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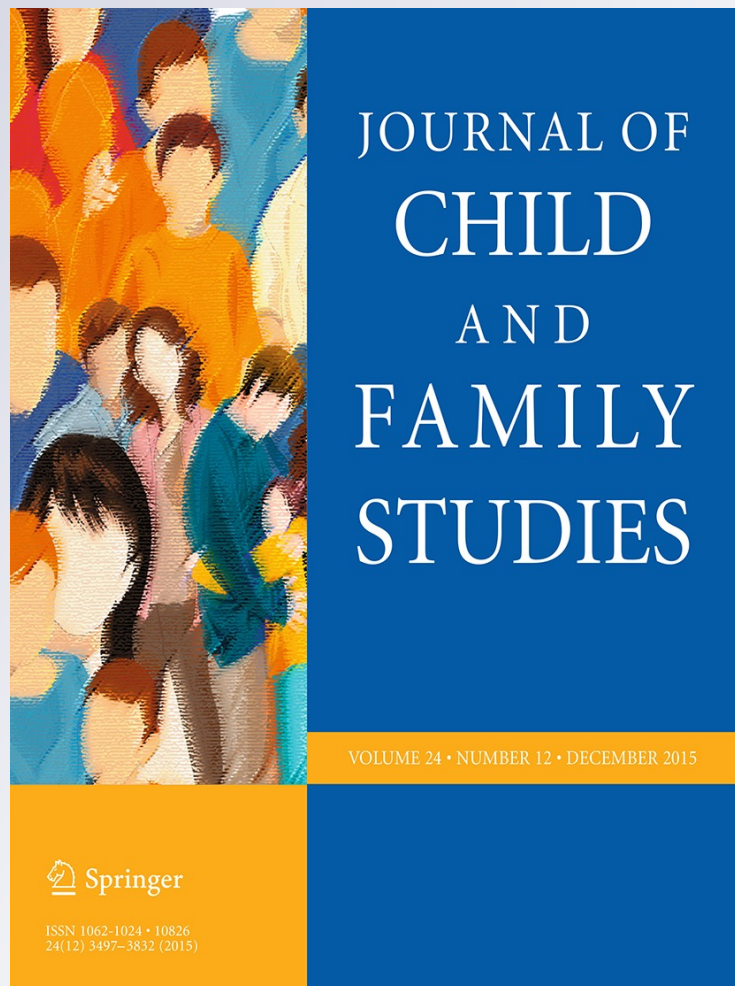
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Protecting Children After a Divorce: Efficacy of Egokitzen—An Intervention Program for Parents on Children's Adjustment

Ana Martínez-Pampliega¹ · Verónica Aguado¹ · Susana Corral¹ · Susana Cormenzana¹ · Laura Merino¹ · Leire Iriarte¹

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Abstract The objective of this study is to present the psychoeducational program Egokitzen, a post-divorce intervention for parents and preliminary data on its efficacy, by means of a quasi-experimental design with a wait-list comparison group. This program—Egokitzen—has been recently published following years of development, pilot tests and adaptation, and comprises 11 weekly intervention sessions that focus on three major blocks of content: (a) divorce in itself, (b) interparental conflict; and (c) parenting styles and discipline. Thirty-four parents, with a total number of 51 children—aged 2–23 years—took part in the study. Participants completed measures of interparental conflict, family communication, perception of family relationships, parental symptomatology and children's aggressive and anxiety/depression symptoms before, after the intervention and 6 months on completion of the program. Significant differences were found in terms of the perceived conflict and children's mental health symptoms, especially in the 6-month follow-up period. More structural variables, such as communication, family satisfaction or parent–child relationships, seem to require more time for noticeable change and stability. We can conclude that, even though the results are exploratory, the Egokitzen program is a very promising initiative for helping prevent and fostering the healthy psychological development of children who are going through the parental divorce process.

Keywords Children symptomatology · Divorce · Family functioning · Interparental conflict · Intervention program

Introduction

In countries such as the United States, around 50 % of couples end up in divorce (Owen and Rhoades 2012). In Europe, the figures are similar, and Spain—after the United Kingdom, France and Germany—is one of the EU countries with the highest number of marriage dissolutions, and currently the one with the highest increase in divorce rates in the past 28 years. Although affected by some policy changes, the number of dissolutions increased from 41.621 in 2002 to 104.262 in 2012 (Instituto de Política Familiar 2014). In addition, out of the divorces recorded in 2012, over 50 % affected families with either young or older dependent children (Instituto Nacional de Estadística, INE 2013).

Some of the most consistent findings regarding destructive divorce concern its impact on psychological, behavioral, such as aggressive behavior (e.g., antisocial behavior, social problems in children, disruptive behavior), academic and on their quality of life (Amato 2010; Harold et al. 2007; Justicia and Cantón 2011; Pedro-Carroll 2010; Pendry and Adams 2013). Research in recent years has become more sensitive to the internalizing side of the impact of divorce (such as anxiety, depression or psychosomatic complaints), with evidence of elevated levels of depression, anxiety and social withdrawal (Cummings et al. 2006; Martínez-Pampliega et al. 2009). Results have also linked conflict with a change in relationships with parents, siblings or friends (Grych 2005a) or with difficulties of an academic nature (Hanscombe et al. 2011).

These adjustment issues associated with divorce and the effect of divorce on children have been proven in a number

✉ Ana Martínez-Pampliega
martinez.pampliega@deusto.es

¹ Department of Social and Developmental Psychology, School of Psychology and Education, University of Deusto, 48007 Bilbao, Spain

of designs, such as cross-sectional (Grych et al. 2000), longitudinal (Pendry and Adams 2013), experimental studies (Cummings and Davies 2002), a combination of representative longitudinal samples and designs utilizing genetic information (D'Onofrio et al. 2006), and statistical models that control sources of invariance involving observed heterogeneity (Lansford 2009).

Destructive conflict and worse parental relationships, associated to divorce, have also been proved to have long-term and widespread effects on children, such as poorer quality in intimate relationships, less development in education and long-term internalizing and externalizing problems (Davies et al. 2012; Taylor et al. 2011). In addition, its impact has been confirmed on a socio-emotional, physiological or cognitive level (El-Sheikh et al. 2011; Pendry and Adams 2013). On the other hand, research in recent years has mainly focused on understanding the mechanisms or processes by means of which divorce affects children and on identifying the risk and protective factors involved in that process. Only intervention programs that attempt to influence these mechanisms will prove to be effective in minimizing their effects and fostering resilience (Grych 2005a).

There are two theoretical frameworks that have tried to bring together the variables surrounding the divorce process and its impact on children and are therefore relevant components in any kind of intervention: the cognitive-contextual model (Grych and Fincham 1990) and the emotional security theory (Davies and Cummings 1994). The former focuses essentially on cognitive variables that have a bearing on the evaluation of conflict by children, while the latter focuses more on affective factors, involving an analysis of children's need to feel protected in their family while maintaining their emotional security.

Two relevant explanatory variables can be identified from these standpoints: firstly, interparental conflict and how children experience this, and secondly, the quality of the parent-child relationship. The way in which interparental conflict is expressed and handled by parents—not so much the conflict in itself—is the key variable attached to the impact of divorce on children (Davies et al. 2012; Malcore et al. 2010). The levels of anger and aggression expressed during arguments, the frequency of conflict, its content and the way it is resolved are variables that affect the level of stress, and the degree of blame and threat perceived by children. Nonetheless, the impact of conflict is not only a direct one—conflict also affects children indirectly via the quality of parent-child relationships and the parenting styles (Lipscomb et al. 2011). When parents find themselves immersed in conflict, relationships with their children tend to be hostile, aggressive or distant (Fabricius and Luecken 2007; Rhoades et al. 2011), even if the passive correlation between genotype and environment

is controlled (Harold et al. 2013). Family communication is often affected, preventing children from being able to express their feelings and concerns. Children run the risk of becoming triangulated as a way of reducing the stress and tension caused within the family (Buchanan and Heiges 2001). Triangulation and conflicts regarding loyalty have been identified as the main concerns of children in divorced families (Wolchick et al. 2005). From this derives the notion that teaching skills to help contain and resolve conflict, manage anger, adopt a *business* attitude and prevent conflictive interaction may reduce the negative impact of stress factors affecting children's mental health. Raising children with affection, support and supervision, appropriate parental skills and positive communication between the child and at least one parent are all related to better adaptation of children following divorce (Grych 2005b).

This direct or indirect effect of destructive interparental conflict that often accompanies divorce has for decades been considered to be a key stress factor. This has resulted in the design and development of interventions targeted to prevent and/or alleviate the impact of this phenomenon on all family members and within different contexts—such as mental health, legislation, and child protection (Vélez et al. 2012).

One of the most prevalent and promising options available in the United States have been psychoeducational programs (Grych 2005a, b). They involve structured interventions or programs aimed at foreseeing the effects or minimizing the risk that divorce frequently entails (Pedro-Carroll 2010). Such programs have the focus on either children (Nousse Graham et al. 2012; Pedro-Carroll 2010) or parents (Malcore et al. 2010; Wolchick et al. 2007). Parent-centered programs remain far more commonplace (Pollet 2009), their purpose being tackling themes related to communication between parents, anger management, quality of parent-child relationship and discipline.

Despite the large number of programs existing and their widespread use, there have been few evaluations and efficacy studies. Most studies are descriptive analyses of content or the satisfaction of those participating. These studies tend to highlight a very positive effect on reducing children's exposure to conflict, on litigation in courts, and on children's externalizing problems, although not so much with regard to reducing interparental conflict or negative attitudes towards co-parenting (Owen and Rhoades 2012).

Nonetheless, empirical and rigorous evaluations of efficacy with an intervention group and a comparison group that use pre- post-intervention evaluations are very rare (Amato 2010; Iriarte et al. 2009). The programs that are most referred to in the USA are *Children First* (Kramer and Washo 1993), *Children in the Middle* (Arbuthnot and Gordon 1996), *New Beginnings Parenting Program* (Sigal et al. 2012; Wolchick et al. 2005, 2007) and *Assisting*

Children through Transition (ACT; Pedro-Carroll et al. 2001).

Two programs that have consistently been shown to have an effect on interparental conflict are *Children in the Middle* and *New Beginnings*. In the former, participants informed during the six-month follow-up period of major advances in their ability to protect children from interparental conflict (Arbuthnot and Gordon 1996), while at the same time evidencing a tendency to facilitate relations with the other parent and noting positive results for their children. Less externalizing and internalizing symptomatology was also found following parents' participation in the *New Beginnings* program, even 6 years later, and a significant improvement in family relations (Sigal et al. 2012; Wolchick et al. 2007). Other recent and promising programs, such as *Focus on Kids* and *Working Together*—for parents who had been referred from family justice services—have proved to be effective using pre-post intervention approaches (Owen and Rhoades 2012).

This study presents a new intervention program together with preliminary data about its efficacy. Although psychoeducational programs for parents have become the most promising and profitable option on a community level, they are few in Spain and there are no studies available about their efficacy. The purpose of the present study is to ascertain the efficacy of the Egokitzen intervention program, from the hypothesis that parents who have taken part in the program will perceive less symptomatology in children than prior to their participation, better functioning of family relationships and an improvement in their own symptomatology. In particular, the two specific sub-objectives were: (1) To understand the impact of the program after it has been applied; (2) To study the family and parental variables linked to child symptomatology.

Method

Participants

Out of the 55 evaluation interviews conducted, 41 of met the inclusion criteria, namely, to be in charge of at least one child, no severe psychopathology, not cohabiting with ex-partner and not having a stable current relationship or marriage. Seven participants were lost at this stage, due to work and family commitments.

The sample was composed of the remaining 34 participants, who completed the pre-intervention measures and were arranged in four groups (three intervention and one comparison groups). 38.2 % were males and 61.8 % were females, ranging from 35 to 53 years old ($M = 42.3$, $SD = 4.5$). All participants had one or two children, totaling 56 with an age range between 2 and 23 ($M = 7.93$,

$SD = 4.35$); 25 were males (44.6 %) and 31 were females (55.4 %). Twenty-seven of those were in the age group 0–6 ($M = 4.48$, $SD = 1.22$), where 48.1 % were males and 51.9 % were females. In the age group 7–12 years old, there 21 children, 38.1 % being males and 61.9 % females ($M = 9.29$, $SD = 1.70$). Eight sons and daughters (50 % males and 50 females) were between 13 and 23 years old ($M = 16$, $SD = 3.07$). The post-intervention evaluation was completed by 27 parents and 45 sons and daughters. Analyses conducted via t tests yielded no differences between the participants who did and did not complete the post-intervention protocol in terms of the homogenization variables, namely, levels of interparental conflict, time after divorce, and developmental stage of children and in terms of the overall parental symptomatology.

Twenty-one parents with 36 children and adolescents (56.3 % males and 43.8 % females with a mean age of 8.22, $SD = 4.51$) took part in the three intervention groups. The comparison group was composed of six participants with nine children and adolescents (11.1 % males and 88.9 % females, with a mean age of 9.6 years, $SD = 6.4$). The comparison group was on waiting list for 3 months, after which they participated in the program.

Procedure

The program Egokitzen focuses on the relevant factors attached to the relationship between interparental conflict and children's adaptation that have been identified by research, focusing on those factors that minimize the impact of divorce and foster resilience. The program has eleven 1.5-h sessions that cover, from a systemic approach of the family functioning, 3 themes: (1) divorce and its impact; (2) interparental conflict; and (3) parenting. All sessions are designed to actively engage participants by means of role-playings, debates and group activities. Egokitzen is shaped as a program of (1) a preventive nature, i.e., aimed at avoiding problems deriving from conflict and from other risk factors; (2) a psychoeducational nature, i.e., gaining knowledge and skills that enable parents to protect children from stress and increase their ability to deal with conflict in a healthy way. To this end, participants are offered information about the separation or divorce process and its consequences, and also includes emotional support and training in dealing with problems, positive communication and parenting skills; (3) a therapeutic nature, i.e., taking part provides participants with experiences of people with similar problems, which translates into a normalization effect and a support framework for change; and (4) a group nature, to foster emotional support and shared learning among participants. More information on the program is available on the handbook linked to it (Martínez-Pampliega et al. 2014). The intervention was conducted at the R&D&I

in Psychology and Health Unit (DeustoPsych) at the University of Deusto. All sessions were facilitated by two psychologists specialized in clinical psychology and family intervention. The intervention also utilized an advisory and supervision group, composed by two psychologists observing behind a two-way mirror, who, from a systemic-structural and psychoeducational approach, analyzed patterns and interaction in the intervention group and provided advice and guidance to the facilitators.

A quasi-experimental pre-post intervention approach with a wait-list comparison group was used (Kazdin 2002). Participants were recruited from clinical, community and educational services as well as public services, family meeting points, a family mediation service and psychosocial teams from the courts, etc., with whom the faculty maintains collaborative and research agreements.

Referrals were evaluated and those who met the inclusion criteria were invited to complete the set of questionnaires and interviewed by a member of the research team. The pairing dimensions were the following: level of interparental conflict, time after divorce, and developmental stage of their children. After the homogenization and randomization of the first set of groups, the remaining participants were allocated on a first-come-first-served basis into a treatment group or a wait-list group.

Measures

Sociodemographic Questionnaire

Developed ad-hoc for this study, it included questions on gender; age; family structure; some questions on the divorce, such as the process, how long ago it had happened and measures taken; and psychological support received.

Children's Mental Health Symptoms

They were assessed via the Spanish version of the *Child Behavior Checklist*, parents reporting on their children's symptoms (CBCL; Achenbach 1991). This measure assesses the prevalence of specific symptoms in children and adolescents, from both community and clinical samples, yielding scores for internalizing and externalizing syndromes. The two most commonly used symptoms in the literature were used in this study, namely anxiety/depression and aggressive behavior. The α coefficients found in this study were 0.70 and 0.86, respectively.

Parental Mental Health Symptoms

Parental symptoms were assessed with the Spanish version of the *Symptoms Checklist* (SCL-90; González de Rivera et al. 2002). Four scales were used in this study, i.e.,

somatization (12 items), interpersonal sensitivity (nine items), depression (13 items), and anxiety (10 items). Symptoms are scores on a 4-point Likert scale, from *nothing at all* to *a lot*. The original authors reported an α of 0.95. The α coefficient in this study was 0.95.

Interparental Conflict

Parents were asked to complete the *O'Leary-Porter Scale of Marital Conflict* (OPS; Porter and O'Leary 1980). This 10-item instrument uses a 5-point Likert scale from *never* to *very often* and assesses the parental perception of the frequency of positive and negative interaction between parents when their child/children are present. The original authors report an α of 0.86 and a test-retest reliability of 0.96 for divorced parents. The Spanish version of the OPS has adequate psychometric properties, the α for the overall scale being 0.89 (Martínez-Pampliega et al. 2008). In this study, the α coefficient was 0.56.

Family Functioning

Two different instruments were used to assess this dimension.

1. To measure family communication we used the Family Communication scale by Barnes and Olson (1982). In this study the Spanish version adapted by Sanz et al. (2002) was used. It is a unidimensional scale which focuses on the positive aspects of communication, such as freedom in the exchange of information, facts and emotions; absence of restriction and the degree of understanding and satisfaction experienced in the relationship. The α coefficient found in this study was 0.91.
2. To measure the parental relationship, parents completed two analogue visual scales, from 0 to 10, where they were asked about the quality of their relationship with their children and their ex-partners. This type of scale has been used previously and they seem to be appropriate (Martínez-Pampliega 2013).

In the post-intervention and follow-up (6 months after the intervention) stages, reduced versions of all these measures were used. These versions were made up of the items with the highest factor loadings.

The study complied with the ethical principles regarding voluntarily, confidentiality, and no harm to participants. Parents signed an informed consent before taking part in the intervention and formally commit themselves to inform the other parent about such evaluation.

Data Analyses

A general linear model was assumed and all scores were transformed into a 10-point scale for ease of interpretation.

Homogenization between groups was checked via a series of *t* tests for independent samples. Effect sizes were also computed. Different strategies were used to test the impact of the intervention: (a) the overall assessment of the program and the effect of time were tested by means of *t* tests and differential scores (Morales 2008). A similar computation was conducted for the intervention group but with the pre- and post-intervention scores; (b) paired sample *t* tests were used to test the before and after differences in the intervention group; and (c), the relationship between the variables in the study and mental health symptoms was modelled using a multiple linear regression approach. All analyses in this article were carried out on the children and adolescents and using SPSS 18.

Results

There were no differences between the intervention and comparison groups in terms of the pairing variables. In terms of the remaining variables in the study, differences between groups were only found for perceived level of happiness.

In a scale from 0 to 10, the mean score on satisfaction with the program immediately after completion was 8.92 (*SD* = 1.38) and the mean score on perceived support by other members in the group was 8.96 (*SD* = 1.04). In the follow-up, the mean score on satisfaction with the program was 8.6 (*SD* = 1.38) and the mean perceived support was 8.7 (*SD* = 1.04). As Table 1 shows, there were no significant differences in those variables as a function of the variables under study, i.e., gender, age of children, having custodial rights, having psychological support, having used a mediation service prior to the divorce, or whether the divorce had been amicable or not.

One hypothesis of this study was that the scores of the intervention group regarding interparental conflict, family functioning, relationship with children and both children

and parental symptoms were to improve after the intervention, but our data do not support this hypothesis. In terms of the pre-intervention measurement, the only variable that yielded statistical significant differences was parental symptoms (see Table 2). When we looked into the differential scores to explore the change over time after the intervention, we did not find any significant differences, meaning that change in both groups—intervention and comparison- was similar.

T tests were conducted to test the mean differences before and after the intervention, and explore the impact of the program. Significant differences were found in perceived level of conflict ($t = 3.34, p < .001, d = 0.79$), the effect size being medium; and in terms of both parental ($t = 6.14, p < .001, d = 1.02$) and children mental health symptoms. The latter yielded significant statistical differences for both aggressive behavior ($t = 3.25, p < .001, d = 0.54$) and anxiety/depression ($t = 2.83, p < .001, d = 0.47$). The highest effect size was found for parental symptoms (see Table 3).

However, the most obvious and clear effect of the intervention was found when we compared the pre-intervention measures and the 6-month follow-up. The program seems to make a difference in relation to interparental conflict and symptomatology. It should be noted that the biggest difference in magnitude with the pre-intervention measurement was found for the overall index of interparental conflict, which yielded statistical significant differences ($t = 2.72, p = .01; d = 0.85$). This overall index includes frequency and content of conflict, resolution of conflict when the child is present, and the hostile displays in front of the children. It is also important to point out the medium effect size found for variables such as family communication ($d = 0.37$) and the perception of the relationship with their children ($d = 0.37$), which might be showing the clinical and practical relevance of this finding, despite not reaching statistical significance.

Table 1 Post-intervention evaluation of satisfaction with the intervention and the support perceived by the other participants as a function of the variables in the study

	Satisfaction					<i>t</i>	<i>p</i>	<i>d</i>	Perceived support					<i>t</i>	<i>p</i>	<i>d</i>		
	<i>n</i>	0		<i>n</i>	1				<i>n</i>	0		<i>n</i>	1					
		<i>M</i>	<i>SD</i>		<i>M</i>					<i>SD</i>	<i>M</i>		<i>SD</i>				<i>M</i>	<i>SD</i>
Gender	8	8.63	1.68	16	9.06	1.23	-0.72	.47	0.29	8	8.75	1.03	16	9.06	1.06	-0.68	.50	0.29
Children's age	18	8.89	1.56	6	9.00	0.63	0.24	.80	0.09	18	8.94	1.21	6	9.00	0.00	0.19	.84	0.05
Custody	6	9.00	0.90	15	8.67	1.60	-0.48	.63	0.25	6	8.83	0.75	15	8.80	1.14	-0.06	.94	0.03
Psychotherapy support	8	9.00	1.19	16	8.88	1.50	0.20	.84	0.08	8	8.88	1.02	16	9.13	1.12	0.54	.59	0.23
Mediation	14	8.93	1.38	9	8.78	1.48	-0.24	.80	0.10	14	9.00	0.87	9	9.00	1.33	0.00	1.0	0
Amicable divorce	8	8.25	1.90	7	9.14	1.06	1.09	.29	0.57	8	8.25	1.03	7	9.29	1.11	1.86	.08	0.97

Gender: 0 = male, 1 = female; Children's age: 0 = up to 12 years, 1 = 12 years or older; other variables: 0 = no, 1 = yes

Table 2 Pre-intervention differences in scores and differential scores between the comparison and the intervention group

	Comparison group			Intervention group			<i>t</i>	<i>p</i>	<i>d</i>	Comparison group			Intervention group			<i>t</i>	<i>p</i>	<i>d</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>				<i>n</i>	Diff score	<i>SD</i>	<i>n</i>	Diff score	<i>SD</i>			
Overall Interparental Conflict	8	3.31	1.68	22	4.44	2.68	-1.11	.27	0.50	6	-1.30	2.74	18	-1.67	2.13	0.34	.73	0.15
<i>Family functioning</i>																		
Family Communication	7	6.90	0.62	31	7.09	1.44	-0.15	.88	0.17	7	0.11	2.37	29	0.01	1.58	0.14	.88	0.05
<i>Relationship P-C (participating parent)</i>																		
Perception of relation with children	9	8.88	1.26	31	8.67	1.81	0.32	.74	0.13	9	-0.33	1.00	29	0.10	1.32	-0.76	.44	0.36
<i>Relationship P-C (ex-partner)</i>																		
Perception of relation between children and ex-partner	9	8.20	1.85	31	7.70	2.62	0.53	.59	0.22	9	-0.01	1.00	29	0.10	1.17	-0.27	.78	0.10
Parental symptomatology	9	0.90	0.55	31	1.90	1.48	-1.96	.05	0.89	7	-1.79	1.95	31	-1.16	0.96	-0.82	.43	0.40
<i>Children's symptomatology</i>																		
Aggression	9	2.39	0.77	30	2.33	1.39	0.16	.87	0.05	5	-0.48	0.84	30	-0.73	0.99	0.52	.60	0.27
Anxiety/depression	9	1.37	1.14	30	1.87	1.61	-0.87	.38	0.35	5	-0.77	1.19	30	-0.70	1.24	-0.11	.90	0.05

Diff score differential scores

Table 3 Differences in pre- and post-intervention and post-intervention and follow-up in the intervention group

	<i>n</i>	Pre-intervention		Post-intervention		<i>t</i>	<i>p</i>	<i>d</i>	<i>n</i>	Pre-intervention		Follow-up		<i>t</i>	<i>p</i>	<i>d</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Overall Interparental Conflict	22	5.26	1.42	3.75	2.17	3.34	.00	0.79	17	4.97	2.05	3.33	1.73	2.72	.01	0.85
<i>Family functioning</i>																
Family communication	34	7.19	1.95	7.08	1.33	0.41	.68	0.07	20	6.37	2.34	7.16	1.76	-1.67	.11	0.37
Perception of relationship with children	34	8.65	1.80	8.65	1.73	0.00	1.00	0	22	8.36	2.17	8.82	1.33	-1.74	.09	0.37
Perception of relation between children and ex-partner	34	7.76	2.01	7.86	2.32	-0.49	.62	0.09	22	7.82	2.08	7.50	2.22	0.61	.54	0.13
Parental Symptomatology	36	2.75	1.78	1.73	1.44	6.14	.00	1.02	22	2.71	1.84	1.40	1.05	4.06	.00	0.86
<i>Children's symptomatology</i>																
Aggression	35	2.98	1.64	2.41	1.37	3.25	.00	0.54	22	3.24	1.62	2.36	1.32	3.10	.00	0.65
Anxiety/Depression	35	2.47	1.75	1.88	1.55	2.83	.00	0.47	22	2.55	1.99	1.74	1.85	2.67	.00	0.57

Prior to the intervention, a negative correlation was found between interparental conflict and daily communication, perception of relationship with children and the relationship between children and the non-participating parent. Interparental conflict also yielded a significant positive correlation with aggressive behavior in children (see Table 4).

The data also suggest that family communication is associated with the perception of the relationship of the participating parent and the child. In the same fashion, the perception of the relationship between the child and both the participating parent and the other parent was found to

be associated with children's mental health symptoms. The scores on anxiety/depression seem to be mostly related to the perception of the relationship between the child and the ex-partner, and the correlation in aggression with conflict and the perception of the relationship between the child and both parents. Parental symptoms also correlated with aggressive behavior in their children.

After the intervention, some significant changes were observed which could be linked to the intervention, for instance, the degree of conflict did not continue to show an association with the variables. Family communication still correlated (with an even higher coefficient) with the

Table 4 Correlations between the pre-intervention and post-intervention variables in the intervention groups

Variables in Pre	1		2		3		4		5		6		7	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1. Overall conflict														
2. Family communication	-0.44**	0.20												
3. Perception of relationship with children	-0.42**	-0.23	0.36**	0.43**										
4. Perception of relation between children and ex-partner	-0.52**	-0.40	0.08	-0.11	0.34**	0.52**								
5. Parental symptomatology	0.24	0.10	-0.15	-0.18	-0.09	0.08	-0.13	-0.13						
6. Anxiety/Depression in children	-0.04	0.14	0.05	-0.16	-0.14	-0.50**	-0.48**	-0.38*	0.13	0.15				
7. Aggression in children	0.38*	-0.02	-0.16	-0.13	-0.36**	-0.54**	-0.34**	-0.37*	0.32*	0.08	0.34**	0.53**		

* $p < .05$; ** $p < .01$

perception of the relationship with children. Children's anxiety/depression yielded a significant association with the perception of the relationship with children, which was not found in the pre-intervention measurement. This type of children symptom continued to be significant in relation to the perception of the relationship between the child and the ex-partner. The association between aggressive behavior and perception of both the relationship with children and the relationship with the ex-partner remained significant after the intervention. Lastly, the significant correlation in the pre-intervention measure between children aggression and parental symptomatology was not significant in the post-intervention.

All those variables that showed a significant correlation were modelled using a multiple regression approach with the view of testing the relationships between those explanatory variables and the dependent ones. Table 5 displays the before-the-intervention direct effect of interparental conflict on anxiety and depression ($B = -0.337, p = .01$), and the indirect effect on aggression. After the intervention, it was only the perception of the relationship with children the variable that seems to have an effect on symptomatology.

Discussion

The purpose of this study was to provide a new post-divorce intervention program accompanied by initial data about its efficacy. This program—Egokitzen—has been recently published following years of development, pilot tests and adaptation (Martínez-Pampliega et al. 2014). The program means a contribution to post-divorce preventative programs along the lines of others; such as, *Children First* (Kramer and Washo 1993), *New Beginnings Parenting Program* (Sigal et al. 2012; Wolchick et al. 2005, 2007) and ACT (Pedro-Carroll et al. 2001), albeit adapted to the Spanish population.

The two objectives of the study were (a) to understand the impact of the program; and (b) to study the variables that have an effect on internalizing and externalizing symptomatology. Although the results obtained from this exploratory study are promising, not all of them have taken the direction envisaged. Firstly, the mean level of satisfaction in participants in the post-intervention and follow-up stages was very high—around 9 out of 10—both in terms of what the program had provided them and in terms of the support provided by the group. Although this assessment is very satisfactory, it needs to be understood cautiously, as most programs obtain very high ratings (Malcore et al. 2010). Schramm and Calix (2011) draw attention to the fact that these scores tend to be inflated in periods which are relatively close to the intervention. Nonetheless, the fact that the ratings remain high after

Table 5 Effects of conflict, family functioning, relationships with children and parental symptomatology on children symptomatology

	Anxiety/depression				Aggression			
	Pre-intervention		Post-intervention		Pre-intervention		Post-intervention	
	β	<i>p</i>	β	<i>p</i>	β	<i>p</i>	β	<i>p</i>
Interparental conflict	−0.33	.01*						
Perception of relationship with children			−0.36	.05	−0.26	.06	−0.44	.02*
Perception of relation between children and ex-partner	−0.64	.00**						
Parental symptomatology					0.26	.06		
R ²	0.34		0.31		0.27		0.32	
<i>F</i>	(7.53)	3.96*	(3.30)	4.57*	(7.53)	2.88*	(3.30)	4.89*

* $p < .05$; ** $p < .01$

6 month of completion of the program seems to support the idea of participants perceiving the program as somewhat beneficial. This finding needs to be explored more deeply to fully understand its implications.

The longitudinal evaluation of the program—using two measurements after the program—has produced both positive and promising results, albeit not in all variables. The program appears to contribute towards a reduction in the perceived conflict, although the key reductions seems to be in terms of parental and child symptomatology. This was very apparent during the follow-up period. In addition, during this period a moderate effect was also noted with regard to family communication and on the perception of the relationship with children.

The most obvious impact was initially related to the subjective assessment of conflict. We could hypothesize that this assessment has a significant effect on parental symptomatology. As Malcore et al. (2010) point out, one of the most immediate effects of programs is related to the increase in awareness about how the conflict has a negative effect on children and about strategies that may help the latter. Along the same lines, Schramm and Calix (2011) observed that parents tend to fight less during the follow-up period and avoid making comments about the other parent in front of their children (Davies et al. 2012; Grych 2005a). Schramm and Calix's conclusion (2011) is consistent with the reduction shown in our data both in interparental conflict and symptomatology in children during the follow-up period. Similarly, Cummings et al. (2008) found a positive effect on the assessment of interparental conflict and on avoiding placing the child at the center of such conflict in just four sessions.

Other variables of a more structural nature which are linked to how the family functions, such as communication or the perception of parent–child relationships, seem to require more time in order to be developed and become established consistently. As Davies and Cummings (2006) point out, more time is possibly needed in order to achieve an impact on parental relationships, and although we might

expect that these dimensions can be influenced by an improvement in the assessment of interparental conflict, both time and practice may also be needed for this to take place—improvements that will become more apparent in follow-up evaluations. The results obtained by Wolchick et al. (2000), regarding the relationship with the non-participating parent also made us aware about the appropriateness of both parents participating in the program. Nonetheless, as Owen and Rhoades (2012) point out, in terms of interventions within a judicial context, work with ex-partners in the same group is unproductive and potentially unsafe, although the possibility of both of them being able to take part in different groups proves useful for the purpose of co-parenting. We offered that option, although it was only in three cases that both parents participated in the program. In any event, this is an aspect that was rated very positively by those attending our program.

But these positive results are in contrast to the lack of differences following intervention between the intervention and the comparison group—they were the opposite to those expected. Perhaps the results should not have been so surprising insofar as other authors have also recorded similar ones in variables linked to family processes when using different variables (Cummings et al. 2008; Nousse Graham et al. 2012). These results might have different explanations. On the one hand, this might be related to the positive masking effect referred to by Schramm and Calix (2011), as opposed to a greater awareness of the situation in the intervention group. It might also either be linked to the sample size, which limits the power of the statistical analyses to find inter-group differences (Nousse Graham et al. 2012; Sigal et al. 2012), or to the importance of common factors such as the therapeutic alliance in bringing about major changes. It should be noted that there might have been a pre-treatment change, as the pre-intervention evaluation was composed of three interviews with the participant, which might constitute an intervention in itself that may have an uncontrolled effect. Pretreatment change has been reported to take place somewhat frequently

(Weiner-Davis et al. 1987) and that meaningful changes can and should be identified and amplified (Kindsvatter et al. 2010).

As regards the second objective, the improvement in externalizing (aggressiveness) and internalizing (anxiety/depression) symptomatology was already significant in the post-intervention period and remained significant in the follow-up. Subsequent analyses (correlations and multiple regression) enabled the limited direct link between interparental conflict and symptomatology to be ascertained, and its indirect role via parental relationships, in accordance with the cognitive contextual and the emotional security models, as shown during the follow-up period. We can speculate via correlations that interparental conflict affects variables both in terms of how the family functions and parenting, and relationships between parents and children—these being parent–child variables that show a clearer link with children's symptomatology. In accordance with the model put forward by Cummings and Davies (2010), parent–child relationships constitute a major resource for children that helps them to adapt following divorce. Interaction between children's adaptation and available resources may trigger a cascade of results that are also positive in other domains in the long term. Emotional regulation, associated with the expression of feelings and concerns, as explained by Dowling and Gorell-Barnes (1999) over a decade ago, might be one of the resources which is conditioned by the parental framework. This could be an explanation for our findings regarding the differentiation between internalizing and externalizing problems. It is likely that the program will have provided parents with tools to help them understand, connect with and deal with their children's behavioral problems, thus helping them to develop a sense of self and greater self-control (Sigal et al. 2012; Taylor et al. 2011), to the extent that part of the program's content is aimed at creating quality parent–child time—thus reducing the sense of abandonment and loneliness that children often feel. These aspects should be, therefore, evaluated in children, as well as the capacity to express feelings and concerns.

Lastly, it is important to highlight an effect that would seem to be linked to the intervention and of major relevance, which is the absence of relationships involving interparental conflict during the follow-up period. One of the objectives set out by the program is to convey to participants the need to suitably interpret conflict by fostering responsibility in each participant separately from their ex-partner. The aim of such responsibility is to try and create a suitable climate and foster positive relationships with children, irrespective of what the other partner does and irrespective of whether conflict is present which, at times, may be inevitable between ex-partners.

There are many limitations that can be observed in a quasi-experimental study of a longitudinal nature. On the

one hand, the sample sizes limit the possible analyses that can be carried out and their statistical power, and the longitudinal nature of the study introduces additional variables that cannot always be controlled. Although the randomization of initial conditions enables allows for controlling variables such as economic factors and changes in parenting, it does not enable the influence of other confounding variables to be completely disregarded (Vélez et al. 2011). The passing of time itself can incorporate additional variables associated with expectations and coping strategies used to confront the situation, etc. that were not initially taken into consideration.

Other limitations are linked to the fact that the extent of the evaluation protocol and experimental mortality may bias the results, and to the lack of control of the impact of the initial evaluation on the comparison group and the absence of an untreated comparison group over at least 1 year.

The program is currently active and will enable data to be gathered the year following intervention, after which it will be advisable to reconsider the initial protocol by incorporating variables that cover parental discipline, supervision and emotional regulation in greater detail. A greater sample, especially with a more even distribution of mothers and fathers, will allow more sophisticated analyses in terms of the impact of gender of the parent on the observed results. A bigger sample size would also help clarify the differences in happiness found and its relationship with a pre-treatment effect.

Also along the lines of that suggested by Wolchick et al. (2000), it may be a good idea to analyze the effectiveness of coping strategies as a key mediator. Furthermore, the conclusion to this study will enable to identify the components to which a total adherence to the program should be demanded (Wolchick et al. 2005), so that the program can be disseminated on a clinical, community and judicial level, without detracting from its objectives. Such dissemination will allow for a larger sample size, which will enable multiple mediation models to be tested and in doing so, identify the mechanisms by which Egokitzen may promote resources and reduce mental health problems in the long term. On the other hand, a really useful course of action will be to develop brief formats to be applied within judicial contexts, as suggested by Malcore et al. (2010). In the United States some of these programs are even mandatory (Pollet and Lombreglia 2008), but this has not yet happened in Spain, which means there is a long way to go.

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