

BRIEF REPORT

Children of Divorce—Coping With Divorce: A Randomized Control Trial of an Online Prevention Program for Youth Experiencing Parental Divorce

Jesse L. Boring
SUNY Broome Community College

Irwin N. Sandler, Jenn-Yun Tein, and John J. Horan
Arizona State University

Clorinda E. Vélez
Swarthmore College

Objective: Evaluate an online coping skills program to prevent mental health problems in children and adolescents from divorced or separated families. **Method:** Children ages 11–16 ($N = 147$) whose families had filed for divorce were recruited using public court records. Participants were blocked by risk-score and randomly assigned to either a control (Internet self-study condition, Best of the Net (BTN) or the experimental intervention, Children of Divorce—Coping With Divorce (CoD-CoD), a 5-module highly interactive online program to promote effective coping skills. Program effects were tested on measures of children's self-reported coping and parent and youth reports of children's mental health problems. **Results:** Significant main effects indicated that youth in CoD-CoD improved more on self-reported emotional problems relative to BTN youth ($d = .37$) and had a lower rate of clinically significant self-reported mental health problems ($OR = .58, p = .04$). A significant Baseline \times Treatment interaction indicated that the 55% of youth with highest baseline problems improved more than those in BTN on their self-report of total mental health problems. A significant interaction effect indicated that CoD-CoD improved youth coping efficacy for the 30% of those with the lowest baseline coping efficacy. For the 10% of youth with lowest parent-reported risk at baseline, those who received BTN had lower problems than CoD-CoD participants. **Conclusions:** CoD-CoD was effective in reducing youth-reported mental health problems and coping efficacy particularly for high risk youth. Parent-report indicated that, relative to BTN, CoD-CoD had a negative effect on mental health problems for a small group with the lowest risk.

What is the public health significance of this article?

Parental divorce is a highly prevalent risk factor for multiple mental health and substance abuse problems for children and youth. This randomized experimental trial provides suggestive evidence that the CoD-CoD program (a web-based coping program) reduces short-term mental health problems for youth from divorced homes who have higher levels of problems when they enter the program. Given the potential of web-based programs to reach a large proportion of the population, the program is seen as having high potential public health significance.

Keywords: Internet intervention, divorce, coping, adolescents, prevention

This article was published Online First July 27, 2015.

Jesse L. Boring, Department of Psychology and Human Services, SUNY Broome Community College; Irwin N. Sandler and Jenn-Yun Tein, REACH Institute, Department of Psychology, Arizona State University; John J. Horan, College of Letters and Sciences, Arizona State University; Clorinda E. Vélez, Department of Psychology, Swarthmore College.

Jesse L. Boring and Irwin N. Sandler are now partnered in commercial distribution of the Children of Divorce—Coping With Divorce (CoD-CoD) program.

Thank you to Keith Crnic for his guidance and unwavering support of the project. Thank you to Jessica Mueller, Taylor Cody, Joanna Jeffrey, and Silvia Baez for their help recruiting participants to the study. Thank you to Matthew Berry for his help with web development of the program. Thank you to Jennie Ellwanger for her work as a spokesperson within the CoD-CoD program.

Correspondence concerning this article should be addressed to Jesse L. Boring, SUNY Broome Community College, Department of Psychology and Human Services, 907 Upper Front Street, Binghamton, NY 13905. E-mail: boringjl@sunybroome.edu

Parental divorce is a highly prevalent risk factor associated with high rates of mental health problems for youth (Amato, 2001). Although several group-based postdivorce coping programs have demonstrated efficacy (Pedro-Carroll, 2005), they can reach relatively few youth because they need to be delivered in person at a set time and place. An Internet-based approach has the potential to inexpensively reach a large number of children (Kazdin & Blase, 2011) and thus reduce the burden of mental health problems experienced by the 30%–50% of U.S. children estimated to experience parental divorce (National Center for Health Statistics, 2008). Although meta-analytic studies provide evidence of the efficacy of online mental health programs (Barak, Hen, Boniel-Nissim, & Shapira, 2008), evaluations of online programs for youth have suffered from small sample sizes, failure to use random assignment or intent-to-treat analysis, and use of nonactive control conditions (Barak et al., 2008). The delivery of Internet programs for youth has been difficult. Program completion rates in the range of 30% to 40% are typical (Richardson, Stallard, & Velleman, 2010).

The current study evaluates the efficacy of a five-module online program (Children of Divorce–Coping With Divorce; CoD-CoD) designed to strengthen postdivorce coping and reduce mental health problems of youth while maximizing program completion rates. CoD-CoD targets improvement of four aspects of coping that have been empirically associated with adjustment of youth following parental divorce: increased active coping and coping efficacy and reduced avoidant coping and negative divorce appraisals (Sandler, Tein, Mehta, Wolchik, & Ayers, 2000; Sheets, Sandler, & West, 1996). CoD-CoD adapted components from effective group coping interventions for youth to accomplish these goals (see Figure 1; Pedro-Carroll, 2005).

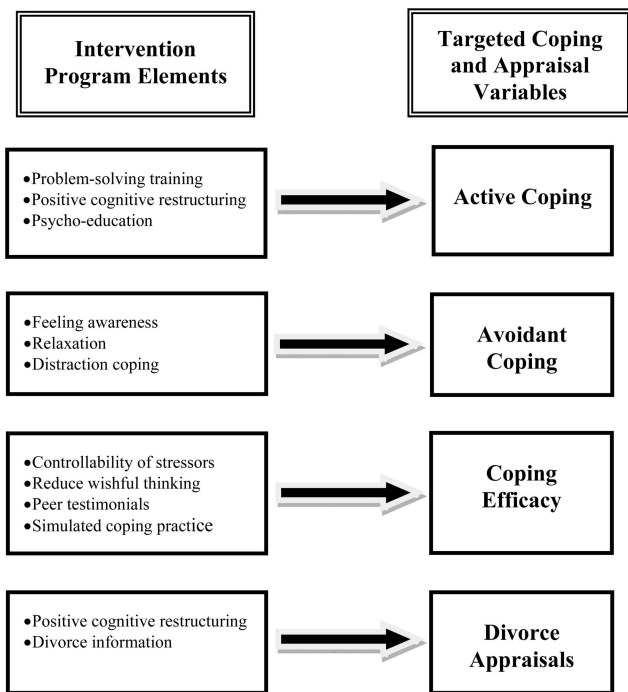


Figure 1. Links between Children of Divorce–Coping With Divorce program elements and coping and appraisal variables.

Low program completion rates are a common obstacle to delivering online programs for youth (Richardson et al., 2010). CoD-CoD employs multiple strategies to maximize user engagement and program completion. Structurally, CoD-CoD's content is delivered within a highly interactive framework that (a) includes a user-created program goal that is supported throughout the program; (b) personalizes program material to allow participants to focus on content areas they choose; and (c) rewards demonstrations of program skills through contingent feedback and by granting advantages in a videogame at the end of each module. CoD-CoD also increases engagement through the use of two program spokesmodels who maintain a personal, informal, and humorous style such as by telling true personal stories that relate to program content.

It was hypothesized that CoD-CoD would reduce youth mental health problems and lead to improvements in children's coping and threat appraisals. Similar to many prior prevention programs (Sandler et al., 2014), it was hypothesized that CoD-CoD's effects would be stronger for youth with poorer initial presentations.

Method

Participants

Participants include 147 youth between the ages of 11 and 16 from 112 families and their parents (88 mothers and 24 fathers). Table 1 shows demographic characteristics of the sample.

Procedure

The study was approved by the Arizona State University Institutional Review Board. Eligible families were identified through public court records and invited by mail to participate in the study if they included a youth in the age range who was not in psychotherapy. Parents and youth were informed that youth would be assigned to one of "two free online programs to promote mental health in children of divorce ages 11 to 16." In eligible families, all children who met criteria were invited to participate. Youth were assigned to either an online prevention program (CoD-CoD) or an Internet self-study control condition, Best of the Net (BTN) using block-random assignment to increase statistical power (Shadish, Cook, & Campbell, 2002). Participants completed an online pretest (T1) and a follow-up assessment (T2) at 1-month post intervention. The Consolidated Standards of Reporting Trials (CONSORT) diagram for recruitment, randomization, and retention is presented in Figure 2.

Youth were ranked by score on a measure of risk for children of divorce (Tein, Sandler, Braver, & Wolchik, 2013) that was administered at pretest and blocked by rank into groups of two. One youth within each block was randomly assigned (using random numbers obtained from www.random.org) to either CoD-CoD or BTN with the other participant in the block assigned to the alternative condition. Youth with a sibling in the study ($n = 68$) were assigned randomly on an individual basis to conditions, and thus could be in different conditions. Siblings were instructed verbally and in writing not to discuss the program they were assigned to until after the T2 assessment. Informed consent and assent were obtained by phone prior to T1.

Table 1
Descriptive Statistics and Pretest Equivalence of Groups on Demographic and Baseline Outcome Variables

Measure (reporter)	BTN (N = 73)	CoD-CoD (N = 74)	p value
1. Child age (R)	13.89 (1.71)	13.69 (1.63)	.49
2. Child's gender (R)			.58
Female	36 (49.3)	40 (54.1)	
Male	37 (50.7)	34 (45.9)	
3. Divorce latency (R)	1.27 (1.10)	1.19 (1.07)	.65
4. Child's race/ethnicity (P; %)			.96 ^a
Non-Hispanic White	53 (72.6)	48 (64.9)	
Hispanic	11 (15.1)	10 (13.5)	
Non-Hispanic Black	2 (2.7)	3 (4.1)	
Multiethnic	3 (4.1)	2 (2.7)	
Native American	1 (1.4)	0 (0.0)	
Other	1 (1.4)	1 (1.4)	
Missing	2 (2.7)	10 (13.5)	
5. Parent reporter's relationship to youth (R)			.29
Mother	55 (75.3)	61 (52.6)	
Father	18 (24.5)	13 (17.6)	
6. Active coping (C)	2.45 (.56)	2.52 (.47)	.37
7. Avoidant coping (C)	2.48 (.57)	2.52 (.59)	.39
8. Coping efficacy (C)	2.82 (.70)	2.88 (.60)	.54
9. Positive illusions (C)	3.25 (.67)	3.18 (.71)	.59
10. Negative errors (C)	1.95 (.62)	1.89 (.62)	.59
11. SDQ-Total (C)	1.56 (.28)	1.57 (.28)	.88
12. SDQ-Conduct (C)	1.43 (.37)	1.43 (.36)	.94
13. SDQ-Emotional (C)	1.69 (.49)	1.69 (.46)	.99
14. SDQ-Hyperactivity (C)	1.75 (.45)	1.75 (.52)	.97
15. Risk (P)	1.62 (.26)	1.64 (.26)	.68
16. BPI-Total (P)	1.44 (.34)	1.45 (.33)	.81
17. BPI-Externalizing (P)	1.46 (.36)	1.49 (.37)	.59
18. BPI-Internalizing (P)	1.41 (.38)	1.40 (.36)	.86

Note. BTN = Best of the Net; CoD-CoD = Children of Divorce-Coping With Divorce; R = court records; P = parent; C = child; SDQ = Strengths and Difficulties Questionnaire; BPI = Behavior Problems Index.

^aChi-square test conducted for race/ethnicity by intervention condition with a dichotomous race/ethnicity variable (White vs. non-White), given some cells had expected counts less than 5.

Measures

Participant satisfaction. User satisfaction data was collected from youth in each condition using a questionnaire developed for the study utilizing 4-point Likert scales to assess perceptions of the enjoyability, helpfulness, and overall quality of their program.

Risk. The 15-item parent-report risk index predicts youth mental health problems up to 6 years following divorce (Tein et al., 2013). The index has acceptable levels of sensitivity and specificity (>.70, Tein et al., 2013) to predict outcomes up to 1 year later.

Coping efforts. Active and avoidant coping efforts were measured using the 36-item Children's Coping Strategies Checklist (Sandler, Tein, & West, 1994). Children indicated how often they used each coping strategy to solve their problems or to make themselves feel better. Active coping ($T1 \alpha = .86$ and $T2 \alpha = .92$) and avoidant coping ($T1 \alpha = .80$ and $T2 \alpha = .86$) have been found to relate to psychological symptoms in children of divorce (Sandler et al., 1994).

Coping efficacy. Coping efficacy refers to the belief that one can deal successfully with the stressors in one's life. Coping

efficacy was assessed using the seven-item Child-Report Coping Efficacy Scale (Sandler et al., 2000; $T1 \alpha = .88$, $T2 \alpha = .90$). An illustrative item is: "Overall, how good do you think you will be at making things better when problems come up in the future?" The scale has been found to predict child mental health problems (Sandler et al., 2000).

Appraisals of divorce-related stressful events. Children's negative cognitive errors (e.g., overgeneralizing, personalizing, and catastrophizing) and positive illusions (e.g., positive self-regard, personal control, and optimism) in appraising divorce-related events were measured with the Children's Cognitions about Divorce Situations Scale (Mazur, Wolchik, & Sandler, 1992). This scale asks participants to identify how like them it would be to think negative cognitive errors (e.g., "Everything is ruined") and positive illusions (e.g., "My parents won't always be so mad at each other") in response to stressful divorce events. The negative cognitive errors ($T1 \alpha = .80$, $T2 \alpha = .86$) and positive illusions ($T1 \alpha = .88$, $T2 \alpha = .92$) scales have been linked to mental health problems of children from divorced families (Mazur et al., 1992).

Mental health problems. Child report of total mental health problems was measured using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001; $T1 \alpha = .78$, $T2 \alpha = .85$). The conduct problems ($T1 \alpha = .61$, $T2 \alpha = .69$) and emotional problems subscales ($T1 \alpha = .69$, $T2 \alpha = .72$) were used to represent externalizing and internalizing problems, respectively. The SDQ has shown good reliability and validity (Klasen et al., 2000). Information on clinical ranges of the SDQ and its subscales are available at <http://www.sdqinfo.com>.

Parent report of child total mental health problems were assessed using the 32-item Behavior Problems Index (BPI; Peterson & Zill, 1986; $T1 \alpha = .93$, $T2 \alpha = .93$), and the externalizing ($T1$

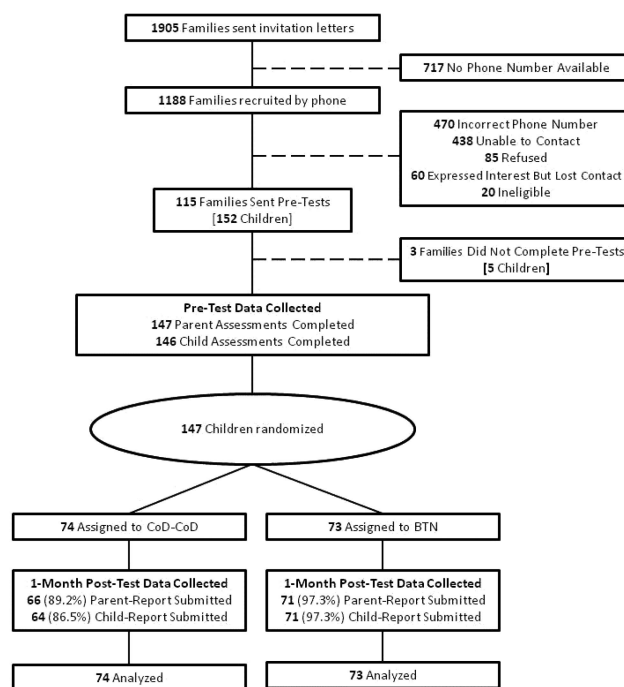


Figure 2. Participant flow chart.

$\alpha = .90$, $T2\alpha = .89$) and internalizing subscales ($T1 \alpha = .89$, $T2 \alpha = .87$).

Preventive Intervention Condition

CoD-CoD. CoD-CoD consists of five self-paced modules addressing active coping, avoidant coping, coping efficacy, and divorce appraisals. Each module includes activities adapted from evidence-based cognitive-behavioral coping programs for children from divorced families (Pedro-Carroll, 2005). Coping skills taught include relaxation training, feeling recognition, problem solving, and positive cognitive restructuring. Each module includes a combination of videos, interactive activities, and narrated text. User input is used to tailor program content to address the issues most important to the individual youth (e.g., how to cope with parental conflict). Sample activities and an overview of the format of the CoD-CoD modules can be viewed at <http://familytransitions-ptw.com/CoDCoD/SampleModOut.php>.

BTN. The self-paced BTN condition approximated the experience of youth who use Internet resources for assistance coping with their parents' divorce. The two BTN websites (www.kidshealth.org/teen/your_mind/Parents/divorce.html and www.kidsturncentral.com/topics/issues/divorce.htm) were the highest ranked support websites identified by a Google search of the term "divorce help for kids." BTN participants were instructed to: "Go to each of the two websites and spend time using them. After going to each website, a quiz will appear when you login to BTN that will ask you about what you learned." Participants were told to expect that it would take 2–3 hr to participate in the BTN.

Program implementation of CoD-CoD was assessed using completion of each module, scores on an end of module content quiz, and participation in home practice assignments. In the BTN condition, program implementation was measured using youth usage of each of the two program websites and scores on the content quizzes associated with each website.

Statistical Analysis

Attrition analysis was conducted by comparing the rates of attrition from assessment between groups and by comparing the relations between attrition and baseline characteristics of the participants. Mplus (MPlus 7th edition; Múthen & Múthen, 1998–2012) statistical software, which employs full information maximum likelihood method for handling missing data, was used for evaluating group differences on the baseline measures and intervention effects. All intervention analyses were performed using an intent-to-treat approach (Shadish et al., 2002). Because children were nested within families, we specified family unit as a cluster variable in all analyses to account for data dependency.

Analysis of covariance was used to compare the posttest scores of participants in the CoD-CoD versus BTN condition on the outcome variables, using baseline scores and risk as covariates. For each analysis, moderation models were first tested for differential program effects based on baseline levels of the dependent variable, pretest risk score, child age, child gender, or divorce latency. When the interactions were not significant, a common slopes (main effect) model was used and the adjusted means of the conditions used. When a variable significantly moderated an effect, analyses were conducted to determine how the program effect

varied at different levels of the moderator. For moderators that were continuous variables, regions of significance were probed by comparing the adjusted means at each 10th percentile on the pretest score (e.g., 10%, 20%, to 90%) using $t = 1.96$ (i.e., $p \leq .05$).

Table 2
Actual Means of Mental Health, Coping, Appraisal, and Consumer Satisfaction Variables at Pretest and Posttest

Measures	Pretest <i>M (SD)</i>	Posttest <i>M (SD)</i>
Mental health problems		
SDQ (child report)		
Total problems		
Control group ($n = 73, 71$)	1.56 (.28)	1.55 (.35)
Intervention group ($n = 73, 64$)	1.57 (.28)	1.49 (.28)
Conduct problems		
Control group ($n = 73, 71$)	1.43 (.37)	1.42 (.39)
Intervention group ($n = 73, 64$)	1.43 (.36)	1.33 (.37)
Emotional problems		
Control group ($n = 73, 71$)	1.70 (.49)	1.63 (.50)
Intervention group ($n = 73, 64$)	1.69 (.46)	1.52 (.41)
BPI (parent report)		
Total problems		
Control group ($n = 72, 70$)	1.44 (.34)	1.36 (.33)
Intervention group ($n = 74, 66$)	1.45 (.33)	1.34 (.29)
Externalizing problems		
Control group ($n = 72, 70$)	1.46 (.36)	1.39 (.37)
Intervention group ($n = 74, 66$)	1.49 (.37)	1.40 (.33)
Internalizing problems		
Control group ($n = 72, 70$)	1.41 (.38)	1.31 (.33)
Intervention group ($n = 74, 65$)	1.40 (.36)	1.28 (.31)
Coping and appraisal variables		
All measures (child report)		
Coping efficacy		
Control group ($n = 72, 71$)	2.82 (.70)	2.88 (.70)
Intervention group ($n = 72, 66$)	2.88 (.68)	2.95 (.72)
Active coping		
Control group ($n = 71, 71$)	2.45 (.56)	2.56 (.65)
Intervention group ($n = 72, 64$)	2.52 (.47)	2.59 (.56)
Avoidant coping		
Control group ($n = 72, 71$)	2.48 (.57)	2.37 (.61)
Intervention group ($n = 72, 64$)	2.52 (.59)	2.43 (.60)
Divorce cognitions-Positive illusions		
Control group ($n = 69, 65$)	3.26 (.67)	3.18 (.74)
Intervention group ($n = 65, 60$)	3.12 (.71)	3.24 (.85)
Divorce cognitions-Negative errors		
Control group ($n = 69, 65$)	1.95 (.62)	1.79 (.70)
Intervention group ($n = 65, 60$)	1.89 (.62)	1.79 (.59)
Consumer satisfaction variables		
All measures (child report)		
Overall quality ^a		
Control group ($n = 71$)		2.85 (.79)
Intervention group ($n = 63$)		3.27 (.83)
Program enjoyability ^b		
Control group ($n = 71$)		2.56 (.82)
Intervention group ($n = 63$)		2.97 (.88)
Program helpfulness ^c		
Control group ($n = 71$)		2.48 (.92)
Intervention group ($n = 63$)		3.03 (.90)

Note. SDQ = Strengths and Difficulties Questionnaire; BPI = Behavior Problems Index.

^a Program quality was rated on a 4-point scale from 1 = *pretty bad* to 4 = *great*. ^b Program enjoyability was rated on a 4-point scale from 1 = *not at all* to 4 = *I enjoyed it a lot*. ^c Program helpfulness was rated on a 4-point scale from 1 = *not at all* to 4 = *it was very helpful*.

.05) as an index of significance (Sandler et al., 2003). This procedure indicates the point on the pretest beyond which the posttest scores of the groups differ significantly and provides information about the percentage of the sample in this range. For main effects, an estimate of the standardized effect size, Cohen's d , was calculated using procedures described by Rosenthal (1994). For significant interaction effects, the effect size at the point 1 SD above or below the mean of the moderating variable is presented where there was a significant difference between conditions at that point.

Results

The program completion rate for CoD-CoD was 68.9%, and the average number of modules completed was 3.83 (76.6% of the 5-module program). Youth reported fully or partially completing 88.8% of all home practice tasks for modules they completed. The BTN program completion rate was 91.8%, and the average number of modules completed was 1.78 (89.0% of the 2-module program). CoD-CoD participants reported higher satisfaction: overall quality, $p < .01$; enjoyability, $p < .01$; and helpfulness, $p < .001$, than BTN youth (see Table 2).

The rate of completion of the posttest assessment was not significantly different between conditions (CoD-CoD = 89.2%, BTN = 97.3%, $p = .09$ using Fisher's exact test). Neither attrition status or experimental condition (CoD-CoD vs. BTN) were significantly associated with any baseline variable (see Table 1).

As shown in Table 3, there was a significant main effect for CoD-CoD to reduce SDQ-Emotional problems ($d = .37$). There was also a significant main effect and Program \times Baseline interaction on SDQ-Total problems. The program improved SDQ-Total problems for those who started the program with more problems, with 55% of the sample being in the region of significant differences at posttest ($d_{+1SD} = .46$). Clinical significance of the effect

on the SDQ total problem score was evaluated using logistic regression controlling for the pretest rate and the suggested cut-point of 20 or greater (Scoring the SDQ, 2013). This analysis indicated a significant intervention main effect on clinical total problems (odds ratio = .58, $p = .04$; number needed to treat = 10.82). The frequency of clinically significant cases of total problems for the BTN condition was 6.8% at pretest and 15.5% at posttest. For CoD-CoD, the observed rates were 8.2% at pretest and 6.2% at posttest. There was also a significant Program \times Risk interaction on BPI-Total problems and BPI-Internalizing problems. For those with high baseline risk scores, the point of significance was beyond the observed scores. Contrary to the prediction, youth in the CoD-CoD condition with low baseline risk scores had higher BPI-Total problems and BPI-Internalizing problems at posttest than those in the BTN condition. The region of significance was within the normal range according to BPI norms (National Longitudinal Study, 1979) and included less than 10% of the sample.

There was a significant Program \times Baseline interaction on coping efficacy. The program improved coping efficacy at posttest for youth with lower baseline coping efficacy. About 30% of the sample was in the region of significance ($d_{-1SD} = .39$). Child age, gender, and divorce latency were not significant moderators of any program effect.

Discussion

The most important findings from the study are that CoD-CoD improved self-reported mental health outcomes for children of divorce, and that some of these effects were stronger for youth with higher baseline problems. The small to medium main effect size on youth report of emotional problems ($d = .37$) is comparable with that of group-based prevention programs for children of

Table 3
Main Effects of CoD-CoD and Moderated Intervention Effects at Posttest

Measures	Main effect		Baseline \times Group Effect		Risk \times Group Effect	
	Regression weight (Cohen's d) ^a	p	Regression weight (Cohen's d) ^a	p	Regression weight (Cohen's d) ^a	p
Mental health problems						
SDQ (child report)						
Total problems	-.08 ($d = .37$)	.03*	-.24 (+1 SD , $d = .46$)	.02*	-.22	.21
Conduct problems	-.09 ($d = .30$)	.07 [†]	-.09	.52	-.19	.30
Emotional problems	-.13 ($d = .37$)	.03*	-.06	.55	-.23	.41
BPI (parent report)						
Total problems	-.02 ($d = .07$)	.69	-.26	.10 [†]	-.40	.04 ^{ab}
Externalizing problems	-.01 ($d = .02$)	.92	-.26	.11	-.36	.06 [†]
Internalizing problems	-.03 ($d = .12$)	.48	-.16	.37	-.44	.04 ^{ab}
Coping and appraisal variables						
Child report						
Coping efficacy	.12 ($d = .21$)	.19	-.30 (-1 SD , $d = .39$)	.03*	.76	.05 [†]
Active coping	.01 ($d = .02$)	.90	-.42	.06 [†]	.12	.65
Avoidant coping	.02 ($d = .05$)	.76	.03	.82	-.33	.26
Divorce cognitions-Positive illusions	.15 ($d = .25$)	.14	.23	.08 [†]	.64	.18
Divorce cognitions-Negative errors	.02 ($d = .03$)	.84	-.06	.70	-.61	.15

Note. CoD-CoD = Children of Divorce-Coping With Divorce; SDQ = Strengths and Difficulties Questionnaire; BPI = Behavior Problems Index.

^a Cohen's d was reported only for findings with $p \leq .05$. Effect sizes for interactive effects are reported at probes +1 SD or -1 SD from the mean when $p \leq .05$ at that point. ^b Not significant at probe points.

[†] $p \leq .10$. * $p \leq .05$.

divorce ($d = .36$, Durlak & Wells, 1997). The significant main effect on rate of youth who exceeded the clinical cutpoint supports the clinical meaningfulness of the effects. The significant Base-line \times Program interaction effect on youth report of total behavior problems and coping efficacy indicates that CoD-CoD benefited the subset of youth who are most at risk. The finding that CoD-CoD improved coping efficacy for the 30% who were lowest on efficacy at baseline is encouraging because prior research has found that coping efficacy is a prospective predictor of child mental health (Sandler et al., 2000).

The moderated effect of CoD-CoD on parent reported mental health problems indicated that there was a significant iatrogenic effect for the 10% of youth with the lowest risk at pretest. Concern about this iatrogenic effect is mitigated because the effect occurred for a small portion of the sample that was at lowest risk and fell within the normal range of problems. While the positive and iatrogenic effects may appear contradictory, they are for different segments of the sample, indicating clinically meaningful posttest benefits on self-reports for youth with the greatest initial problems and an increase in parent-reported problems for low-risk youth that is well below the clinically meaningful level. The elevation in parent-reported problems for low-risk youth may be because CoD-CoD youth were encouraged to communicate with their parents about their problems, making parents more aware of the worries and concerns of youth who parents saw as having lower risk.

The study has several strengths. This is the first randomized trial of an online coping promotion program for youth that has included an adequate sample size and an active comparison condition while using intent-to-treat analysis. The evaluation also found a 68.9% program completion rate, which is the highest rate to date in a randomized trial of an online program for youth (Richardson et al., 2010) and indicates high acceptability of the program.

An important limitation of the current trial is that no long-term follow-up assessment was conducted. Longitudinal follow-up studies are needed to test the long-term effects of the program and to allow for a prospective test of whether changes in coping efficacy mediate reductions in mental health problems. A second limitation is that the dosage of CoD-CoD was larger than that of the BTN comparison condition, so that placebo effects cannot be fully ruled out.

Online programs offer important advantages over traditional face-to-face interventions including efficient dissemination and high fidelity in program presentation. These advantages make online programs a key part of answering Kazdin and Blase's (2011) call to develop a "portfolio of models of delivery" to reduce the prevalence and incidence of mental illness. The current study provides preliminary evidence of the short term efficacy and acceptability of an online coping program for youth at high risk for development of mental health problems.

References

- Amato, P. R. (2001). Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology, 15*, 355–370. <http://dx.doi.org/10.1037/0893-3200.15.3.355>
- Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. (2008). A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Services, 26*, 109–160. <http://dx.doi.org/10.1080/15228830802094429>
- Durlak, J. A., & Wells, A. M. (1997). Primary prevention mental health programs for children and adolescents: A meta-analytic review. *American Journal of Community Psychology, 25*, 115–152. <http://dx.doi.org/10.1023/A:1024654026646>
- Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*, 1337–1345. <http://dx.doi.org/10.1097/00004583-200111000-00015>
- Kazdin, A. E., & Blase, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science, 6*, 21–37. <http://dx.doi.org/10.1177/1745691610393527>
- Klasen, H., Woerner, W., Wolke, D., Meyer, R., Overmeyer, S., Kaschnitz, W., . . . Goodman, R. (2000). Comparing the German versions of the strengths and difficulties questionnaire (SDQ-Deu) and the child behavior checklist. *European Child & Adolescent Psychiatry, 9*, 271–276. <http://dx.doi.org/10.1007/s007870070030>
- Mazur, E., Wolchik, S. A., & Sandler, I. N. (1992). Negative cognitive errors and positive illusions for negative divorce events: Predictors of children's psychological adjustment. *Journal of Abnormal Child Psychology, 20*, 523–542. <http://dx.doi.org/10.1007/BF00911238>
- Múthen, L. K., & Múthen, B. O. (1998–2012). *Mplus user's guide* (6th ed.). Los Angeles, CA: Authors.
- National Center for Health Statistics. (2008). *Marriage and divorce*. Retrieved from <http://www.cdc.gov/nchs/fastats/divorce.htm>
- National Longitudinal Study. (1979). *Children and young adults*. Retrieved from <https://www.nlsinfo.org/content/cohorts/nlsy79-children/other-documentation>
- Pedro-Carroll, J. L. (2005). Fostering resilience in the aftermath of divorce: The role of evidence-based programs for children. *Family Court Review, 43*, 52–64. <http://dx.doi.org/10.1111/j.1744-1617.2005.00007.x>
- Peterson, J. L., & Zill, N. (1986). Marital disruption, parent-child relationships, and behavioral problems in children. *Journal of Marriage and the Family, 48*, 295–307. <http://dx.doi.org/10.2307/352397>
- Richardson, T., Stallard, P., & Velleman, S. (2010). Computerised cognitive behavioural therapy for the prevention and treatment of depression and anxiety in children and adolescents: A systematic review. *Clinical Child and Family Psychology Review, 13*, 275–290. <http://dx.doi.org/10.1007/s10567-010-0069-9>
- Rosenthal, R. (1994). Parametric measures of effect size. In H. Cooper & L. V. Hedges (Eds.), *The handbook of research synthesis* (pp. 231–244). New York, NY: Russell Sage Foundation.
- Sandler, I. N., Ayers, T. S., Wolchik, S. A., Tein, J.-Y., Kwok, O. M., Haime, R. A., . . . Griffin, W. A. (2003). The family bereavement program: Efficacy evaluation of a theory-based prevention program for parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology, 71*, 587–600. <http://dx.doi.org/10.1037/0022-006X.71.3.587>
- Sandler, I. N., Tein, J. Y., Mehta, P., Wolchik, S., & Ayers, T. (2000). Coping efficacy and psychological problems of children of divorce. *Child Development, 71*, 1099–1118. <http://dx.doi.org/10.1111/1467-8624.00212>
- Sandler, I. N., Tein, J. Y., & West, S. G. (1994). Coping, stress, and the psychological symptoms of children of divorce: A cross-sectional and longitudinal study. *Child Development, 65*, 1744–1763. <http://dx.doi.org/10.2307/1131291>
- Sandler, I., Wolchik, S. A., Cruden, G., Mahrer, N. E., Ahn, S., Brincks, A., & Brown, C. H. (2014). Overview of meta-analyses of the prevention of mental health, substance use, and conduct problems. *Annual Review of Clinical Psychology, 10*, 243–273. <http://dx.doi.org/10.1146/annurev-clinpsy-050212-185524>
- Scoring the SDQ. (2013, May 9). Retrieved from <http://www.sdqinfo.com/py/sdqinfo/c0.py>

- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston, MA: Houghton, Mifflin and Company.
- Sheets, V., Sandler, I., & West, S. G. (1996). Appraisals of negative events by preadolescent children of divorce. *Child Development, 67*, 2166–2182. <http://dx.doi.org/10.2307/1131616>
- Tein, J. Y., Sandler, I. N., Braver, S. L., & Wolchik, S. A. (2013). Development of a brief parent-report risk index for children following parental divorce. *Journal of Family Psychology, 27*, 925–936. <http://dx.doi.org/10.1037/a0034571>

Received December 12, 2013

Revision received March 23, 2015

Accepted June 17, 2015 ■

Members of Underrepresented Groups: Reviewers for Journal Manuscripts Wanted

If you are interested in reviewing manuscripts for APA journals, the APA Publications and Communications Board would like to invite your participation. Manuscript reviewers are vital to the publications process. As a reviewer, you would gain valuable experience in publishing. The P&C Board is particularly interested in encouraging members of underrepresented groups to participate more in this process.

If you are interested in reviewing manuscripts, please write APA Journals at Reviewers@apa.org. Please note the following important points:

- To be selected as a reviewer, you must have published articles in peer-reviewed journals. The experience of publishing provides a reviewer with the basis for preparing a thorough, objective review.
- To be selected, it is critical to be a regular reader of the five to six empirical journals that are most central to the area or journal for which you would like to review. Current knowledge of recently published research provides a reviewer with the knowledge base to evaluate a new submission within the context of existing research.
- To select the appropriate reviewers for each manuscript, the editor needs detailed information. Please include with your letter your vita. In the letter, please identify which APA journal(s) you are interested in, and describe your area of expertise. Be as specific as possible. For example, “social psychology” is not sufficient—you would need to specify “social cognition” or “attitude change” as well.
- Reviewing a manuscript takes time (1–4 hours per manuscript reviewed). If you are selected to review a manuscript, be prepared to invest the necessary time to evaluate the manuscript thoroughly.

APA now has an online video course that provides guidance in reviewing manuscripts. To learn more about the course and to access the video, visit <http://www.apa.org/pubs/authors/review-manuscript-ce-video.aspx>.