

childPSYCH News

A newsletter for professionals and parents

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We are moving!
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Special points of interest:

At *childpsych* only psychologists who are registered teachers will write the report on learning difficulties

We do not charge for report writing

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We're on the web
www.childpsych.net.au

Divorce and Children

Feature article by Philip Gosschalk MAPS, Principal Psychologist of *childpsych*

Up to 10% of Australian children live in single parent households. The Australian divorce rate is at about 40% for marriages with about 30% of children experiencing the divorce of their parents by the age of 16. Therefore children of divorced families do experience greater stress than their peers in non-divorced families. It should be noted that the terms "divorced families" also covers partners who have "separated" The purpose of this article is to provide information on how children of separated or divorced parents can be helped. NOT to debate the appropriateness of divorce.

Is divorce ever in the best interests of the children?

It depends. The research on children who grow up witnessing abusive marriages characterised by conflict suggest they are more likely to have emotional and behavioural problems than children in intact non-abusive families. Therefore, for some children it would seem that it is in their interests that the parents separate.

How do children in non-abusive but divorced families react?

In general, children of divorced parents seem to have more behavioural and mood problems than their peers from non-divorced families. One study suggested that 25% to 33% of adolescents in divorced families disengage from their family and



It seems it is parental conflict rather than divorce itself that is the main risk factor

"go off the rails". This is compared to 10% of adolescents in intact families who also "go off the rails".

Will all children in divorced families have problems?

No. About 75% of children will cope well enough.

However there seems to be some risk factors that will determine how well the child adjusts to family divorce. These are:

- **Age** - preschoolers seem to have greater problems adjusting to their parents separation/divorce. This may be because they lack the ability to understand what is happening. Adolescence is also another period of vulnerability as it seems there is less discipline in the household.
- **Parent-child relationship** - divorce impacts upon the quality of the parents relationship with the child. This seems to be because the parent who has majority custody carries the burden of being the sole disciplinarian

which is very tiring. The result is that the parent resorts to more harsher forms of discipline out of stress which in turn affects the parent-child bond.

- **Child temperament** - the child themselves bring their own "personality". Some children are naturally more easily irritated or annoyed and so react worse to their parents divorce than would be expected.
- **Parent conflict** - divorced parents who fight and argue in front of the children seem to create children who are more angry (particularly boys). In fact it seems it is parental conflict rather than divorce itself that is the main risk factor!

What type of custody arrangement is best?

The research is even less clear on this. In general it seems that mothers are important for children's immediate adjustment to the divorce whereas fathers are important for children's long term adjustment. This is one of the reasons, historically, why mothers were given majority custody. However, the problem here is that there is limited research on fathers as the primary caregiver. Of the research that does exist on fathers who have majority custody, the results are positive for the children.

There is no clear research on whether fathers or moth-

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information

Let children take toys
between houses. This will
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Divorce and Children con't

ers should have majority custody. However, children need routine and they need to have good quality relationships with both their parents. They do not benefit from seeing their parents arguing or speaking poorly of each other. This is the most important point.

So what can be done to help children in divorced families?
Some suggestions are:

1. Consider pre divorce or post divorce counselling for the children.
2. Keep routines such as bed times, meal times and bath times consistent across both households.
3. Let children take toys between houses. This will help with "transitioning" between homes and act as a "security blanket".
4. Allow children to call the other parent when they are away from them.
5. Ease children into over night stays by first letting them get used to day visits.
6. Allow children to have an individual photograph of the other parent in their room.

At *childpsych* we assist children of divorced families by taking into account the child's temperament, provide parents with the skills to manage the problems and strengthen the parent-child bond.

AD/HD & Learning Problems

AD/HD or "Attention Deficit / Hyperactivity Disorder" is seen in up to 5% of school age children. Approximately 50-70% of AD/HD children will have learning difficulties. These learning difficulties are not because of behavioural problems but represent a genuine learning disorder such as "Dyslexia" (see *childPSYCH News Vol 1 No 2 for assessment and treatment of learning difficulties*).

To understand why AD/HD children can have a learning disorder, it is necessary to first understand what AD/HD is.

AD/HD is a neurological condition that is characterised by difficulties with attention *and/or* hyperactivity and impulsivity. This means that there are 3 subtypes of AD/HD. The first is the "inattentive type" which used to be called "ADD". These individuals have neurological problems with attention, short term memory functioning, a slowness to their thinking and difficulty with thinking ahead and planning. Such children also commonly have auditory processing problems.

The second type of AD/HD are children who are mainly hyperactive and impulsive, but can concentrate well enough. They generally have less problems with memory functioning and auditory processing. This is a rare type of AD/HD to

have however.

Finally there are AD/HD children who have problems with both attention and impulsivity/hyperactivity. This is the most common type of AD/HD child. As you have probably guessed by now, AD/HD children who have problems with attention are more likely to have learning disorders than other types of AD/HD children. This is because memory functioning is important in learning.

An assessment of the child's neurological functioning, using cognitive tests (conducted by psychologists), is important in helping to work out what type of AD/HD may be present and whether a learning disorder

is likely. The results are important for helping to teach the child. For example, for some AD/HD children they learn best by having more learning breaks as they have trouble sustaining attention. Others require a slower explanation from the teacher as they are slower to process information. As you can see, a cognitive evaluation is very important in finding out the best way for AD/HD children to learn.

At *childpsych* children evaluated for AD/HD complete a cognitive assessment as part of our diagnostic approach.



childpsych in 2007



Our practice is moving in March into more permanent consulting rooms at 4/ 671 Sherwood Road. We will still be in Sherwood Village behind Asian Affair restaurant, with parking still under Woolworth's.

We now employ a part time Psychology Assistant and two psychologists. We have chosen to have "employees" rather than contract psycholo-

gists as we feel that staff psychologists have a greater commitment to their clients and their own professional development. One of our psychologists is a Clinical Psychologist and the other an Educational & Developmental Psychologist. All psychologists have postgraduate (specialist) training in their respective fields.

We are implementing the *Private Practice Management Standards for Psychologists*

which are voluntary. One of these recommendations is noise insulated counselling rooms which our new consulting rooms have.

Our yearly, anonymous, survey of the quality of our practice from past clients was very favourable. For example, 100% of survey respondents (parents) said they left the first interview with us feeling more optimistic about helping their child.

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PSYCHOLOGY PRACTICE

helping families and
children to move forward