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Families in High-Conflict Divorces: Parent Outcomes of No Kids in the Middle

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ABSTRACT

This study reports on the short-term outcomes of the multi-family group intervention “No Kids in the Middle” (NKM). NKM is aimed at decreasing parental conflicts, hostile attributions about the ex-partner, and perceived social network disapproval of the ex-partner in high-conflict divorces (HCD). Interventions such as NKM are important as persistent parental conflicts can have severe negative consequences for children. For the current study, 167 HCD parents completed questionnaires at the start and end of NKM and at 6-month follow-up. A convenience sample of 136 divorced parents who were not in high conflict completed a single assessment. Their scores were used to define whether the reliable change index (RCI) for the HCD group represented a meaningful change. Parental conflict and social network disapproval of parents in a HCD decreased throughout all assessments. Hostile attributions did not change. The results provide initial evidence that NKM might help reduce conflict in HCD.

KEYWORDS

Parental conflicts; high conflict divorce; social network disapproval; hostile attributions; pre-post intervention design

Divorce is typically a stressful event for all family members. It is characterized by a period of adjustment, which may include psychological distress and co-parenting conflicts between ex-partners. These problems usually diminish during the first years after the divorce (Halford & Sweeper, 2013). Of the divorced parents, however, around 30% report antagonistic or hostile interactions even up to 10 years after the divorce (Fischer et al., 2005). Such *high-conflict divorces* (HCD) are characterized by pervasive negative exchanges between ex-partners combined with an insecure and hostile emotional climate. Ex-partners involved in HCD are entrenched in pervasive negative interpersonal dynamics, characterized by blame, hostility, anger, and negative perceptions of each other (Anderson et al., 2011; Smyth & Moloney, 2019).

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Moreover, involvement in HCD may increase the risk of triangulation, namely involving the child or other third parties (e.g., grandparents, friends) in the conflict (Anderson et al., 2011; Smyth & Moloney, 2019). Conflicts in HCD also result in more frequent court involvement (Malcore et al., 2009).

These hostile parental conflicts also have a negative impact on children. All parental conflicts are associated with an increased risk of children developing social, emotional, or behavioral problems, such as internalizing and externalizing problems, poor social competence, and low self-esteem (Kelly & Emery, 2003; Teubert & Pinquart, 2010; Van Dijk et al., 2020). However, this is even more pronounced when parental conflicts involve high levels of hostility or aggression, concern the children, or actually involve the children (Hetherington, 2006; McCoy et al., 2013; Van Dijk et al., 2020; Van Eldik, de Haan, et al., 2020), as is the case in *high-conflict divorces* (HCD).

This urged a call for evidence-based interventions focused on parents and aimed at decreasing inter-parental conflicts in a high-conflict divorce context to protect children from further harm (Amato, 2010; Grych, 2005; Harold et al., 2016). One of these interventions is *No Kids in the Middle* (NKM), a multi-family group intervention developed in the Netherlands (Visser & Van Lawick, 2021). The current study evaluates parental outcomes up to 6-month post-intervention.

NKM aims to diminish and de-escalate parental conflicts among parents involved in HCD and strives toward constructive communication regarding the children by focussing not only on the parental conflicts about the children but also on their hostile attributions toward each other and by involving the social network of both parents. To decrease hostile attributions, parents learn to stop demonizing their ex-partner and experience positive interactions between their ex-partner and their children, thereby aiming to change how parents perceive and think about their ex-partner as a parent. As social networks may influence parental conflicts (Visser, et al., 2017), new partners, grandparents, friends, and other important network members are actively involved in the intervention; they are invited to a social network evening where they are informed about the program and learn how they can facilitate parental change and support the children. Additionally, they are actively involved during the intervention through the homework parents are doing in between sessions (Visser & Van Lawick, 2021). NKM uses experiential exercises as well as the mirroring effect of a group.

NKM thus focusses on conflicts, hostile attributions, and social network disapproval as these are thought to be important parental outcomes for parents in a HCD, which could benefit child well-being. Conflicts are the main cause of child behavioral and emotional problems in divorce by causing emotional insecurity (Davidson et al., 2014; Van Eldik, Davies, et al., 2020). Research suggests that the frequency of parental conflict as well as the content of the conflicts, specifically co-parenting conflicts, is harmful for child

functioning (Van Eldik, de Haan, et al., 2020). The current study will therefore focus on both these aspects of conflict (frequency and co-parenting conflict).

Negative or hostile attributions also figure prominently in HCD. Attributions are hostile when they entail blaming the other (instead of oneself or external factors) for negative events or behaviors (e.g., being late for picking up the children) and assuming that the other engages in these behaviors on purpose. Such hostile attributions have been found to cause higher rates of negative behavior and higher tendencies to reciprocate negative behavior and to be related to relationship dissatisfaction and dissolution of relationships (Bradbury & Fincham, 1992; Durtschi et al., 2011; Hrapczynski et al., 2011; Karney & Bradbury, 2000). Hostile attributions not only affect parental interactions but have also been found to be related to lower co-parenting quality and lower child wellbeing (Altenhofen et al., 2008; Baxter & Weston, 2011).

The perceived disapproval of the ex-partner by the social network also plays a prominent role within HCD. Ex-partners involved in HCD often include third parties into their conflicts, for example, by discussing their conflicts with family and friends (Visser, et al., 2017). Moreover, the approval by the social network plays an important role in the quality of relationships. Approval by the social network leads individuals to feel more love and commitment to their partner (Sinclair et al., 2015), resulting in relationship stability (Sprecher & Felmlee, 2000), whereas disapproval can play a role in the dissolution of romantic relationships (Le et al., 2010; Vangelisti, 2005). Moreover, the social network (third party) is less forgiving of an offense than the victim (Green et al., 2008) and less approving of an ex-partner after breakup (Sprecher & Felmlee, 2000), meaning that the social network may develop or foster a negative perception of the ex-partner after a breakup, especially if the breakup or the period afterward is characterized by hostility and negativity. Ex-partners with children need to sustain a co-parenting relationship after the breakup. It is likely that the social network's attitudes impact upon the relationship quality between ex-partners. A recent study on HCD families provided preliminary support for this by showing that social network disapproval was related to parental conflicts (Visser, et al., 2017).

To investigate the outcomes of NKM intervention, a study including pre- and post-intervention measurements, as well as a 6-month follow-up assessment was designed. Results from the pre- and post-intervention measurements showed that both parents and children reported a decrease in co-parenting conflict and conflict frequency by the end of NKM (Schoemaker, et al., 2016). Although positive changes were also observed for social network disapproval and hostile attributions, these were not significant. The current study aimed to report on the follow-up measurements of this study for the described outcomes. Our hypothesis was that co-parenting conflict, conflict frequency, social network disapproval, and hostile attributions would show a continued decrease between the start of the intervention and 6 months post-

intervention. The current study further added a convenience sample of non-HCD parents as a reference group to calculate a reliable change index (RCI). The divorced parents in this reference group participated in a one-time online survey.

Methods

Design

We used data from the NKM [Kinderen uit de Knel] project (Schoemaker, et al., 2016), a three-wave study among families involved in a high-conflict divorce in The Netherlands, involving a total of 15 different institutions and 27 different intervention groups. To promote therapy adherence, all NKM therapists followed the same 3-day training, and during their first group therapies, they all participated in 6 hours of supervision. All therapists had at least a degree in higher vocational education. Teams delivering NKM usually consisted of four therapists and had at least one systemic therapist and one child therapist as part of their team. All families were referred by judges or child protection services (CPS) to a health-care institution for a group intervention because the well-being of their children was threatened by the ongoing inter-parental conflict. Exclusion criteria to take part in this intervention were addiction problems, psychosis or lower intelligence with one or both parents, and current (physical) violence between the parents. Furthermore, all parents were asked to omit or put on hold any legal proceedings against one another. Participation in the intervention and participation in the study were voluntary. Parents were informed about the study by a therapist and signed an informed consent form. Parents were invited to complete the online questionnaires separately before the start of the intervention (T0), at the end of the intervention (T1; 4 months after T0), and approximately 6-month post-intervention (T2). The intervention lasted for a period of approximately 4 months. As a reward, parents received a gift voucher of 10 Euro for an online webshop if they completed the assessments at T0 and T1 and another voucher of 10 Euro if they completed the assessment at T2.

We also recruited a reference group of individual divorced parents to calculate the RCI. These parents were asked to complete an online questionnaire once. Recruitment took place by posting announcements on various Dutch general and divorce-related websites, forums, and social media, by sending e-mails to family, friends, and acquaintances, and by posting announcements in online newsletters of divorce mediation agencies. All participants gave informed consent before completing the questionnaire and received a gift-voucher of 7.50 Euro for an online web-shop.

The study was developed by the Academic Workplace Approach to Child Abuse in the Netherlands, which aims to stimulate collaboration between

research, practice, education, and policy. The current project was a co-creation between several universities and mental health centers, namely the Vrije Universiteit Amsterdam, Utrecht University, Lorentzhuys, Child and Youth Trauma Center, and de Viersprong. All authors of this paper were associated to one or more of these organizations. The second author on this paper is one of the co-developers of NKM. Ethics approval was provided by the institutional research ethics committee (VCWE-2015-112) from Vrije Universiteit Amsterdam.

Participants

HCD parents. A total of 302 parents were asked for their participation of whom 203 (67%) signed informed consent. Of these 203 families, 24 did not participate in the research and another 12 decided not to start or to discontinue the intervention, resulting in a sample of 167 parents participating in the study (55% of the 302 parents who were approached). There were 56 couples; 55 parents participated alone. Characteristics of the HCD group are presented in Table 1.

Although not all 167 parents provided data at all assessments, none were excluded for the analyses, to allow for the best possible estimations of intervention outcomes (van Ginkel et al., 2020). Missing data were addressed using full information maximum likelihood estimation (see “data analysis” for details). Almost all HCD parents (89% of the 167 parents) participated in the first assessment at the start of the intervention (T0), 75% of the parents participated in the second assessment at the end of the intervention (T1) and 52% of the parents participated in the follow-up assessment (T2). Parents who did not complete all assessments ($n = 102$; 61%) were compared to parents who did complete all assessments using independent samples *t*-tests to assess the potential bias introduced by

Table 1. Characteristics of HCD group and reference group.

	HCD Group	Reference Group
<i>N</i>	167	136
Age	42.21 (6.02)	44.53 (5.76)
Years of relationship with ex-partner	11.31 (5.84) ^a	16.55 (7.20)
Number of children with ex-partner	1.91 (0.84) ^a	2.01 (0.74)
Years since separation	4.57 (2.79) ^a	5.17 (3.96)
Gender: Male	49%	30%
Country of birth:	95%	99%
Netherlands/Belgium		
Level of education:	1%	7%
Secondary education	42%	35%
Vocational education	56%	58%
Higher education		
New relation: Yes	63%	49%

^aan average was calculated based on report of both parents and this average was used once per couple.

missing data. Parents with missing data reported higher levels of global conflict ($p = .05$) at T2 than parents without missing data. There were no other significant differences between parents with and without missing data on any of the variables (demographic characteristics and the outcomes at all assessments).

Reference group. A total of 162 parents (not nested in couples) were recruited for the reference group. To avoid overlap with the high-conflict divorce cases in the HCD group, we excluded parents with ongoing legal procedures with their ex-partner ($n = 26$). The final number of participants in the reference group therefore consisted of 136 parents. Two of these parents (2%) had some missing data.

Measures

Frequency of conflict. Frequency of conflict was measured using the Conflict Properties scale, a subscale of the Children's Perception of Interparental Conflict Scale (CPIC; Grych et al., 1992). The CPIC is the most widely used and recognized interparental conflict measure for children (Nigg et al., 2009) and covers three main conflict properties that fit well with the goals of the NKM intervention: conflict frequency, conflict severity, and conflict resolution. Following De Smet et al. (2012), these items were presented to the parents instead of the children. The scale consisted of three items, measuring the severity of the conflicts (1 = *not at all severe* to 5 = *very severe*), the frequency of conflicts, and the frequency of resolutions (the latter one being reversed; 1 = *(almost) never* to 5 = *(almost) always*). An example item is "Currently, how often do you and your partner have conflicts." A higher average score (range = 1–5) indicates higher levels of conflict. Reliability of the scale was good based on Guttman's lower bound ($\lambda_2 = .79$ –.83 for HCD group and $\lambda_2 = .85$ for reference group; Guttman, 1945).

Co-parenting conflict. Level of co-parenting conflict was assessed with the co-parenting conflict scale from the Psychological Adjustment to Separation Test (PAST; Sweeper & Halford, 2006). The PAST is a self-report measure to assess key dimensions of adult separation adjustment problems (Sweeper & Halford, 2006), and the co-parenting conflict subscale matched well with the NKM goals. The scale consisted of seven items on a 5-point scale (1 = *totally disagree* to 5 = *totally agree*). Example items are "My former partner and I arrange child visitation well" (reversed) and "I fight with my former partner over the well-being of the child/children." A higher average score (range = 1–5) indicates higher levels of co-parenting conflict. Reliability of the scale was acceptable to good based on Guttman's lower bound ($\lambda_2 = .76$ –.83 for HCD group and $\lambda_2 = .89$ for reference group).

Hostile attributions. Hostile attributions were measured with four items, which were based on the Relationship Attribution Measure (RAM; Fincham &

Bradbury, 1992). The RAM is a widely used instrument designed to measure distress-maintaining negative attributions (McNulty & Karney, 2001), which are being addressed within NKM. The items used a 5-point scale (1 = *totally disagree* to 5 = *totally agree*) and assessed whether attributions were global (e.g., “My ex-partner is the cause of the current problems and conflicts”), stable (“It is likely that my ex-partner will always continue to display his/her negative behavior”), attributed to the partner (“My partner is the cause of the difficulties and problems we have”), and whether the behavior was thought to be on purpose (“In our contact my ex-partner behaves negatively on purpose”). A higher average score (range = 1–5) indicates higher levels of hostile attributions. Reliability of the scale was good based on Guttman’s lower bound ($\lambda_2 = .82$ – $.85$ for HCD group and $\lambda_2 = .90$ for reference group).

Perceived social network disapproval. Perceived disapproval of the ex-partner by the social network was measured with four items (1 = *totally disagree* to 5 = *totally agree*), based on Lehmilller and Agnew (2007). The original scale consisted of four items regarding approval and acceptance of the partner by the society and by family and friends. The current study investigated disapproval by family and friends (1 item) and added three items tapping the network’s attitude toward the ex-partner in the current situation of divorce. Example items are “My social network believes that I am a better parent for our child(ren) than my ex-partner” and “My social network disapproves of my contact with my ex-partner.” A higher average score (range = 1–5) indicates stronger disapproval. Reliability of the scale was questionable based on Guttman’s lower bound ($\lambda_2 = .60$ – $.65$ for HCD group and $\lambda_2 = .67$ for reference group).

The intervention

NKM (Visser & Van Lawick, 2021) consists of eight parallel parental and children group sessions over a period of approximately 4 months. Families participate in the intervention as a whole (both parents need to consent to participation) in a group with up to five other families. Parents and children participate in separate groups. The child groups take place at the same time as the parent groups and consist of all children aged 4–18 years involved in the divorces of the parents in the intervention. While parental groups are therapeutic, the child groups primarily focus on support and empowerment. The topics discussed during each session are presented in Table 2. These topics are being discussed using psychoeducation, therapeutic group discussions, role playing, and body oriented and creative assignments and interventions. During each session, parents were also requested to reflect on the homework assignments and asked how their network responded to it. Each week, one of these assignments requested parents to connect with their network, for

Table 2. Content of NKM sessions.

	Parent	Child
Session 1	Destructive communication patterns	Two houses and the "interspace"
Session 2	Consequences for children	One house with both parents: How did it start between the parents and what was nice
Session 3	Stress system in relation to trauma and conflict	Tensions between parents, loyalty and choosing
Session 4	Thinking about new solutions for old problems	Reaction of children to tensions between parents
Session 5	Moving again after stagnated conflicts	Resilience
Session 6	Presentations of children to parents	Presentations of children to parents
Session 7	Presentations of parents to children	Presentations of parents to children
Session 8	Evaluation and closure	Tips and goodbye

example, to discuss the previous session topic and ask the network whether they felt this applied to the parent or to read an article or watch a video and discuss this.

Data analysis

As described in the participants section, we conducted between-subjects *t*-tests on the HCD group to compare participants with and without missing data, whereby group (participant with or without missing data) was the independent variable, and the scores on the outcome measures at T0, T1, and T2 were the dependent variables. When the assumption for normality was not met, a Mann-Whitney U-test was conducted.

The main analyses on the HCD sample were conducted in Mplus 8 (Muthén & Muthén, 1998–2015). We also calculated a Reliable Change Index (RCI) with a 95% confidence interval between start and follow-up to explore the clinical meaningfulness of the findings (Zahra & Hedge, 2010). As no reliability research was available for most of the measures used, we used Guttman's lower bound and the SD of T0 of our own data in the calculation of the RCI. For the same reason, we used the means of the reference group as a cutoff to explore clinically meaningful change.

Missing data and nesting of the data. Missing data were handled using robust full information maximum likelihood estimation (FIML). This approach uses all the available data and provides better estimations of standard errors when normality assumptions are violated. All outcome and background variables were included as auxiliary variables in the estimation (which means they were not included in the models but were used to improve the accuracy of the parameter estimates, given the missing data). We had multi-level data with 167 parents nested within 56 couples nested within 27 intervention groups (i.e., groups of six parents participating in the interventions

together). Note that not all parents were nested in a couple as some parents participated in the study without their ex-partner. Intraclass correlations (ICC) suggested that for all variables, more variance was accounted for by the couple than by the intervention group. Therefore, we accounted for the non-independence of parents within couples by adjusting the standard-errors using the COMPLEX module in Mplus. This means that all parents were included (i.e., both parents from the same ex-partner couple) in the analyses and data were not aggregated. As a sensitivity analysis, we also conducted all growth-curve analyses using a two-level model (couples within groups), but the results were similar.

Growth curve models. The assumptions for growth curve models, namely having at least three time points and continuous outcomes, were met. As we used FIML, our analyses were robust against violation of normality. We specified four separate growth curve models (one for each measured outcome: frequency conflict, co-parenting conflict, hostile attributions, and social network disapproval). All growth curve models contained three time points (T0, T1, and T2) fixed at 0, 4, and 10, representing the number of months in between each assessment. As there was some variance in the actual number of months between T1 and T2, we conducted a sensitivity analysis including only parents with an average length of time between T1 and T2 (middle 50% of the group). If the significance levels of the results differed, these were mentioned in the results section. Having only three time points, it was not possible to include a quadratic slope, meaning that all models included an intercept and linear slope only. If the variance of a growth parameter was near zero, it was restricted to zero to avoid problems in model estimation.

Results

Descriptives and comparison with the reference group

Table 3 includes means and standard deviations of the outcome variables for the HCD group and the reference group.

Growth curve models

Frequency of conflict showed a significant linear decrease from the start of the intervention up to 6-month follow-up (intercept: M [s.e.] = 3.84 [0.09], p

Table 3. Means and standard deviations over time.

	HCD T0 <i>M (SD)</i>	HCD T1 <i>M (SD)</i>	HCD T2 <i>M (SD)</i>	Reference group <i>M (SD)</i>
Global level of Conflict	3.88 (0.95)	3.44 (0.97)	3.21 (1.14)	2.49 (1.28)
Co-parenting conflict	3.41 (0.71)	3.27 (0.78)	3.20 (0.83)	2.36 (1.04)
Hostile attributions	3.96 (0.74)	3.89 (0.73)	3.91 (0.82)	3.00 (1.20)
Network disapproval	3.35 (0.77)	3.27 (0.66)	3.16 (0.74)	2.95 (0.91)

< .001; linear slope: $M [s.e.] = -0.07 [0.01]$, $p < .001$). The mean of the slope indicates the average amount of change in 1 month. Intercept variance was significant, indicating individual differences in the intercept. Model fit was good (CFI: 0.99, TLI: 0.99, RMSEA: 0.12, SRMR: 0.10, $\chi^2 = 10.16$, $p = .02$). We found that 26% of the parents reliably improved, whereas 3% reliably deteriorated and 71% showed no reliable change. If we also take into account the cutoff of the reference group, 18% showed a reliable and clinically meaningful change and 1% (one parent) reported a reliable and clinically meaningful deterioration.

The level of *co-parenting conflict* also significantly decreased from T0 to T2 (intercept: $M [s.e.] = 3.39 [0.07]$, $p < .001$; linear slope: $M [s.e.] = -0.02 [0.01]$, $p = .001$). The variance of the intercept as well as the slope was significant, indicating individual differences in the level and the change. Slope variance was no longer significant in the sensitivity analysis, meaning there was no longer individual-level variance of the slope when only including parents with an average time between T1 and T2 (see above for details of the sensitivity analysis). Model fit was good (CFI: 0.99, TLI: 0.96, RMSEA: 0.09, SRMR: 0.06, $\chi^2 = 2.49$, $p = .11$). According to the RCI, 23% reliably improved, whereas 5% reliably deteriorated and 71% did not have a reliable change. Only one parent had a clinical and reliable deterioration, and 13% reported a reliable and clinically meaningful improvement of co-parenting conflict.

Hostile attributions did not change over time (intercept: $M [s.e.] = 3.94 [0.07]$, $p < .001$; linear slope: $M [s.e.] = -0.01 [0.01]$, $p = .26$). Intercept variance was significant. Model fit was good (CFI: 0.95, TLI: 0.87, RMSEA: 0.11, SRMR: 0.07, $\chi^2 = 2.90$, $p = .09$). As the change was not significant, we did not calculate the RCI.

Perceived social network disapproval decreased significantly from T0 to T2 (intercept: $M [s.e.] = 3.34 [0.06]$, $p < .001$; linear slope: $M [s.e.] = -0.02 [0.01]$, $p < .05$). The linear slope was no longer significant in the sensitivity analysis. Intercept variance was significant, indicating individual differences at the intercept. Model fit was good (CFI: 1.00, TLI: 1.01, RMSEA: 0.00, SRMR: 0.03, $\chi^2 = 0.70$, $p = .40$). According to the RCI, 9% reliably improved, whereas 5% reliably deteriorated and 86% showed no reliable change. Four parents (5%) had a reliable and clinically meaningful improvement, and three parents (4%) had a reliable and clinically meaningful deterioration.

Discussion

The current study explored the outcomes of No Kids in the Middle up to 6-month post-intervention, looking at parental conflicts between HCD ex-partners, hostile attributions, and social network disapproval. We found that parental conflicts and perceived social network disapproval decreased between the start of the intervention and 6-month

post-intervention, whereas hostile attributions remained stable. Conflicts (frequency of conflict as well as co-parenting conflicts) showed a robust decrease over time, as these changes remained significant in the sensitivity analyses. Approximately one-quarter of the parents' change on conflict frequency and co-parenting conflict was categorized as a reliable change and 10–20% had a reliable and clinically meaningful change, based on our reference sample. Few parents reported a reliable and meaningful deterioration. Although change on social network disapproval was significant, this result was less robust, and few parents reported a clinically meaningful and reliable change on social network disapproval.

The current results provide tentative evidence for NKM. As this was an exploratory study with a difficult population for whom little effective interventions exist², we believe that a reliable decrease for one-quarter of the parents is a clinically significant achievement. Based on the results of this initial study, as well as clinical experiences, NKM has been further developed to better meet the needs of the families. For example, the social network of the families is now being more involved in between sessions, in crisis situations, and in relapse prevention. Also, the finding from this study that parents' cognitions about one another did not change, while conflicts decreased, has led to a slight change in focus; NKM now places more emphasis on relational processes and less on the intrapsychic processes in both parents.

On average, parental conflict decreased, whereas hostile attributions did not change up to 6 months after the end of the intervention. This is surprising as previous research has suggested that hostile attributions are a driving factor in conflicts, although no study has previously investigated this in a HCD sample (Bonach & Sales, 2002; Bradbury & Fincham, 1992; Durtschi et al., 2011; Hrapczynski et al., 2011). In the current study, ex-partners were able to move forward in a co-parenting relationship with less conflict without changing the way they perceived their ex-partners' behavior toward them. Hrapczynski et al. (2011) showed that changing hostile attributions in severe situations, such as in couples experiencing psychological and/or physical abuse, is possible. However, their intervention supported couples to stay together, while NKM helps parents to let go of each other as ex-partners and move on as co-parents. Given the focus of NKM on the impact of parental conflict on children, these HCD parents may have come to recognize the negative impact of their behavior (conflict) on their children. Hence, they may have been able and motivated to change their interactions even though their cognition about their ex-partner remained unchanged. Given the crucial role of parental conflict for the well-being of children of divorced parents (Amato, 2010), this is an important outcome. However, more research is needed to understand the durability of reduced conflicts when hostile cognitions are still present.

Strengths and limitations

As this was an exploratory study, we did not include a high-conflict control group that did not receive the intervention, meaning that we cannot attribute the outcomes to the effectiveness of the intervention. Although we did calculate the RCI, no reliability research with reference sample was available. We therefore used our own reference sample. Although this provides an initial indication of the reliability and clinical meaningfulness of our results, future research needs a better comparison group, for example, by using a randomized trial or a matched sample. Also, the attrition rate at follow-up was quite high. Although this is undesirable, it is advisable to include all individuals with any outcome data (van Ginkel et al., 2020) and FIML is a proven effective method to deal with missing data even with up to 50% missing information (Graham, 2009). It is advisable that future research carefully considers how to increase completion rate for this population. Also, we must consider the potentially limited generalizability of this study. For example, higher educated parents were overrepresented in this sample. Lastly, social desirability could have influenced parental responses as families were referred by court or child protection services. However, this is less likely to have played a role at follow-up as parents had, by then, successfully completed the referred intervention.

Clinical implications, future research, and conclusions

This study contributes to the development of interventions for families in a HCD, given the current lack of knowledge on how to effectively help and support these families. This exploratory study provides tentative evidence that NKM is a promising intervention, as the results showed that the negative and destructive conflicts, and to a lesser extent the perceived social network disapproval, diminished during the intervention and that these positive outcomes were sustained up to 6-month post-intervention. More research is needed to further the evaluation of NKM for these families. This could include more robust research designs such as randomized controlled trials or quasi-experimental designs using, for example, propensity score matching. Mixed-method or qualitative designs should also be considered to develop a better understanding of what families, and especially children, in a HCD need and what support is more or less helpful.

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Disclosure statement

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Data availability statement

The data and analyses supporting the results in this study are stored at the Viersprong Institute for Studies on Personality Disorders. More information can be requested with the first or second author.

Ethics approval

Ethics approval was provided by the institutional research ethics committee (VCWE-2015-112) from Vrije Universiteit Amsterdam.

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