

**GROUP COUNSELING: IS IT BENEFICIAL FOR CHILDREN WHO ARE  
EXPERIENCING DIVORCE COPE WITH DEPRESSION BETTER?**

**By**

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**ABSTRACT**

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Divorce is increasingly disrupting the lives of millions of children each year. Children of divorced families often experience social, educational, and psychological disturbances. Numerous studies have revealed that children of divorce are significantly more depressed than children of intact families (Beer, 1989; Fendrich, Warner, & Weissman, 1990; Rotenberg, Kim, & Herman-Stahl, 1998; Simons, Lin, Gordon, Conger, & Lorenz, 1999; Zubernis, Cassidy, Gillham, Reivich & Jaycox, 1999). As a result of these previous findings, it is imperative to discover ways to teach children of divorce to better cope with depression.

This research project consists of a review of the literature regarding childhood depression, children of divorce, and a comparison between school-based and community-based interventions that have been used to assist children in coping with any concerns or feelings that they may be experiencing due to their parents' divorce. The results of past

research indicate that group counseling may be effective in helping children handle this difficult time in their lives. However, it appears that there is an insufficient amount of data to strongly support this claim. The purpose of this research is to propose a school-based intervention program to improve children's coping skills whose families are experiencing divorce.

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## CHAPTER ONE

### Introduction

A high school boy diagnosed with Major Depressive Disorder shares his story:

It's a coming-and going thing. I don't feel depressed all the time. Usually it takes something, no matter how minor to really set me off, and I start feeling bad about something and I can't do anything, and so today everything's been going pretty well, so I don't feel bad at all. But on another day, you know, I might just not want to get up in the morning or do anything at all...just like everything's worthless, like it's just not worth it to even be. That's about the best I can do. It's – it seems like a silly thing to go through life and exist. And from one day to the next, you're always wondering if you're going to make it to the next day if you can stand it. If it's worth trying to get to tomorrow... It's just-just like- I feel mostly like I'm worthless, like there's something wrong with me. It's really not a pleasant feeling to know that you're a failure, a complete nothing, and I get the feeling that I didn't do nothing right or worthwhile or anything.

(Cytryn & McKnew, 1996, p. 17)

Depression in adults is a sad, lonely, and at times tragic experience. In children it can be even more devastating, as revealed by the teen-age boy. A depressed mood is a common feeling that everybody experiences in their lifetime that can occur at any age and has various causes. Children can report or display feelings of sadness, unhappiness,

and irritability, but most children recover from these brief and normal moods or emotional states. On the other hand, for those children who develop childhood depression, such as the boy in the case study, can have a devastating impact on their lives. Childhood depression goes beyond sadness. It is more than just having a bad day or coping with a major loss such as a death of a parent, grandparent, or even a pet. It is not a personal weakness or a character flaw. Furthermore, the child who suffers from childhood depression cannot simply “snap out of it;” it is severe and long lasting. Childhood depression is a mental illness that affects how a child thinks, feels, and acts at home, at school, in the community and with his/her family and friends. It is a mental illness that can contribute to other significant problems such as suicide, drug and alcohol abuse, eating disorders, learning problems, and socially deviant behavior.

Childhood depression is a serious problem among our youth. According to the U.S. Center for Mental Health Services (1996), in the United States alone, there are as many as six million children and adolescents suffering from depression – that is one in every 33 children and one in every eight teens (Miller, 1998). In fact, once a young person has experienced a major depression, he or she is at risk of developing another depression within the next five years.

The prevalence of depression also varies by gender. Depressive symptoms are twice as common in boys among pre-puberty children between the ages of seven and twelve years. Depressive symptoms are twice as common, however, in girls among post-puberty children older than twelve years. This consistent finding from research regarding

depression suggests that genetic, biological, social, and cultural factors are related to depression (Miller, 1998).

Another epidemic that is striking the lives of children is divorce. In the United States, one in every two marriages ends in divorce, and two-thirds of these families include minor children. As a result, every year approximately one million children become “children of divorce.” It is the most common problem and the most significant life crises experienced by children today.

The impact that divorce has on children of any age is evident in the home and school setting. In the home, divorce has been related to poorer family health, lower ratings of children’s social competence, significant changes in parents’ personal functioning and interactions with their children, and decreased financial stability for the custodial parent (who often is the mother). In schools, divorce has been linked to children’s increased anxiety, aggressiveness, and other emotional reactions; to poorer social and academic competence ratings and scores; and to the increased likelihood of grade retentions and referrals to school psychologists (Knoff & Bishop, 1997). Compared to children from martially “intact” homes (i.e. both biological parents), children of divorce have higher rates of depression, sexual acting out, substance abuse, conduct disorders, problems with school, and delinquent behavior (Neuman, 1998). Since, divorce affects children in more ways than one, it is imperative that we examine these different variables, specifically depression, in more detail.

### **Purpose of the Study**

Previous studies have shown that children of divorce are significantly more depressed than children of intact families (Beer, 1989; Fendrich, Warner, & Weissman, 1990; Rotenberg, Kim, & Herman-Stahl, 1998; Simons, Lin, Gordon, Conger, & Lorenz, 1999; Zubernis, Cassidy, Gillman, Reivich, & Jaycox, 1999). Research has also revealed that there are several factors that influence children's adjustment after their parent's divorce. Such factors include how parents' adjust to the change, the amount of stress the custodial parent is experiencing, and the level of conflict within the family. Not only have there been studies done examining how divorce impacts children's lives, researchers have focused on interventions to help children address concerns, questions, and feelings about their parents' divorce.

The purpose of this paper is to review the literature with regard to childhood depression and children of divorce. After closely examining the literature in these two important areas, a comparison between school-based and community-based interventions that have been used to assist children in coping with any concerns or feelings they may be experiencing due to their parents' divorce will be investigated.

### **Significance of the Study**

The significance of this study relates to the importance of helping millions of children learn how to adjust to and cope with any feelings, concerns, or questions they may have about their parents' divorce. Since numerous studies have revealed that children of divorce are significantly more depressed than other children, it is essential that these two problems be closely examined to discover ways to empower children of

divorce to more effectively cope with depression and/or to alleviate the onset of depression.

### **Definition of Terms**

For the purpose of this paper, several words and phrases have been defined and are listed below:

Children of divorce – Children whose families are going through divorce or have experienced divorce under the age of 18.

Divorce Group – A counseling group whose main purpose is to empower the students how to support one another, discuss common concerns about divorce, and to prevent the onset of depression and/or find better ways of coping with depression.

Family Change Group – Another term used interchangeably with divorce group.

Group Counseling – A form of counseling aimed at a specific population that can be found in a school, clinic, or hospital setting. The counseling group can last for a certain amount of time and can cover a variety of topics. In this paper, the topics for the group counseling sessions are common concerns about divorce and discovering ways to cope with depression better.

## **CHAPTER TWO**

### **Review of Relevant Literature**

#### **Introduction**

Depression, a serious mental illness, affects millions of children each year. The causes of depression can include one or more of the following: imbalance of certain chemicals in the brain, family history, major illness or injury, and drugs. Depression can also develop due to negative or positive life changes. For example, depression is one of the most common problems children of divorce experience. It is imperative to closely examine childhood depression and how it affects children of divorce. Since this is becoming a widespread epidemic in children of divorce, interventions will be explored as well as what can be done to alleviate the onset of depression in these children.

#### **Childhood Depression**

Depression is experienced by the young and by the old. Sadness, a feeling of worthlessness, and a belief that nothing one can do matters are the classic symptoms of depression. Under certain circumstances, depression may be appropriate. For example, a loved one dies, a person suffers other losses, a friend or you move away, or a child changes schools. All of these, along with many others, can have a person feeling “blue” and “down in the dumps” for days and even weeks. Everybody experiences this type of depression at one time or another, yet this does not mean that every person is clinically depressed, they are simply in a depressed mood. However, there is a specific point at which these responses to losses and stress become inappropriate and develop into a mental illness.

Generally speaking, symptoms of depression in children can include persistent sadness, inability to enjoy previously favorite activities, increased irritability, frequent complaints of physical illnesses such as headaches and stomach aches, frequent absences from school or poor performance in school, persistent boredom, low energy, poor concentration, major changes in eating or sleeping patterns, frequently spends time alone, and possibly abuses alcohol or other drugs ([www.student.wea.org](http://www.student.wea.org)). For symptoms to be of clinical significance, there has to be a change in a person's thoughts, feelings, behavior, or physiology, and it should be experienced for a significant period of time, such as two weeks. If a child exhibits only one symptom, it does not call for a diagnosis of depression, nor does the child need to show all the symptoms listed. On the other hand, if only one symptom is present, that may indicate that a potential serious problem is developing. Thus, the diagnosis of depression can be confusing because there are several different types of depression. These various types of depression are defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV, 1994), which is a book that describes numerous mental health illnesses. The DSM-IV (1994) recognizes three main diagnostic categories of unipolar depressive disorders: Major Depression, Dysthymic Disorder, and depressive disorder not otherwise specified.

Major Depression is a combination of symptoms that interfere with the person's ability to work, sleep, eat, and enjoy pleasurable activities. According to the DSM-IV's (1994) diagnostic criteria for a major depressive disorder, five or more symptoms must be present over a 2-week period including one symptom of either depressed mood, loss of

interest or pleasure, or irritability. In addition to the mood disturbance, the syndrome also includes at least four of the following symptoms: (a) changes in weight or failure to make necessary weight gains, (b) sleep disturbance, (c) psychomotor agitation or retardation, (d) fatigue or loss of energy, (e) excessive feelings of worthlessness or guilt, (f) lack of concentration and decision – making ability, and (g) suicidal ideation, attempts, or plans (American Psychiatric Association, 1994). These disabling episodes may occur one or more times over a person’s lifetime.

Dysthymic Disorder is characterized by a chronic mood disturbance of either dysphoria or anger and at least two other depressive symptoms. These symptoms must be present for a minimum of one year without more than two symptom-free months. Essentially, people diagnosed with Dysthymic Disorder experience depressive symptoms that are not disabling but that prevent the person from feeling good and functioning well. Children who show depressive symptoms but do not meet the diagnostic criteria for either Major Depression or Dysthymic Disorder can be diagnosed as having a depressive disorder not otherwise specified.

Children who have experienced an episode of depression are more likely to develop another episode during their teens. Furthermore, children who were diagnosed with depression early on in life are at greater risk for adult depression. What this implies is that depression can represent a recurring and sometimes, chronic disorder.

What causes depression, and why do some people get depressed and others do not? There are several theories that try to answer this complicated question. In some cases, more than one theory may explain why a child is depressed which is why it is best

to take a multidimensional approach to explain depression. According to biological theories, depression tends to run in families. The risk of depression in children significantly increases if a parent or other close relative has depression, and children who have two depressed parents are at an even higher risk (Neuman, 1998). Also, it appears that there are deficiencies in two chemical neurotransmitters, norepinephrine and serotonin, which may cause depression. Cognitive-behavioral theories emphasize a role of the child's beliefs and behavioral contingencies in causing depression. According to Aaron Beck, depressed children hold maladaptive thoughts and beliefs that distort the way they process information. In turn, these children hold negative views of themselves and see everyday events as hopeless, sad, and aversive. Martin Seligman proposed the learned helplessness model. This model states that depression results when children come to believe that they have no control over events in their lives from repeated experiences of uncontrollable events. Thus, these children see themselves as responsible (internal); that little can be done to change the situation (stable); and the situation is pervasive (global). In sum, there are various theories that provide possible explanations as to why depression occurs in children.

There are a variety of treatment options for children diagnosed with depression. The most appropriate and effective approach to treating children with depression is to use both counseling and medication. Counseling provides the depressed child strategies in how to solve emotional, behavioral, and other problems that are affecting his/her ability to successfully function in the world. Play therapy and group counseling are effective in treating depressed children, however, cognitive-behavioral interventions are frequently

used. As mentioned before, cognitive-behavioral theorists believe that depressed children tend to view themselves and their lives more negatively than non-depressed children. The negative beliefs about themselves and their world lead to sadness and despair. Therefore, the goal of cognitive-behavioral therapies is to change the child's distorted, negative cognitions with a variety of techniques. The most common ones include psychoeducation, self-monitoring, challenging automatic thoughts, cognitive restructuring, self-reinforcement, activity scheduling, realistic goal-setting, behavioral exposure, relaxation training, social skills training, cognitive-affective modeling, anticipatory coping, problem solving, and self-talk (Bukatko & Daehler, 1998). Medication is also a crucial aspect in treating children with depression. However, there has been little research conducted on the effectiveness of antidepressant medication for depressed youth. Therefore, the decision to use medication is based on the severity and longevity of the symptoms and the inability to alleviate the symptoms through counseling (Miller, 1998). There are several types of medications that are used in treating depression in children. Each of these medications has different dosages, benefits, and side effects. Antidepressant medications can be categorized into three broad groups: tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), and monoamine oxidase inhibitors (MAOIs). Although, it is common to use both counseling and medication to treat children with depression, treatment options vary from child to child. Some may just need counseling or medication, while others require both interventions to be effective in treating depression.

### **Children of Divorce**

As previously mentioned, the statistics are dramatic: one in every two marriages end in divorce, and two-thirds of these families include minor children. As a result, approximately one million children become “children of divorce” every year (Neuman, 1998). Thus, divorce affects a significant proportion of children in the United States.

Unfortunately, the effects of divorce on children are rarely viewed as being positive. For example, the absence of one parent, the emotional and financial tension, & sometimes continuing conflicts between divorced parents frequently lead to a range of psychological problems for most children. Although, children from divorced families are at risk for adjustment problems, their responses to divorce vary immensely depending on their age, developmental maturity, gender, the length of time since the divorce, and the support system available (Gonzalez, Field, Lasko, Harding, Yando, & Bendell, 1995).

Just within the age factor alone, reactions to divorce differ greatly. Infants’ reactions to divorce are closely related to their primary caretakers’ emotional status and adjustment. Infants are potentially at physical and emotional risk during the divorce when the primary caretaker is unable to fend for their child appropriately. Preschoolers’ reactions to divorce can include the following: anxiety, nightmares, depressed play, eating disturbances, bed wetting, sexual identity difficulties, irritability, aggressiveness, bewilderment, self-blame, and guilt. School-age children commonly react to their parents’ divorce with depression, withdrawal, grieving, fear, fantasies of responsibility and reconciliation, anger, decreased academic and other school performance, a sense of

loss or rejection, requests for explanations, shame, and conflicts over which parent to express loyalty to. Finally, adolescents react to their parents' divorce, even after 10 years, with interpersonal relationship, self-identity, and independence problems. Signs of sadness, shame, embarrassment, anxiety about the future and their own potential marriages, and withdrawal are also noted (Wallerstein, 1991).

Previous research has indicated that boys experience far more problems due to divorce than girls. The problems that boys experience range from social-emotional issues to intellectual development. With more serious problems developing from Grades 1 to 5. Furthermore, boys have more difficulty adjusting to the various changes due to parental divorce. Thus, girls do exhibit problems related to their parents' divorce, however, boys appear to have more significant problems.

While some children are able to adjust to their parents' divorce and decrease their resulting emotional reactions, a significant amount of children continue to show problems behaviorally and academically for a number of years. For example, in a one-year follow-up study of Wallerstein and Kelly (1976, 1980), it was estimated that 44% of preschool children, 23% of younger latency-aged children, and 50% of older latency-aged children continued to have similar or worse levels of adjustment problems. These problems continued at a 5-year follow-up, in which more than one-third of the original sample was at moderate to severe levels of depression, and at a 10-year follow-up, there were emotional traces of sorrow and anger (Wallerstein, 1984). A study done by Guidubaldi, Perry, & Nastasi (1987) revealed that children of divorce (average length of time since divorce= 6.41

years) continued to demonstrate poorer mental health, social competence, and overall adjustment and a broad range of deviant behavior. Furthermore, research conducted by Wallerstein and Amato & Keith (1991), suggest that the impact of divorce on children continues to effect these children into adulthood. Some studies indicate that adults who experienced divorce while growing up have poor psychological adjustment, lower socioeconomic attainment, and greater marital instability than adults who were raised in an intact family (Amato & Keith, 1991). Although, these studies are not recent, the implications are still the same. Divorce has a variety of devastating affects on everyone involved, which can last for years.

As stated before, numerous studies indicate that one of the most common problems that a child of divorce experiences is depression. It has been found that children of divorce are significantly more depressed than children of intact families (Beer, 1989; Fendreich, Warner & Weissman, 1990). Some studies indicate that a loss of a parent through divorce leads to a higher incidence of depression than the loss of a parent though death (Amato & Keith, 1991).

With so many studies indicating that children of divorce experience depression at higher rates, several factors will be examined that influence children's adjustment after their parents' divorce. According to the research, these factors frequently lead to developing depression in children of divorce. One factor that affects children's adjustment after divorce is how well their parent's adjust to this change (Amato & Keith, 1991; Kurtz & Derevensky, 1993). Parents who divorce have an increased chance of developing depression. Furthermore, children whose parents have depression tend to

have impaired functioning (Miller, 1998). Another factor that affects children is the amount of stress their custodial parent is experiencing. It has been found that single parent mothers have higher levels of life events and chronic stressors than married mothers (Nelson, 1993). Also, parents who are depressed and under stress, have increased irritability and lower levels of energy, which in turn, distract parents from their children's concerns (Kurtz & Derevensky, 1993). Another risk factor is the amount of conflict within the family. Children who experience high levels of family conflict in both intact and divorced families are more likely to be diagnosed with depression. In fact, some researchers believe that it is the level of conflict, not the actual divorce, which most affects children's adjustment (Rutter, 1994). In addition to these factors, parental divorce increases the probability that both children and parents will experience a variety of stressful life changes. After a divorce, the amount of "change" events, as well as negative events, have shown to be positively correlated with psychological problems in children. Finally, a child's coping style affects how well they adjust (Folgas, Wolchik, Braver, Freedom & Bay, 1992).

### **Interventions**

With all these problems that children experience as a result of divorce, it is imperative to investigate the various types of intervention programs used for children of divorce. Many children will either attend programs in their community or at their school. The children who attend a community-based or school-based program will more than likely receive small-group counseling. Group counseling is widely accepted since it is viewed as being just as effective as individual therapy in bringing about change.

Furthermore, this type of intervention approach reveals to the students that they are not the only ones whose parents are divorced and their family has now been changed forever.

One program that has become implemented in the court system throughout the United States is the Sandcastles Program. In certain counties in the U.S., a divorce will not be granted until couples with minor children participate in this program. Essentially, the Sandcastles Program is a single 3 ½ hour session for children of divorce between the ages of 6 and 17. The first three hours of the program have children of the same age meet to discuss various issues related to divorce. A variety of techniques (drawing pictures, writing letters, role-playing, and discussion) used by the Sandcastles Program have been designed to develop “self-expression and problem-solving skills, learn appropriate means of expressing anger and other intense emotions, reach a better understanding of the reality of divorce, and recognize their own unique qualities and strengths” (Neuman, 1998, pg. 8). The last ½ hour of the session, parents and children learn how to openly communicate their feelings about the divorce with each other. According to Gary Neuman, founder of the Sandcastles Program, children learn a “newfound sense of confidence, hope, and, community. They realize that they are not alone, that it is normal to feel anxious, angry, and confused” (Neuman, 1998, pg. 8). Although, the Sandcastles Program is steadily becoming an intervention used through the court systems, there is little information as to whether this program is effective.

Another community-based program, the Divorce Adjustment Project (DAP) was developed by Stolberg and Cullen in 1983. This program targeted families of divorce and their adjustment and other difficulties during the first two years after the divorce.

The DAP has three primary components: a children's support group, a discussion session focused on the planning process beyond the divorce, and parent's support group. Within all three components, the DAP program has attempted to (a) provide a supportive environment among people all experiencing the same life crisis; (b) identify problem behavior and maladjustment patterns related to the divorce experience and the processes that influence those patterns; (c) teach both parents and children specific coping skills and procedures which can enhance their adaptive responses to the divorce; and (d) replace social support systems lost when the divorce occurred. Results of this program indicate that it is an integrated, preventive response to divorce for parents and their children (Knoff & Bishop, 1997).

Within the school system, one intervention program is Rainbows for Children. The major goal of this program is to provide an opportunity for children to emotionally heal from the dramatic change their family has gone through (e.g., divorce) by confronting their irrational beliefs and negative feelings. According to this program, once children are able to tackle these irrational beliefs and negative feelings, they can turn their attention back to other tasks of childhood. A study on the Rainbows program, conducted by Stitka & Frazier (1995) revealed that as the children's realistic perceptions about the divorce increased, they experienced less depression and more academic success and self-esteem.

Finally, another intervention, the Depression Prevention Program, is a non-divorce targeted preventive program that children of divorce and children of intact families participate in. One study found that this program seemed to be effective in

preventing depression in children of divorce for a period of time. Furthermore, the techniques taught by the program appear to have been successful in preventing depressive symptoms in both children of divorced and intact families, as the groups were not significantly different in levels of depression.

As can be seen, there are several intervention programs designed for children of divorce to participate in. However, the research on the effectiveness of these programs is limited. Whether a child participates in a school-based or community-based divorce group should not be a main concern. How effective the program is in answering common concerns that a child may have about divorce as well as preventing the onset of depression should be a key factor in future studies regarding this topic. Therefore, this present study will address the issues of whether small group counseling is effective in addressing children's common misperceptions and concerns they may have about divorce as well as preventing the onset of depression.

### **Critical Analysis of the Research**

Childhood depression has been studied extensively over the years. Not only have researchers looked at the causes and affects of depression on children, they have examined various options to treat children who suffer from this devastating illness. Depression, as we know it, can affect children and adults for a number of reasons such as an imbalance of serotonin and norepinephrine; an immediate family member has been diagnosed with depression, which increases the chance of the child developing depression; a person has a major illness or injury, or a person is using drugs. Depression has several different categories that children can fall into which include Major

Depression, Dysthymic Disorder, and depressive disorder not otherwise specified. Each of these classifications is based upon the severity, longevity, and sometimes cause of the symptoms present within the child. As for treatment plans, children who are diagnosed with depression typically receive both counseling and medication. In most cases, depressed children will not only be placed on medication to regulate chemical reactions within the body, counseling is essential to teach the child how to solve various problems that impact his/her ability to successfully function in the world. Of the numerous types of therapies used to treat children with mental illnesses, cognitive-behavioral therapy is typically the chosen one to treat children with depression because the goal is to change the child's distorted, negative cognitions.

Not only has childhood depression been researched extensively, divorce and how it impacts children has just been as important to study. Many studies have concluded that the effects on children of divorce can be seen emotionally, socially, and academically. As we have learned, depression is the most common problem that children of divorce experience. Studies conducted by Amato & Keith and Kurtz & Derevensky indicate that there are several factors that lead to the development of depression in children of divorce. They include: how well their parent's adjust to the change, the amount of stress their custodial parent is experiencing, the amount of conflict within the family, and the coping style of the child. Because divorce has such a significant impact on children, interventions have been developed in order to alleviate problems such as engaging in sex at an early age, developing different problems in school, suffering depression, committing delinquent acts, and using drugs and alcohol. Research has indicated that

over the years, programs have been implemented within the school and the community. For example, the Sandcastles program is a court-ordered program that minor children must participate in for a divorce to be granted. This program is an intensive 3 ½ hour program for both children and parents that teach them how to communicate openly with each other. Although there is little research on this program, it appears to be effective and is being implemented throughout the country. As for a school-based intervention program, Rainbows for Children has been developed. This program focuses on confronting children's irrational beliefs and negative feelings about their parent's divorce. According to a study done by Stitka & Frazier (1995), children experienced less depression, and increased academic success and self-esteem after they confronted their irrational beliefs and negative feelings and gained a more realistic perception of their parent's divorce.

All in all, numerous past studies have focused on helping children understand and answer any questions and concerns they may have about the divorce as well as be a support system for them. These studies have revealed that intervention programs are a necessary component for children of divorce. However, many studies have not chosen a specific problem, such as depression, that children will most likely experience as a result of their parent's divorce.

## **CHAPTER THREE**

### **Methodology**

#### **Introduction**

This chapter will examine past research as it implies to the purpose and significance of the proposed study. New methods will be explored in order to expand upon past research, the significance of the proposed study, anticipated findings, and potential limitations of this research will also be addressed.

#### **Implications of the Current Literature for Future Research**

Childhood depression and the effects of divorce on children have been widely researched over the years. Past studies have provided valuable information as to how divorce impacts children in a variety of ways. The review of the literature indicates that children of divorce have higher rates of depression, sexual acting out, substance abuse, conduct disorders, problems with school, and delinquent behavior (Neuman, 1998). Furthermore, the effects of divorce that are seen in young children are evident years later in adulthood. As a result of problems developing in children due to divorce, intervention programs within the community and schools have been implemented. Although it appears that there are a number of intervention programs used for children of divorce, there is little information regarding the effectiveness of these programs. Furthermore, most programs are not geared toward specific problems that these children experience, especially depression.

It is the intent of this paper to propose a study upon past research in this area. Since, depression is the most common problem facing children of divorce, future research

should be conducted that focuses on empowering children of divorce to more effectively cope with depression and/or alleviate the onset of depression. Not only should there be community-based interventions offered to children of divorce, schools across the United States should implement an intervention program that reaches out to these children.

Based upon the preceding discussion, the following research objective is proposed:

1. To determine whether group counseling in a school-based setting is an effective treatment choice for children of divorce who are suffering from depression.

### **Proposed Future Study**

#### **Participants**

Previous research regarding school-based and community-based interventions for children of divorce has been examined. However, a review of the literature has shown that there has been a limited amount of studies done on intervention programs specifically geared to children of divorce in finding ways to better cope with depression. Thus, it is proposed that future research should attempt to include participants who have previously experienced the divorce of their parents. Since, the future study proposes to facilitate several Family Change groups within a four-month period, there should be an attempt to have participants range in age and gender. To obtain a sample of participants, future research should consider a cluster sampling technique. Furthermore, the school counselor, school psychologist, and the researcher should select students on the basis of how well their coping skills are and how the divorce has affected them emotionally,

socially, and academically. Although, it is in the best interest of the researcher to have a representative sample for the proposed study, it will be too difficult to do so.

### **Survey Instrument**

Past studies have used a number of instruments to assess for depression, anxiety, self-concept, and attitudes about divorce. Future research should select the Children's Depression Inventory (CDI; Kovacs, 1992) and The Beliefs About Parental Divorce Scale (CHAPDS; Kurdek & Berg, 1987). Both scales provide good reliability and validity measures. The CDI and the CBAPDS should be administered as a pre-test and post-test to the participants to determine whether group counseling was effective in reducing depressive symptoms as well as negative attitudes/beliefs about divorce.

### **Data Analysis**

Descriptive statistics should be used in analyzing the results of the future research. A \_\_\_\_\_ [to be determined] will test whether there were improvements from pre-test to post-test.

### **Significance of the Research**

As pointed out before, many studies have confirmed that children of divorce are significantly more depressed than children of intact families. Although, there are a number of intervention programs for children of divorce, there have only been several studies conducted that specifically focused on empowering children to positively cope with depression. It is imperative that studies begin finding ways to help these children of divorce cope with depression better. By doing so, childhood depression may no longer be considered an epidemic that is spreading like a wildfire throughout America.

### **Anticipated Findings**

It is the intent of the proposed study to improve upon past research, which has looked at various ways of helping children of divorce. This would be accomplished by focusing on empowering students to positively cope with depression. The proposed study would be geared to children of divorce who are suffering emotionally, socially, and academically instead of offering the program to both children of divorce and intact families. Furthermore, it is previously assumed that the children selected to participate in the study will have some degree of depression. Therefore, the goals of the group can specifically focus on learning better coping skills in dealing with their depression.

### **Potential Limitations of the Proposed Study**

There are several limitations of the proposed study. First, the amount of students that would be participating in this study is particularly low. Therefore, it may be difficult to generalize the findings to other populations. Since diagnosing depression is an extensive process using various techniques such as interviews and other scales and instruments, the instruments chosen for this study, Children's Depression Inventory and Beliefs About Parental Divorce Scale, may not provide enough information as to whether the students are clinically depressed. Finally, the length of time that the researcher has to conduct the Family Change Group and the study may not be a sufficient amount of time to demonstrate coping skills in the participants.

## Bibliography

Amato, P.R., & Keith, B. (1991). Parental divorce and adult well-being: A meta-analysis. Journal of Marriage and the Family, 55, 43-58.

American Counseling Association. (n.d.). Depression in childhood and adolescence: Working to prevent despair. Retrieved March 8, 2001 from the MSN: [http://www.counseling.org/eneews/volume\\_1/010/ohtml](http://www.counseling.org/eneews/volume_1/010/ohtml).

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4<sup>th</sup> Ed.). Washington, DC: Author.

Beer, J. (1989). Relationship of divorce to self-concept, self-esteem, and grade point average of fifth and sixth grade school children. Psychological Reports, 65, 1379-1383.

Bukatko, D., & Daehler, M. W. (1998). Child development: A thematic approach (3<sup>rd</sup> ed.). Boston, MA: Houghton Mifflin Co.

Burns, A., & Dunlop, R. (1999). How did you feel about it? Children's feelings about their parents divorce at the time and three and ten years later. Journal of Divorce & Remarriage, 31(3/4), 19-35.

Cobb, N.J. (1998). Adolescence: Continuity, change, and diversity (3<sup>rd</sup> Ed.). Mountain View, CA: Mayfield Publishing Co.

Comer, R.J. (1996). Fundamentals of abnormal psychology. New York: W.W. Norton & Co,

The Counselor Newsletter. (May-June 1999). Childhood depression. Retrieved March 8, 2001 from the MSN: <http://www.wacgc.org/counselor/may-jun99/articles.html>

Cytryn, L., & McKnew, D.H. (1996). Growing up sad: childhood depression and its treatment. New York: W.W. Norton & Co.

Divorce Doc Information & Resources. (n.d.). Divorce, clinical disorders, childhood depression; when does it go beyond normal sadness? Retrieved March 8, 2001 from the MSN: <http://www.divorcedoc.com/depressio.num>.

Dreman, S. (2000). The influence of divorce on children. Journal of Divorce & Remarriage, 32(3/4), 41-60.

Dubuque, S.E. (1998). Fighting childhood depression. The Education Digest, 63(6), 64-69.

Fendrich, M., Warner, V., & Weissman, M.M. (1990). Family risk factors, parental depression and psychopathology in offspring. Developmental Psychology, 26(1), 40-50.

Fogas, B.S., Wolchik, S.A., Braver, S.L., Freedom, D.S., & Bay, R.C. (1992). Locus of control as a mediator of negative divorce related events and adjustment problems in children. American Journal of Orthopsychiatry, 62(4), 589-598.

Forehand, R. (1993). Family psychopathology and child functioning. Journal of Child and Family Studies, 2(2), 79-85.

Gonzalez, K.P., Field, T.M., Lasko, D., Harding, J., Yando, R., & Bendell, D. (1995). Adolescents from divorced and intact families. Journal of Divorce & Remarriage, 23(3/4), 165-175.

Guidubaldi, J., Perry, J.D., & Nastasi, B.K. (1987). Growing up in a divorced family: Initial and long-term perspectives on children's adjustment. In S. Oskamp (Ed.), Annual review of applied social psychology (pp. 202-237). New York: Sage Publications.

HeliosHealth.com (n.d.). Depression. Retrieved March 8, 2001 from the MSN: [http://www.helioshealth.com/mental\\_health/depression/teens.html](http://www.helioshealth.com/mental_health/depression/teens.html)

Knoff, H.M., & Bishop, M.D. (1997). Divorce. In G.G. Bear, K.M. Minke, & A. Thomas (Eds.). Children's needs II: Development, problems, and alternatives (pp 593-603). Bethesda, MD: National Association of School Psychologists.

Kronenberger, W.G., & Meyer, R.G. (1996). The child clinician's handbook. Needham, MA: Allyn & Bacon: A Simon & Schuster Co.

Kurtz, L., & Derevensky, J.L. (1993). The effects of divorce on perceived self efficacy and behavioral control in elementary school children. Journal of Divorce & Remarriage, 20(3/4), 75-94.

Mazur, E., Wolchik, S.A., Virdin, L., Sandler, I.N., & West, S.G. (1999). Child development, 70(1), 23-245.

McLanahan, S.S., & Sandefur, G. (1994). Growing up with a single parent. Cambridge, MA: Harvard University Press.

Miller, J. (1998). The childhood depression sourcebook. Los Angeles: Lowell House.

The Nation's Voice on Mental Illness. (n.d.). Early-onset depression. Retrieved March 8, 2001 from the MSN: <http://bipolar.nami.org/hephhe/depression-cmlid.html>.

National Network for Child Care. (n.d.). Focus on kids: The effects of divorce on children. Retrieved January 18, 2001 from the MSN:  
<http://www.nncc.org/Child.Dev/effectsdivorce.html>

Nelson, G. (1993). Risk, resilience, and self-esteem: A longitudinal study of elementary aged children from mother custody and two-parent families. Journal of Divorce & Remarriage, 19(1/2), 99-119.

Neuman, G. (1998). Helping your kids cope with divorce the Sandcastles way. New York: Random House.

Rotenberg, K.J., Kim, L.S., & Herman-Stahl, M. (1998). The role of primary and secondary appraisals in the negative emotions and psychological maladjustment of children of divorce. Journal of Divorce & Remarriage, 29,(1/2), 43-66.

Saylor, C.F., Finch, A.J., Spirito, A., & Bennett, B. (1984). The children's depression inventory: A systematic evaluation of psychometric properties. Journal of Counseling and Clinical Psychology, 52(6), 955-967.

Simons, R.L., Lin, K.H., Gordon, L.C., Conger, R.D., & Lorenz, F.O. (1999). Explaining the higher incidence of adjustment problems among children of divorce compared with those in two-parent families. Journal of Marriage and Family, 61, 1020-1033.

Simons, R.L., & Associates. (1996). Understanding differences between divorced and intact families. Thousand Oaks, CA: Sage.

Skitka, L.J., & Frazier M. (1995). Ameliorating the effects of parental divorce: Do small group interventions work? Journal of Divorce and Remarriage, 24(3/4), 159-178.

Student WEA Resources. (n.d.). Childhood depression. Retrieved March 8, 2001 from the MSN: <http://www.Student-wea.org/misc/depress.html>

Wallerstein, J.S. (1984). Children of divorce: Preliminary report of a ten-year follow-up of young children. American Journal of Orthopsychiatry, 57, 199-211.

Wallerstein, J.S. (1991). Tailoring the intervention to the child in the separating and divorced family. Family and Conciliation Courts Review, 29, 448-459.

Wallerstein, J.S., Lewis J.M., & Blakeslee, S. (2000). The unexpected legacy of divorce: A 25 year landmark study. New York: Hyperion.

WebMD Health. (n.d.). Retrieved March 8, 2001 from the MSN: [http://mywebmd.com/newly\\_diagnosed?aol-dep](http://mywebmd.com/newly_diagnosed?aol-dep).

Zubernis, L.S., Cassidy, K.W., Gillham, J.E., Reivich, K.J., & Jaycox, L.H. (1999). Prevention of depressive symptoms in preadolescent children of divorce. Journal of Divorce & Remarriage, 30(1/2), 11-36.





