




Development and Effectiveness of a Family Mediation Intervention Model on Self-Esteem, Negative Mood, and Social Anxiety in Children of Divorce

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ABSTRACT

Objective: The present study aimed to develop and evaluate the effectiveness of a family mediation intervention model on self-esteem, negative mood, and social anxiety in children of divorce.

Methods: The method of this study was quasi-experimental, employing a pre-test and post-test design. The statistical population consisted of all children of divorced parents in Alborz Province, who had legal cases filed in the judiciary of this province. The research sample included 30 children, randomly assigned to two experimental groups (15 in each group), selected through convenience sampling. The children completed the Spence Children's Anxiety Scale (SCAS) and the Maria Kovacs Children's Depression Inventory (CDI).

Findings: The results of multivariate covariance analysis (Wilks' Lambda = 0.45, $F = 9.46$, $P < 0.001$) indicated that the family mediation intervention model, based on co-parenting, was effective in reducing negative mood ($F = 7.03$, $P < 0.01$), negative self-esteem ($F = 15.87$, $P < 0.01$), and social anxiety ($F = 7.07$, $P < 0.01$).

Conclusion: Based on the results of the present study, the family mediation training program, grounded in co-parenting, can be considered a useful educational method alongside other support programs for children of divorce.

Keywords: children of divorce, family mediation, self-esteem, negative mood, social anxiety.

1. Introduction

Family mental health and its promotion are considered one of the prerequisites for achieving sustainable development in countries today. In this regard, societies invest heavily in successful marriages, childbearing, child-rearing, and family quality of life (Daradkek, 2019). A

successful marriage can not only prevent future costs but is also considered a source of mental health in societies (Jace & Makridis, 2021). However, alongside successful marriages, a portion of marriages experience the phenomenon of divorce, an event that carries negative social, familial, and individual consequences (Beni Jamali et al., 2016). Divorce and separation are among the saddest events

in marital lives, often accompanied by the distressing phenomenon of children of divorce (Bazargan et al., 2021). Despite this reality, the rate of registered legal divorces has sharply increased since 2019, rising from 110,510 recorded events to 171,246, with Tehran and Alborz provinces holding the highest divorce-to-marriage ratios (Babaeian et al., 2021).

Children are the primary victims of divorce. The phenomenon of children of divorce is one of the most concerning issues in divorced families and societies, as these children often face risks such as delinquency, academic decline, negative mood, substance abuse, or behaviors that disrupt social health (Spearman et al., 2023). In fact, children experience harm long before the actual divorce, as they often witness parental conflicts, resulting in delays in their social, emotional, and even cognitive development, with negative mood being noticeable (Babaeian et al., 2021). The most significant psychological impacts threatening children of divorce include negative mood, low self-esteem, sexual misconduct, aggression, tension headaches, and feelings of guilt (Miri et al., 2016). These effects may lead to addiction in adulthood (Jabbour et al., 2020) or delinquency (Kroese et al., 2021). Self-esteem is the first and most fundamental aspect of children of divorce that is damaged, as these children experience low self-esteem due to feelings of inferiority and guilt (Meland et al., 2020). The combination of low self-esteem and negative mood in children of divorce leads to social rejection by their peer group, which can result in social anxiety, potentially manifesting as withdrawal or criminal behavior (Kroese et al., 2021).

Given the aforementioned points and considering the detrimental effects of divorce on children, experts in psychology and social work are seeking ways to mitigate the harm caused by divorce. Co-parenting has been recognized as an effective intervention in this field (Galbraith & Kingsbury, 2022; Khoshestemehr et al., 2017). Co-parenting, or shared parental responsibilities, typically occurs in cases of children of divorce, where both parents maintain full parental rights and responsibilities toward their child. In this form of parenting, parents make decisions regarding educational upbringing, social development, medical care, and insurance. Post-divorce parenting is one of the most complex issues faced by family courts and professionals in this field, as it can impact the future mental health of children of divorce (Cost et al., 2022). One of the primary duties of social work is to assist in the co-parenting process through mediation. Social work views children of divorce as a vulnerable and support-needing group who must

be supported based on scientific approaches (Babaeian et al., 2021; Bazargan et al., 2021; Miri et al., 2016). Despite this perspective, co-parenting faces various cultural, familial, and social challenges in different societies, and in Iran, this issue also encounters limitations and problems. One major issue is the lack of a localized protocol for the family mediation intervention model based on co-parenting. Therefore, the present study aims to validate a localized family mediation intervention model and assess its effectiveness on self-esteem, negative mood, and social anxiety in children of divorce.

2. Methods

2.1. Study design and Participant

The present study is quasi-experimental, using a pre-test and post-test design with a control group. The statistical population consisted of all children of divorced parents in Alborz Province who had legal cases in the judiciary of the province. The research sample included 30 children, randomly assigned to two experimental groups of 15. The study employed convenience sampling based on the following criteria: at least one year had passed since the parents' divorce, the child was at least 7 years old, there was at least some level of communication between the parents, and the parents provided informed consent for participation. Exclusion criteria included missing more than three sessions, contracting infectious or seasonal illnesses, and voluntary withdrawal.

2.2. Measures

2.2.1. Spence Children's Anxiety Scale (SCAS)

The child version of this scale was designed to measure anxiety levels in children aged 8 to 15 in Australia, with a full form containing 45 items (Spence, Barrett, & Turner, 2003). The scale is rated on a 4-point Likert scale (never, sometimes, often, always). The full version includes six subscales: separation anxiety (6 items), social anxiety (6 items), obsessive-compulsive disorder (6 items), agoraphobia (9 items), generalized anxiety (6 items), and fear of physical injury (5 items), with total scores ranging from 0 to 114. The overall reliability of the original scale was reported as 0.78 based on Cronbach's alpha (Spence et al., 2003). In the Iranian version, the subscale reliabilities ranged from 0.60 to 0.82 based on Cronbach's alpha, and confirmatory factor analysis supported the validity of the instrument (Mousavi et al., 2007). In the present study, only

the social anxiety subscale was used, with a reliability of 0.83 based on Cronbach's alpha.

2.2.2. *Children's Depression Inventory (CDI)*

This inventory is used to assess depression in children and adolescents aged 7 to 17, designed by Kovacs and Beck (1977). It includes five subscales: negative mood, interpersonal problems, ineffectiveness, anhedonia, and low self-esteem. The full version has 27 items, each consisting of three statements, and participants select one statement based on their emotional experiences over the past two weeks. Items are scored from 0 to 2, with higher scores indicating greater depression (Kovacs, 1985). The internal consistency for the total scale is 0.86, with acceptable concurrent, differential, and construct validity (Logan et al., 2013). The content validity of the Iranian version was evaluated as satisfactory in a study in Iran (Dehshiri et al., 2009). In this study, the negative mood and self-esteem subscales were used, with Cronbach's alpha coefficients of 0.76 for negative mood and 0.84 for low self-esteem.

2.3. *Intervention*

2.3.1. *Educational Intervention Package for Family Mediation*

An intervention program was implemented for the parents of children of divorce, with a total of 60 parents participating. Due to space limitations and adherence to health protocols, the intervention was conducted in paired sessions. The design and validation of the intervention package followed Lawshe's (1975) method, as outlined below. Step 1: Determining program objectives, focused on improving co-parenting skills and enhancing the mental health of children. Step 2: Establishing the theoretical foundations of the package, which were carefully reviewed. Step 3: Developing the initial package, based on in-depth interviews with parents who had experienced divorce. Step 4: Piloting the intervention on four couples, addressing any deficiencies. Step 5: Assembling a panel of experts to evaluate the package's content validity. Step 6: Testing the content validity using the Content Validity Ratio (CVR) and Content Validity Index (CVI), based on the methods of Lawshe (1975) and Waltz & Bausell (1980). The results showed that both the CVR and CVI values exceeded 0.75, indicating acceptable content validity. Finally, in Step 7, the final intervention package was presented as follows:

Session 1: Program Prerequisites, Parental Commitment, Pre-test, Introduction

The first session focuses on establishing the foundational elements for the intervention program. The session begins with introductions between the therapist and participants, followed by an explanation of the program structure and the rules governing the sessions. The concept of shared parental responsibilities and family mediation is clarified, and a detailed explanation of different parenting styles is provided. Legal and financial issues such as dowry, child support, and custody, which may act as barriers to effective co-parenting, are also discussed. For homework, participants are asked to complete a list of what may benefit their child and to identify facilitators and barriers to their communication with the child.

Session 2: Enhancing Communication Channels Between Parents and With the Child

The second session aims to improve communication skills between the parents and with the child. A brief review of the previous session is conducted, and the process of active listening during conversations between parents is introduced. Verbal and non-verbal feedback skills are taught, followed by role-playing exercises that focus on strengthening communication skills and identifying areas of improvement. Additionally, the importance of avoiding arguments in the presence of the child is emphasized. As homework, parents are asked to identify triggers for arguments in the child's presence and create a list of these factors.

Session 3: Addressing Tension Areas: Financial Support, Parenting Styles, and Academic Decisions

This session begins by resolving any ambiguities from the previous sessions. It focuses on identifying the child's financial and supportive needs, establishing an agreed-upon financial contribution to meet these needs, and reaching a consensus on parenting and academic decisions, such as whether the child will attend a public or private school. Strategies for monitoring and managing the child's behavior are also discussed. For homework, parents are asked to brainstorm creative financial resources, create a checklist of the child's needs based on brainstorming, and prioritize them. They are also instructed to read provided material on behavior management techniques.

Session 4: Determining Emotional Support and Managing the Child's Health and Psychological Needs

The fourth session focuses on determining how to provide emotional support to the child, including deciding how much time each parent will spend with the child and planning

special occasions, such as birthdays and holidays, together. Additionally, parents discuss how to handle shared purchases, attend school meetings, and manage the child’s healthcare needs, including how to share responsibilities in the event of hospitalization. The importance of timely medical check-ups and seeking psychological support for the child is also addressed. For homework, parents are tasked with writing or describing a scenario in which the child might become ill, detailing how they would respond, what would be necessary, and each parent’s role. They also prepare a list of required medical check-ups and their scheduling.

Session 5: Review, Conclusion, and Post-test

The final session reviews and summarizes the content of previous sessions and addresses any remaining questions or concerns. Group discussions focus on unexpected challenges the parents may have faced and the improvement in relationships between the parents and the child. Suggestions for improvement are provided, and participants are referred to individual counseling as needed. The post-test is administered, and a follow-up plan is discussed. A communication channel is established between the therapist and participants for any urgent future issues. As homework, parents are encouraged to seek individual counseling if recommended by the therapist.

2.4. Data Analysis

In this study, data analysis was conducted using a one-way multivariate analysis of covariance (MANCOVA) to evaluate the effect of the family mediation intervention model on reducing negative mood, negative self-esteem, and social anxiety in children of divorce. Prior to running MANCOVA, the assumptions of normality, homogeneity of regression slopes, and equality of covariance matrices were tested and confirmed. Descriptive statistics, including mean, standard deviation, skewness, and kurtosis, were reported for all variables. Levene’s test was used to assess the homogeneity of variances, and Box’s M test was employed to verify the equality of covariance matrices. The statistical significance of group differences was determined using F-tests, with effect sizes measured by eta squared (η^2). Analyses were performed using SPSS software, with a significance level set at $p < 0.05$.

3. Findings and Results

To assess the effect of the family mediation intervention model in co-parenting after divorce on reducing negative mood, negative self-esteem, and social anxiety, a one-way multivariate analysis of covariance (MANCOVA) was conducted. Before presenting the results of this test, descriptive statistics along with the normality test results are reported in Table 1.

Table 1

Mean, Standard Deviation, Minimum, Maximum, Skewness, and Kurtosis of Research Variables

Variable	Group	Status	Mean	Standard Deviation	Skewness	Kurtosis
Negative Mood	Experimental	Pre-test	5.33	1.63	-0.62	-0.65
		Post-test	3.66	0.97	0.78	1.29
	Control	Pre-test	5.73	1.75	-0.08	-1.57
		Post-test	5.06	1.71	0.27	-1.46
Negative Self-Esteem	Experimental	Pre-test	4.40	1.76	-1.07	-1.64
		Post-test	3.01	1.69	0.10	-0.80
	Control	Pre-test	4.53	1.73	-0.30	-0.47
		Post-test	4.73	1.66	0.06	1.34
Social Anxiety	Experimental	Pre-test	14.13	2.99	-0.14	-1.39
		Post-test	11.40	2.44	1.22	0.65
	Control	Pre-test	14.01	2.39	-0.29	-0.51
		Post-test	13.33	2.23	-0.04	-0.67

As shown in Table 1, all variables have skewness and kurtosis values between ± 1.96 , indicating that the normality assumption is met. Next, the results of the MANCOVA test for each of the research hypotheses are presented. The results of the F-test for the assumption of equal regression slopes across the groups are reported. The assumption of

homogeneity of regression slopes was not significant (Wilks' Lambda = 0.93, F = 0.58, P > 0.05), indicating that the regression slopes for the pre-test and post-test are equal across the two groups. Furthermore, the results of Box's M test for the equality of covariance matrices between the experimental and control groups (Box's M = 16.21, F = 2.38,

$P > 0.05$) indicated that this assumption was met. Levene's test results for negative mood ($F = 0.35, P > 0.05$), negative self-esteem ($F = 0.09, P > 0.05$), and social anxiety ($F = 0.44, P > 0.05$) were not significant, confirming the assumption of homogeneity of variances.

Finally, the results of the multivariate analysis of covariance (MANCOVA) to compare the experimental and

control groups on the variables of negative mood and negative self-esteem were significant (Wilks' Lambda = 0.45, $F = 9.46, P < 0.001$), indicating a significant difference between the groups. The detailed results for each variable are reported in [Table 2](#).

Table 2

MANCOVA Results for Group Differences in Each Variable

Variable	SS Group	SS Error	MS Group	MS Error	F	p	Eta Squared
Negative Mood	11.80	41.96	11.80	1.67	7.03	0.01	0.22
Negative Self-Esteem	21.97	34.60	21.97	1.38	15.87	0.01	0.39
Social Anxiety	32.17	114.62	32.17	4.58	7.07	0.01	0.22

As shown in [Table 2](#), the F-statistic for negative mood ($F = 7.03$), negative self-esteem ($F = 15.87$), and social anxiety ($F = 7.07$) is significant at the 0.01 level. Based on the mean values in [Table 1](#), these findings indicate that the family mediation intervention program in co-parenting after divorce was effective in reducing negative mood, negative self-esteem, and social anxiety.

4. Discussion and Conclusion

The present study aimed to develop and examine the effectiveness of a family mediation intervention model on self-esteem, negative mood, and social anxiety in children of divorce in Alborz Province. The family mediation intervention model was developed based on in-depth interviews with parents who had experienced divorce, and its validity was confirmed. The program was implemented over five sessions for parents of children of divorce, and the results showed that the family mediation intervention model was effective in reducing negative self-esteem, negative mood, and social anxiety in these children. Both negative mood and negative self-esteem are indicators associated with depression, while social anxiety is a subset of anxiety disorders. In this regard, the findings of the present study on the effectiveness of co-parenting educational programs in reducing mood and anxiety symptoms align with previous studies ([Dehshiri et al., 2009](#); [Kovacs, 1985](#); [Logan et al., 2013](#); [Meland et al., 2020](#); [Mousavi et al., 2007](#); [Spence et al., 2003](#)). For instance, [Bazargan et al. \(2021\)](#), in their study comparing the effectiveness of an educational program for mothers of children of divorce and a child-focused intervention program on the resilience of children of divorce, demonstrated that educational programs for parents of

children of divorce can be effective in improving resilience and mental health in these children ([Bazargan et al., 2021](#)). Similarly, [Ferraro et al. \(2016\)](#) showed in their study, which aimed to develop and test a co-parenting program after divorce, that such a program effectively increased children's social skills, reduced depression and anger, and improved their adaptability ([Ferraro et al., 2016](#)).

In explaining these findings, [Braver and Lamb \(2018\)](#) argue that the belief in parental support is the main reason for improvements in the emotional and behavioral symptoms of children of divorce ([Braver & Lamb, 2018](#)). In other words, when children participate in educational programs with one or both parents, they come to believe that they have not been abandoned, and that their parents still care about them, pay attention to them, and value them. This belief leads to emotional improvements and, consequently, the correction of many behaviors and disorders in children of divorce. Additionally, the results of the present study's hypotheses and the effectiveness of the co-parenting program in reducing negative mood, negative self-esteem, and social anxiety in children can be explained by improvements in parenting attitudes and behaviors. Parental training, creating a list of the child's interests, increasing awareness of the child's characteristics, and other relevant training improve and correct parents' behaviors, which can directly and indirectly affect the child's emotions, feelings, and mental health. Accordingly, it can be stated that the co-parenting educational intervention, by improving parents' communication skills, can effectively reduce mood and anxiety symptoms in children of divorce. [Patel, Fairchild, and Prinz \(2017\)](#) also support this view, highlighting the importance of involving children in the reconciliation

process following mediation sessions between parents. From this perspective, when a child is placed in a calmer family environment, they experience less loneliness (Patel et al., 2017). Children of divorce often compare themselves with their peers across various environments, from school to neighborhood and society, and perceive themselves as different. Since their parents live separately, these children often experience profound loneliness. However, when they find themselves in a calmer family setting, this loneliness transforms into a sense of belonging, which can have significant positive effects on the child's mental health.

5. Suggestions and Limitations

Overall, the present study confirmed the validity of the co-parenting educational program and demonstrated that it is effective in reducing negative mood, negative self-esteem, and social anxiety in children of divorce. Therefore, the program developed in this study can be used as part of the support process for children of divorce and can be taught to divorced parents. Additionally, couple therapists and counselors can utilize this program in their therapy sessions on a case-by-case basis. However, like other studies, the present research has its limitations. For example, many divorced couples did not have legal cases in the judiciary, and caution should be exercised when generalizing the findings. Additionally, confounding variables such as participants' intelligence, concurrent experiences, and peer and school influences on children could not be controlled, which should be considered when interpreting the results. Future studies may explore the role of individual variables in this context.

Authors' Contributions

Authors contributed equally to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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