

Challenges and opportunities in evaluating the Relationships After Divorce program in Western Australia

This paper presents preliminary findings from an evaluation of a program for divorced or separated mothers and their teens. Conflicts encountered between rigorous design goals and the values of participants are examined. This paper is especially relevant for two conference sub-themes: Whose Values and Optimising Value, because the investigators' values for a randomised controlled trial design has resulted in a conflict with the expressed values of some program participants. We discuss how our values, and the ebb and flow of the pool of potential recruits, are guiding our decision-making.

There has been very little research evaluating parenting programs in divorced families (Barber, 2003; Emery, 1999). (Notable exceptions have included the work of Wolchik and colleagues, and of Pedro-Carroll and colleagues). Even less is known about promoting *adolescent* well-being in divorced families, because programs typically target younger children. We know that some adolescents do not fare well following parental divorce and separation. Although family transitions appear to be difficult for many adolescents, some live in more supportive family contexts than others. Adolescence can be a particularly frustrating time for some single parents, as teens push for increasing autonomy, and without the united front of a parental dyad heading the family, gaining ongoing compliance to rules and chores can become a struggle.

We have developed an empirically-based family-focused program designed to facilitate effective parenting and enhance healthy development of adolescents in female-headed families (Barber, 2003). The major theoretical premises underlying the intervention derive from an empirically-based model for program development with adolescents from single-mother families (Barber, 1995). Relationships After Divorce (RAD) has a particular emphasis on helping to reduce stress, anxiety, and depression of single divorced and separated mothers and their adolescent children. The program encourages understanding and awareness of how healthy and positive parent-child relationships are built, maintained, and strengthened. The parenting dimensions targeted in the program include communication, expectancy socialization, discipline, and monitoring. The RAD program is guided by the goal of increasing the developmental fit of mothers' parenting strategies for their teens and focuses on the unique challenges faced by divorced-mother families during adolescence, rather than assuming a deficit in the parenting ability of divorced mothers. The program is consistent with current Federal government initiatives to develop a more integrated approach to assist separated parents. There is a pressing need for education programs and information about their effectiveness. The program has the potential to ameliorate some of the acknowledged risks associated with parental separation on a national basis, but evaluation is needed to judge its efficacy.

The RAD program consists of two components: the Teen Awareness Group (TAG) and Effective Single Parenting (ESP), and includes seven weekly meetings, lasting approximately two hours in the evening. The mothers' program consists primarily of discussion and role plays, interspersed with some short didactic presentations covering facts and myths about teens. The adolescent component covers the same topics as the mothers' using developmentally appropriate, engaging formats, including ice-breakers, board games, role plays, and group quiz competitions. Pizza and child care for younger siblings are provided each week, to facilitate family attendance.

The evaluation research has been funded by Healthway, and we are in the midst of a randomised controlled trial to assess the efficacy of the program. We are evaluating program outcomes with a pretest-posttest design including treatment and literature control groups. This research builds on a feasibility study of the program in which client satisfaction was high, and the manualised program was deemed deliverable with fidelity. The project represents a collaborative effort of colleagues at three universities (Murdoch, UWA and ECU).

Despite, or perhaps because of, a rigorous evaluation design, the evaluation has encountered difficulties in the clash between scientific methodologies and the values and interests of some stakeholders. The most substantial challenge we have faced in this project is recruiting families. This is a two-part issue – first, that finding families to participate in the research has become generally quite difficult; and second, that once families contact us to participate, some have strong treatment preferences. The general recruitment difficulty took us by surprise, as our previous feasibility work indicated good uptake by divorced mothers. It seems possible that the new Family Law changes establishing the Family Resource Centres have led to some caution with, or less felt need for, educational interventions. As a result of the slow flow of volunteering participants, we have added to our previous recruitment strategies (e.g., school newsletters, posters in community locations such as libraries) to include community newspaper advertisements, and are considering alternative/additional locations for program delivery. This problem seems to be resolving itself more easily than the second one.

The second issue – that treatment preference threatens the validity of our evaluation – we explore in more detail. To date, we have enrolled 39 families in the study. When families contact us, we send them the information letter and pre-test materials. We inform them from the outset that they will be randomly assigned to either the group program, or the home-based condition, after they return the pre-test. Some participants have the treatment preference of coming to the group sessions, while others have the expressed preference for home study. Balancing this conflict has the potential to result in either reduced internal validity with a non-comparable comparison group (allocating families based on their preference rather than randomly), or in differential attrition and subsequent biased sample retention when some people are assigned to conditions they think will be, at best, ineffective or at worst, too difficult or uncomfortable (Corrigan & Salzer, 2003). In our recruitment phone calls, we find that some mothers are strongly convinced the group program will be the only way to engage their teens. Others don't want to come to a program every Wednesday night for 7 weeks (or their adolescent refuses). The first group indicates that they won't be particularly interested in the learn-at-home materials, and the latter say they would be unable to come in person. A third group is happy with either format. Initially, we turned away families who would not agree to random assignment. But that reduces the external validity of the evaluation – as some families who attend a program likely have strong interest in going to that particular program. It also further compounds the general difficulty recruiting enough participants to keep the groups running. Thus, although we continue to randomly assign families, if any family indicates that their values conflict with random assignment (10-25% of each cohort), we first randomly assign the families who agree to be in either condition and don't express a strong value for a particular condition, and then allocate those with strong preferences to their preferred option (as space allows in the group program). We will analyse these groups separately when we have adequate numbers.

Preliminary Results

Implementation evaluation to date has yielded very positive client satisfaction, and good fidelity ratings for content delivery. Preliminary outcome results on the first few cohorts of RAD program families are also encouraging. For the mothers (age

range 30-48, mean 41.5), scores on the Depression Anxiety Stress Scale 42 (DASS 42; Lovibond & Lovibond, 1995) improved on all three subscales (Depression, Anxiety, and Stress) between the pre-test assessment and the post-test follow-up. Furthermore, scores on both the Depression and Stress scales were brought to within a 'normal' range at post-test (Anxiety scores were already within a 'normal' range at pre-test). Mother's ratings on the Strengths and Difficulties Questionnaire (SDQ) indicated decreases in the total difficulties scores from pre-test to post-test, with significant improvement in the Emotional Symptoms Scale (ESS) being the most notable change.

The age of the teens who participated in the RAD program ranged from 12 to 15 years, with the average age being 13.3 years. Outcome measures include the Reynolds Adolescent Depression Scale-2 (RADSD-2) and the Strengths and Difficulties Questionnaire (SDQ) self-report. The mean Total Depression Score (TDS) declined from pre-test to post-test, indicating a reduction in depressive symptoms. The change in adolescent depressive symptoms was examined in more detail using the subscales. Small changes in mean scores were found for both the Dysphoric Mood (DM) scale and the Somatic Complaints (SC) scale. The DM decreased from pre-test to post-test, while the SC scale had a slight increase. The largest and most notable change in the subscales occurred for the Negative Self-Evaluation (NS) scale, which decreased from pre to post test. The reduction in NS scores indicates the participants' levels of self-worth increased, while their thoughts of self-harm decreased (e.g., "I feel like hurting myself"). This reduction also indicates that the adolescents' perception of how others like them has improved (e.g., "I feel my parents don't like me," "I feel that other students don't like me"). Improvement in this particular area may reflect enhanced communication between mother and adolescent, an area targeted by the RAD program.

Next Steps

Very little is known about how changes in family processes and the subsequent adjustment of the adolescent may be influenced by health promotion efforts. This research attempts to address this gap through its use of an evaluation strategy linking specific family context measures with adolescent outcomes. We have collected data on putative mediators from these families, and will present some preliminary results on the links between family process changes and maternal and adolescent outcomes. This paper describes an example of the use of evaluation in theory-testing, and the potential frustrations encountered when real-life constraints, stakeholder values, and evaluation goals collide. An empirically-based conceptual model of post-divorce parenting drove the development of the program being evaluated. Both an action theory (program has impact on parenting), and conceptual theory [see Chen, 1990] – (parenting has an impact on youth well-being) are examined. Results have the potential to be of use to those who offer community services to families in transition, but the divergence of values among stakeholders has required some trade-offs in the conduct of the evaluation. How those changes may add value to the results of the evaluation will be discussed.