

An evaluation of the Parents Plus – Parenting When Separated programme

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Abstract

This study evaluated the *Parents Plus – Parenting when Separated Programme*, an intervention specifically designed to address the needs of separated parents in an Irish context. In a randomized control trial, 82 separated parents with young children were assigned to the *Parents Plus – Parenting when Separated Programme* treatment group and 79 to a waiting-list control group. They were assessed on measures of client goals, parenting satisfaction, child and parental adjustment and interparental conflict at baseline (Time 1) and 6 weeks later (Time 2), after the treatment group completed the *Parents Plus – Parenting when Separated Programme*. From Time 1 to 2, significant goal attainment, increases in parenting satisfaction and decreases in child behaviour problems, parental adjustment problems and interparental conflict occurred in the *Parents Plus – Parenting when Separated Programme* group, but not in the control group. These results supported the effectiveness of *Parents Plus – Parenting when Separated Programme*, which should be made more widely available to separated parents.

Keywords

Co-parental conflict, divorce, parent training, Parents Plus, separation

Introduction

Current divorce rates are 42% in the United Kingdom (Office for National Statistics, 2011), 43% in Australia (Australian Bureau of Statistics, 2004) and 43–46% in the United States (Amato, 2010). Since the introduction of divorce legislation in Ireland in 1995, the rate of divorce escalated. In 2011, there were 87,770 recorded divorcees, in comparison to 35,059 in 2002 (Central Statistics Office, 2011). One in four families with children in Ireland is a single-parent family (Central Statistics Office, 2011).

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The effects of separation and divorce

Separation and divorce constitute a stressful transition in the family lifecycle. This transition typically involves a pre-separation period of interparental relationship distress and conflict followed by multiple changes associated with separation and its aftermath. These changes include new living arrangements, alterations in the management of family's financial resources, realignment of relationships within the nuclear and extended family and wider social network and establishment of new parenting arrangements and routines (Carr, 2012). In the conflictual period preceding separation, and particularly during the 2- to 3-year period following separation, the multiple demands of the separation process lead to family relationship problems, reduced well-being of family members and a range of adjustment problems for parents and children. Parents show higher rates of mental and physical health, social and occupational problems (Amato, 2000, 2010; Amato & Keith, 1991; Tennant, 2002). Children show higher rates of medical problems and psychological, social and educational adjustment difficulties (Amato, 2000, 2001, 2007, 2010; Amato & Dorius, 2010; Amato & Gilbreth, 1999; Kelly, 2000; Leon, 2003; Reifman, Villa, Amans, Rethinam, & Telesca, 2001; Rogers, 2004; Wallerstein, 1991).

Interparental conflict has a particularly significant effect on children's post-separation adjustment. Children show greater adjustment problems when they are exposed to chronic, intense interparental conflict before and following separation, where they are triangulated into the conflictual process, and where this conflict leads to reduced involvement with non-custodial fathers (Amato, 2007; Amato & Dorius, 2010; Rogers, 2004).

The effectiveness of post-separation programmes

Programmes for separated parents have a range of aims, including helping parents to cope with the challenges of separation, improving parent-child relationships, improving parent and child adjustment and reducing interparental conflict. Reviews and meta-analyses of controlled studies indicate that such programmes may be effective in improving post-separation adjustment (e.g. Fackrell, Hawkins, & Kay, 2011; M. Goodman, Bonds, Sandler, & Braver, 2004). In a meta-analysis of studies evaluating programmes for separated parents, Fackrell et al. (2011) found an overall effect size of $d=0.39$ based on 19 controlled studies across a range of dependent variables. Effect sizes for specific dependent variables were $d=0.49$ for parent-child relationships, $d=0.34$ for child well-being, $d=0.61$ for parent well-being and $d=0.36$ for co-parenting conflict.

Results from 11 well-designed evaluation studies which included a control group, pre- and post-programme evaluations with validated measures and appropriate statistical tests are summarized in Table 1. The programmes evaluated in these studies may be divided into short-term interventions conducted over a couple of sessions, and longer programmes spanning a number of weeks. The content of these programmes was very similar and addressed the effects of separation and parental conflict on children; effective approaches to post-divorce parenting and co-parenting; communication, problem-solving and conflict management; and self-care for parents following separation. From Table 1, it may be seen that in three of five studies, short-term programmes ameliorated interparental conflict. In those studies of short-term programmes where parent-child relationships or parenting skills and children's adjustment were evaluated, short-term programmes had no positive impact on these variables. In contrast, in six of seven studies, long-term programmes led to improvements in both parent-child relationships or parenting skills and children's adjustment. In the single long-term programmes where interparental conflict was assessed, positive changes occurred in this domain. These results point to the value of psychoeducational skills-training programmes which span a number of weeks for separated parents.

Table 1. Summary of results from evaluation studies of programmes for separated parents.

Study	Programme name	Programme description	n	Parent-child relationship	Children's adjustment	Interparental conflict
Short-term programmes						
L. Kramer and Washo (1993)	Children First	2 × 90 minute group sessions over 2 weeks Written information on positive post-divorce parenting Input from judge on effects of separated parental conflict on children Parents viewed 6 video vignettes of maladaptive post-divorce family interactions and discussed these with a facilitator Videos covered parental conflict in front of children, triangulation, undermining of the other parent to the child, parental use of substances in front of children, breaking visitation promises and custody issues	211	0	0	0
L. Kramer and Kowal (1998)	Children First	As above	211	-	-	-
K. Kramer, Arbuthnot, Gordon, Rousis, and Hoza (1998)	Children First	As above	166	-	0	+
Shiftlett and Cummings (1999)	Kids in Divorce and Separation	2 group sessions over 2 weeks Written information on positive post-divorce parenting Presentations and discussions about the impact of parental conflict on children Skills training in communication, problem-solving and effective conflict management to improve co-parental relationship	39	-	-	+
K. Kramer et al. (1998)	Children in the Middle	2 group sessions Parents were given information on the impact of parental conflict on children	189	-	0	+

(Continued)

Table 1. (Continued)

Study	Programme name	Programme description	<i>n</i>	Parent-child relationship	Children's adjustment	Interparental conflict
		Parents viewed video vignettes of maladaptive post-divorce family interactions and discussed these with a facilitator Videos covered carrying messages between parents, hearing parents criticize each other, children becoming involved in financial issues, non-custodial fathers avoiding contact with children to avoid parental conflict Skills training in communication and parallel (as opposed to cooperative) co-parenting to reduce parental conflict				
Long-term programmes						
Wolchik, West, et al. (2000) Wolchik, Sandler, et al. (2002)	New Beginnings	11 group sessions and 2 individual sessions Skills training using didactic input, experiential exercises and homework tasks Skills included building warm parent-child relationships, effective discipline, facilitating father-child contact, coping with divorce stressors and building social support	157	+	+	-
Wolchik, West, Westover, and Sandler (1993)	New Beginnings	As above	70	+	+	-
Velez, Wolchik, Tein, and Sandler (2011) Sigal, Wolchik, Tein, and Sandler (2012)	New Beginnings	As above	240	+	+	-
Forgatch and DeGarmo (1999)	Parenting through Change	14 group sessions Skills training using video vignettes, didactic input, experiential exercises, role-play and homework tasks	238	+	+	-

Table 1. (Continued)

Study	Programme name	Programme description	<i>n</i>	Parent–child relationship	Children’s adjustment	Interparental conflict
Devlin, Brown, Beebe, and Parulis (1992)	Parent Education for Fathers	Skills included monitoring positive and negative child behaviours, using positive reinforcement to increase positive behaviours, using non-coercive discipline for negative behaviours, problem-solving, coping with negative emotions and conflict management 6 × 90 minutes group sessions Skills training using didactic input, discussion and role-play Skills included parenting, communication, and conflict management within the co-parenting relationship	30	+	–	–
Braver, Griffin, and Cookston (2005) Cookston, Braver, Griffin, DeLuse, and Miles (2006)	Dads for Life	8 × 105 minute group sessions and 2 × 45 minute individual sessions Written information on positive post-divorce parenting and recreational facilities for children Skills training using video vignettes, didactic input, discussion, role-play and homework tasks Skills included parenting, communication, and conflict management within the co-parenting relationship	214	–	+	+

‘+’: Significant improvement occurred on this variable; ‘0’: no improvement occurred on this variable; ‘–’: this variable was not assessed.

Parents Plus – Parenting While Separated programme

The Parents Plus – Parenting when Separated Programme (PP-PWS) programme is the first intervention for separated parents designed for use in Ireland. It was developed as part of the Parents Plus suite of parent training programmes (Sharry & Fitzpatrick, 2008, 2012; Sharry, Hampson, & Fanning, 2013). These are widely used throughout the Republic of Ireland and have been extensively evaluated (Behan, Fitzpatrick, Sharry, Carr, & Waldron, 2001; Coughlin, Sharry, Fitzpatrick, Guerin, & Drumm, 2009; Griffin, Guerin, Sharry, & Drumm, 2010; Hand, McDonnell, Honari, & Sharry, 2013; Hand, Ni Raghallaigh, Cuppage, Coyle, & Sharry, 2013; Kilroy, Sharry, Flood, & Guerin, 2011; Quinn, Carr, Carroll, & O’Sullivan, 2006, 2007; Sharry, Guerin, Griffin, & Drumm,

Table 2. Outline of the Parents Plus – Parenting While Separated programme (PP-PWS).

Session number	Session title	Topics
1	Introduction: Helping parents and children cope	Impact of separation on parents Impact of separation on children
2	Co-parenting	Developing a business relationship with your child's other parent Effective communication
3	Helping your children cope	The different needs of children at different ages Positive parenting strategies Talking with children about separation
4	Being a live away or resident parent	The impact of being a live away or resident parent Managing successful contact for children
5	Conflict management	Remaining calm in tough situations through balanced thinking and relaxation Managing conflict with the child's other parent
6	Coping in the long term	Personal coping in the long term. Managing new relationships and their impact on children

2005). The PP-PWS programme was designed on the basis of information from focus groups conducted with separated parents, a review of the curricula of effective psychoeducational skills-training programmes such as those listed in Table 1, a consideration of results of research on risk and protective factors affecting child and adult adjustment following divorce (Fine & Harvey, 2005) and material included in other Parents Plus programmes. All Parents Plus programmes, including PP-PWS, are grounded in developmental psychology (Damon & Lerner, 2006), social learning theory (Bandura, 1976), solution-focused therapy (Miller, Hubble, & Duncan, 1996) and family system theory and therapy (Carr, 2012).

The PP-PWS spans 6 weekly group sessions, each lasting 2 hours. Participants attend the programme in small groups of 6–12, facilitated by mental health professionals trained and supervised in the PP-PWS protocol. The PP-PWS is a psychoeducational programme informed by research on separated families, and the principles of cognitive behaviour therapy and solution-focused therapy. Practical evidence-based information about the effects of separation on children and families is discussed. Participants are helped to develop skills for effective parenting and cooperative co-parenting. They are also helped to improve their personal coping. The programme is designed for both mothers and fathers, and for custodial and non-custodial parents. The programme is manualized with a plan for each session outlining key psychoeducational points to be covered and a description of practical skills-building exercises to be completed. There is also a parents' booklet which sets out key point covered in each of the sessions. A summary of the programme is given in Table 2.

The PP-PWS programme was piloted with 33 parents at three sites before conducting the randomized controlled trial (RCT) described below. The pilot study showed that the programme was acceptable to parents and led to statistically significant movement towards specific goals on the Client Goals Scales (CGS, Coughlin et al., 2009).

Method

The aim of this study was to evaluate the PP-PWS programme. The study was a RCT with cases assigned to treatment and waiting-list control groups, and assessed at baseline (Time 1) and 6 weeks

later (Time 2) when the treatment group had finished the PP-PWS programme. A power analysis using G*Power 3.1 (<http://gpower.software.informer.com/3.1/>) showed that a trial completer sample size of at least 62 (31 cases in each of two trial arms) was required in order for statistical tests with a p value of .05 and a power value of .95 to be able to detect moderate intergroup differences of $d=0.39$. This effect size is from Fackrell et al.'s (2011) meta-analysis of evaluation studies of post-separation parent intervention programmes. In fact, a much larger sample than the minimum required by this power analysis was recruited.

Participants

A total of 161 separated parents participated in the study. Participants were included if they had been separated for at least a month and had children 3 years or older. Parents were excluded from the study if they did not meet these inclusion criteria or presented with acute suicidal risk, acute mental health problems requiring emergency psychiatric intervention, moderate or severe intellectual disability or on-going intrafamilial child abuse requiring child protection intervention.

Most participants were Irish ($n=135$, 86.5%), female ($n=115$, 71%), single ($n=118$, 79.2%) and had custody of their children ($n=115$, 71.4%). There were 30 (18.6%) non-custodial parents; eight (5%) had shared custody of the children with the children living at both parents residences; and in two cases (1.2%), parents were separated, but continued to live in the same house. In all, 142 (88.2%) parents were separated, and the remainder were divorced. The duration of separation ranged from 3 months to 16 years ($M=3.21$ years, standard deviation (SD)=3.08). The majority of children had regular contact with both parents ($N=112$, 72.7%). The mean age of parents was 39.52 years ($SD=6.59$), and their children's ages ranged from 2–16 years, with a mean of 9.43 years ($SD=3.65$). The average number of children in participants' families was 2.47 ($SD=1.32$). In all, 63 (40.9%) parents were employed and 91 (59.1%) were unemployed.

A total of 82 cases were assigned to the PP-PWS treatment group and 79 to the waiting-list control group. All of these completed assessments at Time 1. In all, 56 cases from the treatment group and 47 from the control group completed assessments at Time 2. The dropout rates from the treatment and control groups were 31% and 34%, respectively.

Trial completers and dropouts from the treatment and control groups did not differ significantly from each other on baseline demographic or dependent variables, suggesting that trial completers were representative of all cases who entered the trial. Treatment and control groups did not differ significantly from each other on any baseline demographic or dependent variable except the interparental conflict subscale of the Quality of Co-parental Communications Scale (QCCS) (Ahrns, 1981, $t(150.67)=2.80$, $p=.005$). The mean of the control group ($M=10.54$, $SD=4.80$) was higher than that of the treatment group ($M=8.89$, $SD=3.95$), and this indicated that there was less interparental conflict in the control group.

Measures

The assessment protocol completed at Time 1 and 2 included the CGS (Coughlin et al., 2009), the Kansas Parental Satisfaction Scale (KPS; James et al., 1985), the total difficulties scale of the parent-report version of Strengths and Difficulties Questionnaire (SDQ; R. Goodman, 2001), the interparental conflict subscale of the QCCS (Ahrns, 1981) and the 5-item Mental Health Inventory (MHI-5; Berwick et al., 1991). All instruments in the assessment protocol were relatively brief self-report questionnaires, and all except the CGS have well-established psychometric properties. On the CGS, parents identified a child-focused, parent-focused and co-parenting-focused goal at Time 1. They rated how close they were to achieving each of these three goals on 10-point scales

at Time 1 and again at Time 2. On each occasion, the three ratings were summed to give an overall score on the CGS. The KPS is a 3-item measure of parents' perceptions of the quality of their relationship with their child. Response to items may range from 1=extremely dissatisfied to 7=extremely satisfied.

The 20-item total difficulties subscale of the parent-report version of the SDQ is a summary index of children's emotional and behavioural problems and items cover conduct, inattention/hyperactivity, emotional and peer relationship problem domains. Three-point response formats are used for all items ranging from 0=not true to 2=certainly true. The QCCS interparental conflict subscale includes 4 items with 5-point response formats ranging from 1=never to 5=always. It assesses conflict over co-parenting issues. The MHI-5 is a 5-item instrument for screening common psychological problems such as anxiety and depression and was used to assess parental psychological adjustment. Responses on MHI-5 items may range from 0=all of the time to 5=none of the time. In this study, all of these instruments (except the CGS, where $\alpha = .643$ at Time 1) demonstrated acceptable levels of internal consistency with Cronbach's alphas above .7 at Times 1 and 2.

Procedure

The trial was conducted at 16 sites nationwide in the Republic of Ireland. These included primary care and secondary and tertiary care child and family mental health services in the Irish public health system (the Health Service Executive (HSE)) and child and family voluntary care agencies. The study was conducted with ethical approval of the HSE and University College Dublin and informed consent of participants. Facilitators at the 16 community-based sites involved in the study were trained in the PP-PWS programme by the first two authors. To ensure treatment fidelity, facilitators received regular supervision throughout the trial, used the PP-PWS facilitator's manual and distributed the PP-PWS parent booklet to participants.

Participants were recruited through the Unmarried and Separated Families of Ireland which is a voluntary support service for unmarried and separated families. Parents who had post-separation adjustment difficulties and who met inclusion criteria were invited by facilitators to take part in the programme. Those who expressed interest completed Time 1 assessments during individual screening appointments with the group facilitators. Parents with more than one child were invited when completing the SDQ and KPS to base their responses to these instruments on a particular 'target child' in their family. Target children were those who parents viewed as having the greatest difficulty adjusting to the separation process. Participants were informed that they would be randomized to either the treatment group or a 6-week waiting-list control group, after which they would be offered a place on the PP-PWS programme. Pairs of sites were identified in which groups of participants at each site were matched as closely as possible at Time 1 on variables in the assessment protocol. This minimized differences between groups of participants at pairs of sites on relevant clinical variables at Time 1. For each pair of sites, one site was randomized to the treatment group and one to the waiting-list control group. Parents in the treatment group engaged in the six-session PP-PWS programme outlined in Table 2 and described in the final section of the introduction. On average, five parents were assigned to each PP-PWS group.

Results

Data were entered item-by-item into SPSS 20 and verified. To reduce bias due to dropout, an intent-to-treat analysis was conducted on data from all 161 cases randomized to treatment or control groups. The last observation carried forward procedure was used. Time 1 scores were

Table 3. Mean scores of PP-PWS treatment and control groups at Times 1 and 2 on all continuous dependent variables, ANOVA results and effect sizes.

		Treatment group, N=82		Control group, N=79		ANOVA		Effect size at Time 2		
		Time 1	Time 2	Time 1	Time 2	Group × Time	F	Time, F	Group, F	d, 95%CI
CGS	Goals	M	11.35	18.94	11.46	12.90	37.64**	81.31	9.52	1.12
		SD	4.61	5.26	5.26	5.49				0.65, 1.55
KPS	Parenting satisfaction	M	15.00	16.06	14.67	14.45	7.49**	2.29	3.23	0.46
		SD	3.10	2.59	4.17	4.30				-0.08, 1.00
SDQ	Child emotional and behaviour problems	M	14.23	12.15	15.32	15.24	7.06**	8.24**	3.49	-0.48
		SD	5.71	6.14	6.76	6.60				-0.84, -0.11
QCCS	Interparental conflict	M	9.27	10.76	10.57	10.45	7.48**	5.36*	0.38	0.07
		SD	4.44	4.44	4.83	4.81				-0.3, 0.43
MHI-5	Parental adjustment	M	14.73	16.68	15.11	15.30	7.88**	11.49**	0.36	0.31
		SD	5.26	4.28	4.98	4.61				-0.06, 0.67

* $p < .04$; ** $p < .01$.

PP-PWS: *Parents Plus – Parenting when Separated Programme*; ANOVA: analysis of variance; M: Mean; SD: standard deviation; CI: confidence interval; CGS: Client Goals Scale; KPS: Kansas Parental Satisfaction scale; SDQ: Total Difficulties scale of the Strengths and Difficulties Questionnaire; QCCS: Quality of Co-parental Communications Scale; MHI-5: 5-item Mental Health Inventory.

substituted for missing Time 2 scores. An ancillary analysis confined to data from 103 trial completers yielded similar results to the intent-to-treat analysis which is reported below.

Improvement in mean scores

A multivariate analysis of variance (MANOVA) followed by a series of analyses of variance (ANOVAs) on five dependent variables showed that from Time 1 to 2, mean scores of the treatment group improved more than those of the control group, and at Time 2, treatment group scores reflected significantly better adjustment than those of the control group. To determine whether the treatment group improved more than the control group from Time 1 to 2 on all dependent variables while controlling for type 1 error associated with using multiple dependent variables, a 2×2 , Group \times Time, repeated measures MANOVA was conducted with five dependent variables: CGS – goals; KPS – parenting satisfaction; SDQ – children's behavioural and emotional problems; QCCS – interparental conflict; and MHI-5 – parental adjustment. The MANOVA yielded a significant Group \times Time interaction, Wilks' $\lambda = .638$, $F(5, 75) = 8.496$, $p < .001$, partial eta squared = .362. Power to detect the effect was 1.0. This confirmed that across all five dependent variables, significant improvement occurred from Time 1 to 2. From Table 3, it may be seen that in a series of five ANOVAs, significant Group \times Time interactions occurred for each of the five dependent variables. Significance levels were adjusted using the false discovery rate to control for type 1 error associated with conducting multiple statistical tests (Benjamini & Hochberg, 1995). These interactions are graphed in Figure 1. Tests of simple effects confirmed the impression given by the graphs in Figure 1. On the CGS, KPS, QCCS and MHI-5 which are keyed so that high scores indicate better adjustment, mean scores of the treatment group increased significantly from Time 1 to 2, while those of the control group did not. On the SDQ, which is keyed so that low scores indicate better

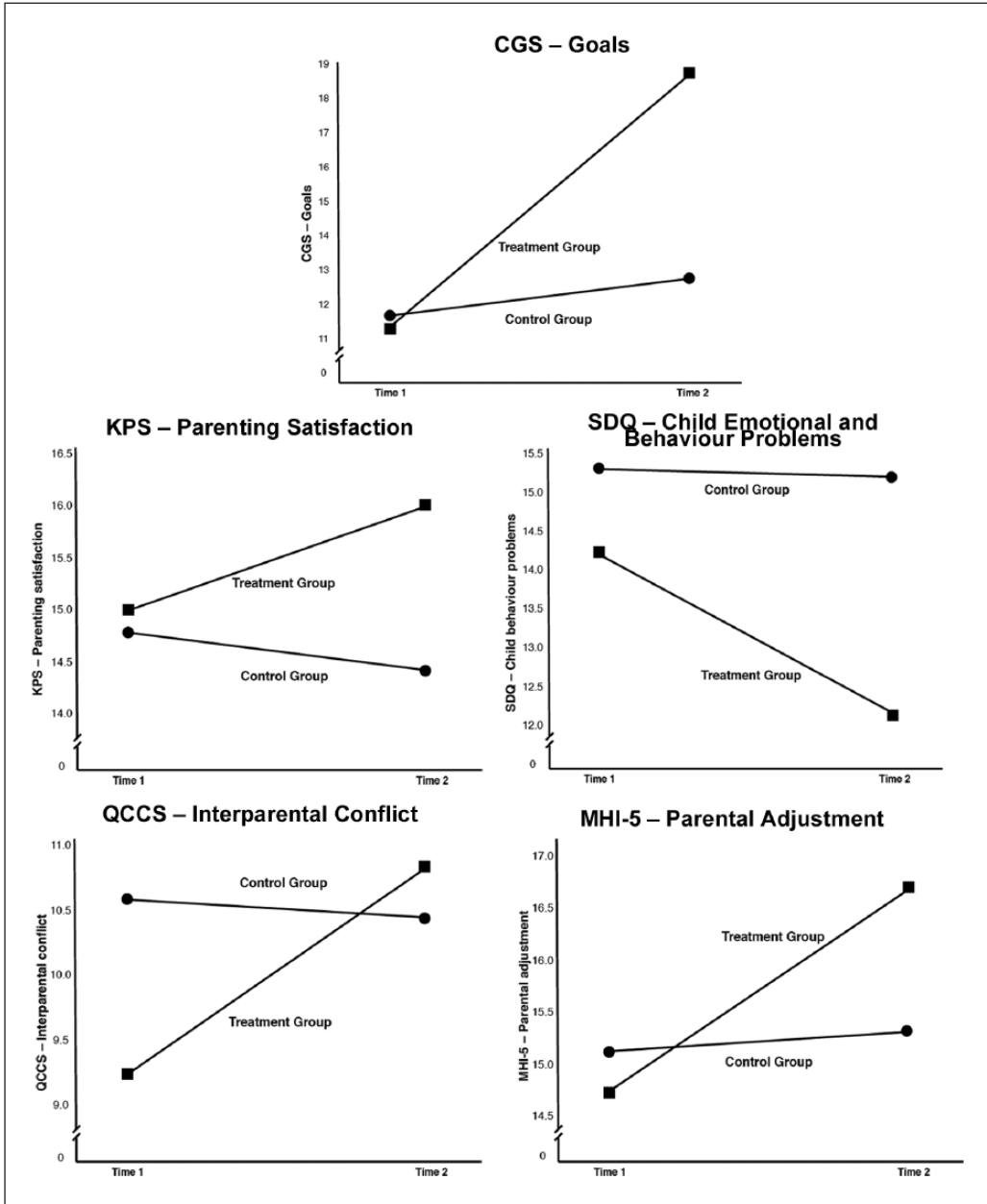


Figure 1. Means of PP-PWS treatment group and waiting-list control group at Time 1 and 2 on the Client Goals Scale (CGS), Kansas Parental Satisfaction scale (KPS), Total Difficulties scale of the parent-report version of the Strengths and Difficulties Questionnaire (SDQ), Interparental Conflict subscale of the Quality of Co-parental Communications Scale (QCCS) and the Mental Health Inventory (MHI-5).

adjustment, mean scores of the treatment group decreased significantly from Time 1 to 2, while those of the control group remained relatively stable. At Time 2 on all dependent variables, mean scores of the treatment group differed significantly from those of the control group. From Table 3,

it may be seen that effect sizes at Time 2 ranged from $d = .07$ to $d = 1.12$. The PP-PWS programme led to a large effect size on CGS – goals; moderate effect sizes on KPS parenting satisfaction, SDQ children's emotional and behaviour problems and MHI-5 parental adjustment; and a small effect size on QCCS interparental conflict.

Clinical improvement in children's behaviour problems

Significantly more cases in the treatment group showed clinical improvement in children's behaviour problems from Time 1 to 2 compared with controls (Treatment group = 37.5%, Control group = 9.7%, $\chi^2(1) = 6.04$, $p < .01$). In this analysis, cases were classified as clinically improved if their total difficulties SDQ score dropped from the clinical to the non-clinical range from Time 1 to 2. The clinical cut-off score of 17 used in this analysis was taken from the SDQ website (<http://www.sdqinfo.com/>). Of 24 cases in the treatment group who scored above the clinical cut-off at Time 1, 9 (37.5%) had made clinically significant improvement at Time 2. In the control group, of 31 cases who scored above the clinical cut-off at Time 1, at Time 2, only 3 (9.7%) of these showed clinical improvement.

Reliable change

There was a trend for more cases in the treatment group to show reliable change in children's behaviour problems from Time 1 to 2 compared with controls (Treatment group = 8.9%, Control group = 1.3%, Fishers exact probability test, $p = .06$). Cases were classified as reliably improved on the total difficulties scale of the SDQ if they achieved a score greater than 1.96 on the reliable change index (Jacobson & Truax, 1991). The reliable change index was calculated by subtracting SDQ total difficulties scores obtained at Times 1 and 2 and dividing this by the standard error of difference (Jacobson & Truax, 1991). The following equation was used to obtain the standard error of difference: $\sqrt{2} (\text{Standard Deviation} \sqrt{(1 - \text{test-retest reliability})})^2$. For the total difficulties scale of the SDQ, the standard error of difference was 4.34 based on a SD of 5.8 in the normative sample (Meltzer, Gatward, Goodman, & Ford, 2000, <http://www.sdqinfo.com/>) and a test-retest reliability of 0.72 (R. Goodman, 2001).

Discussion

The study was the first of its kind to be conducted within an Irish context and to show that a group-based, psychoeducational, skills-training programme could have a positive impact on separated families. The present study showed that compared with a waiting-list control group, the PP-PWS programme led to significant improvements in a range of domains including client goal attainment, parenting satisfaction, child and parent adjustment and interparental conflict. We also found that compared with parents in the control group, more of those who completed the PP-PWS programme reported clinical improvement of their 'target children's' behavioural problems. These results provide preliminary support for the effectiveness of PP-PWS.

Our results on the impact of the PP-PWS programme on parenting satisfaction, child and parent adjustment and interparental conflict are consistent with those from previous similar international studies given in Table 1 and reviewed by Fackrell et al. (2011) and M. Goodman et al. (2004). However, our findings of a relatively large improvement in attainment of specific individualized client goals is novel.

International studies of longer, psychoeducational skills-training programmes listed in Table 1 were developed for either mothers or fathers. The PP-PWS is unique in that it was designed for

both mothers and fathers, and for both custodial and non-custodial parents. The inclusion in the PP-PWS programme of parents of both genders, with and without custody of their children, may lead participants to develop a greater understanding of multiple parents' perspectives which may have a positive impact on reducing interparental conflict. This is an interesting hypothesis deserving investigation.

This study had a number of limitations. Data on the number of parents approached to take part in the study were not collected. Therefore, it was not possible to estimate the level of programme uptake. Follow-up data were not collected, so the long-term effect of the programme was not evaluated. There were 50 dropouts and reasons for dropout from the study were not recorded. Socio-economic status of the participants was not reported, and data on employment status were unavailable for seven participants. The greatest effect size occurred for the CGS. However, this measure does not have well-established psychometric properties. Independent ratings of facilitators' adherence to the treatment manual were not made, so the study lacked evidence of treatment fidelity. A further limitation was the reliance on parent-report measures only. It would have been preferable to have data from multiple informants. Because the control group was a wait-list rather than psychological placebo, it is difficult to attribute gains to the session content rather than regular meetings with other separated parents in a supportive atmosphere. Only one-third of participants were fathers. It would have been preferable to have had equal numbers of mothers and fathers in the study. Subgroup analyses were not conducted for participants of different nationalities or different durations of separation because there were insufficient participants from ethnic minorities or with differing durations of separation to permit meaningful statistical analyses.

Despite its limitations, this study had a number of strengths. It was conducted in 'real world' community sites, not in specialist university-based clinics. The wide range of participating services that delivered the programme allow for a high level of confidence to be placed in the generalizability of the results. A relatively large sample was used which gave adequate power for detecting small to moderate treatment effects. A further strength of the study was that the programme was manualized and facilitators received training and supervision to ensure a high standard of treatment fidelity. Four of the five instruments used to evaluate the programme had good psychometric properties, so confidence may be placed in the reliability and validity of scores from these instruments. It is also worth noting that were the PP-PWS programme to be implemented with recently separated parents (rather than those who had been separated for 3 years as was the case in this study), greater effect sizes would probably be found since parenting difficulties and family stress tend to be greater immediately following separation.

The positive results of this trial indicate that our study deserves replication, with methodological refinement to take account of the limitations listed above. Given that there are currently no other evidence-based programmes for separated parents available in Ireland, the PP-PWS programme should be made more widely available to separated parents.

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