

# Conducting a Children's Divorce Group: One Approach

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*The disruptive period around the time of the divorce can shatter a child's entire living milieu. An 8-week experiential children's group incorporating art and creative activities as well as a concurrent parent group is described. The aim of treatment was to bolster children's abilities to communicate with parents and other caretakers. Overall, participants were observed to effectively release painful affect, communicate more openly, and identify strengths in their family systems. Yalom's therapeutic group factors were incorporated into the treatment model. The research of Davies and Cummings related to children in the context of family therapy was also considered. Group leaders included advance practice registered nurses. Follow-up objective data collected from participants might provide further information about the efficacy of the interventions.*

**Search terms:** *Divorce, child development, group process*

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## Introduction

Divorce is and will be a reality for many children. Recently, there appears to be a diminished focus on divorce and its impact on children among healthcare professionals and society in general (Thornton, 1985; Wallerstein, Lewis, & Blakelee, 2000; Kluger, 2004). This is unfortunate because the prevalence of divorce should involve an increased need to address this issue with children. Over 1 million children are involved in new divorces each year (U.S. Bureau of the Census, 1999). "Between 1966 and 1976 the divorce rates in the United States doubled. While demographers disagree about their projections of divorce rates in the twenty-first century, they agree that they will never return to the pre-1970 rates. In the next century, between 4 and 6 out of 10 marriages in the United States are projected to end in divorce" (Ahrons, 1994). While a recent government study released the figure that currently only 32% of children in the United States do not live with two married parents, this remains a highly significant number of children living in single-parent or reconstituted households (Kluger, p. 53). Over half of all children are under the age of 6 at the time of the divorce (Wallerstein, 2001). Issues of custody, visitation, altered parenting

## Conducting a Children's Divorce Group: One Approach

practices, and child support permeate the family system. Reduced family income, ongoing parental conflicts, and parental noninvolvement can also contaminate the healthier aspects of family life. Experts remain divided as to the ultimate long-term effects of divorce on children. Research correlates parental divorce with children's adjustment difficulties. These include academic deterioration, antisocial and delinquent behaviors, anxiety, low self-esteem, and depression. Early promiscuity, relationship difficulties, and illicit drug use are also noted. Other studies correlate resiliency in adulthood as one product of living in a conflictual family system (Hetherington, 1999).

There is no dispute, however, that the instability and chaotic and disruptive period around the time of the marital demise can frequently shatter a child's entire living milieu. "Immediately after divorce, children in divorced families exhibit more problems in adjustment than those in high conflict non-divorced families" (Hetherington, 1999). A recent study conducted at the Iowa State University examined adolescent adjustment problems between divorced and intact families. A significant finding included, "... Children of divorce are at risk for adjustment problems because their parents are less likely to engage in competent parenting and are more likely to engage in parental conflict than parents who are married to each other. This is good news because it indicates that parents who divorce can substantially reduce the probability that their children develop difficulties by engaging in effective parenting practices while avoiding hostile exchanges in the presence of the children" (Simons et al., 1999, p. 1031). According to Dr. Gregory Fritz, Professor of Psychiatry at Brown University, intense parental conflict is poison, which can seep into all aspects of family life and jeopardize children's ultimate psychological welfare. Intervening at the time when the family system and its members are most vulnerable, therefore, is imperative (Fritz, 2000).

Hetherington (2002) and Wallerstein et al. (2000), the "grandes dames" of divorce research, tend to dispute the ultimate long-term impact of the marital

demise on children as they reach adulthood. Hetherington's research tends to suggest that 75% to 80% of individuals reared in broken homes remain relatively unscathed, while Wallerstein concludes (through her smaller sample followed more intensely for many years) that scars remain. Both do agree that the time of the immediate dissolution causes acute stress and distress within the family system and that conflict tends to be elevated. Researchers have been unable, however, to identify a framework that supports a "normative" trajectory for divorce.

The promising news is that many studies over the past decade, which examined treatment modalities performed at the time of the marital dissolution, indicated effectiveness in diminishing the negative impact of divorce on children. Treatment modalities included therapeutic children's groups in the school setting, nonadversarial interventions (mediation, educational and psychoeducational programs for parents), and prevention programs for both parents and adolescents (Pedro-Carroll & Alpert-Gillis, 1997; Wolchik et al., 2002).

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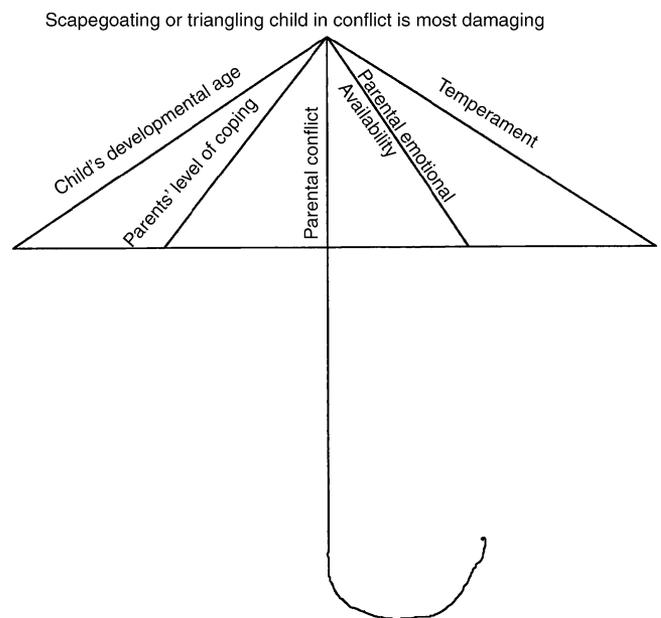
Some children seem to be particularly vulnerable to experiencing difficulties while living through their parents' separation and divorce based on their gender, age, temperament, and social cognition (Grych & Fincham, 1992). According to Wallerstein (1983), each developmental age demonstrates typical behaviors. Preschoolers frequently regress, may fear abandonment,

and often blame themselves. Latency-aged children may experience moderate depression, may decline in academic performance, may perseverate on one parent's departure from the home, may have strong reunification fantasies, and may often feel rejected by the parent who is no longer the primary caretaker and may fear being replaced. Older children may express rage, have a tendency to blame one parent, and may develop somatic symptoms. Certain children, particularly adolescents, may engage in more provocative behaviors of a sexual nature, act out behaviorally, experience a deterioration in academics, or may become involved in illicit drug use. Conversely, some older children may become overly responsible, taking on a parent's role, assuming the caretaking role for younger siblings or for a parent who is compromised emotionally, thus missing out on age-appropriate activities and experiences. High-intensity parental conflict tends to magnify child maladjustment (Kelly, 2000).

Children with difficult temperaments and more rigid personality structures seem to fare far worse initially in the face of family disruption, while intelligent, well-adjusted children with positive self-esteem and easy-going temperaments may elicit support from others and become more resilient in adapting to levels of stress. "The psychologically rich may get richer and the poor get poorer in dealing with the challenges of divorce" (Hetherington & Stanley-Hagen, 1999, p. 133). Although the intent of this paper is not to examine child temperament, it is noted that marital dissolution can significantly impact children who are emotionally fragile. Therapists must develop strategies to engage and work with children's varied sensitivities.

Parental dynamics are paramount variables in the child's life. The gestalt of the parental dyad has been compared to a tapestry weave. One parent assumes the horizontal weave, the other parent the vertical. "Even when one or both kinds of strands are of poor quality, they cannot be ripped away without unraveling the whole design. Always, it is the whole design which must be strengthened" (Johnston & Roseby,

**Figure 1 Sheltering From the Storm of Divorce: A Model of Five Key Variables**



1997, p. 304). As soon as the weave begins to unravel, the protective qualities for the child deteriorate.

Figure 1 focuses on the five key variables in a child's life using these authors' conceptual model of an umbrella. The ultimate protection that the child receives and his or her best chance for resiliency is dependent upon not only his or her age and temperament, but the parent's ability to keep the umbrella's ribs open. Focusing on their own mental health and availability to the child, and most importantly, communicating in a nonadversarial manner for the sake of the child, barricades the child from stormy encounters and instability.

"Under ideal circumstances, the custodial and non-custodial parents work together to avoid conflict with each other, share resources, rights and responsibilities

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## Conducting a Children's Divorce Group: One Approach

and support each other's parenting for the benefit of their children" (Hetherington, 1999, p. 136). Because the ideal is generally not a reality for many children, a group model is suggested to aid children and families in coping with the effects of divorce.

Nurses work with both children and adults and view families in multiple settings. This contact enables nurses to educate families in both formal and informal ways. The authors believe that the need for this type of structured, time-limited group interaction was strongly indicated by a paucity of this type of treatment modality.

### Method

The divorce group took place at the Emma Pendleton Bradley Hospital—a free-standing, inpatient, and outpatient child and adolescent psychiatric facility affiliated with Brown University. In the early 1990's, an increased volume of calls to the outpatient department at Bradley requesting treatment options for children whose parents were undergoing separation or divorce paralleled the national statistics and supported a strong need for a divorce program. The program was not advertised externally. Referrals came from the clinicians (psychiatrists, psychologists, licensed social workers, advanced practice nurses) working in the outpatient department at the hospital. Some referrals came directly from the community (parent or school contacting the intake department); while a small percentage came from the inpatient units.

The structure of the program was drafted at the time when managed care was "seeping" into health care. The program was designed to last 12 consecutive weeks but was reduced to eight sessions due to diminished yearly allotments in overall mental health benefits. An experiential group for latency-aged children (ages 5–12) focused on helping participants to emote feelings through talk, art, and play, and was conducted with a concurrent psychoeducational-support group for parents. The children's group will be the focus of this paper.

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The program typically was conducted for two cycles (late fall through holiday season, mid to late spring). Parents and children were expected to complete the entire 8-week program. Once the 8-week rotation was complete, participants were not eligible to join another cycle of the group. Each rotation for group treatment was unique because all of the families were new to the program. Any family undergoing parental separation or divorce within the past 2–3 years met inclusion criteria to enter the program. It was found that conflict often increases in the first few years following divorce as couples negotiate economic issues, visitation, coparenting, and parents' rights and responsibilities (Hetherington, 1999, p. 133). Parents were not to be in the process of reuniting or vocalizing uncertainty regarding the dissolution of the marriage. Divorces did not have to be finalized legally for acceptance into treatment. Parents could be dating others. Several were contemplating marriage to others while a very small percentage had married others.

All children accepted into treatment were at grade level or not lower than one grade behind academically, not presently experiencing a significant speech or language delay nor any type of thought disorder. Children with long-standing intense behavioral difficulties that could not be managed in an outpatient setting were referred for more intensive treatment. If stabilized, these children were permitted to be accepted into the program at a later date.

Several exceptions did occur throughout the years. Occasionally families prematurely left treatment before the fourth session. Some families resurfaced 1–2 years later and voiced a strong commitment to now completing the sessions. Parents and their children began the 8-week sessions again. While participating in the group, one boy became completely mute at the time of his parents' marital dissolution. Two years later after receiving individual therapy his therapist referred him back to the program. This time he was able to use the forum effectively.

Adults and children were screened for appropriateness for the group by one of the group leaders in a 90-min family evaluation. The majority of the youngsters met criteria for an adjustment disorder. Some participants had comorbid diagnoses, including attention-deficit/hyperactivity disorder, oppositional defiant disorder, major depressive disorder, or some type of anxiety disorder (American Psychiatric Association, 1994). Siblings were also considered for treatment if they met criteria after the family evaluation. "When siblings fall into the same age category, the decision to treat them together or separately rests with the clinician. In some cases, siblings can benefit from the comfort each brings to the other in the course of the group experience. In other cases, each child needs a separate place in which to find her own way forward" (Johnston & Roseby, 1997, p. 281).

One parent from each family was invited to attend each 8-week 75-min session. If a grandparent or other relative was the primary caretaker or designated legal guardian, he or she was invited to attend. As stated above, parents were at various stages of the divorce process. Some parents were already divorced, and some were awaiting finalization of their divorce. Both caretakers, if interested, were discouraged from attending the parenting group together. The group's intent was to help parents gain a better understanding of what their children were experiencing, to bolster parenting skills through psychoeducation, and to provide emotional support. It was not intended to explore directly interpersonal issues between the

divorcing dyad. Groups were comprised of both males and females. The majority of parents who attended were females. Either parent was invited to rotate attending sessions if both requested to be involved, but during the 10-year period of groups only one family opted for this. Both parents had access to the leaders during specified phone-in times regardless of which adult was actively involved in the sessions.

There were four facilitators, two of whom were assigned to the adult group and two to the child group. One facilitator in each group was a senior staff member and an advanced practice registered nurse (APRN), licensed psychologist, or social worker while the other cotherapist was a trainee (psychiatry resident or fellow, psychologist trainee, social worker intern, or graduate school nurse trainee). "At least one of the coleaders should be an experienced clinician, while the other may be in training. In this way, the group can provide a service to the children as well as an apprenticeship to clinicians who wish to learn the model" (Johnston & Roseby, 1997, p. 281). Following each group session, all four leaders met to discuss the dynamics of the sessions, explore the parallel process, and plan for the following week.

The theoretical framework incorporated into the divorce program at the Emma Pendleton Bradley Hospital utilized Yalom's therapeutic factors of group psychotherapy (Table 1). Yalom (1995) described 11 inherent attributes, which he termed "therapeutic factors" that permeated the developmental process and helped to promote growth among group members. His work focused primarily on the pure psychotherapy group.

A formal discussion ensued regarding the application of Yalom's concept to this forum. It became evident to all leaders as the group evolved that the majority of these "therapeutic factors" applied to the divorce group context. To clarify this, Table 1 provides a brief and simplified review of Yalom's "therapeutic factors" and their application to the group context.

Cummings, Davies, and Campbell's (2000) research on children's emotional security in the context of family conflict was also considered throughout the group treatment experience.

## Conducting a Children's Divorce Group: One Approach

**Table 1. Yalom's 11 Therapeutic Factors**

	Application to group
Instillation of hope	Group members have faith that the experience will be beneficial.
Universality	Group members gain an understanding that other divorcing families contend with similar challenges and dilemmas.
Imparting of information	Group members, particularly parents, participate in the dissemination of didactic material.
Altruism	There are reciprocal giving and receiving sequences between group members.
Corrective recapitulation of the primary family group	Ideally, members may gain a greater understanding of their interpersonal style through group interactions. Members of the group often recreate their own family role within the group. Group rules, norms, and boundaries help to maintain the equilibrium.
Development of socializing techniques	Group members become more confident and comfortable when expressing their feelings relating to changing family roles, including loss. Supportive and respectful attitudes toward group members are encouraged.
Imitative behavior	Group members experiment with alternative behaviors attempting to emulate admired qualities and attributes that other members possess.
Interpersonal learning	Group members gain an awareness of how they appear to others. Honest feedback allows members the opportunity to become more trusting and improve their interpersonal skills.
Group cohesiveness	Group members feel a sense of belonging and learn that they can express feelings and take interpersonal risks.
Catharsis	Group members become better able to express negative and positive feedback in a supportive manner.
Existential factors	Group members become more accepting about the divorce and the evolving family roles.

Their extensive research explores children's adjustment and emotional security in the context of family conflict. "Emotional security is a paramount factor in children's regulation of emotional arousal and organization and in their motivations to respond in the face of marital conflict" (Davies & Cummings, 1994, p. 388). What children learn about regulating emotions from observing marital interactions may affect their own emotional functioning. Maladaptive behaviors may arise when children misbehave in an attempt to divert marital conflict, moving the focus away from the marital discord yet reinforcing their own disruptive diversionary behaviors. "If marital conflict is frequent and the reinforcing process is consistently repeated over and over again, increasing strong, persistent, aversive behavioral patterns may develop in children" (Davies & Cummings, p. 391). Although it is beyond the depth of this paper to elaborate fully on the process-oriented approach Davies and Cummings utilize to

gauge the effects of marital conflict on children, the reader is strongly encouraged to review their work (Cummings, 2002).

### Children's Group

The format of the children's group was very predictable in terms of structure but highly flexible related to the menu of activities in which the children could participate. All sessions began promptly. All four leaders met the children and parents in the lobby and then dispersed to the two respective groups. Children were shown where their parents would be during the first week to alleviate separation anxiety. The main goal of the first session was to afford children a sense of belonging in a nonthreatening environment, provide support, and help to normalize the divorce experience. It was known that many children felt isolated and different because of their perception that

most peers lived in intact families (even if this belief was not factually based).

Confidentiality was a key and central theme in order to obtain trust. "This means the leader is free to discuss his or her impressions of the child's needs, concerns, and coping styles, but does not directly quote the child or share writings or drawings provided in group, without the child's permission" (Johnston & Roseby, 1997, p. 304). For educational purposes, verbal permission was obtained with parents to share all artwork that children provided in the clinical forum at designated group times. All group participants also agreed to have their work photocopied anonymously, to be shared with other healthcare professionals and at educational seminars within the community. Child/family assent was documented in the initial treatment note.

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A light snack was served weekly at the beginning of each session to contribute to the comforting and nurturing environment. This became the natural transition between "warm up" and the working portion of treatment that included the experiential activities during subsequent sessions. All activities were geared toward maximizing the child's ability to understand his or her emotions, even if intense, and to gain an awareness of the present family structure, beginning to accept revised family roles, while improving better interpersonal skills and understanding of others.

## **Process**

Group process varied related to the participants, personality, structure, age, gender, and unique family experience, as well as the rotation of group leaders. A universal commonality, however, was noted throughout all 8-week group programs. Within the children's group, anxiety about disclosing perceived defectiveness in their lives, as compared to the lives of peers from intact households, led to emoting of painful affect (many times initially cloaked in silly vocalizations and behaviors). For example, one 9-year-old boy began to burp excessively and stated in a deep, surly voice, "I'm wasted man, just like my dad, gonna hit you, if you come near me," leading to group giggles by some members, silence by others.

Dynamic interventions were set gently acknowledging underlying issues of hurt, disappointment, and fear, which many group members had also experienced (Yalom's theory).

Most boys depicted divorce as war (see Figure 2).

Many latency-aged children distanced themselves from their sadness (see Figure 3).

Frequently, females (8- to 11-year-old range), who were the identified "good child" within the family system and were not exhibiting acting out behaviors, depicted idealistic family images even when experiencing emotional distress (see Figure 4).

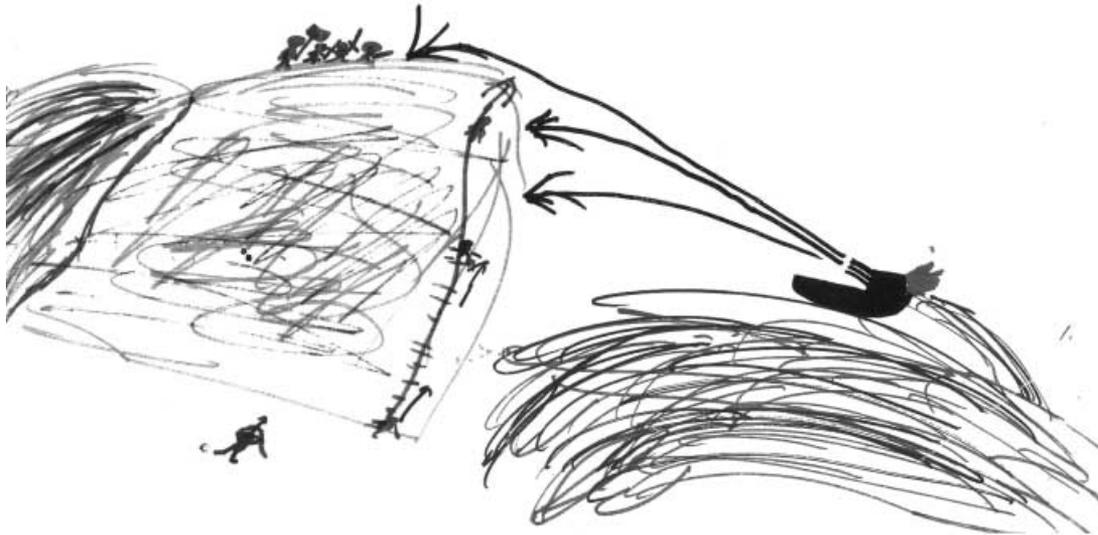
Some children, although exhibiting a tough exterior and many times acting with bravado, were able to show their vulnerabilities through poetry and pictures (see Figure 5).

A review of group notes over the past decade revealed the following pattern of children's behavior as a direct response to the parental environment in which they were immersed.

Children whose parents generally had the most caustic or violent coparenting relationships exhibited a higher percentage of current maladjustment (either in the realms of home behavior, school behavior, or academics). Children from families where the dissolved couple got along "smashingly" were more confused and bereft

## Conducting a Children's Divorce Group: One Approach

Figure 2 Boy's Depiction of Divorce as War



relating to their parents' marital demise, and these children's reuniting fantasies were more openly prominent.

Children who had little or no contact with one parent (either related to the parent's choice to be uninvolved or because the custodial parent limited or refused access) generally idealized the absent parent. Children whose experience included exposure to the parent who had been/was verbally/physically abusive, alcoholic, or generally inconsistent in parental responsibility harbored intense despair and rage (see Figure 6). Some felt overly protective of one parent, usually the mother, or acted like the dysfunctional absent parent in the home in order to fill the void. The latter scenario was especially true for preadolescent boys ages 10–12. For most children, divorce permeated their current existence (see Figure 7).

In terms of group evolution, cohesiveness was generally in place by the middle of session three. "Who's in or out" and the establishment of group personalities (i.e., the clown, rebel, nonparticipant,

leader, ego of group) was evident. For a more detailed discussion of this phenomenon, see *The Theory and Practice of Group Psychotherapy* by Irvin Yalom (1995).

Children by week 4 had obtained a comfort level and connection with one another. Initially children appeared apprehensive knowing that parents would join the latter half of each session. This was exhibited by minor acting-out behaviors, for instance, not raising hands to talk, silliness, and laughter before parents came to the group. When parents actually joined the latter portion of the session, children generally showed parents their artwork in a contained and somber fashion. A strong parent/child connection was frequently observed during the conclusion of this brief intervention.

Some children who had voiced resistance to group participation altogether during earlier groups, by weeks 5 or 6 were voicing the wish for treatment to be extended, some "wanting it to go on forever."

**Figure 3 One 8-Year-Old Boy's Denial of Sadness Through Prose and an Idealistic Family Portrayal**

teeling      Sad  
 MMM      VVVV  
 VVVV  
 VVVV

Do   not   feel   sad  
do   not   cry   feel  
happy   feel   proued  
do   not  
at   all   feel   bad  
feel   good   be   and  
happy   spout   and   a  
feel   down   in   don't  
dumps   the



Jeremy  
Age 8

Group 7's prominent theme was termination, with anger frequently voiced at group leaders. Ambivalence regarding whether the forum was helpful, confronting leaders on why certain activities were never done, and

**Figure 4 One 11-Year-Old Female' Idealistic Family Images During the Turbulence of Divorce**



requests for more sessions served as a means of working through the impending loss.

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**Certificates acknowledging the completion of treatment and listing positive qualities that individual participants either possessed or had the potential to possess were presented at the very end of treatment, along with all original artwork completed during the program.**

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Group 8's structure had a fun focus and goal of having members leave with a sense of accomplishment. Helping youngsters identify strengths in their family systems with the aim of bolstering a child's

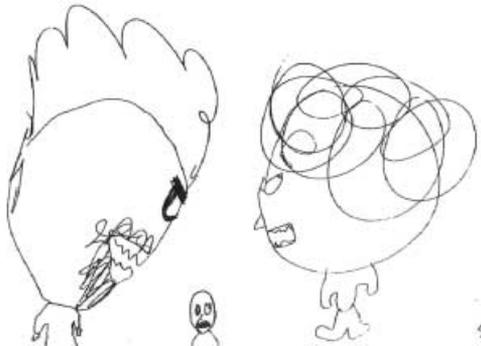
## Conducting a Children's Divorce Group: One Approach

**Figure 5 A 10-Year-Old Boy's Distress Communicated Through "Rap" Poetry**

Divorce  
It's got me in a spot  
Blame my mom  
Blame my dad  
I think not

Divorce  
It really is a pain  
Mom and dad are fighting  
This is no game

Divorce  
I'm not the only one  
Friends  
Family  
It seems like everyone



ability to acknowledge and seek out healthy aspects of caretakers' abilities was incorporated into a candy egg hunt. Certificates acknowledging the completion of treatment and listing positive qualities that individual participants either possessed or had the potential to possess were presented at the very end of treatment, along with all original artwork completed during the program.

Parents left their final session with a follow-up appointment scheduled within 4 to 8 weeks after the

**Figure 6 Latency-aged Boy's Expression of Sadness and Rage**



completion of treatment. This appointment included parent and children. "A repeat assessment at the end of the group can provide the basis for developing follow-up treatment and support plans . . . when the group is co-led, the responsibilities for these interventions can be divided, so that each child and family has the opportunity to develop a primary and continuous relationship with one of the leaders. In high conflict situations, when both parents and children appear to be quite fragile, this kind of continuity can provide the level of support needed to anchor and maintain the work" (Johnston & Roseby, 1997, p. 282).

### Application

It is clear that divorce is prevalent throughout the United States and has far-reaching, often unanticipated consequences. There are, however, some interventions

**Figure 7 Divorce: A Strange Blob That Haunts Families**



that may decrease some of the anticipated impacts of divorce. Research supports that interventions lead to more positive outcomes. It is always important to remember that the stress of divorce is displayed in various manners by both children and adults. Pathology versus normative experiences and recovery are identifiers from which all might benefit. Nurses work with both children and adults and view families in multiple settings. This contact enables nurses to educate families in both formal and informal manners. The authors believe that this type of structured, time-limited group could be replicated in other community settings by mental health and other trained professionals. Children manifesting emotional vulnerabilities relating to the stress of the parental dissolution may present as the overly clingy or belligerent preschooler seen in a primary care setting or the latency-aged child who suddenly refuses to attend school or requests to see the registered nurse daily for somatic complaints. The middle or high school student may begin to lack motivation to complete assignments, may become

sexually provocative, isolative, identify with a new peer group with negative influences, or engage in destructive behaviors. An APRN is able to collaborate with members of the healthcare team and is able to teach others to lead these type of groups. This is an excellent venue for APRNs and other health professionals to work with families.

Cultural diversity and the competence of APRNs and healthcare professionals in working with multicultural groups must be considered when planning interventions. Announcing the group formation by flyer, newspaper, and professional networking will alter the composition of the group. Certainly the program could be extended to be more intricate and standardized. Groups could be conducted in schools, places of worship, and other community settings. This article describes one type of group; variations on the format described could certainly be utilized in other settings.

Data collection would seem useful in planning future interventions with children and adults. During

## Conducting a Children's Divorce Group: One Approach

the process of writing this article, the authors began to consider manners in which they could better assess the effectiveness of this type of intervention. An outcome evaluation tool, such as the Child Behavior Checklist (CBCL) (Achenbach, 2001; Achenbach & Edelbrock, 2001) administered at specified times, completed by parent and teacher, including the beginning of group treatment, by mail at 6 months and 1 year after completion of the group, as well as a follow-up interview, could elicit helpful details about the child's level of functioning. Additional future groups could incorporate a written parental and child consent to enable artwork completed during the group to be copied and shared. At the 1-year assessment the child might be requested to draw a picture depicting present family life. Drawing can be a window into a child's inner perceptions. Together, drawing, the CBCL, and the clinical interview could afford an effective comparison of the child's gross level of function.

Although no long-term follow-up assessment was utilized after the conclusion of the divorce group treatment, the lead author, who was also a clinician in the Emergency Department at Bradley Hospital, made an interesting observation. In the 10 years that the program had been in session, only one child was referred for consideration of hospitalization to the Emergency Services Department at the facility. This child had been in the divorce program 6 years prior to the referral. There were more referrals for acute care for children treated in the hospital's General Outpatient Department, many of whom were from divorced or blended families and had never experienced group treatment. Although it is beyond the scope of this paper to project why this phenomenon occurred, it does underscore the need for a formal manner of determining the potential benefits of the divorce program.

### Conclusion

Divorce group treatment is a short-term intervention. Using a boating analogy, families contending with turbulent seas have not landed on shore; rather,

they are launched and the tiller is aimed in the proper direction by the end of treatment.

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**The families who can incorporate the basic tenets of removing children from parental conflict, providing consistent nurturing parenting, and mastering open channels of communication should have a smoother journey.**

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When the ribs of the umbrella (Figure 1) remain open, catch a benevolent wind, and transform into a sail, parents are propelled to afford their children an environment low in interpersonal conflict and high in parental consistency and emotional stability. This provides a secure base for children and a vessel, which can better buffer children against rough seas, despite their varied temperaments. Children should feel a sense of security and ideally a freedom to communicate their feelings and inner needs.

The developmental challenges of childhood can be tackled and conquered successfully, even during "white water" conditions, without permanent damage to the vessel or its passengers.

All families will eventually land on shore. The families who can incorporate the basic tenets of removing children from parental conflict, providing consistent nurturing parenting, and mastering open channels of communication should have a smoother journey. The ultimate goal is for families to effectively navigate daily challenges and expected family developmental milestones, affording children a sense of security and hope that they will carry forward through their lives.

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