A Pilot Evaluation of a Community-Based Group Intervention for Children Affected by Divorce

by

Rotem Regev
B.A., Ben Gurion University, 2006

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF SCIENCE

in the Department of Psychology

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University of Victoria

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Supervisory Committee

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Supervisory Committee

Dr. Marion F. Ehrenberg (Department of Psychology)
Supervisor

Dr. Marsha G. Runtz (Department of Psychology)
Departmental Member

Dr. Stuart W. S. MacDonald (Department of Psychology)
Departmental Member
Abstract

The effectiveness of the Caught in the Middle (CIM) program was evaluated in a sample of 7 parent-child dyads who had recently experienced marital separation. Changes in children’s feelings before and after program participation concerning the normative frequency of divorce, coping skills, stress, self-blame, and triangulation were assessed. Feeling supported, enjoying participation and practicing skills were assessed post-intervention. Changes in parents’ feelings before and after the program concerning their satisfaction with CIM, their and their children’s stress levels, were assessed. Feeling supported, being informed about the effects of divorce, and application of skills taught for their own and their children’s benefit were reported at group culmination. Results demonstrate a significant decrease from pre- to post-test in parents’ perceptions of children’s stress levels. Although other research hypotheses were not supported, it is argued that initial evidence for the effectiveness of the CIM program was demonstrated. Clinical significance and implications are discussed.
# Table of Contents

Supervisory Committee .......................................................................................................................... ii  
Abstract ................................................................................................................................................ iii  
Table of Contents ........................................................................................................................................ iv  
List of Tables .............................................................................................................................................. vii  
List of Figures ............................................................................................................................................. viii  
Acknowledgments .......................................................................................................................................... ix  
Dedication ................................................................................................................................................... x  
Overview of Study .......................................................................................................................................... 1  
The effects of divorce on children ................................................................................................................ 4  
Risk and resilience factors in children’s post-divorce adjustment .............................................................. 6  
Individual Factors ......................................................................................................................................... 7  
   Coping skills and efficacy ......................................................................................................................... 7  
   Child’s age ................................................................................................................................................ 7  
   Self-blame .............................................................................................................................................. 9  
Family Factors ........................................................................................................................................... 10  
   Inter-parental conflict (IPC) .................................................................................................................. 10  
   Triangulation/CIM: A sub-type of IPC ................................................................................................. 12  
   Parenting and parent-child dyad ........................................................................................................... 13  
External factors .......................................................................................................................................... 14  
   Social Economic Status ......................................................................................................................... 14  
   Social Support ..................................................................................................................................... 15  
A note about factors contributing to risk and resiliency .............................................................................. 15  
Effects of divorce and risk and resiliency factors: Implications for Interventions ......................................... 17  
Interventions for children experiencing family transitions ......................................................................... 18  
Interventions for Parents ............................................................................................................................ 20  
   Mindful Parenting Program .................................................................................................................. 20  
   Assisting Children through Transition (ACT) For the Children ........................................................... 21  
   Kids In Divorce and Separation Program (K.I.D.S.) .......................................................................... 22  
Interventions for children ........................................................................................................................... 23  
   Children Of Divorce Intervention Program ....................................................................................... 23  
   Kids’ Turn ........................................................................................................................................... 25  
Interventions for parents and their children ............................................................................................... 26  
   Boomerang Bunch .............................................................................................................................. 26  
   A dual component mother-child program ........................................................................................... 27  
Reasons to evaluate community-based service providers ........................................................................... 28  
Methodological challenges in evaluating community-based service providers ......................................... 31  
BC Families in Transition ........................................................................................................................... 32  
   A Brief Introduction .............................................................................................................................. 32  
The Caught in the Middle Program (CIM) ................................................................................................. 34  
   Parent Intake ....................................................................................................................................... 35  
   Children's Intake ............................................................................................................................... 36  
   Key objectives of the program ............................................................................................................. 37
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>CIMCQ PRE</td>
<td>96</td>
</tr>
<tr>
<td>E</td>
<td>CIMCQ POST</td>
<td>98</td>
</tr>
<tr>
<td>F</td>
<td>Feelings Thermometer</td>
<td>100</td>
</tr>
<tr>
<td>G</td>
<td>CIMPQ as a reflection of program goals</td>
<td>101</td>
</tr>
<tr>
<td>H</td>
<td>CIMPQ PRE</td>
<td>104</td>
</tr>
<tr>
<td>I</td>
<td>CIMPQ POST</td>
<td>105</td>
</tr>
<tr>
<td>J</td>
<td>Individual participants’ responses at pre- and post-test</td>
<td>108</td>
</tr>
</tbody>
</table>
List of Tables

Table 1: Means, standard deviations, minimum and maximum scores, skewness values and standard errors for CIMCQ measure........................................................................................................ 61
Table 2: Means, standard deviations, minimum and maximum scores, skewness values and standard errors for CPIC measures ................................................................. 62
Table 3: Means, standard deviations, minimum and maximum scores, skewness values and standard errors for parents’ expectations of, and actual program satisfaction, stress level, and perceived children’s stress level.............................................................................................................. 65
List of Figures

Figure 1: Participant A's (child) responses on the CPIC ................................................ 108
Figure 2: Participant A's (child) responses on the CIMCQ ............................................ 108
Figure 3: Participant A's (parent) responses on the CIMPQ ........................................... 109
Figure 4: Participant B's (child) responses on the CPIC ............................................ 109
Figure 5: Participant B's (child) responses on the CIMCQ ........................................... 110
Figure 6: Participant B's (parent) responses on the CIMPQ ........................................... 110
Figure 7: Participant C's (child) responses on the CPIC ............................................ 111
Figure 8: Participant C's (child) responses on the CIMCQ ........................................... 111
Figure 9: Participant C's (parent) responses on the CIMPQ ........................................... 112
Figure 10: Participant D's (child) responses on the CPIC ........................................... 112
Figure 11: Participant D's (child) responses on the CIMCQ ........................................... 113
Figure 12: Participant D's (parent) responses on the CIMPQ ........................................... 113
Figure 13: Participant E's (child) responses on the CPIC ........................................... 114
Figure 14: Participant E's (child) responses on the CIMCQ ........................................... 114
Figure 15: Participant E's (parent) responses on the CIMPQ ........................................... 115
Figure 16: Participant F's (child) responses on the CPIC ........................................... 115
Figure 17: Participant F's (child) responses on the CIMCQ ........................................... 116
Figure 18: Participant F's (parent) responses on the CIMPQ ........................................... 116
Figure 19: Participant G's (child) responses on the CPIC ........................................... 117
Figure 20: Participant G's (child) responses on the CIMCQ ........................................... 117
Figure 21: Participant G's (parent) responses on the CIMPQ ........................................... 118
Acknowledgments

I would like to take this opportunity to thank the faculty members who supervised the writing of this thesis, the executive director and program coordinators at BC Families in Transition, the families who participated in this study, and the organizations that provided financial support that aided me in completing my Master’s degree. Without these contributions, this thesis would not have been possible.

I would like to thank my graduate supervisor, Dr. Marion Ehrenberg, for her continued mentorship and dedication. Her wisdom in striking the perfect balance between providing guidance and trusting me to find my own path has made this journey an empowering learning experience, for which I am grateful. I would like to thank Dr. Marsha Runtz for her insightful comments and eye-opening feedback as a member of my committee. I am indebted as well to my other committee member, Dr. Stuart MacDonald, for his contributions, and for letting me benefit from his statistical expertise.

I would like to thank Mr. Richard Routledge, the Executive Director of BC Families in Transition, and program coordinators, Ms. Susan Farr and Ms. Jette Midtgaard for inviting me to conduct this research. Without their cooperation and enthusiasm, this evaluation and thesis would not have been possible.

I would also like to thank the families, parents and children, who openly shared their experience and took the time to participate in this research.

Lastly, I acknowledge with thanks the generous financial support provided to me throughout my Master’s degree by the Government of BC, the Canadian Institute of Health Research, BC Families in Transition, the Department of Psychology, and the Office of Community-Based Research, at the University of Victoria.
Dedication

To my parents, Michal and Rafi, and to my brothers, Saar and Or. Thank you for your love and support, for who you are, and for making me who I am.

To my husband Yuval, who flew half way across the world to support my professional training. Thank you for your love and support, for who you are, and for letting me be who I am.
Overview of Study

Divorce rates have risen steadily over the past decades, with parental separation affecting more North American children each year (e.g., Statistics Canada, 2005). Consequently, there has been a wide interest in studying the impact of divorce and separation on children’s well-being. Most of the existing literature points to significant differences on a variety of outcome measures between children who experienced divorce and children of married parents, although consequences are not universally negative and average effect sizes are small (for meta-analyses, see Amato, 2000; Amato & Keith, 1991). These outcomes include short-term effects, such as behaviour problems (Amato, 2000; Amato & Keith, 1991; Doherty & Needle, 1991; Simons et al., 1996) as well as risks for long-term consequences, such as academic underachievement and delinquency (Burt, Barnes, McGue, & Iacono, 2008). However, it is important to note that the majority of children from divorced families show positive trajectories and emerge as capable individuals (Hetherington, 1993; Hetherington & Clingempeel, 1992). The variability in children’s post-divorce adjustment suggests that there are pathways leading to risk and resiliency, which presents the opportunity for the development of prevention and intervention programs.

Recognition of the variable trajectories following from the experience of parental divorce and family transitions has led to the development of programs aiming to mitigate the potentially detrimental effects of divorce by fostering resilience. These programs are usually short-term community-based programs, often operating out of schools. Most programs have a psycho-educational component, which focuses on delivering research-based information about the consequences of separation and divorce for children, and a
more “hands–on” skill-enhancement component, which focuses on teaching skills that are
designed to help participants to cope and adapt. Programs are offered in a variety of
formats; some are parent-only programs, others are child-only interventions, and yet
others are joint parent-child programs.

Community–based interventions are most feasible when they are credible and
accountable to funding organizations and the public. A common avenue for achieving
credibility and accountability, as well as a positive reputation, is to engage in an ongoing
process of program evaluation and development. When participation in a program is
evaluated and found beneficial, clients may be more likely to participate and stakeholders
may be more inclined to continue program funding. Even though methodological and
practical challenges often arise, such as collaboration challenges among professionals
from different disciplines representing various approaches, many interventions today seek
the evaluation of their services.

One such intervention is the Caught in the Middle (CIM) program in the
Victoria, BC community. CIM is an evidence-based program for school-aged children
and their parents. The program is designed to help children and their parents cope with a
recent separation or divorce. Specifically, the ultimate goal of the program is for children
to feel less caught in the middle of their parents’ disagreements. Children and their
parents meet once a week in separate children’s and parents’ groups to learn about the
potentially harmful effects of separation on children, to practice skills that are tailored to
enhance their adaptation to their new family situation, and to benefit from the supportive
group environment. The intervention is operated by BC Families in Transition (BCFIT), a
CIM Evaluation 3
community-based non-profit organization that has been providing separation and divorce support services to Victoria for the past 30 years.

The current study aimed to conduct a pilot evaluation of CIM. Using multiple sources, it sought to measure whether the program had met its goals. Both parents and children completed pre- and post-test questionnaires, which were designed for this study based on a careful review of the relevant divorce and program evaluation literature, CIM program documentation, and consultations with BCFIT staff. Information gathered from the questionnaires helped to shed light on the extent to which different goals of the program are met, and on the extent to which children feel less caught in the middle between their parents.
The effects of divorce on children

Divorce rates in the 20th century have been rising steadily. As divorced Canadians still remain the fastest growing population group (Statistics Canada, 2005), more and more children experience their parents’ divorce. In 2005 the divorced population represented 5.9% of the population aged 15 years and over, compared to 1.7% in 1975 (Statistics Canada, 2005). This world-wide trend consequently contributed to a voluminous amount of research focusing on the psychological effects of divorce on children.

Most of this well-replicated literature (e.g., Amato & Keith, 1991) demonstrates that, in comparison to children with continuously married parents, children from divorced families score unfavourably on a variety of outcomes, including academic achievement (Amato, 2000; Amato & Keith, 1991; Astone & McLanahan, 1991; Teachman, Paasch, & Carver, 1996), conduct problems (Amato, 2000; Amato & Keith, 1991; Doherty & Needle, 1991; Simons et al., 1996), self concept (Wenk, Hardesty, Morgan, & Blair, 1994), psychological adjustment (Amato, 2000; Amato & Keith, 1991; Forehand, Neighbors, Devine & Armistead, 1994; Kurdek, Fine, & Sinclair, 1994), social competence (Amato, 2000; Amato & Keith, 1991; Beaty, 1995; Brodzinsky, Hitt & Smith, 1993) and long-term health (Amato, 2000, Tucker et al., 1997).

Accumulating evidence indicates that the effects of divorce on children are far-reaching, rather than transitory in nature, and persist into adolescence as well as adulthood. For example, adolescents from divorced and remarried families were found to have a greater chance of dropping out of school (Zill, Morison, & Coiro, 1993), exhibit more permissive attitudes and behaviours toward premarital sex (Jeynes, 2001a), engage
in delinquent activities (Burt, Barnes, McGue, & Iacono, 2008), drink heavily (Huurre, Junkari, & Aro, 2006; Jeynes, 2001b), have poor relationships with their fathers (Riggio, 2004; Zill, Morison, & Coiro, 1993) and mothers (e.g., Zill, Morison, & Coiro, 1993), and show high levels of emotional distress or problem behaviour (Zill, Morison, & Coiro, 1993). In addition, adult offspring from divorced and remarried families were found to be less satisfied with their lives and have lower incomes (Amato & Keith, 1991). Finally, in their compelling follow-up study of divorcing families over 25 years, Wallerstein and Lewis (2004) found that adult children of divorce experience life-long difficulties in areas such as sexual intimacy and commitment to marriage and parenthood. The authors conclude that: "This 25-year study points to divorce not as an acute stress from which the child recovers but as a life-transforming experience for the child" (p.367).

In spite of the significant risks stemming from marital separation and divorce, it is important to note that children’s adjustment to parental divorce varies considerably, and that many children adjust well to this transition in the long term (Hetherington, Stanley-Hagan, & Anderson, 1989). For example, one study revealed that 5 years after the family break-up, one-third of the affected youths seemed well-adjusted with another one-third coping reasonably well. However, the remaining one-third experienced significant psychological problems (Hetherington, 1991). Furthermore, in their meta-analyses, Amato and Keith (Amato, 2000; Amato & Keith, 1991) found effect sizes in most of their reviewed studies to be small. In commenting on the diversity in children’s responses to parental divorce, Emery (1994) stated: “It is empirically inaccurate and socially unjust to conclude that divorce does substantial damage to children’s mental health. It is equally
inaccurate and personally insensitive to ignore the practical and emotional struggles that children face as a result of divorce” (p. 200).

The results of studies attesting to the harmful short and long-term effects of divorce underscore the need to develop intervention programs for those children experiencing parental separation and divorce. Similarly, the literature highlighting normative trajectories of positive adjustment to family transitions inspire preventative efforts in psycho-education and community-based supports.

Evidence-based interventions and preventative programs focus their efforts on those modifiable factors and mechanisms that were found to facilitate children’s post-divorce adjustment.

Risk and resilience factors in children’s post-divorce adjustment

Research on children’s post-divorce adjustment has centered on both risk factors that are associated with maladjustment, and protective factors, associated with a more adaptive trajectory of positive adjustment. These factors can be grouped together to reflect three classes: Individual factors (e.g., age), family factors (e.g., interparental conflict), and external factors (e.g., socio-economic status). Some factors, such as gender, are predetermined, and while knowledge of how they might come into play in relation to children’s adjustment should be taken into consideration when planning an intervention, such factors cannot be modified. Other factors, such as interparental conflict, have the potential to be modifiable, and are therefore usually at the heart of intervention efforts.
Individual Factors

Coping skills and efficacy

Recently it has been suggested that children’s coping strategies and behaviours are an important mediator between marital dissolution and children’s adjustment (Kerig, 2001). Active coping efforts and coping efficacy or a feeling of competence in facing stressors, both in the past and in the future (Sandler, Tein, Mehta, Wolchik, & Ayers, 2000) have been found to relate to externalizing and internalizing behaviour problems in children of divorced parents between the ages of 9-12 (Sandler et al., 2000). Furthermore, Nicolotti, El-Sheikh and Whitson (2003) identified specific coping styles that related differently to children’s adjustment; some serving as protective mechanisms and others more closely aligned with risk factors. For example, a combination of a higher level of active coping (e.g., problem solving) and support-oriented coping (e.g., support seeking) was associated with fewer health problems among children, and can therefore be considered a protective factor. In contrast, a more avoidant coping style (e.g., wishful thinking) was related to externalizing, internalizing and health problems, particularly in boys, and is thus considered a risk factor. This literature highlights the need to integrate active coping skills and exercises, which are designed to enhance feelings of coping efficacy, in intervention programs for children.

Child’s age

Studies have shown similar results regarding the effects of the timing of the divorce on children’s short- and long-term adjustment (Furstenberg & Kiernan, 2001; Hetherington, Bridges, & Insabella, 1998). Hetherington (1989) suggests that younger children may be more vulnerable to divorce because they may be less able to correctly appraise the causes and consequences of divorce, are more likely to self-blame,
anxiety-provoking abandonment fears, and are less able to utilize extra-familial support resources. Furstenberg and Kiernan (2001) showed that adults whose parents divorced when they were between the ages of 7 to 16 achieved a lower educational attainment at age 33, were more likely to be receiving welfare, and were more likely to be living in social housing than adults whose parents separated after they were sixteen. Similarly, Japel, Tremblay, Vitaro, and Boulerice (1999) found girls whose parents separated between birth and five years of age to exhibit more externalizing behaviour problems than girls whose parents separated between the ages of three to five years, as rated by teachers, but not mothers.

As has been suggested by Hetherington (2003), it is not surprising that the particular domain in which a child is struggling in his or her adjustment is related to a child’s developmental phase at the time of the parents’ separation. For instance, Lansford and her colleagues found that internalizing and externalizing problems were heightened in children whose parents divorced when they were in Kindergarten to Grade 5, but significantly less so for children whose parents separated between Grades 6 to 10 (Lansford, Malone, Castellino, Dodge, Pettit, & Bates, 2006). Conversely, academic achievement was more adversely affected for children whose parental divorce occurred from Grades 6 to 10, than for children whose parents divorced when they were in Kindergarten to Grade 5.

Considered together, these finding suggest that interventions should take a developmental approach when devising programs, considering not only age-appropriate activities, but also targeting age-specific issues. For example, behaviour problem prevention efforts should be emphasized in programs for younger children, whereas
helping foster academic achievement may be an instrumental goal in programs designed for adolescents.

**Self-blame**

The relation between parental divorce and self-blame has been studied extensively (e.g., Goodman & Pickens, 2001; Healy, Stuart, & Copeland, 1993; Jenkins & Smith, 1993). Research consistently shows that divorced children’s self-blame is positively correlated with poor adjustment. For example, Healy, Stuart, and Copeland (1993) found that children who reported feelings of self-blame exhibited more psychological symptoms and poorer adjustment than those who did not endorse such feelings, as reported by themselves, their mothers, and their teachers. Similarly, Jouriles, Spiller, Stephens, McDonald, and Swank (2000) found that children blaming themselves for conflict between their parents were more likely to show externalizing problems, as reported by their mothers, and to self-report symptoms of anxiety and depression.

The literature is not as consistent with respect to the trajectory of children’s feelings of guilt and whether these feelings subside over time. Healy, Stuart, and Copeland (1993) showed that about a third of children between the ages of 6-12 reported feelings of self-blame at six months after their parents’ separation. At one-year follow-up, only twenty percent of the children still exhibited these feelings. Contrary to this finding, Goodman and Pickens (2001) used a retrospective study to find that college students’ feelings of self-blame did not recover as a function of amount of time that has elapsed from the divorce. While more research is required to examine this specific issue, it is apparent that self-blame is a psychological dynamic suitable for interventions to attempt to modify, especially as feelings of self-blame are linked to other internalizing problems.
Family Factors

Inter-parental conflict (IPC)

The pivotal role of exposure to ongoing conflicts between parents or IPC in children’s post-divorce adjustment is well researched. In fact, the magnitude of the association between IPC and children’s maladjustment, as reported in a large meta-analysis (Buehler et al., 1997), was found to be nearly twice as large as the magnitude of the association between divorce and children’s maladjustment (Amato & Keith, 1991). This might mean that conflict, which precedes and outlasts divorce in most cases, can account for more of the variance in children’s post-divorce adjustment than divorce per se (e.g., Emery, 1999; Hetherington, Bridges, & Insabella, 1998). In reviewing research on the effects of IPC on children’s adjustment, Grych (2005) notes that the intensity of overt parental hostility exhibited during a conflict is positively correlated with how distressed about and threatened by the conflict children feel. Additionally, Grych (2005) points out that conflict resolution substantially reduces children’s distress, albeit not fully eliminating the effects of witnessing aggression.

In an effort to better conceptualize the construct of IPC, researchers have further categorized interparental conflict into different types (overt, covert, cooperative, avoidant, and withdrawn; see Buehler et. al., 1997 for a definition of each) and dimensions (frequency, intensity, mode or form of expression, chronicity, content, and degree of resolution) (Cummings & Davies, 1994; Grych & Fincham, 1990). A meta-analysis (Buehler et. al., 1997) demonstrates the importance of such classifications; the strength of the association between inter-parental conflict and adjustment was found to be heavily dependent on the type of conflict in question: Studies assessing the magnitude of overt conflicts (using physical force, yelling or threatening) were found to almost double
the effect size ($M=0.35$, $SD=0.36$) compared to studies reporting the presence of ‘conflict’ in general ($M=0.19$, $SD=0.32$).

The term “destructive conflicts” was coined by Cummings, Goeke-Morey and Papp (2001) to describe disagreements that are hostile, confrontational, poorly resolved, and center on child-related issues. According to Grych (2005), this is precisely the type of conflict children tend to be exposed to when their parents separate. Current literature supports the notion that high-conflict divorce, in particular, is associated with poor outcomes for children. Whiteside and Becker (2000) found that negative and hostile parental interactions are negatively associated with child’s cognitive skills and positively associated with externalizing behaviour problems. High conflict marital discords have been linked to an increase in children’s sadness, prolonged periods of crying, hostility and feelings of hate towards parents, increased fear of the unknown, and a drop in academic achievement (Oppawsky, 2000). Bing, Nelson and Wesolowski (2009) recently demonstrated that parents experiencing the lowest level of litigation during divorce endorsed less conflict and dysfunction, more favourable divorce conditions, better child coping ability, and more positive divorce resolution than those who experienced moderate to high levels of litigation, both immediately after the divorce hearing and again at a 6-month follow-up.

Other studies, attesting to the positive effects on children following divorce, as a function of the quality of co-parenting, further underscore the need for interventions to attend to the issue of post-divorce parental relationships. Kelly (2000) found that joint planning of activities for children, coupled with frequent communication and positive
discipline from both parents, is associated with positive outcomes for children following their parents’ divorce.

*Triangulation/CIM: A sub-type of IPC*

One particular type of conflict, in which children feel “caught in the middle” between their parents or are triangulated into their parents’ disagreements and conflicts, has received considerable attention in research. Children may feel “caught” between parents when they need to side with one parent, intervene in parental disagreements, or carry messages from one parent to another. These feelings can have behavioural implications, such as the formation of an alliance between a child and a parent against the other parent, or emotional implications, for example, in the form of burdensome feelings such as loyalty conflicts.

Feeling caught in the middle has been found to mediate the link between divorce and various adjustment measures for children and adolescents, such as depression and anxiety (Buchanan, Maccoby, & Dornbusch, 1991), as well as avoidance and dissatisfaction (Afifi & Schrodt, 2003). This suggests that it may not be the divorce *per se,* that accounts for differences in children’s post-divorce adjustment but that the extent to which children feel caught may better account for the variability in adjustment. Amato and Afifi’s (2006) study supports this premise, in finding that children with parents in high-conflict marriages were more likely than children in divorced or low-conflict marriages, to feel caught between parents. This feeling of being caught between parents was correlated with adverse psychological outcomes such as poor quality relationships with mothers and fathers, lower self-esteem, greater psychological distress, and less happiness.
These findings have far-reaching implications for social policy. While some community-based organizations receive funding to specifically target their programs for the divorced population, these results suggest that efforts should be made to reach out to people struggling with a high conflict relationship, who may or may not be divorced. Either way, the compelling body of evidence regarding the role of IPC, and conflict in which children are caught in the middle, has great implications for the focus of interventions.

*Parenting and parent-child dyad*

It is not unexpected that research has pointed to the toll of high-conflict marriages on the parent-child dyad. Mothers in high-conflict marriages were found to use less warmth and empathy, and more rejection, toward their children and to use discipline which is more erratic, harsh, and anxiety-provoking, compared with mothers in low-conflict marriages (Kelly, 2000). These negative parenting practices and parent-child relationships were found to be associated with poorer social awareness and social withdrawal on the part of the child (e.g., Cummings and Davies, 1994). Parenting was also found to play a moderating role in associations between marital behaviour and children’s behaviour problems, with more hostile/intrusive paternal parenting increasing the adverse effects of marital disengagement on children’s behavior problems (Frosch & Mangelsdorf, 2001). In addition to studies of school-aged children, the effects of parental conflict on child behaviour outcomes were mediated by the parent–child relationship in a sample of young children (Pruett, Williams, Insabella, & Little, 2003). Not surprisingly, the quality of parent-child relationship is at the heart of many intervention programs (see for example, Wolchik, et al., 2000).
External factors

Social Economic Status

Socio-economic disadvantage is perhaps the most researched extra-familial risk factor associated with divorce. Households supported by single mothers are poorer (Brown, 1994; Davis, 1991; Hetherington & Kelly, 2002; Morrison & Ritualno, 2000), and income of divorced or separated women-led households is the lowest in comparison to that of married couples, divorced or separated men. These households are also three times more likely to fall below the poverty line than households of married women (Forste & Heaton 2004).

Being one of the most immediate, tangible changes, a marked financial decline can have far-reaching implications for children and parents. These implications, which are often interconnected, can set a whole host of other negative consequences into motion. For example, the dissolution of marriage often means that the custodial parent and children move to a new house in a new neighbourhood. For children, this may entail adjusting to different, often less advantaged, living arrangements (e.g., sharing a room with a sibling), adjusting to a new school, making new friends, and being exposed to more adversity (e.g., drugs and alcohol in impoverished neighbourhoods). For parents, living in a new environment may mean that they are required to monitor their children more carefully and offer them more practical and emotional support during their transition. This is often coupled with other financial changes that are often brought about by the divorce, such as working longer hours or holding a second job (for a review of mediators and moderators of the effects of divorce on adjustment, see Amato, 2000).
Social Support

Social support is considered to be a key external resource for understanding positive outcomes of life transitions (Schaefer & Moos, 1998). In a qualitative study, Halpenny, Greene and Hogan (2008) used semi-structured interviews to explore the coping strategies of 60 children aged 8-11 and 14-17. Children were asked about the types of social support, conceptualized as formal (e.g., school, community-based programs) and informal (friends and family) they found most helpful in coping with the separation. For the majority of these children, support services (mostly formal support in the form of community-based programs) were perceived as being among the most important sources of support. Factors which were associated with positive perceptions of support services included fostering greater understanding of the separation, providing opportunities for sharing experiences with peers, and a focus on confidentiality in relationships with group facilitators, which was further associated with more effective communication of feelings and responses to the separation. The importance of social support for youth facing parental separation and divorce was also evident in a large sample study; Ehrenberg, Stewart, Pringle and Bush (2006) interviewed 3,198 adolescents in grades 6 through 12 about the help-seeking options they consider best, and found adult counsellors and friends to emerge as the” best places to get help” according to teens.

A note about factors contributing to risk and resiliency

When reviewing the many factors which are related to children’s post-divorce adjustment, it is crucial to be mindful of the complexity of the links among these factors and their relations with post-divorce outcomes. These factors can never be viewed in isolation, but rather as “pieces of a puzzle” which, when configured in a meaningful
manner, could form adjustment trajectories. Different models (e.g., Hetherington, Bridges, & Insabella, 1998) have been suggested for deciphering some of the ways in which these factors interact, but such a review is beyond the scope of this thesis. It is important, however, to remember how mediators differ from moderators, when considering these intricate links. In their seminal paper, Baron and Kenny (1986) define a moderator as a variable (e.g., sex, SES) that alters the strength or direction of the relation between a predictor and an outcome variable. Moderator effects can be represented as an interaction, because the effect on one variable is dependent upon the level of another. In contrast, mediators are variables that intervene between an independent variable and an outcome variable, in such a way that a previously significant relation between an independent variable and an outcome variable is no longer significant (or is attenuated), demonstrating the potency of the mediator in explaining variations in the outcome variable. Amato (2000) points out that mediators can be viewed as outcomes in their own right. For example, a particular study might focus on the relationship between divorce and parent-child relationships. However, the qualities of the parent-child relationship can have consequences for children’s behaviour problems, feelings of self-worth, and academic achievement. It should therefore be taken into account that mediators could have additional long-term consequences, for children’s and parents’ adjustment alike (Amato, 2000). Amato (2000) argues that moderators, in their role as protective factors, should be conceptualized as “shock absorbers” (p. 1272) as they assuage the extent to which divorce is followed by negative adjustment.

Considering the potential of moderators to take the form of “shock absorbers,” age and developmental phase are key factors and possible moderators in the complex
network of associations among factors influencing divorce-related outcomes. Some research suggests that it is not the divorce at an earlier age *per se* that may be affecting psychological adjustment, but that by experiencing divorce at a younger age a child may be more likely to be exposed to related risk factors earlier in life. These consequences may, in turn, better explain differences in the adjustment of children from early and late divorces, or differences between children from intact and divorced families. For example, significant differences in adjustment between children whose parents divorced before age 3, and children from intact families were no longer found significant when SES (family income and mother’s education) were controlled for (Clarke-Stewart, Vandell, McCartney, Owen, & Booth, 2000).

Age also seems to moderate the link between divorce-related self-blame and children’s adjustment. It was found that children’s age moderates relations between children’s self-blame and mothers’ reports of child behaviour and emotional problems; self-blame appraisals were found to be more positively related to internal and external behaviour problems of older children, rather than younger children (Jouriles et al, 2000).

*Effects of divorce and risk and resiliency factors: Implications for Interventions*

The voluminous body of literature depicting the effects of divorce on children and different mechanisms by which parental conflict is related to children’s adjustment has implications for the development of interventions. Researchers agree that interventions for children adjusting to parental divorce should address variables which have been found to predict maladjustment or enhance healthful outcomes in this population (e.g., Grych & Fincham, 1992).
Therefore, parent and child interventions often focus on factors which are both related to child resiliency and have the potential to be modifiable by psycho-education and skills enhancement efforts (examples of such programs can be found under the next section).

In developing group interventions for children and parents experiencing divorce, it makes sense to combine skill-building components with divorce-related knowledge-acquisition, rather than to rely on one of these methods by itself. For parents, in terms of relevant knowledge acquisition, it is important for interventions to move beyond teaching about the adverse effects of divorce on children to also provide insight into specific modifiable factors that may enhance children’s and parents’ sense of control and efficacy. As an example of skill-building components, interventions that teach parents effective conflict management strategies can have a directly beneficial effect on children by reducing their exposure to interparental conflict, a key stressor, and indirectly affect children’s healthful outcomes by enhancing parent–child relationships (Grych, 2005). For children, a combination of psychoeducation and skill-building will likely be beneficial as well. For example, it might be comforting for children to know how variable children’s responses to divorce can be as a form of knowledge acquisition. Teaching children “hands on” coping techniques as a part of a skill-building component of an intervention can promote their overall well-being.

**Interventions for children experiencing family transitions**

Many intervention programs have been created in an attempt to mitigate some of the adverse short and long term effects of divorce on children. Some are designed only for parents, others are child-centred, and yet other programs have a parent and child
component. Most programs are community-based, often school-based, while others may be connected to the Courts. By and large, most programs have a psycho-educational component and a skill-enhancing component, targeted at providing information about the consequences of divorce for children and how to effectively alleviate them. Curricula tend to be interactive; discussions, videos and role-plays are common for parent interventions while games and group activities are usually used with children. The majority of programs support the premise that the experience of being in a group can be therapeutic, and creating an environment in which participants feel comfortable sharing their experience is a common goal to offset the sometimes isolating experience of divorce. To achieve these goals in an economical yet personalized manner, interventions usually use a small group format, typically including not more than ten people per group. Intervention lengths vary considerably; some consist of six, eight or ten weekly sessions while others (especially Court-connected ones) are only a few hours long. Briefer interventions tend to be more psycho-educational in nature while programs that are longer in duration provide the opportunity to develop bonds and supportive relationships as well as to learn and practice coping skills.

Studies documenting intervention programs are scarce. Nearly half of U.S. counties in the United States provide Court-based services for divorcing families (Pedro-Carroll, 2005), but few of these programs are reviewed or evaluated in the literature. When these programs evaluate themselves, it is likely that these accounts are presented in local reports to support funding rather than in journals or other formal outlets. Since intervention programs may vary considerably in a number of domains, mostly depending on the length of time over which the program has been offered, I chose to review well-
researched and relatively long-established programs as well as newer programs that have engaged in pilot studies of their effectiveness.

*Interventions for Parents*

*Mindful Parenting Program*

The rationale for the Mindful Parenting Program (Altmaier & Maloney, 2007) is the notion that improving parents’ connection to children, via “mindfulness” training, can serve as a factor in buffering the adverse effects of divorce. The specific goals of the program were “to enhance and sustain connectedness between parent and child by facilitating parents’ self-awareness, mindfulness, and intentionality in parenting” (p. 1232). Over the course of the program, parents are expected to learn how to replace parent-child interactions that lead to “disconnectedness” with “intentional connectedness-focused interactions” (p. 1232). This is achieved via mindfulness practices, which include breathing, body awareness, centering, and meditation. Twelve parents participated in 15 hours of treatment, over 12 weeks, as an evaluation of the program. Altmaier and Maloney (2007) were not able to support their hypothesis that participation in the program would be associated with higher levels of parent-child connectedness, although increases in levels of mindfulness were noted. The authors expressed hope that parents would be able to translate their gains in mindfulness to parent-child connectedness. These results speak to the difficulty in assessing outcomes that were not the direct focus of the intervention. The authors argue convincingly that a follow-up evaluation might have been more helpful in assessing whether practices of mindfulness can be translated into behavioural change. It is possible that prevention programs, targeted at introducing a buffer that would mediate deleterious effects of divorce should focus on assessing whether or not the immediate objectives of the programs were
achieved, including the specific skills that the program targeted. After ascertaining that a program achieves its goals, a follow-up study could evaluate how these goals translate into longer-term effects. In discussing non-experimental methods to evaluate programs, Posavac and Carey (1992) maintain that the first step in assessing the effectiveness of a program is to demonstrate that participants have reached a level of achievement which coincides with the program’s implicit or explicit goals.

Assisting Children through Transition (ACT) For the Children

“ACT For the Children” (Pedro-Carroll, Nakhnikian, Montes, 2001) is an evidence-based program offered in liaison with the family Court system, which focuses on reducing the parental behaviours known to increase children’s vulnerability and teaches skills that promote resiliency in children. The program is comprised of three components. First, the program incorporates a mental health component using psycho-education to inform parents about the deleterious effects of divorce on children, ways to support their children, and available resources to help themselves as well as their children. Second, a legal component aimed at increasing parents’ awareness of alternatives to litigation and their understanding of the legal processes is included in the program. This second component is conceptualized as an effort to direct parents’ focus toward the children and away from lengthy court battles. Third, the program includes a skill enhancement component which focuses on concrete ways of keeping children out of the middle of conflicts and teaches conflict resolution skills to apply to interactions with ex-spouses. Parents meet for two 3.5-hour sessions, with session one focusing on the first component, and session two focusing on the second component, introduced by a lawyer and a judge, and on the third component, presented by group leaders.
An evaluation of program effectiveness was conducted for this program (Pedro-Carroll, Nakhnikian, & Montes, 2001). All participants completed a Parent Evaluation Questionnaire and a Skill Utilization Questionnaire, and the vast majority of them found the program to be helpful, reported increases in their understanding of the potentially harmful effects of divorce on their children and of ways to buffer these effects, and were planning to utilize the information and skills they had acquired. By using self-reports of parental satisfaction, increases in relevant knowledge and skill utilization, this program evaluation measured the direct goals of the program rather than focusing on potential or ultimate effects on the parents’ behaviour; even though such changes represent the long-term objectives of the program. This method of evaluation allows direct measurement of whether the program is successful in meeting its proximal goals, which is an appropriate goal for a preliminary evaluation.

**Kids In Divorce and Separation Program (K.I.D.S.)**

K.I.D.S. (Shifflett & Cummings, 1999) is a psycho-educational, non-therapeutic program, which focuses on providing parents with information about the consequences on children of interparental conflict and co-parenting dysfunctions. Its goals are to increase knowledge about the impact of interparental conflict on children, to motivate changes in behaviour and attitudes related to conflict, to help children cope with the divorce, and to improve the relationship with the other parent. Parents met for two two-hour sessions, scheduled two weeks apart. The first session focused on explaining the effects of divorce on children, and the second session focused on the importance of communication and conflict management skills in the development of a collaborative relationship with the ex-spouse.
A pre-post design, using both an experimental treatment and a control (waitlist) group, was used to evaluate the program. The authors note that many of the measures used in their evaluation were either modified or specifically devised for the study. They refer to Grych and Fincham’s (1992) advice to tailor outcome measures to the goals of a particular program, as well as to “calls for greater specificity in assessing parental relationships and conflict” (p.81) in supporting their rationale. For example, the authors devised a “Parents' Knowledge About Conflict/Divorce Issues Test” to specifically address session content, as well as an adapted “Parents' Behavior Checklist” designed to specifically assess positive and negative divorce- and conflict-related parental behaviour. Results showed a significant increase in parents’ knowledge, a significant reduction in parents’ negative behaviour and in ex-spouse’s conflict behaviour from pre- to post-test for the treatment group but not the control group. Satisfaction with the program, as measured by a consumer satisfaction questionnaire, was high. It seems that by adapting existing questionnaires and devising specific measures, rather than assessing more general constructs, the authors were able to assess the impact and consumer satisfaction of the program.

Interventions for children

Children Of Divorce Intervention Program

CODIP (CODIP; Pedro-Carroll & Cowen, 1985) is a long-established and perhaps the most well-researched intervention program for children experiencing their parents’ divorce. This evidence-based program focuses on factors which are related to resiliency in children who experience parental divorce. It is modeled after the Children’s Support Group (Stolberg & Garrison, 1985), a 12-week, school-based intervention for children aged 8 to 13 years and their mothers. The initial intervention, which was
implemented in 1982, targeted children in grades four through six. Children met once a week for ten weeks, with sessions focusing on providing support, cognitive skill enhancement, and anger management. The goals of the program are to create a supportive group environment, to help children identify and express their feelings, to increase their understanding of family transitions and clarify misconceptions related to divorce, to enhance active coping skills and perceptions of control, and to enhance self esteem and positive family perceptions (Pedro-Carroll, 2005).

Since its implementation in 1982, the program has been adapted to different age groups, children with various social-demographic backgrounds (Pedro-Carroll, 2005), and populations in different geographic locations (Pedro-Carroll, 2005). Children Of Divorce Intervention Programs have been studied extensively, and their efficacy has been demonstrated consistently. For example, Pedro-Carroll, Alpert-Gillis, and Cowen (1992) evaluated the efficacy of an adapted CODIP on 4th to 6th grade urban children who experienced parental divorce. A pre-post design, using both an experimental treatment and two control groups (a group of non-program divorce controls and a group of children with continuously married parents, both matched by grade and gender), was used to evaluate the program. Children completed pre- and post- measures of their adjustment, assessing their feelings about their families, the amount of support available to them, their attitudes and self-perception, and state and trait anxiety. Parents completed pre-and post- measures assessing their views of children’s feelings, concerns and behaviour. Teachers rated children’s problem behaviour and competence, pre- and post-participation in the program. Finally, an evaluation form was completed at the culmination of the program by group leaders for the treatment group only. Results
demonstrated that compared with children in both control groups, children who participated in CODIP exhibited differential improvement on all parent-report and child self-report measures. A trend was found for improvements in teacher ratings of children’s behaviour problems (for other examples, see Pedro-Carroll, Sutton, & Wyman, 1999). Focusing on behavioural changes is a natural follow-up to the first evaluation of the program, which also devoted a 6-item scale to evaluating children’s specific perceptions of and feelings about the group, such as: “Our group was a safe place to talk about my feelings.”

**Kids’ Turn**

Kids’ Turn (Gilman, Schneider, Shulak, 2005) is a child-oriented program targeted at mitigating the adverse consequences of separation and divorce on children. Developed by a court judge and family lawyers, the rationale for the program is that parents have resources to turn to for emotional or legal support, while children generally do not. Hence, Kids’ Turn was conceptualized as a place where children could meet with other children who are experiencing similar family circumstances, and learn about the consequences of divorce for children. Children participated in six, two-hour long, weekly sessions, with their parents participating in separate programming. Specific goals of Kids’ Turn include: (1) Acquisition of skills that would help mitigate some of the impact of the separation or divorce, such as communication, coping and problem solving skills; (2) Demystifying the separation process, by providing educational information about it; (3) Providing a safe environment in which children will be comfortable sharing their experiences; (4) Being a culturally-sensitive program which is alert to the specific needs of different ethnic backgrounds; (5) Developing alliances with other community resources that provide service to children and families; and (6) Providing information to
families about other services which are available in their community (Kid’s Turn Curriculum, 1999). Children completed the Children’s Divorce Adjustment Inventory (CDAI; Brown, Portes, Cambron, Zimmerman, Rickert, & Bissmeyer, 1994); a 25-item checklist that assesses their responses to their parents’ separation, pre- and post-participation. Additionally, children were presented, pre- and post-participation in the program, with a series of vignettes taken from materials presented during the sessions, and had to choose from a list of responses detailing how the character in the vignette would react to the situation presented. Their responses were coded as demonstrating “coping” or “non-coping.” Parents completed a demographic questionnaire. Results of this evaluation were mixed; participants showed more coping skills, measured by vignettes, after the conclusion of the program, while no statistical significance was found for pre- and post-evaluation of the CDAI. These results highlight the importance of measuring attainment of program goals, rather than overall adjustment. Indeed, the authors maintain that the fact that the CDAI does not specifically address the goals of the program is a limitation of the study.

**Interventions for parents and their children**

**Boomerang Bunch**

Boomerang Bunch (Ziffer, Crawford, & Penny-Weitor, 2007) is a school-based intervention developed by school counsellors who were alert to the need for counselling for students experiencing parental divorce. Five families met once a week for eight weeks and engaged in activities created by their counsellors. These activities facilitated the development of skills that addressed the challenges these families encountered. The goals of the Boomerang Bunch were: “(1) To help each family member define and adjust to changing roles in his or her evolving family; (2) to provide tools and teach skills that
each family can implement to grow in a positive direction; (3) to develop a positive, healthy re-definition of each family; and (4) to instill hope for the future” (p. 156).

During a follow-up interview, conducted three years after the Boomerang Bunch program ended, the authors found that all parents reported a positive impact of the group on themselves as well as on their children. The lack of any quantitative measures at the completion of the program, as well as at the follow-up, may be a reflection of the specific needs of this study, which was designed to respond to unique challenges that arose for a particular group of families located at one school.

*A dual component mother-child program*

A dual-component mother-child program (Wolchik, et al., 2000) was devised in order to test the hypothesis that an intervention that targets both mothers and children will produce stronger, more robust effects than interventions targeting only mothers or only children (Grych & Fincham, 1992; Wolchik, et al., 1993). A pre-post design, consisting of a mother-only group, a dual-component (mother-child) group, and a mother-child self-study group was used to evaluate this hypothesis. The authors further sought to replicate the positive effects of the mother-only group, found by Wolchik et al. (1993). The additive effects of the dual-component program and the replication findings were expected to persist at a 6-month follow-up. Mothers in the mother-only and dual-component conditions attended thirteen sessions, and were asked to keep a diary in which they reported on practicing the skills that they were taught as homework. Mothers and children of the self-study condition each received three books, with syllabi to guide their readings. Wolchik et al. (1993) describe that the program focused on teaching explicit skills, each targeting specific, research-based mediators of divorce adjustment. The four targeted mediators for the mother program were: positive qualities of the mother-child
relationship, effective discipline, supporting the father-child relationship, and minimizing interparental conflict. For example, under the notion that “interparental conflict” may serve as a mediator in the relationship between parental divorce and adverse consequences for children, anger management skills and listening skills were taught.

Children (of the dual-component condition only) met for eleven sessions, each an hour and forty-five minutes long, and were asked to practice the skills they were taught at home. The targeted mediators for the children group were active and avoidant coping, negative appraisals of divorce stressors, and quality of mother-child relationship. Like in the mother group, each mediator was linked to a set of skills. For example, since the authors had a research-based hypothesis that active coping was associated with advantageous outcomes for children of divorce, problem-solving and relaxation techniques were taught.

Wolchik et al. (2000) replicated previous results by Wolchik et al. (1993); analyses showed that participation in the mother program was associated with better outcomes than attendance in the self-study condition. However, in their evaluation, the authors were able to find only a few additive effects for the dual-component program over the other two program versions.

Reasons to evaluate community-based service providers

Community-based interventions have many advantages over the traditional model of children and youth’s mental health services delivery, such as hospital clinics (Wagner, Swenson, & Henggeler, 2000). Perhaps the most prominent difference between the two is that community-based programs typically do not require a referral by a health professional (e.g., family doctor or psychologist), which implies that services are easily
accessible to anyone who wishes to be helped. Consequently, individuals who contact the programs are likely to be motivated and mentally prepared to participate in the program, which implies better outcomes. Furthermore, most programs do not require participants to show observable symptoms in order to be enrolled, thus providing an opportunity for preventing the development of full blown mental health concerns.

Another important advantage of community-based intervention is the ecological validity it offers; using a community context in clinically assessing and treating populations may have greater validity for attending to clients’ individual needs in their own neighbourhood which, in turn, promotes the design of more precisely targeted interventions (Wagner, Swenson, & Henggeler, 2000). For example, when implementing the Children Of Divorce Intervention Program (Pedro-Carroll & Cowen, 1985; see description in “Interventions for children experiencing family transitions”, p.23 ) in different communities, the developers note that although the intervention relied heavily on CODIP principles, some adaptations were made in order to reflect the socio-cultural background of its participants, namely the prevalence of other stressors such as economic hardship and domestic violence (Pedro-Carroll, Alpert-Gillis, & Cowen, 1992).

It has been a long standing consensus in the psychological community that interventions, whether community-based or not, should be grounded in theory and based on scientific findings. The highly regarded scientist-practitioner model has encouraged the implementation of research findings in applied practice and the concomitant design of new interventions based on practical knowledge. Evaluation of community-based interventions has become an interest of service-providers, stakeholders, and the general public.
As cost-efficiency of treatment is becoming a salient focus in the health care system, clinicians are more likely to be asked about the measurable benefits of their interventions (Thompson & Way, 2000). Programs are generally asked by stakeholders to supply credible, scientific proof for the advantages of using their services, in order to receive more funding (R. Routledge, personal communication, September 26, 2008). A continuous flow of funds, in turn, not only contributes to the maintenance of existing interventions, but may assist in funding additional evaluations which, in turn, allow for continued improvements in the programs’ designs.

Evaluating community-based interventions makes them more credible, both in the eyes of clients, and of equal importance, in the eyes of stakeholders. When the benefits of attending a community-based program can be measured in tangible ways, including evidence in the form of statistical data, clients may be more inclined to use program services and stakeholders may be more inclined to continue funding.

A related, but separate issue from credibility, pertains to accountability. Programs wish to be held responsible, both to those who participate in their services as well as to those who fund them. Taking responsibility for the success as well as the failure of a program is at the heart of public service and psychological practice. Evaluations ensure that programs meet the goals they set for themselves. Often, further analyses can shed light on the particular program components that are associated with desired outcomes.

A community-based intervention which is credible, accountable, and well-funded will have a good reputation in the public eye. Having a good reputation will, in turn, lead to a program’s popularity with clients and referral sources, which will likely result in
more funding to improve its existing design. This kind of cycle is what programs are trying to achieve when seeking research-based program evaluations.

Methodological challenges in evaluating community-based service providers

Many measures can be implemented in order to evaluate and maximize the validity of interventions. These include controlling for subject and experimenter effects, random participant selection and random assignment, and careful experimental design (Graziano & Raulin, 2004). However, the somewhat unpredictable, less constrained nature of community-based programs rarely allows for such meticulous measurement. As an example, the rate of participant attrition from a community-based program may be higher than that of a similar, in-patient intervention, since the setting is not as formal and participants may not feel as committed or obligated to participate for the duration of the intervention. Furthermore, the high turnover of counsellors and group leaders facilitating community-based programs and the fact that groups can be led by staff members with diverse professional backgrounds (i.e., school counsellors, clinical counsellors) sometimes means that intervention manuals are not followed in a uniform manner (S. Farr, personal communication, October 20, 2008). These conditions make it more challenging to draw inferences about a program’s evaluation validity.

Perhaps the greatest challenge of all is the lack of financial resources, which is commonplace for these agencies. Implementing appropriate evaluation controls, which would reduce threats to validity, is costly, and often stakeholders do not see the importance of doing so. For example, the creation of elaborate research designs, which will include both a control and a treatment group, may not be realistic for many programs. It is also usually impossible to fund a group of experimenters, who will be in
charge of randomly selecting participants and randomly assigning them to different groups. Therefore, the ideal standard of a fully elaborated, positivist evaluation of community programs is impractical.

One might be inclined to conclude that due to these challenges, these intervention programs should not be evaluated at all. However, the exact opposite is true; being more vulnerable to threats of internal validity (such as inconsistent implementations of the program manual by different facilitators) makes evaluating these programs, in whatever means possible, all the more important. Furthermore, in their review of interventions, Grych and Fincham (1992) contend that a major limitation of many evaluation studies is their failure to evaluate the process by which the changes occurred. While most programs focus on assessing changes in children’s functioning and well-being, they often neglect to examine how the group helped. They suggest that an assessment of the extent to which program goals are met will lead to an understanding of the mechanisms underlying the program’s success, and that attainment of goals should be evaluated in addition to assessments of children’s functioning.

BC Families in Transition

A Brief Introduction

BC Families in Transition (BCFIT) is a non-profit organization that has been providing psychological counselling, emotional support, legal information, and referral services in relation to separation, divorce, and family re-organization to the greater Victoria population in BC, Canada, for over 30 years. Consistent with its mission to provide the best possible service to its clients, BCFIT has recently turned to the Families in Motion Research and Information Group (FMRIG) housed in the University of
Victoria's Psychology Department, for assistance in developing a system for evaluating the services it offers.

For the first phase of this initiative, one program had to be chosen for evaluation. The Caught in the Middle (CIM) program is BCFIT’s longest operating and most recognized program, and this was one major reason to focus on it. The program is specifically designed to help children aged 6-12 years and their parents cope with a recent separation or divorce. This evidence-based program is similar to other groups in its aims to provide support to children by means of offering a neutral space for them, where they can openly discuss their feelings and emotions; to help children identify and regulate their feelings; and to teach coping skills, such as anger management, relaxation techniques, and problem solving strategies. Since similar programs have been designed in other jurisdictions, outcome measures used in these locales were used as a reference for developing an evaluation plan for this program. The availability of some evaluation reference points, one before the intervention began (“pre-test”) and one at the completion of the intervention (“post-test”) was a second reason for selecting the CIM program as the first focus for an evaluation.

The Caught in the Middle program is unique in its ultimate goal: to help children to disengage from their parents’ conflict and feel less caught in the middle between their parents. As discussed in the section entitled “Risk and resiliency factors,” the extent to which children feel caught in the middle between parents has consistently been found to account for substantial amounts of the variation in children’s adjustment.

The Caught in the Middle Program is therefore not only targeted at enhancing children’s coping and emotion regulation skills and providing them with support, but is
equally focused on providing parents with the knowledge and skills that would help them make sure their children are not exposed or engaged in their parents’ disagreements. Focusing on a well-researched mediator, by intervening to protect children from engagement in their parents’ conflicts, comprised the third reason for both BCFIT and FMRIG to choose the CIM program as the first of its various programs and services to evaluate.

*The Caught in the Middle Program (CIM)*

As mentioned above, the CIM program is comprised of two separate, but linked groups: the parents’ group, and the children’s group. The parents’ group meets once a week for 10 weeks, and participation is mandatory for parents who wish their children to be enrolled in the children’s group. The children’s group meets once a week as well, but is two weeks shorter in duration than the parents’ group.

As a community-based service provider, BCFIT welcomes clients from all walks of life. Clients may be referred by a school counsellor, family physician, lawyer, the Ministry of Child and Family Development, or other support services. In addition, clients also arrive by word of mouth through the recommendations of friends, former clients, or are self-referred through information obtained on the internet, brochures, or community postings.

When potential clients phone the agency, they are provided with information about the programs offered and are sensitively asked about their personal situation. In order to qualify for the CIM program, clients have to have been separated for at least 6 months, and their children need to be between the ages of 6 and 12. If these requirements are met, the client and child are each invited to attend an assessment interview.
Parents and children meet individually with one of two program coordinators. Program coordinators are both experienced practitioners in the field of counselling and have been part of the BCFIT staff team for at least 3 years.

*Parent Intake*

During the parent assessment interview, a program coordinator provides an overview of the program to the parent. The intake has two components: First, an overview of the program, and the parents’ and children’s groups, are provided and parents learn about the goals of the groups, and their set-up. It is at this stage that confidentiality and its limits are thoroughly discussed. Additionally, commitment to group attendance and punctuality is stressed, alongside the importance of voluntary participation in the group, for both parent and child. It is of utmost importance for BCFIT that children participate in the group out of their own free will. If later, during the child interview, the coordinators sense that a child is being pressured by their parent into participating, a discussion with the parent about the voluntary nature of participation would take place.

The second component of the intake entails the gathering of information about the current emotional state of the parent and child, and will aid in assessing their preparedness to attend the groups. The information gathered in this session also assists in determining how to form the groups. Some of the areas that are covered are the amount of time that has elapsed since separation, living and custody arrangements, whether or not the other parent knows of the intent to enrol in the group (it is encouraged to suggest to the other parent to phone in and obtain information about the group), and the status of the parents’ legal situation. Families who are still in the midst of a legal dispute are excluded from attending.
A discussion about the parent’s and child’s feelings about the separation follows. Essentially, the intake process helps coordinators to assess the parents’ and children’s current emotional state in the form of a semi-structured interview. Refer to appendix A for a copy of CIM Intake Procedures form, which is used as a guideline for the interviews.

A few days before a new parent group begins, coordinators meet to discuss the placement of parents in groups, since two groups operate concurrently on the same night. The coordinators report that they rely mostly on “intuition” when trying to decide which parent will go to which group, but there are a few factors that guide their decisions. First and foremost, safety issues determine these arrangements; efforts are made to make everyone in the group feel physically and emotionally safe to share the space and their stories. Therefore, based on parent participants’ self-reports of the involvement of authorities in past parental disputes, women who have experienced abuse will not be put in the same group as a man who may have anger issues. In addition, people who know each other will not be paired together in the same group in most cases, unless there are extenuating circumstances. Other factors considered include personality styles (for example, coordinators try to create a mix between those who have an easier time sharing and those who are more shy and withdrawn), life experiences, and fit with the facilitator’s personality and style. Shuffles sometimes need to be made if, for instance, two people find out on the first night of the group that they know each other.

Children’s Intake
During the children’s intake interview, the coordinator first finds out from the child what they have been told about “why they are here.” The coordinator then provides an overview of the group, and discusses voluntary participation. Confidentiality and its
limits, specifically that content is not shared with parents unless reports of risk or abuse are made, are discussed as well. The child is then asked a few questions, in order to gather background information and tap into the child’s strengths and coping skills. Some of the questions asked are: How long ago did your parents separate, do you remember them telling you they were splitting up, how did you feel, how do you feel right now, and how is it when they see each other? Children are also asked about any positive feelings they may have regarding the separation, and the availability of a support network. The coordinator then assesses the child’s “readiness” to participate in the group. In general, children who do not seem to be in “a learning state” are not admitted to the CIM program. Those who are not yet ready to face the parents’ separation, who are unable to talk about their feelings at all, or children who are otherwise not in a position to participate in a group (for example, children who display severe acting out behaviours are considered unable to participate and learn in the context of a CIM group) are excluded from participating.

Key objectives of the program

The Caught in the Middle program has slightly different objectives for parents and children. The three main objectives for the children’s group are: (1) providing support and a positive experience, (2) normalizing the situation of a parental break-up, and (3) building coping skills. The objectives for the parent group are: (1) providing support, (2) providing information about the deleterious effects of parental separation on children, and understanding the need to support children, and (3) enhancing parents’ coping skills for their and their children’s benefits. An ultimate goal of the program is to make children feel less caught between parents and better able to take distance from their
parents’ disagreements or conflicts. The program integrates therapeutic ingredients with psychoeducation for both children and their parents in order to reach these goals.

Establishing a safe, supportive setting, in which clients will feel comfortable enough to share their personal experiences, is a key component of the CIM program. The universality of feelings helps to normalize the divorce situation for both children and parents; the feeling that “someone else knows what I am going through” provides comfort and strength. The group format gives ample opportunity for participants to interact with one another, share and compare experiences, and discuss common fears and questions regarding the transitions they are facing.

The benefits of feeling supported are then augmented by the introduction of research-based coping techniques (Pedro-Carroll, 2005). Learning and practicing coping techniques are integrated into every session, and clients have further opportunity to apply them to real-life situations as homework. Please refer to Appendix B for a list of key objectives for the parents’ sessions and children’s groups.

Translating objectives into questions: What are we interested in measuring?
Numerous dependent measures, preferably from multiple sources, can be used to evaluate support programs. While evaluations of very prescribed programs usually focus on children’s adjustment as measures of a divorce program’s success (e.g., teachers’, parents’ and children’s reports of anxiety/shyness, see Pedro-Carroll & Cowen, 1985), evaluations of more relaxed programs focus more on client satisfaction and program goal attainment (e.g., effectiveness of instructor, effectiveness of exercises and lectures, effectiveness of home practice, general effectiveness; see Altmaier & Maloney, 2007).

Taking into account the monetary constraints and the scope of this initial program evaluation agreed upon with BCFIT, it seemed reasonable that evaluation questions
should assess whether the program was successful in meeting its objectives, which are different for the parents’ and children’s groups comprising the Caught In The Middle Program.

Current Study

The current study was the first step in developing a program evaluation and development system for a community-based, support service provider in Victoria, the BC Families in Transition (BCFIT). This pilot study involved the evaluation of the Caught in the Middle program, a program that is specifically designed to mitigate the adverse effects of separation and divorce stemming from children’s involvement in interparental conflict. This pilot program evaluation study was built on a collaborative relationship between the Families in Motion Research and Information Group at the University of Victoria and BCFIT, therefore, reflecting a balance of the needs of the BCFIT community as well as some empirically-based principles of program evaluation. As a first step in a university-community collaborative effort, the pilot study strongly reflected the goals and sensitivities of BCFIT.

The current study evaluated the success of the Caught in the Middle program in meeting its goals, which were elaborated in the section entitled: “Key objectives of the program.” Specifically, this pilot study investigated changes in children’s feelings and perception before and after participating in the program concerning: (1) the normative frequency and feelings about parental divorce or separation; (2) their awareness of relevant coping skills; (3) their perceived level of stress and/or relief; (4) their self-blaming tendencies; and (5) being drawn into parents’ disagreements or feeling like they have to side with parent. Further, the extent to which children felt supported and enjoyed
the experience of participating in the group, as well as the extent to which they practiced coping skills that were introduced in their group sessions were assessed.

In order to investigate to what extent the program met its goals for parents, parents completed post–test questionnaires assessing (1) to what extent they felt supported by attending the program, (2) to what extent they were better informed about the unfavourable effects of divorce and separation on children, and understood the need to support their children accordingly, (3) to what extent they believed in their ability to apply skills that they were taught for their own benefit; and (4) to what extent they believed in their ability to apply skills that they were taught for their children’s benefit. As CIM is a child-focused group, in which the parent component is conceptualized as enhancing children’s adjustment, this evaluation did not focus on assessing parental change from pre- to post-test on all domains. Rather, the goal of the parents’ evaluation was to assess whether parents benefitted from the program, as measured by goal attainment, described above. The following were assessed prior to participation in the program and later re-assessed at group completion: (1) parents’ feelings of stress and/or relief; (2) parents’ perception of their child’s stress and/or relief; and (3) parents’ expectations of/actual general benefit from the program, expectations of/actual perception of usefulness of information (to be) provided and skills (to be) learned.

Child Hypotheses

I. It was hypothesized that children who attended the CIM children group would report a significant increase from pre- to post-test in their feelings that the divorce situation is normalized.
II. It was hypothesized that children who attended the CIM children group would report a significant increase from pre- to post-test in their ratings of awareness and knowledge of coping skills.

III. It was hypothesized that children who attended the CIM children group would report at post-test the use of active coping skills, which were taught in the group.

IV. It was hypothesized that children who attended the CIM children group sessions would report a significant decrease from pre- to post-test in their stress versus relief ratings.

V. It was hypothesized that children who attended the CIM children group sessions would report a significant increase from pre- to post-test in their feelings of being able to cope effectively vis-à-vis their parents’ conflicts.

VI. It was hypothesized that children who attended the CIM children group sessions would report a significant decrease from pre- to post-test in the amount of self-blame they experience.

VII. It was hypothesized that children who attended the CIM children group sessions would report a significant decrease from pre- to post-test in their perceptions of being “triangulated” or feeling they need to side with one parent and not the other.

VIII. It was hypothesized that children who attended the CIM children group sessions would report feeling supported and having had a generally positive experience, at post-test.

*Parent Hypotheses*

I. It was hypothesized that parents who attended the CIM parent group would report feeling supported by the group experience.
II. It was hypothesized that parents who attended CIM parent group would report a significant increase from pre- to post-test in their reports of expectations of satisfaction (measured at pre-test) versus actual satisfaction (measured at post-test) with the program.

III. It was hypothesized that parents who attended CIM parent group would report being informed about the unfavourable effects of divorce and separation on children, and an understanding about the need to support their children accordingly.

IV. It was hypothesized that parents who attended CIM parent group would report that they believe in their ability to apply skills that they were taught for their own benefit.

V. It was hypothesized that parents who attended CIM parent group would report that they believed in their ability to apply skills that they were taught for their children’s benefit.

VI. It was hypothesized that parents who attended CIM parent group would report a significant decrease from pre- to post-test in their level of stress about the separation.

VII. It was hypothesized that parents who attended CIM parent group would report a significant decrease from pre- to post-test in their children’s level of stress about the separation, as they perceive it.
Parent-Child Hypotheses

I. It was hypothesized that parental feelings of being supported would be positively associated with children’s perceptions of having had an overall positive experience.
Method

The process of working with BCFIT toward a pilot program evaluation of CIM

Some of the methodological challenges which usually arise when evaluating community-based service providers were discussed in a previous section of this paper. However, some of the unique practical challenges and dynamics which set this community-based research apart from research at an academic or hospital setting should also be considered as they shaped the form of the pilot program evaluation of the CIM program.

A community-based service provider is like any other work place in many respects. First, the management may not always be in sync with employees in terms of goals and priorities for the organization and its programs, and what are the best ways to pursue these. Second, when collaboration with an outside entity is required, a natural categorization of “in-group” versus “out-group” is formed, and the academic counterpart source is often considered an “outsider.” These two challenges were apparent to the researcher, as she started her collaboration with BCFIT on this project.

When the researcher first met with BCFIT’s executive director, he was very enthusiastic about developing a system for evaluating CIM. The agency’s previous collaboration with Families in Motion Research and Information Group (FMRIG) was successful, and a future project seemed like an exciting opportunity to once again combine research and practice. However, the enthusiasm the researcher was greeted with by the executive director was inconsistent with some understandable hesitation she felt on the part of his staff who held somewhat different goals for their day-to-day work in the agency in comparison with the executive director’s overall mission for the
organization. While the executive director’s immediate priorities appeared to be funding issues and providing proof of effectiveness to stake-holders, it seemed that staff was worried about the potential implications conducting an evaluation might have for participants (e.g., a concern that requesting them to fill out questionnaires could potentially compromise the therapeutic value of the group).

McHale et. al., (1996) were involved in a project which set out to build collaborations between university researchers and practitioners from various disciplinary backgrounds, as well as between the university and local communities in Pennsylvania. In a section of their article entitled “University-community collaboration: The challenges” they list “collaborating differing goals and agendas” as one of these challenges. In their experience, researchers, practitioners and community members may have different agendas and beliefs regarding youth development issues. These different perspectives are often institutional in nature, rather than personal, meaning that different expectations are held by different members. Therefore, they suggest that collaborative work focuses on acknowledging, understanding, and allowing for these different perspectives to be voiced.

In the case of BCFIT, a discussion about the reasons to evaluate CIM needed to take place. It was important to acknowledge the director’s vision of the project vis-à-vis his staff’s concerns and thoughts. A clear agenda including common goals had to be agreed-upon and then pursued by all participants, including university representatives, BCFIT’s executive director, stakeholders, and staff.

In the researcher’s meeting with CIM coordinators, a second issue about the feasibility of launching such an evaluation project was raised. That is, concerns
regarding counsellors’ and coordinators’ available time to invest in the project were mentioned. Graziano and Raulin (2004) raise an important issue when they commented that “often, when staff are involved in an evaluation, they resent the time that is taken away from their important work of providing services” (p.305). Understandably, the worry that coordinators’ workload will substantially increase seemed to be a prominent one.

These attitudes may be the result of staff’s lack of awareness regarding the importance of funding. Staff may view program evaluation as secondary to running the program and may not feel close to the possible link between the two. Consequently, they may feel less inclined to allocate their time and effort to this endeavour.

The coordinators also raised other feasibility concerns, which were primarily methodological in nature. They mentioned that the program manuals, especially the parent manual, are not followed closely, which might reflect the need for flexibility but may then also present a validity problem for an evaluation study. They further stressed that each facilitator has their own way of conducting the program and that different facilitators have different styles, and concentrate on different content. However, according to the coordinators, all facilitators do follow the “spirit” of the manuals. In light of this flexibility, they raised the point that it may be difficult to evaluate the program using quantitative measures, due to these adherence-to-the-manual validity concerns. Their suggestion was to turn to qualitative measures, specifically to open-ended questions that assessed goals of the program which were “in the spirit” of the empirically-based CIM program and were held in common by the coordinators and counsellors.
Another appropriate concern held by the program’s coordinators was that it would be difficult to engage clients in filling out lengthy questionnaires. Clients may lack the motivation to complete long, detailed forms. Therefore, they suggested the use of short and succinct questionnaires. Furthermore, the important issue of using age-appropriate questions for the children’s version of the evaluation forms was discussed.

It seemed to the researcher that these concerns were raised for two major reasons: (1) It was important for them to discuss practical, relevant issues that should be addressed; and (2) It was important for the coordinators to convey the importance of their clinical work, alongside the lack of time they have to be active participants in this project.

When confronted with these sensitivities and concerns, the researcher’s next step was to convey the message that she was “playing for the same team.” After listening attentively and genuinely to their concerns, she opened by saying how much she valued their work. She then discussed the importance of engaging everyone in this project, and reassured them that no decisions would be taken without their participation in the decision-making process. She further stressed the importance of open communication and transparency, and promised that they would be informed of any meetings to be held.

After having this conversation, it seemed that their concern lessened, and they appeared less guarded and more cooperative. Meetings progressively became friendlier and the researcher sensed that she was no longer being perceived as an “outsider”. The breakthrough in our working relationship happened the day the proposed questionnaires were introduced to the coordinators. A few condensed, two-hour long meetings had been held up until then in which the coordinators introduced the program, its goals and procedures, and their thoughts about what the evaluation should measure. During these
meetings, the researcher took a more passive role; she listened carefully to what was important to the coordinators and learned what the program was about.

The “breakthrough session” began with the introduction of the researcher to the areas which she purported should be measured and examples of the questions to be asked from each area were given. Both coordinators reacted to the suggestions with much enthusiasm. “You really listened” one of the coordinators said. It was then that they confessed their suspicions that the evaluation would not reflect the nature of the program, and that it would be useless to them. Instead, they now felt that the program is "privileged to have all this work done." The shift in the coordinators’ attitude was remarkable, and the positive approach lasted throughout the remainder of the collaboration.

During the pre- and post-test, the coordinators were cooperative and helpful, and did everything they could to facilitate the study. They were truly “on board.” Two weeks after the last data collection, at a follow-up meeting, one of the coordinators expressed her wish to do a follow-up study. The researcher used this opportunity to ask the coordinators if there is anything they would have liked to change in terms of the collaboration. “No, I think it worked really well” one of the coordinators answered. “It was really smooth sailing,” commented another.

**Participants**

All parents who signed up to participate in the CIM program at BCFIT and met the inclusion criteria for participating in the program were invited by the group coordinators to take part in this evaluation with their children. This reflected BCFIT’s decision to adopt the parent and child questionnaires on a pilot basis. These
questionnaires were developed in the context of the collaboration between the researcher, who is a member of the Families in Motion Research and Information Group, and BCFIT.

Eligibility criteria for attending the CIM program were: (1) Parents have been divorced or separated for at least six months; (2) Parents are not engaged in a legal dispute; (3) Parents who wish their children to attend CIM must attend the parent group, although parents are allowed to attend the group without involving their child; (4) Children are between the ages of 6-12; and (5) To the extent possible, facilitators ensured that children are not pressured into participating in the group.

At the time of evaluation, two parent groups and two children’s groups (one for children between the ages of 6-7, and another for the ages of 9-10) were formed. The groups consisted of: nine parent-child dyads; one child, both of whose parents have previously completed the group (referred to hereafter as “child only” participant); and four parents who did not enrol their child in the group (referred to hereafter as “parent-only” participants). Data were collected from all participants at pre-test. Of this sample, one parent-child dyad withdrew from participation, and another parent of the dyads did not complete the post-test questionnaire. Although CIM is a child-focused group, the parent component is conceptualized as enhancing children’s adjustment and the participation of both parent and child is considered instrumental in bringing about positive change. Therefore, for the purpose of this study, only data from the seven complete parent-child dyads have been analyzed; Data from “Parent-only” and “child-only” participants were not included in this evaluation.
Demographics

Seven parents, ranging in age from 35 to 48 years ($M=41.14$, $SD=4.45$), and 7 children, ranging in age from 6 to 10 years ($M=8.14$, $SD=1.77$) comprised the sample for this study. The majority of the parents (86%, $n=6$) were female, and slightly more than half of the children (57%, $n=4$) were female as well. Five of the parents were university graduates, one had attended college/university, one parent was a college graduate and one parent had technical/vocational training. Parents’ annual income seemed particularly heterogeneous: Two parents reported their annual income to be above $60,000, one parent’s income was between $25,000-$35,000, another’s was between $15,000-$20,000, and yet another parent reported an annual income of below $10,000. One parent did not respond to this question. Of the seven families, one was a family of immigrants while all the other families were native to the area. The number of children per parent ranged from 2-3 ($M=2.29$, $SD=0.49$). The majority of parents (71%, $n=5$) were not currently involved in a new relationship. Of the two parents who were involved in a new relationship, one was living together with that new partner at the time of the evaluation. The majority of parents (71%, $n=5$) reported that the separation was initiated by them, and the rest suggested that the separation was mutual. No parent had reported that the separation was initiated by their partner. Lastly, sessions missed by parents ranged from 0-2 ($M=0.86$, $SD=0.9$) and sessions missed by children ranged from 0-2 ($M=0.71$, $SD=0.76$).

Procedures

BCFIT had agreed to the questionnaire protocol for parents and children created in liaison with the researcher. Children were invited for an introductory pre-group session in order to meet each other, and in order to be presented with the opportunity to participate in this study. BCFIT coordinators facilitated the session, which included get-
to-know games, an artistic activity, and a movie screening. Approximately ten minutes after the beginning of the session, the researcher walked in and introduced herself and the study to the children. At this point, the children had already learned about the study from the coordinators, and the researcher invited them to participate in it. Children showed enthusiasm and all of them wanted to take part in the study. One by one, children retreated with either the researcher or her colleague (both of whom were graduate students, experienced in administering questionnaires to children) to a separate room in order to complete the questionnaire.

During this individual session, children completed the questionnaire with the assistance of the researcher or her colleague, using a “feelings thermometer” reflecting a 7-point Likert scale (see Appendix F). Using a child-oriented feelings thermometer in a separate room facilitated a confidential and relaxed atmosphere. During the last group session, the researcher re-introduced herself and the study to the children, and again invited them to participate in it. Children showed enthusiasm and asked to take part in the study. The researcher and three of her colleagues administered post-test questionnaires using the “feelings thermometer” in individual sessions which took place in private rooms.

Parents were initially introduced to the study when registering for the groups, and were re-introduced to the evaluation by the researcher before the children’s introductory pre-group session. All parents volunteered to participate in the study and were asked to complete a demographics questionnaire. Parent groups began the following week, at which time parents were asked by the researcher to complete pre-test questionnaires before the commencement of the group. Again, all parents agreed to participate. During
the last session, the group facilitators asked the parents to complete post-test questionnaires. All parents completed the questionnaires; however, the researcher found out immediately after they left that three parents forgot to sign the consent forms. These questionnaires were shredded, and an effort was made to contact those individuals who had not signed their questionnaires to return to BCFIT for the completion of questionnaires; two of three parents completed the questionnaires within approximately 5 weeks of the last group session.

Measures
Finding measures that would neatly correspond to aspects of the program of mutual interest was challenging. Grych and Fincham (1992) note the importance of assessing whether the proximal goals of the group were met. They maintain that failure to tailor outcome measures to the goals of a particular group is both unfortunate and common. Accordingly, many of the measures used for this evaluation were designed specifically for this program. Even though these measures depend heavily on face value, they are all theory-based and are similar to questionnaires found in the program evaluation literature.

Demographic Variables
Parents were asked to report their gender, age, ethnic background, social economic status, custody status, years married or co-habiting prior to the breakup, current status (e.g., separated or divorced) and the amount of time passed since the separation or divorce.
Children’s Measures

The CIM Children Questionnaire (CIMCQ; Regev, 2009) is a self-report, Likert-type questionnaire that was developed specifically for this pilot study. It is comprised of a number of subscales reflecting the goals of the CIM children group. A table illustrating how specific CIMCQ questions reflect program goals is included in Appendix C, a copy of the CIMCQ that was administered to children pre-participation is included in Appendix D, and a copy of the CIMCQ which was administered to children post-participation is included in Appendix E.

**CIMCQ: Normalizing the Situation Subscale**

Children completed this 4-item subscale at pre- and post-test. This measure aims to tap children’s feelings of normalcy regarding the family situation. Sample items include: “I feel I’m not the only kid whose parents are splitting up”; “I feel that other kids’ feelings are kind of like mine.”

**CIMCQ: Coping Skills Subscale**

Children completed this 3-item subscale at pre- and post-test. This measure seeks to tap children’s awareness of coping skills, and their use of such skills. Sample items include: “I know some ways that I can use to help me express my feelings”; “I know some ways that I can relax.”

**CIMCQ: Active Coping Skills Subscale**

Children completed this 4-item subscale at post-test. This measure seeks to assess the extent to which children used the skills taught in the group. Sample items include: “I used what I learned in the group during an argument or a fight”; “I told someone how I feel and it felt good.”
**CIMCQ: Stress-Relief Subscale**

Children completed this 2-item subscale at pre- and post-test. This measure seeks to tap the extent to which children felt stressed or relieved by the break-up. A preamble introduced these two questions, explaining that for some children the break-up may be associated with feelings of stress, for some, with feelings of relief, and still for some, with mixed feelings of stress and relief. These questions then follow: “It’s hard for me that my parents are splitting up”; “I feel relieved that my parents are splitting up.”

**CIMCQ: Support and Positive Experience Subscale**

Children completed this 7-item subscale at post-test. This measure assesses children’s feelings of being supported by the group and of having an overall positive experience while attending the group. Sample items include: “The group was a comfortable and safe place to be in”; “I looked forward to coming to my group each week.”

A 7-point Likert-type scale was devised for this scale, with responses ranging from “I totally feel this way” to “I totally don’t feel this way.” A “Feeling Thermometer” was used to help children conceptualize their responses (see Appendix F). Feeling Thermometers are useful tools that can aid children in expressing their feelings; children who experience difficulty in verbalizing their emotions (for example, for lack of adequate vocabulary) can label their feelings with a numerical value. Alternatively, children who find it difficult to relate specific numbers to the intensity of their feelings can make use of the descriptors beside the numbers. The drawings of the thermometers, each of which is filled up to a different point as a reflection of the intensity of the feeling endorsed, can further aid children to pinpoint the intensity and quality of their feelings. The Feeling Thermometer used in this study was devised specifically for this evaluation, and is
modeled after similar thermometers, which are commonly used in clinical settings. A similar thermometer was developed by the author of a resource book for parents and mental health professionals who care for children with anxiety (Wagner, 2002).

“The_____Thermometer” is a 10-point scale ranging from “1-piece of cake” to “10-Out of Control! Ballistic!” and can be used to facilitate children’s reports of how fearful or anxious they feel about a particular object or situation (to be filled in the blank; i.e., “The snake thermometer, or “The elevator thermometer”).

Children’s Perception of Interparental Conflict (CPIC; Grych, Seid, & Fincham, 1992). The CPIC is a 51-item self-report questionnaire of children’s appraisals of interparental conflict, including measurement of constructs related to feelings of being caught in the middle of parents’ disagreements. This measure is composed of four subscales describing dimensions of marital conflict (intensity, frequency, content, and resolution), three subscales reflecting children’s interpretation of, or reaction to, interparental conflict (self-blame, coping efficacy, and perceived threat), and a last subscale, measuring triangulation. The CPIC has good internal consistency, with alpha coefficients ranging from .78 to.90 (Grych, Seid, & Fincham, 1992). Test-retest reliability is acceptable, with correlations ranging from.68 and.76 (Grych, Seid, & Fincham, 1992). This measure is also considered to have good validity; Grych, Seid, and Fincham (1992) compared scores on the three CPIC scales with well-known parent-rated measures of marital conflict (OPS; Porter & O'Leary, 1980) and inter-spousal aggression (Conflict Tactics Scale; Straus, 1979). The conflict properties subscale was significantly correlated to the OPS [r(81) = .30] and the Conflict Tactics Scale [r(78) = .39], whereas the Threat [OPS: r(85) = .06; CTS: r(83) = .26] and Self-Blame [OPS: r(86) = .08; CTS: r(84) = .10]
subscales were not consistently associated with these measures. The authors state that because different raters (parents versus children) were involved, correlations between the measures were not expected to be very high. The conflict properties subscale was also found to correlate significantly with measures of children’s external and internalizing behaviours (Grych, Seid, & Fincham, 1992).

For the purpose of this study, two subscales, which assess children’s reaction to, or interpretation of, inter-parental conflict, were selected: coping efficacy and self-blame. Additionally, the subscale “triangulation” was included to measure children’s feelings of being drawn into parental conflict or feeling “caught in the middle.” Assessing the frequency, intensity, content and resolution of interparental conflict was beyond the scope of this study. As well, as parents who are involved in child custody and access litigation are excluded from participation in the CIM program, it is believed that the sample of families participating in this study experience a mild to moderate level of interparental conflict. Therefore, sensitive questions about perceived threat (e.g., “When my parents argue I worry that one of them will get hurt”) were not appropriate to this sample and were also not topics of focus for this pilot program evaluation study.

Parent Measures

The CIM Parent Questionnaire (CIMPQ; Regev, 2009) is a self-report questionnaire for the parents participating in the CIM parent group and was developed specifically for this pilot study. It is comprised of a number of subscales reflecting the goals of the CIM parent group and relevant program evaluation foci. A table illustrating how specific CIMPQ questions reflect program goals is included in Appendix G, a copy of the CIMPQ which was administered to parents pre-participation is included in
Appendix H, and a copy of the CIMPQ which was administered to parents post-participation is included in Appendix I.

**CIMPQ: Feeling Supported Subscale**
Parents completed this 5-item scale at post-test. This measure seeks to tap parents’ feelings of being supported by the group. Sample items included: “Meeting people who are in a similar situation to mine was helpful”; “I felt comfortable sharing my feelings and experiences with the parent group.”

**CIMPQ: Expectations of satisfaction/actual satisfaction Subscale**
Parents completed this 5-item scale at pre- and post-test. This measure quantified the extent to which parents believe they will be satisfied with the program, and how satisfied they actually felt with the program at its termination. Pre-items were phrased in the format: “I believe that participating in this group will be...” and post-items were phrased in the format: “Participating in this group was....” For example, a sample pre-item is: “I believe that participating in the parent group will provide me with practical tools or ways of handling my situation” and its corresponding post-item is: “Participating in the parent group provided me with practical tools or ways of handling my situation.”

**CIMPQ: Understanding Adverse Effects Subscale**
Parents completed this 3-item scale at post-test. This measure seeks to tap the extent to which parents gained knowledge and understanding about the adverse effects of divorce on children. Sample items included: “The parent group helped me understand how children can be affected by a break-up”; “The parent group helped me to better understand when challenging behaviour on the part of children can come from family circumstances.”
**CIMPQ: Skills Application – Parent Subscale**

Parents completed this 5-item scale at post-test. This measure seeks to evaluate the extent to which parents gained self-help skills that they would be able to apply in order to benefit themselves. Sample questions include:” The parent group helped me to learn skills that I can use to manage my anger or other strong feelings”; “The parent group helped me to learn skills I can use to communicate better.”

**CIMPQ: Skills Application – Children Subscale**

Parents completed this 5-item scale at post-test. This measure seeks to tap the extent to which parents gained skills that they would be able to apply in order to help and support their children. Sample items include:” The parent group helped me to support my child emotionally”; “The parent group helped me become confident in my ability to manage problems at home, by using what I learned.”

**CIMPQ: Stress-Relief Parent Subscale**

Parents completed this 2-item subscale at pre- and post-test. This measure assesses the extent to which parents feel stressed or relieved by the break-up. The questions are: Right now I feel stressed out about the separation or divorce” and “Right now I feel relieved about the separation or divorce.”

**CIMPQ: Stress-Relief Children Subscale**

Parents completed this 2-item subscale at pre- and post-test. This measure assesses the extent to which parents perceive their children to feel stressed or relieved by the break-up. The questions are: “Right now my child feels stressed out about the separation or divorce” and “Right now my child feels relieved about the separation or divorce.”
Results

This study used a within-subjects design to investigate changes in children’s and parents’ perceptions of adjustment before and after their participation in the Caught in the Middle (CIM) program. For all directional hypotheses, one-tailed p-values are reported.

Children’s Perceptions

For the children’s responses, repeated measures analysis of variance was used to compare scores from pre- to post-test for six outcome measures: (1) CIMCQ: Normalizing the Situation Subscale; (2) CIMCQ: Coping Skills Subscale; (3) CIMCQ: Stress-Relief Subscale; and three subscales of the Children’s Perception of Interparental Conflict (CPIC; Grych, Seid, & Fincham, 1992): (4) Coping Efficacy; (5) Self Blame; and (6) Triangulation. Descriptive statistics were used to evaluate children’s responses to the following subscales: (1) Active Coping Skills Subscale; and (2) Support and Positive Experience Subscale.

The first hypothesis, that children would show a significant increase from pre- to post-test on the CIMCQ: Normalizing the Situation Subscale, was supported \([F(1,6)=4.16, p=0.04]\) and means increased from pre- to post-test (See Table 1).

The second hypothesis, that children would show a significant increase from pre-to post-test on the CIMCQ: Coping Skills Subscale, was not supported, and means were similar at pre- and post-test \([p>0.05]\), as can be seen in Table 1.

The third hypothesis, that children would report at post-test the moderate use of active coping skills which were taught in the group, as assessed by the Active Coping Skills Subscale, was not supported. Children’s ratings of their use of such skills was
relatively modest \((M=4.07, SD=1.9)\), with a value of 4 denoting “I’m not sure how I feel.”

Table 1: Means, standard deviations, minimum and maximum scores, skewness values and standard errors for CIMCQ measure

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n)</td>
<td>(M(SD))</td>
</tr>
<tr>
<td>Feeling that the divorce situation is normalized</td>
<td>7</td>
<td>4.79 (1.47)</td>
</tr>
<tr>
<td>Change in children’s awareness and knowledge of coping skills</td>
<td>7</td>
<td>4.53 (1.53)</td>
</tr>
<tr>
<td>Change in children’s stress versus relief ratings</td>
<td>7</td>
<td>3.07 (1.62)</td>
</tr>
</tbody>
</table>

Note. CIMCQ=Caught in the Middle Children’s Questionnaire

It was expected that children would show a significant decrease from pre- to post-test on the CIMCQ: Stress-Relief subscale. However, this fourth hypothesis was not supported; as can be seen in Table 1, means increased somewhat instead of declined as was expected from pre- to post-test \([p>0.05]\).
The fifth hypothesis, that children who attend CIM would report a significant decrease from pre- to post-test on the CPIC: Coping Efficacy Subscale was not supported \( [p>0.05] \), although means showed a declining trend from pre- to post-test (see Table 2).

Table 2: Means, standard deviations, minimum and maximum scores, skewness values and standard errors for CPIC measures

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( n )  ( M(SD) )  ( \text{Min. Score} )  ( \text{Max. Score} )  ( \text{Skewness Value (SE)} ) ( n )  ( M(SD) )  ( \text{Min. Score} )  ( \text{Max. Score} )  ( \text{Skewness Value (SE)} )</td>
<td></td>
</tr>
<tr>
<td>Changes in children’s perception of their coping efficacy in the face of parental conflict</td>
<td>7  4.24 (1.46)  2.17  6.17 -0.20 (0.8)</td>
<td>7  4.00 (1.08)  1.83  5.00 -1.61 (0.8)</td>
</tr>
<tr>
<td>Changes in children’s perception of the amount of self-blame experienced</td>
<td>7  2.74 (1.64)  1.00  4.80 0.29 (0.8)</td>
<td>7  2.09 (0.83)  1.00  3.20 -0.39 (0.8)</td>
</tr>
<tr>
<td>Changes in children’s perception of the extent to which they feel triangulated or having to side with one parent</td>
<td>7  4.68 (1.61)  1.75  6.75 -0.82 (0.8)</td>
<td>7  4.00 (1.98)  1.00  7.00 0.00 (0.8)</td>
</tr>
</tbody>
</table>

Note: CPIC=Children’s Perception of Interparental Conflict
The sixth hypothesis, that a significant decrease from pre- to post-test on the 
*CPIC: Self-Blame Subscale* will be found, was not supported \( p > 0.05 \) although means 
did decrease somewhat from pre- to post-test (See Table 2).

The seventh hypothesis, that a significant decrease from pre- to post-test would be 
found on the *CPIC: Triangulation Subscale*, was not supported by the results \( p > 0.05 \). 
However, as in previous instances and consistent with the hypothesis, mean performance 
decreased somewhat from pre- to post-test (see Table 2).

Finally, it was hypothesized that children would report feelings of being 
supported and having an overall positive experience in the group. Children reported 
having an overall positive experience \((M=5.35, SD=0.82)\), with a value of “5 “denoting “I 
feel a little bit this way.”

Associations among select children’s subscales and change from pre- to post-
intervention were explored. Specifically, it was investigated whether a positive 
association would exist between children’s rating of having an overall positive 
experience in the group and their reductions from pre- to post-intervention in the amount 
of self-blame they had reported. A significant moderate to large correlation was found 
\([r=0.73, p=0.03]\).

Similarly, it was explored whether a positive association between children’s 
rating of having an overall positive experience in the group and their use of active coping 
skills, could be found at post-test. This correlation was also statistically significant, and 
moderate to large in magnitude \([r=0.70, p=0.04]\).
Parents’ Perceptions

Descriptive statistics were used to evaluate the parents’ responses to the following subscales: (1) CIMPQ: Feeling Supported Subscale; (2) CIMPQ: Understanding Adverse Effects Subscale; (3) CIMPQ: Skills Application – Parent Subscale; and (3) CIMPQ: Skills Application – Children Subscale. Repeated measures analysis of variance was also used to compare scores from pre- to post-test for these outcome measures: (4) CIMPQ: Expectations of Satisfaction/Actual Satisfaction Questionnaire Subscale; (5) CIMPQ: Stress-Relief Parent Subscale; and (6) CIMPQ: Stress-Relief Children Subscale.

First, it was hypothesized that parents who attended the CIM parent group would report feeling supported by the group experience. This hypothesis was supported; all parents reported feeling supported, as can be seen by their high ratings on the CIMPQ: Feeling Supported Subscale, which ranges from 1 to 7 (M=6.69, SD=0.43), with a value of “6” denoting “Somewhat Agree” and a value of “7” denoting “Totally Agree.”

Second, it was hypothesized that parents who attended the CIM parent group would report a significant increase from pre- to post-test in their reports of expectations of satisfaction (measured at pre-test) versus actual satisfaction (measured at post-test) with the program. This hypothesis was not supported [p>0.05]. As can be seen in Table 3, means increased somewhat from pre- to post-test but this increase did not reach statistical significance.

Interestingly, the question “I would recommend participation in the parent group to parents in similar situations” received the highest mean of 6.71 (SD=0.49) indicating a mean rating closest to the label “Totally Agree.”
Table 3: Means, standard deviations, minimum and maximum scores, skewness values and standard errors for parents’ expectations of, and actual program satisfaction, stress level, and perceived children’s stress level

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre test</th>
<th></th>
<th>Post test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M(SD)</td>
<td>Min. Score</td>
<td>Max. Score</td>
</tr>
<tr>
<td>Expectations of satisfaction/actual satisfaction</td>
<td>7</td>
<td>5.71</td>
<td>4.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Change in parents’ stress versus relief ratings</td>
<td>7</td>
<td>4.43</td>
<td>1.50</td>
<td>7.00</td>
</tr>
<tr>
<td>Change in parents’ perception of children’s stress versus relief ratings</td>
<td>7</td>
<td>4.79</td>
<td>3.00</td>
<td>6.50</td>
</tr>
</tbody>
</table>

Third, it was hypothesized that parents who attended the CIM parent group would report being informed about the unfavourable effects of divorce and separation on children, and an understanding about the need to support their children accordingly. This hypothesis was supported ($M=5.62, SD=1.18$), with a value of “5” denoting “Slightly Agree” and a value of “6” denoting “Somewhat Agree.”

Fourth, it was hypothesized that parents who attended the CIM parent group would report that they believed in their ability to apply skills that they were taught for their own benefit. This hypothesis was supported ($M=5.11, SD=0.74$), indicating a mean rating closest to the label “Slightly Agree.”
Fifth, it was hypothesized that parents who attended the CIM parent group would report that they believed in their ability to apply skills that they were taught for their children’s benefit. This hypothesis was supported ($M=5.88$, $SD=0.55$), with a mean rating closest to the subjective label “Somewhat Agree.”

Sixth, it was hypothesized that parents who attended the CIM parent group would report a significant decrease from pre- to post-test in their level of stress about the separation. This hypothesis was not supported [$p>0.05$]. As can be seen in Table 3, means at pre- and post-test were similar.

Seventh, it was hypothesized that parents who attended the CIM parent group would report a significant decrease from pre- to post-test in their children’s level of stress about the separation, as they perceive it. This hypothesis was supported [$F(1,6)=6.56$, $p=0.02$].

**Associations between Parent and Child Perceptions**

It was hypothesized that parental feelings of being supported would be positively associated with children’s perceptions of having had an overall positive experience. This hypothesis was supported [$r=0.76$, $p=0.02$].

**Individual participants’ graphs**

Appendix J depicts individual parents’ and children’s graphs. As can be seen, although no trends were found, all children improved on some of the measures.
Discussion

The current study comprised the first step in developing a program evaluation and development system for BC Families in Transition (BCFIT), a community-based support service provider in Victoria for families experiencing separation and divorce. The purpose of this pilot study was to evaluate the effectiveness of the Caught in the Middle (CIM) program, a program that is specifically designed to mitigate the empirically demonstrated adverse effects of separation and divorce stemming from children’s involvement in interparental conflict. This pilot program evaluation study strongly reflected the goals and sensitivities of BCFIT as well as some empirically-based principles of program evaluation, and was a product of a collaborative relationship between the researcher, as a member of the Families in Motion Research and Information Group at the University of Victoria, and BCFIT.

To assess the extent to which the CIM program met its own goals, the current study investigated changes in children’s and parents’ feelings and perceptions before and after participating in the CIM program. As will be discussed in more depth below, the small sample size likely compromised the ability to find statistical significance in some of the measures of this pilot evaluation study. Furthermore, the results must be interpreted to reflect the possibility of clinical significance even when statistical significance was not found. However, the results showed that the program indeed met many, but not all, of its goals. These results provide initial evidence for the effectiveness of the CIM program and provide information for the continuing development of the CIM program and its evaluation protocol.
Discussion of Children’s responses

Children reported a significant increase from pre- to post-test in their perceptions that their family situation was normalized in the sense that they were exposed to others and to information demonstrating the commonplace experience of marital separation. These results suggest that the CIM program met its goal of being effective in emphasizing the normalcy of the divorce situation for children, and helped children realize that this transition affects many children and that they were not alone in their experience.

Children showed similar levels of awareness and knowledge of coping skills at pre- and post-test, and did not report the moderate use of active coping skills, which were taught in the group, at post-test. At first glance, these findings were a bit disappointing, since one of the goals outlined in the manual’s program is to provide children with knowledge of such skills. However, it is possible that the average child’s indication, “I am not sure how I feel” (represented by endorsing the number 4 on the 7-point scale) about using coping skills which were taught in the group may not imply that children were not using these skills. For some of the children, this question may have been a difficult one to answer, because it required them to reflect upon specific actions they may have taken. It is also possible that answers may have reflected an occasional (being exactly halfway between “I totally feel this way” and “I totally don’t feel this way”) use of these skills. Furthermore, these findings may reflect a focus by the group leaders on introducing skills indirectly, as part of facilitating a process which will eventually foster change, as opposed to a focus on teaching a specific set of skills in a didactic manner. If this were the case, the latter interpretation corresponds with the coordinators’ account that facilitators follow the manual “in spirit” rather than closely and in a uniform way.
While this is common in community-based interventions (Altmaier & Maloney, 2007), it is suggested that for the next phase in evaluation, BCFIT might consider whether use of active coping skills should be evaluated and, in this case, facilitators would be consulted about how they perceive and could further develop their roles in facilitating coping skills.

Contrary to expectation, children showed a slight increase in their level of stress at post-test. It is possible that coming weekly to a group in which their parents’ divorce is discussed and difficult issues are raised placed a strain on some children, rather than reduced their stress. It is also possible that at the end of the group sessions, children felt more in touch with their feelings and more comfortable to admit that the situation is stressful for them. A similar finding was reported in an evaluation of an intervention program for children affected by divorce who are 7-9 years old. Gilman, Schneider, and Shulak (2005) found the intervention to stimulate negative emotional experiences, such as anger and alienation from one parent, at post-test. The authors postulated that speaking freely about their experience may have reduced children’s defenses against their emotional experiences, leaving them more aroused by and aware of their distressing feelings concerning the divorce.

However, with no literature describing an “expected” trajectory of children's post-divorce stress, one should not expect that post-divorce stress levels would necessarily decrease as time goes by. It could be that a control group of children receiving no interventions would have shown an even higher rise in stress reports at the culmination of 8 weeks. Similarly, increases in stress may also reflect anxiety about a comfortable group experience coming to an end and losing contact with kindred others.
Children did show a decrease in their perceptions of being unable to cope when their parents argue, but this decrease was not statistically significant. Similarly, a statistically non-significant decrease in the amount of self-blame children experience was found as well as a decrease from pre- to post-test in the extent to which children felt triangulated between parents, or felt they had to side with one parent.

**Statistical versus Clinical Significance**

Despite the lack of statistically significant results in most domains, the author believes that qualified support for the effectiveness of the program is demonstrated, particularly when considering the small sample size. First, based on the effect sizes of the two latter findings, a statistical computation indicated that a sample size of 24 parent-child dyads would likely yield significant results (Faul, Erdfelder, Lang, & Buchner, 2007). However, although the sample size likely compromised significance, it is important to note that similar intervention groups tend to be small for therapeutic reasons and in order to maintain effectiveness. Second, a careful look at individual children’s graphs (see Appendix J) reveals that all children improved on some of the measures. Third, when conducting clinical research, it is important to consider not only the statistical validity, power and feasibility of the design, but also its clinical value (Kraemer, 1992). Considering how clinically informative and important the results of a study are may be of even greater importance when evaluating the efficacy of a community-based intervention, because these interventions are often concerned with change which is meaningful for clients rather than statistically significant. Jacobson and Truax (1992) contend that conclusions regarding the benefits and potency of psychotherapy cannot be derived by assessing the existence or size of statistical effects.
Rather, because questions regarding treatment efficacy are based on objectives set by community parties, these questions should be answered in clinically significant terms. Therefore, they argue, “...it is the extent to which psychotherapy succeeds in accomplishing these goals that determines whether or not it is effective or beneficial” (p.632). Their views mirror those of Grych and Fincham (1992) who point out the need for intervention efficacy studies to evaluate the extent to which program goals are met, as a way of understanding the mechanisms underlying the program’s success. For all of the above mentioned reasons, the results of this study are deemed promising by the researcher; they suggest that the program was effective in decreasing children’s feelings of being unable to cope, of feeling triangulated or “caught in the middle,” and of blaming themselves for their parents’ separation and conflict.

These results are also considered promising since they are in line with BCFIT’s realistic expectation to be “planting seeds,” or instigating a healthy process that will outlast the program’s duration rather than creating a great shift in children’s perceptions and feelings, which will be fully apparent at the culmination of 8 weeks.

Providing further support for this assumption of “planting seeds” and offering support for the overall effectiveness of this intervention are children’s reports of feeling supported and having had an overall positive experience; the measure assessing this experiential dimension received the highest endorsement and the smallest variability in responses, with the majority of children reporting they felt “a little” or “a lot” “this way.” It can be argued that even if children are not yet able to report responses yielding statistically significant differences in some domains, feeling supported by attending the
group and having an overall positive experience may foster the use of skills taught in the
group in the longer term.

This suggestion may be supported by evidence of significant associations among
reporting a positive experience and changes from pre- to post-test on two subscales; a
moderate to large positive association between children’s rating of having an overall
positive experience in the group and a reduction from pre- to post-intervention in the
amount of self blame they feel was found. Likewise, a moderate to large positive
association between children’s rating of having an overall positive experience in the
group and their use of active coping skills at post-intervention was found. The magnitude
of these statistically significant findings provides further support for the notion that
creating a positive experience may be instrumental in eliciting healthy change in
children’s adjustment, and provides further support for the effectiveness of the Caught in
the Middle program.

The relatively large standard deviations seen in the results of this study may
further speak to the possibility that a larger sample would yield statistically significant
results. However, the variability demonstrated in children’s perceptions and feelings
about their parents’ separation is consistent with literature showing diversity in children’s
adjustment to parental divorce. Summarizing evidence from three longitudinal studies,
spanning over 30 years and involving 2500 children, Hetherington (2003) suggests that
“...it is the diversity, not the inevitability of any one pattern of adjustment following
divorce...that is striking.” (p. 217). In spite of this variability, overall children’s
responses demonstrate positive (although mostly non-significant) change from pre- to
post-test.
Discussion of parents’ responses

The goal of the parents’ evaluation was to assess whether parents benefitted from the program. Results demonstrate overwhelming support for the program, according to parents’ reports. All parents who attended the CIM parent group endorsed the highest (“Totally Agree”) and second highest (“Somewhat Agree”) ratings on the “feeling supported” subscale, reflecting a strong sense of experiencing support by attending the group. In a qualitative evaluation of support groups for divorced individuals, meeting people with similar thoughts and feelings, feeling supported, and expressing difficult feelings emerged as particularly important therapeutic factors, and group participation was linked with participants’ well-being (Oygard, Thuen, & Solvang, 2000).

Parents who attended the CIM parent group reported their expected satisfaction with the program before participation and their actual satisfaction after participation. Participants reported an increase from pre- to post-test in their perceptions of being satisfied with the program post-test and expecting to feel satisfied with the program pre-test, although this increase did not reach significance. It should be stressed that this finding does not suggest that parents were not satisfied with the program. Rather, it might indicate that parents are not more satisfied than they expected to be. Again, the lack of significance is somewhat to be expected in such a small sample, and rising means should be viewed as qualified support for parents’ perception that their satisfaction from participation in the group exceeded their expectations.

In support of another objective of CIM, parents reported feeling informed about the adverse effects of family transitions on children and reported an understanding of the need to support their children accordingly. These reports provide further support for the perceived benefit gained by parents. Likewise, parents reported that they believe in their
ability to apply skills that they were taught for their own benefit. Interestingly, parents felt more confident in their ability to apply skills that they were taught for their children’s benefit, in comparison to skills they were taught for their own benefit, as indicated by endorsing a mean rating which is approximately one point higher on the Likert scale. A similar pattern was seen when parents were asked to compare their and their children’s levels of stress at pre- and post-test. Parents reported similar stress levels at pre- and post-test, but reported a significant decrease in their children’s stress levels from pre- to post test.

These interesting results, demonstrating parents’ confidence in the helpfulness of the program for their children more so than for themselves, can be interpreted in several different ways. It could be that because CIM is a child-focused intervention, in which the parent component is conceptualized as enhancing children’s adjustment, children’s level of stress, as perceived by parents, was expected by parents to decrease as a function of both the children group and the effect the parent group potentially had on the parents. It is also plausible that parents had the expectation and later on the perception that since the focus of both the children and parent groups was on the children, they were given more tools that would help them with their children. Therefore, they would have felt more capable of applying skills for their children’s, rather than their own benefit. A related explanation is that parents felt that they were attending the group for the sake of their children. According to BCFIT coordinators, many parents are interested in enrolling their children in the children’s group, but are hesitant about participating in a parent group. They might come in to the parent group only because it is a condition for the children’s attendance in a children’s group. Coordinators reported that many times parents
approach them at the final group session to let them know that although they initially attended for the sake of their child, they have gained a lot for themselves as well.

There could be a third explanation for the discrepancy in children’s versus parents’ reports of children’s stress levels. It could be that parents may be seeing a real reduction in stress in their children at post-test concerning the family transition, but that the children are experiencing loss of the group, which may induce feelings of stress. It is important to acknowledge that in light of a relatively recent family transition these children may be more vulnerable to loss and more emotionally aroused than others regarding changes such as group termination.

Parents’ responses to the question “I would recommend participation in the parent group to parents in similar situations” received the highest mean and the smallest standard deviation, indicating complete satisfaction and no reservations in recommending the program to others.

*Clinical Implications*

The promising results of this study underscore some important clinical implications. Overall, it seems that both children and parents benefitted from attending the groups. These results are consistent with research demonstrating the benefit of similar programs in this population (e.g., Haine, Sandler, Wolchik, Tein, & Dawson-McClure, 2003). In particular, feeling supported and reporting to have had a positive experience in the group may later elicit further positive change for children and parents.

In light of the sensitive and potentially emotionally arousing nature of the post-test questionnaire, which was administered at the last group session, it is suggested that future program evaluation involve questionnaire administration at a similar
timing, an assessment of the children’s well-being upon completion of the questionnaire might be considered. Individual recommendations may be made for further therapeutic interventions should a child appear to be struggling with some intense feelings.

**Strengths of the study**

The information collated in this study is important for (1) members of the community who are facing separation and divorce; awareness of the availability of an effective intervention for themselves and their children might provide much needed relief and assistance throughout their transition; (2) program executives, coordinators and facilitators, who are interested in being accountable for the services they provide to the public, may gain satisfaction from “seeing” the impact their efforts yield and may be encouraged to further develop and evaluate interventions; (3) researchers who are passionate about bridging the gap between community-based practice and evidence-based research may view this study as an example of a successful and fruitful collaboration which leads to the narrowing of that gap; and finally (4) the results of this study provide important information for stakeholders; not only do they demonstrate the effectiveness and importance of this intervention, but they strongly underscore the need for further program evaluation of community-based services.

**Limitations & Considerations**

Even though the pilot program evaluation results support the effectiveness of this intervention, the findings must be understood within their limitations. First, the small sample of this study might be the reason for lack of significant support for many of the hypotheses. It is therefore suggested that a follow-up study or similar studies would benefit from a larger sample, by increasing the number of groups being evaluated. The
small sample size also prevented the use of confirmatory factor analysis on the
questionnaire devised for this study, which means that its validity in this sample has not
been demonstrated.

Second, participants had to meet somewhat stringent criteria in order to take part
in the study. Parents had to have been divorced or separated for at least six months, and
not to be engaged in a legal dispute, and children had to be between the ages of 6-12.
Furthermore, most parents were female and of above average education. Unfortunately,
it is unclear why one parent-child dyad withdrew from the study, but this low attrition
rate may speak to the benefit participants perceived to be receiving by volunteering to
take part in the study. Overall, these participant characteristics should be taken into
account and may compromise the study’s generalizability.

Third, using a pre-post design without a control group introduces many confounds
which could present threats to internal validity, and therefore must be taken into account.
The current design does not allow one to conclude that changes at post-test are, in fact,
the result of the intervention, and not, for example, of the additional time that has elapsed
since the separation.

Fourth, it is possible that the measures used introduced some limitations in this
study. Specifically, as the CIMCQ was especially designed for this study, some of its
questions were perhaps a bit too abstract for the younger age group to grasp and answer,
which may have led to a skew in the results.

Lastly, qualitative measures, if incorporated in this study, would have likely
provided a more in-depth picture of the experience children and parents had in the
groups. For example, open-ended questions could have offered an opportunity to consider what aspects of the program parents and children consider as most beneficial.

However, in trying to address some of these limitations, it is important to remember the sensitivities and challenges of such collaborative university-community research and consider the feasibility of overcoming these limitations in light of these challenges. For one, the relaxed and unpredictable nature of community services means that until the day when a group meets for the first time, coordinators do not know exactly how many people would attend. Second, recruiting a control group may serve difficult as people tend to wish to start the groups right away, and coordinators, who rely on interns to run the groups, are not always sure when the next group will take place. Also important to consider is the fact that it is common to treat people as their own controls when assessing intra-individual change, in these types of studies. If participants report at the end of the group that they have benefitted from attending then it is assumed that the program met its goals.

**Future Directions**

Suggested future directions include (1) re-examining changes in children’s adjustment before and after participating in the CIM group using a larger sample, which will be achieved by increasing the total number of groups evaluated (rather than increasing groups size, as briefly discussed above); (2) conducting a follow-up evaluation at six months post-group which will aid in assessing the stability of change in children’s adjustment and maintenance of skills learned; (3) conducting confirmatory factor analyses on newly devised measures used, which will strengthen internal validity by confirming the measures’ underlying structure; (4) elucidating the role of particular
program components in accounting for positive health outcomes; and (5) examining various child and parent variables which may serve to moderate the link between participation and healthy adjustment (such as parental mental health, SES, parent and child gender, baseline levels of risk).

However, in order to foster the success of such research endeavours, perhaps the most important thing to consider in future research is the sensitive nature and dynamics of community-based research collaborations. Moretti, Leadbeater, and Marshall (2006) offer a model outlining the steps to be taken in order to increase responsiveness to ethical and other challenges in community-based research. They suggest that recognizing that challenges are part and parcel of community-based research, developing a systematic plan for continuous problem-solving, and outlining the role of individual team members are key guidelines in developing effective collaborations.

In conclusion, in spite of the above limitations and the challenges in addressing them, the author strongly believes that evaluating community-based services is imperative. It is this type of collaboration that opens the door to developing effective, accountable, community-accessible, and evidence-based interventions. This research demonstrated a first step in achieving this goal.
References


Kids’ Turn Curriculum, Manual, 1999


Appendix A: CIM Intake Procedures

Caught in the Middle Intake Procedures

1. Client fills in forms (CIM intake and demographic sheet)

2. Interview
   - quick review of sheet
   - questions to cover
     - what brings you to the program now
     - where do the children live and what are the parenting arrangements
     - has custody been determined, does other parent know of intent to enrol, obtain verbal or written consent to convey child’s registration to other parent, or encourage client to have other parent call to get info (discuss confidentiality)
     - if recent/current litigation who is lawyer, any other pros involved
     - how are you doing
     - how is child doing
     - what has child been told about separation
     - (how do the children get along with each other)
     - tell me a bit about your child(ren)
     - how is child with meeting new people, in a group
     - anyone else involved, if yes how are relationships

   information to provide
   - overview of program
   - set up apt for child (explain voluntary participation, offer suggestions to present)
   - importance of 8 week commitment, punctuality, child not overloaded with other activities, something to eat before they come and bit of down time
   - discuss fee to be paid if not already resolved/any payment arrangements

Children’s Intake

Find out what they have been told why they are here
This program is called CIM, and it is for kids whose parents are sep/div.
Why we bring you in is to tell you a little bit about the program so you can decide if this is something that would be helpful to you. We also ask a few
questions, just to get a sense of where you are at. and if there is something you are having difficulty with.

What you say here is private, that means that what you say to me isn’t shared with either of your parents. That way you have a place to sort out whatever is on your mind and make your own decision about the program. The only exception is if kids tell us that they are being abused, then we have to tell someone so they can get help. You’ve probably talked about that sort of thing at school already.

What would you like to start with? Should I tell you a bit about the program first, or a few questions?

Program: 8 weeks, group of about 6 kids (most in this group will be the same age as you). The program is to give you a place to talk to other kids whose parents are sep/div and to learn some tools that will help cope with the changes in your family. It’s pretty fun. We play games and do activities, talk a bit. Some of the things we cover are: sorting out mixed up feelings, so learning to identify our own feelings and share them, listening, dealing with angry feelings so you don’t hurt yourself or anyone else, ways to comfort yourself or calm yourself down when you are upset or sad, problem solving...and on the last night we have a pizza party. (explain if relevant that we don’t put siblings in the same group). I know your (Mum, Dad) is interested in coming too. The parents have their own group and they learn about making it easier for you, and get some support too. How does that sound?

Questions: (as appropriate, and as you notice strengths and resources point them out eg. It sounds like you have a real skill in...)

How long ago did your parents separate...do you remember them telling you they were splitting up...how did you feel...how do you feel now? What did they tell you about why they aren’t together anymore?

How is it when they see each other?

Is there anything about them not living together that is positive for you...easier for you... (if they have difficulty use normalization or guess- a lot of kids feel some relief when their parents split up if they were arguing a lot, some kids find they actually see more of one of their parents than they did before the separation etc)

What is the hardest part?

Do you have friends whose parents are sep? Do you talk to your friends about this? Who do you talk to?
Appendix B: Key objectives of sessions

*Parents*

Session 1: Welcome and Introduction

1. Purpose of the group is discussed:
   - To find ways to support children who are feeling caught in the middle
   - To support parents as they navigate their way through the changes from separation and divorce
   - To strengthen the parent-child dyad

2. Adult experiences of divorce are discussed:
   - Grief and loss model is presented and discussed
   - Sharing individual stories of divorce and separation

Session 2: Introducing the correlation between parental reaction to divorce and children’s well-being and coping.

1. Verbalizing emotions

2. Identifying and practicing possible ways of helping children to deal with their feelings

Session 3 & 4: Communication Skills

1. Paraphrasing, blocks and encourages to communication, using “I” statements

Session 5 & 6: Anger & Anger Management

1. Exploring beliefs about anger and demystifying anger

2. Recognizing appropriate and inappropriate ways of expressing anger

3. Acknowledging the need for appropriate anger expression

4. Anger management: identifying triggers

5. Anger management: introducing assertiveness as an anger management tool

6. Anger management: recognizing when a boundary needs to be set and respecting it

7. Anger management: stress reduction skills
Session 7 & 8: Problem Solving

1. Understanding how your behaviour impacts your children
2. Problem identification and priorities setting
3. Introducing the problem solving model

Session 9: Compassion, Forgiveness and Letting Go

1. Suspending judgement
2. Stages of forgiveness
3. Why it is important to let go and how to do that

Session 10: Self Esteem and Closure

1. How I have grown stronger
2. Wrap up thoughts

*(Extracted and summarized from the CIM manual)*

**Children**

Session 1: Welcome and Introduction

1. Acquaint and establish a safe, supportive environment
2. Normalization of separation and divorce
3. Exploration of different feelings, universality of feelings

Session 2: Different kinds of families, communication, relaxation

1. Explore commonalities and differences among families
2. Develop awareness of how feelings change over time, and how they are conveyed
3. Practice communication skills
4. Learn and practice relaxation exercises

Session 3: Responsibility, conflicting feelings and questions

1. Accept that divorce is not the child’s fault
2. Recognizing changes, and mixed feelings about them
Session 4: Communication skills, solvable versus unsolvable problems, and hope

1. “I” messages
2. Problem Solving Model
3. Generating hope for the future

Session 5 & 6: Anger management

1. Teach escalation and de-escalation
2. Relaxation techniques
3. Identification & Internalization of positive role models

Session 7: Conflict resolution, positive identity, and preparing for closure

1. Conflict resolution skills, and their application to children’s real life problems
2. Identifying internal resources and coping mechanisms
3. Introducing program termination and practicing group presentation

Session 8: Closure – hero awards, parent activity, and party

1. Recognizing each child’s accomplishment
2. Sharing with parents – presentation of skit/poem
3. Debriefing, program evaluation by children and pizza party celebration

*(Extracted and summarized from the CIM manual)*

At the beginning of every session in the children’s group, there is a 10 minute “check in” period, at which the group leader reviews the previous session, and members can share how their week has been, and how they feel right now.

The parent group is more flexible, and the group leader decides on a session’s topic and activities according to the participants’ current state.
### Appendix C: CIMCQ as a reflection of program goals

<table>
<thead>
<tr>
<th>Evaluation/Research question</th>
<th>Question</th>
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</tr>
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<tbody>
<tr>
<td>Is participation in the children group associated with feelings of being supported and having a positive experience?</td>
<td>Meeting other kids who are in a situation like mine helped me.</td>
<td>Post only</td>
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<td>Question</td>
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</tr>
<tr>
<td></td>
<td>I feel I’m not the only kid whose parents are splitting up.</td>
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<td>I feel that other kids are like me, because they have the same kinds of disagreements with their parents and their brothers or sisters.</td>
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<td>Do children report knowing more coping skills after participating in the group?</td>
<td>Question</td>
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</tr>
<tr>
<td></td>
<td>I know some ways that I can use to help me express my feelings.</td>
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</tr>
<tr>
<td></td>
<td>I know some ways that I can relax.</td>
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<tr>
<td></td>
<td>Talking to other kids can help me feel better.</td>
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<tr>
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### Do children feel less CIM after participating in the program?

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Appendix D: CIMCQ PRE

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</tr>
<tr>
<td>26. When my parents argue, they don’t listen to anything I say.</td>
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<tr>
<td>27. I feel caught in the middle when my parents argue.</td>
<td></td>
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<tr>
<td>28. My mom wants me to be on her side when she and my dad argue.</td>
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<tr>
<td>29. I feel like I have to take sides when my parents have a disagreement.</td>
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<tr>
<td>30. My dad wants me to be on his side when he and my mom argue.</td>
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<tr>
<td>31. I am not to blame when my parents have arguments.</td>
<td></td>
<td></td>
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<tr>
<td>32. It’s usually my fault when my parents argue.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>33. Even if they don’t say it, I know I’m to blame when my parents argue.</td>
<td></td>
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<td></td>
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<tr>
<td>34. My parents blame me when they have arguments.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>35. Usually it’s not my fault when my parents have arguments.</td>
<td></td>
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</tr>
<tr>
<td>36. One day in the future I will feel better about the changes my family is going through</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>37. I can imagine things getting better for me.</td>
<td></td>
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</tr>
<tr>
<td>38. I think that things will be okay soon</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
Appendix F: Feelings Thermometer

1. I totally don't feel this way
2. I don't feel this way
3. I kind of don't feel this way
4. I'm not sure how I feel
5. I somewhat feel this way
6. I feel a lot this way
7. I totally feel this way
## Appendix G: CIMPQ as a reflection of program goals

<table>
<thead>
<tr>
<th>Evaluation/Research question</th>
<th>Question</th>
<th>Question Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is participation in the parent group associated with feelings of being supported?</td>
<td>Meeting people who are in a similar situation to mine was helpful</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>I felt supported by attending the parent group.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>I felt that the other parent group members listened to me.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group facilitator helped create a supportive environment for the parent group.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>I felt comfortable sharing my feeling and experiences with the parent group.</td>
<td>Post only</td>
</tr>
<tr>
<td>Is participation in the parent group associated with an understanding of adverse effects of conflict and divorce on children?</td>
<td>The parent group helped me understand how children can be affected by a breakup.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group helped me understand how disagreement or conflict between parents can affect children’s well-being.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group helped me to better understand when challenging behaviour on the part of children can come from family circumstances.</td>
<td>Post only</td>
</tr>
<tr>
<td>Is participation in the parent group associated with an ability to apply self-help skills that would benefit parents?</td>
<td>The parent group helped me to learn skills I can use to manage my anger or other strong feelings.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group helped me to learn skills I can use to communicate better.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group helped me to learn ways I can use to relax.</td>
<td>Post only</td>
</tr>
<tr>
<td>Is participation in the parent group associated with an ability to apply self-help skills that would benefit my child?</td>
<td>The parent group helped me learn how to be more in control of my life.</td>
<td>Post only</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td>The parent group helped me become aware of ways to help myself when I need it.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group helped me to support my child emotionally.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group helped me to be better able to find ways to resolve a conflict or a challenge with my child.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group helped me learn ways of keeping the children from being involved in the parents’ conflicts.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>The parent group helped me become confident in my ability to manage problems at home, by using what I learned.</td>
<td>Post only</td>
</tr>
<tr>
<td></td>
<td>What I learned from the parent group will have a positive influence on the decisions I make about my children.</td>
<td>Post only</td>
</tr>
<tr>
<td>Is participation in the parent group associated with less stress for you and your child?</td>
<td>Separation and divorce is often connected to feelings such as distress, or relief. Thinking about your current situation, please answer the following questions:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Right now I feel stressed out about my separation or divorce.</td>
<td>Pre &amp; Post</td>
</tr>
<tr>
<td></td>
<td>Right now I feel relieved about my separation or divorce.</td>
<td>Pre &amp; Post</td>
</tr>
<tr>
<td></td>
<td>Right now my child feels stressed out about my separation or divorce.</td>
<td>Pre &amp; Post</td>
</tr>
<tr>
<td></td>
<td>Right now my child feels relieved about my separation or divorce.</td>
<td>Pre &amp; Post</td>
</tr>
<tr>
<td>Is participation in the parent group associated with expectations of satisfaction/actual</td>
<td>I believe that participating in the parent group will be beneficial for me.</td>
<td>Pre &amp; Post</td>
</tr>
<tr>
<td></td>
<td>Participating in the parent group was beneficial for me.</td>
<td>Pre &amp; Post</td>
</tr>
<tr>
<td>satisfaction?</td>
<td>Pre &amp; Post</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>I believe that participating in the parent group will provide me with useful information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in the parent group provided me with useful information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe that participating in the parent group will provide me with practical tools or ways of handling my situation.</td>
<td>Pre &amp; Post</td>
<td></td>
</tr>
<tr>
<td>Participating in the parent group provided me with practical tools or ways of handling my situation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that my participation in the parent group will end up being beneficial for my child too.</td>
<td>Pre &amp; Post</td>
<td></td>
</tr>
<tr>
<td>I feel that my participation in the parent group ended up being beneficial for my child too.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would recommend participation in the parent group to parents in similar situations</td>
<td>Post</td>
<td></td>
</tr>
</tbody>
</table>
Appendix H: CIMPQ PRE

Please read the statements below and indicate how much you agree with each of them by circling the number between 1 and 7 (1=Totally Disagree, 7=Totally Agree) that best describes your experience.

A. How satisfied do you anticipate you are going to be with the experience of participating in the group?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Totally Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Totally Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I believe that participating in the parent group will be beneficial for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. I believe that participating in the parent group will provide me with useful information.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. I believe that participating in the parent group will provide me with practical tools or ways of handling my situation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. I feel that my participation in the parent group will end up being beneficial for my child too.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

B. Separation and divorce is often connected to feelings such as distress, relief, or both. Thinking about your current situation, please answer the following questions:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Totally Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Totally Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Right now I feel stressed out about my separation or divorce.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. Right now I feel relieved about my separation or divorce.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. Right now my child feels stressed out about the separation or divorce.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. Right now my child feels relieved about the separation or divorce.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
Appendix I: CIMPQ POST

Thinking back about your experience in the group, please indicate how much you agree with each of the following statements by circling the number between 1 and 7 (1=Totally Disagree, 7= Totally Agree) that best describes your experience.

A. How supported did you feel when attending the group?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Totally Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Totally Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Meeting people who are in a similar situation to mine was helpful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. I felt supported by attending the parent group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. I felt that the other parent group members listened to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. The parent group facilitator helped create a supportive environment for the parent group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. I felt comfortable sharing my feeling and experiences with the parent group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

B. After participating in the group, do you have a better understanding of the effects of conflict and divorce on children?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Totally Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Totally Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The parent group helped me understand how children can be affected by a breakup.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. The parent group helped me understand how disagreement or conflict between parents can affect children’s well-being.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. The parent group helped me to better understand when challenging behaviour on the part of children can come from family circumstances.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
### C. Has participating in the parent group increased your ability to apply self-help skills that would benefit you?

<table>
<thead>
<tr>
<th>Question</th>
<th>Totally Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Totally Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The parent group helped me to learn skills that I can use to manage my anger or other strong feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. The parent group helped me to learn skills I can use to communicate better.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. The parent group helped me to learn ways I can use to relax.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. The parent group helped me learn how to be more in control of my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. The parent group helped me become aware of ways to help myself when I need it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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</tbody>
</table>

### D. Has participation in the parent group increased your ability to apply self-help skills that would benefit your child?

<table>
<thead>
<tr>
<th>Question</th>
<th>Totally Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Totally Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The parent group helped me to support my child emotionally.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. The parent group helped me to be better able to find ways to resolve a conflict or a challenge with my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. The parent group helped me learn ways of keeping the children from being involved in the parents’ conflicts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. The parent group helped me become confident in my ability to manage problems at home, by using what I learned.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. What I learned from the parent group will have a positive influence on the decisions I make about my children.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
E. Separation and divorce is often connected to feelings such as distress, relief, or both. Thinking about your current situation, please answer the following questions:

<table>
<thead>
<tr>
<th></th>
<th>Totally Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Totally Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Right now I feel stressed out about my separation or divorce.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. Right now I feel relieved about my separation or divorce.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. Right now my child feels stressed out about the separation or divorce.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. Right now my child feels relieved about the separation or divorce.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

F. How satisfied are you with the experience of participating in the group?

<table>
<thead>
<tr>
<th></th>
<th>Totally Disagree</th>
<th>Somewhat Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Somewhat Agree</th>
<th>Totally Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participating in the parent group was beneficial for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. Participating in the parent group provided me with useful information.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. Participating in the parent group provided me with practical tools or ways of handling my situation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. I feel that my participation in the parent group ended up being beneficial for my child too.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. I would recommend participation in the parent group to parents in similar situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
Appendix J: Individual participants’ responses at pre- and post-test

Figure 1: Participant A's (child) responses on the CPIC

Figure 1 Participant A's (child) responses at pre- and post-test on the Children’s Perception of Interparental Conflict (CPIC). CPIC-Cop= coping efficacy subscale; CPIC-CIM=triangulation subscale; CPIC-SB=self blame subscale.

Figure 2: Participant A's (child) responses on the CIMCQ

Figure 2 Participant A's (child) responses at pre- and post-test on the Caught in the Middle Children’s Questionnaire (CIMCQ). Normal= normalizing the situation subscale; Coping=coping skills subscale; Stress=stress-relief subscale.
Figure 3: Participant A’s (parent) responses on the CIMPQ

Figure 3 Participant A’s (parent) responses at pre- and post-test on the Caught in the Middle Parents’ Questionnaire (CIMPQ). Satisfaction = expectations of satisfaction/actual satisfaction subscale; Stress-p = stress-relief parent subscale; Stress-c = stress-relief children subscale.

Figure 4: Participant B’s (child) responses on the CPIC

Figure 4 Participant B’s (child) responses at pre- and post-test on the Children’s Perception of Interparental Conflict (CPIC). CPIC-Cop = coping efficacy subscale; CPIC-CIM = triangulation subscale; CPIC-SB = self blame subscale.
Figure 5: Participant B's (child) responses on the CIMCQ

Figure 5 Participant B's (child) responses at pre- and post-test on the Caught in the Middle Children’s Questionnaire (CIMCQ). Normal= normalizing the situation subscale; Coping=coping skills subscale; Stress=stress-relief subscale.

Figure 6: Participant B's (parent) responses on the CIMPQ

Figure 6 Participant B's (parent) responses at pre- and post-test on the Caught in the Middle Parents’ Questionnaire (CIMPQ). Satisfaction= expectations of satisfaction/actual satisfaction subscale; Stress-p= stress-relief parent subscale; Stress-c=stress-relief children subscale.
Figure 7: Participant C's (child) responses on the CPIC

Figure 7 Participant C's (child) responses at pre- and post-test on the Children’s Perception of Interparental Conflict (CPIC). CPIC-Cop= coping efficacy subscale; CPIC-CIM=triangulation subscale; CPIC-SB=self blame subscale.

Figure 8: Participant C's (child) responses on the CIMCQ

Figure 8 Participant C's (child) responses at pre- and post-test on the Caught in the Middle Children’s Questionnaire (CIMCQ). Normal= normalizing the situation subscale; Coping=coping skills subscale; Stress=stress-relief subscale.
Figure 9: Participant C's (parent) responses on the CIMPQ

Figure 9 Participant C's (parent) responses at pre- and post-test on Caught in the Middle Parents’ Questionnaire (CIMPQ). Satisfaction= expectations of satisfaction/actual satisfaction subscale; Stress-p= stress-relief parent subscale; Stress-c=stress-relief children subscale.

Figure 10: Participant D's (child) responses on the CPIC

Figure 10 Participant D's (child) responses at pre- and post-test on the Children’s Perception of Interparental Conflict (CPIC). CPIC-Cop= coping efficacy subscale; CPIC-CIM=triangulation subscale; CPIC-SB=self blame subscale.
Figure 11: Participant D's (child) responses on the CIMCQ

*Figure 11* Participant D's (child) responses at pre- and post-test on the Caught in the Middle Children’s Questionnaire (CIMCQ). Normal= normalizing the situation subscale; Coping=coping skills subscale; Stress=stress-relief subscale.

Figure 12: Participant D's (parent) responses on the CIMPQ

*Figure 12* Participant D's (parent) responses at pre- and post-test on the Caught in the Middle Parents’ Questionnaire (CIMPQ). Satisfaction= expectations of satisfaction/actual satisfaction subscale; Stress-p= stress-relief parent subscale; Stress-c=stress-relief children subscale.
Figure 13: Participant E's (child) responses on the CPIC

Figure 13 Participant E's (child) responses at pre- and post-test on the Children’s Perception of Interparental Conflict (CPIC). CPIC-Cop= coping efficacy subscale; CPIC-CIM=triangulation subscale; CPIC-SB=self blame subscale.

Figure 14: Participant E's (child) responses on the CIMCQ

Figure 14 Participant E's (child) responses at pre- and post-test on the Caught in the Middle Children’s Questionnaire (CIMCQ). Normal= normalizing the situation subscale; Coping=coping skills subscale; Stress=stress-relief subscale.
Figure 15: Participant E’s (parent) responses on the CIMPQ

Figure 15 Participant E’s (parent) responses at pre- and post-test on the Caught in the Middle Parents’ Questionnaire (CIMPQ). Satisfaction= expectations of satisfaction/actual satisfaction subscale; Stress-p= stress-relief parent subscale; Stress-c=stress-relief children subscale.

Figure 16: Participant F’s (child) responses on the CPIC

Figure 16 Participant F’s (child) responses at pre- and post-test on the Children’s Perception of Interparental Conflict (CPIC). CPIC-Cop= coping efficacy subscale; CPIC-CIM=triangulation subscale; CPIC-SB=self blame subscale.
Figure 17: Participant F's (child) responses on the CIMCQ

Figure 17 Participant F's (child) responses at pre- and post-test on the Caught in the Middle Children’s Questionnaire (CIMCQ). Normal= normalizing the situation subscale; Coping=coping skills subscale; Stress=stress-relief subscale.

Figure 18: Participant F's (parent) responses on the CIMPQ

Figure 18 Participant F's (parent) responses at pre- and post-test on the Caught in the Middle Parents’ Questionnaire (CIMPQ). Satisfaction= expectations of satisfaction/actual satisfaction subscale; Stress-p= stress-relief parent subscale; Stress-c=stress-relief children subscale.
Figure 19: Participant G’s (child) responses on the CPIC

Figure 19 Participant G’s (child) responses at pre- and post-test on the Children’s Perception of Interparental Conflict (CPIC). CPIC-Cop= coping efficacy subscale; CPIC-CIM=triangulation subscale; CPIC-SB=self blame subscale.

Figure 20: Participant G’s (child) responses on the CIMCQ

Figure 20 Participant G's (child) responses at pre- and post-test on the Caught in the Middle Children’s Questionnaire (CIMCQ). Normal= normalizing the situation subscale; Coping=coping skills subscale; Stress=stress-relief subscale.
Figure 21: Participant G's (parent) responses on the CIMPQ

*Figure 21* Participant G's (parent) responses at pre- and post-test on the Caught in the Middle Parents’ Questionnaire (CIMPQ). Satisfaction = expectations of satisfaction/actual satisfaction subscale; Stress-p = stress-relief parent subscale; Stress-c = stress-relief children subscale.