

New Beginnings Programme for Divorced and Separating Families

Review: November 2019

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

New Beginnings Programme for Divorced and Separating Families (NBP) is a parenting programme. It is a targeted programme for children between the ages of 3 and 18. It is delivered in outpatient/health centre settings and aims to improve young people's internalising and externalising problems by teaching parents tools to increase positive family interactions, active listening skills, and effective discipline strategies to improve parent-child relationship quality. It also aims to teach anger management skills to reduce children's exposure to interparental conflict.

Programme activities include group discussion, skills demonstration videos, role plays, review of use of skills, troubleshooting difficulties, and assignment of home practice. Through these activities parents learn how the skills are linked to children's adjustment outcomes and how to use them effectively.

Evidence
rating: 4

Cost rating: 2

EIF Programme Assessment

New Beginnings Programme for Divorced and Separating Families has **evidence of a long-term positive impact** on child outcomes through multiple rigorous evaluations.

Evidence
rating: **4**

What does the evidence rating mean?

Level 4 indicates **evidence of effectiveness**. This means the programme can be described as evidence-based: it has evidence from at least two rigorously conducted evaluations (RCT/QED) demonstrating positive impacts across populations and environments lasting a year or longer.

Cost rating

A rating of 2 indicates that a programme has a medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.

Cost rating: **2**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Reduced internalising problems

Based on study 1

0.17-point improvement on the Child Behaviour Checklist (Internalising Scale)

Improvement index: **+13**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 63% and worse outcomes than 37% of their peers, if they had received the intervention.

Immediately after the intervention

19.1-percentage point reduction in proportion of participants developing an internalising disorder (measured using the Diagnostic Interview Schedule IV)

Improvement index: **+24**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 74% and worse outcomes than 26% of their peers, if they had received the intervention.

Long-term Between 6 and 15 years later

Based on study 2

1.58-point improvement on the Child Behaviour Checklist and the Preschool Child Behaviour Checklist (internalising scale)

Improvement index: **+6**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 56% and worse outcomes than 44% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced diagnoses of mental disorder

Based on study 1

12.5-percentage point reduction in proportion of participants with diagnoses of mental disorder (measured using the Diagnostic Interview Schedule for Children)

Improvement index: **+32**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 82% and worse outcomes than 18% of their peers, if they had received the intervention.

Long-term 6 years later

Preventing risky sexual behaviour & teen pregnancy

Reduced number of sexual partners

Based on study 1

Reduction in number of sexual partners (one less partner on average)

Improvement index: **+19**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 69% and worse outcomes than 31% of their peers, if they had received the intervention.

Long-term 6 years later

Preventing crime, violence and antisocial behaviour

Reduced externalising problems

Based on study 1

0.28-point improvement on the Child Behaviour Checklist (Externalising Scale)

Improvement index: **+22**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 72% and worse outcomes than 28% of their peers, if they had received the intervention.

Immediately after the intervention

0.19-point improvement on the Child Behaviour Checklist (Externalising Scale)

Improvement index: **+15**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 65% and worse outcomes than 35% of their peers, if they had received the intervention.

6 months later

Based on study 2

1.34-point improvement on the Child Behaviour Checklist and the Preschool Child Behaviour Checklist (externalising scale)

Improvement index: **+5**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 55% and worse outcomes than 45% of their peers, if they had received the intervention.

Immediately after the intervention

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preschool
- Primary school
- Preadolescents
- Adolescents

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Out-patient health setting

The programme may also be delivered in these settings:

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective
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Where has it been implemented?

Netherlands, United States

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- improving interparental relationships
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About the programme

What happens during delivery?

How is it delivered?

- New Beginnings Programme is delivered in ten sessions of 1 hour and 45 minutes' duration each by two practitioners, to groups of up to 8 parents.

What happens during the intervention?

- Activities include group discussion, skills demonstration videos, role plays, review of use of skills, troubleshooting difficulties, and assignment of home practice. Through these activities parents learn how the skills are linked to children's adjustment outcomes and how to use them effectively.

What are the implementation requirements?

Who can deliver it?

- The practitioners who deliver this programme are New Beginnings group leaders with NFQ-9 level qualifications.

What are the training requirements?

- The practitioners have 3 days of programme training. Booster training of practitioners is recommended.

How are the practitioners supervised?

Practitioner supervision is provided through the following processes:

- It is recommended that practitioners are supervised by one host-agency supervisor (qualified to NFQ-9/10 level), with 112 hours of programme training, and one external supervisor (qualified to NFQ-9/10 level).

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Video and DVD training materials
- Online weekly training
- Face-to-face training
- Fidelity monitoring

Is there a licensing requirement?

Yes, there is a licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- High quality parent-child relationships protect children from developing post-divorce adjustment problems, such as internalising problems, externalising problems, substance use, high-risk sexual behaviour and poor academic performance.
- The program aims to teach parents tools to increase positive family interactions, active listening skills and effective discipline strategies to improve parent-child relationship quality, and anger management skills to reduce children's exposure to interparental conflict.
- In the short-term children have less externalising problems and internalising problems and more adaptive coping.
- In the longer term, the program leads to fewer mental health problems, less substance use, fewer sexual partners and less time in jail, as well as increased self-esteem, more adaptive coping and better academic outcomes in adolescence and adulthood.

Intended outcomes

Supporting children's mental health and wellbeing
Enhancing school achievement & employment
Preventing crime, violence and antisocial behaviour
Preventing substance abuse
Preventing risky sexual behaviour & teen pregnancy

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About the evidence

New Beginnings Programme's most rigorous evidence comes from 2 RCTs which were conducted in the USA.

These studies identified statistically significant positive impact on a number of child and parent outcomes.

This programme has evidence from two rigorously conducted RCTs, with at least one study demonstrating long-term impact, as well as demonstrating impact on assessment measures independent of study participants (not self-reports). Consequently, the programme receives a 4 rating overall.

Study 1

Citation: Wolchik et al. 2000; Wolchik et al. 2002; Wolchik et al. 2013

Design: RCT

Country: United States

Sample: 240 families, with children between 9 and 12 years old (on average 10.4 years old), where parents were divorced within the previous 2 years.

Timing: Post-test 6-month follow-up 6-year follow-up 15-year follow-up

Child outcomes:

- Reduced internalising problems
 - Reduced number of sexual partners
 - Reduced diagnoses of mental disorder
 - Reduced externalising problems
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Other outcomes:

- Improved mother-child relationship Improved use of effective discipline Improved observed attending to child Improved validation of child's content
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Study rating: 3

Wolchik, S. A., West, S. G., Sandler, I. N., Tein, J. Y., Coatsworth, D., Lengua, L., ... & Griffin, W. A. (2000). An experimental evaluation of theory-based mother and mother-child programs for children of divorce. *Journal of Consulting and Clinical Psychology*, 68(5), 843-856.

Available at <https://psycnet.apa.org/record/2000-02835-010>

Wolchik, S. A., Sandler, I. N., Millsap, R. E., Plummer, B. A., Greene, S. M., Anderson, E. R., ... & Haine, R. A. (2002). Six-year follow-up of preventive interventions for children of divorce: A randomized controlled trial. *Jama*, 288(15), 1874-1881.

Available at <https://jamanetwork.com/journals/jama/fullarticle/195412>

Wolchik, S. A., Sandler, I., Tein, J.-Y., Mahrer, N., Millsap, R., Winslow, E., . . . Reed, A. (2013). Fifteen-year follow-up of a randomized trial of a preventive intervention for divorced families: Effects on mental health and substance use outcomes in young adulthood. *Journal of Consulting and Clinical Psychology*, 81(4), 660-673.

Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805366/>

Study design and sample

The first study is an RCT.

This study involved random assignment of mothers and their children to three groups, an intervention for mothers group, a dual intervention group (mother + child), and a control group. This study was conducted in the USA, with a sample of mothers with children aged between 9 and 12 years old. The majority of the sample had a Caucasian ethnicity (88%), and 47% of the mothers had completed some college courses

Measures

Child's coping was measured using Children's Coping Strategies Checklist—Revised and

Coping Efficacy Scale (child self-reports). Externalising behaviour was measured using Child Behaviour Checklist (CBCL; parent report), Youth Self Report (child self-report) and Acting-Out subscale of the Teacher-Child Rating Scale (teacher reports). Internalising behaviour problems were measured using the CBCL (parent report), Children's Depression Inventory and Children's Manifest Anxiety Scale-Revised (child self-reports). Additionally, teachers completed the Shy-Anxious subscale of the Teacher-Child Rating Scale.

Moreover, a number of outcomes around parenting, the family, and the interparental relationship were measured. This included the Acceptance/Rejection subscale of the Child Report of Parenting Behavior Inventory (CRPBI) and the Open Family Communication subscale of the Parent-Adolescent Communication Scale (reported by both child and parent). An observation of mother-child interactions provided a measure of relationship quality. Discipline was measured using the Oregon Social Learning Center measure (parent report) and both mother and child reported on the Inconsistent Discipline subscale of CRPBI. To assess interparental conflict, Children's Perception of Interparental Conflict Scale was used (parent and child report) and mothers also completed a measure relating to the support of the noncustodial father-child relationship.

At the 6-year follow-up assessment, externalising problems were measured using the CBCL (parent report) and the Divorce Adjustment Externalizing scale (child self-report). Internalising problems were also measured by the CBCL (parent report) and the Revised Children's Manifest Anxiety Scale (child self-report). Also, the Diagnostic Interview Schedule for Children was used to examine psychological adjustment, diagnosis of mental disorder and drug abuse based on children's self-report. Additionally, the frequency of alcohol and drug consumption was measured along with number of sexual partners. Competence was measured by the Coatsworth Competence Scale reported by both mother and child. Finally, children's self-esteem was measured using the Self-Perception Profile of Children (child self-report).

At the 15-year follow-up assessment, externalising and internalising problems were measured using the Diagnostic Interview Schedule IV (child self-report). Additionally, this measure was used for assessing substance-related disorders and the age of onset of regular drinking. Internalising and externalising problems along with substance use problems were assessed by the Adult Self Report (child self-report) and Adult Behaviour Checklist (parent report). Substance conception was measured using Monitoring the Future Scale Report (child self-report). The self-reported Quantity and Frequency of Alcohol and Drugs Scale examined frequency of binge drinking.

Findings

This study identified statistically significant positive impact on a number of child outcomes. This includes internalising and externalising behaviour when examined immediately after the intervention.

One negative effect was identified, where shy-anxious behaviour as reported by teachers significantly increased in the intervention group (mother only) in comparison to the control group. The authors explain this result by arguing that it is a by-product of a positive impact of the programme – improving maternal listening skills. In other words, children in the treatment condition became more open about their feelings and concerns in the presence of teachers, due to the intervention, in contrast with children assigned to the control.

In relation to mediating outcomes, an improvement was observed in mother-child relationship, use of effective disciplines and attending in the intervention group when compared to control group, immediately post-intervention. In the dual component (mother + child) intervention group, the child's coping and mother's attending was improved. It was also identified that the programme was more effective for higher risk families.

Similar results in programme outcomes were identified at the 6-month follow up. The externalising behaviour of children whose mother participated in the intervention groups improved in comparison to those from the control group. However, this was not observed for children's internalising behaviour.

At the 6-year follow-up, this study identified statistically significant positive impact on a number of child outcomes for the dual intervention (though not for the mother only group). This includes reduced externalising problems, reduced number of sexual partners, and reduced number of diagnoses of any mental disorder.

At the 15-year follow-up, this study identified statistically significant positive impact on a number of child outcomes. This includes reduction in the development of internalising problems.

Study 2

Citation: Sandler et al., 2019

Design: RCT

Country: United States

Sample: 830 families with a child aged between 3 and 18 years old (mean age was 8.43).

Timing: Post-test 10-month follow-up

Child outcomes:

- Reduced internalising problems
 - Reduced externalising problems
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Other outcomes:

- Improved relationship quality Improved parental discipline
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Study rating: 3

Sandler, I., Wolchik, S., Mazza, G., Gunn, H., Tein, J. Y., Berkel, C., ... & Porter, M. (2019). Randomized effectiveness trial of the New Beginnings Program for divorced families with children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 40(3), 247-263.

Available at <https://www.tandfonline.com/doi/abs/10.1080/15374416.2018.1540008>

Study design and sample

The second study is an RCT. This study involved random assignment of families to an NBP treatment group (n=445) and a control group (n=385).

This study was conducted in the United States, with a sample of children aged 3-18 years old. The participants were ethnically diverse (59.4% white, 31.4 Hispanic, and 9.2% other ethnicities).

Measures

Internalising and externalising behaviours were measured using the Child Behaviour Checklist (for children aged 6-18) and the Preschool Child Behaviour Checklist (for children aged 3-5) (parent report). Additionally, children aged 9 or older completed the Brief Problem Monitor and teachers reported on the same measure for younger children (aged 6 and older).

Children's learning problems were measured using the Teacher-Child Rating Scale (teacher report).

Parents and children completed a number of measures to examine parenting skills (quality of parent-child relationship and discipline). The Family Routines Inventory was used to examine family routines and completed by both parent and child. Involvement was assessed using a measure adapted from Menning (parent and child report). Communication was examined by the Open Communication Subscale of the Parent-Adolescent Communication Subscale (parent and child report). Parent and child completed the Child Monitoring Scale. Acceptance, rejection and consistency of discipline was measured by using the Child Report of Parental Behaviour Inventory (parent and child report). Discipline was measured using the Oregon Discipline Scale (parent report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

This includes, immediately following the intervention, improvements on parent-reported child internalising problems, externalising problems, and total problems.

However, some negative effects were observed. At the post-test assessment, teachers reported more externalising problems, lower task orientation, lower assertive social skills, and lower frustration tolerance among a subgroup of younger children (children 8 and younger) from NBP when compared to the control group. The study authors, however, suggest that negative effects were mitigated as the 10-month follow up didn't identify any statistically significant negative effects for children in treatment group. Moreover, these findings are only observed in the school context (not in the home, where improvements in behaviour are observed), and are only observed with respect to a subgroup of younger children.

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Wolchik, S., West, S., Westover, S., Sandler, I., Martin, A., Lustig, J., . . . Fisher, J. (1993). The children of divorce parenting intervention: Outcome evaluation of an empirically based program. *American Journal of Community Psychology*, 21(3), 293-331 - **This reference refers to a quasi-experimental design, conducted in the USA.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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