How the Interparental Relationship affects Children’s Mental Health: Theory, Research and Practice Implications

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Overview of Presentation

• Family relationship influences on children’s mental health
  o A brief review of theory and research
    • A focus on the inter-parental and parent-child relationships

• Examining the role of the inter-parental and parent-child relationships on childhood psychopathology
  o An example from research (some evidence)

• Implications for practice and policy
  o The challenge of research translation
  o Applications of research to practice and policy contexts
  o Future opportunities
Processes Underlying Children’s Psychological Development
The Salience of (inter) Parental Relationship influences for Children’s Mental Health
Family Factors and Child Mental Health

• **How are children affected by family factors**
  - Internalising problems
  - Externalising problems
  - Social competence
  - Academic attainment
  - Physical health/Substance misuse
  - Homelessness/suicidality/Criminality

• **Medical/social care/production loss**
  - England: £105.2 billion; Scotland: £8.6 billion; N. Ireland: £2.8 billion; Wales: 7.2 billion
  - Overall prevalence similar in England and Scotland, 25% higher in Wales/NI

• **What family factors affect children**
  - Economic pressure/poverty
  - Parent mental health
  - Parenting behaviour/practices
  - Inter-parental conflict, domestic violence
  - Parental separation-divorce
A Process Model of Family Relationship Influences on Child Mental Health

Conger and colleagues 1989-2007
Challenges for Past Research

- **Salience of the family environment?**
  - Predominantly conducted with biologically related parents and children
  - Limited examination of maternal AND paternal influences on outcomes

- **What if it is all in the genes?**
  - Associations between parental behaviour (e.g. parenting) and child behaviour is **BECAUSE** children share genes with their parents??

- **Disentangling genetic factors (nature) from rearing environment factors (nurture)**
  - Novel research designs (UK and US)
Early Growth and Development Study
(Adoption at Birth Design)

Sample
• 561 sets of adopted children, adoptive parents, and birth parents
  o Sample retention: Adoptive family = 90% Birth parent = 92%
  o Families assessed at child age 9-, 18-, 27-months of age; ongoing assessments at 4.5 years, 6 years, 7 years, 8 years, 9 years
  o Present sample included 341 linked families assessed at 27 months, 4.5 years, and 6 years
• Nationally-representative sample of families who made domestic infant adoption placements in the United States between 2003-2009

Method
• Videotaped Observation – adoptive families
  o Child temperament, parent-child interactions, marital interactions video recorded in the home during 3-hour home visits at each wave. Coding for these tasks is on-going
• Questionnaire – adoptive parents
  o Couple relationship, parent-child relationship, symptoms of depression and anxiety, family economic conditions, styles of family interaction, parenting style, children’s emotional and behavioural well-being, child sleep problems
• Questionnaire – birth parents
  o Couple relationship, diagnosis and symptoms of psychopathology, drug use, economic conditions, life stress, temperament
Cardiff In Vitro Fertilization Study
(An Adoption at Conception Design)

• Children born through in-vitro fertilisation (IVF)
  o 20 fertility centres within the UK (1 in US)
    • 888 families
      – Homologous IVF  N = 444
      – Sperm donation  N = 210
      – Egg donation  N = 175
      – Embryo donation  N=36
      – Gestational surrogacy  N=23

  o Families who had a live birth (1994 – 2002)
    • Children aged between 4 – 10 years (mean  = 6.80 yrs, SD=1.23)
    • Demographics (family income, parent education, ethnicity)
    • Present sample included children aged 5-8 years old (m  = 6.49, sd  = .85)

• Genetically related versus unrelated groups
  o Genetically Related
    • Mothers (N=546): Homologous, sperm donation, surrogacy
    • Fathers (N=531): Homologous, egg donation, surrogacy
  o Genetically Unrelated
    • Mothers (N=160): Egg and embryo donation
    • Fathers (N=173): Sperm and embryo donation
Inter-Parental Conflict, Hostile Parenting and Children’s Externalising Problems

UK IVF and US Adoption Study

• **Inter-parental Conflict**
  o Self report of hostility towards spouse
    • IVF & EGDS: Behaviour Affect Rating Scale (mothers, $\alpha=.89/.88$; fathers, $\alpha=.91/.90$, Melby et al., 1993)

• **Parent-Child Relations (Hostile Parenting)**
  o Mother & Father report of hostility toward child
    • IVF & EGDS: IYFP Ratings Scales (mother, $\alpha=.70/82$; father, $\alpha=.75/.80$, Melby et al., 1993).

• **Child Conduct Problems**
  o Mother & Father report of child externalizing behaviour
    • Cardiff IVF: Strengths and Difficulties Questionnaire (mother, $\alpha=.80$; father, $\alpha=.78$)
    • EGDS: Externalizing subscale, Child Behaviour Checklist, (mother, $\alpha=.88$; father, $\alpha=.90$)
Family Process and Child Conduct Problems (IVF-H / EGDS)

Interparental Conflict

Mother-Child Hostility

Father-Child Hostility

Mother rated Child Conduct Prob

Father rated Child Conduct Prob

.23**/.17*

.33**/.19**+

.32**/.31**

.39**/.44**

.24**/.34**

.10*/.21**

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

Bringing it All Together: What can we conclude?

• Highlighting the role of the inter-parental/adult relationship as a substantive influence on children’s mental health
  - How parents/adults relate to each matters for children’s mental health and development (genetically related or not)
  - Inter-parental conflict affects children’s behaviour problems through disrupted mother-child and father-child relationships
  - Inter-parental conflict affects children’s mental health (other outcomes) even when parenting practices are supported
  - Inter-parental conflict may have greater influence on father-child compared to mother-child relationship

• Implications for practice and policy
  - Putting research findings into the hands of parents, families, practitioners and policy makers (and the next generation of students, educators, clinicians, policy makers)
  - The Challenge and opportunity of research translation
  - Promoting evidence-led practice
The Significance of the Inter-Parental Relationship for Children’s Mental Health
Mom and Dad Are At It Again: Adolescent Perceptions of Marital Conflict and Adolescent Psychological Distress

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In these two studies, the authors used children’s perceptions of family relationships to examine simultaneously direct and indirect links between marital conflict and child adjustment. With data pertaining to 146 sixth and seventh graders, Study 1 supported direct and indirect effects of perceptions of marital conflict on internalizing behaviors, and indirect effects for externalizing behaviors. In Study 2, data analyzed from 451 families showed indirect effects of marital conflict and parent-to-child hostility, through adolescent perceptions of such behavior, on both current distress and distress 12 months later in 3 of 4 models estimated. Direct and indirect effects were found for boys’

Inter-parental conflict and children’s academic attainment: a longitudinal analysis

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Background: Previous research suggests a link between inter-parental conflict and children’s psychological development. Most studies, however, have tended to focus on two broad indices of children’s psychological adaptation (internalizing symptoms and externalizing problems) in considering the effects of inter-parental conflict on children’s development. The present longitudinal study extends this body of research by considering the impact of inter-parental conflict on children’s low academic attainment among a sample of 230 schoolchildren (age 11–13 years) living in the United Kingdom. Method: Controlling for teacher reports of children’s initial levels of aggression (Time 1), the proposed theoretical model linked parent and child reports of inter-parental conflict at Time 1 (1998) to children’s perceptions of negative parent-child relations, appraisals of self-blame for marital conflict and teacher reports of children’s aggressive behavior at Time 2 (2000), which in turn were linked to children’s performance on standardized academic tests (English, Math, Science) at Time 3 (2001). Structural equation modeling was used to test all hypothesized relations in the proposed theoretical
PERSONAL VIEW

“Doesn’t He Speak in a Funny Language?”

Gordon T. Harold

The challenge of research translation serves as one of the biggest obstacles to implementing bottom line products of scientific research aimed at real world beneficiaries. In the field of family process and child/adolescent mental health research this problem is no different to other domains, and may even represent one of the least well developed knowledge transfer fields in this regard (i.e., research to practice to policy to family impacts) among
Importance of working with a Skilled Translational Partner

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

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

Key findings include:

» The quality of the inter-parental relationship, specifically how parents communicate and relate to each other, is increasingly recognised as a primary
Annual Research Review: Interparental conflict and youth psychopathology: an evidence review and practice focused update

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

April 2017

DWP Improving Lives Programme: A Focus on IPC and Children
Key Practitioner Recommendations (CYPN)

- The importance of front-line practitioner training/capacity building aimed at improving outcomes for vulnerable parents and children
  - Front-line practitioners and other professionals would benefit from training in the use of and access to standardised assessment resources that provide opportunities to robustly assess family relationship influences on children’s outcomes
  - Alignment of specific intervention programmes that relate to different levels and degrees of severity of adverse family relationship influences on children/youth (e.g. IPC, PCC). This is linked to the importance of accurately measuring “outcomes”
  - Support and capacity building aimed at developing the skills and confidence that allow effective implementation of programmes aimed at vulnerable parents and children.

- Understanding cascading processes and outcomes for youth
  - Inter-parental conflict – Youth mental health (other outcomes; e.g. substance misuse, homelessness) – Next generation
  - Early prevention > Late intervention
“And There’s More …” Next Steps

Work is underway to quantify the cost of children experiencing poor-quality inter-parental relationships (1 of 2)*

Background

Recent research demonstrates that children who experience frequent, intense and poorly resolved conflict between parents face a greater risk of poor outcomes (Harold et al, 2016). The poorer outcomes associated with poor-quality parental relationships are damaging and costly, not only for the individuals (children and parents) involved but also, indirectly, for the taxpayer as extra support is needed through the provision of dedicated services (for instance, early health interventions, education, social services, early training, long-term welfare costs, crime and justice, family and relationship support services).

Therefore, interventions that improve the quality of relationships between parents offer a significant opportunity to improve outcomes for children and generate economic benefits, such as improved future labour market outcomes for children, and fiscal benefits, such as reduced demand on public spending.

The cascade model

There is limited evidence on the quantification of costs and benefits that result from improved parental relationship quality.

However, research suggests that the interplay between inter-parental conflict and long-term outcomes for children progresses through multiple chain-of-event processes (or pathways) which can be specified through a developmental cascade model.

This model shows how the initial experience of parental conflict, if left to develop uninterrupted, accumulates and leads to greater adverse proximal (direct) and distal (indirect) outcomes as the child gets older.

This model represents a framework through which these effects can be quantified and monetised.
Summary and Bottom Line

• **Inter-parental relationship influences on children’s mental health**
  o Children of all ages (6 months to 16 years) are affected by acrimonious inter-parental and parent-child relationships (silence to violence)
  o Serious mental health and related problems – reduced ‘Life Chances’
    • Depression, conduct problems, self-harm, substance misuse, psychosis, academic failure, suicidality (homelessness, and others)

• **Targeting solutions**
  o A move away from outcome focused research - practice
  o Target early causes (research evidence) to affect later outcomes
  o A shift in focus from late intervention to early intervention/prevention
    • An issue of public health (inter-parental relationship/children)

• **Turning Negatives into Positives (A Long-Game Approach)**
  o Helping parents → Improves outcomes for children → Reduces costs (depression, conduct problems) → Improves future relationship quality → Reduces future rates of family breakdown → Improves future child outcomes
  o Promoting positive intergenerational cycles through the promotion of positive relationship support (IPR → Parenting → Child outcomes (future parents).