

The Impact of Child Parent Relationship Therapy on Child Behavior and Parent-Child Relationships: An Examination of Parental Divorce

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The current study used a mixed methodological approach to examine the impact of Child-Parent-Relationship Therapy (CPRT) on divorced parents and their children. Specifically, in the present study, the authors investigated parents' perceptions of the impact of CPRT on the parent, the child, and the parent-child relationship. CPRT was found to be helpful in reducing parenting stress and child behavior problems. Parents also reported that CPRT helped them feel more connected to their children and provided them with new tools for parenting. The results of the current study add to the current literature on divorce, affirming that CPRT may be an effective intervention for children of divorce. Limitations of the study and implications for future research are discussed.

Keywords: child-parent relationship, parenting training, divorce, child behavior problems

Divorce is a pressing issue for mental health professionals working with children and families. Of the 299 million people living in the United States, approximately 10.6% are divorced and 2.2% are separated. The majority of households represented by these numbers include children under age 18 (U.S. Census Bureau, n.d.). Research indicates that divorce has the potential to influence children's behaviors (Stohschein, 2005), emotions (Amato, 2001; Harland, Rejneveld, Brugman, Verloove-Vanhorick, & Verhulst, 2002; Lengua, Wolchik, Sandler, & West, 2000), relationships with parents (Amato & Cheadle, 2005), and conduct (Lengua et al., 2000). Furthermore, divorce can have long term effects that persist into adulthood, such as risk of increased internalizing problems (D'Onofrio et al., 2007), lower educational attainment, higher marital disagreements, and poorer parental relationships (Amato & Cheadle, 2005).

Children from divorced families are at a higher risk for a variety of emotional and behavioral concerns that can appear as early as 1 year before the divorce of their parents (Strohschein, 2005; Sun & Li, 2002). These issues may involve externalizing problems such as disruptive conduct (Amato, 2001; Lengua et al., 2000),

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aggressive and rule-breaking behavior (Amato, 2001; Harland et al., 2002; Lansford et al., 2006), and delinquency (Amato, 2001). Children of divorce may also demonstrate internalizing problems such as anxiety (Stohschein, 2005), depression (D'Onofrio et al., 2007; Lengua et al., 2000; Stohschein, 2005), and emotional maladjustment (Amato; Harland et al., 2002; Lengua et al., 2000). Additionally, children who were in their preteens when their parents divorced are at a higher risk for antisocial behavior (Stohschein, 2005), and teenagers were at greater risk for academic problems (Lansford et al., 2006).

PARENT-CHILD RELATIONSHIPS IN FAMILIES OF DIVORCE

Throughout the divorce process, families may experience a decrease in financial resources (D'Onofrio, 2007; Ozawa & Yoon, 2003; Sun & Li, 2002), emotional well-being (Stohschein, 2005), and social relationships (Sun & Li, 2002). These changes can make it even more difficult for children to adjust to a new family structure (Frank, 2007). As a result of the shift in family dynamics, children of divorce may struggle with feelings of loneliness and abandonment (Ängarne-Lindberg, Wadsby, & Berterö, 2009). Further compounding children's difficulties are their parents' own struggles with the changes in the family system (Stohschein, 2005). This increase in parents' stress combined with the child's behavioral reaction to new stressors may put the parent-child relationship at risk (Sobolewski & Amato, 2007).

The parent-child relationship is often negatively affected by the heightened stress created by divorce. This may result in increased conflict and communication problems. In their examination on the impact of childhood divorce on young adults, Ängarne-Lindberg et al. (2009) found that children from divorced families experienced increased frustration toward their parents because of their lack of communication regarding the divorce. Problems in the parent-child relationship may be exacerbated when children experience higher levels of postdivorce hostility from their parents (Frank, 2007). Amato and Cheadle (2005) found that the quality of the parent-child relationship often diminishes after a divorce regardless of the degree of closeness and conflict before the disruption in the family structure, consequentially the divorce has the potential to affect the emotional well-being of children for several years (Sobolewski & Amato, 2007).

In the same way that conflict between parent and child can increase the challenges children of divorce face, a strong parent-child relationship can help ameliorate many of these difficulties. King and Sobolewski (2006) found that adolescents from divorced families who had a positive view of the relationship between themselves and their fathers tended to receive higher grades. In the same study, increased father-child communication was also related to a decrease in children's externalizing problems. According to Afifi, Huber, and Ohs (2006), when children feel more comfortable communicating with their parents regarding the divorce process, they are able to cope more effectively. Sobolewski and Amato (2007) note that improved communication, healthy parent-child interactions, and an overall strong relationship with at least one parent may have a positive impact on a child's well-being even as an adult. The findings of these studies suggest that

interventions for families of divorce should include a focus on the parent–child relationship.

FILIAL THERAPY AND CHILD PARENT RELATIONSHIP THERAPY

Filial therapy, developed by Bernard and Louise Guerney, is designed to help parents understand their children better, develop more confidence in their parenting skills, and build stronger parent–child relationships (Guerney, 2000). Filial therapy utilizes the existing relationship between the parent and child to positively influence the child’s adjustment to life’s challenges (Landreth & Bratton, 2006; VanFleet, 2005), and requires trained play therapists to teach parents how to use child-centered play therapy skills during special play times with their children.

Child–Parent Relationship Therapy (CPRT) is a 10-session, manualized model adapted from the Guerney’s filial therapy model (Bratton, Landreth, Kellam, & Blackard, 2006). CPRT is intended for parents of children ages 3 to 10 years who may be experiencing emotional or behavioral problems and involves 10, 2-hr group parent-training sessions that parents attend without their child (Landreth & Bratton, 2006). The sessions are facilitated by a trained play therapist who teaches the parents how to use child-centered play therapy skills and principles, as well as provide them with child development knowledge, in their weekly 30-min special play times with their children. In addition, parents receive supervision and feedback on their recorded play times from the group leaders and other parents. The format of CPRT combines aspects of both group process and psycho-educational approaches. The primary purpose of CPRT is for parents to learn therapeutic ways of responding to their children to improve the parent–child relationship (Landreth & Bratton, 2006).

Landreth and Bratton (2006) outlined a number of studies demonstrating the effectiveness of CPRT with single parents (Bratton & Landreth, 1995), parents from diverse cultures (Glover & Landreth, 2000; Jang, 2000; Kidron, 2004; Lee & Landreth, 2003; Yuen, Landreth, & Baggerly, 2002), and nonoffending parents of sexually abused children (Costas & Landreth, 1999). In addition, Landreth and Bratton also included other studies that consisted of parents of children with chronic illness (Tew, Landreth, Joiner, & Solt, 2002), incarcerated parents (Harris & Landreth, 1997; Landreth & Lobaugh, 1998), parents of children with learning difficulties (Kale & Landreth, 1999), and parents of children who have witnessed domestic violence (Smith & Landreth, 2003). More recently, CPRT has been found to be effective with low-income, Black American parents (Sheely, 2009) and Hispanic parents (Ceballos, 2009; Villarreal, 2008).

Although previous research on CPRT has involved participants who have experienced divorce, to date, no study has specifically examined the effectiveness of CPRT for divorced parents. Bratton and Landreth (1995) found that single-parents who participated in CPRT reported statistically significant increases in empathic behavior and acceptance of their children and statistically significant decreases in parental stress compared to the control group who did not receive CPRT. In fact, the control group’s stress actually increased over time. These results were supported by a qualitative study involving a single mother who reported that she

became more accepting of herself and her child after participating in CPRT (Ray, Bratton, & Brandt, 2000). Glazer and Kottman (1994) described positive results for a noncustodial, remarried father who was in a high-conflict relationship with the child's mother. After CPRT training, there was an increase of energy in father-daughter conversations, in physical contact, and in the father's confidence.

In view of these findings, CPRT appears to be an effective treatment modality that addresses the specific needs of families of divorce. The purpose of the current study was to examine the effects of CPRT on the postdivorce parent-child relationship. More specifically, the researchers explored the impact of CPRT on parents' perceptions of parenting stress and their child's internalizing and externalizing behaviors.

RESEARCH QUESTIONS

The current study addressed the following research questions: Among parents who have experienced divorce, (1) What is the impact of CPRT on parenting stress and the parent-child relationship? (2) What is the impact of CPRT on their child's externalizing and internalizing behaviors? (3) What are parents' perceptions of the impact of CPRT on the parent, the child, and the parent-child relationship? (4) What are parents' perceptions of the usefulness of the group content and structure when applied to their situation?

Research Design

The researchers utilized a mixed methodological approach to explore the perceived effectiveness of CPRT through pre- and postintervention individual interviews (Creswell, 2003), reflective journals, and standardized assessments. Mixed methods allow researchers to both empirically validate findings and explore hypotheses for those findings (Teddlie & Tashakkori, 2006). Interviews can be used to gain an understanding of the unique perspective of the interviewee when aspects of the person such as feelings, thoughts, or events outside of the research context cannot be directly observed or obtained through standardized assessments (Creswell, 2003; Patton, 2002). In addition to the pre- and postintervention interviews, before and after the 10 week training, each parent completed two assessment protocols that provided information regarding the impact of the training on parenting stress and the child's internalizing and externalizing behaviors. The researchers also utilized reflective journals that provided the group leaders' perspective of group process and individual participants' progress.

METHODOLOGY

Setting and Recruitment

The CPRT group was held at the counseling clinic of a large public university in the southwestern United States. The clinic primarily serves clients of lower to

middle class socioeconomic status and offers individual counseling for adult and adolescent clients and play or activity therapy for children ages three years and older. The clinic also offers counseling for couples and families. Although the counseling clinic was used as the intervention site for the research study, recruitment extended beyond clinic clientele. Participants for this study were also referred by doctoral student counselors at the university and recruited through flyers posted in community churches, day-care centers, community agencies, and law offices of divorce lawyers.

Participants

The participants in the CPRT group were separated with the intention of divorcing or had divorced within the past year, had a child between the ages of 2 and 10, and had at least partial custody of the child. Elijah,¹ a White male, was the only father in the group. He was in the process of divorce when the group started. Elijah had two daughters, ages 4 and 7, who lived with him on the weekends and with his ex-wife during the week. During the preintervention interview, Elijah stated that he wanted his youngest daughter, Nora, to be the child of focus for the CPRT group. He noted she had been more withdrawn and there was “a lot going on inside of her.” He also said, “I want to understand her better.” He described his relationship with his children as nurturing and loving.

Adriana, a White female, had experienced a difficult divorce during which her ex-husband’s parental rights were terminated. Adriana was worried about the behavior problems of her 4-year old son, Cole, who had been expelled from several preschools. During the preintervention interview, she appeared saddened by her lack of relationship with Cole and stated, “This is he and I going through this together, not just me dealing with it and having to tolerate him.”

Leah, a White female, and her daughter, Gabi, no longer had contact with Gabi’s father. Gabi was 8 years old and Leah described her as extremely shy. During the preintervention interview, referring to her relationship with her daughter, Leah said, “It feels like all I’m doing is demanding this of her or yelling at her because she didn’t do this. I don’t feel, with our schedule, I have a lot of quality time with her.”

Research Team

The research team consisted of the Principle Investigator (PI) and two other graduate counseling students working under the supervision of a faculty advisor. The PI and one of the graduate students lead the CPRT group and conducted data collection, and all three graduate students were involved in data analysis. Each member of the research team has specialized training in play therapy and CPRT.

¹ All names are pseudonyms.

CPRT Intervention

Child Care

Providing child care for participants' children during weekly group meetings allows parents to be fully present during group (Bratton et al., 2006). The researchers conducted 1-hr training with the child care volunteers and taught them to appropriately respond to children using concepts consistent with CPRT. This included choice-giving, limit-setting, encouragement, and self-esteem building responses.

Weekly Training

The CPRT group was held for 10 weeks during a university semester and followed the 10-session model of CPRT (outlined by Landreth & Bratton, 2006), each session lasting for 1.5 hr. The leaders adhered to the full CPRT protocol to maintain treatment integrity. The group consisted of didactic and experiential instruction, and the group leaders modeled desired skills such as reflection of feelings, encouragement, acceptance of parents' experience without judgment, and being present in the moment. The leaders helped the parents choose a child of focus with whom they would conduct individual play times and encouraged the parents to collect toys to create a play kit for use at home. After the third week of training, the parents conducted and video-taped home play sessions with their children and brought the tapes to the CPRT group for supervision and feedback. During supervision, the leaders highlighted parents' skill demonstration, gave suggestions for improvement, and facilitated group processing of personal experiences. Because families of divorce often have limited resources (D'Onofrio, 2007; Ozawa & Yoon, 2003; Sun & Li, 2002), parents had the option of video-taping at the clinic or borrowing a play kit from the research team. The full description of the CPRT 10-session model the leaders followed can be found in the CPRT treatment manual (Bratton et al., 2006).

Data Sources

Quantitative Sources

Before and after the CPRT group training, each parent completed the Parenting Stress Index (PSI; Abidin, 1983) and the Child Behavior Checklist (CBCL; Achenbach & Edlebrock, 1983). The PSI measures the parent's perception of stress within the parent-child relationship. The *Child Domain* of the PSI measures parenting stress related to the child's behavior and the *Parent Domain* of the PSI measures parenting stress related to tasks and feelings associated with the parenting role. The CBCL measures the parent's perception of his or her child's problem behaviors. Subscales of the CBCL include the child's *Internalizing Problems*, such as anxiety and withdrawal, and *Externalizing Problems*, such as aggression and

attention problems. Scores in the borderline range indicate the potential of maladaptive child behaviors and clinical scores suggest a high level of concern and the need for professional intervention.

Qualitative Sources

One of the CPRT group leaders conducted a video-recorded interview with each parent 1 week before the training and 1 week after the training. The preintervention interviews explored parents' perceptions of their relationship with their children before the group and the parents' expectations of the group process. During the postintervention interviews the leader asked parents about any perceived changes regarding parenting stress, their child's behaviors, and the parent-child relationship. The interviewer also garnered parents' feedback about the structure and content of CPRT and whether the parent would continue to have in-home play sessions with their child after the intervention period was over. A final source of data were journal entries that were completed by group leaders after each group and included journal entries about group member progress, leaders' reflections on what worked in group, what did not work, and plans for the following week's group.

Data Analysis

Developing the Coding Manual

For the qualitative data, the coding team used an adaptation of Miles and Huberman (1994) data analysis strategy to analyze the pre- and postinterviews and the group leaders' journals. First, the coding team independently reviewed and made notes in the margins of the data sources (Miles & Huberman; Patton, 2002). The coders then compiled a list of ideas, thoughts, and key points made by each member of the team and made a draft summary sheet of key points and phrases. Then as a group, they compared each phrase to determine if multiple phrases represented the same concept (Marques & McCall, 2005). Any phrases that were similar in meaning were collapsed to form one phrase for that idea. The result was a list of preliminary codes for the data- the initial coding manual (Miles & Huberman, 1994).

Initial Coding

The coding team analyzed a subset of the data (the preinterviews), by utilizing the preliminary coding manual to establish intercoder agreement (Marques & McCall, 2005). They met weekly to clarify any discrepancies and continued to recode this data subset until they reached an intercoder agreement of 89 to 92%. The team then applied this coding manual to test its applicability to the postinterviews. The coders continued to meet weekly to discuss discrepancies until an

intercoder agreement of 89 to 95% was reached. This step was repeated for the leaders' journals until 85% agreement was reached. At this point, the team finalized the coding manual.

Final Coding

During the final coding period, the coding team applied the finalized coding manual to each data subset (preinterviews, postinterviews, and leader journals). They reached an intercoder agreement of 85 to 95% for all data sets during the final coding period.

FINDINGS

The current study examined parents' perceptions of the effectiveness of CPRT for divorced parents. In terms of quantitative data, clinical findings were observable on the PSI (Abidin, 1983) and the CBCL (Achenbach & Edlebrock, 1983). Statistical analyses report averages and are not appropriate for small samples. Clinical findings were therefore reported because they emphasize the impact on the individual and are more accurate in describing the results for a small group of individuals (Henson, 2006). The research team scored the pre- and posttests for the CBCL and PSI, and the results were reported as clinical findings. The findings from both the coding manual and clinical findings will be examined within the framework of quantitative and qualitative data.

Quantitative Results

Research questions one and two were answered using results from the standardized assessments. Parents' responses on the PSI were used to examine the impact of CPRT on parenting stress and the parent-child relationship. For one parent, overall scores on the child domain decreased from the clinical to the normal range. Additionally, multiple parents reported a decrease from the clinical to the normal range on the following subscales: distractibility/hyperactivity, adaptability, mood, reinforces parent, and acceptability. On the parent domain, the isolation subscale decreased from clinical to normal for one parent.

Clinical findings from the CBCL were used to examine the effects of CPRT on the child's externalizing and internalizing behaviors. After treatment, there was a change in the level of severity in at least one subscale as reported by each parent. The sleep problems subscale decreased from the clinical to normal range. Externalizing behavior decreased from the clinical to borderline range. The following subscales decreased from the borderline to normal range: affective problems, oppositional defiant problems, anxious/depressed, aggressive behavior, and total problems.

Qualitative Findings

The data sources used to answer research questions three and four, were the interviews and leaders' journals. These research questions addressed the extent to which CPRT affected the parents' perceptions of themselves, their child, and the parent-child relationship, as well as their perceptions of the usefulness of the group content and structure. Five themes emerged from qualitative data analysis: *child behavior*, *parent-child relationship*, *parental growth*, *integration of skills*, and *group experience*.

Child Behavior

Child behavior was defined in terms of *child concerns* that parents presented in the preintervention interviews and *adaptive behavior* that parents described in the postintervention interviews.

Child concerns were defined as parents' perception of change in their child's behavior as a result of the divorce and included externalizing problems, such as acting out or aggressive behavior, and internalizing behavior, such as withdrawal or anxiety. During the preintervention interviews, the parents emphasized changes in their child's behavior after their divorce. Adriana noticed a change in her child's behavior: "[He's] gotten really, really violent at school. This is his third school he's in right now . . . having a lot of anger issues . . . exposing himself in general in the classroom, spitting on girls. . ." Parents also reported the different feelings they could see in their child after the divorce. Leah was concerned about her daughter's ability to connect with other children. "She's really shy. She'll come home and say the kids won't play with me but at the same time she doesn't take the initiative . . . she just kind of stands in the background." Elijah emphasized the lack of connection between the parent and child after separation because of split custody. "When I pick her up from school, when I've been apart from her for several days, when it's my turn to pick her up, she just has this distant, sort of withdrawn, wild-eyed quality to her. . ."

Adaptive behavior was defined as improvement in the child's behavior that was recognized by the parent. During the post intervention interview, Adriana reported, "He's just all-around a better, a better kid. His behavior is better, his attention span is better." It was evident from the parents' responses that they could see a noticeable change in their child. Leah said, "She is more responsible for her actions. She actually does what she's told" and Elijah noted, "It just kind of created naturally a little more closeness and just self-esteem and confidence. She just seems more self assured. She seems comfortable."

Parent-Child Relationship

Parent child relationship was defined as the parent's description of his or her postdivorce disconnectedness, desire for connection, or connection with his or her child of focus. During the preinterview, Adriana described her relationship with

her child: “I didn’t really feel like there was a relationship there, it just wasn’t what I wanted. There was a disconnect and I didn’t want that.” All parents expressed a desire to connect with their child at a deeper level as Adriana explained, “I wanted to find a way for us to be in this together.” After the training, all three parents described ways they had developed deeper connectedness to their child. Elijah said, “I think I learned more about how, rather than me understanding her, I can just really help her feel loved and feel paid attention to. That’s really important.”

Parental Growth

Parental growth referred to the parents’ perceived changes in competence in the parenting role. During the postintervention interview, parents said they had gained many tools to help them feel more competent and confident in their parenting. This statement describes Leah’s perception of her own abilities: “I see that my parents made a lot of mistakes when raising me and I don’t have to make those mistakes. And I’ve become a better mom now.”

The group leaders’ journals indicated their perceptions of growth in the parents’ use of CPRT skills, acceptance of the CPRT philosophy, and stronger parent–child relationships. One leader wrote, “I can tell they are buying into the philosophy [of CPRT] because they can apply their skills to many different situations and still maintain the underlying values of acceptance and trust in the child.” Regarding the parent–child relationship, a leader said, “More importantly, I have noticed a positive difference in the parents’ perceptions of their children. It is evident that each parent has grown closer and loves their child even more than they did 10 weeks ago.”

Integration of Skills and Philosophy

Integration of skills and philosophy was defined as the parents’ ability to apply skills and ideas learned in group to situations outside of group and the special play time. All three of the parents noted that they had integrated at least some of the skills into their daily life. The two mothers primarily focused on the helpfulness of the choice-giving as a form of discipline. For example, during the postintervention interview, Leah noted, “[With choices] I’m giving the power back to her so I’m making her become responsible for some of her actions.” Elijah described how reflecting feelings allowed him to connect more deeply with his children. “I find myself constantly [reflecting feelings] now and see how much they respond and how much it affirms, ‘yeah, this is how I feel.’” All of the parents suggested that they found the skills helpful and would continue to use at least some of them.

Group Experience

The definition of the group experience included the parents’ opinions of the structure and content of the group, the parents’ perceptions of the group process

and supervision, their use of skills in their special play times, concerns they had about group-related issues and how the leaders responded to the group's needs. Each parent indicated that the group was overall a positive experience, although two of the parents wanted more homework and more group discussion. All the parents noted that they were apprehensive about watching videos of their special play times but that it was not as intimidating as they had expected. The two mothers appreciated that the group consisted solely of single parents. During the postintervention interview, Leah stated, "It was helpful knowing I'm not the only one out there going through this . . . I think I . . . wouldn't have been able to relate to a married couple, you know?" Based on parent report, the group process also seemed useful in helping parents learn the targeted skills. Additionally, the group experience enabled the parents to provide support for each other. For example, in the postintervention interview, Adriana said, "It was really hard for me at first because I felt like probably Cole was the worst. . . It was a lot easier as class went on, [and] I found myself wanting to hear what the other parents would do."

In terms of the home play session requirement, parents expressed some anxiety regarding the structure of home play sessions and the challenge of incorporating play times into an already hectic schedule. Elijah also described his fear that "his older daughter [would be] jealous of his youngest daughter's play time." Based on parents' concerns, the group leaders made an effort to adapt the structure of the group to meet the needs of the parents while also maintaining the CPRT protocol. One of the leaders reflected this idea in her journal, "After discussing this concern with my supervisor, we found that it may be more beneficial for the parents to conduct their play sessions before or after our group [in the clinic]." As a result of these changes, during the postintervention interviews the parents emphasized how much they enjoyed the play times and how helpful they were in building the parent-child relationship.

DISCUSSION

The purpose of this research project was to examine the usefulness of CPRT with divorced parents. The researchers used inductive analysis (Patton, 1990) to better understand the parents' perceptions of the effectiveness of CPRT on the parent-child relationship and to understand the parents' perceptions of the helpfulness of the group content and structure through themes that emerged from the data. This preliminary study provided evidence that this model can be helpful in improving the parent-child relationship within families of divorce and in decreasing child behavior problems.

The findings were consistent with other studies (e.g., Bratton & Landreth, 1995; Costas & Landreth, 1999; Jang, 2000; Kidron, 2004) demonstrating that parents were more understanding and accepting of their child after receiving CPRT. Children in divorced families often feel lonely and may have a sense of abandonment by their parents (Ängarne-Lindberg et al., 2009) and feeling connected to at least one parent is a predictor of well-being in adulthood (Sobolewski & Amato, 2007). Therefore, the parents' connectedness to their children in this study indicates that CPRT could have lasting effects in the children's lives.

Findings also indicated that parents noticed a positive change in their children's behavior and reported that the process was helpful to them in becoming more effective parents. These results are important in that previous research indicates that children from divorced families are at a higher risk for emotional adjustment problems (Amato, 2001; Harland et al., 2002; Lansford et al., 2006) and disruptive behavior (Amato, 2001). By giving parents tools for communicating more effectively with their children, CPRT helped the parents in the current study to better manage their children's' behavior problems.

Although the findings of this study suggested that CPRT was effective in building the parent-child relationship and helpful to divorced parents, there were some limitations. The group leaders' participation on the research team could have affected the data analysis because of researcher bias. Another graduate student who was not involved with the parents was included on the research team and helped minimize researcher bias. This study also had a small sample size. However, despite the few number of participants and potential for research bias, the qualitative data from this study provides useful information regarding implications for future research with this population.

The positive feedback from parents in this study provided a strong case that further research on the use of CPRT with divorced parents should be conducted with a larger population to increase generalizability to the divorced population. Based on the findings of this study, future researchers should provide free childcare, and make toy kits available for check-out. Further research could also incorporate a psycho-educational component about the impact of divorce on the parent-child relationship into to the existing CPRT model. Based on the preliminary findings of this study, CPRT appears to be an effective intervention for helping divorced parents connect with their children and giving them tools to help their children develop a stronger sense of self and self-control. Divorce literature indicates that such changes in families of divorce can have a lasting, positive impact on the children involved.

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