

Assessing a parental break up family program from a Therapeutic Jurisprudence approach

Evaluación de un programa con familias en ruptura de pareja desde la perspectiva de Justicia Terapéutica

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Recibido: 01/09/2022

Aceptado: 25/11/2022

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Resumen

La literatura establece que el conflicto inter-parental, más que la separación, puede causar daños severos a progenitores e hijos e hijas con efectos que pueden perdurar en la etapa adulta. Se diseñaron programas educativos y de apoyo en la separación para ayudar a las parejas a afrontar la ruptura de pareja. Este artículo examina el programa educativo para la separación de referencia en España, el programa 'Ruptura de Pareja, no de Familia' (RPNF) que está basado en el paradigma de la Justicia Terapéutica. Para evaluar los efectos del programa RPNF, 861 usuarios del programa (439 padres y 422 madres) fueron evaluados en el ajuste psicológico, en la relación y los acuerdos alcanzados entre los progenitores, y en la satisfacción con el programa. Los resultados revelaron efectos positivos y significativos en el ajuste psicológico (una mejora en todos los marcadores de salud mental y una mejoría en el malestar general del 61%); una mejoría significativa en las relaciones parentales pasando de un relación mala a una relación dirigida al mejor interés del menor y alcanzando acuerdos en el estilo de crianza de los hijos e hijas; e informando de una satisfacción significativa con la participación en el programa (la participación en el programa explicó el 72,3% de la varianza de la satisfacción). Se discuten las implicaciones de la intervención dirigida a la promoción de una parentalidad positiva en la atenuación de los efectos adversos en los miembros de la familia.

Palabras clave

Parentalidad Positiva, Ajuste Psicológico, Programas de Intervención, Manejo del Conflicto, Bienestar Emocional

Abstract

The literature has stated that family conflict, and not so much the divorce itself, can cause serious harm to parents and children, with effects that may persist into adulthood. Education and divorce support programs were designed to help couples to cope with their parental breakup. This paper examines the divorce education reference program for parents in Spain, the Parental Breakup Not Family Breakup (PBNFB) program based on the TJ approach. In order to assess the effects of the PBNFB program, 861 attendants (439 fathers and 422 mothers) to the program were

assessed in the psychological adjustment; the quality of the parents' relationship and the agreements reached; and the satisfaction with the program. The results revealed a positive and significant effects in psychological adjustment (improving in all mental health problem markers and in the general distress in 61%); a significant improvement in parental relations, progressing from a bad relation to a relation guided to the children's best interest and reaching agreements for bring up their children; and reporting a significant satisfaction with the intervention (program participation explained 72,3% of the variance of satisfaction). It is discussed the implications of interventions focused in promoting positive parenting in mitigating the adverse effects of the parental separation in family members.

Key Words

Positive Parenting, Psychological Adjustment, Intervention Program, Conflict Management, Emotional Wellbeing

1. INTRODUCTION

When parents' breakup and in order to facilitate a healthy development of offspring a positive co-parenting should be implemented (Biezma & Fariña, 2020). Nevertheless, this is not the common. In reverse, parental breakup is commonly followed by negative parenting by both parents. For children from two-parent families, positive parenting is associated to co-parenting. Positive parenting demands to parents, as to cover child needs, agreements on childcare, the distribution of the duties related with children, mutual support in their role as parents and a co-management of the problems coming from childcare (Feinberg & Sakuma, 2011; Pilkington et al., 2019).

As from the second half of the 21st Century, divorce has become one of the most stressful life experiences for both parents and children (Kreyenfeld & Trappe, 2010; Mitcham-Smith & Henry, 2007), and it is considered an adverse childhood experience (ACES) (Crouch et al., 2020; Fariña, Seijo et al., 2020). In order to minimize harm, parents must be able to manage their breakup (Fariña, Vázquez et al., 2020). Several studies have shown that family conflict is the primary cause of negative outcomes in children, that may persist well into adulthood (Gallego et al., 2019; Thulin et al., 2021). The traditional management of parental breakup through litigation largely accounts for the adverse effects that hinder family readjustment, and foster animosity between litigating parents that thwarts positive parenting, and undermines the physical and mental health, and wellbeing of both adults and siblings. Alternatively, a Therapeutic Jurisprudence (TJ; see Slobogin, 1995; Wexler & Winick, 1996) approach to parental break up seeks to safeguard the wellbeing of children and all the family members. This implies professionals should target their interventions to prevent and/or protect all the family members, particularly children, from the negative impact of family conflict; to manage parental conflict, and to maintain the normal functioning of the family (Fariña, Arce et al., 2020).

This undertaking requires both social policy and legal reform to address the needs of families experiencing parental break-up (Fariña, Seijo et al., 2020), in accordance with the principles of TJ (Wexler et al., 2020). The domain of family law has gradually become a key constituent of the DNA of Therapeutic Jurisprudence that aims to bridge the gap between the legal theory i.e., the Therapeutic Design of the Law (TDL), and the

legal practice i.e., the Therapeutic Application of the Law (TAL) (Wexler, 2020), by implementing the TJ approach to family law cases to enhance the wellbeing of all the family members involved. Thus, the Spanish General Council of the Judiciary (Martínez de Careaga et al., 2020) published the Guidelines of the Judicial Procedural Criteria for Joint Child Custody (Guía de Criterios de Actuación Judicial en Materia de Custodia Compartida), which underscored the need for “training all judicial agents in therapeutic jurisprudence, and in alternative conflict resolution techniques”. The knowledge and skills acquired in these fields help to substantially reduce the negative impact of child-custody litigation on all the members of the family, particularly children, and to support emotional wellbeing during breakup and litigation” (Martínez de Careaga et al., 2020, p. 260), and parental education programs and services can provide support to foster non-traumatic breakups.

Education and divorce support programs are designed to help couples to cope with their parental breakup peacefully and with mutual respect to ensure the best interests and wellbeing of their children, by preventing or mitigating the negative impact of divorce on both the children, and the couples themselves; and by promoting positive parenting (Fariña, 2021; Fariña et al., 2002; Hardman et al., 2019). The first interventions in the field were undertaken in the USA in the late 70s of the past century and focused on high-conflict families. The General Responsibilities as Separating Parents (GRASP), implemented in Johnson County Kansas in 1978, is considered to be the first court-mandated parent education program in the United States (Roeder-Esser, 1994). In the decade of the 90s of the past century, these programs were widespread and focused on prevention, targeting separating/divorcing couples with children or dependent relatives (Schramm & Becher, 2020); by the late 90s these programs were implemented in 1,516 counties (Geasler & Blaisure, 1999). Interventions tended to be short, from 2 to 4 hours in duration, were termed universal as they were open to all parents who were breaking up, and restricted in scope to providing information (i.e., awareness programs, not intervention programs that are aimed to develop the skills and strategies for both parents and children to cope with the negative outcomes of separation). Nowadays, parental education programs have become widespread throughout most states and counties in the United States (Cronin et al., 2017), and are often court mandatory. This trend has spread to Canada where similar programs and services are available in all provinces, and are mandatory in many (Fariña, 2021). In Spain, as in most western countries, an array of intervention programs has been developed in recent decades such as family mediation, parental coordination, and parental divorce education, but to date these programs are neither universal nor mandatory (Fariña & Ortuño, 2020). The content of these programs was diverse, ranging from the needs of children, or the adverse effects of breakup on children, to addressing parental skills are scarce (Cronin et al., 2017). Thus, there is no standard content, nor common model for program intervention.

1.1. Parental Separation, not Family Breakdown program

The Parental Separation, Not Family Breakdown (PSNFB) program (Fariña, Novo, Arce et al., 2002) was the first parental divorce education program implemented in Spain. This TJ based program was designed to be implemented out-of-court, and the primary aim was to support all family members in adequately coping with parental

breakup, and to help them recover their emotional wellbeing, psychological adjustment, and promote positive parenting. The focus was placed on reducing inter-parental conflict, one of the most harmful risk factors in parental break up (Kelly & Emery, 2003); improving co-parental engagement; and ensuring parents actively safeguarded the rights and wellbeing of their children (Cummings & Davies, 2002), and, by extension, strengthening positive co-parenting. The PSNFB fulfilled the criteria of evidence-based programs as it has been manualized (Fariña et al., 2014), the results have corroborated its efficacy (Novo et al., 2019), and other relevant issues were included such as intervention fidelity, user program adherence and receptivity, and the fit between program design and implementation (Rojas-Andrade et al., 2017).

The main characteristics of the PSNFB program in both of the intervention modalities (individual or group intervention) are summarized in Table 1, as well as the classification of interventions with families experiencing parental breakups (Fariña, Vázquez et al., 2020).

Dimension	Individual intervention	Group intervention
Target population	Parents	Family (parents, relatives, and other significant people such as new couples, grandparents, uncles)
Intensity and duration	Short (Level II)	Extended (Level III)
Participation	Voluntary	Voluntary
Financing	Public	Public
Intervention model	Psychoeducational	Psychoeducational
Prevention levels	Indicated/Selective	Indicated/Selective

Tabla 1. Parental separation, not family breakdown (PSNFB)

1.1.1. Individual PSNFB intervention

Individual PSNFB interventions were primarily focused on parents, but other relatives and adults involved in the family (e.g., grandparents, new couples) were allowed to attend and participate; thus, the program was designed to involve in each session one or more members of the same family. Both the individual and group parental interventions were aimed to support all family members in coping with parental breakup; to provide information regarding the process parents and other family members were undergoing in order to raise awareness of the psychological and social impact of parental breakup for both the parents and their siblings, to develop coping strategies to minimize the impact of parental breakup; and to inform parents of their parental obligations and their children's rights to safeguard the physical health, psychosocial development, and emotional wellbeing of their offspring. Moreover, parents were offered alternatives to litigation to manage their breakup and to solve their disputes, in particular parents were informed of the benefits of family counselling and collaborative law in family processes. The intervention normally consisted of four 4 sessions, which were shortened or extended according to the specific needs of each family.

The intervention encouraged engagement and rapport among all parties involved in the program and began with an extensive interview to gather information regarding the

family. The professional undertaking the interview focused on active listening to improve the communication between individuals affected by negative emotional states such as anger, resentment, and mistrust, and who occasionally presented high cognitive distortions and general sense of frustration towards the justice system, accompanied by states of depression, anxiety, and helplessness (Novo et al., 2019). Thus, professionals should be competent and able to actively listen to and apply techniques and strategies that help parents to manage their negative emotional load, and to encourage them to protect their children and to mutually respect each other parent as a father or mother.

Furthermore, in line with the principles of the PSNFB program, the technician considered each case as unique, and the intervention was adapted to address the specific needs of each family. This required gathering information concerning the family, that is, to understand the reasons why parents attended the program, the needs of both children and parents, how they evaluated and perceived the circumstances they were experiencing, the type of parenting style used to bring up their children, in other words, what they wanted and expected from the intervention. This information was used to adjust both the individual intervention and the follow up group intervention.

1.1.2. Group PSNFB intervention

Once the individual demands of each user have been addressed, users were invited to participate in the group interventions that consisted of an adult support group (parents and other family members wishing to participate), and a child support group, that was held simultaneously in independent groups (this issue is beyond the scope of this study). The support groups were interventions that generated substantial benefits for users by giving them the opportunity to share their experiences with other members of the group who were affected by similar circumstances (Taylor, 2011; Vilariño et al., 2021). The groups were small and homogeneous in the participation, interaction, and communication of its members, and played a key role. The children and adolescent groups consisted of the following age cohorts: infancy, children aged 4-7 years; preadolescent, children aged 8-12 years, and adolescent, children aged 13 years.

Under the supervision of the technician, the focal subject received emotional (self-esteem, affection, being listened to), instrumental (time, help, social network), evaluation (social comparison, feedback), and information support (advice, suggestions) (Pérez-Fuentes et al., 2021; Vilariño et al., 2021). In comparison to other types of more individualized interventions (Gracia, 2011; Taylor, 2011; Vilariño et al., 2021), the support groups had other advantages i.e., participants were made aware of the problems and issues involved in the breakup, and that these were not restricted to a personal realm; effective coping strategies were acquired and shared; realistic expectations of change were discussed; and program adherence was enhanced, which altogether generated a psychological sense of community, and lowered the costs of the interventions.

Prior to the individual intervention, each family member underwent pre-intervention psychological evaluation (preliminary session) to determine the specific psychological circumstances of each user in order to homogenise each intervention group accordingly. Moreover, infrequent cases of high psycho-emotional maladjustment were detected, and individuals who were unable to participate in the program according to the standard

procedure were offered individualized interventions (these individuals were not included in the present study as they did not participate in the entire program).

Initially, the program addressed the following contents (Fariña, Novo, Arce et al., 2002): 1) Presenting the program (introduction); 2) Raising awareness of the negative effects of separation on mental health; 3) Redefining the parental relationship and the benefits of parental collaboration; 4) The child's development and parenting styles; 5) Implications and reactions to parental separation; 6) Parental communication and the negative outcomes of conflict and toxic stress; 7) Parental interference and parental alienation; 8) Overburdened children; 9) The illusion of reconciliation; 10) Positive co-parenting; 11) Educational and communicative techniques for parents and children (I); 12) How to help children to adapt to the new family situation; 13) Educational and communicative techniques for parents and children (II), and the practical application of disciplinary methods; 14) Rights and Obligations of Children/Responsibilities of parents; 15) Post-intervention evaluation; and 16) Review of the contents and closing session of the program.

Each session consisted of a series of activities designed to ensure participants acquired the knowledge and skills needed for responsible parenting following parental breakup; and, when attendant, of new couples, relatives, and close family friends who participated to motivate and collaborate with parents experiencing breakup. Moreover, the intervention involved a good deal of extra session work to allow the technicians to adapt and adjust the program to the needs of each user, so they could apply the acquired knowledge and skills to their own family. The interventions were adjusted according to several variables such as sociocultural background, family situation (i.e., which parent had child-custody), time lapse since the separation, the ages of the children, psychological or personality traits of both parents and children, poor understanding of certain issues, degree of inter-parental conflict, and the specific needs of children.

Differential characteristics of the PSNFB scientific based on increased intervention effectiveness:

- a. Individual and group sessions. Group sessions are necessary to implement most of the interventions. Nevertheless, group interventions must be supplemented with individual interventions to cope with specific needs and facilitate progress in the intervention.
- b. The effective acquisition of knowledge and competencies in each session were verified.
- c. Multi-modal approach: The most effective techniques for acquiring cognitive competence in problem solving involve the adoption of a cognitive (e.g., awareness of cognitive distortions), and a behavioural perspective (e.g., co-parenting behaviours) (Arce et al., 2014).
- d. Psychoeducational perspective, clinical instead. Parents and children should not be viewed as being ill, but in need of training to acquire the skills and abilities to cope with the negative outcomes of separation. Thus, the intervention program followed a psycho-educational perspective facilitating the acquisition of these skills and abilities.
- e. The contents encompassed the main domains and needs reported in the literature (standardized), and the specific needs of each participant (individualized) (Amato, 2010; Novo et al., 2019; Plass-Christl et al., 2017).

- f. Extended intervention: Although short interventions are effective, long-term interventions are significantly more effective (Novo et al., 2019).

2. METHOD

2.1. Participants

A total of 861 parents, 439 fathers (51,0%) and 422 mothers (49,0%), with an age range from 19 to 69 years ($M = 39,69$; $SD = 7,08$), participated in the PBNFB programs undertaken from 2008 to 2020. It was the first breakup for most participants (83,9%), as compared to 16,1% who had experienced a prior separation (8,2% marriages, and 7,9% civil unions). Moreover, 7,9% had children from previous relations. As for previous experience of divorce in the family, in 51,3% of cases at least one of the members of the family had been previously separated or divorced, and inter-generational transmission (their own parents had been separated) was observed in 21,1% of, in 50% of cases brothers or sisters had been separated, and in 28,9% other family members.

2.2. Measures

All participants were administered an ad hoc sociodemographic questionnaire including age, gender (male/female), number of offspring, time since the couple first met (in years), duration of relationship (in years), time since the beginning of problems (in years), time since the decision to breakup (in years), time since the breakup (in years); family background of divorce (child custody, legal disputes), type of union (marriage or civil union), and needs and desiderata i.e., the domains in the literature referring to parental help (Amato, 2010; Novo et al., 2019; Plass-Christl et al., 2017) [(Did the program improve your parenting skills, and parenting style for educating your children? Did the program lead to personal improvements (e.g., learning to manage and cope with situations, acquiring knowledge and personal skills, accompaniment capacity during the process, ability to offer adequate guidance and advice, eliminating feelings of guilt, personal strengthening)? Did the program help you improve your relationship and communication with the other parent (e.g., mutually agreed visiting rights, parenting style on how to bring their children up)? Did the program provide you social support (e.g., the program enabled you to get to know other people, identify with others in similar circumstances, listen to other points of view)], the answer format was *yes* or *no*. The internal consistency of the expectation measure with the study sample was acceptable ($KR20 = ,704$); thus, items were measuring the same construct, expectations. Moreover, participants were asked if they had psychologically and emotionally overcome their breakup (*yes* vs. *no*). Psychological adjustment was evaluated by the Brief Symptom Inventory [BSI] (Derogatis, 1993). The questionnaire consisted of 53 items, evaluating somatization ($\alpha = ,77$), obsessive-compulsive ($\alpha = ,87$), interpersonal sensitivity ($\alpha = ,74$), depression ($\alpha = ,91$), anxiety ($\alpha = ,81$), hostility ($\alpha = ,70$), phobic anxiety ($\alpha = ,79$), paranoid ideation ($\alpha = ,86$), and psychoticism ($\alpha = ,71$). Additionally, the BSI encompasses 3 general indexes: global severity index (GSI), positive symptom distress index (PSDI), and positive symptom total (PST). The effects of the program on positive parenting practices were measured in terms of the quality of parental relations

(pre-intervention measure: “Assessing the relation with the other parent”, answering on a 5-point Likert scale ranging from *very bad* [1] to *very good* [5]); the decisions safeguarding the principle of the best interest of the child (program effect –post-intervention measure–): In what measure is your parental relationship safeguarding the children’s best interest?, responding on a 5-point Likert scale ranging from *never* [1] to *always* [5]); and in terms of consensus and agreement in decision-making (program effect –post-intervention measure–): “Did the intervention increase the consensus and/or agreements for bring up your children?” parents responded on a 5-point liker scale ranging from *never* [1] to *always* [5]). These measures explain the bulk of the positive parenting variance (Fariña et al., 2017; Flouri et al., 2015). The internal consistency with the study sample for the positive parenting measure was acceptable ($\alpha = ,76$). Expectations about the program were evaluated with an open question. The responses were submitted to content analysis by applying the following categories (categories were created through a successive approximation method, conforming a methodic categorical system; Arce, 2017; Bardin, 1996): improvements in parenting skills and parenting style for educating their children; personal improvement; improvement in the relationship and communication with the other parent; and providing social support. Two raters coded independently the responses with these categories. The agreement (true kappa, which verifies the exact correspondence in encodings; Arce et al., 2000) was total ($\bar{k}= 1$). Finally, the satisfaction with the program was measured with the item (“How satisfied were you with the program?”).

2.3. Procedure

The PRPNF program was offered to parents undergoing a process of parental breakup at the Forensic Research Institute of the University of Santiago de Compostela (Spain). Attendance was voluntary, free of charge, and only required the participant to fill out an application form. In the reception phase, participants were informed of the aims of the intervention as well as the levels of intervention i.e., individual and group PSNFB interventions. Informed consent for intervention and data collection for scientific research was obtained, and data were processed and stored in accordance with the Spanish Data Protection Law (Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y Garantía de los Derechos Digitales). Moreover, the study was approved by the Ethics Committee of the University of Santiago de Compostela. The pre-intervention stage involved gathering sociodemographic data, and documenting the participants’ expectations, needs and desiderata, and psychological adjustment. During the intervention stage, participants attended the individual and group sessions of the intervention program. Post-intervention involved assessing psychological adjustment, the effects of program participation, relations and agreements, and program satisfaction.

2.4. Data analysis

Mean comparisons were performed with paired samples *t*-test for measuring the effects of the intervention (pre- vs. post-intervention), two sample *t*-test for the comparison of independent groups and one sample *t*-test for comparisons with a test

value. Effect size was estimated with d average in repeated measures, with Cohen's d in between measures (Cohen's $-N_1 = N_2-$, Hedges's $-N_1 \neq N_2-$ or Glass's $-unequal$ variances), and with Cohen's d for a comparison with a test value, the magnitude was interpreted in terms of the increase over the base line (r ; Gancedo et al., 2021).

The Z score test for the difference of the observed proportion with a constant was computed. The constants were taken from Fandiño et al. (2021): a) a trivial probability ($\leq ,05$, insignificant probability); and b) a common probability ($= ,5$, probable, observed in 50% of the population). The magnitude of the increase of the effect was estimated in terms of the Effect Incremental Index (EII; Arias et al, 2020).

3. RESULTS

3.1. Couple relations: timeline from the first meeting to breakup

Table 2 shows the timeline of the relationship of couples breaking up or who have broken up: a) since the couple first met, b) since they began to live as a couple, c) since the beginning of problems, d) since the decision to breakup, and e) since the moment the breakup actually occurred. The results revealed the meeting stage and the living together stage were different (the mean confidence intervals did not overlap; thus, the stages were significantly different), with a mean time lapse of 4,38 years between the first meeting and beginning to live as a couple (civil union or marriage). Nevertheless, it is normal i.e., usual (the normal time intervals of the distributions for the first meeting and for the duration of the relationship overlap) that the first meeting was followed by an immediate initiation of the relationship. On average, more than half of the time, $Z = 2,03$, $p < ,05$, of the relationship ($10,89/6,15 = ,565 = 56,5\%$) involved conflict. The normal time (normal interval) of conflict in relations ranged from (lower normal interval bound) 1,27 years to 11,03 years (upper normal interval bound); that is, couple cohabitation was continuously in chronic conflict. Finally, decisions on couple separation and breakup were contiguous (the mean confidence intervals overlapped). Nonetheless, there was high variability ($> 100\%$) in both measures (see CV in Table 2), between the time of deciding to breakup and the time of breaking up. About this, the literature has underscored that the higher and chronic the levels of family conflict, the higher the negative outcomes for parents and children after breakup (Amato, 2010; Modecki et al., 2015; Novo et al., 2019; Oksanen et al., 2021). These results highlight the need to overcome the obstacles hindering parents and their families from accessing the resources and service for early intervention to prevent increasingly spiralling conflict.

3.2. Needs and desiderata of users of the PSNFB program

In the intervention with parents, it is necessary to assess the perspectives about their needs for help to fit the program implementation and contents for them as it improves the effectiveness of the intervention (Chacko et al. 2016; Gonzalez et al., 2021; Sánchez-Suárez & Fariña, 2021; Sanders & Kirby, 2012).

Time*	M(95% CI)	NI	CV
Since they first met	15,27(14,42, 16,12)	9,25, 21,29	39,42
Duration of relation	10,89(10,20, 11,58)	4,87, 16,91	54,18
Since the beginning of problems	6,15(5,54, 6,76)	1,27, 11,03	79,35
Since the decision to breakup	2,60(1,96, 3,24)	0,00, 5,33	105,00
Since the breakup	2,47(2,05, 2,89)	0,00, 5,23	111,74

Note. *Time was measured in years; M: Mean; 95% CI: 95% confidence interval for mean; NI: Normal interval; CV: Coefficient of variation.

Tabla 2. Timing of the parental relations and breakup

As shown in Table 3, the breakup issue most concerning users of the PBNFB program was related to their children health (e.g., wellbeing, development, physical and psychological health, the impact of breakup on their children, and so forth), the family (e.g., the influence of the other parent on the children, visiting rights and contact with the children, the relationship with them, being able to spend time with them, fear of losing ties with their children), education (e.g., the behaviour of their children, academic performance, extracurricular activities), and the social relations of their children. Other less worrying issues were the family and social relations of parents (e.g., relation with the other parent, new partner, behaviour of the other parent, adjustment of the other parent, extended family), work (e.g., balancing work and family life, having a stable job and income), legal issues (e.g., related to child custody, alimony, visiting rights and reported offences to the police), and psychological and emotional factors (e.g., negative emotions, feelings of guilt, loss of love/affection, feeling lonely). Thus, the breakup issues that most concerned parents were their children's health, behaviour, family relations, and academic performance and failure that correspond precisely to the areas of child development that the literature has identified with harm associated to parental breakup (Alonso & Romero, 2021; Corrás et al., 2017; Martínón et al., 2017; Seijo et al., 2016; Torres et al., 2022).

Areas	Frequency(%)
Health and children	107(24,37)
Family and children	97(22,09)
Education and children	74(16,86)
Social relations and children	49(11,16)
Family and the social relations of parents	45(10,25)
Work	33(7,52)
Legal issues	27(6,16)
Psychological and emotional support	7(1,59)

Tabla 3. Areas where parents in breakup demanded primary help

3.3. Expectations about the PBNFB program

A large proportion of fathers' and mothers' attending the program (47,8%) thought that participation in the program would help them improve their parenting skills, and their parenting style for educating their children. Indeed, parents expected the program to help them to improve their relations with their children, to help them to explain the new family situation to children, and to help them to improve it. Another issue worth

noting was that 23,3% of parents mentioned personal improvement (e.g., learning to manage and cope with the situation, acquiring knowledge and personal skills, accompaniment during the process, offering adequate guidance and advice, eliminating feelings of guilt, and personal strengthening). Moreover, 22,2% of users expected the program would help them improve the relationship and communication with the other parent (e.g., mutually agreed visiting rights, and parenting style on how to bring their children up). Finally, 6,7% expected the program to help them in terms of social support (e.g., the program would enable them to get to know other people, identify with others in similar circumstances, listen to other points of view). The results underscored the need to determine the user's expectations of the program to adjust the intervention on a case-by-case basis, and to act as an agent of reality in accordance with the objectives of the program.

3.4. Effects of PBNFB program on parents' psychological adjustment

A total of 35,4% of participants in the PBNFB program stated they had not psychologically and/or emotionally overcome their breakup, a non-trivial contingency ($.05$), $Z(N = 861) = 40,93$, $p < ,001$, resulting in an increase over a trivial probability of 85,9% (EII = ,859), but not common ($,50$), $Z(N = 861) = -8,57$, $p < ,001$. When parents' breakup, particularly if couples have cohabitated for a certain length of time, both parents and children may have intense negative emotions that may lead to a severe traumatic process (Fariña, Seijo et al., 2020), with parents breaking up scoring significantly in all mental health markers higher than the normative population (Novo et al., 2019). Thus, the literature has shown that the time since divorce or separation constitutes the timeframe with the lowest life satisfaction (van Scheppingen & Leopold, 2020), and two years after breakup marks the peak period in the repercussions of the breakup (Hetherington & Kelly, 2002).

However, as for the improvement in psychological adjustment, the results revealed the intervention improved all of the mental health markers (i.e., distress arising from perceptions of bodily dysfunction in 18%, $t = 2,58$, $p = ,013$; thoughts, impulses or actions self-experienced as unremitting or irresistible in 20%, $t = 2,57$, $p = ,013$; feelings of personal inadequacy or inferiority, mainly in comparison with the other parent in 23%, $t = 2,90$, $p = ,006$; depression in 26%, $t = 2,96$, $p = ,005$; generalized and acute anxiety symptoms in 21%, $t = 2,46$, $p = ,018$; thoughts, feelings, or actions characteristic of aggression, irritability, rage or resentment in 19%, $t = 2,51$, $p = ,016$; persistent responses of fear to the other parent in 18%, $t = 2,74$, $p = ,009$; feelings of being prosecuted by the other parent in 14%, $t = 1,96$, $p = ,050$; and feelings of social alienation in 19%, $t = 2,46$, $p = ,018$). As for the general distress, the GSI improved after intervention in 61%, $t = 7,74$, $p < ,001$. Additionally, a study of clinical cases was performed, identifying cases requiring a selective clinical intervention.

3.5. Effects of PBNFB program in parents' relationship and agreements

Program participation improved the relation between both parents, progressing from a bad relation, $t = -6,74$, $p < ,001$, to a relation guided to the children's best interest, $t =$

3,45, $p < ,001$, and increased agreement in parenting style for bring up their children, $t = 6,06$, $p < ,001$, variables being strongly related with the exercise of positive co-parenting in practice (Fariña et al., 2017; Flouri et al., 2015). Thus, the program participants improved their skills in exercising positive co-parenting.

3.6. Program satisfaction

The level of general user satisfaction ($M = 8,16$) was significantly high, $t = 58,2$, $p < ,001$, $d = 2,15$, increasing satisfaction from null satisfaction ($r = ,723$) in 72,3% (variance explained), and reflected the participants on the PBNFB program had acquired self-competence abilities for coping with breakup, which was a good indicator of the success of the program (Alonso & Romero, 2021).

4. DISCUSSION

The legal process in which divorcees are gript can fuel conflict between parents through a culture of litigation that becomes iatrogenic (Arce et al., 2005; Cronin et al., 2017); or alternatively, in line with TJ, it can function as a powerful positive nexus for family interventions in line with the healing therapeutic approach (Arch et al., 2022; Pruett et al., 2005). Thus, in cases of breakup, TJ explicitly recognizes the role of judicial agents, particularly judges and lawyers, in ensuring the wellbeing of all the family members and the adequate functioning of the family. In most western countries, the family courts have modified their approach in an effort to minimize hostility between parents and the effect of the breakup on parenting (Cronin et al., 2017). In order to achieve this goal, education programs should be available for parents to manage their breakup adequately and promote positive parenting. The efficacy of program intervention with families undergoing parental breakup has been substantiated by the literature (Novo et al., 2019; O'Hara et al., 2021; Wolchik et al., 2021). Moreover, regardless as to whether programs are obligatory or voluntary, they are beneficial for users (LaGraff et al., 2015). The results corroborated that separation was a public health problem (Wolchik et al., 2021), and interventions were effective in reducing psychological maladjustment.

For O'Hara et al. (2021) family court professionals and prevention scientists share the goal of improving the lives of people and families. In Spain there is a growing awareness concerning the need to bring about reforms in the treatment of the family in line with the Therapeutic Justice approach. Hence, the Spanish General Council of the Judiciary (Martínez de Careaga et al., 2020), has ruled that all members of the judicial system involved in family law should be trained in meta-judicial issues (e.g., psychology, sociology, pedagogy, TJ). Hopefully, the changes will be swift, and the TJ will become mandatory for all the professionals involved in family law, in particular cases of parental breakup, as well as mandatory education programs for divorcees with children such as the PSNFB program. The participants evaluated the PSNFB program as satisfactory, and the results showed it improved parental psychological adjustment, inter-parental relations, and increased agreements on parenting styles concerning their children' upbringing and best interests.

Furthermore, it is worth noting that family programs should be evidence based, as was the case of the PSNFB programs (Fariña et al., 2014; Fariña et al., 2015; Novo et al., 2019), which ensures fidelity in the design and implementation of all the stages of the program, as well as quality control and improvement (Gearing et al., 2011).

Finally, we should bear in mind that new types of families have evolved in recent years, which implies innovative proposals for intervention if they are to be efficacious in safeguarding the rights of children, and in promoting the TJ approach. Thus, the priority of the intervention should be to reinforce the dignity, psychological adjustment, and emotional wellbeing of all the family members in adjusting to the new reality of the family, and to eliminate the trauma of breakup.

The results of this field study are subject to limitations. First, couple breakup/divorce is a major life event stressor systematically related to negative outcomes in mental health markers. Nevertheless, for some people adverse events such as couple breakup or divorce foster resilience driving non-effects in mental health (Seery et al., 2010). Moreover, in low quality marriages, couple breakup or divorce is linked to positive outcomes (Bourassa et al., 2015). Thus, the results may not be generalized to the case study. Second, mental health markers were limited to those measured on the BSI. Other mental symptoms and disorders may be sensitive to negative outcomes of couple breakup/divorce. Third, other variables (strange) that may aggravate or mitigate negative outcomes have not been controlled (covariates). The present study design assumed that these are normally distributed (associated to a large N) in the study sample. Forth, although spontaneous remission is scarce (Kolassa et al., 2010), the study design accounted for it as an intervention success. Conversely, the study design was not sensitive to continuous deterioration (increase in negative outcomes), or chronicity in mental health markers (Cohen et al., 2019), not accounting this effect as an intervention result. Tentatively, the continuous deterioration effect was higher than the spontaneous remission. Thus, the positive effects of the intervention could be higher than reported. Fifth, it should be borne in mind that these responses may have been mediated by social desirability, feigning good, and the Rosenthal's effect; hence, the effects of the intervention may be slightly lower than those observed (Fariña et al., 2017).

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