

Evaluating a Primary Prevention Program for Children of Divorce¹

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The effectiveness of a primary prevention program for children of divorce is evaluated. Subjects included 82 mother-child pairs. Mothers had been separated for 33 months or less and did not have prior histories of using mental health services. Subjects were assigned to one of four conditions: (a) the Children's Support Group alone (CSG), (b) the CSG and the Single Parents' Support Group (SPSG), (c) the SPSG alone, or (d) a no-treatment control group. Data collected before, after, and 5 months following intervention, were analyzed using analyses of covariance with preintervention scores as covariates and pre-post and post-follow-up difference scores as dependent measures. Children in the CSG-alone condition improved most in self-concept and parents in the SPSG-alone condition improved the most in adjustment. Improvements were either maintained or did not change differentially across groups at follow up. Adaptive social skills of CSG-alone children compared to children in the CSG/SPSG groups showed significant post-to-follow-up improvements.

Cognitive, affective, behavioral, and psychophysiological problems have been reported in many children of divorce (Coddington & Troxell, 1980; Hetherington, 1979; Kurdek, 1981). Cognitive reactions include self-blame, feeling different from peers, and heightened sensitivity to interpersonal incompati-

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bility (Kelly & Berg, 1978; Kurdek & Siesky, 1980a, 1980b). Deficits in prosocial behavior and high frequencies of acting out and aggressive behaviors have also been found among children of divorce (Stolberg, Camplair, Currier, & Wells, 1984a). Their academic performance is often hampered by classroom behaviors that interfere with performance and require special handling (Guidubaldi, Perry, Cleminshaw, & McLaughlin, 1983). They are more often diagnosed as having serious illnesses than peers from intact families (Coddington & Troxell, 1980; Jacobs & Charles, 1980).

Three classes of variables have been shown to predict children's post-divorce adjustment: (a) parental-familial factors (b) environmental-extrafamilial factors, and (c) individual factors (Stolberg et al., 1984a). Parental-familial variables include predivorce marital hostility (Emery, 1982), parenting skills, the custodial parent's adjustment to the divorce, and the availability of the noncustodial parent to the child (Stolberg, Kiluk, & Garrison, 1984b). Environmental change events and time since the initial separation also figure prominently in the child's adjustment (Stolberg et al., 1984a, 1984b). Individual variables that predict children's divorce adjustment include age, sex, and emotional predisposition of the child (Hetherington, 1979; Kurdek, 1981).

Environmental change events often place demands on children for new skills, weaken their support systems, and result in feelings of anger and rejection (Stolberg et al., 1984a; Stolberg & Anker, 1984; Kurdek 1981). Parental adjustment determines the extent of emotional and physical availability of the custodial parent to the child (Stolberg et al., 1984a; Stolberg & Anker, 1984). Parenting skills reflect the parent's ability to meet effectively the child's normal developmental needs and the specific needs created by the divorce situation (Hetherington, Cox, & Cox, 1977). Interparental marital hostility has been found to be a major determinant of the child's post-divorce adjustment (Emery, 1982) and to influence child self-perceptions (Stolberg et al., 1984a). High levels of parent hostility may, for example, provide a model for the child that encourages acting out (Steinmetz, 1977). The child's age at the time of the parents' separation identifies the developmental tasks most likely to have been interrupted by the marital dissolution (Kurdek, 1981; Wallerstein, 1983).

Primary prevention programs for children of divorce should focus on these important influences on adjustment and on modifying constructively the child's response to them. Although chronic marital hostility that has already taken place cannot be undone, the child's understanding of such interactions can be modified. Similarly, environment changes cannot be reversed. The child's perception of these events can, however, be modified and behavioral skills needed to meet the new circumstances can be provided.

Highlighting relationships between environmental and familial changes and children's divorce adjustment helps to identify activities that may be in-

tegral components of a preventive intervention. Lost support systems must be replaced. Altered living circumstances and reduced parental availability and financial resources may result in increased feeling of anger and frustration in children. Communication skills, relaxation skills (Koeppen, 1974), and anger control skills (Novaco, 1975) may help the child to better cope with such feelings. Helping children to understand these confusing events should also serve to reduce their anger, frustration, and self-blame. Life and parenting skills must be acquired by the parent to meet the new environmental and familial demands.

Natural processes that help children to master normal developmental tasks are also interrupted by divorce-mediated alterations in the family structure. Thus, alternative systems must be developed to help children of divorce establish their identity and build internal control skills. Teaching problem-solving skills may assist in this process (Finch & Kendall, 1979).

The Divorce Adjustment Project (DAP) is a structured two-part primary prevention program intended to enhance prosocial skills and to prevent acting out, poor self-concept, and academic failure in children of divorce. The school-based Children's Support Groups were expected to directly facilitate children's adjustment by teaching cognitive-behavioral skills and providing emotional support. The community-based Single Parents' Support Groups were expected to indirectly influence children's adjustment by enhancing parenting skills and postdivorce adjustment of their parents.

The DAP is considered a primary prevention program because it is intended for psychologically healthy children who are facing a potentially psychopathogenic life event, divorce. It has been designed for children without histories of using mental health services and who do not display significant divorce-related mental health problems prior to program participation. Mental health status, and not time span between separation and program participation, is the primary determinant of the primary prevention classification.

METHOD

Subjects

Subjects were 82 mothers ($M = 36.36$ years) and their 7 to 13-year-old ($M = 10.7$ years) children (43 boys, 39 girls). Separation time ranged from 9 to 33 months ($M = 16.73$ months). The mean education of the mothers, all of whom had been married only once, was 13.7 years. Parents and children had no prior histories of using mental health services either within or outside of the school. The mean number of children in each family was 2.6.

Subjects were recruited from the local public school system, the local chapter of Parents Without Partners (PWP), and newspaper advertisements. Letters describing the project and its admission criteria were sent to all parents of 4th–6th-grade children in three schools and to active members of PWP. Criteria for admission were five: Parents and children could not have histories of using mental health services. Mothers had been married and divorced only once. Less than 3 years had elapsed since the initial separation. Mothers were the primary custodians. Target children were between the ages of 7 and 13. Of 180 divorce families in the school groups contracted, 44 agreed to participate in the program. Eighteen others came from responses to the PWP letters and the remaining 20 were mothers who responded to the newspaper advertisements.

Instruments

Scales were chosen to assess process variables expected to be directly modified by the intervention (i.e., parenting skills), parent outcome variables expected to be modified through participation in the Single Parents' Support Group (i.e., adult postdivorce emotional and social adjustment, life change events/greater control over environment, and greater satisfaction with life circumstances), and children's adjustment in the problem and adaptation areas most commonly influenced by divorce (acting out, self-concept, and academic and prosocial skills). Parent adjustment, control over the environment, satisfaction with life circumstances, and parenting skills were assessed by the Fisher Divorce Adjustment Scale, the Life Experiences Survey, and the Single Parenting Questionnaire, respectively. Children's adjustment was assessed by Child Behavior Checklist and the Piers–Harris Children's Self-Concept Scale.

Fisher Divorce Adjustment Scale (FDAS). The FDAS (Fisher, 1978) measures the parent's postdivorce social and affective adjustment and consists of 100 first-person declarative statements (e.g., "I feel like I am an attractive person.") which the adult rates on a five-point scale. Higher scores are keyed to better adjustment. Scoring procedures yield a total scale and four subscales: symptoms of grief, disentanglement of the love relationship, self-acceptance, and rebuilding social relationships.

The FDAS correlates .46 with the Tennessee Self-Concept Scale and correlates .74 and .50, respectively, with Time Competent and Inner-Directed subtest of the Personality Orientation Inventory (Fisher, 1978).

Single Parenting Questionnaire (SPQ). The SPQ (Stolberg & Ullman, 1985) consists of 88 questions tapping aspects of the parent's interactions with the target child (e.g., "How often does your child come and talk with you about a problem?") which the parent rates on a four-point frequency

of occurrence scale. Items are randomly keyed from least to most or most to least. Higher scores reflect better parenting skills. Scoring procedures yield seven normed dimensions of single parenting: problem solving, support systems, parental warmth, discipline/control, parental rules, enthusiasm for parenting, and a combined total score.

Alpha coefficients for subscales range from .63 to .77; the total score is .86. Test-retest correlations range from .40 to .67. There are significant correlations between all SPQ and FDAS scales (Stolberg & Ullman, 1985).

Life Experiences Survey (LES). The LES (Sarason, Johnson, & Siegel, 1978) is a 57-item self-report measure on which respondents indicate the occurrence of certain events (e.g., "new job," "change in residence") followed by separate subjective ratings of the event as positive or negative on seven-point scales.

No significant differences were found between adult men and women, and very low correlations between positive and negative life change scores were reported (Sarason et al., 1978). Test-retest correlations range from .56 to .88. Negative life change scores correlated with trait and state anxiety scores, scores on the Beck Depression Inventory, and externality scores on the Rotter Internal-External Locus of Control Scale.

Piers-Harris Children's Self-Concept Scale (PH). The PH (Piers & Harris, 1969) consists of 80 (40 positive, 40 negative) first-person declaratives (e.g., "I am a happy person") to which the child responds yes or no. Higher scores are keyed to more positive self-concept. PH internal consistency estimates range from .78 to .93 and test-retest reliabilities from .71 to .77 (Piers & Harris, 1969). Correlations with similar instruments are reported to be in the mid-60s, and correlations of .43 and .37 for Piers-Harris scores and teacher and peer ratings of socially effective behavior were reported.

Child Behavior Checklist (CBCL). The CBCL (Achenbach, 1981) contains 118 items (e.g., please list your child's favorite hobbies, activities, and games, other than sports. Confused or seems to be in a fog) which the parent rates on a three-point scale (less than average to more than average or not true to often true) or lists the requested information. This behavior checklist yields normed scores on nine problem behavior scales, two overall pathology factors (Internalizing, Externalizing), and three social competence scales (Activities, Social, and School). Higher scores are keyed to higher frequencies of occurrence and reflect either greater prosocial skills or greater maladjustment (Achenbach, 1981). The two overall pathology scales and the three social competence scales were used in this study.

Comparisons of disturbed and normal boys showed significant differences on all behavior problems and social competence scores. Test-retest and interparent correlations of .89 and .74, respectively, have been reported (Achenbach, 1978).

Intervention Program

Children's Support Group (CSG). The CSG (Stolberg et al. 1981) is a 12-session psychoeducational program designed to help 7 to 13-year-old children meet behavioral and affective demands on them associated with parental divorce. Each 1-hour session was divided into two sections. Part I was to discuss a specific session-linked topic (e.g., Whose fault is it? What do I do on vacations? Do I worry about my dad? I wish my parents would get back together). Part II focused on the teaching, modeling, and rehearsal of specific cognitive-behavioral skills, e.g., problem-solving skills (Finch & Kendall, 1979), anger control skills (Novaco, 1975), communication skills, and relaxation skills (Koeppen, 1974).

The sequence of the eight-member groups began with basic, concrete applications (e.g., problem-solving skills applied to mathematics problems) and ended with more complex skills, based on earlier ones, now applied to complex family problems (e.g., communication, anger, and relaxation skills applied to solving the problem of what to say when your father does not make his Saturday date).

Consistency of program procedures across groups was maximized by three concurrent processes. A program procedures manual specifying all group activities was used as a guide to group leaders (Stolberg et al., 1981). School personnel who agreed to run groups were required to participate in a 3-day DAP training workshop which focused on the rationale and application of CSG procedures. All groups were co-led by a school-based education or mental health professional and a DAP staff member also assigned to monitor group activities. Seven DAP staff members were paired with seven school personnel for the CSGs used as data sources for this study.

Single Parents' Support Group (SPSG). The Single Parents' Support Group (Garrison, Stolberg, Mallonee, Carpenter, & Antrim, 1983) is a 12-week support and skill-building program for divorced, custodial mothers. The group focused on the development of participants both as individuals and as parents. Individual-focused sessions include topics such as "The Social Me," "The Working Me," "The Sexual Me," and "Controlling My Feelings." Parent-focused sessions include topics such as "Communicating with My Child," "Disciplining My Child," and "Communicating with My Former Spouse About Childrearing Matters."

Participants determined the sequence of topics for SPSGs based on a list of 20 topical options provided by group leaders. Procedures associated with each topic were described in a program procedures manual (Garrison et al., 1983). Four DAP staff members ran six Single Parents' Support Groups, each of which had one leader.

Procedures

Subjects were assigned to one of three intervention groups or a no-treatment control group ($n = 24$). Group 1 ($n = 25$) involved children's participation in the school-based CSG alone. Group 2 ($n = 22$) involved concurrent participation in the CSG and the SPSG. Group 3 ($n = 11$) involved parents' participation in the SPSG alone. Group assignment was done by recruiting for one group at a time and by soliciting participants from all three sources concurrently. Only one type of intervention group was offered during a 3-month period. All potential subjects were aware of only the current intervention type and were not made aware of future program characteristics. Thus, while subjects were not randomly assigned to groups, their decisions to participate were simple yes-no choices about current offerings which could not be compared to future intervention configurations.

Groups did not differ significantly on children's age and sex, mothers' age and education, number of children in the family, and referral source. Group 2 families had been separated significantly longer ($F(3, 78) = 5.34$, $p < .01$; $M = 22.5$ months) than Group 4 families ($M = 12.25$ months). Mothers' employment status ($\chi^2(75) = 41.27$, $p < .001$) and hours per week child spends with father ($\chi^2(21) = 34.69$, $p < .05$) differed significantly across

Table I. Family Demographic Characteristics by Intervention Group

	Groups			
	CSG (1)	CSG/SPSG (2)	SPSG (3)	Controls (4)
Mothers' employment				
None/homemaker	6	0	0	2
Blue collar (construction, assembly line)	0	0	0	4
Semiprofessional (lab technician, secretary)	16	22	6	9
Professional (nurse, postgraduate education)	2	0	5	7
White-collar (executive, accountant)	1	0	0	2
Hours per week spent with father				
None	2	1	2	2
Occasionally	3	8	3	6
1	7	2	0	0
2-5	3	8	4	4
6-10	1	1	1	7
11-24	5	2	1	3
25-48	3	0	0	2
49-72	1	0	0	0

groups (see Table I). Mothers of children in Groups 2 and 3 were exclusively semiprofessionals and professionals. Mothers of children in Groups 1 and 4 were most often semiprofessionals and professionals but also rated themselves as homemakers and blue-collar workers. Children in Groups 1 and 4 were rated by mothers as having more contact with their fathers than were children in Groups 2 and 3.

Data for the three intervention groups were collected before, immediately after, and 5 months after participation in the respective intervention group. The initial data for no-treatment controls were collected after they agreed to participate and postdata for that group were collected 5 months later.

RESULTS

Program outcome data were analyzed in three steps. Eleven analyses of covariance were run using preintervention scores for each criterion measure as covariates and pre-post change scores for the same measures as the dependent variables. Next, 11 analyses of covariance were calculated on post-follow-up change scores for the three intervention groups. Again, prescores were used as covariates. *T* tests were used as subsequent tests to identify the specific group differences. Analyses of covariance with prescores as covariates were used to partial out the effect of preintervention group differences, thus providing some correction for the lack of randomization to groups. Change scores were used as dependent measures because recent research has

Table II. Prescore Means for Inventory Scores by Intervention Group

	Groups			
	CSG (1)	CSG/SPSG (2)	SPSG (3)	Controls (4)
Piers-Harris Self-Concept Scale	46.72	61.73	54.20	65.70
Child Behavior Checklist				
Activity	49.44	50.18	48.20	51.13
Social	34.28	35.41	32.10	40.00
School	45.24	49.91	59.30	52.70
Internalizing	61.16	55.23	54.30	53.48
Externalizing	58.68	55.77	51.80	50.48
Single Parenting Questionnaire	225.20	226.05	214.60	224.39
Fisher Divorce Adjustment Scale	356.16	359.59	323.10	347.43
Life Experiences Survey				
Total	9.12	8.18	9.10	7.74
Positive evaluations	5.76	10.95	5.40	6.70
Negative evaluations	-13.24	-4.95	-11.60	-8.74

Table III. Mean Pre-Post Change Scores and Univariate *F* ratios

	Pre-Post mean change scores				<i>F</i>
	CSG (1)	CSG/SPSG (2)	SPSG (3)	Controls (4)	
Piers-Harris Self-Concept Scale Prescore	9.80	1.55	6.60	2.48	3.51 ^b 37.93 ^c
Child Behavior Checklist					
Activity Prescore	1.32	-1.95	0.40	-0.09	ns 6.20 ^b
Social Prescore	-0.40	1.09	-0.60	-0.30	ns 14.58 ^c
School Prescore	0.52	-0.27	-5.00	-7.57	ns 24.31 ^c
Internalizing Prescore	-4.56	-4.27	-3.30	-3.26	ns 19.51 ^c
Externalizing Prescore	-2.44	-2.81	0.50	-1.09	ns 5.52 ^a
Single Parenting Questionnaire Prescore	3.28	4.91	-16.20	-0.04	ns ns
Fisher Divorce Adjustment Scale Prescore	-4.40	-39.09	16.00	-7.61	2.69 ^a ns
Life Experiences Survey					
Total Prescore	-0.04	-1.64	-3.70	-2.91	5.85 ^c 67.98 ^c
Positive evaluations Prescore	0.64	-3.91	-0.40	-0.91	3.94 ^b 12.62 ^c
Negative evaluations Prescore	2.52	-0.91	5.50	4.43	5.25 ^b 62.19 ^c

^a*p* < .05.^b*p* < .01.^c*p* < .001.

shown them to be useful and valid statistical procedures in longitudinal studies with two or more waves of data (Rogosa, Brandt, & Zimowski, 1982).

Table II presents mean scores by groups for each of the study's dependent measures. Table III presents mean pre-post change scores for all groups and variables, *F*'s, and where significant *F*'s occurred, *t*'s. Analyses of covariance on pre-post change scores yielded significant treatment effects on the Piers-Harris Self-Concept Scale, the Fisher Divorce Adjustment Scale and the three Life Experiences Survey scales: total events positive evaluations, and negative evaluations.

The increase in the PH scores for children in the CSG-alone condition was significantly greater than that for children in the combined intervention group ($t(37) = 2.24, p < .05$) and in the no-treatment control group ($t(32) = 2.08, p < .05$). Parents' improvement on FDAS was significantly greater for SPSG-alone condition members than that for parents in the combined in-

tervention group ($t(28) = -2.14, p < .05$) and directionally greater than that for the no-treatment controls ($t(16) = 1.84, p < .08$). The LES-Total score decreased more for no-treatment control group members than for CSG-alone members ($t(41) = 2.69, p < .01$). Changes in LES-Positive Evaluation scores were greater for the combined intervention group members than for CSG alone ($t(45) = 3.25, p < .01$) and no-treatment parents ($t(43) = -2.17, p < .05$). Positively evaluated events decreased after intervention. SPSG-alone ($t(14) = -2.18, p < .05$) and no-treatment ($t(43) = -3.02, p < .01$) group members reported significantly greater increases in the LES-Negative Evaluation score than the combined intervention group.

Analyses of covariance using mean post-follow-up change scores for the three intervention groups and all variables reflected only additional change since posttesting. Significant pre-post gains were either maintained or did not change differentially across groups. A significant intervention effect was found for the CBCL-Social Skills change score ($F(2,53) = 4.19, p < .01$). Adaptive social skills of CSG-alone children ($M = 6.56$) improved more than those of the combined intervention children ($M = -2.23$) at follow up ($t(34) = 2.51, p < .01$).

DISCUSSION

Two of the three DAP interventions effectively achieved important prevention and enhancement goals. The CSG-alone condition resulted in substantial increases in children's self-concept at the end of intervention and yielded increases in adaptive social skills at follow up. The SPSG-alone condition prevented deterioration in parents' adjustment which was found in the other groups at posttesting, and in fact strengthened adjustment for its participants. The improved adjustment found after intervention in participants of these two groups was either maintained or did not change differentially across groups at follow-up.

The success of the CSG can be attributed to its skill and support components. Support components may have helped children to understand their parents' divorce, to accurately define their roles in the process, and to improve their self-concepts. Enhanced social adjustment may be linked to skills taught and an improved ability to solve social problems.

Improved social skills in children from the CSG-alone intervention were not observed until follow-up. Apparently, time was needed to practice learned skills before differences in behavior appeared. The enhanced functioning of these youngsters, however, appears to reflect program effects.

The combined Children's Support Group and Single Parents' Support Group intervention did not yield anticipated outcomes. Indeed, group members differed in only two respects from controls. Parents reported fewer increases in negatively evaluated change events and greater reductions in

positively evaluated events, reflecting a decrease in emotional responses to environmental events.

Reasons for the ineffectiveness of the combined interventions group may be inferred from differences in group demographic characteristics. Mothers in this group had been separated longer than others, had a generally lower employment status, and reported less time spent by the noncustodial fathers with their children. It may be concluded that the divorce experience was more objectively negative for these families due to the lesser availability of external parenting assistance and lower employment status. The fact that these mothers reported greater problems at a time in the divorce adjustment process when improved circumstances are expected (Hetherington, 1979; Stolberg et al., 1984b) supports the previous conclusion. Thus, the absence of desirable outcomes in this group may be reflective of difficult divorce experiences for its members and not of the ineffectiveness of the intervention design.

The goals of this program were to prevent psychological problems in children of divorce. Children's self-concept and adaptive social skills improved only for members of the CSG-alone intervention. Although parents' participation in the SPSG-alone intervention facilitated adult adjustment, it did not effect their children's adjustment. Single-parenting skills were not differentially influenced by this intervention. It appears that intervention programs must emphasize important child development processes to significantly influence child adjustment.

Prevention strategies are meaningful to the extent that they can be exported to other settings and can achieve similar results. The work of Pedro-Carroll & Cowen (1984) demonstrates the replicability of DAP findings. Several modifications in the original CSG program were introduced, placing more weight on emotional support and expression and less on concrete applications of the skills taught. The time since divorce had been as much as 6 years.

Significant reductions in problem behaviors (e.g., acting out) and increases in competencies (e.g., effective learning and interpersonal functioning, adaptive assertiveness, appropriate school behavior, coping with failure, and social pressures) in children who participated in the modified CSG, compared to those who did not, were reported (Pedro-Carroll & Cowen, 1984). Adjustive gains in program children were judged to have taken place by teachers, parents, group leaders, and child self-ratings.

The prospective utility of the current primary prevention program is enhanced by these findings. Children's prosocial skills were enhanced and their adjustment improved. Program procedures manuals assisted in the implementation of the CSG in another setting. We might expect similar results in other groups, at least in populations who have not yet experienced psychological problems.

Future interventions may well profit, as Pedro-Carroll and Cowen's findings suggest, from stronger emphasis on emotional support and expres-

sion. In addition, increased attention to child development concerns (e.g., effective single parenting, continued contact with the noncustodian) and decreased concentration on adult adjustment may further improve the effectiveness of the program.

Prevention programming efforts in general might benefit from some of the procedures used in this project. The intervention strategy was firmly based on the research literature and individual-developmental, familial, and environmental processes normally facilitating and interfering with post divorce adjustment. Program effectiveness may be attributed to the goodness of fit between these real needs and the procedures utilized. Several intervention strategies were used and evaluated comparatively; each had its own well-defined methodology. Moreover, the detailed program procedures manual facilitated Pedro-Carroll and Cowen's replication project and thus stands as a useful program implementation tool for other service settings. That document also allows for refinement of the intervention design, as in the case of Pedro-Carroll and Cowen's work, with a clear linkage of procedural changes and outcome improvements. The failure of the SPSG to influence child adjustment suggests that prevention efforts, in general, must focus directly on child development processes and less on parent adjustment if promotion goals are to be achieved.

Results of this study are limited by two aspects of its methodology. Subjects were not randomly assigned to groups and self-report instruments were used as exclusive data sources. The lack of random assignment may have made the effectiveness of the combined intervention difficult to evaluate. However, it may also have provided a more accurate reflection of the characteristics and needs of potential group members in a real clinical setting. One might assume that users of mental health programs choose services based on their needs and not on some random process.

The relationship between the intervention strategies employed and the desired psychological gains is blurred by the use of self-report measures. The extent to which self-identified gains reflect objective outcomes (i.e., academic performance, aggressiveness, drug and alcohol abuse, failure or success in the social setting, etc.) is unknown. The effectiveness of this and other prevention programs can be truly demonstrated only when program-related improvements reflect more than statistical gains on test scores; real success in relevant environments must be shown (Rappaport, 1981).

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