Fostering children's resilience in the aftermath of divorce: The role of evidence-based programs for children

JoAnne Pedro-Carroll, Ph.D.

University of Rochester

Children's Institute

Abstract

The negative impact of divorce is a concern with far-reaching ramifications for children's well-being. This article overviews divorce-related risks and protective factors that provide an empirical guide for implementing effective programs for children. The promising potential of child focused interventions is highlighted, including examples of programs with evidence of effectiveness. The Children of Divorce Intervention Program (CODIP) is described in greater detail as an example of a preventive program with six controlled studies documenting multiple benefits to children including reductions in anxiety, behavior problems, somatic symptoms, and increases in their healthy adjustment at home and at school. A vision for future research and practice is discussed, including best practices for adapting children's programs to court-connected services and a paradigm shift involving systematic preventive outreach to all separating parents with minor children, before difficulties become chronic.

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Scope of the Issue

Divorce is one of the most dramatic changes shaping contemporary family life in the US over the past century. Currently, demographic estimates suggest that nearly half of first marriages end in divorce, affecting over one million children each year. The high rate of marital disruption, combined with an increase in births outside of marriage means that about half of all children will spend at least some portion of their lives in a single parent household (Castro & Bumpass, 1989). Add to these changes the fact that divorce rates are higher in remarriage--1 in 3 children will live with a stepparent for some time (Glick, 1989) and we begin to understand the complex serial changes and challenges that children face over an extended period of time.

Divorcing parents and their children rate this process as one of the most stressful life changes (Hetherington, Cox & Cox, 1982). Parental divorce entails a series of transitions and family reorganizations that influence children's adjustment over time, including changes in residence, family relationships and standard of living. In the early stages, as family life changes dramatically, most children experience considerable distress. Worries about the future, as children wonder "what will happen to me" appear to be a nearly universal reaction among children of all ages. These feelings of sadness and vulnerability may underlie the higher rates of depression, anxiety and interpersonal difficulties found in some studies (Hoyt, Cowen, Pedro-Carroll, & Alpert-Gillis, 1990). Increased mental health problems for children are related to higher levels of post-divorce stressors such as protracted conflict, parental instability, changes in family relationships,

loss of time with parents, relocation, and economic decline (Sandler, Wolchik, Braver & Fogas, 1991). Studies indicate that, on average, children of divorced parents are less socially, emotionally and academically well adjusted than their peers in nondivorced families (Hetherington et al., 1998; Amato & Keith, 1991a).

Meta-analytic studies suggest that divorce poses specific risks for children that can endure (Amato, 2000). However, there is some controversy about the magnitude of the negative impact. While the average effect sizes are small, longitudinal studies suggest that the long-term effects for some children may be quite enduring with heightened risk for difficulties in adulthood, including lower socioeconomic status, poorer subjective well-being, increased marital problems and a greater likelihood of divorce in one's own marriage (Amato, 2000). These sobering outcomes certainly warrant concern. However, it is important to emphasize that long term problems *are not* inevitable; nor are they uniformly applicable to all children. There is tremendous variation in how children fare over time, depending on a number of mediating variables, including risk reduction and enhancement of protective processes.

Resilience in Children of Divorce

What is Resilience?

Resilience is defined by some researchers as demonstrated competence in the context of significant challenges to adaptation (Masten & Coatsworth, 1998). Resilience research is focused on studying those who engage life with hope and humor despite devastating losses, or those who thrive despite homes or neighborhoods that can lead to negative outcomes for children. More recently, researchers have come to conceptualize

resilience as a process by which those exposed to adversity maintain or achieve competent functioning despite profoundly stressful circumstances.

Resilience is a concept filled with hope and optimism. Yet there is a need for caution to contain assumptions that resilience is a trait that all children possess, or is an automatic outcome for children. Children can develop areas of resilience in their lives when they are protected by the positive actions of adults, by good nurturing, by their assets and by policies and practices that support their healthy development and reduce risk across key systems (legal, judicial, educational, family, community) that affect their lives.

This article highlights the important role that evidence-based programs play in reducing the negative effects of divorce on children. A risk and resilience model is used to understand individual child characteristics that are associated with better adjustment, and provides guidelines for the content of children's programs. The Children of Divorce Intervention Program is described in greater detail as an example of an evidence-based program that can be modified to a variety of settings, including court-connected services. The next section considers the role of protective factors in children's post divorce adjustment and the implications of those findings for children's programs.

Factors Predicting Risk and Resilience in Children of Divorce

Historically, research on children and divorce has focused more on risk factors for negative outcomes than on protective factors that influence positive outcomes (Emery & Forehand, 1994). Recent research has clarified that the absence of risk is not the same as protection. For example, a child is not protected by the absence of conflict between parents if there is abandonment or disengaged parenting. Multiple factors operate in

combination to produce heightened risk or resilience for children. Thus, multiple

approaches are needed to provide support to children from their families, schools,

communities and the legal system. Although more research is clearly needed to identify

pathways to wellness following divorce, some protective factors have been identified that

offer important information for designing children's programs. For the purposes of this

article, only those factors that are modifiable and applicable to preventive interventions

for children are discussed (see Table 1).

Table 1

Modifiable protective factors identified in research on children and divorce

Individual Factors Factors	Family Factors	Extrafamilial
Active coping style relationships	Protection from interparental conflict	Supportive
		with positive adult models
Accurate attributions network:	Psychological well-being of parents	Support
		family, school and community
Hope for the future	Solid, supportive parent-child relationships	Evidence-based preventive interventions
providing		support and skills training
Realistic appraisal of control		
Effective coping skills	Authoritative parenting; household	stability and structure

Individual Factors

Stress and coping researchers emphasize that the impact of stressful experiences depends not just on the qualities of the experience but on how the person perceives and responds to it (Compas, 1987; Rutter, 1983). Studies have identified a number of individual factors that are related to the quality of children's adjustment to divorce. Poor coping skills, inaccurate attributions, feelings of hopelessness, and fears of abandonment are related to more difficulties for children (Kurdek & Berg, 1987). Furthermore, higher rates of maladjustment have been found in children who rely on avoidance and wishful thinking (Armistead, et al., 1990).

The important role that effective coping strategies play in reducing family-related stressors has been well documented. Two types of coping--primary and secondary control coping--were associated with less anxiety, depression and aggression among adolescents dealing with divorce-related stressors such as economic strain and family conflict (Wadsworth & Compas, 2002). Similarly, active coping that involved problem solving and positive thinking increased children's feelings of confidence in their ability to cope with stressful family circumstances and led to greater resilience among children (Sandler, Tein, & West, 1994; Sandler, Tein, Mehta, Wolchik, & Ayers, 2000). Preventive interventions that focus on developing effective coping skills, clarifying children's misconceptions, helping children understand what they *can* and *can't* control and providing accurate attributions for parental problems have been shown to relate to better adjustment in school-aged children (Alpert-Gillis, Pedro-Carroll, & Cowen, 1989; Pedro-Carroll & Alpert-Gillis, 1997; Pedro-Carroll, Alpert-Gillis, & Cowen, 1992;

Pedro-Carroll, Sutton, & Wyman, 1999; Stolberg & Mahler, 1994). Taken together, these studies demonstrate the importance of incorporating effective coping strategies into interventions for children and the solid potential that well-designed programs have for reducing risk and fostering resilience.

Programs for Children

Nearly half of all counties in the U.S. provide court-connected education programs for separating parents. Despite the courts' strong interest in children's programs, a recent review found that only 152 counties offered children's programs (Geelhoed, Blaisure & Geasler, 2001). Children's programs share several common goals and practices. Most programs are based on the belief that a peer group provides a supportive environment that helps children recognize that they are not alone and normalizes their feelings and experiences. Some programs include information to demystify the legal process.

Two major reviews of the literature on children's programs emphasized the need to rigorously evaluate interventions and design programs to reflect the research knowledge base (Grych & Fincham, 1992; Lee, Picard & Blain, 1994). These reviews highlight the benefits of an integration of research and practice to guide the development of interventions for separating parents and their children. For example, the content of children's programs should be tailored to accurate, research-based information on factors that relate to better outcomes for children. Grych & Fincham (1992) also emphasize importance of providing effective help for children early in the process of the marital dissolution to prevent negative consequences.

Other reviews have been less sanguine about the benefits of children's programs

and conclude that "the data provide only modest evidence that the children who participated in the groups felt different after their experience" (Lee et al., 1994, p. 9). This review focused on studies that included a sound research design. However, the conclusion appears unduly pessimistic in light of the fact that some of the studies demonstrated reductions in children's feelings of distress and increases in self-esteem (Alpert-Gillis, Pedro-Carroll & Cowen, 1989; Pedro-Carroll & Cowen, 1985; Pedro-Carroll et al., 1986; Stolberg & Garrison, 1985; Roseby & Deutsch, 1985). Furthermore, follow-up studies have emerged in the decade since their review indicating enduring benefits of children's programs (Pedro-Carroll, Sutton & Wyman, 1999; Stolberg & Mahler, 1994).

Despite increasing recognition of the benefit of children's programs, there is a noticeable shortage of well-controlled studies assessing their efficacy. Several programs are widely disseminated but have little or inconclusive evaluation data. Rigorous, controlled studies are needed to confirm the effectiveness of programs, especially for those providing services to large numbers of children.

Most evaluations conducted by court-connected programs have been limited to parent satisfaction data and children's feedback. Some programs, such as Kids Turn, have forged collaborations with universities to conduct evaluation studies. This program, founded by a judge, is an example of the benefits of interdisciplinary partnerships to extend preventive outreach to families and communities. In general, evaluations of children's programs vary in depth, use of reliable measures and control groups, but an increasing number of programs recognize the need for on-going evaluation (Kearnes, Gordon & Arbuthnot, 1991; Fischer, 1999; Oliphant, Brown, Cambron & Yankeelov,

2002).

Evidence-based Programs

Only a few evidence-based programs have been evaluated extensively with
control groups. The Children's Support Group (Stolberg & Garrison, 1985; Stolberg &
Mahler, 1994) is a 14-week preventive intervention designed to provide support and
teach children skills and coping strategies to deal with family changes. In a rigorous
evaluation, 3rd-5th grade children were assigned to one of three intervention groups: (1)
support; (2) support and skill building or (3) support, skill building, transfer and parent
training. A non-divorced group served as a comparison sample. Results showed
significant improvements in children's clinical symptoms in the skills and support
conditions. Children in the support-only condition improved most at one-year follow up,
especially those children with clinically significant problems. The authors acknowledge
the importance of cognitive-behavioral skills as a key ingredient of their program and the
need for further research to clarify the mechanisms of effective programs.

The Children of Divorce Intervention Program (CODIP) is a preventive school-
based intervention based on protective factors related to resilience in children after
divorce. The primary goals of the program are to *create a supportive group environment
in which children can freely share experiences, establish common bonds, clarify
misconceptions, and acquire skills that enhance their capacity to cope with the stressful
changes that divorce often poses* (Pedro-Carroll, 1997). In addition, it has a substantial
evidence base including controlled studies, tests of key ingredients, and a follow-up study
documenting multiple benefits to children (Pedro-Carroll & Jones, 2004). CODIP began
with an initial intervention for fourth to sixth grade suburban children of divorce which

included semi-structured, interactive activities geared to the developmental

characteristics of 9- to 12-year-olds. The positive results of that early pilot (Pedro-

Carroll & Cowen, 1985) led to subsequent adaptations of the program model for children

of different ages and sociodemographic backgrounds. Four separate versions of the

CODIP model have been developed for children of different ages: kindergarten and first

grade; second and third; fourth through sixth, and seventh through eighth grade.[1]

Different techniques have been developed to match the clinical profile and developmental

needs of each age group, and to promote the specific objectives of the program.

Key Program Ingredients: Group Support Plus Skill Enhancement

Despite high divorce rates, many children feel alone and different as a result of

their family circumstances. Safe, supportive group interactions are an essential

ingredient of CODIP. One of the most comforting aspects of the group for children

comes from mutual support for shared experiences and learning that they are not alone at

a time when they feel that everything in their life is changing. The group format also

provides natural opportunities for exchanging information on common divorce-related

issues and for clarifying common misconceptions about family changes. A child who

fears, deep down, that she is somehow responsible for her parents' marital problems can

find much comfort and relief from the words of a peer with similar feelings -- sometimes

even more so than from the intellectual assurances of an adult.

Although the support and solidarity that comes from sharing common experiences

is helpful to children, enhancing coping skills is an equally important part of the program

for all age groups. Thus, in CODIP's later, skill acquisition meetings, the group format

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[1] Copies of the CODIP manuals for different age groups are available by contacting the first author at Children's Institute, 274 North Goodman Street, Suite D103, Rochester, NY 14607.

offers children opportunities to role play key skills and learn about others' efforts to solve

problems, deal with anger, disengage from loyalty conflicts, and effectively manage day-

to-day challenges. Thus, children learn from each other's successes and setbacks, as the

group provides the opportunity for children who are further along in the process of

adjustment to serve as credible role models for those in the early stages.

Group Leaders

Like all children's programs, the effectiveness of CODIP depends heavily on the

commitment and clinical skills of group leaders. The group leaders' sensitivity and

ability to establish a safe, trusting environment and to encourage children's involvement

in group activities all contribute to the development of a cohesive group environment.

CODIP groups are generally co-led, ideally by a male and female who share task and

process roles. This arrangement helps children to observe first hand a cooperative, cross-

gender adult relationship as well as a positive, same-sex adult role model. Having two

leaders also increases helpful responses to sensitive issues, nonverbal cues, and behavior

management problems. What one leader may miss in the midst of group interaction, the

other can address.

Developmental Factors

Age and developmental level are important factors that shape children's initial

reactions to marital disruption. Developmental stage profoundly influences a child's

dependence on parents and peers, perceptions of the family changes, as well as their

coping and defensive strategies. Thus the program's structure (e.g., duration of sessions)

and content (e.g., therapeutic approach) are tailored to the developmental characteristics

of the target population. For example, with older youngsters, longer sessions in the

slightly larger groups (6-8) has worked effectively; by contrast, shorter weekly sessions (45-50 minute) with smaller groups (4-5) are more effective for younger children.

Program content is also tailored to variations in reactions that divorce predisposes in children of different ages. For example, issues of loyalty conflicts, anger, and feelings of stigma and isolation are more predominant responses among 9-12 year old youngsters; while intense sadness, confusion, guilt and fears of abandonment are prominent among 6-8 year olds (Wallerstein & Kelly, 1980). Therefore, such differing clinical profiles indicate the need to shape the central themes and focal issues of interventions to the special attributes of particular age groups. For example, with 7 and 8 year olds, puppet play, interactive use of books, games and activities are used to accomplish program objectives in an engaging format. Younger children play the "Red Light - Green Light Game" to help them differentiate between solvable (green light) and unsolvable (red light) problems, and the "Tic-Tac-Toe" game to help them learn to generate alternatives, evaluate the consequences and choose the most appropriate solution to common problems.

Finding ways to build children's competencies while appealing to age-related interests led to the development of a board game, the "Daring Dinosaurs"[*] (formerly called the "Kids Are Special People" game). The game is one of several therapeutic techniques used in the program, designed to enhance children's ability to identify and express their feelings, understand family changes, increase coping skills and help children identify their unique strengths.

Older (4th-6th grade) youngsters are developmentally at a stage when industrious activities that promote feelings of confidence and competence are needed. As such, the

"W-KID TV Panel of Experts" on family transitions is a popular technique for reinforcing and consolidating problem solving and coping skills, to deal with family changes. The Group Newsletter, initially conceived by members, is another shared activity which became a forum for older students to use creative writing, drawings, poetry, and humor to express their feelings, frustrations, and coping strategies. Through this process, members share a common bond, as well as a sense of competence and mastery that emerges from their creative expressions. The next section outlines specific objectives of the program.

      1.   *Foster a supportive group environment*

Creating an atmosphere in which children can share experiences, reduce feelings of isolation and feel safe that what they say will be respected and kept confidential is a major objective throughout the program. Different techniques are used within the group process to foster supportive interactions and a sense of belonging, including naming the group and creating a group symbol or banner.

      2.   *Identification and appropriate expression of feelings*

Parental divorce can trigger in children complex feelings that are difficult to cope with or comprehend. Young children are especially vulnerable because they lack the cognitive understanding and coping skills of adults. A variety of program activities are designed to enhance children's ability to identify, express and regulate a range of emotions. The program curriculum is sequenced to consider the universality, diversity, and acceptability of all feelings before focusing on divorce-related issues. Activities include a "feelings grab bag game," "feelings charades" and creative writing/drawing.

      3.   *Clarifying divorce-related misconceptions*

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[*] Detailed information on all games and activities are provided in CODIP manuals.

Children's effective coping depends on the accuracy of their perceptions; therefore, clarifying divorce-related misconceptions is an important program objective. Over several sessions, leaders strive to reduce children's fears of abandonment, feelings of responsibility for the divorce, and unrealistic fantasies about restoring the marriage. Various games, puppet play and role plays are used to increase children's ability to attribute the divorce to external realities, rather than internalizing feelings of responsibility for parents' marital problems.

       4.   Enhancing coping skills

Several sessions focus on teaching children social problem solving, communication skills, and appropriate ways to express anger, using games and exercises to foster skill acquisition. These skills help children better cope with the many changes and challenges associated with divorce and thus gain a sense of control over situations in which they might otherwise feel helpless. Specifically, children are taught to differentiate between problems that they *can* and *cannot* control. This key distinction helps them to master the psychological task of disengaging from interparental conflicts and redirecting energies to age-appropriate pursuits.

       5.   *Enhance children's positive perceptions of self and family*

This final integrative unit emphasizes positive qualities of children and families. Several self-esteem building exercises are used to highlight children's positive qualities, including a "You're a Special Person" activity. In this exercise, all children receive written feedback from peers and leaders about their unique qualities and special contributions to the group. Children enjoy this exercise; some keep their "special person"

card long after the group ends. Children are also assisted in identifying people to whom they can go for support once the program ends.

Dissemination and transfer to other settings

CODIP has been disseminated to over 500 schools around the world. Although primarily school-based, it is a transportable model that has been adapted successfully to other settings including mental health centers, faith based/community centers, private practitioners' offices and court-connected services for children. When children enter the local CODIP program, their parents are systematically referred to a court-connected educational program designed to help them reduce the stress of a breakup on their children (Pedro-Carroll, Nakhnikian, & Montes, 2001). Concurrent programs have the added benefit of focusing parents and children on similar goals such as increasing communication and strengthening parent-child relationships.

Adaptations of the CODIP model have been disseminated to different populations in urban, suburban and rural settings around the world. Practitioners and researchers in other countries such as Canada, South Africa, and Germany have tailored the CODIP model to the needs of their community (Fthenakis & Oberndorfer, 1993). The program has been translated into French and successfully implemented in Quebec, in a program called "Entramis" (Mireault, Drapreau, Faford, Lapointe, & Clotier, 1991).

The CODIP model can also be adapted for clinics, neighborhood community centers, after school-care programs and court-connected service organizations. To ensure the success of court-connected children's programs, judicial support and advocacy is essential. Collaborations between the courts and community providers have powerful potential to increase early outreach to separating parents to provide timely preventive

interventions.

<div align="center">Outcome Evaluation</div>

CODIP has been evaluated extensively to assess its effectiveness with children of different ages and sociodemographic backgrounds. Since its inception in 1982, six controlled studies have been conducted, including a two-year follow-up documenting the program's enduring. Research on the initial program with fourth- to sixth-grade suburban children, using a delayed treatment control group design, assessed CODIP's efficacy on the children's adjustment from four perspectives: parents, teachers, group leaders, and the children themselves. From all four perspectives, program children improved significantly, when compared to matched controls randomly assigned to a delayed treatment condition (Pedro-Carroll & Cowen, 1985). A replication study with different group leaders and different schools confirmed these initial findings (Pedro-Carroll, Cowen, Hightower, & Guare, 1986).

The next steps included adaptations of CODIP for urban and suburban second- and third-grade and fourth-, fifth- and sixth-grade urban children. Evaluations of these new programs confirmed the improvements in adjustment previously reported for suburban samples (Alpert-Gillis et al., 1989; Pedro-Carroll et al., 1992). Overall, these data, involving multiple input sources, demonstrated improved home and school adjustment for CODIP children, reductions in their anxiety and divorce-related concerns, and gains in their social competencies. Collectively, these studies demonstrated that the program model could be modified effectively for young children and for low-income populations in which divorce is one of many stressors.

A further challenge was identifying key program components and practices that

accounted for positive outcomes (Grych & Fincham, 1992). As noted earlier, CODIP rests on two essential components: providing support and strengthening skills. Other developers of children's programs have also found these components effective (Stolberg & Mahler, 1994). Sterling's (1986) evaluation of CODIP for second and third graders included a components analysis assessing the effectiveness of the program with, and without, an emphasis on social problem solving (SPS) and coping skills. Sterling found that the support alone (i.e., no skills) condition was less effective than the full program with a coping skills component. She also found that 16 weekly sessions for this group yielded more positive outcomes with young children than a twice weekly, 8-week program format. Those results provided a useful foundation for the later adaptation of CODIP for very young (5 and 6 year old) children. Evaluation of the CODIP program for kindergarten to first-grade children again provided multisource evidence of the program's effectiveness (Pedro-Carroll & Alpert-Gillis, 1997).

The positive findings cited above reflect children's adjustment status when the program ended. Pedro-Carroll, Sutton, and Wyman (1999) assessed the stability of these outcomes over a 2-year follow-up period. New teachers, unaware of children's initial group status, rated CODIP children as having significantly fewer school problems and more competencies than children in a divorce-control group. Parent interview data showed that their improvements at home and in school endured over the 2-year period. Two years after their participation, program children reported less anxiety, more positive feelings about themselves, their family and their coping skills. Especially noteworthy is the finding that program children had significantly fewer visits to the school health office with somatic symptoms than the control group. These results demonstrate that CODIP

provided skills and benefits that enhanced children's resilience and healthy adjustment over time.

While the above findings demonstrate the important role of children's programs in fostering children's well being, certain cautions bear mention for program implementation. Curriculum manuals and materials should be evidence-based and culturally sensitive. Effective programs require careful planning and implementation to select children who can most benefit from a psychoeducational group experience. It is not unusual for painful emotions to surface during meetings that require sensitivity, empathy and skilled facilitation. Thus, leaders should be experienced mental health professionals or receive close supervision while conducting groups. Housing programs in a courthouse should be carefully assessed, to avoid the possibility that the setting could be intimidating and anxiety-provoking for children. Mandating children's attendance is another practice that should be done with care, especially in light of the fact that young children may feel responsible for the breakup, and mandated attendance may add to anger and resentment among older youth. Program evaluation is an essential tool for monitoring the positive or negative impact of the group experience on children. The following guidelines summarize some best practice approaches to children's programs:

1. Utilize a children's program with an evidence base of effectiveness and a focus on children's strengths.

2. Keep children's developmental needs a primary factor in group composition and program content. Children may be intimidated in groups with much older children. Keep age ranges for each group between 2 and 3 years.

3. Ensure a safe and supportive group environment by establishing rules and setting limits on inappropriate behavior.

4. Provide skills training in factors known to relate to better adjustment for children in the aftermath of divorce (i.e., accurate attributions, competence in problem

solving, effective coping skills, help seeking, and differentiating solvable vs. unsolvable problems).

5. Select group members carefully, excluding those with severe difficulties. Provide referrals for children needing more intensive services.

6. Provide on-going training and close supervision to group leaders in child mental health, group process and facilitation skills.

7. Keep group balanced by age, gender and limit the number of participants. Large groups (more than 8) reduce opportunities for meaningful sharing.

8. Provide information and resources to parents on ways that they can foster their children's resilience and healthy adjustment and promote healthy parent-child relationships. When possible, provide concurrent groups for parents and children.

9. Convey a message of hope and confidence in children's strengths and abilities.

10. Conduct program evaluation as part of an on-going effort to assess its efficacy with diverse groups and to provide feedback for program refinement and modification. Above all, "do no harm," and monitor the progress of each participant.

Future Directions

A central question for practitioners, researchers, policy makers and the courts is what preventive measures can be systematically taken to reduce threats to children's healthy development in the aftermath of divorce. Many past efforts have focused on dealing with mental health crises, and the protracted legal battles of parents entrenched in conflict. Although these efforts to try to repair damage are necessary and compassionate responses to families in crises, a paradigm shift is needed to increase proactive strategies. Systematic outreach to all families early in the process of a separation is needed to identify their needs and link families with an array of educational, legal and therapeutic services tailored to their diverse needs. This multi-faceted preventive outreach has the

potential to provide supportive scaffolding for families during the critical early stages of marital disruption.

While evidence-based programs for children are an important part of this supportive structure, they are not a panacea for solving the array of complex emotional, economic and legal problems that families face in the process of a divorce. Even the most effective child-focused program cannot protect children if parents are engaged in behaviors that are toxic to children's well-being. Clearly, more intensive parent focused efforts are required. Parent programs with an evidence-base of effectiveness have tremendous potential for reducing or preventing the negative consequences of divorce (Wolchik, et al., 2002). Courts can act on behalf of children by implementing policies, practices and programs that help reduce protracted acrimonious legal proceedings involving children. Innovative initiatives such as collaborative law, parenting coordinators, parenting plans and programs for high conflict parents are all promising approaches that merit greater attention and research.

The interdisciplinary partnerships of legal, judicial and mental health professionals are essential steps toward the goal of systematic preventive outreach to families and evidence-based practice. Partnerships between courts and community organizations are an essential link to providing personnel and resources to carry out programs. Community resources to support Court Care Centers for Families could include an array of legal, ADR, and psychoeducational programs. Children's programs would be an integral part of this collaboration between courts, schools, universities, mental health and community service agencies. In this vision, courts could be a source of referrals and administrative support; universities and child mental health organizations

could provide consultation and expertise in clinical supervision and program evaluation. The challenges families face require the collective wisdom and experience of interdisciplinary teams sharing resources and skills. Hopefully, future research and practice will identify proactive strategies to strengthen marriages and reduce the rates of acrimonious divorces.

The risks that divorce poses for children's well-being are well documented. Less well established are systematic methods for influencing children onto pathways toward resilience and healthy adjustment. An integration of prevention research and effective practice promises to be a healthy marriage with lasting benefits to children.

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