

# Evaluation of a Substance Abuse Prevention and Mental Health Promotion Program for Children of Divorce

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**ABSTRACT.** This study evaluated a preventive intervention for 62 children of divorce. The children participated in a 12-session elementary school program designed to improve their coping, self-esteem, and assertiveness which were specified as mediators of the effects of family stress on children's mental health and substance use. Their adjustment was contrasted at pre- and post-intervention with that of demographically matched peers ( $n = 62$ ). The intervention participants were less well adjusted than their peers before the intervention. They reported significant increases after the intervention compared to their peers on problem-focused coping and self-esteem, and reductions of substance use, antisocial behavior, and anxiety. The results suggest the utility of coping skills and self-esteem enhancement interventions to reduce substance use and psychological symptoms of children of divorce. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: [getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com)]

More than one million children experience parental divorce each year in the U.S. (U.S. National Center for Health Statistics, 1991). Concomitantly, being raised in a household with a divorced parent is one of the most prevalent stressful conditions experienced by children. The stressful nature of that experience increases children's

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risk for a wide variety of mental health problems including elevated aggression (Felner, Stolberg, & Cowen, 1975; Hetherington, Cox, & Cox, 1978), elevated anxiety (Wyman, Cowen, Hightower, & Pedro-Carroll, 1985), elevated substance use (Flewelling & Bauman, 1990; Needle, Su, & Doherty, 1990), and poor self-concept (Parish & Wigle, 1985). This wide range of problems affecting so many children suggests the need for preventive interventions.

Several interventions for children of divorce have been tested previously. Stolberg and Garrison (1985) evaluated separate 12-session groups for children and their mothers. The intervention focused on normalizing the experience of divorce, working through divorce-related issues, developing coping strategies, and improving parent-child communication. At the postgroup assessment and the five-month follow-up, participation in a child-only condition was found to result in greater improvement in self-esteem and adaptive social skills than a combined condition of both child and parent groups, and a no-treatment control group. Also, Kalter, Schaefer, Lesowitz, Alpern, and Pickar (1988) conducted an evaluation of an eight-session program, which focused on normalizing the experience of divorce, understanding confusing issues related to the divorce, and developing coping strategies for difficult family interactions. The custodial parents of boys reported that their children exhibited lower levels of aggression and externalizing problems following the program, but parents of girls did not. Both boys and girls reported a decrease in sad and insecure feelings.

Pedro-Carroll and Cowen (1985) evaluated a 10-session curriculum, that was a modified version of Stolberg and Garrison's (1985) program for children, which focused on understanding divorce-related anxieties, resolving interpersonal conflicts, and controlling anger. Children in the intervention group reported lower levels of anxiety and learning problems and increases in peer sociability and rule compliance than a delayed-treatment control group. Teacher ratings indicated a greater decrease in anxious problems and a greater increase in assertiveness and frustration tolerance for the intervention group in comparison to the control group. These judgments were supported by parent and group leader ratings indicating intervention group children's decreases in self-blame and increases in solving personal problems.

Another negative outcome that children of divorce are at-risk for is premature and excessive substance use (Flewelling & Baumann, 1990; Needle, Su, & Doherty, 1990). Short (in press) conducted a short-term longitudinal study which examined psychosocial influences on substance use and mental health among children of divorced parents. The sample consisted of ethnically diverse fifth and sixth grade students, and compared children of divorced parents, who were an average of four years post-divorce, with children of married parents who had never divorced. Children of divorce reported more life stress, less problem-focused coping, and more substance using friends and family members than their peers. Further, these variables were significantly related to their greater reported substance use, aggressive behavior, and depression than their peers cross-sectionally, and longitudinally, four months later. The results suggest the importance of including both substance use and mental health outcomes in preventive interventions for children of divorce.

A major issue in developing prevention programs for children of divorce is to design and test an intervention to change the mediating processes for psychological adjustment and substance use. The Stress Management and Alcohol Awareness Program (SMAAP; Ayers, Short, Gensheimer, Roosa, & Sandler, 1988) is a highly scripted, theoretically and empirically based prevention curriculum developed for fourth, fifth, and sixth graders. This curriculum was designed to improve putative mediators of mental health problems in children of alcoholics: self-esteem, alcohol knowledge, and emotion- and problem-focused coping and social support-seeking strategies (Roosa, Gensheimer, Ayers, & Short, 1990). In a pilot study of this intervention, Roosa, Gensheimer, Short, Ayers, and Shell (1989) found that children who received the intervention reported a significantly greater increase than controls in the use of both problem-focused and emotion-focused coping and a trend for an improvement in support-seeking behavior. Further, children's reports of their use of problem-focused coping strategies were related to teacher reports of less negative behavior. Finally, there was a trend for SMAAP participants to experience a decrease in depression scores compared to controls.

Short et al. (1995) evaluated a revised eight-session SMAAP

with 271 self-selected elementary school students. The children were randomly assigned to treatment or delayed treatment conditions and the program was given to three successive cohorts of students. A meta-analysis across three different cohorts indicated significant program effects to improve knowledge of the program content and the use of support-seeking and emotion-focused coping. Additional effects on teacher reports of problem solving and social competence were found for children concerned about their parent's alcohol use. The intervention also included many children of divorce, but no separate analyses were reported for that group.

The current study is a test of a revised 12-session SMAAP curriculum targeted toward children of divorce. Additional structured activities were developed to provide children with assertiveness strategies and reduce positive alcohol expectancies to help prevent substance use, and more information was provided on coping with family conflict which is one of the best predictors of children's differential adjustment to parental divorce (Amato & Keith, 1991). The present program evaluation compared children of divorce participants to demographically matched children of married parents in a design similar to that used by Pedro-Carroll, Cowen, Hightower, and Guare (1986). It was hypothesized that the program participants would report increases in the proximal variables of coping, self-esteem, and assertiveness, and decreases in alcohol expectancies which were targeted by the intervention. In addition, it was hypothesized that the program participants would report decreases in the distal variables of anxiety, depression, antisocial behavior, and substance use in comparison to peers.

## METHOD

### *Recruitment and Participants*

A modified self-selection recruitment procedure (Emshoff, 1989; Gensheimer, Roosa, & Ayers, 1990) was used in fifth and sixth grade classrooms at five public elementary schools. The students were told about a stress management and alcohol awareness program that could be helpful for dealing with parental divorce and

would be offered after school free of charge. The interested students received parental consent forms to take home and discuss with their parents. Then they brought the signed consent forms back to their teachers. This procedure yielded 62 students (14% of the population). The children ranged in age from 10 to 13 years old (mean = 11.1 years). The largest group were fifth graders (60%); and 40% were sixth graders. There were slightly more females (53%) than males (47%). The ethnic composition was 50% European American (white), 34% African American (black), 11% Hispanic, 3% Asian American, and 2% other. The mother's educational level reports included 10% who completed less than 12 grades, 31% who graduated from high school, 11% who completed some college or technical school, 28% who completed college, and 20% who completed some graduate school. The father's educational level reports included 9% who completed less than 12 grades, 27% who graduated from high school, 5% who completed some college or technical school, 33% who completed college, and 27% who completed some graduate school. Of the children of divorce, 70% lived with their mothers only, 19% lived with both parents separately, 8% lived with their fathers only, and 2% lived with family relatives, primarily grandparents, but had regular contact with at least one parent. The parents in this sample were permanently separated or divorced for a mean of 57.3 months (standard deviation = 45.7 months; range = 3 months to 12 years).

Children from the same classrooms as the intervention group, blocked by sex, grade, and ethnicity, were selected to receive letters describing a study of children's coping and substance use to better identify ways to prevent substance abuse. The mailing included a parental consent form and a brief questionnaire asking about the current family structure. From among the consenting intact families ( $n = 68$ ), a demographically matched sample of 62 children was selected as a comparison group.

### *Group Leaders*

Each group was led by a primary group leader from the research team and one co-facilitator from the elementary school. The five primary group leaders were paid research assistants and were doctoral students in psychology. Each received 20 hours of pre-pro-

gram training to increase their understanding of the effects of parental divorce on children and to acquire group-facilitation skills. The first two sessions of their training (5 hours) gave group leaders background on the project and described their roles. The remaining six sessions (15 hours) focused on group leaders practicing each session of the scripted curriculum through role plays with other staff.

The five co-facilitators were volunteers from the individual schools and were school mental health professionals. Each received four hours of training about the background, goals, and techniques of the program. To ensure that the curriculum was carried out in a standardized way, each session was audiotaped and one session per week of each group leader was reviewed by a supervising professor. In addition, group leaders attended weekly supervision sessions and documented the level of attendance and participation by students in their groups.

### Curriculum

Group leaders taught the SMAAP (Short, 1992), a 12-session curriculum that included four major substantive blocks designed to modify coping behaviors, self-esteem, alcohol expectancies, and assertiveness skills. Each session included didactic material, skill demonstration and practice, and homework assignments. Table 1 displays an outline of the goals, intervention techniques, and variables targeted for modification in each session.

### Procedure

All children of divorce with parental permission were assigned to receive the 12 session program with six to eight children assigned to each group. All participants completed questionnaires before and after the intervention to assess their performance on the dependent variables. Testing was done in small groups in classrooms at the schools and all instructions and questions were read aloud by a trained research assistant while children read along. Confidentiality of answers was emphasized. Two to three additional research assistants served as proctors during testing. These assistants answered

TABLE 1. SMAAP Curriculum: Unit Goals, Intervention Techniques, and Variables Modified

Unit	Goals	Intervention Technique	Variable Modified
1	Establish supportive group environment. Communicate all are special persons. Teach alcohol information.	Group exercises, didactic presentations, and homework.	Self-esteem.
2	Teach difference between negative and positive self-evaluations. Teach self-esteem enhancement.	Videotaped modeling, behavioral rehearsal, and homework.	Self-esteem.
3	Teach facts about alcohol and its effects on people.	Didactic presentation, game, and homework.	Alcohol expectancies.
4	Teach emotion-focused coping.	Modeling, role-plays, and homework.	Emotion-focused coping.
5	Teach social problem solving.	Modeling, role-plays, and homework.	Problem solving.
6	Teach and practice social problem solving.	Videotaped modeling, role-plays, and homework.	Problem solving.
7	Practice social problem solving.	Game and homework.	Problem solving.
8	Teach support seeking.	Role-plays and homework.	Social support coping.
9	Teach and practice peer pressure resistance.	Modeling, role-plays, and homework.	Assertiveness.
10	Practice peer pressure resistance.	Role-plays and homework.	Assertiveness.
11	Review SMAAP curriculum.	Simulated radio program.	Self-esteem, alcohol expectancies, and coping.
12	Identify sources of support. Review member's strengths and accomplishments.	Didactic presentation and group exercises.	Social support and self-esteem.

individual questions and insured proper completion of forms. The battery required approximately 30 minutes to complete.

### Measures

*Fidelity of implementation of program components.* Program implementation was assessed as attendance at program sessions, completion of homework, and the degree to which activities for each session occurred as described in the program manual. Attending at least nine sessions of the program was the minimum criteria for designating participants as having received the program. These criteria ensured at least minimal exposure to activities designed to change each of the theoretical mediating processes. Group leaders rated the level of completion of each session's activities immediately following the session and supervisors rated the level of completion after listening to audiotapes of the sessions. Completion of homework was recorded by the group leaders for the ten weekly assignments.

*Coping.* Coping behaviors were assessed with a modified version of the Response Profile of the Coping Assessment Battery (Bugen & Hawkins, 1981). Items were chosen based on theoretical considerations and Wills's (1985) factor analysis and revision of the scale. The measure consisted of items reflecting coping behaviors one might use when presented with a problem. Examples of scale items were: "think about possible consequences of choices" (problem-focused coping), "talk with one of my friends" (support-seeking coping), and "tell myself it will be over in a short time" (emotion-focused coping). Children rated how much they did each strategy on a four-point scale ranging from 1 (not at all) to 4 (most of the time) for the previous four months. In this study, the internal consistency coefficients were .73 for problem-focused coping (5 items), .70 for emotion-focused coping (10 items), and .74 for social support coping (9 items).

*Alcohol expectancies.* A modified subscale (Mann, Chassin, & Sher, 1987) from the Alcohol Expectancies Questionnaire—Adolescent form (Brown, Creamer, & Stetson, 1987) was used. Two examples of the ten scale items were "When people drink alcohol, they understand things better" (enhanced cognitive and motor functioning expectancies) and "Alcohol makes people more relaxed and

less tense" (tension reduction expectancies). Children answered the items on a four-point scale ranging from 1 (strongly disagree) to 4 (strongly agree). Higher scores indicated greater expectancies. The internal consistency coefficient was .83 in this study.

*Self-esteem.* Global self-esteem was measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1979). Children rated ten items on a four-point scale from 1 to 4 and higher scores indicated greater self-esteem. The internal consistency coefficient was .80 in this study.

*Anxiety.* Anxiety was assessed with the eleven-item worry/oversensitivity subscale of the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985). Each item was scored on a three-point scale from 1 (not true) to 3 (usually true). Examples of scale items were: "I worry a lot of the time" and "I get nervous when things do not go the right way for me." The internal consistency coefficient was .81 in this study.

*Depression.* Depression was assessed with the ten-item short form of the Children's Depression Inventory (Kovacs, 1992). Each item was scored on a three-point scale from 1 (absence of the symptom) to 3 (definite symptom). The internal consistency coefficient was .74 in this study.

*Antisocial behavior.* Antisocial behavior was assessed with the 20-item Aggressive Behavior subscale of the Child Behavior Checklist (CBCL; Achenbach, 1991). Each item was rated on a three-point scale from 1 (not true) to 3 (usually true). Examples of scale items were: "I am mean to others" and "I destroy things belonging to others." The internal consistency coefficient was .81 in this study.

*Substance use.* Substance use was assessed with seven items adapted from the Adolescent Alcohol Involvement Scale (Mayer & Filstead, 1979). Six items asked how often beer, wine or wine coolers, hard liquor, cigarettes, marijuana, and cocaine each were used on a five-point scale from 1 (never) to 5 (several times a week). One item asked how many drinks of alcohol were usually consumed at one time on a five-point scale from 1 (none) to 5 (four or more). The internal consistency coefficient was .80 in this study.

## RESULTS

### *Analysis of the Delivery of the Program*

Of the 62 participants who were enrolled in the program, all attended nine or more sessions and 58 (94%) completed at least seven of ten homework assignments. Implementation of program content also was assessed by supervisors who listened to audiotapes from each session and rated them on a 3-point scale (0 = less than half the content covered; 1 = more than half, but not all the content covered; and 2 = all the content covered). Averaged across all twelve sessions, the group leaders' overall mean was 1.95 and the lowest was 1.72. The participants correctly answered knowledge questions of each session's content an average of 90% of the time (range 70% to 100%) and indicated that they did the self-esteem enhancement and assertiveness strategies an average of 3.0 times each outside of the group (range = 2 to 7).

### *Preliminary Analyses*

The means, standard deviations, observed range, and possible range for each outcome variable at Time 1 is presented in Table 2. Preliminary analyses were conducted to test for the effects of potential covariates (gender, grade level, and ethnicity) on the outcome variables at Time 1. There were relatively few differences when comparisons were done on the nine major outcome variables. Two significant differences emerged for gender comparisons. Females reported more social support coping ( $F = 4.90, p < .05$ ), and more anxiety ( $F = 5.48, p < .05$ ) than males did. There were no significant differences by grade level and ethnicity. Because there were few differences on the potential covariates and the covariates were not predicted to interact with the program mediators, they were not included in any additional analyses.

### *Analyses of Program Outcome*

The primary analyses compared mean scores of the variables targeted by the intervention and mental health outcomes for those

TABLE 2. Summary of Major Variable Characteristics at Time 1 ( $N = 124$ )

Variable	<i>M</i>	<i>SD</i>	Observed Range	Possible Range
Problem-Focused Coping	2.30	0.76	1.00-4.00	1 to 4
Emotion-Focused Coping	2.19	0.55	1.00-3.80	1 to 4
Social Support Coping	1.99	0.56	1.00-3.22	1 to 4
Alcohol Expectancies	1.61	0.59	1.00-4.00	1 to 4
Self-Esteem	3.26	0.55	1.00-4.00	1 to 4
Anxiety	1.60	0.38	1.00-2.72	1 to 3
Depression	1.32	0.26	1.00-2.27	1 to 3
Antisocial Behavior	1.39	0.34	1.00-2.60	1 to 3
Substance Use	1.09	0.25	1.00-2.60	1 to 5

children who received the intervention ( $n = 62$ ) and matched peers ( $n = 62$ ). The first set of analyses compared the two groups before the intervention began. The intervention group reported significantly lower self-esteem ( $F = 4.65, p < .05$ ), and higher anxiety ( $F = 6.32, p < .01$ ), antisocial behavior ( $F = 11.71, p < .001$ ), and depression ( $F = 9.69, p < .01$ ), than the comparison group at Time 1. The second set of analyses compared the scores of intervention and comparison group children with a one-way ANCOVA using Time 1 scores as a covariate and Time 2 scores as the dependent variable. Univariate analyses of the outcome variables were conducted rather than multivariate analyses because it was theoretically important to determine the relative effectiveness of teaching the different components of the program since there were specific sessions for each targeted variable. The measures of coping were moderately intercorrelated at Time 1 ( $r$ s range from .44 to .53), but were uncorrelated with self-esteem or alcohol expectancies. The obtained means and estimated means are presented in Table 3. The intervention group reported more significant increases in two proximal variables, problem-focused coping ( $F = 4.31, p < .05$ ) and self-esteem ( $F = 6.76, p < .01$ ), than the comparison group. The intervention group also reported more significant decreases in three distal out-

TABLE 3. Observed Means and Adjusted Means Comparing Groups ( $n = 124$ )

Variable	Intervention Group		Comparison Group			F
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest	
Problem-Focused Coping	2.29	2.52	2.53	2.31	2.25	2.24 4.31*
Emotion-Focused Coping	2.25	2.19	2.17	2.12	2.18	2.16 0.01
Social Support Coping	2.01	1.99	1.98	1.90	1.95	1.91 0.78
Alcohol Expectancy	1.61	1.59	1.59	1.60	1.58	1.58 0.01
Self-Esteem	3.17	3.55	3.60	3.37	3.44	3.39 6.76**
Anxiety	1.68	1.42	1.39	1.51	1.51	1.54 8.12**
Depression	1.38	1.36	1.32	1.25	1.28	1.32 0.01
Antisocial Behavior	1.49	1.26	1.21	1.29	1.26	1.31 4.71*
Substance Use	1.13	1.04	1.03	1.05	1.07	1.08 4.71*

\* $p < .05$ . \*\* $p < .01$ .

come variables, anxiety ( $F = 8.12, p < .01$ ), antisocial behavior ( $F = 4.71, p < .05$ ), and substance use ( $F = 4.71, p < .05$ ), than the comparison group.

## DISCUSSION

This study found that children who received the SMAAP improved more than a comparison group of demographically matched peers on measures of problem-focused coping behavior, self-es-

teem, anxiety, antisocial behavior, and substance use. The positive changes in reports of coping were similar to a previous study focused on children of alcoholics (Short et al., 1995). Thus the study replicates the effect of the intervention to improve children's reports of their coping. One does not know whether these effects were changes in actual coping behaviors or solely changes in self-reports. The intervention may have sensitized children that it is socially desirable to indicate increased coping efforts without changing their actual coping behaviors. These reports could be corroborated by behavioral observations of parents or teachers. The intervention was successful in having the majority of children practice the coping skills in the group program, and outside the group through completion of homework assignments.

There was evidence of a program effect on another proposed mediator of adjustment, children's self-esteem. This is similar to the effects found for one other intervention (Stolberg & Garrison, 1985), but some other interventions with this age group have failed to produce improvements in children's self-esteem (e.g., Pedro-Carroll & Cowen, 1985). The greater emphasis on use of cognitive esteem enhancement strategies and regular practice of coping and assertiveness skills may account for the intervention group's improvement. More research is needed to understand ways in which self-esteem changes, which emotional and behavioral outcomes it might mediate, and how it can be improved through interventions.

There was no effect of the intervention to reduce tension and cognitive/motor facilitation alcohol expectancies. More positive alcohol expectancies have been related to greater alcohol use by adolescents (Christiansen, Smith, Roehling, & Goldman, 1989; Mann et al., 1987). Direct observation of others who consume alcohol may have a greater impact on alcohol expectancies than the instructions about alcohol that children receive. More research is needed to understand how positive alcohol expectancies might be changed before and after children begin to consume alcohol.

There was evidence that the intervention helped to decrease the distal variables of anxiety, antisocial behavior, and substance use according to the program participants. The decreases in anxiety are similar to the findings for a previous intervention (Pedro-Carroll & Cowen, 1985). The decreases in anxiety might be partially ac-

counted for by changes in the proximal variables of problem-focused coping and self-esteem. It is also possible that participating in the group helped to normalize the experience of parental divorce and provided social support. The links between proximal and distal variables might be better examined through mediational analyses to determine what best accounts for change in psychological outcomes for children of divorce interventions (e.g., Wolchik et al., 1993). There was no change reported for another internalizing problem, depression. It may be useful to add intervention sessions that target specific theoretical mediators of children's depression. Grych and Fincham (1992) have suggested that applied research findings from interventions should have more impact on basic research to strengthen the link between theory and research.

The declines in antisocial behavior and substance use are important because comparisons between children of divorce and peers have indicated larger effect sizes for externalizing problems than internalizing problems (Amato & Keith, 1991). Alcohol expectancies do not appear to account for the decreases in substance use by children of divorce since they were not changed. Another possible explanation is the wide use of assertiveness strategies that program participants reported. These strategies along with problem-focused coping have been related to lower substance use and antisocial behavior in other studies (Botvin, Baker, Renick, Filazzola, & Botvin, 1984; Wills, 1986).

The positive effects for the SMAAP in this study indicate that some coping skills intervention may be efficacious for multiple at-risk groups such as children of divorce and children of alcoholics. However, a larger experimental test with follow-up assessments and multiple reporters would provide a more rigorous evaluation of the revised SMAAP. Strategies to reach high-risk sub-groups such as children of divorce may need to start with universal programs. Because the skills taught in this program (e.g., coping and self-esteem enhancement) are seen as generally useful for the entire population, it may be appropriate to provide universal school-based programs to improve children's coping skills and social competence. More extensive programs, for those with more risk factors, might involve additional components focused on parent or teacher behaviors to have more widespread effects on children's mental health.

Further research is needed to assess the efficacy of different recruitment procedures (possibly involving parent as well as child self-referral) to select high-risk sub-groups for the more extensive programs that are needed to reduce their risk for a wide range of mental health problems.

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