

REDUCING PARENTAL
CONFLICT TO IMPROVE
PSYCHOLOGICAL OUTCOMES
FOR CHILDREN AND
ADOLESCENTS

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INTRODUCTION AND OVERVIEW

- How family relationship experiences affect child and adolescent mental health and development
 - A focus on the inter-parental/carer and parent-child relationship(s)
 - A brief review of theory and research
 - Challenges to past research – implications for practice (and policy)
- Examples from research (UK and International)
 - Highlighting how inter-parental relationship dynamics affect children's emotional, behavioural and social development
 - A focus on identifying mechanisms (intervention/prevention focus)
- Translating research to practice and policy
 - UK Examples – The Reducing Parental Conflict (RPC) programme; Family Court (CAFCASS CYMRU/Wales)
 - The importance of and future opportunities for effective Trauma Informed Training (as a framework) – Rudd Centre
 - Bottom line interest: Engaging research to positively inform policy, practice and the everyday lived experiences of vulnerable families and children

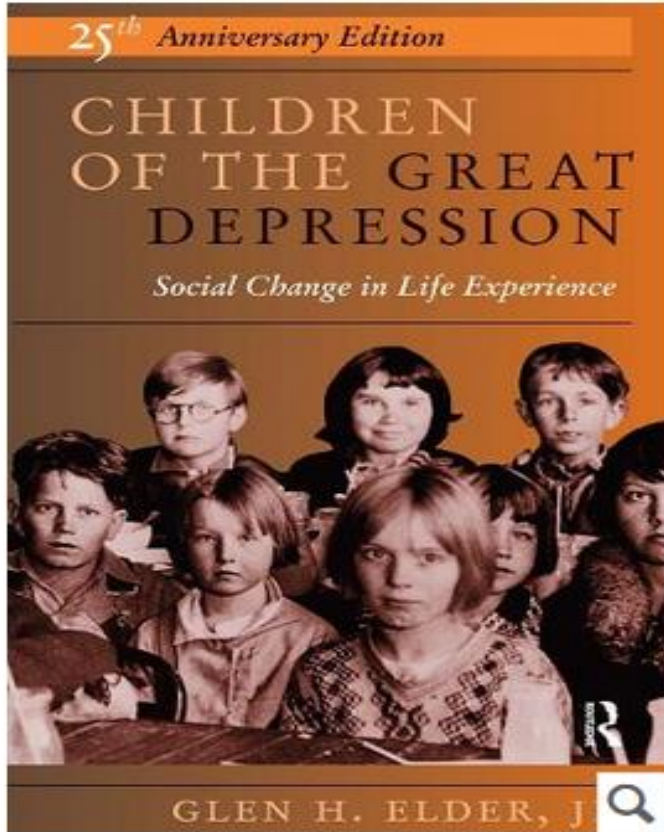


MENTAL ILL HEALTH AND FAMILY RELATIONSHIP DYNAMICS

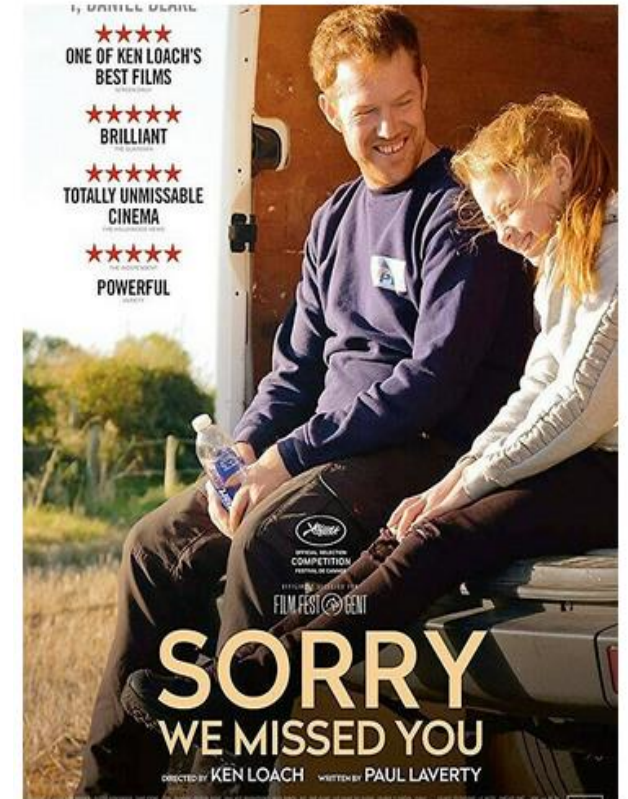
- **Mental health is an issue of significant national and international priority**
 - Mental ill health is recognised as a leading cause of disability in the UK
 - 1:4 adults and young people experience mental ill health (>£100B UK; \$16T globally; 2030)
 - UK: Rates of depression, anxiety, self-harm, substance misuse, conduct disorder and others among the highest in economically well-off countries (OECD); Not just increased reporting
 - 75% of serious psychiatric disorders in adulthood are in place before the age of 18 years, mental ill health has significant impacts on education, physical health and other outcomes (IGT)
- **Domestic experiences/family relationship dynamics and child-adolescent mental ill health**
 - Economic disadvantage/Economic stress (poverty through to day-to-day challenges, JAMF)
 - Adult/parent mental health (e.g., depression)
 - Parenting behaviour/practices (e.g., attachment; parenting styles)
 - Inter-parental conflict/Domestic violence/Parental separation-divorce (IPC)
- **Moving from correlates to processes (mechanisms) – improving understanding/intervention**
 - What factors affect family relationship dynamics, how do relationship dynamics affect individuals, how do individuals affect future family relationship dynamics, how do we interrupt negative intergenerational transmission cycles? How do we provide evidence-based support to help families and children today (parents 'tomorrow')?



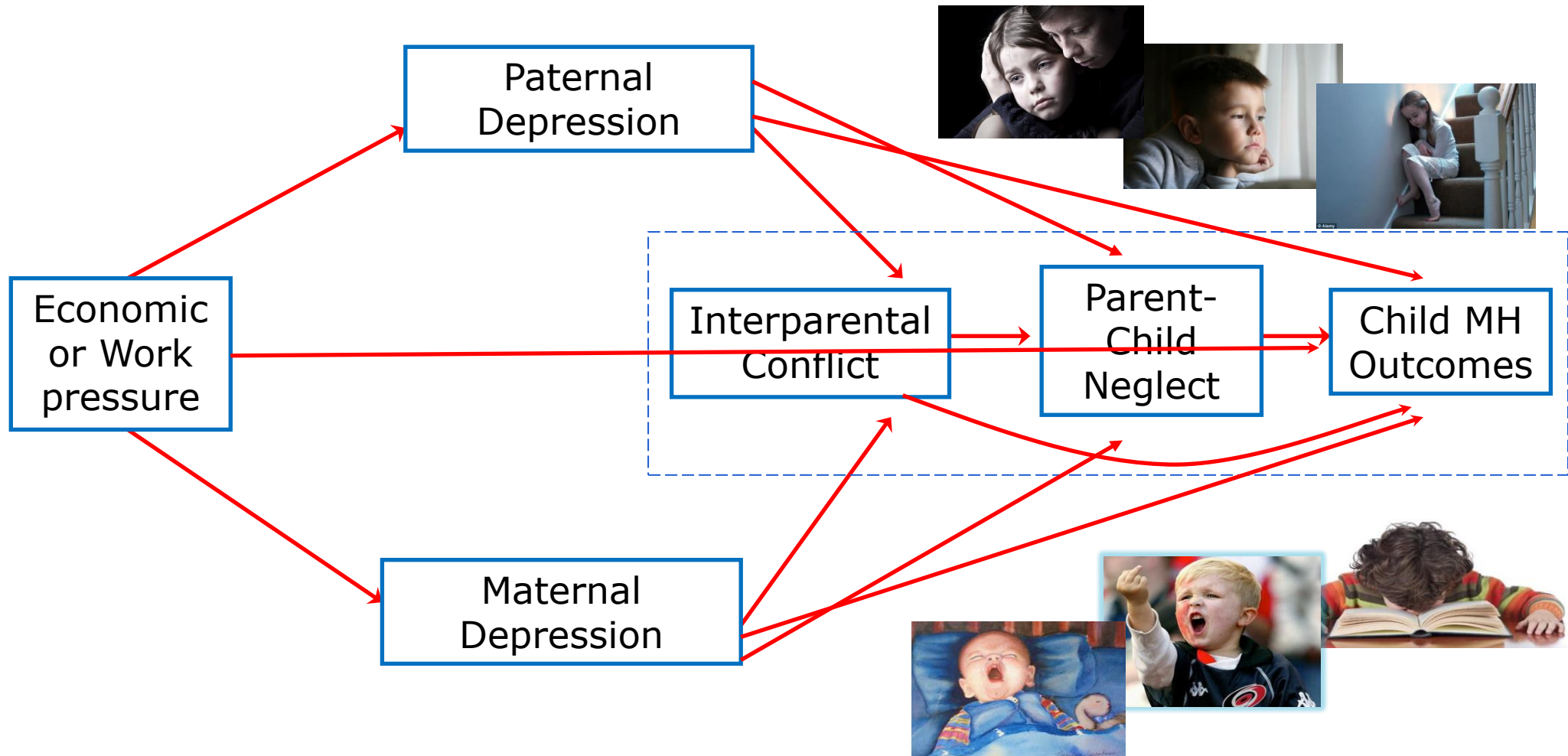
THE EFFECTS OF ECONOMIC STRESS ON FAMILY DYNAMICS: PAST AND PRESENT (AND LIKELY FUTURE WITHOUT CHANGE ...)



“The primary effects for children of the American Great Depression of the 1920s and 1930s were hard labor, malnutrition and hunger, and displacement. Many young people also developed emotional and psychological problems as a result of living in constant uncertainty and of seeing their families in hardship ... [lifecourse developmental outcomes]”



Process Model of Family Relationship Influences on Child Mental Health

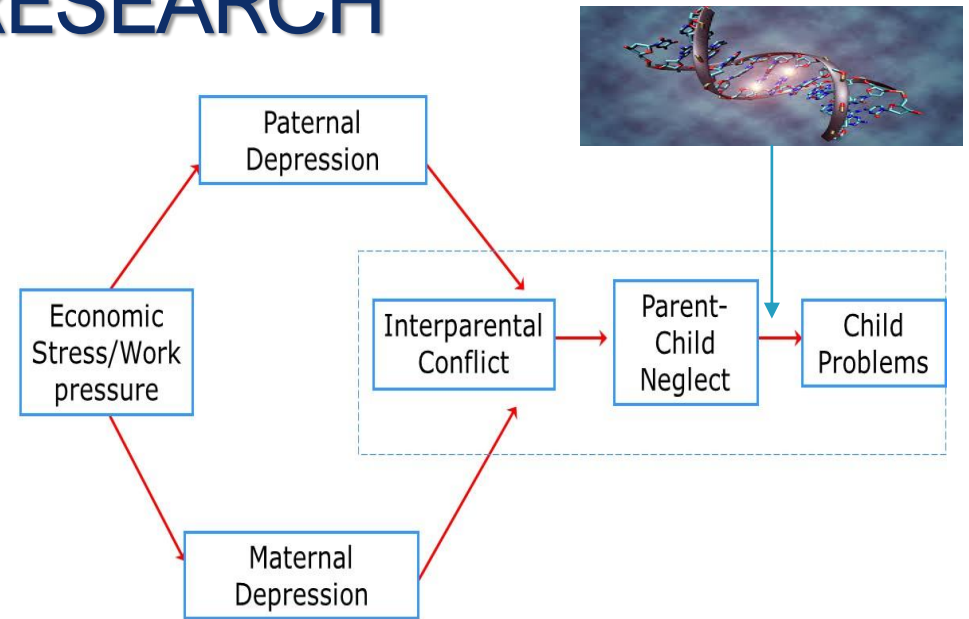


INTER-PARENTAL CONFLICT AND OUTCOMES FOR CHILDREN: PUTTING 'CONFLICT' IN CONTEXT



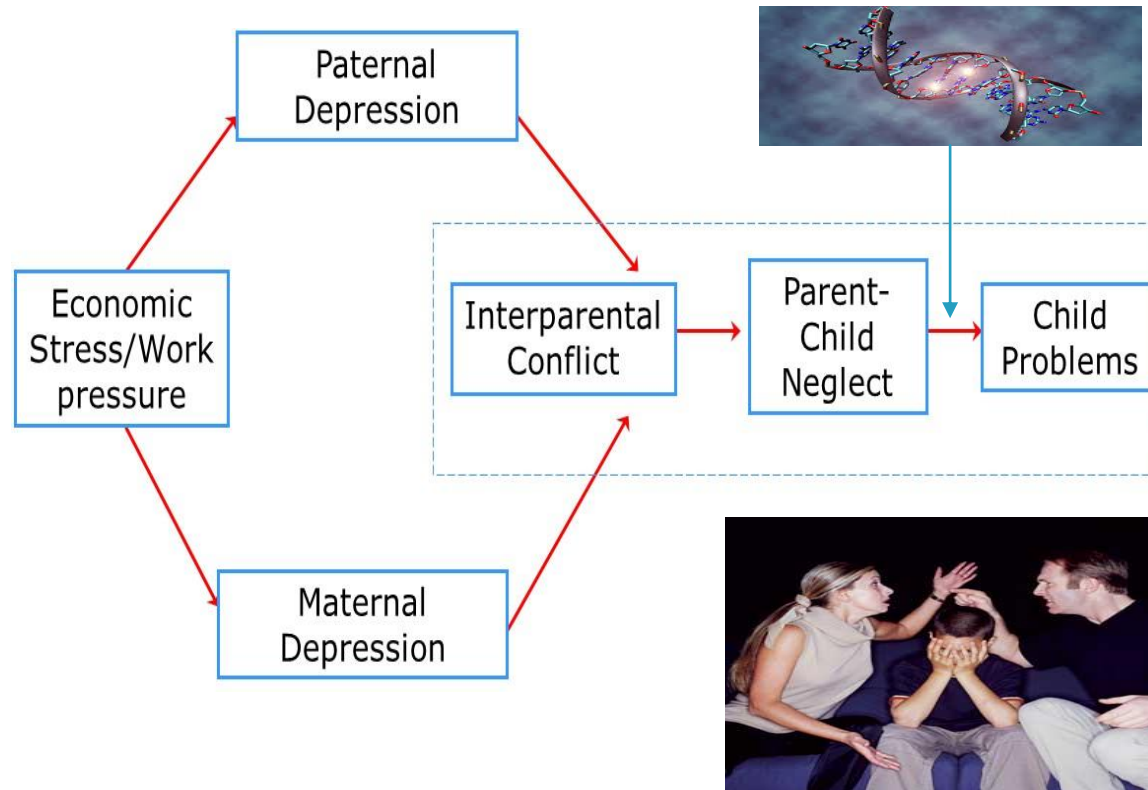
CHALLENGES FOR PAST RESEARCH

- Salience of the family environment ?
 - Predominantly conducted with biologically related parents and children
 - Limited examination of maternal AND paternal influences on outcomes
- What if it is all in the genes?
 - Associations between parental behaviour (e.g. IPC, parenting practices/style) and child behaviour is BECAUSE children share genes with their parents??
- Disentangling genetic factors (nature, G) from rearing environment factors (nurture, E)
 - How can we show that E matters relative to G?
 - The role of research design



"So, how do you want to play this?
Nature, nurture, or a bit of both?"

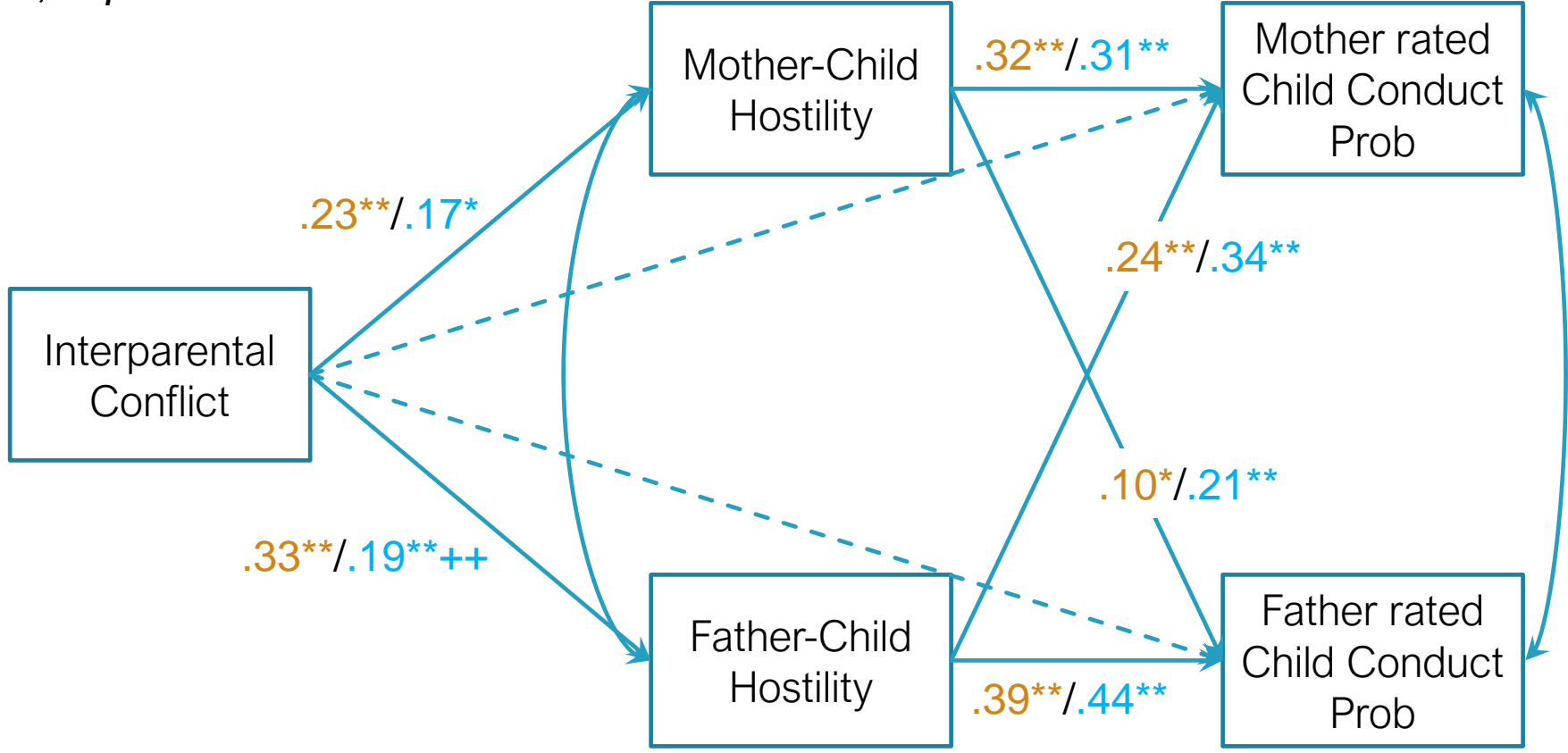
FAMILY RELATIONSHIP QUALITY AS A 'NURTURING' INFLUENCE: THE CHALLENGE OF GENE-ENVIRONMENT CORRELATION



- **Disentangling Nature from Nurture: Two novel research designs (others intl.,)**
 - Early Growth and Development Study (US)
 - Longitudinal adoption-at-birth study (>500 children, biological and adoptive parents, 2004+)
 - Cardiff *In vitro* fertilisation Study (UK)
 - Adoption at conception study (genetically unrelated mothers and fathers; >1000 children, parents, 2006+)
- **Bottom-line impacts of research**
 - Associations between family and school-based relationship experiences/environments and child behaviour/outcomes **CANNOT** be due to common genes shared between biological parents and children

FAMILY RELATIONSHIP PROCESSES AND CHILD CONDUCT PROBLEMS (IVF-H / EGDS)

* $p < .05$, ** $p < .01$



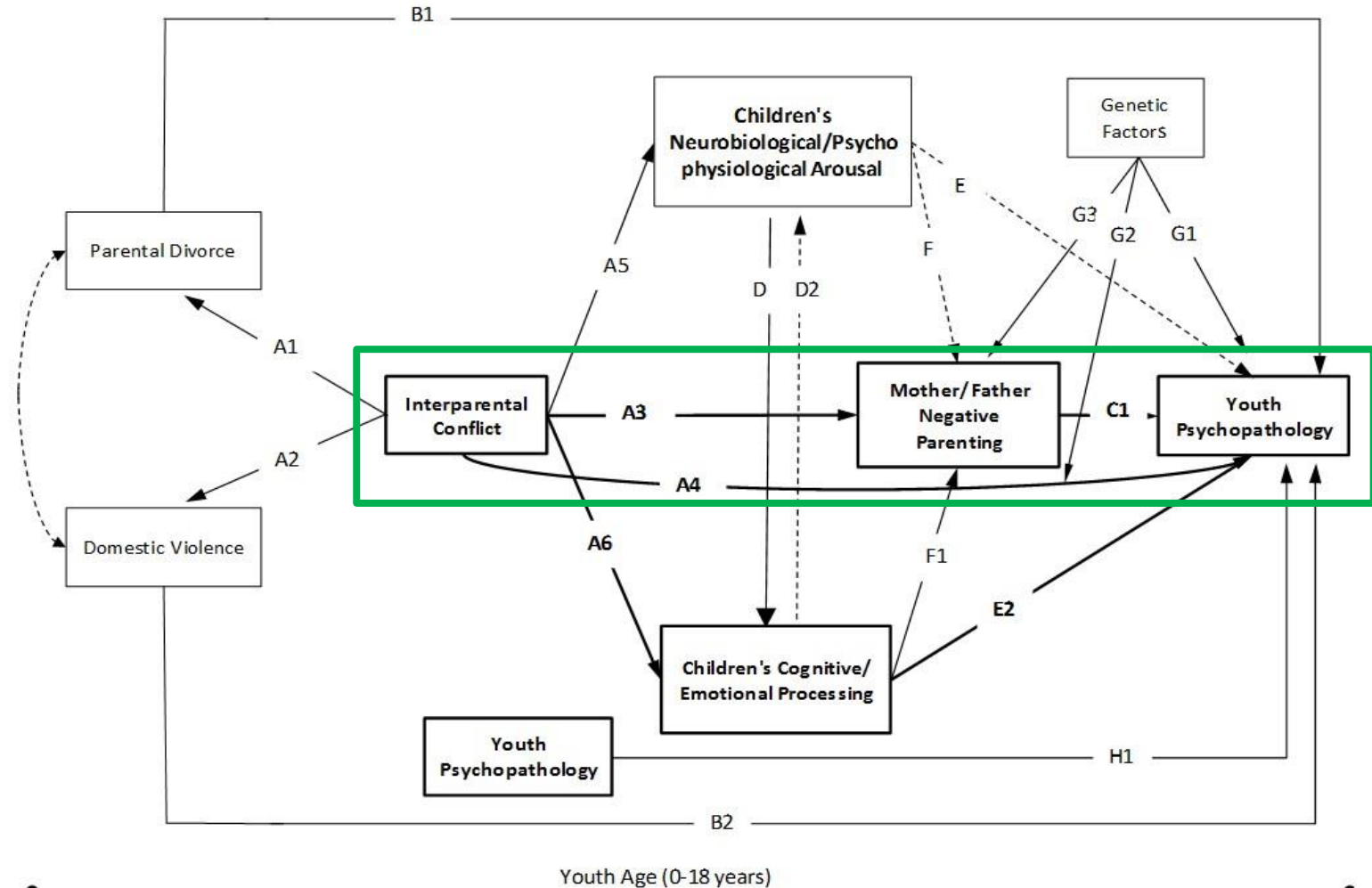
Harold, G. T., Leve, L. D., Elam, K., Thapar, A., Neiderhiser, J., Natsuaki, M., Shaw, D., Reiss, D. (2013). The Nature of Nurture: Disentangling Passive Genotype-Environment Correlation from Family Relationship Influences on Children's Externalizing Problems. *Journal of Family Psychology*, 27(1), 12-21.

Annual Research Review: Interparental conflict and youth psychopathology: an evidence review and practice focused update

Gordon T. Harold, and Ruth Sefton
University of Sussex, Brighton, UK

The quality of the interparental relationship is recognized as an important influence on child and adolescent psychopathology. Historically, clinically oriented research on this topic has focused on the impacts of parental divorce and domestic violence as primary interparental relationship influences on child outcomes, to the relative neglect of dimensional or qualitative features of the couple/interparental relationship for youth (child and adolescent) psychopathology. Recent research has highlighted that children are affected by attributes of interparental conflict, specifically how parents express and manage conflicts in their relationship, across a continuum of expressed severity and negativity – ranging from silence to violence. Furthermore, new evidence highlights that children's emotional, behavioral, social, academic outcomes, and future interpersonal relationships are adversely affected by conflict between parents/careers whether adults are living together or not (i.e. married or separated), or where children are or are not genetically related to their rearing parents (e.g. adoption). We review evidence and present an integrated theoretical model, highlighting how children are affected by interparental conflict and what this evidence base means for effective intervention and prevention program development, as well as the development of possible cost-benefit models. Additionally, we review policy implications of this research and highlight some very recent examples of UK-based policy focusing on addressing the interparental relationship and its impact on youth psychopathology. **Keywords:** Interparental conflict; parent-child interaction; child development; mental health; intervention.

HOW CONFLICT BETWEEN PARENTS AFFECTS YOUNG PEOPLE'S MENTAL HEALTH (AND IGT)



HOW FAMILY PROCESSES AFFECT CHILD AND ADOLESCENT MENTAL HEALTH

- **The salience and significance of family relationship processes for children's MH**
 - The quality of the inter-parental and parent-child relationships (whether adults are living together or not, whether they are biologically related to a child or not) significantly affects children's mental health and development
 - Anxiety, depression, conduct problems, academic problems, substance misuse, psychosis, self-harm, suicidality – interpersonal violence (intergenerational transmission)
 - Children's appraisals and perceptions of IPC significantly affect mental health and dev.,
- **Implications of research evidence for practice and policy**
 - Interventions that promote positive inter-parental relationship dynamics promote more positive parent-child relationship dynamics, positive mental health, education and long-term outcomes for children and adolescents
 - Supporting parents/adults to effectively manage conflict in their own relationships substantially enhances mental health and other outcomes for children and adolescent, as well as improving adult mental health, parenting practices, adult substance misuse, reduction of intergenerational interpersonal violence 'cycles', improved physical health and wellbeing, adaptation to parental divorce
- **Applying the research to UK practice and policy**
 - Working with policy makers/advisors, practitioners, parents and families

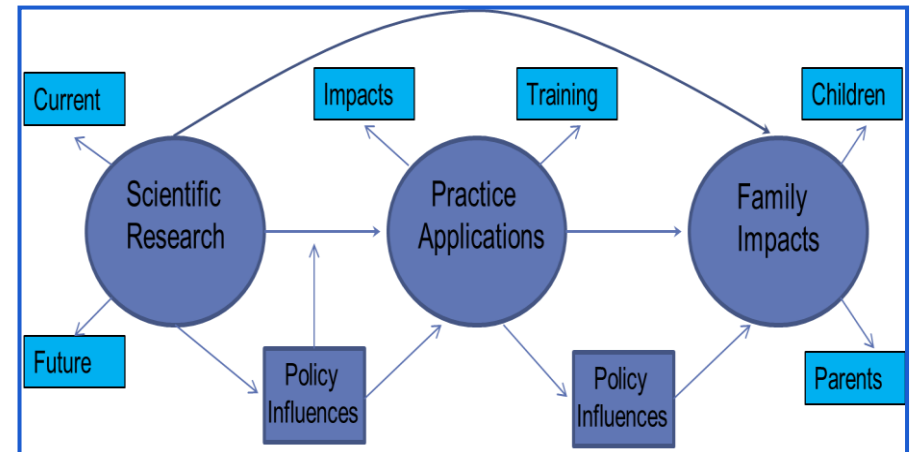


THE RUDD RESEARCH CENTRE – UNIVERSITY OF CAMBRIDGE (TT)

The Rudd Centre

Welcome to The Andrew and Virginia Rudd Research and Professional Practice
Centre, University of Cambridge

Promoting world-leading research, professional practice training and policy engagement that
meet the needs of families and children in a changing world.



UK GOVERNMENT – THE REDUCING PARENTAL CONFLICT PROGRAMME (DWP 2018-22; 2025+)

- Reducing Parental Conflict (RPC) Programme (England)
 - Inter-parental/parent-child relationship support (>£70M, 2018+)
 - Inter-parental and parenting focused support
 - Child outcomes (mental health)
- Transforming front line practice/provider capacity
 - Practitioner training/capacity building in relationship quality assessment, adult and child mental health, referral to evidence-based programmes (2018+)
 - 16,000+ practitioners, managers and leaders have attended regional and national Communities of Practice events, with 4,800 parents from approximately 3,000 families participating in one of eight RPC focused intervention programmes.
 - Local authority Assessment of Need/Referral (questionnaire)
 - An intergenerational perspective (early prevention significantly more cost effective than late intervention); Inter-parental/parenting focused support and child/adolescent mental health and related outcomes
 - Current extensions to programme focus (DfE; DHSC, MoJ)
 - Importance of rigorous practitioner training/implementation/evaluation

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EARLY INTERVENTION FOUNDATION

WHAT WORKS TO ENHANCE INTER-PARENTAL RELATIONSHIPS AND IMPROVE OUTCOMES FOR CHILDREN?

Our assessment of programmes that aim to enhance the inter-parental relationship and improve outcomes for children shows that many of these need more testing

The Early Intervention Foundation have carried out a review of 'What works to enhance inter-parental relationships and improve outcomes for children' for the Department for Work and Pensions.

The review has been led by Professor Gordon Harold, an expert on the role of the family in children's psychological development, and Dr. Ruth Sellers from the Andrew and Virginia Rudd Centre for Adoption Research and Practice at the University of Sussex.

Key findings include:

- » The quality of the inter-parental relationship, specifically how parents communicate and relate to each other, is increasingly recognised as a primary

US UNIVERSITY OF SUSSEX Department for Work & Pensions

Full Report

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Guidance

Reducing Parental Conflict: innovative projects delivered to support families in conflict

Find out about the grant-funded innovative projects element of the Reducing Parental Conflict (RPC) programme.

From: Department for Work and Pensions
Published: 18 January 2021
Last updated: 6 April 2021, see all updates

FAMILY JUSTICE SYSTEM – PRIVATE LAW WORKING GROUP (2019)



A REVIEW OF THE CHILD ARRANGEMENTS PROGRAMME [PD12B FPR 2010]

REPORT TO THE PRESIDENT OF THE FAMILY DIVISION
PRIVATE LAW WORKING GROUP
[June 2019]

family
solutions
group.

Inter-Parental Conflict and Family Separation Prof Gordon Harold (University of Cambridge)

A simple summary of the evidence as regards Inter-Parental Conflict and Family Separation:


- Family separation is always a stressful experience for children and teens **in the short term**. But what drives the **long term impact** on them is the level of conflict they witness before, during and following parental separation.
- It's normal for it to take about 2 years for children and teens to adjust to a family separation. The higher the levels of conflict, however, the harder it is to adjust and the longer the ripple effects continue for poor outcomes (e.g. mental health).
- High levels of conflict between parents are shown to have many poor outcomes for children. These include anxiety and depression, academic failure, substance abuse, conduct problems, criminality, peer problems and adversely affected brain development. Patterns of conflict can even be passed on to the next generation.
- These outcomes stretch on into adulthood. Acrimonious parental conflict is a common childhood factor in adults who experience mental ill health, relationship difficulties, substance abuse, homelessness, criminality.
- By contrast, actions designed to reduce the level of inter-parental conflict are associated with positive long-term outcomes. There are clear improvements in mental health, behaviour, school outcomes and long-term relationships.
- These positive outcomes have benefits not just for the individuals but for the whole of society. They produce widespread cost savings, ranging from the education system to the health and social care system, the civil and criminal justice system and they also produce positive future employment outcomes.


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CAFCASS CYMRU: ASSESSING IPC AND CHILD MENTAL HEALTH IN PRIVATE LAW CONTEXT – A PRACTITIONER PROGRAMME

CAFCASS CYMRU CHILD AND ADOLESCENT WELFARE ASSESSMENT CHECKLIST (CC-CAWAC)

 **PRACTITIONER ASSESSMENT HANDBOOK**
(PRACTITIONER USE ONLY)

 DEVELOPED BY
PROFESSOR GORDON HAROLD

Acceptance	Score	
	mum	dad
Total	<input type="text"/>	<input type="text"/>
1. Makes me feel better after talking over my worries with her	<input type="text"/>	<input type="text"/>
2. Almost always speaks to me with a warm and friendly voice	<input type="text"/>	<input type="text"/>
3. Smiles at me very often	<input type="text"/>	<input type="text"/>
4. Is able to make me feel better when I am upset	<input type="text"/>	<input type="text"/>
5. Enjoys doing things with me	<input type="text"/>	<input type="text"/>
6. Cheers me up when I am sad	<input type="text"/>	<input type="text"/>
7. Often speaks of the good things I do	<input type="text"/>	<input type="text"/>
8. Seems proud of the things I do	<input type="text"/>	<input type="text"/>

Acceptance: Child completed	Normal 20-24	Moderate risk 18-19	High risk 8-17
Acceptance: Adolescent completed	Normal 19-24	Moderate risk 16-18	High risk 8-15

- Adoption and Children Act (2002, 2006) – “Seeing or hearing ill treatment of another is a child protection issue”
- Assessing inter-parental conflict and child-adolescent mental health
 - Youth mental health, IPC, parenting, educational engagement (others)
 - Standardised scoring protocol
 - Training (full day): Research background, Implementation, Scoring, Report writing
 - Court aligned report/recommendations
 - All practitioners (children, families, schools, 2016+)



Working with Families, Parents and Young People (Home Environments Matter: Video)

SUMMARY AND FUTURE OPPORTUNITIES

• Summary of Research Evidence

- Mental health of children and adolescents in the UK and Ireland (OECD and related comparison groups; pandemic)
- Family relationship dynamics are associated with mental health and other outcomes for young people (e.g., education)
- The quality of the inter-parental relationship is a fundamental pillar of influence for children's mental health across the socioeconomic spectrum (an important site of support in the context of household economic disadvantage)
- Supporting the inter-parental relationship improves children's experiences of parent-child relationships, their mental health, future interpersonal relationship experiences and life chances (multiple government department benefits – intervention-prevention framework requires a Policy Paradigm Shift (Moving from Silos to Synergies; Outcomes only focus to processes that affect outcomes focus; sites of intervention and support)
- Cost benefits of early prevention versus late intervention
- Opportunity to sustainably improve long-term outcomes for young people today – and to promote positive outcomes for the next generation of parents, families and children (breaking cycles)

• Opportunities for the Future

- Supporting public health professionals and others to deliver evidence-based relationship focused support programmes to promote positive outcomes for children and adolescents (a Trauma Informed Training Framework, Rudd Centre)
- Shifting the focus from mental ill health crisis management to mental health support and early intervention/prevention (e.g., the RPC programme; aligned practitioner training)
- Equipping professionals with evidence-based training to deliver programmes that promote improved outcomes (specific to primary groups/communities of interest/need; “Trauma Informed Training” engagement/evaluation)
- The importance of engaging evidence-based programmes, employing Communities of Practice strategies to design, implement and evaluate programmes and good-practice sharing – without substantive system change and a move to early intervention/prevention strategies, the current trajectory of mental ill health and related problems will not be interrupted – really is time for a change in thinking and strategy!



Questions/ Discussion

Thank you

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