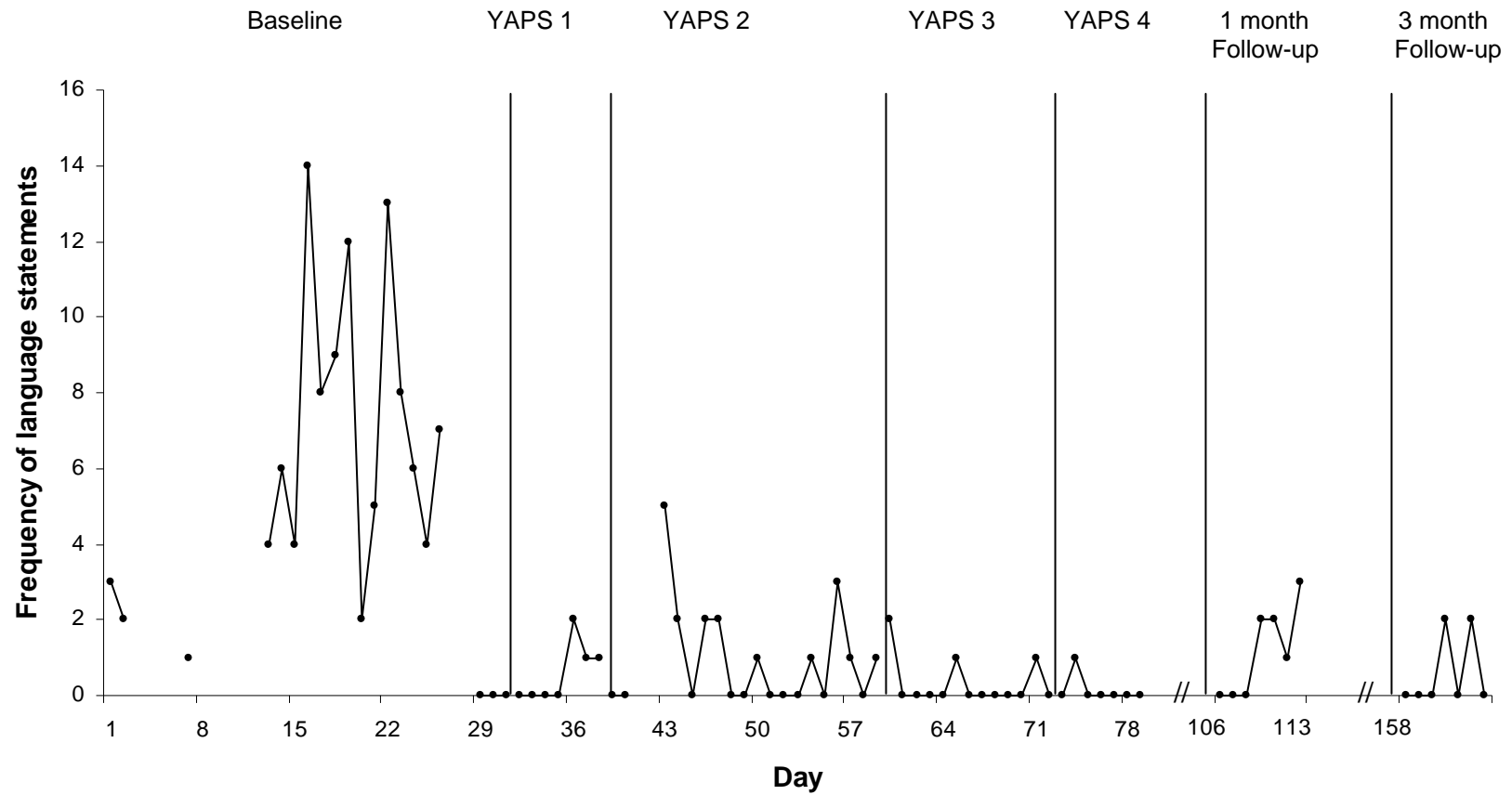


Figure 6. Case study 2: Frequency of Hayden's "bad language" statements per day across baseline, intervention, and follow-up phases.

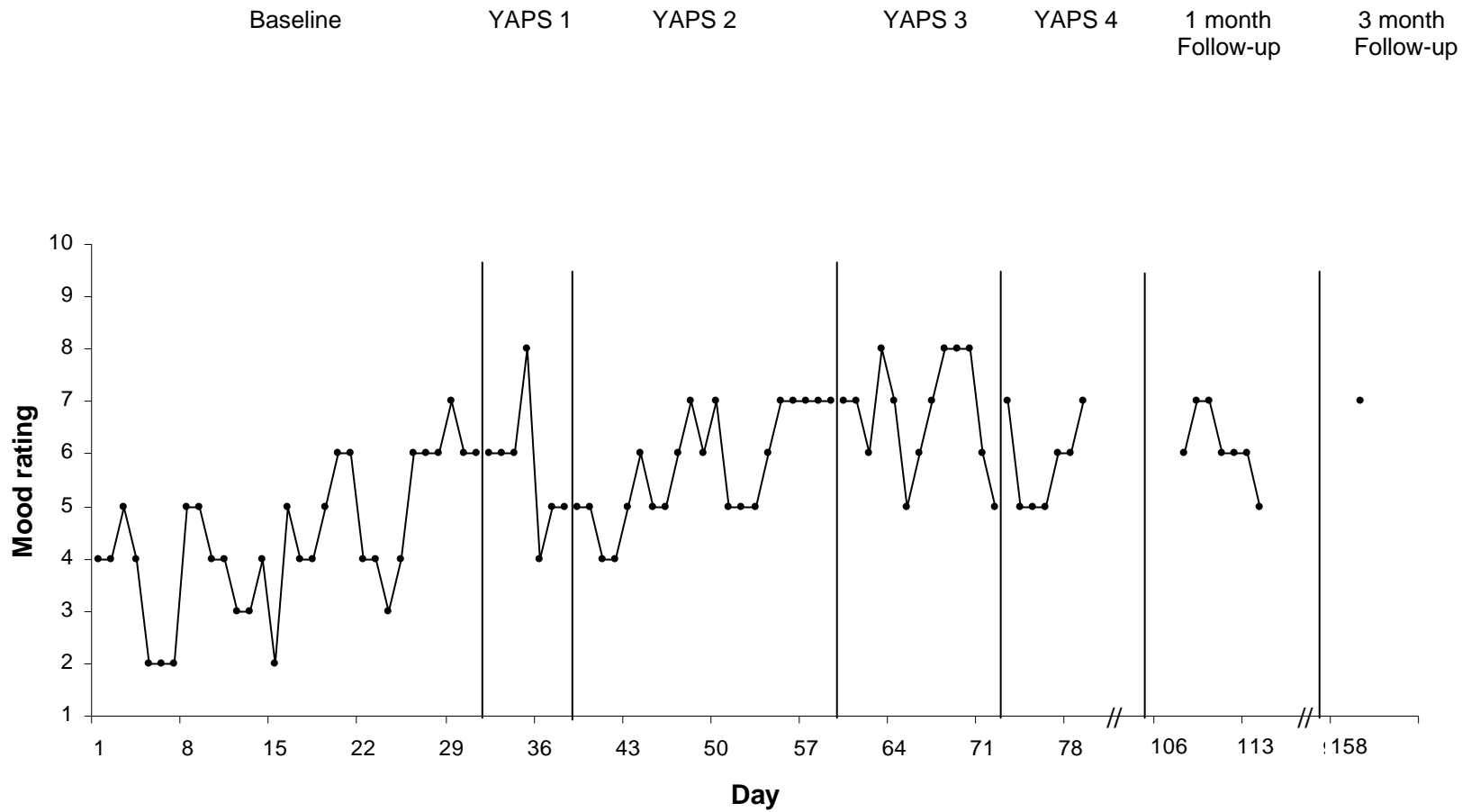


Figure 7. Graph of daily maternal mood ratings for case study 2 across baseline, intervention, and follow-up phases.

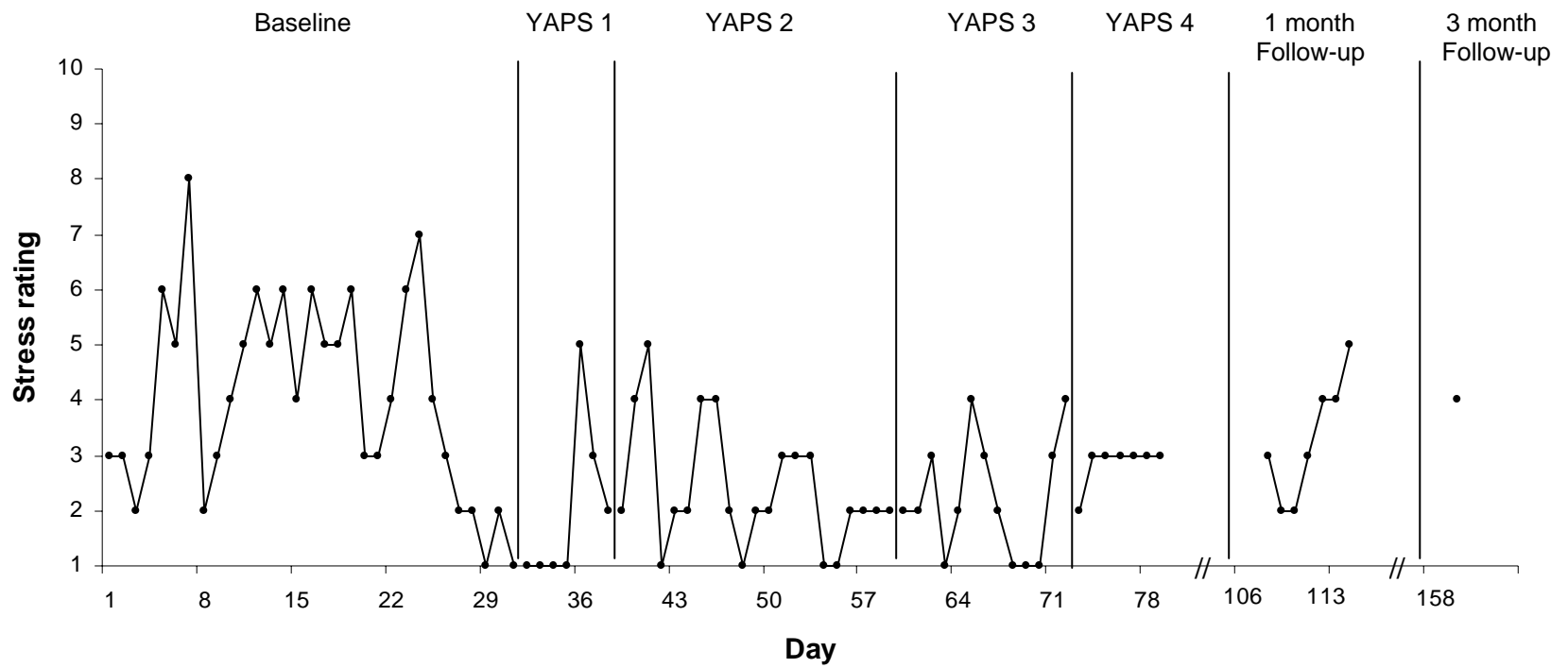


Figure 8. Graph of daily maternal stress ratings for case study 2 across baseline, intervention, and follow-up phases.

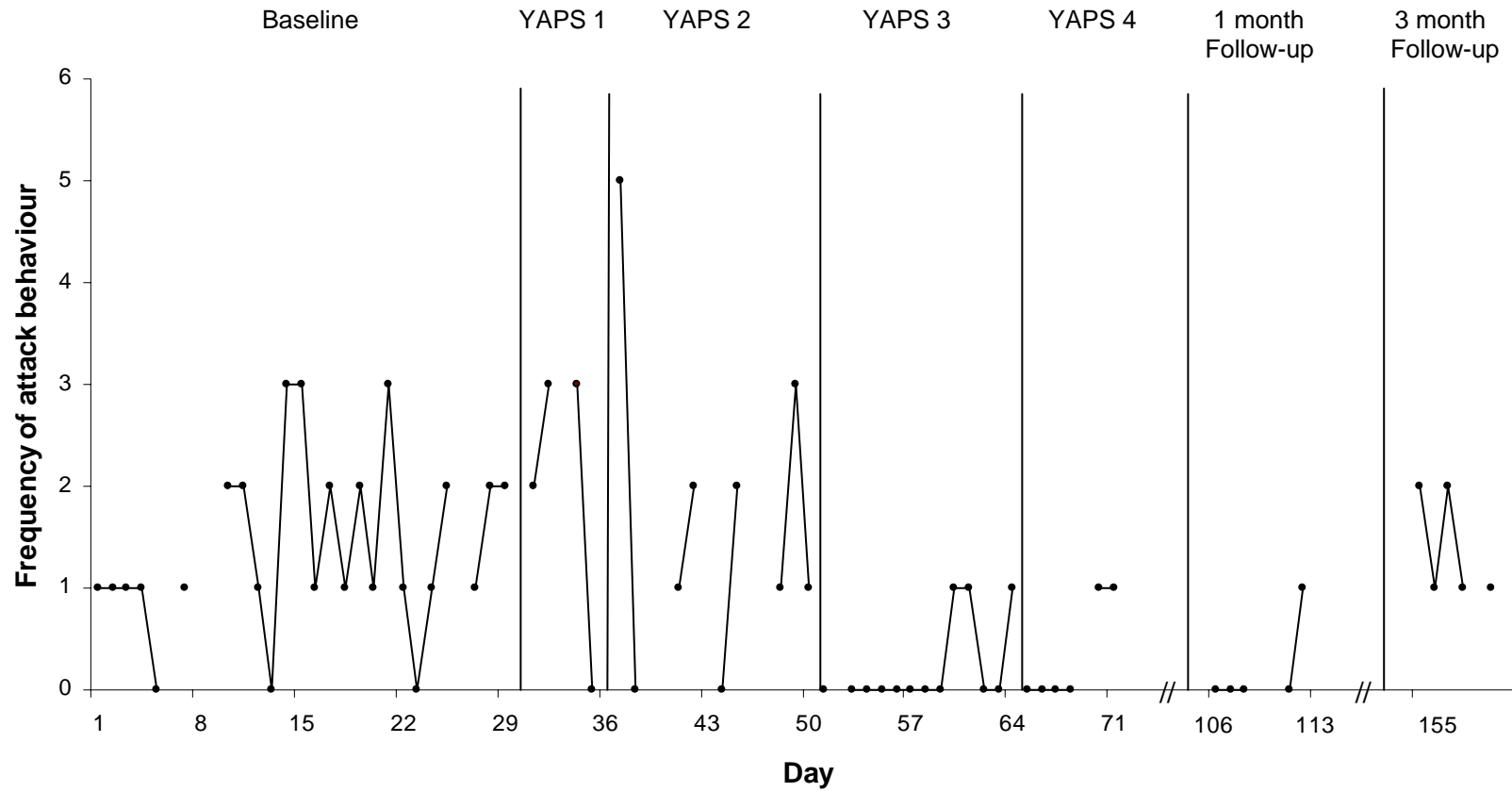


Figure 9. Case study 3: Frequency of Leigh’s verbal attack behaviours per day across baseline, intervention, and follow-up phases.

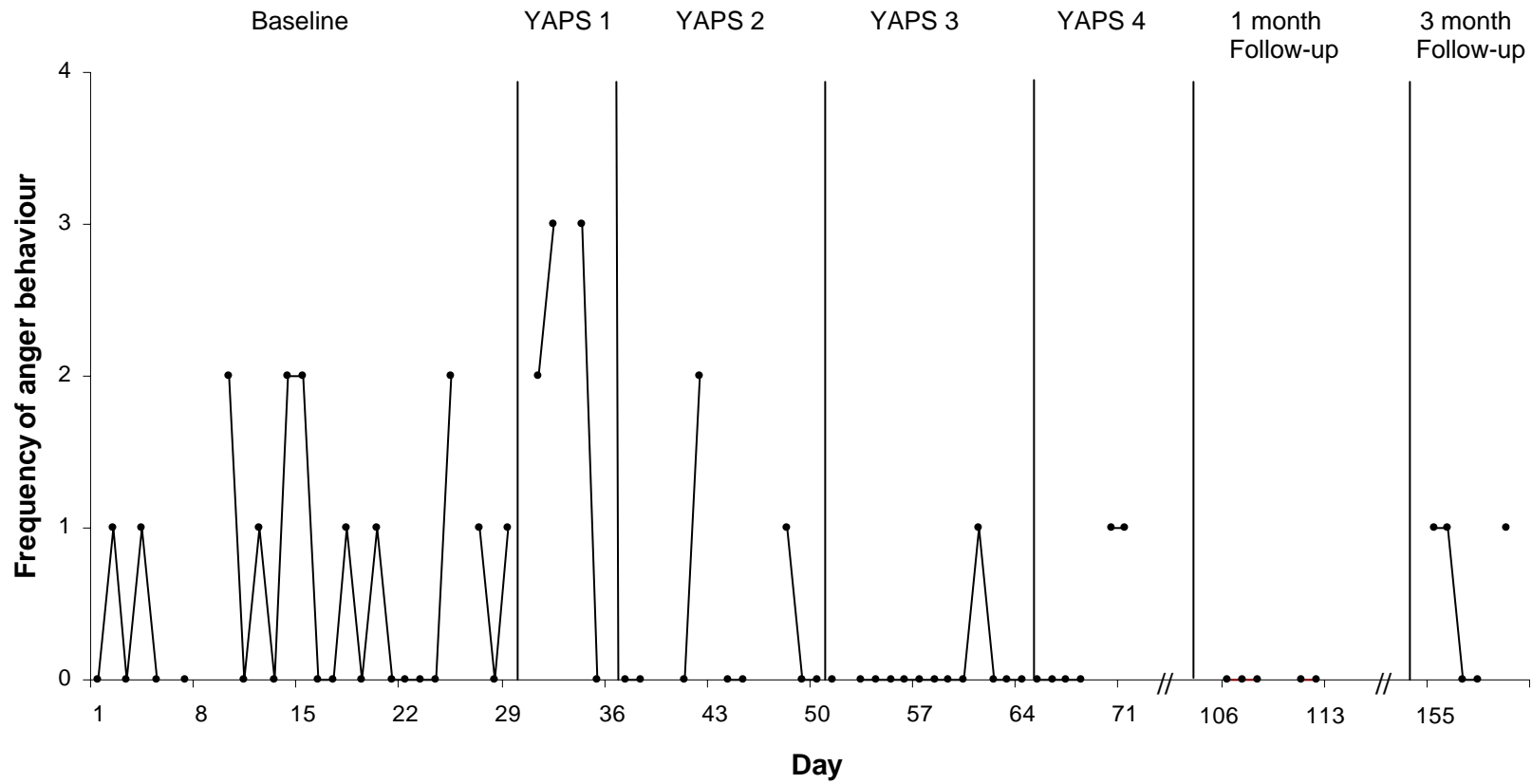


Figure 10. Case study 3: Frequency of Leigh’s anger behaviours per day across baseline, intervention, and follow-up phases.

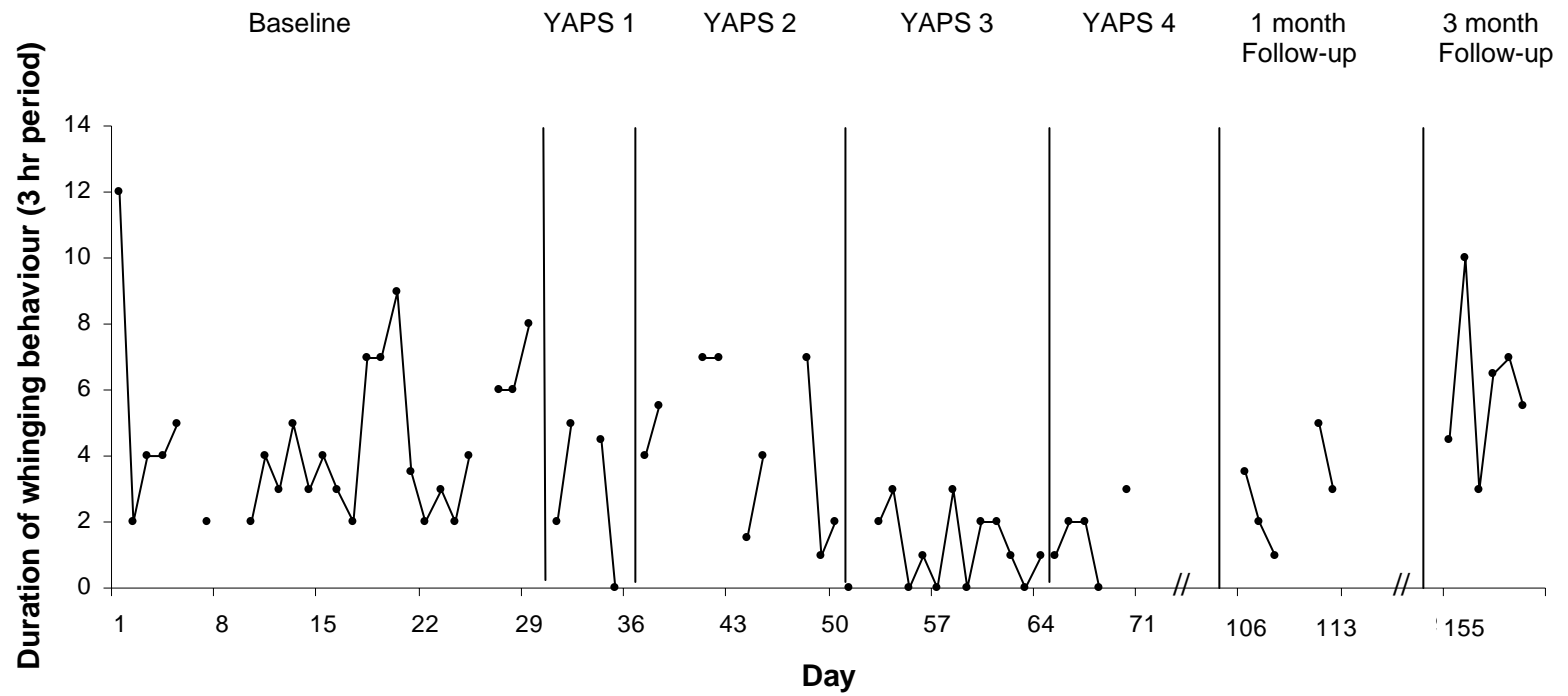


Figure 11. Case study 3: Duration of Leigh's whinging behaviour per daily 3-hour behaviour recording period across baseline, intervention, and follow-up phases.

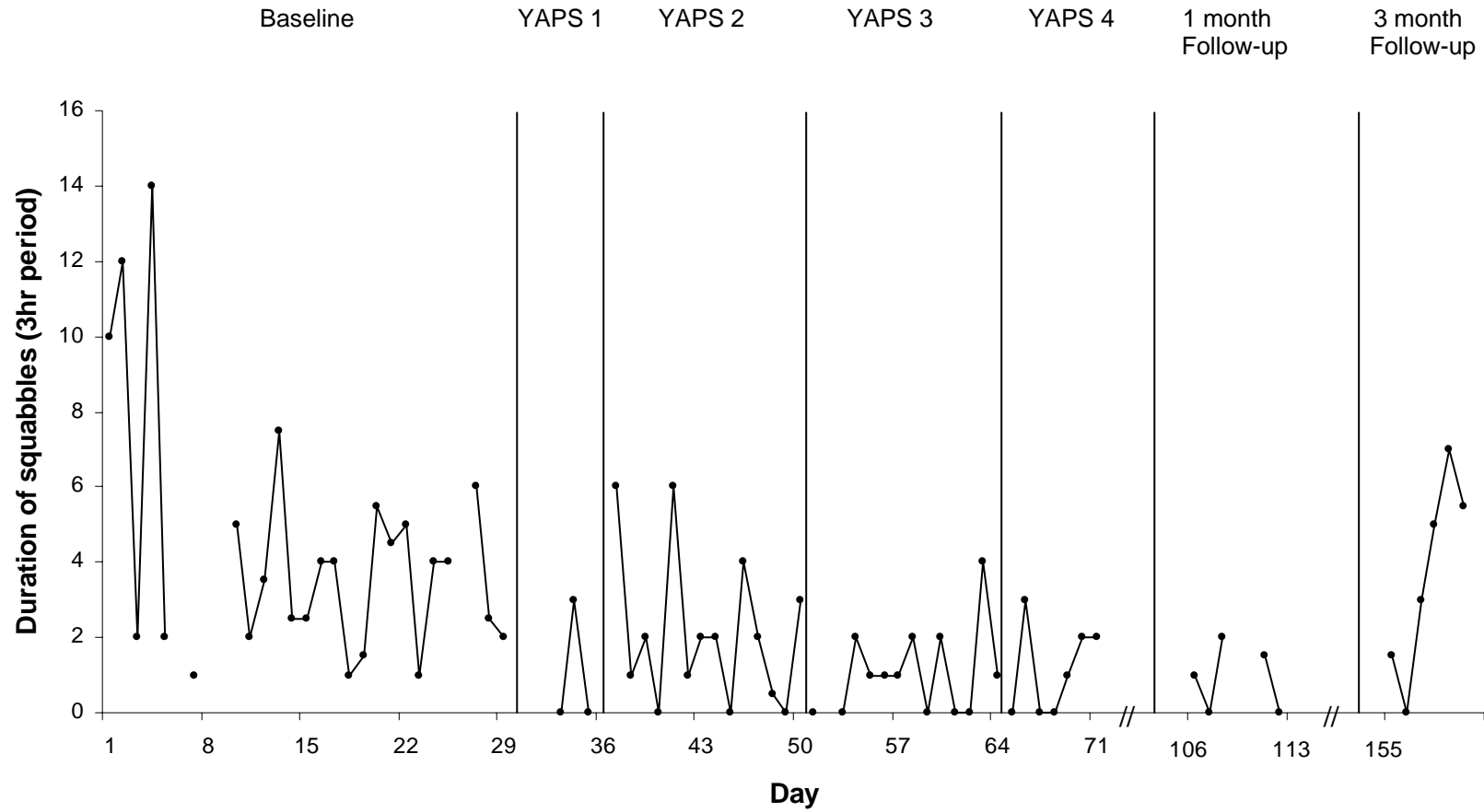


Figure 12. Case study 3: Duration of Nicole’s squabble behaviour per daily 3-hour behaviour recording period across baseline, intervention, and follow-up phases.

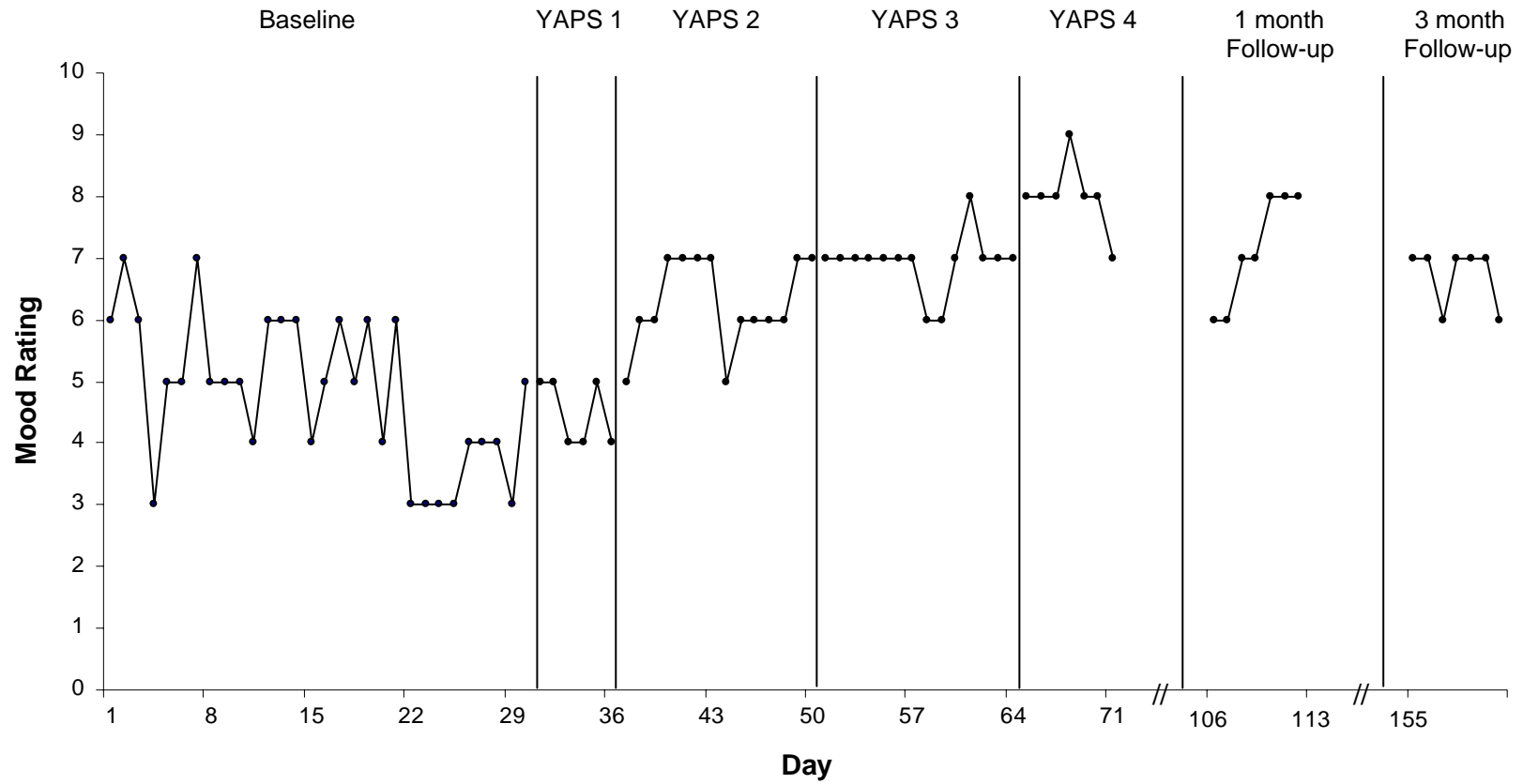


Figure 13. Graph of daily maternal mood ratings for case study 3 across baseline, intervention, and follow-up phases.

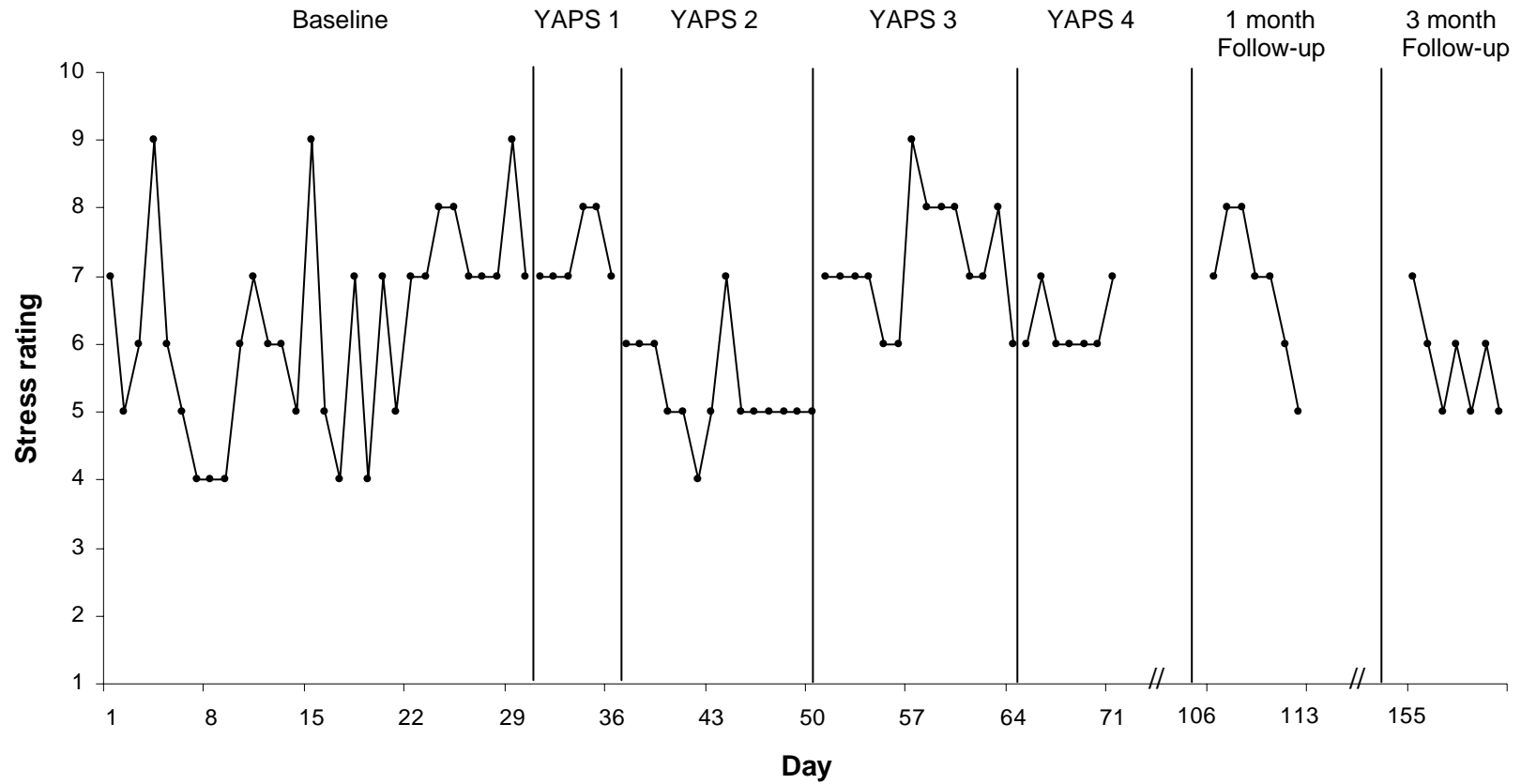


Figure 14. Graph of daily maternal stress ratings for case study 3 across baseline, intervention, and follow-up phases.

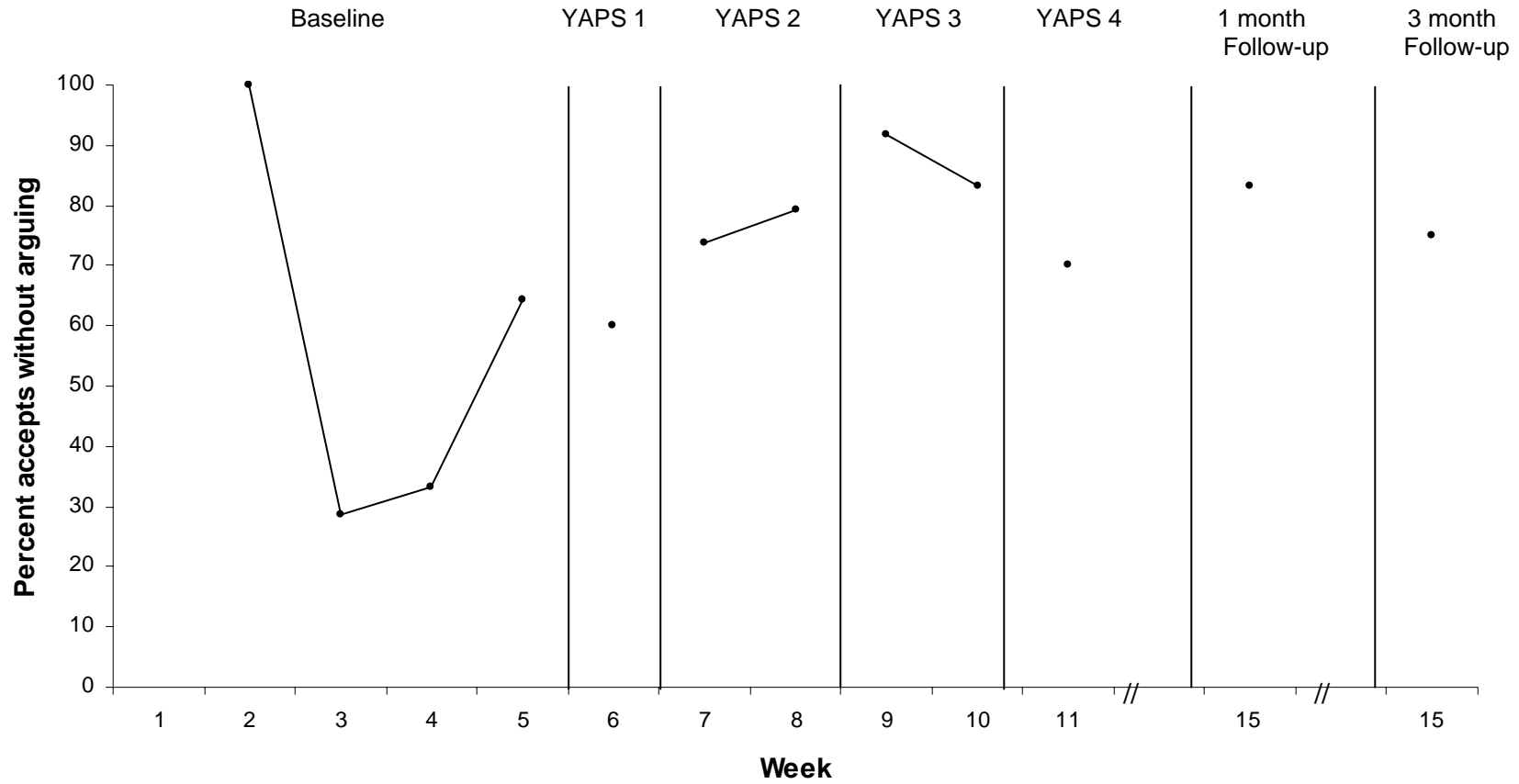


Figure 15. Case study 4: Percent of times per week that Jessica accepts an instruction without arguing across baseline, intervention, and follow-up phases.

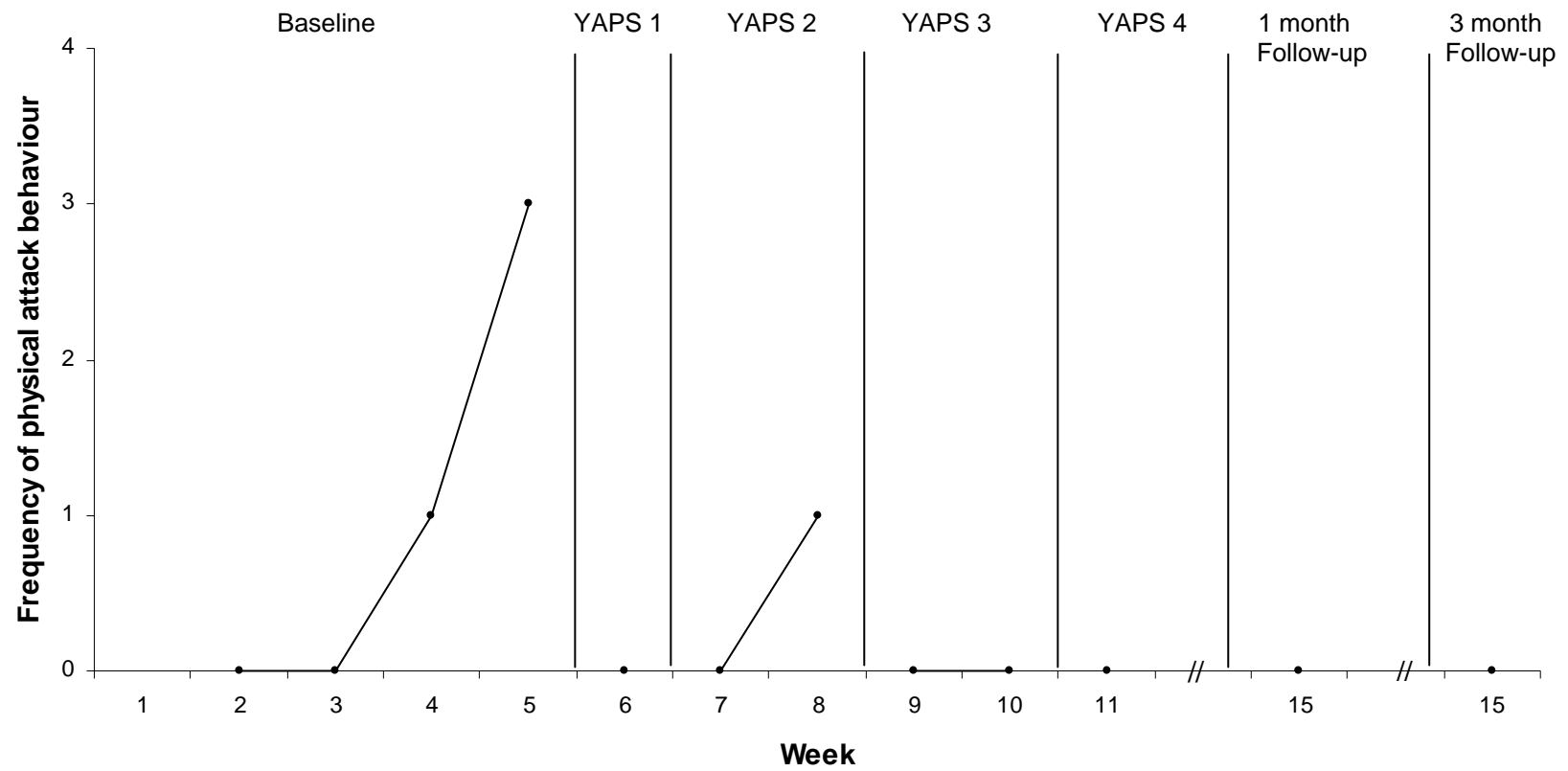


Figure 16. Case study 4: Frequency of Jessica's physical attack behaviours per week across baseline, intervention, and follow-up phases.

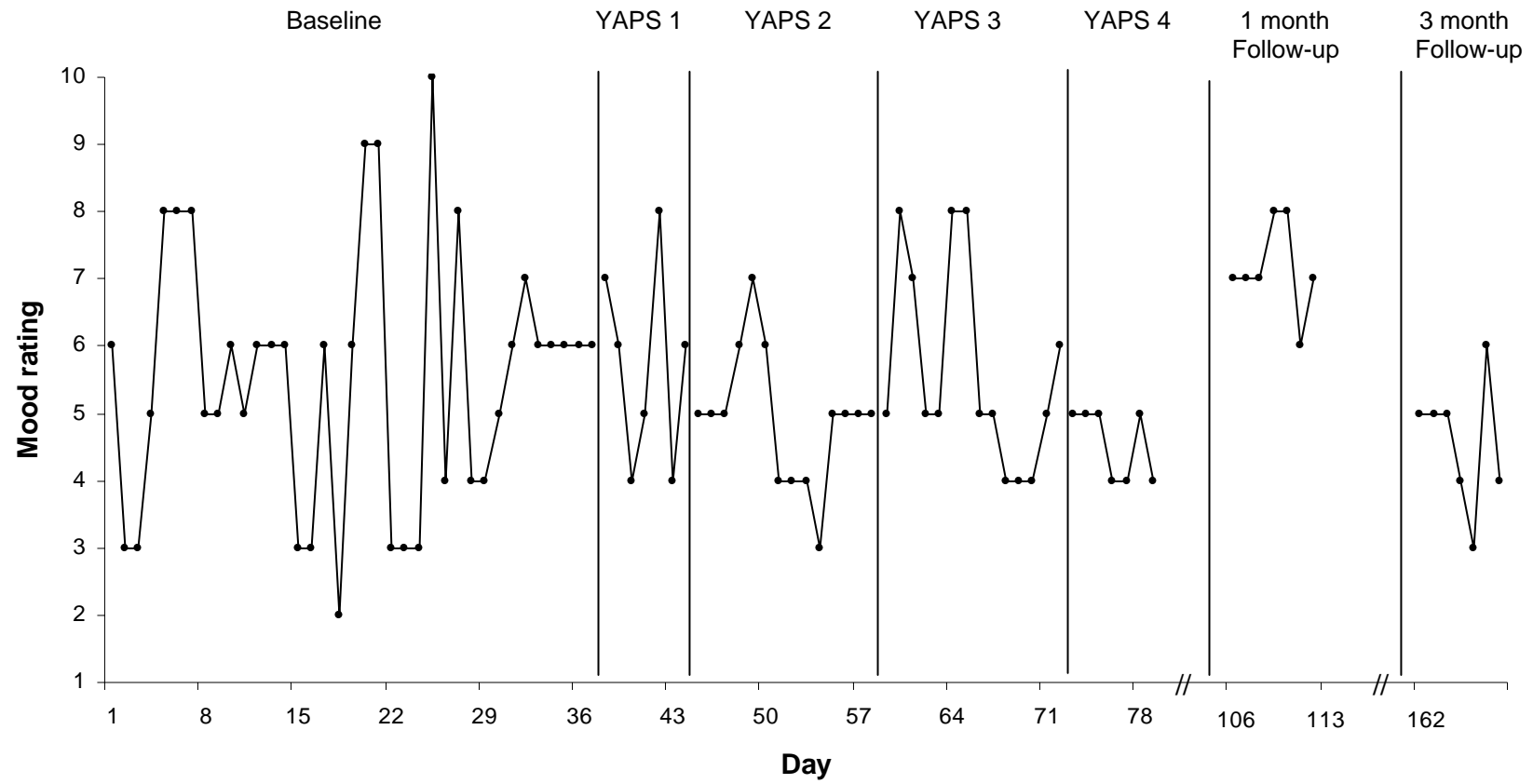


Figure 17. Graph of daily maternal mood ratings for case study 4 across baseline, intervention, and follow-up phases.

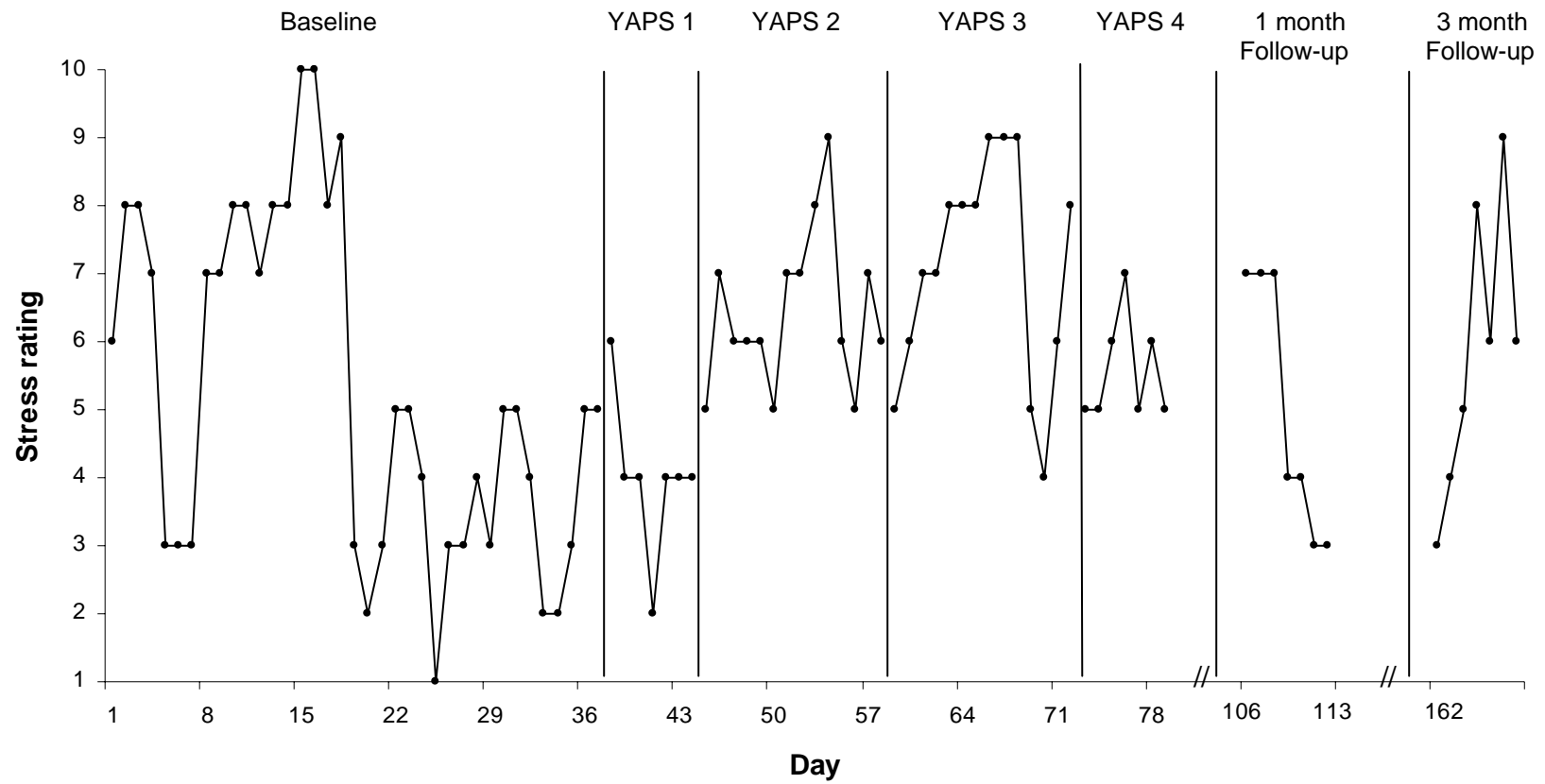


Figure 18. Graph of daily maternal stress ratings for case study 4 across baseline, intervention, and follow-up phases.

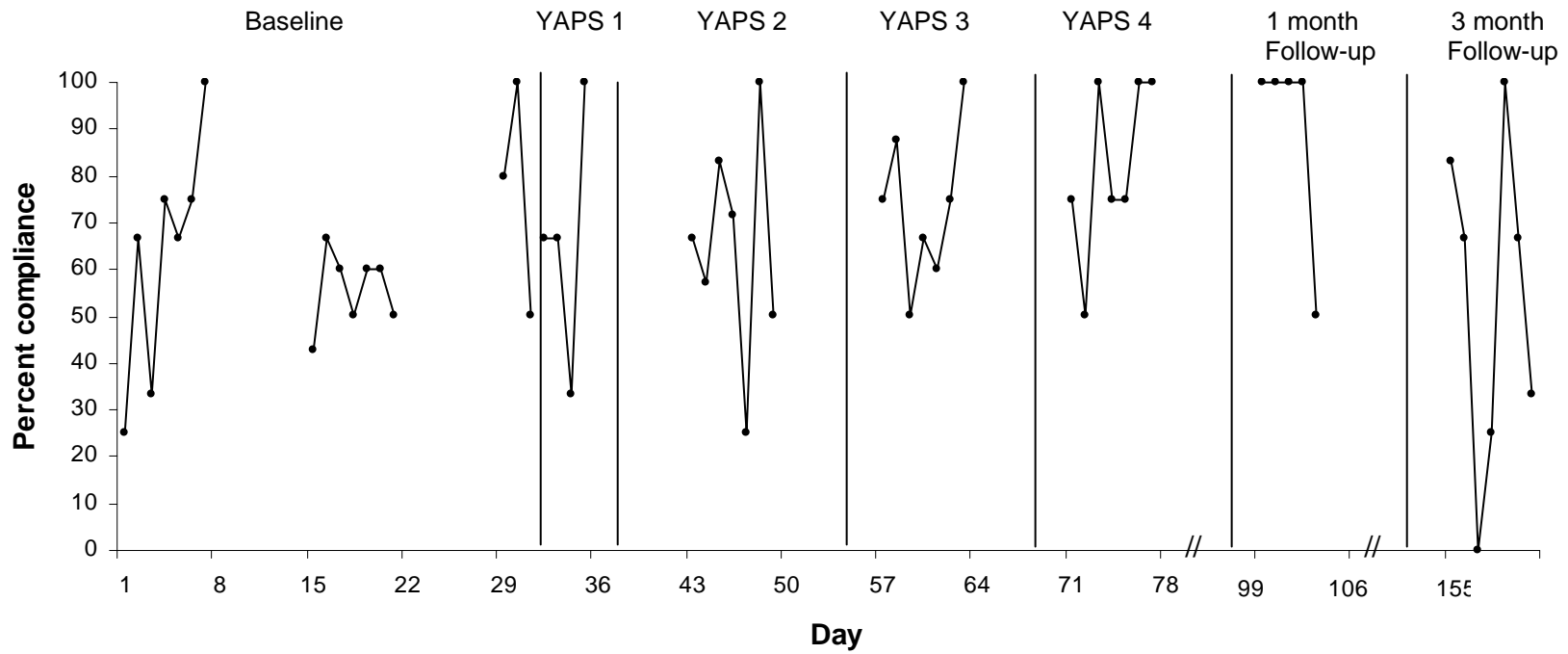


Figure 19. Case study 5: Percent of times per week that Luke complies with an instruction across baseline, intervention, and follow-up phases.

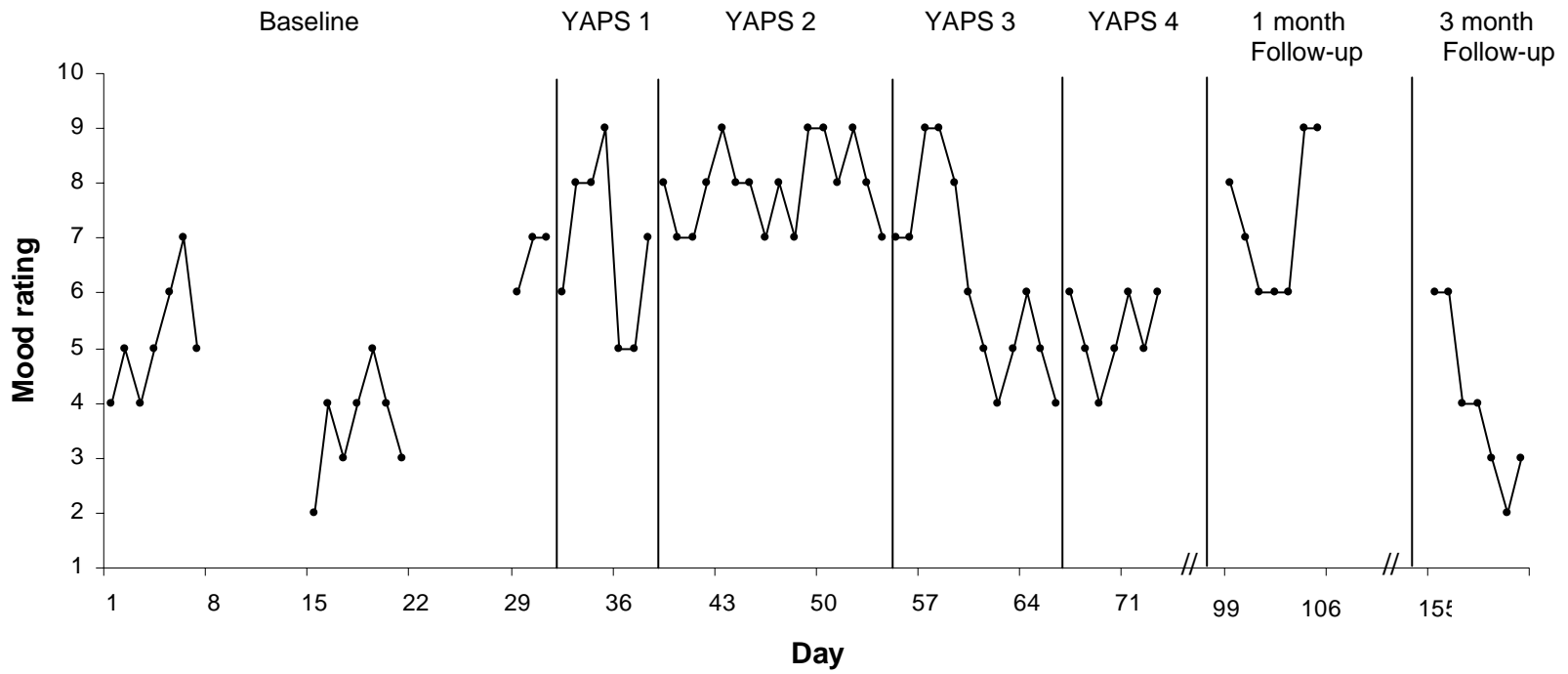


Figure 20. Graph of daily maternal mood ratings for case study 5 across baseline, intervention, and follow-up phases.

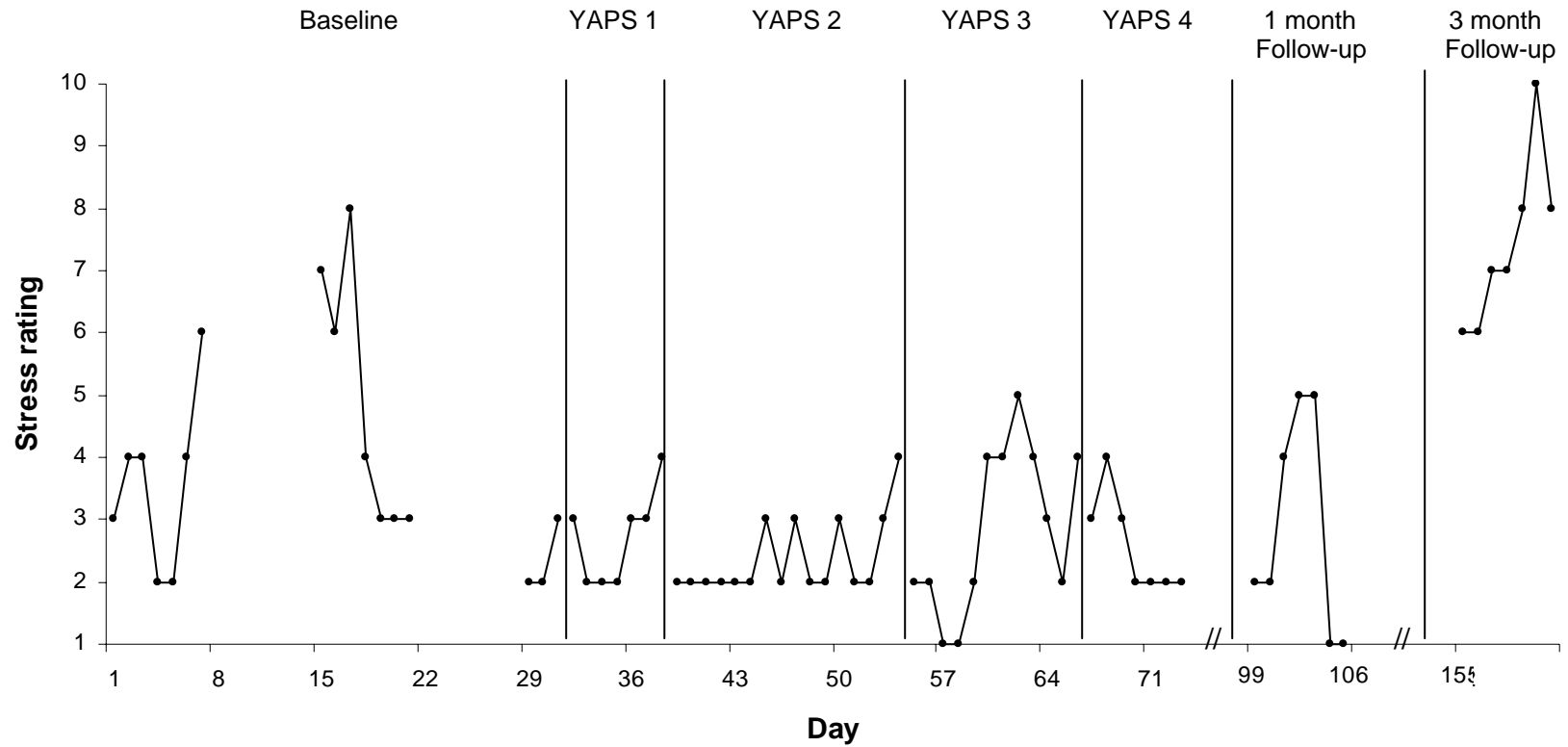


Figure 21. Graph of daily maternal stress ratings for case study 5 across baseline, intervention, and follow-up phases.

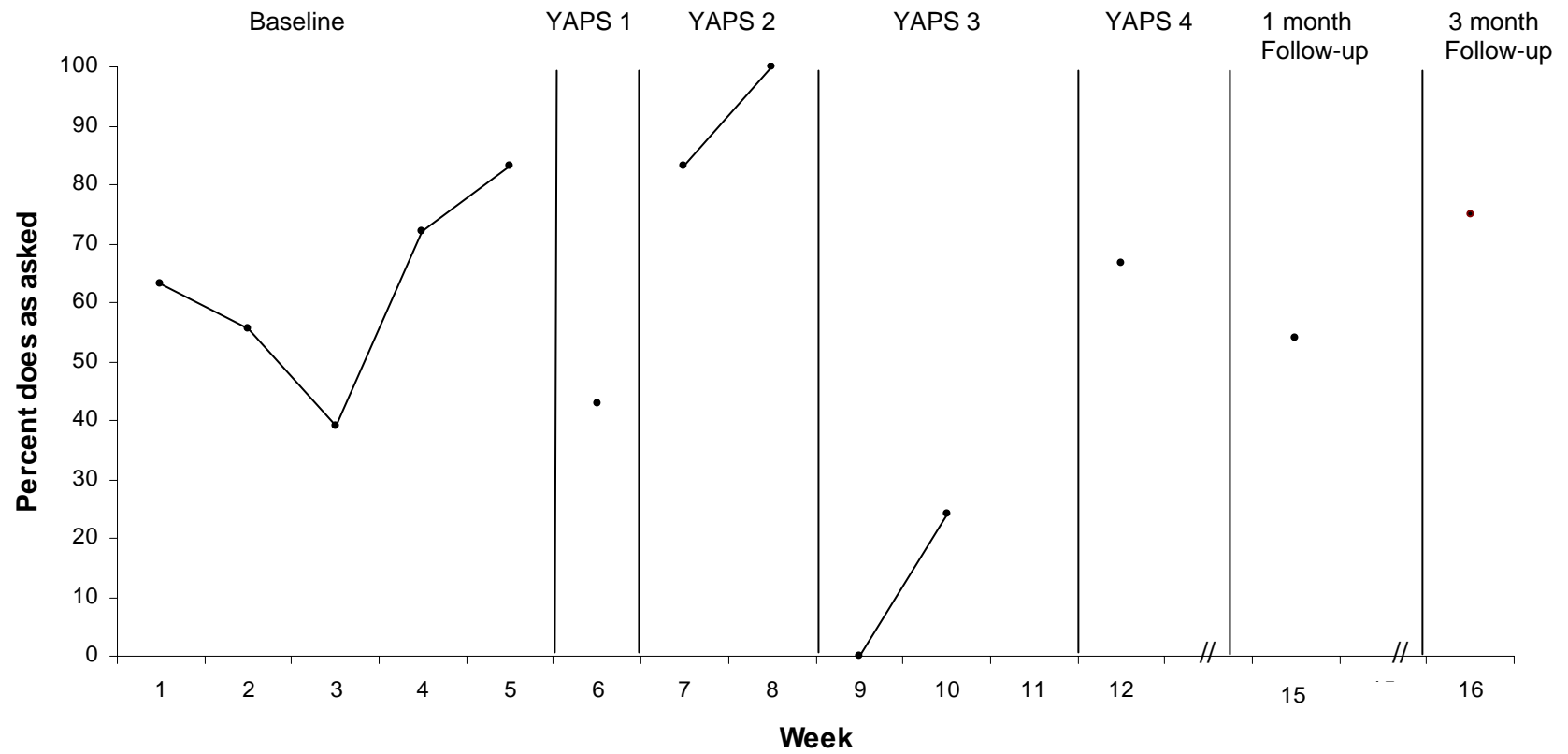


Figure 22. Case study 6: Percent of times per week that Ben complies with an instruction across baseline, intervention, and follow-up phases.

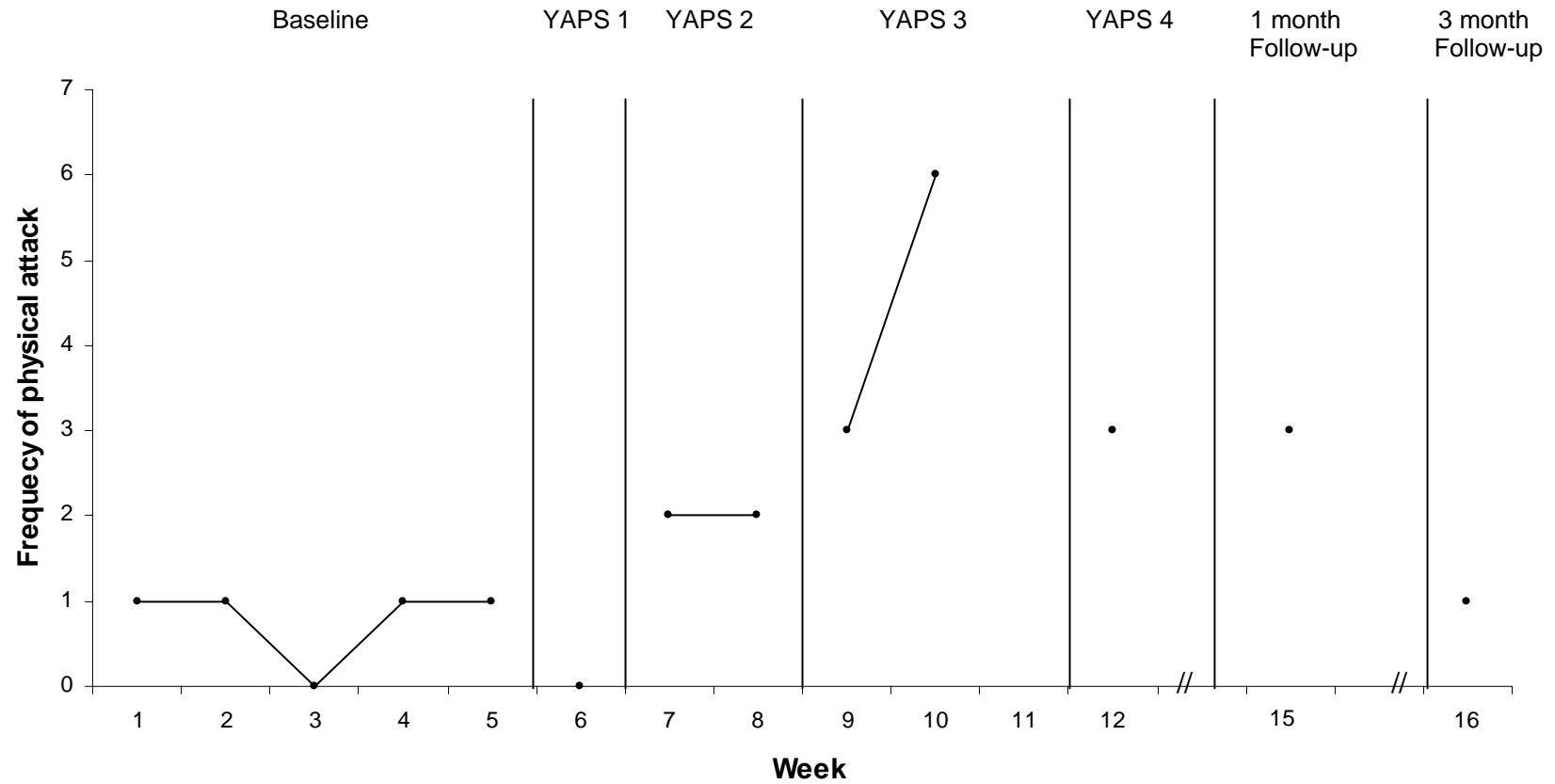


Figure 23. Case study 6: Frequency of Ben's physical attack behaviours per week across baseline, intervention, and follow-up phases.

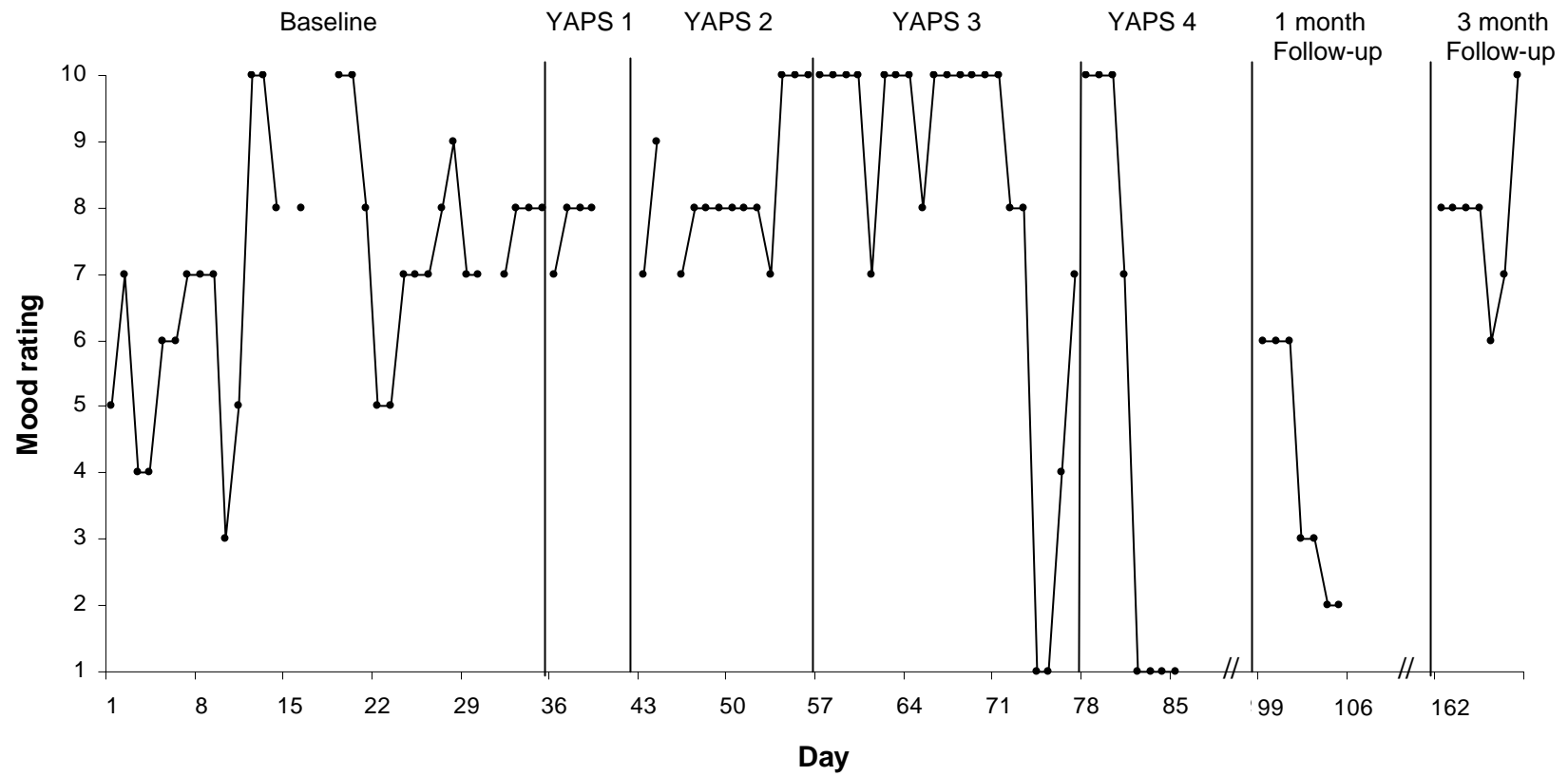


Figure 24. Graph of daily maternal mood ratings for case study 6 across baseline, intervention, and follow-up phases.

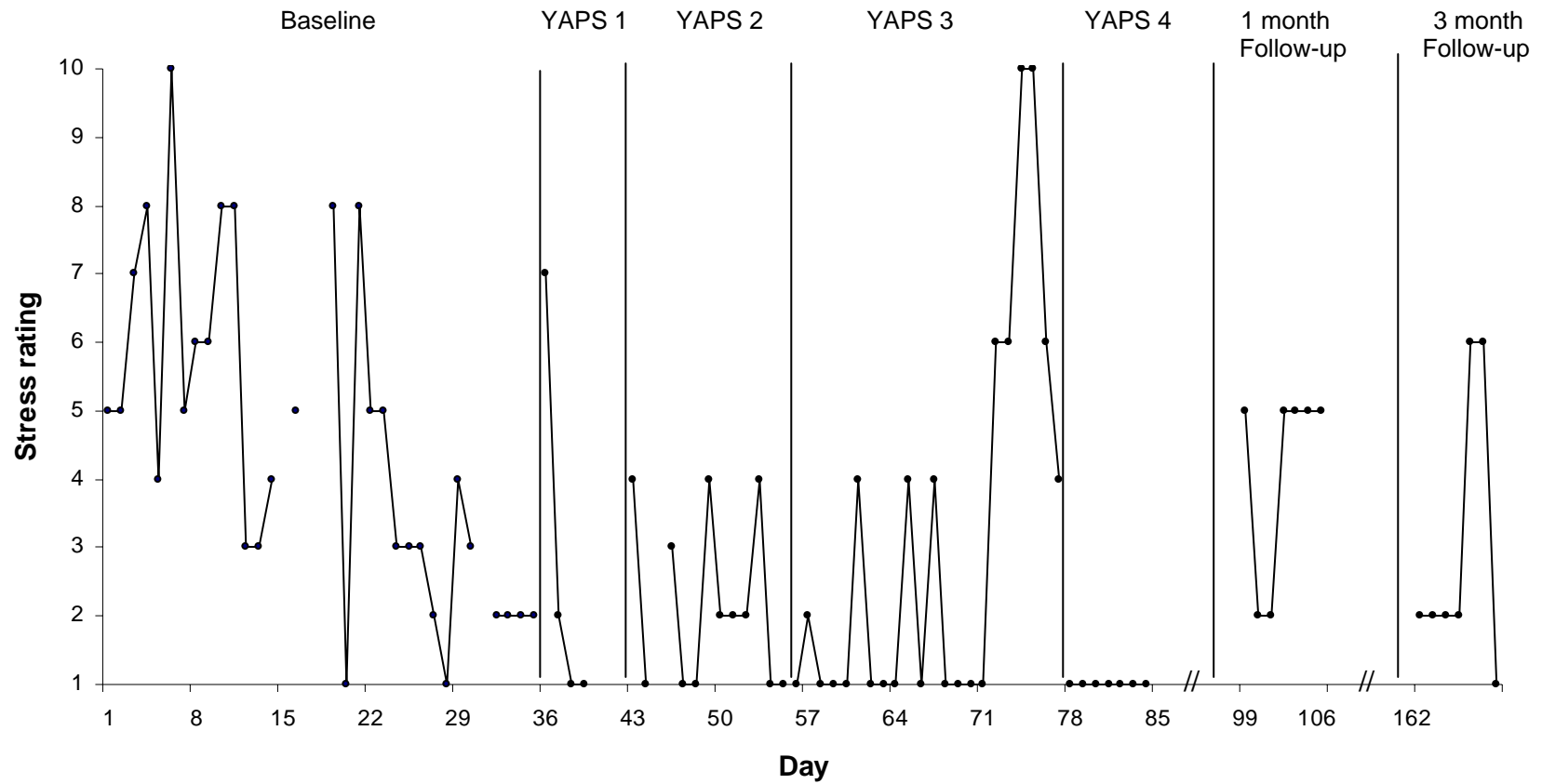


Figure 25. Graph of daily maternal stress ratings for case study 6 across baseline, intervention, and follow-up phases.

Appendix NN

Study 4 – YAPS Telephone-Assisted Program Facilitator’s Guide

Not available in electronic form. Please contact author for more information.

Appendix OO
Study 4 - Plain Language Statement



Department of Psychology
& Disability Studies

RMIT University Psychology Clinic



Dear Parents and Teenagers,

A team of researchers from RMIT University's Department of Psychology and Disability Studies is currently conducting a research study evaluating a treatment program for families who have recently experienced parental separation and need support coping with the changes occurring during this time. This research forms part of a PhD research project conducted by Mandy Kienhuis and supervised by Dr Ray Wilks and Dr John Reece.

After attending an initial individual assessment session, families who decide to participate will be randomly allocated to the parenting program or a wait-list group. Participants in the wait-list group will be offered the treatment approximately 6 months later at the conclusion of the research study.

Mothers and teenagers will be required to complete a questionnaire package at the initial assessment session, three months later (corresponding to after completion of the program for those in the treatment group), and again six months later. This questionnaire package will take approximately 45 minutes to complete. There will be a few questions asking about your background and your family. The majority of questions will be asking about your family relationships, coping strategies, behaviours, and personal feelings. After the program is completed there will also be questions about what you learned from the group program and how helpful the program was for you and your family.

The treatment program aims to increase family adaptation to separation, and is completed at home with telephone support. Over a six-week period, mothers will receive four booklets, in addition to scheduled weekly phone calls. The booklets will contain information along with practical and written tasks. The topics covered in the four booklets include: The importance of parent adjustment; understanding your own reactions; how parents can help themselves; understanding your children's reactions; reducing the impact of changes; encouraging contact between your child and your child's other parent; reducing conflict between parents; providing support, structure and discipline; challenging unrealistic expectations and beliefs; and problem solving. The aim of weekly phone calls will be to discuss progress with the booklet tasks, and to answer any questions about written material. Parents will also receive a scheduled phone call three months after completing the five-week booklet program. The aim of this phone call will be to remind participants of the information and skills presented during the six-week program, and to offer further support if required.

A summary of the research findings will be available to you on completion of the research study. The information collected may also be used in future publications, however, these reports will not contain any identifying information. All questionnaire answers and information disclosed in telephone conversations will remain confidential. No identifying information will be kept with questionnaire responses.

While your participation in the research study would be greatly appreciated, your participation in this study is completely voluntary. There is no obligation to participate and any participant can withdraw from the study at any time.

If you agree to participate please complete the attached consent form (both mother and teenager please sign) and return in the reply paid envelope. If you have any questions about participating in the research, please contact Dr Ray Wilks or Mandy Kienhuis on 9925 7376. If you are concerned about any of your responses to any of the questions asked as part of this research, you should cease your participation immediately, and contact Dr Ray Wilks who will discuss this with you.

Yours Sincerely,

Mandy Kienhuis
BBSoc;
BAppSci (Psych)(Hons)

Dr Ray Wilks
TPTC; BA;
Grad Dip App Ch Psych;
MA; PhD

Dr John Reece
BBSoc(Hons); PhD

Any queries or complaints about your participation in this project may be directed to the Secretary, RMIT Human Research Ethics Committee, University Secretariat, RMIT, GPO Box 2476V, Melbourne, 3001. The telephone number is (03) 9925 1745.

Appendix PP

Study 4 – YAPS Program Outline

YAPS Program Outline

- Week 1 Initial Interview
Complete measures during Initial Interview
- Week 5 Receive YAPS Module 1 - Looking After Yourself
Phone call to check Module 1 received & schedule weekly phone call
Phone call to assist with Module 1
- Week 6 Receive YAPS Module 2 - Providing Support Part I
- Week 7 Phone call to check Module 2 received & schedule weekly phone call
Phone call to assist with Module 2
- Week 8 Receive YAPS Module 3 - Providing Support Part II
- Week 9 Phone call to check Module 3 received & schedule weekly phone call
Phone call to assist with module 3
- Week 10 Receive YAPS Module 4 - Looking Forward
Phone call to check Module 4 received & schedule weekly phone call
Phone call to assist with Module 4
- Week 11 Receive questionnaire package in mail
- Week 14 Schedule 3 month follow-up call
- Week 26 3 month follow-up: Booster Phone call to review information and strategies taught in program
Receive questionnaire package in mail
- Week 38 Receive questionnaire package in mail
Receive additional resources in mail

Appendix QQ

Study 4 - Graphs of Child Behaviour Ratings and Maternal Mood and Stress Ratings

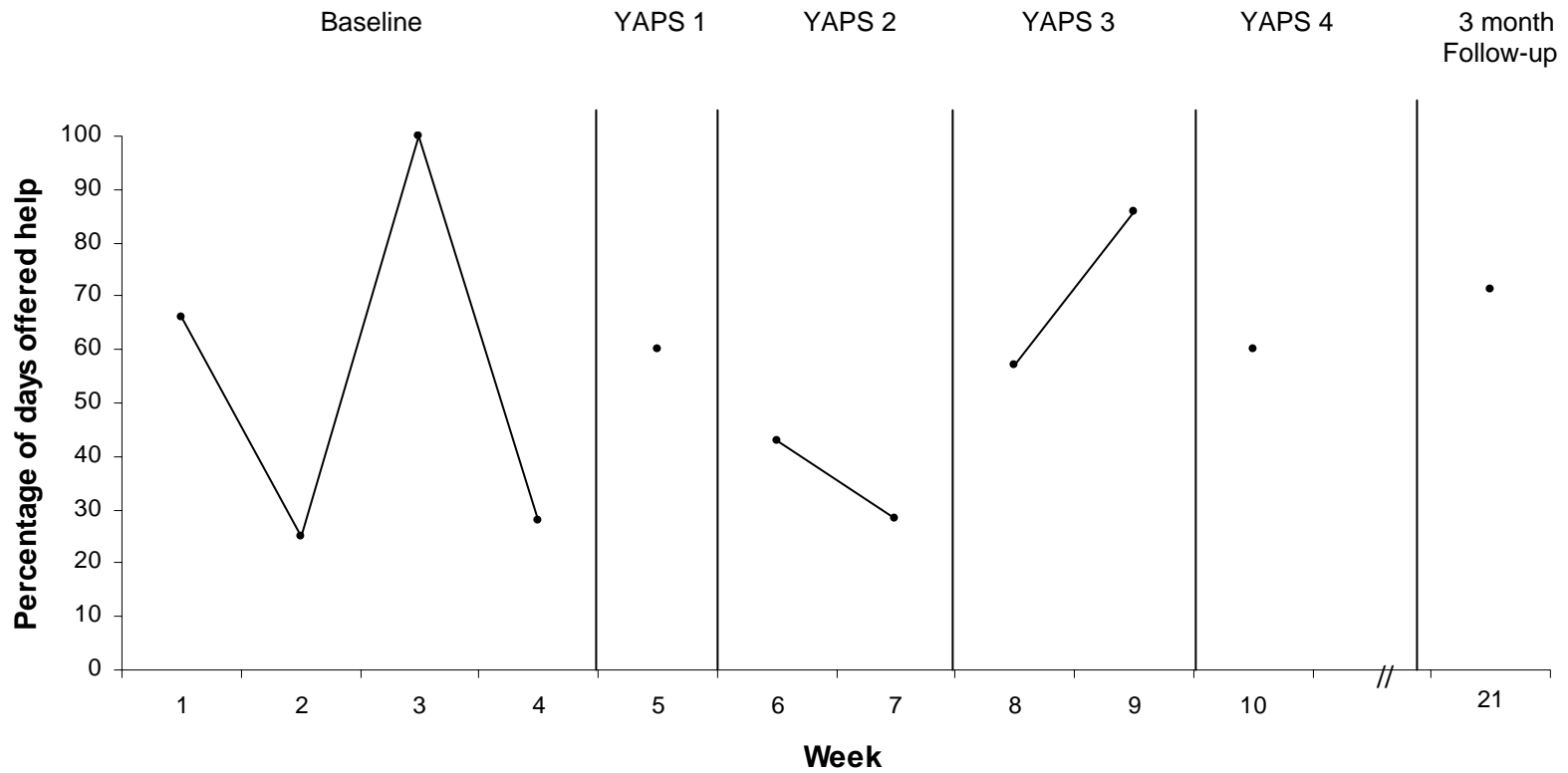


Figure 1. Percent of days per week that Andrew offered to help with household chores across baseline, intervention, and follow-up phases.

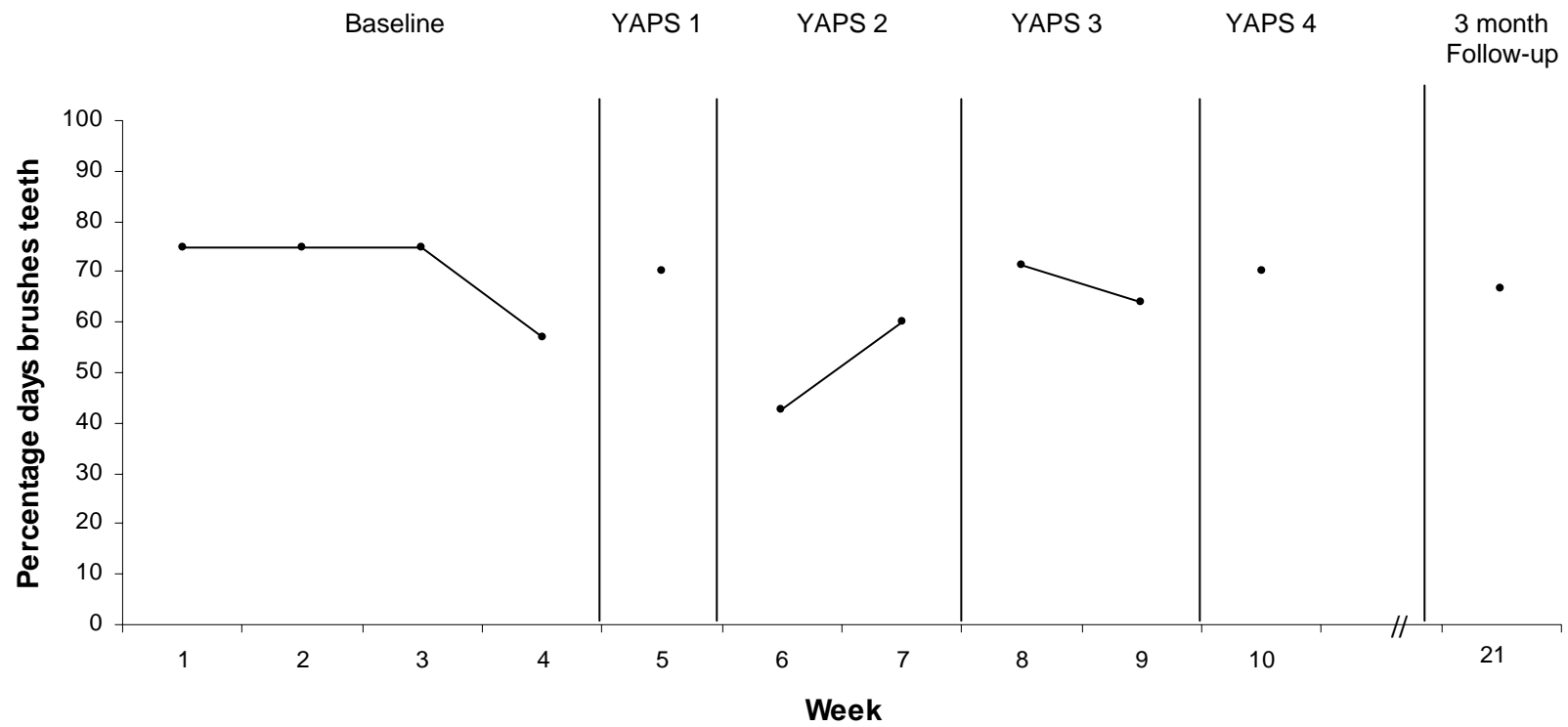


Figure 2. Percent of days per week that Andrew brushed his teeth across baseline, intervention, and follow-up phases.

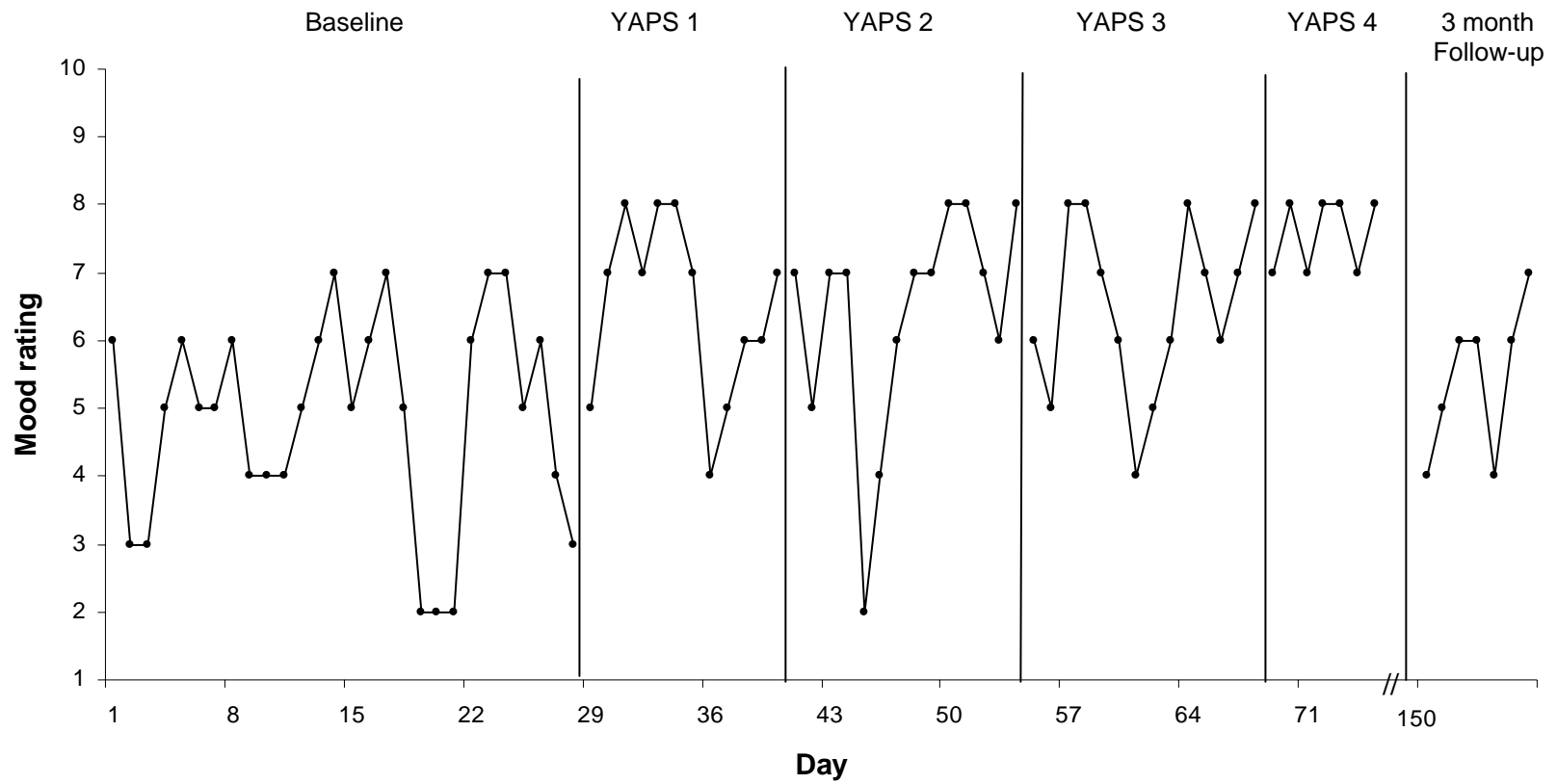


Figure 3. Graph of daily maternal mood ratings for case study 1 across baseline, intervention, and follow-up phases.

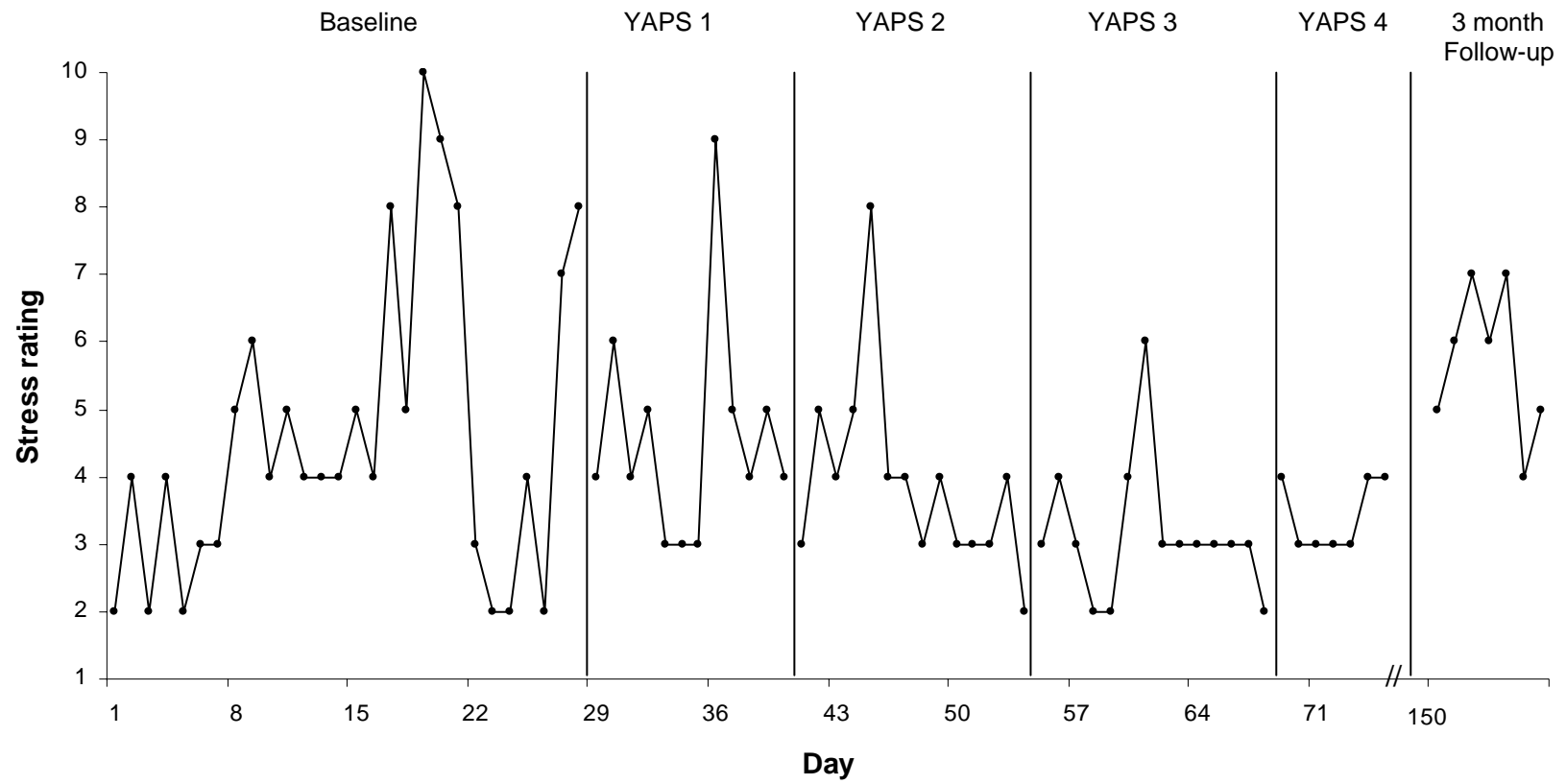


Figure 4. Graph of daily maternal stress ratings for case study 1 across baseline, intervention, and follow-up phases.

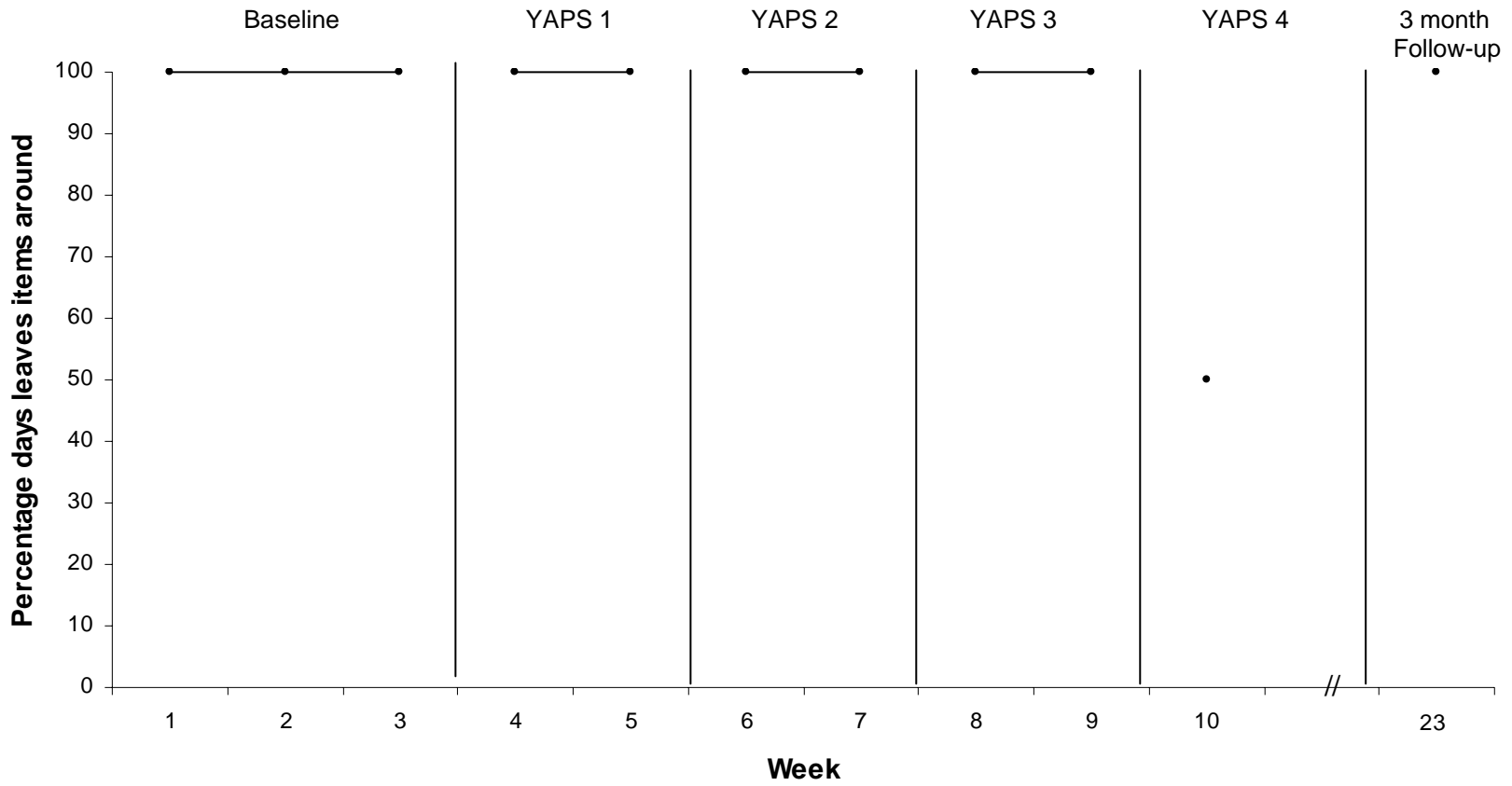


Figure 5. Percent of days per week that Ashley leaves items around across baseline, intervention, and follow-up phases.

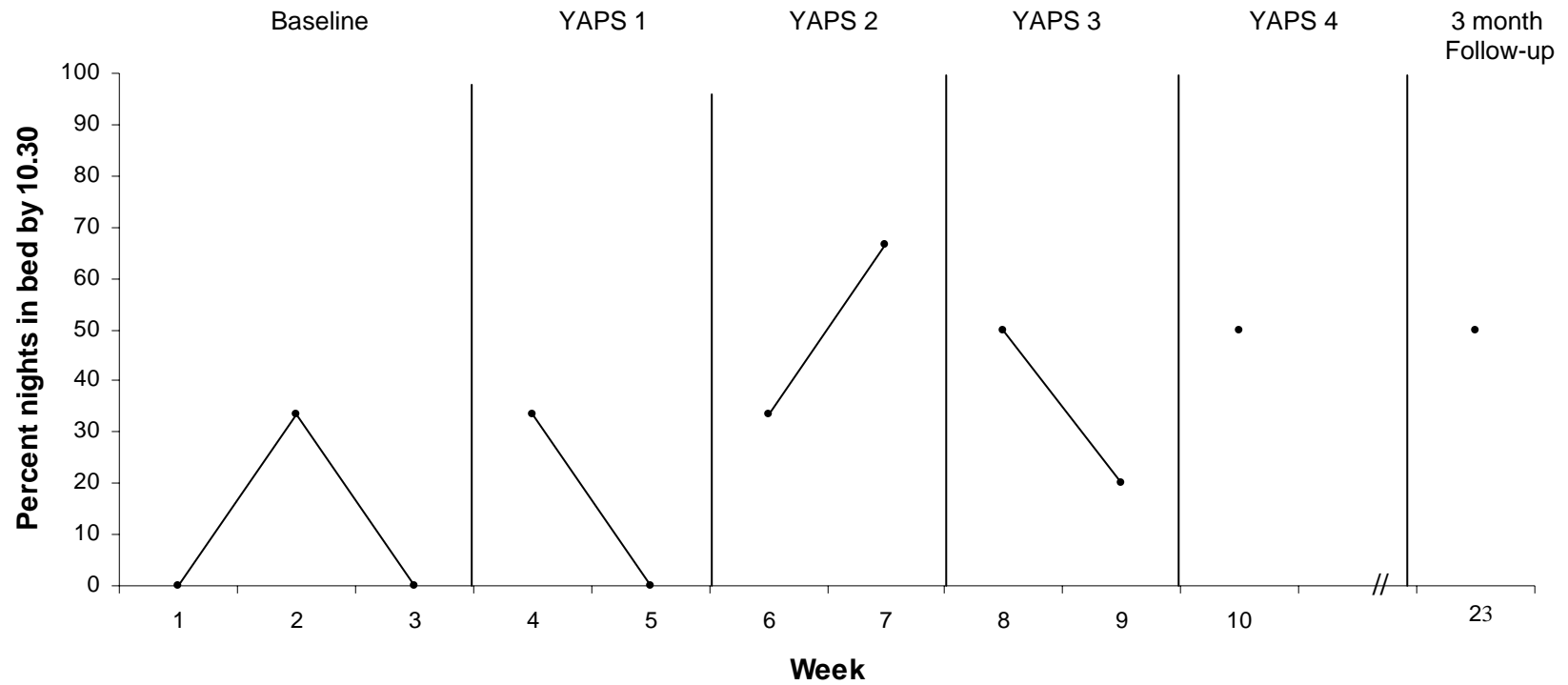


Figure 6. Percent of nights per week that Ashley is in bed by 10.30pm across baseline, intervention, and follow-up phases.

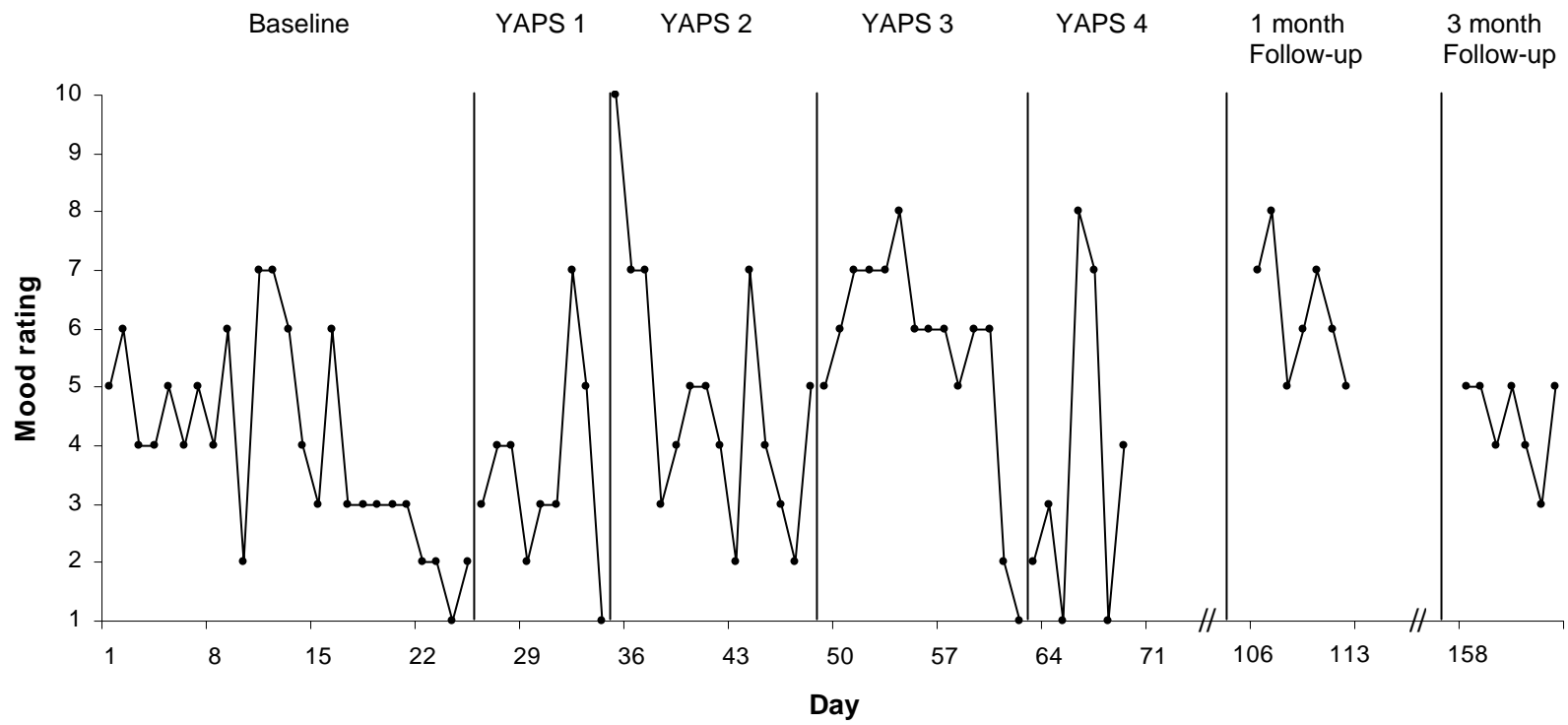


Figure 7. Graph of daily maternal mood ratings for case study 2 across baseline, intervention, and follow-up phases.

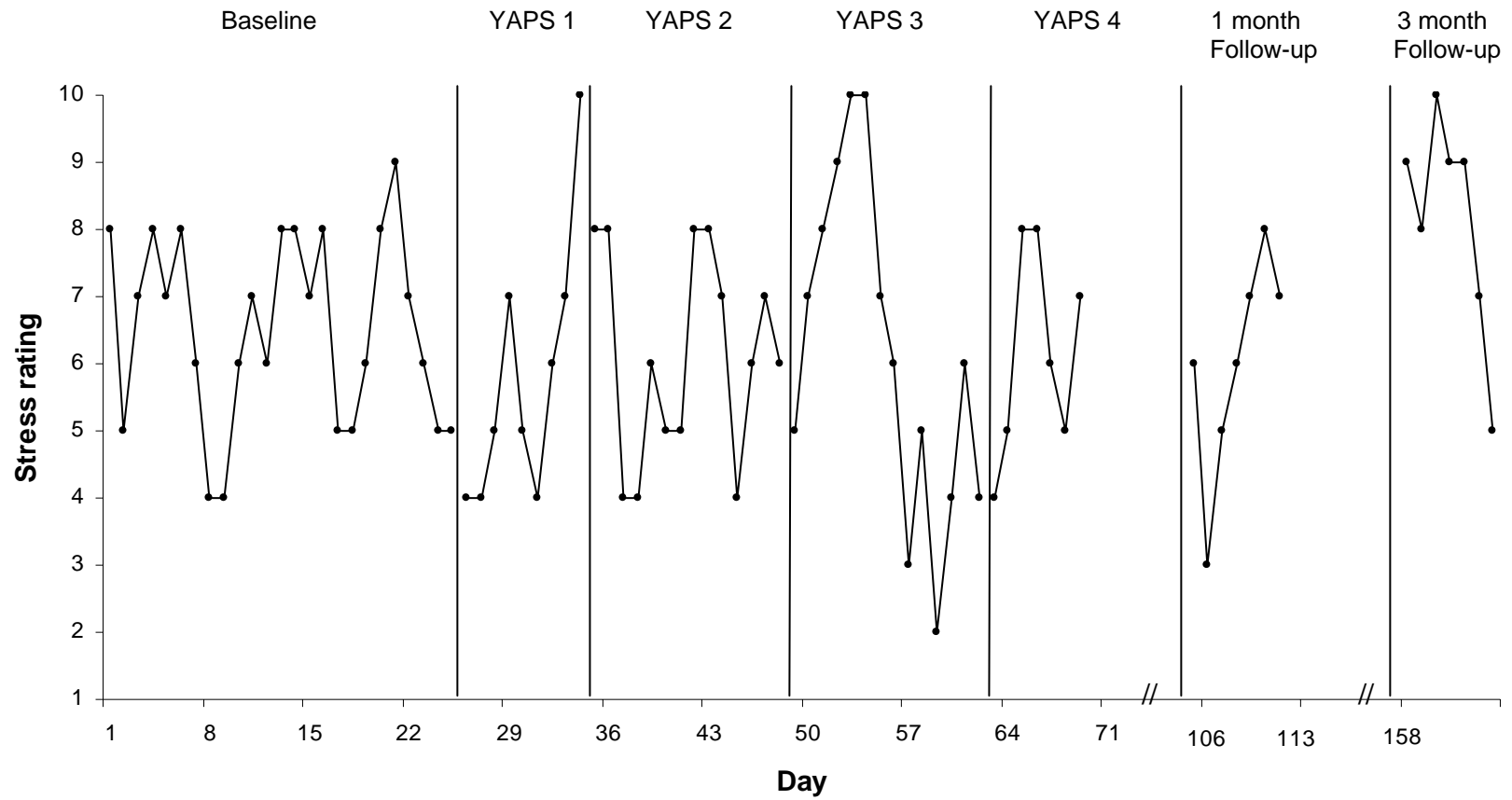


Figure 8. Graph of daily maternal stress ratings for case study 2 across baseline, intervention, and follow-up phases.