The examples, guidelines, questions, terms and other information provided through this continuing education course are intended to help mental health professionals guide parents as they progress through separation and divorce – often experienced as a highly emotional and challenging time for the entire family.

Approximately 50 percent of marriages end in divorce, with most children of divorced parents in the United States (40 percent of all children) adjusting to their reconfigured family structure. However, 20 to 25 percent of children have trouble dealing with their new circumstances, which can create a variety of personal issues including mood disorders, developmental regression, academic failure and aggression. (Divorce Statistics, 2007)

A significant number of divorces in the last 25 years relate to the fact that every state has enacted “no-fault” divorce laws, making divorce easier, quicker and, in general, less blameworthy. And while “no-fault” laws contribute to quicker divorces in general, separation and divorce are fairly complex and occur on at least three different levels. Legal divorce begins with the date of separation and includes filing court documents, child support and the negotiation of dividing assets and property as well as debts; social divorce is the adjustment that is made by parents, children, extended family and friends with regard to divorce; and, finally, emotional divorce includes grieving and the recognition and adjustment to loss relating to the overall divorce experience. Mental health practitioners primarily focus on the social and emotional aspects of assisting parents and children. (Brady)

Divorce rearranges the family structure, but doesn’t end the family because parents continue to parent their children long after they separate. Yet children can be most affected by a family disruption caused by divorce. Their routines, relationships and even environment often change, yet their loving attachments to their parents can remain and even strengthen when parents take responsibility for separating, divorcing and moving forward with their lives in an appropriate and positive way. Mental health professionals have a unique opportunity to assist separating/divorcing parents and their children through their transition, ultimately guiding everyone toward a healthy and meaningful resolution.

SECTION 1. UNDERSTANDING SEPARATION AND DIVORCE AS A GRIEF PROCESS

Marital separation and divorce represent dramatic and sometimes traumatic loss that causes grief reactions because they disrupt relational attachments and routines. It is normal to grieve when we are separated from something or someone known and familiar to us, especially when strong attachments and lifestyle habits have been established with them.

Divorce is extremely stressful. Even when it occurs under the best of circumstances, it is disruptive because it changes how the family is structured. The Walker family is an example:
The Walker family

Diane and Larry Walker were married 14 years. They have three children, Allison, Katy and Michael. The couple was married when both partners were quite young – before Larry had completed his college education and Diane had started college. As a new family, they struggled with finances and adjusting to the issues associated with marriage and raising children. But as time passed, Larry found a good job and the family thrived. When their last child, Katy, entered school, Diane enrolled at a community college near their home so that she could pursue her dream of becoming a teacher.

Already an active family, the Walkers’ lives soon grew busier when Diane became a full-time student. While Diane attended school and looked after the family’s needs, Larry worked and coached his children’s soccer teams. Life was so busy that, as a couple, they seldom spent time alone. Any time spent together as a couple was at night when both were exhausted.

While Diane was thrilled with school, it also created a shift in her point of view and political orientation. She began to question her husband’s opinions and feel that the values they once shared were no longer true for her. Larry felt wrongfully challenged by his wife and wondered what had happened to cause a rift in their relationship. Over time, they experienced a breakdown in communication.

Both unhappy, the couple sought counseling, and after months of considerable anguish decided to separate and divorce. They knew that their decision would affect the family unit and worried about how it would impact each child. They had noticed already that because of the tension caused by the breakdown in their relationship, their son Michael was becoming more aggressive with his sisters, and their youngest, Katy, cried “at the drop of a hat.” Always the quiet child, Allison became even more silent when her father moved to a nearby apartment.

Their therapist had shared that one or all of the Walker family members could temporarily experience the following stages of grief and loss as a result of their divorce separation and divorce. So they knew a little about what to expect. Throughout this course are samples you can use to create a guide or handout for parents.

STAGES OF LOSS (SAMPLE FOR PARENT GUIDE/HANDOUT)

Stage one – Shock, numbing and denial

When people separate or begin the process of divorcing, they may seem initially unaffected because the impact of the divorce has yet to be felt. While one parent may move out of the house, it can seem temporary until family members realize the impact of the change and its permanence.

Depending on the circumstances of the divorce and how the divorcing couple and their children are prepared for change, family members may be shocked, frozen, numbed or in denial. Divorce can create an extreme shift in lifestyle, but its long-term effects are often slow in coming, simply because people have not fully experienced them.

For example, depending on their age, children may feel that the parent who is no longer living in the same house will return when their parents “make up” or realize how much they are missed; one spouse may hope that the other will change their mind about wanting a divorce, and a couple may be friendly until the financial aspects of their separation are discussed with their attorneys.

Some people are literally immobilized when their spouses unexpectedly express their desire to divorce, while other marital partners may have planned for their separation over a period of time and expect that their relationship will remain unchanged.

Learning that one’s spouse wants a divorce can be experienced as a huge psychic blow, and its intensity can feel overwhelming. Other times, the decision to separate and divorce can bring relief. Yet, the reality of the decision doesn’t generally occur until people begin to adjust to their new circumstances and settle into their new life.

Shock and denial are expressed in a number of ways. People can behave oddly and use poor judgment due to their distraction, rage or depression. Or they go about their daily lives with little indication they’ve been affected. More often, reactions are somewhere in the middle. It takes a while for family members to begin to digest their experiences and rebuild their lives.

Working through the early stages of loss can also be confusing and frustrating as well as numbing. People frequently report that the early stages create a feeling that they are going through the motions of life and feeling detached from their experience or that they feel overly “raw.”

For the practitioner

Share information about the stages of grief and loss with families and let them know these stages are normal to their circumstances. In the initial stage, inform parents and children (if the children are developmentally prepared) what they might expect to experience, and further help them by sharing reading resource information about separation and loss and separation and divorce support networks. Checking in with other supportive sources lets parents and children know they are not alone.

During this time, let parents know that they should keep their children in the information loop by appropriately communicating their decisions. In other words, younger children are not able or prepared to listen to details surrounding
Help parents pay attention to their children’s verbal and nonverbal cues that would indicate they are struggling with the separation or divorce. Let parents know that while children may appear as though they’re unaffected, it’s helpful to check in with them to see what they understand about separation and divorce. For example, Katy Walker believed she had been “bad” and was responsible for her parents’ divorce. Her parents wouldn’t have known if they hadn’t asked.

If children seem to be undisturbed and in fact, their school reports, activities, relationships and communication indicate that they’re okay, tell parents not to try to persuade their kids that they should be experiencing something else. And yet, if their children appear okay, parents should also remember that the first stage of loss is denial.

When children are demonstrating unusual behavior, let parents know it is important to take time to have a conversation with them about what the children may be feeling and what they might fear or worry about as a result of their new circumstances. Parents may need to encourage their children to put their thoughts in writing or pictures because, depending on the age or child’s natural temperament, it can often be a struggle for them to identify and express feelings.

It may be necessary to refer children to an individual child or adolescent psychotherapist. Tell parents that divorce is stressful, and children and adolescents may need time alone to examine their feelings with another professional. A child or adolescent therapist can take time to explore the child’s internal world by utilizing a variety of mental health protocols.

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**Child stress reactions (Sample for parent guide/handout)**

Child stress signals include:

- **Babies and toddlers** – Increased fussiness or crying and changes in eating or sleeping, as well as sensitivity to separation through separation anxiety such as withdrawn, distressed or clingy behavior.
- **Preschoolers and kindergartners** – Ongoing worry about separation. Regression to earlier behaviors, such as thumb sucking, bed-wetting and sleep disturbances, occur.
- **School-age children** – Sadness, anger or aggression. Social problems, such as disruption in friendship or academic problems, occur. Physical symptoms include upset stomachs or headaches.
- **Pre-teens** – Social problems with peer difficulties and arguing, loneliness, depression, anger or physical symptoms such as headaches and stomachaches. Learning problems can occur.
- **Teens** – Depression, moodiness, anger, acting out, poor school performance, early or excessive use of drugs or alcohol, sexual activity, ongoing oppositional behavior, overperformance or taking unnecessary risks.

(National Child Traumatic Stress Network)

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**Stage two – Anger (Sample for parent guide/handout)**

A natural response to loss is anger. Sometimes people are angry during the initial phase of separation and divorce, while others become angry further into the divorce process when the reality of their experience sinks in. Anger can reflect their disappointment that their hopes of growing old together as a couple or providing their children with a “Brady Bunch” picture-perfect life have fallen apart.

Anger also surfaces when people feel misunderstood by family, friends or even their attorney. Or anger comes because spouses don’t want to be divorced, change their lifestyle, experience sadness, lose income or take on additional parenting responsibilities. And they can also become angry when their spouses have fallen in love with someone else, fail to follow through with obligations, lie, disappoint their children or put the family through financial turmoil.

In addition, anger also arises when parents feel unjustly blamed by their children. As parents who are experiencing divorce, they stand a good chance of being at the receiving end of their kids’ emotions. Children become angry with their parents because they don’t want them to divorce or are upset because of how their spouses have fallen apart.

For many children, as well as adults, feeling anger is frightening because it can be associated with punishment, shame, guilt, feeling overwhelmed and out of control, or blame. Hence, people may become defensive and inappropriately express anger. Some people have a difficult time even identifying their anger until they have become overwhelmed by their feelings and emotions or until someone points it out to them.

Children frequently struggle with their angry feelings, especially when they are afraid to upset a parent or fear emotional or physical retribution or abandonment. Children are naturally self-centered, and unless told otherwise, often blame themselves for their disappointing or frightening life experiences.
Consequently, they can become angry with themselves and even exhibit self-destructive behaviors such as harming/mutilating their own bodies or their possessions, taking risky chances or ingesting mood-altering and addictive substances.

Overall, divorce is stressful. When adults and children are stressed, they often become angry as a defense against feeling anxiety and frustration. In addition, separation and divorce often create fear about the future. Uncertainty can be frightening to both parents and children. And when human beings become frightened, their responses can often include anger or rage. Anger can be a familiar survival and conditioned response to fear.

For the practitioner

Mental health practitioners work to create safe environments for their clients. Let parents and children know that anger is a natural and normal part of grieving a loss. They can appropriately express their anger with you.

Be on the lookout for unusual anger responses that include distorted thinking and suicidal ideation. You may experience transference from clients when they are struggling to recognize and acknowledge their anger.

There are various mental health practices to draw from when practitioners facilitate the expression and anger resolution. Some examples include journaling, role-play, psychodrama, visualization, biofeedback, art, music and movement therapy, and breathing and stress release techniques. (Brohl 2004)

Adults, children and youth are often surprised and distressed by their extreme anger or rage. They may be afraid that expressing their anger would identify them as “bad” and that they would be somehow punished or viewed as “disturbed” should they express their feelings.

Be a consistent and steady reality check for clients, while letting them know their intense emotions will subside over time. Delivering hopeful messages and allowing for the appropriate expression of their feelings will further their expression and integration of the experience that prompted their anger.

In addition, let clients know that while their anger will more than likely diminish, there may be times down the road when they are triggered into feeling anger again. Let them know that during those moments, they can handle their anger by recognizing anger triggers and practicing calming techniques and redirecting their thoughts and behaviors. Cognitive behavioral therapy is a well-researched mental health process used to address anger issues within clients.

Stage three – Guilt and depression (Sample for parent guide/handout)

A well-known family therapist often jokingly remarked that even when not experiencing difficult times such as divorce, feeling guilt is a normal parent condition. But guilt and depression can be felt during the separation and divorce process. And while guilt is often an unproductive feeling, it can provide a much-needed wake-up call to parents who need to change their personal and parenting behaviors for the better.

Depression is an emotion born from sadness and disappointment, especially when we feel powerless to change our circumstances. Some mental health professionals describe depression as internalized anger. Very often depression is also a neural chemical–related condition that slows down our minds and bodies. It can be triggered by our biology (such as genes), and external and excessive stress, in addition to feeling overwhelmed by our emotions.

Diane and Larry Walker experienced guilt about their separation and divorce because they had always planned to provide a stable environment for their children as a married couple. Their feelings of failure became overwhelming at times, but were expressed differently.

For example, Larry moved away from the house feeling at a loss to change his current circumstances. He and his wife had made a decision to separate and divorce, yet his feeling of powerlessness was intense. He worried about how his children were going to handle their new situation without his living in the same home. Would they all be safe? Would his soon-to-be-former spouse know what to do when something in the house needed repair? He blamed himself for not bending to Diane’s earlier requests to listen to her new and different views, and even revisited his personal values to examine whether he could become the person Diane needed in her life.

Larry’s way of handling his guilt and depression was to become overly active. He showed up early at his old house on Saturday mornings to cut and trim the yard and purchased a boat so that he could take the children water-skiing on Sundays. He also spent a good bit of money on treats and other activities for them. His frenzied activity drove him to the point of exhaustion, and he became short-tempered.

Diane was worried about their children and questioned her ability to parent them without another adult living in the same household. Had she made a mistake going back to school, she wondered? How would the divorce affect her extended family, and how would they view her as a newly “divorced” person? And what about her church – were members going to whisper on Sunday when she worshipped alone with the kids?

Diane demonstrated her guilt and depression by also worrying over her children. Were they too warm or too cold? Were they getting enough rest? In addition, Diane’s situational depression grew as she discovered herself wanting to go back to bed after the children left for school, drinking more than a few glasses of wine each night in an effort to numb her overwhelming emotions.

The couple’s children experienced guilt and depression as well. Their oldest child, Allison, felt guilt when she spent time with friends or boating with her dad, because she worried about her mother staying home alone. But while she felt sad as a result
of her parents’ divorce, she was old enough to recognize that it was easier to live in a peaceful house than the disruptive one shared by her folks.

In addition, Michael, their second child, who had always been the most talkative of the three, became quiet and thoughtful immediately following his parents’ separation. Even after they reassured him he’d had nothing to do with their decision, Michael felt remorse for past arguments they’d had over his behavior. He felt sad, and his way of expressing his sadness was to tease his little sister.

Katy, the youngest child, wanted things to remain the same. She didn’t want her parents to divorce. She missed her father and cried for him to tuck her in at bedtime. Katy’s sadness also had to do with her brother’s new teasing behavior and was expressed through her play with dolls. Her guilt was also reflected through her thinking that she could reverse her parents’ decision through her good behavior.

### Signs of depression (Sample for parent guide/handout)

If you are experiencing or observe your child experiencing these signs, discuss them with your therapist. And remember, you are not alone. If you are in crisis you can receive help immediately by calling 911 or 1-800-SUICIDE.

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<thead>
<tr>
<th>Mark the symptoms that apply to your situation. Signs of depression include:</th>
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<tbody>
<tr>
<td>□ Compulsive worry</td>
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<td>□ Empty mood</td>
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<td>□ High anxiety</td>
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<td>□ Inability to concentrate</td>
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<td>□ Irritability</td>
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<td>□ Excessive guilt</td>
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### For the practitioner

Assessing for signs of depression begins with the initial consultation because there may be a possibility that a client needs an immediate psychiatric referral. In general, sharing information with clients about depression does not create the same anxiety level that it did for others who suffered years ago, but practitioners should always be careful about how they express their professional opinions with clients any time, especially when a client erroneously fears being viewed as “crazy” or “weak.”

Licensed mental health practitioners always have set procedures in place for dealing with their clients’ suicidal ideation, threats and gestures. These procedures are based on laws as well as professional governing boards and associations. Clients are regularly informed about them at the initial meeting.

In addition to psychotherapy and medication intervention, research indicates that depressed people can also respond to a change in their diet, sleep and exercise. Recommending homework assignments that address their grief can prompt clients to recognize their losses and reprocess and integrate their experiences.

While working with depressed clients, it is essential to develop a safety plan should they feel overwhelmed or suicidal. A safety plan is a mutually agreed-upon plan of action should a client feel overwhelmed by depression and begin to consider harming themselves. The safety plan includes a list of friends, relatives or professional contacts who are available to support the client in need, as well as self-soothing activities such as exercising or journaling.

Specific mental health practices, such as cognitive behavior therapy or solution-focused therapy as well as responsible evaluation and medication also work to address depression in clients. (NCTSN) And it is the mental health practitioner’s focus to provide hope to a client when treating depression.

### Stage four – Bargaining (Sample for parent guide/handout)

While the bargaining stage can occur throughout the entire divorce experience, it usually happens after people have recognized and are struggling to accept the reality of their situation. During separation and divorce, family members may bargain with each other, God, their counselor or attorney, and even with themselves.

Very often, parents will bargain with their children to help make the separation and divorce process go more smoothly. For example, they will promise to reward their kids for good behavior during particularly stressful moments or ask them to take on greater responsibility for additional allowance money.

Bargaining can become counterproductive when parents ask their children to keep secrets, such as not mentioning a newly purchased computer to the other parent, particularly when divorce mediation is proceeding through its financial negotiations. And it is particularly harmful to children when parents ask them to keep quiet about a new love interest in exchange for a reward.
Bargaining is an attempt to rationalize or deny the reality of a situation by putting it off, avoiding it or trying to make it less painful. It often occurs when one spouse doesn’t want a divorce. For example, a marital partner will offer to become a better person or make promises in order to prevent their spouse from following through on final decisions about the separation agreement. On the flip side, spouses sometimes give false hope to their partners by leading them to believe they’ll stay romantically involved in exchange for agreeing to give up fundamental rights and personal possessions.

Bargaining often reflects a natural ambivalence about separation and divorce. Even under the most painful circumstances, people may doubt they’ve made the right decision to divorce. Often, ambivalence relates to parental concern for their children. Consequently, parents will demonstrate their ambivalence by trying to strike a bargain with their partner that relates back to concern for their children’s well-being.

In addition, children will attempt to strike a bargain with their parents by asking them not to divorce if they (the children) promise to be “good.” Older kids may ask their parents to put off their divorce until they leave for college or strike out on their own because the marital situation may divert them from attaining their goals.

More about ambivalence

During their separation and divorce proceedings, Diane and Larry Walker, for different reasons, felt ambivalent about their decision. Each questioned her or his own ability to parent the children alone. Diane questioned her ability to discipline Michael, while Larry was worried about his ability to help with Allison’s academic and after-school responsibilities.

At different times, Diane wondered whether she’d been too harsh in asking Larry to understand and accept her new beliefs and values. Larry was concerned about his inability to live with a person who had the capacity to change so dramatically and wondered whether he might have been too harsh.

For the practitioner

During the bargaining stage, therapists serve as “reality checks” for their clients. During this stage, mental health practitioners often present the facts. In doing so, they will ask questions that bring to light conscious or unconscious attempts by their clients to manipulate their circumstances. Practitioners draw upon their skills and knowledge to assist them to come to terms with what is authentic and true, steering clients away from “magical and distorted thinking” that pertains to themselves, partners, families, love interests and friends. Their questions and comments help their clients to realistically assess their current situation.

For example, during their separation, Diane became romantically attracted to another student. Soon they became sexually involved, and Diane began to fantasize about permanently sharing her life with him. During this time, she was also negotiating her separation/settlement agreement. Her hopes of a life together with a new partner impacted her decisions to not only agree to some of Larry’s fairly unreasonable financial requests, but also inappropriately introduce her daughter Allison into the situation by asking her to babysit Katy while Diane spent time with her new lover.

Diane’s therapist frankly told Diane that dating someone before finalizing a divorce put Diane in financial and emotional jeopardy in addition to placing Allison in an awkward and potentially dangerous situation should her daughter be unable to contact her mother during a crisis. The therapist also pointed out that immediately involving herself in another relationship thwarted Diane’s ability to learn from and take into consideration how she wanted to manage her life from the divorce forward.

Clients often vacillate between accepting their circumstances or not. A therapist’s skills are called into play as to how and when to present basic facts to their clients. For example, when working with a depressed client, it can be detrimental to present too many hard facts early when the therapeutic alliance is being established. On the other hand, simply listening to clients without challenging their erroneous beliefs and behaviors can also interfere with the client’s ability to reach the acceptance stage in their grieving process.

Stage five – Acceptance (Sample for parent guide/handout)

Separated and divorced individuals have reached the acceptance stage of their divorce after …

1. Most of their other stages of loss have occurred.
2. Their strong emotions are experienced farther apart and are felt less intensely.
3. There is recognition and acceptance that the marriage is finished.
4. They and their children have become accustomed to their newer routines and family structure.
5. The separation and divorce have been integrated as part of one’s personal history and are spoken of in past tense.

Getting to the stage of accepting the realities of a divorce is different for each family member and often depends on what has occurred before, during and following the divorce.

Depending on their circumstances, children demonstrate their acceptance of their parents’ divorce differently because while they may accept the reality of the current situation, they also may continue to hope for several more months or years that their parents will be reunited. Acceptance in children follows:

- Resumption of normal routines and social participation.
- Renewed interest in activities and hobbies.
- Renewed self-regulation of emotions and impulses.
Feeling settled as a result of predictable and trusting relationships.
Feeling safe and loved.

For the practitioner

When mental health practitioners are able to be engaged with their clients throughout their clients’ separation and divorce, they have a unique opportunity to assist them in gaining healthy perspectives as well as ultimate resolution of their transitions. The ability to give meaning to challenging life transitions is a positive outcome as a result of mental health treatment.

The mental health practitioner may continue to challenge their client’s awareness about their acceptance stage. In other words, a client may believe he or she has accepted the finality of the relationship until the therapist points out that the client is still withholding alimony payments as a bargaining tool against the former spouse. The mental health practitioner remains a “reality check” with regard to their client’s unconscious motivations and yet also understands that acceptance comes when clients have, for the most part, integrated their separation and divorce experience.

Preventing additional suffering from separation and divorce

Mental health practitioners can provide information about how to best avoid further suffering within their clients’ families.

Caution parents to be careful about how they handle their emotions around their children. For example, their sadness and anger should be expressed with other supportive adults or alone, and care should be taken not to let their children overhear conversations that have to do with their anger, frustration or sadness, especially when it concerns the other parent.

Statistically, the average person has not lived alone for more than seven years. (Divorce Statistics, 2007) Due to this fact, many people may lack confidence about living alone, and transitioning to single status can be frightening. When people feel overwhelmed or excessively frightened, they can adopt harmful coping behaviors. Parents are not immune to these fears. And they can further hurt their children by using destructive coping behaviors to get through the experience.

Destructive and harmful parent behaviors (Sample for parent guide/handout)

- Drinking or using drugs, (including prescription drugs), to excess.
- Speaking ill of their children’s other parent.
- Fighting with the children’s other parent in front of them.
- Introducing children to new romantic relationships before they’ve adjusted to the separation and divorce.
- Asking children to keep secrets.
- Mismanaging money.
- Taking anger out on children through neglect and emotional or physical punishment.
- Being unpredictable.

- Asking unqualified strangers to take care of children.
- Asking children to pass information to their other parent.
- Negatively comparing children to former spouse.
- Withholding invitations, such as music recitals or sports events, from the other parent.
- Using children to spy on the other parent.
- Using children as pawns in fighting over property or money.
- Asking children to assume more responsibility than they are able.
- Withholding visitations from the other parent.

(Nemours Foundation 1995-2007)

Helping parents facilitate their children’s adjustment

Mental health practitioners should emphasize to parents they need to work to reduce their children’s stress. Because divorce brings on changes and often prompts children to experience loss of the full-time presence of one or both parents, it is important to have parents keep as much of their regular routines in place as possible. Consistency, safety and feeling love promotes keeping children on a positive developmental track. (Porterfield)

Also, during a period of divorce, children often experience conflicting loyalties for their parents. Parents should avoid relying on their children to look after their emotional or physical needs. Encourage overwhelmed clients to seek out help from you or their faith community so they can appropriately express their emotions with a “grown-up.”

Children may experience various living arrangements when their parents separate and divorce. These include:

- Living with one parent, when one parent has sole custody.
- Living primarily with one parent and regular visits and time with the other parent, or joint custody.
- Living with both parents, called shared joint custody.

Sometimes divorcing couples will move in with relatives, such as adult parents or siblings. These living arrangements, while providing physical and emotional support, also present additional challenges to children simply because they are new and require a period of adjustment. Remind parents to ask extended family to keep their views and opinions about the divorce out of listening range of children. Parents also need to work their children’s normal routines into the newly shared living arrangement. Remind parents that it can take children time to adapt to living with different people, even when they are family.
Comforting children (Sample for parent guide/handout)

Depending on their stage of development, children will be reassured and comforted differently. For example …

- **A baby and/or toddler** … children this age are comforted by familiarity. Be mindful to maintain their schedules without too many transitions or abrupt separations.
- **Preschoolers and/or in kindergarten** … need consistent care-giving as well. At this time they are building their memory and language skills and forming stronger attachments. Make sure they feel safe, and engage them in play through art, music and “pretend” in order to find out how they are doing. Using stories to help them identify and express their feelings about divorce can be extremely helpful. There are many excellent storybooks available through libraries or bookstores that address separation, divorce and loss.
- **School age children** … need individual time with each parent in order to continue feeling reassured they are loved. Fairness is important to children at this age, so share a child’s time as much as possible with the former spouse.

School age children are also occupied with right and wrong, and they may ask about the divorce and who was to blame. Avoid sharing too much information with them about the right and wrong behavior of the other parent. Keep answers as neutral as possible and avoid laying blame.

If a child expresses hope of reuniting the family, make sure he or she separately spends time with both parents in order to allow the reality of the situation to sink in. While it is important to acknowledge a child’s ongoing hopes of reconciliation, remember to gently remind them that this will not happen.

- **Pre-adolescents** … between the ages of 9 and 12 are more than likely becoming involved with activities away from home or without their parents. Their priorities and schedules are changing as friends become more important and their engagement in school can become more involved. At this age, it’s not uncommon for kids to take sides against one parent or another, particularly when they (kids) are resistant to disrupting band practice or friend time to accommodate their visitation schedules. Ask parents to remain flexible but continue to maintain a visitation schedule and emphasize the involvement of both parents when schedules are being renegotiated.
- **Teenagers** … need consistent parental support. However, they may not need equal parental time. Their friends and social network as well as school are priorities right now. But they continue to need guidance as they begin to consider how they will be leaving home. Consciously or unconsciously, they will remember and learn from their parents’ separation. If a divorce was somewhat friendly and children observed both parents making an effort, this will likely be reflected in how they plan for their future as well.

Also, by their nature, teenagers are impulsive and emotional. It can sometimes be difficult from a parent’s perspective to separate normal adolescent behavior from problems arising from a divorce. Teenagers are naturally self-absorbed. In addition, their size or verbal skills can prompt adults into thinking they are immune from any negative comments they may hear about the other parent.

Parents should keep in mind that their goal is to plan for their children’s eventual separation from home. Parents need to avoid putting their youth in the role of listener or emotional shoulder, and must give them full support as they struggle to establish their independence. Parents also need to make time to have frequent conversations with teenagers.

Parents should be prepared for their children to be sad during holidays or birthdays. These events often trigger memories of happier times together as a family and can be particularly difficult during the first year of separation and divorce.

Parents should resist the temptation to make up for their loss with special privileges and possessions for their children. Their children’s grief is better healed with clear, consistent loving care and attention. The same things that helped them thrive in a two-parent home also help them when their folks are no longer together.

**Mental health professionals are role models**

Divorce represents one of the most difficult life experiences, and yet can also present an opportunity to meaningfully mourn a loss and integrate the experience into one’s entire life. When parents separate and divorce, they have an opportunity to role-model resiliency and problem-solving for their children. Skillfully negotiating through life’s pitfalls is not always learned. Consequently, their mental health therapist has an opportunity to teach parents about emotional self-regulation and self-expression in order to help them appropriately work through their separation and divorce.

Mental health practitioners provide healthy role modeling for clients by being prompt, responsive, knowledgeable and consistent, as well as viewing life from a hopeful and positive perspective.

Children of all ages rely on their parents’ positive role modeling to teach them how to navigate through difficult times. Examples of healthy parental role modeling include:

- Being dependable and reliable, keeping one’s word and following through.
- Viewing life from a positive perspective.
- Demonstrating competence in at least one area, such as paying bills on time and cooking healthy meals.

Traits of unhealthy parental role modeling include:

- Being self-indulgent, spending money on oneself instead of needed goods for children.
- Being actively addicted to something, such as alcohol, prescription drugs, shopping, sex or some other obsession that means more to the parent than his or her children.
- Being volatile or showing an unpredictable bad temper.
- Being lazy to the extent that children or pets are neglected or put in danger (Mayo Clinic, 1998).
Tips for active listening (Sample for parent guide/handout)

An essential part of effective parental role modeling includes actively listening to children. Asking questions such as, “What do you think?” “How do you feel?” “What do you need?” or “What do you want?” indicate active listening. Here are some other tips that reflect active listening:

- Express concern in response to your child’s strong feelings or serious problems. Encourage your child to continue talking by saying something like, “I see” or “I’m listening.”
- Repeat what your child states so your child knows you’ve listened.
- Ask open-ended questions such as, “What do you think about that?”
- Make your comments short when you summarize your child’s problem and try not to “interpret” the problem.
- Listen until your child is finished speaking and think through your answer before immediately responding.
- Don’t bring up what they’ve shared in your arguments with one another.

Helping parents adjust to their new circumstances

Working through separation and divorce is complex because while parents are working to help their children cope with the separation and divorce, they are making new social, emotional and financial adjustments. When marital separation and divorce occur, there has, in general, been a breakdown of trust between couples. It can take time to build trust and safety back into one’s life. Establishing a therapeutic alliance with divorcing couples. It can take time to build trust and safety back into one’s life. Establishing a therapeutic alliance with divorcing parents is extremely important in order to begin that process. When clients establish trust with their mental health therapist, they are able to understand that trust can occur in other alliances as well.

Mental health professionals provide hope when clients worry whether they will ever recover from the trust lost through their marital relationship, particularly when they are overwhelmed by the stressors that surface with their new circumstances.

The brief checklist below can assist clients in assessing their current stress levels and is a helpful reminder to take care of one’s self. Mental health practitioners can review answers with clients that may prompt further discussion about self-care.

Separation/divorce stress checklist (Sample for parent guide/handout)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have stress-related physical problems.</td>
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<tr>
<td>2. I feel irritable.</td>
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<tr>
<td>3. I have trouble sleeping.</td>
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<tr>
<td>4. I am afraid of being alone.</td>
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<tr>
<td>5. I often feel overwhelmed.</td>
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<tr>
<td>6. I miss a lot of work.</td>
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<tr>
<td>7. I sleep more than normal.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. I feel isolated.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. I am easily distracted.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10. I cry often.</td>
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<td></td>
<td></td>
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<tr>
<td>11. I struggle to pay my bills.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12. I have trouble trusting people right now.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13. My children have physical/emotional problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I feel supported by my friends.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I feel like I made the right decision.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Recommendations to help clients cope with separation and divorce

Mental health practitioners may want to deliver the following messages to separating and divorcing parents at timely moments throughout the therapeutic process.

- “Take life one day at a time. More than likely, you are being bombarded with new adjustments daily. Avoid overwhelming yourself by negatively projecting problems into the future.”
- “If you’re not already feeling safe, think about what you need to do in order to feel safe. Take action by writing and following through with a ‘to-do’ list. For example, would you feel safer if you installed an alarm system in your home, acquired a cell phone, or asked if a friend would be available to help you ‘reality check’ some of your fears?”
- “If possible, let your boss know about your divorce because chances are you will be occupied with legal arrangements and other issues while you are continuing to work. While it is important to share your news, refrain from going into detail. Convey the message that your circumstances are temporary.”
- “Build a support network. Most people need others to help them weather life’s storms. Reach out to others and ask for their help and support.”
- “Don’t be ashamed to ask for help from other helping professionals, such as dance or yoga instructors, massage therapists and exercise trainers.”
- “Spend time enjoying the company of your children. Be grateful for their laughter, play and unique qualities.”
- “Listen and learn from wise extended family members or friends who have experienced and overcome difficulties. How did they cope? Can you adopt some of their strengths?”
- “Try to avoid making major decisions regarding a long-distance move or remarriage for at least one year.”
- “Take time to learn more about yourself. Keep a journal. Turn off the television or computer and write about your feelings, strengths and needs. If you are contemplating making a decision, use your journal to write a ‘pro and
con’ list’ Self-awareness often occurs when you’ve given yourself permission to take a ‘time-out.’

- “Nurture yourself. Take a hot bath, attend a sports event, take a walk, call a friend, go for a swim, buy yourself flowers, read a good book, shoot some hoops, prepare your favorite meal, get a massage, take a drive or window shop. You’re worth it!”
- “Review the stages of loss, and read books on separation and divorce so that you can fully understand that this difficult time will pass.”
- “Try something new, such as joining a cycling club, church or learning a new skill, such as ballroom dancing. Attempting to learn new things can be somewhat daunting – remember that everyone has experienced being a beginner or the newest group member.”
- “Exercise. Regular exercise is a great depression fighter and has a very real impact on your world-view and sense of well-being. For some people, exercise means a fast run, while for others, it means participating in a stretch class.”
- “Be patient with yourself. Even when your divorce has brought you relief, it takes a little while to make the adjustment, especially when there are children involved. Don’t put unrealistic expectations on yourself or your children, such as not feeling sad or hurt. Divorce under the best of circumstances takes time to heal and passes in phases.”
- “Learn to meet your own emotional needs by giving yourself permission to cry, admit your anger or ask for what you need. Don’t wait for a mythical rescuer to take on that responsibility for you.”
- “Make daily lists of what you want and what you need to do in order to accomplish your wishes and desires. Even if something is not checked off, the list planning for accomplishing those wishes and desires can be established, and you will begin to envision what can follow as a result of your efforts.”
- “If you haven’t done so already, post signs around your house such as ‘I am a great person,’ or ‘I am strong.’ Assign yourself small tasks and complete them so that you recognize your strengths and assets. For example, you could build a bookshelf or try a new recipe.”
- “Schedule time to grieve by allowing yourself to express your emotions after the children have gone to bed or when their other parent is spending time with them apart from you. For most people, their sadness passes after they’ve allowed themselves these types of moments to grieve.”
- “If you are not doing so already, begin to view life from a positive perspective. Newer research about happiness reveals that the happiest people are the folks who feel gratitude and view life in a positive way.” (Porterfield)

Dating discussion with clients

In general, dating should not occur while parents are going through separation and divorce, and even shortly after divorce. Formerly married individuals need time to settle in to their new routines and make important psychological adjustments to living without a partner.

When helping to prepare clients for re-entering the dating world, let them know that their first responsibility is to make sure their children are safely cared for while they are dating, and that anyone they date is a safe person. If young children are involved, they should enlist the help of a qualified baby-sitter. If the children are older, your clients should draw up rules or remind them of their rules when they’re away.

Let clients know that it is normal to feel a little unsure as they approach dating for the first time. And let them know that while dating may be met with resistance by their children, dating is still their decision to make. Let parents know that the more secure their children feel, the less resistance they may receive from them.

Below is another checklist for separating/divorcing parents that can be completed in or away from therapy sessions and used for further exploration within the treatment setting.

<table>
<thead>
<tr>
<th>Dating checklist (Sample for parent guide/handout)</th>
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</thead>
<tbody>
<tr>
<td>1. Do I feel emotionally ready to date? <strong>Yes</strong> <strong>No</strong></td>
</tr>
<tr>
<td>2. Do my children feel secure in their relationship with me? <strong>Yes</strong> <strong>No</strong></td>
</tr>
<tr>
<td>3. Have I spent enough time getting to know myself as an independent person, and do I feel good about myself? <strong>Yes</strong> <strong>No</strong></td>
</tr>
<tr>
<td>4. Have I identified qualities I want to look for in a dating partner? <strong>Yes</strong> <strong>No</strong></td>
</tr>
<tr>
<td>5. Have I dealt with my losses and issues that grew from my divorce? <strong>Yes</strong> <strong>No</strong></td>
</tr>
<tr>
<td>6. Have I considered my children’s reactions and spoken with them concerning how they feel about my dating? <strong>Yes</strong> <strong>No</strong></td>
</tr>
<tr>
<td>7. Have I considered what I will tolerate or not tolerate when it comes to dating someone? <strong>Yes</strong> <strong>No</strong></td>
</tr>
</tbody>
</table>

When parents decide, with the therapist’s input, that the time is right to date, they should let their children know before they’ve actually committed to a date. This prepares their children for the eventuality of their parent meeting someone and helps them become familiar with the concept. Parents should keep their dating experiences separate and share them with adult friends – not with their children.

Dater’s Bill of Rights

**Advice from the National Crime Prevention Council**

- I have the right to refuse a date without feeling guilty.
- I can ask for a date without feeling rejected or inadequate if the answer is no.
- I do not have to act macho.
- I may choose not to act seductively.
- If I don’t want physical closeness, I have the right to say so.
- I have the right to be by myself without changing to suit others.
SECTION 2. HELPING PARENTS TALK WITH THEIR CHILDREN ABOUT THEIR SEPARATION AND DIVORCE

When Diane and Larry Walker left their marriage counselor’s office following their decision to divorce, they were upset. Yet their overriding concern had to do with how they were going to break the news to their children. While their therapist had offered to sit with the family in a family therapy session, Diane and Larry wanted to break the news at home in the children’s familiar surroundings. Before speaking with their children, the couple was given the following information by their therapist:

- Delivering news of an impending separation and/or divorce is a difficult message and one that needs sensitivity and time. In other words, enough time must be scheduled to meet with your children, convey your news, and then allow for further discussion. Remember to turn off your cell phones!
- When breaking the news to your children, reassure them that you love them and that your divorce will not change that fact. Keep in mind the age ranges and developmental abilities of your children when you convey the message. Remember that most children are concerned about how your divorce will affect them, so keep your personal feelings about your divorce under control.

The Walkers’ couples therapist also informed them that their children might have worries that include questions such as:

- Where will Mommy live and where will Daddy live?
- Will I move?
- What will happen to me?
- Are you mad at me?
- Who will I live with?
- Why are you getting divorced?
- Will I get to stay at my school and see my friends?
- Can I still do what we planned? (Such as visit Grandma or go to camp.)

The Walkers were also informed by their therapist that:

- **Not all children react in the same way to their parents’ divorce.** While some will ask questions, others may cry and want to be held. Other children may not have a response at all because they are in shock or feel numb. Remember to recognize and demonstrate caring. Prepare to spend the rest of the day or night with your children. Do not make plans to leave them alone following your disclosure.

- **Continue to reinforce to your children for several more months that they are not to blame for your divorce.** Expect that your children’s adjustment could take some time and their reactions can last for months as well. If your child doesn’t express emotion when you first tell her/him, make sure you provide opportunities for her/him to later express them. Whatever their responses, let your children know that they’ll be okay and that the family will get through this time. Parents should role model healthy coping skills and provide hope when times are more challenging.

- **Invite discussion by letting your children know their feelings are important.**

- **Validate their feelings by saying, “It’s normal to feel sad,” or “I’m here for you.”** Let your children vent without interrupting them with advice. Avoid saying something like, “Just put it out of your mind,” or “Get over it. We all have bad things happen.”

- **Help your children match their feelings to words by helping them label them without trying to change their emotions.** Ask them to think about what is specifically causing a momentary feeling. Listen carefully. And while it may be painful because they can often project their anger onto their parents, allow for the expression of their feelings while curbing abusive behavior.

- **Be supportive by asking how you can be helpful, but don’t make empty promises.**

- **Be honest, but don’t share details if it will hurt your child.** In addition, children should not be exposed to adult behaviors or language. Be careful to be truthful, but not to the extent that you become overly involved with blaming the other parent.

- **The parent who is moving out of the home should inform all family members so that it isn’t a surprise.** Depending upon children’s ages, it may or may not be helpful for your children to assist with the move. In any case, it does help them feel safe and secure to see where the other parent is living because they’ll more than likely be worried.

- **Parents who do not live full-time with their children have a responsibility to make their home as child-friendly as possible.** Your home should be a place your children enjoy visiting/staying. Decorate it with familiar or comforting pieces of furniture, ask your children what they think, and see if you can bring some of their toys to your home or purchase duplicates. Make sure your refrigerator contains your children’s familiar and healthy foods. (Ricker, 2006)

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- I have the right to change a relationship when my feelings change. I can say, “We used to be close, but I want something else now.”
- I have the right to an equal partnership with my partner.
- I have the right not to dominate or be dominated.
- I have the right to act one way with one person and a different way with someone else.
- I have the right to change my goals whenever I want to.
A brief questionnaire for parents (Sample for parent guide/handout)

Have I covered all my bases in letting my child know about my divorce? Have I …

- Explained the divorce in language my child understood?
- Explained what was happening to our family?
- Reassured my child that she/he is loved and will not be abandoned by me?
- Conveyed encouragement and hope?
- Reassured my child that he/she was not the cause of my divorce?
- Let my child know that divorce is between grownups and not between parents and their children?
- Openly discussed visitation and allowed my child to have input?
- Allowed my child opportunities to express her/his feelings and ask questions about my divorce?

SECTION 3. MESSAGING PARENTAL INVOLVEMENT AND DESCRIBING CO-PARENTING

Mental health practitioners should convey to their clients that when families are restructured through divorce, responsible parents need to stay involved with their children. Parents should not rationalize a missed visitation because it’s too difficult to interact with their former spouse or let any other distractions, such as a romantic interest or new hobby, impact how they prioritize their time with their children. When allowing any of the above to occur, parents will have lost precious time during their children’s growing years, time when they have the opportunity to get to know their child and form a lasting bond.

Mental health professionals convey the message that divorced parents and their children are no longer a two-parent family living under the same roof. Instead, they are a different kind of family that blends the old family relationships with newer versions. For example, the Walker family’s relationships shifted as Diane and Larry began to live single lives. Their former relationship was transformed into a relationship with a new set of boundaries that included respecting separate house rules and romantic relationships.

In adjusting to their transition, the Walker children began to rely on one another to complete household chores when their parents were occupied with school and work. They all enjoyed alone time with one parent. Larry and Diane took special pains to spend time with each child at least once a week. Their children soon learned that they shared common interests with their folks and became more aware of Diane and Larry’s unique personalities because in the past they’d viewed their parents as one inseparable unit.

Diane and Larry had agreed on joint custody where the children would live primarily with one parent, Diane, but have regularly scheduled time with Larry. This worked out well for the Walkers because they were able to effectively co-parent under their separation agreement and parenting plan.

Helping clients understand co-parenting

Co-parenting is a term used to describe divorced or separated parents who are sensitive to their children’s needs and want to avoid putting them in the middle. It does not necessarily mean that children split their time living with both parents.

Negotiating financial and medical issues, holidays, activities, discipline and parenting styles can be extremely challenging for divorced parents. Consequently, effective co-parenting requires that parents develop a partnership approach to permanently parenting their youngsters. The benefits to cooperatively parenting include:

- Helping children with their overall and long-term adjustment to their parents’ separation and divorce.
- Learning positive conflict resolution by keeping communication open and making a commitment to work things out.
- Creating normal growth and development in children by taking the burden of worrying about adult issues off their shoulders.

Effective co-parenting bypasses negative coping behaviors discussed in Section 1 and promotes open communication among all family members. Co-parenting begins when parents make a commitment to work together and not undermine each other in order to gain control, be seen in a more favorable light or assume less parental responsibility.

Appropriate co-parenting includes:

- Referring to each parent as Mom and Dad and not by her or his first name.
- Not making promises to the kids to try to win them over at the expense of the other parent.
- Not using children as a spy to check up on the other parent.
- Not allowing extended family members to negatively alter your child’s perception of the other parent.
- Not bringing children into adult issues, such as custody, financial or other issues.
- Not making children feel guilty for spending time with the other parent.
- Not alienating children in any way from their other parent.
- Not forcing children to take sides.
- Not using children as a pawn to hurt the other parent. (The Parenting Center)
Critical parenting issues

Mental health practitioners should describe some of the critical parenting issues that affect the health and well-being of children. They include:

- Discipline.
- Academic involvement.
- Psychological, spiritual and physical growth and development.
- The introduction of a stepparent into the family.

Mental health professionals must clearly state to their clients that they are not licensed to practice law and cannot provide legal advice. Practitioners must remain vigilant about inadvertently advising their clients about legal issues when discussing separation and divorce legal procedures.

Practitioners may carefully inform parents that, as they proceed through divorce mediation, it can be helpful to create an initial parenting plan together that will be inserted into their mediation discussion or separation agreement. For example, part of any plan would be to mutually agree that each parent will inform the other at all times of all current contact information and provide contact information in advance when one parent is out of town. (Children First)

Another important part of a parenting plan is to create guidelines regarding discipline, bedtime routines, sleeping arrangements and other schedules. It should also address the issue of not scheduling plans for children in the absence of a former spouse when it interferes with the other parent’s visitation or scheduled activities.

A parenting plan should state that each parent keeps the other informed with regard to school, medical, psychiatric or extracurricular activities or appointments. And somewhere in the plan, a statement of good intention should include a commitment to the children’s well-being and safety.

Other issues covered by the parenting plan would be:

- Financial arrangements.
- How the plan would be updated.
- Religious and spiritual education.
- Academic education.
- Conflict resolution plan.
- Recreation and holiday arrangements.

Emphasize the importance of taking time to communicate as parents

Mental health practitioners continue to stress that, in spite of the fact that it might be painful or awkward, it is necessary to communicate with one’s former spouse about children’s schedules and upcoming events. There are different approaches to communicating effectively, and a couple’s therapist can guide parents through situations where plans may have been misinterpreted by one or both parents. For example, practitioners often suggest that while negotiating a separation agreement, a statement might be inserted that parents will agree to speak with each other at least once a week about their children. During these scheduled conversations, parents can iron out visitation schedules and responsibilities such as transporting children to sports practice or games. It is also important to be available or have a back-up plan in case one parent is unable to follow through on their responsibility.

Mental health practitioners should let parents know that throughout the years, the parenting agreement will need to be reviewed and rewritten to support their children’s changing needs. Renegotiation of the parenting plan may follow the introduction of a new caregiver through a new marriage.

Remember – Only make informed suggestions regarding parenting plans or any other issue relevant to a separation agreement. A licensed attorney is the legal advisor to separating and divorcing spouses. And in some instances, such as domestic violence, some agreements are not advisable.

Practitioners can suggest that parents stay away from rigid conformity to the parenting plan because over time, remaining flexible works in the best interest of children.

As many mental health professionals will attest, co-parenting never really ends, even when children have grown and moved away. As a wise person once said, “Once a parent, always a parent,” and there are ongoing obligations and rewards that come with the territory.

What to tell parents about introducing a new marriage or romantic partnership soon after a divorce

Introducing new relationships and remarrying immediately following a divorce can be complicated and create additional challenges for children. Unresolved issues stemming from a past marital relationship will not go away because one parent has been distracted through a new romance, and in fact, may even heighten children’s resistance to accepting the new partner in their lives.

Ideally the role of the stepparent or significant other is to be another caring and supportive adult. Yet sometimes the new parent figure unintentionally competes with child time and can represent someone who could potentially interfere with or replace the other parent. Let parents know to assure their children through consistent and reliable behavior that they will not be “left behind.” The fact remains that blending families takes time and patience. All of the involved adults, even former spouses, are responsible for demonstrating maturity, patience, restraint and maintaining equilibrium during the process of creating a new family structure. (Nemours Foundation)
SECTION 4. MESSAGING STAGES OF CHILD DEVELOPMENT TO PARENTS

Explaining the stages of child development to parents is an important part of providing support to parents as they experience separation and divorce. Whether through verbal explanation or handouts, informing parents about normal child development gives them a reality checklist when it comes to their concerns about their children’s growth and development during a stressful time.

As mental health practitioners know, in addition to physical development, children also experience intellectual or cognitive growth, language development and social and emotional development. During and following a separation and divorce, parents are normally concerned with their children’s social-emotional development and worry about any disruptions in those areas.

Mental health therapists should explain normal socialization and emotional regulation in children and that it occurs when a child moves from her/his infant state of helpless and total self-centeredness to the adult ideal state of sensible conformity coupled with independent creativity.

This section will describe the developmental tasks associated with child and adolescent social and emotional development that continues into adulthood. These tasks were described in 1956 by Erik Erikson as the “Eight Stages of Development.” They are described in this section for the purpose of providing a “reality check” for separated and divorced parents.

**Erik Erikson’s eight stages of development (Sample for parent guide/handout)**

According to Erikson, who was a developmental psychologist and psychoanalyst, the infant/child to adult socialization process occurs in eight stages or what he described as “the eight stages of man.” Each stage consists of a psychosocial crisis that must be resolved before the next stage can be successfully managed. Erikson described the stages as building blocks for continued successful development.

Research has learned that a negative physical or emotional environment can have a negative influence on children and delay their development. A delay in development can create immediate or long-term problems for children and society as a whole. A poor foundation in early development can lead to behavioral, emotional and learning problems in children, or even later criminal behavior. Parents play a vital role in their children’s quality of life and formation of secure and lasting bonds. The quality of these attachments builds the necessary foundation for a child’s healthy adjustment to life. Children who have positive attachments to parents have been shown to have fewer behavioral problems and a better ability to engage in activities and explore surroundings in a way that demonstrates higher learning and social-emotional growth.

**Erikson’s eight stages of development**

1. **Stage one** – Oral-sensory trust vs. mistrust, feeding. (Hope) This stage includes birth to age 1. An infant who is nurtured and loved develops trust, security, hope and optimism. An infant relies on its parents to guide learning, control emotions and interact with the world and people in the world. If a child is not cared for properly, she or he can become insecure and mistrusting.

2. **Stage two** – Muscular-anal autonomy vs. doubt, toilet training. (Will) The second psychosocial crisis occurs between 18 months and 2 and 3 ½ to 4. When children are parented well during this stage, they are sure of themselves, elated with their newly found control and proud, rather than ashamed. Autonomy includes asserting self-will, tantrums, stubbornness and negativism. During this stage, children often repeat “no” and refuse to be helped. These behaviors reflect important steps in achieving autonomy or independence.

3. **Stage three** – Locomotor initiative vs. inadequacy, independence. (Purpose) This stage includes the “play age” or the later preschool years. During this stage, a child learns to imagine and broaden skills through creative play, cooperate with others and lead as well as follow. If the child is paralyzed by guilt, he or she will be fearful, hang on the fringes of groups, overly depend on adults and be restricted both in the development of play skills and in imagination.

4. **Stage four** – Latency industry vs. inferiority, school. (Competence) Erikson believed that the fourth stage occurs during “school age” up to and including middle school. At this stage children learn to master the more formal skills of life that include relating with peers according to the rules, transitioning from free play to structured play that includes rules and teamwork, and mastering academic skills, such as arithmetic and reading. Building on the earlier developmental stages, a child learns how to be industrious and independent. If a child does not succeed through this stage, she or he can feel inferior and incompetent.

5. **Stage five** – Adolescence identity vs. identity diffusion, peer relationships. (Fidelity) During ages 13 through 20, children learn to answer the question, “Who am I?” At various times they will be conflicted about whom they are and experiment with different roles and behaviors. In addition, they are preoccupied with their physical changes and identifying with different social groups and structures. Erikson believed that managing this stage successfully facilitates self-confidence, positive anticipation and achievement. During this stage, youngsters are searching for role models for inspiration and gradually develop a set of ideals for themselves.

6. **Stage six** – Young adulthood intimacy vs. isolation, love relationships. (Love) Building on earlier learning about trust, independence, competence and self-confidence, this stage (18-40) demonstrates the capacity to develop close and enduring relationships with other people. Love and intimacy are explored and realistic expectations are set for another person in a loving relationship. If the important earlier building has not occurred, a young adult can feel isolated and set apart from others.
The impact of divorce on developing children

Children are not often traumatized by their parent’s separation and divorce. However, when trauma does occur, mental health practitioners know that normal child growth and development can be disrupted. Often-asked questions pertaining to trauma are explained here.

When parents ask – “What is trauma?”

Trauma is defined as an experience outside the range of everyday human experience that creates higher and longer than normal stress responses in children when they personally experience or witness someone else experience actual or threatened death or injury or threat to themselves or another person. As a result, they experience horror or terror. Trauma also causes feelings of being trapped, as well as helpless.

Experiences that can cause trauma in children include but are not solely limited to:

- Accidental or violent death of a loved one.
- Life-threatening accidents and illnesses.
- Distressing medical procedures.
- Child abuse.
- On-going exposure to personal, family and community fighting and screaming, shouting or disturbing images.
- Refuge and war zone exposure.
- Natural disasters.
- Bullying.
- Divorce.

When parents ask – “How does trauma create physical changes in the brain and body?”

Humans detect danger or threat through their senses (such as sight, touch, vibration, sound, smell or taste) that trigger survival hormones to prepare their bodies for fight or flight. These survival hormones prompt the physical systems to actually freeze, submit, flee or fight authentic or perceived threats. When our stress hormones surge intensely and/or repeatedly, it can cause disruption in normal brain and body function. As a result, these overactive stress hormones can cause an imbalance in neural chemicals and even change brain structure over a period of time. These changes can cause hyperanxiety in children as they experience:

- Persistent re-experiencing of the trauma through images, thoughts, nightmares, flashbacks, reenactment of the trauma, physical and psychological distress.
- Persistent avoidance of triggers associated with the trauma, and numbness not present before being traumatized. Examples include avoiding thoughts, feelings conversations, and activities; inability to recall important parts of our traumatic experience; inability to express loving feelings; feeling detached or estranged from life and imagining a short life.
- Persistent symptoms of increased arousal not present before the traumatic experience such as sleep disturbance, irritability, anger, lack of concentration, hypervigilance and hypersensitivity or feeling anxious that something bad will happen and excessively aware of personal safety, and exaggerated startling response.

Dr. Bruce Perry, M.D., a neural psychiatrist, has stated, “Developmental experiences determine the capability of the brain to do things. If you don’t change those developmental experiences, you’re not going to change the hardware of the brain, and we’ll end up building more prisons.”

When parents ask – “What do I do if I suspect my child has been traumatized?”

If there is a suspicion that a child has been traumatized, for the purpose of having the child evaluated a consultation should occur with a licensed mental health professional with a specialization in trauma. Trauma symptoms can be greatly reduced by immediate mental health intervention. Treating trauma survivors has become very specialized, and precautions should be taken to refer clients to a mental health professional with this specific competency.

Therapists need to remember that parents can also have childhood trauma experiences that have impacted their normal functioning as adults. The experience of separating and divorcing may trigger latent trauma symptoms, and these will need to be addressed as well. Because safety is a primary issue for traumatized individuals, calming and creating safe environments that promote trauma discussion or other forms of repair is a primary therapy goal.
Trauma healing interventions need to activate brain areas that have been altered as a result of the trauma experience and address the entire life of a youngster. Weekly psychotherapy sessions generally do not address all their intervention needs. To heal the brain, a child’s lifestyle and social routine must incorporate consistent and frequent neural replacement exercises that build newly neural patterned information about safety, predictability, self-awareness and nurturing. Some of these exercises include safety discussion and implementation of safety plans, incorporating expressive therapies such as art or music, floor time and journaling or story building. (Brohl, 2007)

SECTION 5. UNDERSTANDING CHILD ABUSE AND DOMESTIC VIOLENCE

Working with hostile or uncooperative separating or divorcing parents presents unique challenges for mental health practitioners. At times, therapists may be drawn into situations where one parent alleges child abuse or there are allegations of domestic violence by one parent or both parents. Mental health professionals should understand child abuse and domestic violence in order to evaluate and make appropriate recommendations and/or referrals to clients, referral services, attorneys, and even to the court.

Some mental health practitioners regularly work with survivors of child abuse or domestic violence. In addition to helping the family transition through separation and divorce, circumstances become more complex when the issues of child abuse or domestic violence are introduced, particularly when one spouse attempts to leave the relationship.

Child abuse statistics

Child abuse is a staggering problem in the United States. In 2005, an estimated 1,460 children died as a result of abuse or neglect (USDHHS, 2007). The majority of these children were 3 years of age or younger. Most child fatalities (76.6 percent) happened at the hands of parents (USDHHS, 2007). Not all fatalities were the result of the physical trauma of abuse. Neglect accounted for almost half (32.2 percent) of all fatality cases. Here are a few statistics:

- Each year, legal and health care costs for child abuse exceed $24 billion.
- Infants and children in foster care have developmental delays at a rate of 4 to 5 times the national average.
- Of the population of children in the child protection system, 60 percent have mental health issues that require intervention.
- According to state child protective service agencies, more than 1 million children are victims of child abuse and neglect each year. Many victims don’t receive help because they are not reported to the child protection system (CDC, 2006).

Abused children often suffer physical injuries including cuts, bruises, burns and broken bones. In addition, child abuse causes trauma that can disrupt early brain development. Extreme stress can harm the development of the nervous and immune systems. As a result, children who are abused or neglected are at higher risk for health problems as adults. These problems include alcoholism, depression, drug abuse, eating disorders, obesity, sexual promiscuity, smoking, suicide and certain chronic diseases.

Who is at risk for child abuse?

Children are never to blame for the harm others do to them. However, some factors can increase the risk of a child being abused. Remember that the presence of these factors does not always mean that abuse will occur.

- Age – Children under 4 years of age are at greatest risk for severe injury and death from abuse. Children ages birth to 3 are the largest group of victims in substantiated cases of child abuse and neglect. Within this group, children younger than 1 year old are at the greatest risk. Eighty percent of these children are at risk for poor development outcomes as a result of prenatal exposure to substances, and 40 percent were born prematurely with or without low birth weight.
- Family environment – Abuse and neglect can occur in families where there is a great deal of stress. Stress can result from a family history of violence, separation or divorce, drug or alcohol abuse, poverty and chronic health problems or death. Families who do not have nearby friends, relatives and other social support are also at risk.
- Community – Ongoing violence in the community may create an environment where child abuse is accepted.
Types of child abuse

Child abuse includes all types of abuse and neglect in children under the age of 18. The four common types of abuse include:

- **Neglect** – Neglect is the failure to meet a child’s physical and medical needs. These needs include housing, food, clothing, education and access to medical care.
- **Emotional abuse** – Emotional abuse refers to behaviors that harm a child’s self-worth or emotional well-being. Examples of emotional abuse include name calling, shaming, rejection, withholding love and threatening.
- **Sexual abuse** – Sexual abuse involves engaging a child in sexual acts that include fondling, rape and exposing a child to other sexual activities and pornography.
- **Physical abuse** – Physical abuse occurs when a child’s body is injured as a result of hitting, kicking, shaking, burning or other show of force. (CWLA)

Letting parents know about emotional abuse (Sample for parent guide/handout)

If children repeatedly get the message that they are “no good,” “stupid” or “worthless,” they will be hurt. This is called emotional abuse. Emotional abuse hurts children on the inside much like physical abuse hurts them on the outside.

Some adults use cruel words with children, and they may not realize the damage their words and actions can do. Children tend to believe what adults tell them, and what children believe about themselves is often what they will become.

Emotional abuse can have lasting effects. Children can do poorly in school, have trouble making and keeping friends, misbehave, later chose abusive partners, feel badly about themselves and become depressed.

Adults often don’t realize they are hurting children, but will be emotionally abusive because they lack the knowledge about its impact or have misguided discipline methods. Many times, criticism or embarrassment was used as a way to discipline them when they were young. (Brassard, 2001)

Important definitions for mental health practitioners to know

Most states provide similar definitions. They include:

“**Abuse**” means any willful act or threatened act that results in any physical, mental or sexual injury or harm that causes or is likely to cause the child’s physical, mental or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child. “**Harm**” to a child’s health or welfare can occur when any person inflicts or allows to be inflicted upon the child, physical, mental or emotional injury.

**Harm** can include:

- Purposefully giving a child poison, alcohol, drugs or other substances that substantially affect the child’s behavior, motor coordination or judgment, or that result in sickness or internal injury.
- Inappropriate or excessively harsh discipline.
- Exposure to a controlled substance or alcohol.
- Engaging in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in a serious injury to the child.

**Neglect** occurs when:

- A child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter or medical treatment.
- A child is permitted to live in an environment when such deprivation or environment causes a child’s physical, mental or emotional health to be significantly impaired or to be in danger of being significantly impaired.
- Neglect of a child includes acts or omissions.
- Harm to a child’s health or welfare can occur by leaving a child without adult supervision or arrangement appropriate for the child’s age or mental or physical condition.

**Sexual abuse** occurs with one or more of the following acts:

- Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.
- Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
- Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that this does not include any act intended for a valid medical purpose.
- The intentional touching of the genitals or intimate parts, including the breast, genital area, groin, inner thighs and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:
  - Any act which may reasonably be construed to be a normal caregiver responsibility, any interaction with, or affection for a child; or:
  - Any act intended for a valid medical purpose.
- The intentional masturbation of the perpetrator’s genitals in the presence of a child.
- The intentional exposure of the perpetrator’s genitals in the presence of a child or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation or other similar purpose.
- The sexual exploitation of a child, which includes allowing or forcing a child to:
  - Solicit for or engage in prostitution.
  - Engage in a sexual performance.

**Emotional abuse** is “mental injury” and means an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior.
It is considered abandonment of the child when the parent’s identity or whereabouts are unknown, the child has been left by the parent in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or to provide reasonable support for a specified period of time. Harm to a child can occur when any person abandons a child.

### Reporting child abuse

On occasion, mental health professionals, during the course of working with separating and divorcing families, may need to make a child abuse report.

**Who must report?**

- Any person who knows or has reasonable cause to suspect that a child is abused, abandoned or neglected by a parent, legal custodian, caregiver or other person responsible for the child’s welfare shall report such knowledge or suspicion.

- Reporters in the following occupation categories are required to provide their names to hotline staff:
  - Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care or treatment of persons.
  - Health or mental health professional.
  - Practitioner who relies solely on spiritual means for healing.
  - School teacher or other school official or personnel.
  - Social worker, day care center worker, or other professional child care, residential or institutional worker.
  - Law enforcement officer.
  - Judge.

If you know of or suspect abuse, you must report known or suspected abuse or neglect of any person under 18 years old!

**Childhelp USA National Child Abuse Hotline**

1-800-422-4453.

In preparation for making a suspected child abuse report, have the following information available:

- Alleged victim’s name, address or location, approximate age, race and sex.
- Physical, mental or behavioral indications that the alleged victim is in frmed or disabled in any way.
- Signs or indications of harm or injury, including a physical description if possible.
- Relationship of the alleged perpetrator to the alleged victim if possible. If the relationship is unknown, a report will still be taken even if other criteria are not met.

**Resources**

- Healthy Families America (HFA), 312-663-3520 or www.healthyfamiliesamerica.org.

### Domestic violence

Domestic violence can be defined as … any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single dwelling unit.

Domestic violence includes:

- Assault or battery.
- Sexual assault or battery.
- Stalking.
- Kidnapping.
- False imprisonment.
- Any criminal offense resulting in physical injury or death.

Also:

- **Physical abuse**: pushing, slapping, punching, kicking, throwing victim against wall, shaking and other violent action.
- **Emotional abuse**: verbal attacks and humiliation including attacks against the victim’s worth as an individual or their role as a parent, spouse, employee, friend or otherwise and humiliation in front of family, friends and strangers.
- **Economic abuse**: controlling access to all family resources – time, transportation, food, clothing, shelter, insurance and money; permission is required and withheld for basic needs.
- **Isolation**: isolating victims from family, friends, and other support systems, withholding car keys, access to work and extreme deprivation that impacts victim’s sense of reality.
- **Sexual abuse**: sex under pressure without consent and/or coerced sex by manipulation or threat, rape, withholding contraception and exposure to sexually transmitted diseases. (Resource Center on Domestic Violence, 1998)

Persons defined as “family or household member” include:

- Spouse or former spouse.
- Persons related by blood or marriage.
- Persons presently residing together or who have resided together.
- Persons with a child in common.

Children can be traumatized from domestic violence when they see, hear, are exposed to hearsay or witness its aftermath. Legal jurisdictions now recognize the strong need to protect and care for children who witness domestic violence.

Adult and child domestic violence victims suffer in a variety of ways as a result of their experiences. In addition to physical harm, victims can experience depression and other mental health disorders, substance abuse, difficulty with maintaining employment, homelessness, and are at risk for abusing others as well.
Helping parents protect themselves against domestic violence

Battery is a type of domestic violence and is a crime! Yet few states specifically require reporting of adult-to-adult domestic violence. However, if one of your clients is a victim of domestic violence, he or she has the right to go to court and petition for an order of protection, also known as an injunction, for protection. The client may also ask for custody of children and for child support at the same time. Recommend the person engage an attorney to represent them and to assist them with protecting their rights under the law.

Domestic violence mediation between spouses is not advised

The court may enforce a violation of an injunction for protection against domestic violence through a civil or criminal contempt proceeding, or the state attorney may prosecute it as criminal violence. The court may enforce the respondent’s compliance with the injunction through any appropriate civil and criminal remedies, including but not limited to, a monetary assessment or a fine.

Creating a domestic violence safety plan

Creating a safety plan with clients can further engage their active participation in striving to protect themselves. A safety plan is a strategy that addresses victim safety before, during and after a domestic violence incident has occurred. Safety plans are recommended particularly when victims leave their batterers because leaving can be the most dangerous time for victims. (Safety plans can be strategies for dating as well. For example, if people know what to do when they feel threatened during a dating experience, they are prepared to escape unharmed.)

Safety plans are generally created for a child 7 years of age or older. However, some preschoolers can be taught to dial 911 and not hang up, even if they cannot utter a word, as many 911 services can track calls even if the caller hangs up. The safety plan should be simple and age appropriate. Review it regularly and make changes when needed.

How parents approach the subject of a safety plan to their children will set the tone for their children’s response. If parents appear fearful and hopeless, children will probably share their feelings and are not likely to follow the plan. The point is to communicate a sense of purpose and action and to place the possible harm involved in the visitation in the same category as other events in your child’s life that might be harmful. For example, a safety plan can be developed for situations like fire safety, keeping persons safe, safe touch, bicycle safety, street and school safety and so on.

This larger view of safety planning takes the focus away from the personal. It will let children know they are not being asked to blame the batterer or choose one parent over the other. Safety plans can reinforce basic principles that include no one has the right to be violent, children have the right NOT to be harmed, a person can’t control someone else’s violence, children have the right to plan how to avoid or respond to harmful situations, and children have the right to get help to stop someone from hurting them.

The following questions can be posed to parents by mental health practitioners to help them identify what signals there were prior to previous violent episodes and will help them decide what to do if one should happen again:
1. Who was around? What did their faces look like? What did their voices sound like?
2. What words and hand movements were used?
3. Where were people hurt? Where might you get hurt?
4. What time of the day or night was it when people got hurt?
5. What was on TV?
6. What special thing happened that day?
7. What were people talking about before the violence started?
8. Were people using drugs or drinking a lot? How did they act?
9. Imagine that you were a light in the room where the violence took place; what else would you notice?

Advised parents to leave when tension builds, and:
1. Avoid locations in the home where there may be weapons, such as the kitchen, workroom or gun storage.
2. Share a code name for “help” with friends and family.
3. Identify exits.
4. Keep a hidden and packed bag.
5. When leaving, take original or copies of your driver’s license, birth certificates (children’s too), money, legal agreements, bank checkbooks, family heirlooms (photos), insurance papers, medications and prescriptions, keys (house, car, safety deposit), address book, Social Security cards, public assistance documentation, work permits, school records, passports, divorce papers and children’s favorite items, such as a blanket, bottle or stuffed toy.

Business safety plan/treasure box

If a child is developmentally able, parents can help them put together a safety treasure box that would include an address book with helpers’ names and phone numbers, family pictures, a copy of the protective order, emergency case for phone calls or bus or taxi fares, a small note pad and pen to write messages, a cell phone or panic button if needed and available, and anything that helps the child feel strong, safe and loved.

In addition, ask parents to choose a code word for “help” and teach their child how to dial 911, identify themselves and ask for help. Children should also know how to leave a message with voice mail and use automatic dial numbers on the cell phone. Tell parents to let their children know that even if they don’t know what kind of help is needed, they can tell a helper what made them upset or hurt.

Children should also know when to yell or run for help.
Advise parents to:
1. Change their window and door locks as soon as possible.
2. Continue to discuss safety plans with their children.
3. Inform their children’s school or day care about who is permitted to pick them up, and when it is appropriate.
4. Inform their neighbors and landlord if the batterer is not allowed near the residence (National Coalition Against Domestic Violence).

SECTION 6. LEGAL AND FINANCIAL MATTERS

When working with separating and divorcing couples, it is important for mental health practitioners to have a basic understanding of separation and divorce legal procedures. The following definitions provide a brief reference:

**Contested and uncontested divorce**

Divorce falls under two case categories, contested cases and uncontested cases. Contested cases occur when spouses cannot agree on child support, alimony, property settlement or other issues. Uncontested cases are divorces where spouses agree on these divorce issues. Uncontested divorces are the least disruptive and costly, and cause less emotional and economic stress to divorcing spouses.

Many states require that all divorcing couples attend mediation or a form of alternative dispute resolution (ADR).

Alternative dispute resolution, or ADR, is an alternative to litigation. Two types of ADR in divorce cases include mediation and arbitration. Mediators and arbitrators play different roles in that the mediator tries to get the parties to resolve the case, while the arbitrator hears the case and can impose a resolution without trying to get the parties to come to an agreement. (Mikusco)

Mediation is a process in which a trained, neutral third party helps a divorcing or separating couple agree on how to resolve some or all of the issues in their case and avoid lengthy expensive litigation. (The benefits of mediation should be carefully considered and monitored in cases of domestic violence. If a client has been a victim of domestic violence, they must defer to their attorney about how best to proceed with mediation.)

Arbitration is also presented by a neutral party called an arbitrator who has the power to decide what should happen in the case and imposes a resolution. Arbitration is used when cases have been prolonged due to court schedules, a decision must be made regarding time issues, and is a way to resolve continuous litigation. The arbitrator is a lawyer and/or former judge whose decision is binding or nonbinding, but in most instances binding. While a trial can be appealed, an arbitration decision cannot.

**The mediator’s role**

Unless both spouses agree, it is not usually one or the other attorney’s role to mediate an agreement.

Not all mediators are lawyers, and they often include licensed mental health professionals who specialize in divorce mediation. A trained and certified mediator normally charges a mediation fee. In some instances, he or she will charge by the hour. Most attorneys and many couples therapists maintain a list of qualified mediators within their community.

The mediator will work to gain agreement from both spouses so that the focus is on a mutually agreeable resolution that benefits both parties. In addition, the mediator should be nonjudgmental and not force a resolution. The mediation discussion is not binding unless the mediation binding agreement is signed.

**Mental health practitioners should know the following about what judges tend to consider in contested cases**

In parenting issues that arise from contested cases, judges normally consider the following:

1. The parent who is more likely to allow the child frequent and continuing contact with the nonresidential parent.
2. The love, affection and other emotional ties existing between the parents and the child.
3. The capacity and disposition of the parents to provide the child with food, clothing, medical care or other remedial care recognized and permitted under the laws of the state in lieu of medical care and other material needs.
4. The length of time the child has lived in a stable, satisfactory environment and the desirability of maintaining continuity.
5. The permanence, as a family unit, of the existing or proposed custodial home.

6. The moral fitness of the parents.
7. The mental and physical health of the parents.
8. The home, school and community record of the child.
9. The reasonable preference of the child, if the court deems the child to be of sufficient intelligence, understanding and experience to express a preference.
10. The willingness and ability of each parent to facilitate and encourage a close and continuing parent-child relationship between the child and the other parent.
11. Evidence that any party has knowingly provided false information to the court regarding a domestic violence.
12. Evidence of domestic violence or child abuse.
13. Any other fact considered by the court to be relevant (Corbin, 1998).
Final judgment and modification

The legal document that grants the dissolution of marriage and/or references the settlement agreement that has been entered into between the husband and wife, or sets forth the details of property distribution, visitation rights, alimony, child custody and so forth is called the final judgment. The signed mediation agreement must be part of the final judgment in order for it to be enforceable.

The final judgment includes all of the obligations and rights of the divorcing parties, as well as to their children. A final judgment can be modified when there has been substantial change in the circumstances of either party, such as changed behavior in a parent toward a child, visitations, job loss, and economic change and so on. Only the part of the final judgment that pertains to the changed issue will be changed. In other words, the entire final judgment does not have to be modified; however, the order modifying the final judgment becomes the controlling document setting forth the rights and obligations of the parties.

Course conclusion

Mental health practitioners are uniquely qualified to guide separating and divorcing parents through this life transition. Working to facilitate this transition with the least disruption to families requires a skill set that includes legal, grief, child abuse, domestic violence, child development and life-stage knowledge, along with a strong couples and family training background.

The sample parent handouts and guides within this course provide additional information and support for families proceeding through this process.

Remember to consult the laws of your state for specific separation and divorce definitions and requirements.

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- www.ParentsWithoutPartners.org
Final Examination Questions
Select the best answer for each question and then proceed to www.EliteCME.com to complete your final examination.

1. During the bargaining stage, therapists serve as:
   a. “Reality checks” for their clients.
   b. Mediators for their clients.
   c. Parental figures for their clients.
   d. All of the above.

2. Parents will demonstrate their ambivalence by trying to strike a bargain with their partner that relates back to:
   a. Watching the children.
   b. Concern for their children’s well-being.
   c. Taking care of the house.
   d. Financial arrangements.

3. Children demonstrate their acceptance of their parents’ divorce differently because while they may accept the reality of the current situation, they also may continue to hope for several more months or years that:
   a. Their desires will be met.
   b. They’ll be able to acquire a pet.
   c. Their parents will be reunited.
   d. Their parents will be happy.

4. Statistically, the average person does not live alone for more than:
   a. Two years.
   b. Three years.
   c. Five years.
   d. Seven years.

5. Dating should not occur while:
   a. Parents still don’t know what their children want them to do.
   b. Parents are going through separation and divorce, and even shortly after divorce.
   c. The family is celebrating a holiday.
   d. The children are home.

6. Co-parenting is a term used to describe:
   a. Divorced or separated parents who are sensitive to their children’s needs and want to avoid putting them in the middle.
   b. When parents are sharing a residence.
   c. Children participate in their own parenting.
   d. When one or both parents have remarried.

7. Financial arrangements should:
   a. Should never be included in a parenting plan.
   b. Should always be included in a parenting plan.
   c. Don’t necessarily matter.
   d. Should be made only when both parents can agree to the terms.

8. Research has learned that a negative physical or emotional environment:
   a. Does not affect children.
   b. Does not impact children’s development.
   c. Can have a negative influence on children and delay their development.
   d. Puts the children at risk for abuse.

9. According to Erik Erikson, one of the “eight stages of man” is:
   a. The stage of Intimacy vs. Intimacy.
   b. The stage of Intimacy vs. Isolation.
   c. The stage of Intimacy vs. Hope.
   d. The stage of Hope vs. Isolation.

10. Children are:
    a. Often traumatized by their parent’s separation and divorce.
    b. Never traumatized by their parent’s separation and divorce.
    c. Not often traumatized by their parent’s separation and divorce.
    d. Always traumatized by their parent’s separation and divorce.