Cognitive-behavioral intervention for the management of symptoms associated with divorce in children

Intervención cognitivo-conductual para el manejo de síntomas asociados al divorcio en niños

Abstract:

The family is the basis of human development, it is the social context that provides the necessary conditions for children to acquire their autonomy at all levels; in addition to the necessary physical care to guarantee their survival. The family is the one that provides the essential affective climate so that there is a process that changes the biological being that is a baby, in a person, in a biopsychosocial being. Marriage arguments emotionally deplete parents and diminish their interest in the emotional needs of their children, who may understand it as rejection or absence of affection, very detrimental to their personal growth. Additionally, marital conflict decreases the parents’ ability to integrate and participate socially. The provision of affective and emotional stability that child development requires can be seriously threatened by the separation or divorce of the parents, it affects children in the form of coping they use in stressful situations, in the formation of the attachment process, the affective and emotional stability required for child development and how they respond to changes in the family.

Keywords:

Divorce, children, cognitive-behavioural, intervention

INTRODUCCIÓN

Due to the significant increase in divorces in recent decades, it is necessary to understand its effect on children and what strategies can be used to achieve a better adaptation to change in children. Hetherington, Bridges, and Insabella (1998) analyzed five factors that contribute to the child's post-divorce adjustment: Individual risk and vulnerability (age and sex, as well as the child's history of stress and coping); family composition (single parent vs. both parents, custodial status, remarriage); socio-economic stress and disadvantage (loss of income, task overload); parental anguish (anxiety, depression, emotional fragility, loneliness) and family process (altered roles, conflicts, fraternal relationships).

Most of the research on this topic has shown that some aspects of divorce have adverse effects on children, especially in the short term, since many of these dysfunctionalities occur mainly
in the two years after the divorce (Sik Kim, 2011; Esteban, 2018). The results of Goisis, Özca, and Van Kerm (2019) on the post-divorce health effects on children suggest that the effect gradually accumulates and results in a long-term effect of parental separation, in particularly obese children and overweight. These factors are mixed and appear in each child in different ways and have a bearing on post-divorce adjustment, one of the most relevant is individual risk and vulnerability, which takes into account the child's coping tools even before divorce and gives a clue of what the child's adjustment conditions will be like (Pagés i Criville, 2002).

Boys' reaction is usually more aggressive than girls, with anger and rage, while girls are calmer and more passive and try to maintain good behavior to reduce conflict between their parents. Also, during the first years of life, children tend to blame themselves for parental fights and to think that they can intervene effectively in them, on the other hand, older children tend to react with depression and passivity, especially during preadolescence and adolescence (Pagés i Criville, 2002).

Divorce has the potential to affect the adjustment and well-being of children in the short and long term. Different studies show differences between children with divorced and non-divorced parents; the meta-analysis by Amato and Keith (1991) in which the findings of 92 studies of the effect of divorce in school-age children were addressed revealed a lower performance and socialization in children whose parents were divorced than in children with intact families. In this same sense, another meta-analysis developed by Auersperg and collaborators in 2019 found that in the long term, divorce is related to effects on the mental health of children, especially with the presence of symptoms of anxiety, depression, higher vulnerability to substance consumption, and the presence of suicidal ideation or attempt.

Divorce impacts multiple areas of functioning for children and adults. In divorced parents, the most common effects are feelings of failure and loss (Pérez, 2009), while in children it has an impact on different areas of children's functioning such as academic achievement, behavior (problematic or disruptive behaviors), adjustment psychological, self-concept, social adjustment and relationships with their parents.

It must be taken into account that while some children with divorced parents may have difficulties; other children with the same conditions may not have difficulties or may not externalize what they feel (Schaefer & Ginsburg-Blorck, 2007; Clapp, 1992). The parenting patterns of each parent after divorce tend to change because each parent faces the task of being a separate parent and has an impact on the patterns with which they educate their children; this change in patterns can also impact the child's perception, reactions, and adjustment to separation. Maccoby and Mnookin (1992) identified four post-divorce parenting patterns: cooperative, conflictive, disengaged, and mixed. Established parenting styles can change or swap from authoritative to permissive styles or vice versa once a divorce has occurred and tend to evolve into possibly less adaptive styles (Avenevoli et al., 1999).

The roles and the level of responsibility that each family member has at home, and even in some other daily aspects, also tend to change (Schaefer & Ginsburg-Blorck, 2007).

For his part, Abidin states that there are specific characteristics of parents, such as the degree of competence with which they perceive themselves, their social isolation, their level of attachment to the child, their state of health, their inability to perform their role as parents, their depression and the support they receive from their spouse, as well as contextual variables that influence the ability of parents to respond effectively to the behavior of their children (Ayala et al., 2002).

As mentioned before, another risk factor is the financial impact of divorce. Conditions are aggravated when women have a low level of education and cannot access well-paid jobs; also, those who have always dedicated themselves to the home are left in total vulnerability when separated from their partners. According to the National Institute of Statistics and Geography (INEGI), in our country, only 50.4% of women were working at the time of divorce. On the other hand, in 33 out of 100 households, women are recognized as heads of the household, representing 32% more than in 2010, bearing the economic pressure of their families alone (INEGI, 2020).

**METHOD**

A quasi-experimental design was used, with a correlational scope. The sample was intentionally non-probabilistic. Where ten children, between 6 and 10 years of age, participated, who met the following inclusion criteria: 1) go through a divorce process, in no more than one year, 2) request psychological service at the Center for Psychological Services where the authors provide services, 3) sign informed consent (by the parent or guardian), 4) have symptoms associated with the separation as a reason for consultation.

**Assessment instruments**

For data collection in children, the following tests were used.

1) Children's Depression Inventory (CDI) (Kovacs, 1992; adapted by Meave, 2002). The CDI assesses an age range of 7 to 17 years and assesses the presence and severity of youth-specific depressive symptoms to develop a specific treatment plan. Measures negative mood, ineffectiveness, negative self-esteem, anhedonia, and interpersonal problems.

2) Questionnaire on Stress in Children (Valencia, 2007). The Stress Questionnaire is made up of items to know how much some situations in daily life stress children. The instrument has 25 items about family, hygiene, friends, and health with a Likert scale from Never to Always.
3) Scale of Manifest Anxiety in Children, What I feel and think (CMAS-R) (Reynolds & Richmond). The CMAS-R assesses an age range of 6 to 19 years; It consists of 5 scores. The Total Anxiety score is based on 28 anxiety items. These 28 items are divided into three anxiety subscales: Physiological anxiety (sleep difficulties, nausea, and fatigue), Restlessness/hypersensitivity (obsessive worry, fear of being hurt or emotionally isolated), and Social/concentration concerns (distacting thoughts, fear of social or interpersonal nature). The remaining nine items on the CMAS-R are part of the Lie subscale (conformity, social convenience, or deliberate falsification of answers).

4) Content Analysis of Verbatim Explanations (CAVE) by Peterson and Seligman (1985). The CAVE assesses the optimistic-pessimistic explanatory style of children in everyday situations within the school, family, social and personal area. The child must mention what he thinks according to a series of situations and choose the emotion that each thought produces that is assigned to the given situation.

5) ACC-type behavioral self-report (antecedents, behaviors, and consequences). Parents record their children's disruptive behavior in a pre-established format.

**Procedure**
Parents received information and guidance on the management given to their children; subsequently, they signed the informed consent and the children the informed assent. Later, the treatment workshop began. The sessions were scheduled to last two hours in weekly sessions, facilitated by two child therapists, with a total of 13 sessions.

**Table 1**
Components of the intervention

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Technique</th>
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<tbody>
<tr>
<td>1</td>
<td>Framing and Pre evaluation</td>
<td>Pre-treatment evaluation</td>
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<tr>
<td>2</td>
<td>Health and quality of life</td>
<td>Psychoeducation</td>
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<td>3</td>
<td>Emotions</td>
<td>Emotional regulation: recognition and expression of emotions</td>
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<td>4</td>
<td>Thoughts</td>
<td>Cognitive restructuring using psychodrama</td>
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<td>5</td>
<td>Self-esteem, virtues and Strengths</td>
<td>Cognitive restructuring with self-esteem exercises</td>
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<tr>
<td>6</td>
<td>Explanatory styles</td>
<td>Cognitive restructuring and behavioral trials</td>
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<td>7</td>
<td>Assertive communication</td>
<td>Assertive communication training and behavioral trials</td>
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<tr>
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<td>Negotiation</td>
<td>Negotiation training and behavioral rehearsals</td>
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<td>9</td>
<td>Problem solving</td>
<td>Problem-solving training, playful behavioral rehearsals</td>
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<td>10</td>
<td>Stress</td>
<td>Training in diaphragmatic breathing and psychoeducation</td>
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<td>11</td>
<td>The divorce</td>
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<td>12</td>
<td>Phases of grief</td>
<td>Psychoeducation</td>
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<td>13</td>
<td>Closure and post-treatment evaluation</td>
<td>Post Evaluation</td>
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</tbody>
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**Statistic analysis**
For the qualitative data, a descriptive analysis was carried out on the information provided by the participants in the progress controls per session that were applied during the treatment through content analysis.
For quantitative data, a database was created using the statistical analysis program SPSS. To analyze the relationship between the variables, the Wilcoxon test for related groups was used to compare the results of the tests before and after the application of the workshop and thus identify if there is an improvement in the variables analyzed; therefore, if the workshop was effective.

**RESULTS**
The results for anxiety, measured with the CMAS-R test, comparing Pre-test and Post-test ($z = -2.214, p > .027$) show that there is a significant difference and that anxiety symptoms decreased after the intervention, as observed in Figure 1.

**Figure 1**
Datos pre-post de síntomas de ansiedad en niños
The score obtained in the child stress instrument reports improvement, with a statistically significant decrease after treatment ($z = -2.201, p > .028$), as seen in Figure 3.

Figure 4 shows the results of the evaluation of disruptive behaviors, the averages of the ACC records (antecedent, behavior, consequence) made by the participants' parents throughout the workshop were used. The scores obtained in the pre and post-evaluation show a significant difference was found ($z = -2.070, p > .038$) with a tendency to decrease the problem behaviors.

Finally, figure 5 shows the results of the evaluation of the explanatory styles, finding that at the end of the intervention, the verbalizations of the participating children are more optimistic, as well as the number of correct answers obtained in the situations presented, also finding a difference in the ability to identify emotions associated with specific situations before and after they participated in the intervention ($z = -2.207, p > .027$).

**DISCUSSION**

Due to the multiple complications that arise from divorce processes, especially when they are conflictive or involve children, it is a priority for the health team to offer alternatives that can help prevent the collateral effects of couples breakups. In the present proposal, cognitive-behavioral techniques had been used to favor the change of thought, emotional regulation, and the development of adequate behavioral competencies to face problem situations, seeking dialogue, negotiation, and problem-solving. All tools that favor the adaptation of children to the change produced by divorce.

Thus, the clinical observations derived from the qualitative data allowed us to identify that the participants presented changes in their way of thinking, feeling, and acting. In addition, participants and their parents reported changes in their interaction, which supports the changes in statistics values with the clinical relevance reported by the families and especially by the children participating in the intervention.

Changes were noted in the way children who participated spoke and reacted. Children realized their qualities and the possibility that they had to use them. At the end of this intervention, children presented a more optimistic vision and a more
significant amount of positive emotions, they were also able to
discriminate the positive consequences of divorce; and to notice
that they had qualities and talents to carry out activities in a
satisfactory way, which allowed them to engage in sports,
aademic and leisure activities, and increased the perception of
belonging and meaning. Replicating this type of intervention
with greater methodological rigor and a more significant
number of children will allow us to know more aspects of the
treatment's scope and limitations. However, the importance of
having preventive interventions that facilitate the development
of socio-emotional competencies in children who go through
situations of change or family mismatch derived from a divorce
is recognized.

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