

Conditions for Accepting a Child of Divorce in Psychotherapy

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Psychotherapy can be a very important resource for children whose parents are highly conflicted, separated, divorcing or divorced. Establishing a therapeutic alliance outside of the home can:

- Facilitate open and appropriate expression of the strong feelings which routinely accompany family transitions, including guilt, grief, sadness and anger;
- Provide an emotionally neutral setting in which children can explore these feelings;
- Help children understand and accept the new family composition and the plans for contact with each member of the family
- Offer feedback and recommendations to a child's caregivers based on knowledge of the child's specific emotional needs and developmental capacities

However, the usefulness of such therapy is extremely limited when the therapy itself becomes simply another matter of dispute between parents. With this in mind, and in order to best help your child, I strongly recommend that each of the child's caregivers (e.g., parents, step-parents, daycare workers, Guardian *ad litem*) mutually accept the following as requisites to participation in therapy.

1. Safety first.

State and federal laws require that I report any perceived threat to anyone's well-being to the appropriate authorities in an effort to assure everyone's safety. This will apply, for example, in cases of threats of violence to oneself or to others.

2. As your child's psychotherapist, it is my primary responsibility to respond to your child's emotional needs.

This means allowing your son or daughter to explore any feelings of anger, sadness, fear and even happiness that may be stirred up by the family transition and helping him or her to find appropriate ways of understanding and expressing these feelings.

3. Understanding your child's emotional needs requires close collaboration with you and with others involved in your child's life.

It is critically important that you and I talk together frequently. I welcome your phone calls (603.879.9100) and e-mail (papaben@inr.net) and will try to reply in a timely manner. I will invite any update about your child or the family at the start of each meeting. News that requires more than a couple of minutes together may require that we set aside a separate meeting to speak in greater depth.

This also means that I will need to stay in close touch with your child's other caregiver(s) and concerned professionals (e.g., teachers, pediatrician). I will request that the child's legal guardians sign specific forms allowing me to exchange information with concerned others, as appropriate to your child's needs.

4. I ask that all caregivers remain in frequent communication with one another about the child's well-being. Your ability to communicate constructively and to put your child's needs first are the best predictors of your child's emotional well-being.

Caregivers separate when adult conflict becomes insurmountable. I will ask that you make every effort to put this conflict aside and to put your child's needs first and foremost.

Caregivers who cannot speak face-to-face can sometimes establish constructive communications via e-mail or through the use of a structured communications notebook. I would be glad to provide you with a model of such a notebook.

5. I ask that all parties recognize and, as necessary, affirm to the child that I am the child's helper and not allied with any disputing party.

Children of divorce commonly feel torn apart. They often feel like just another piece of property to be divided between their parents. In order to help children cope with these feelings, it is critical that this psychotherapy not become yet another disputed possession.

6. I strongly recommend that all caregivers participate in Parenting Apart (or other comparable) psycho-educational groups, in co-parenting interventions and/or in their own individual psychotherapies.

Parenting Apart is one among many opportunities to learn about the usual process and common pitfalls parents encounter during separation and/or divorce. These groups tend to be educational and not oriented at helping individuals or co-parents cope with their unique situations.

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Co-parenting interventions are opportunities to meet with the other caregivers who share a responsibility to this child for the purpose of improving communication and consistency between the two (or more) homes. The co-parenting facilitator brings expertise in mediation, family functioning and child development to this process.

Individual psychotherapy is very likely the best place for a parent to explore and defuse the normal, expectable and very powerful feelings that routinely accompany separation and divorce. Individual therapy often helps caregivers set aside the emotional baggage which can otherwise get in the way of establishing a child-centered co-parenting relationship.

7. This psychotherapy will not yield recommendations about custody.

This psychotherapy does not include any effort to evaluate you, your co-parents, your homes or the relative merits of any particular custodial or visitation schedule.

In general, there are three options for resolving a custody dispute. The best option is to reach a child-centered resolution by mutual agreement. Marital mediation and co-parenting interventions can help when this is possible.

The second best choice is resolution via a formal custody evaluation conducted by a child-centered mental health professional. Although this process can be time-consuming and expensive, it usually poses less stress and is more focused on meeting a child's unique needs than the third option.

The third option is resolution via litigation through the use of lawyers, the courts and (optionally) a guardian ad litem. This process can be very stressful, time-consuming and expensive.

8. I prefer NOT to communicate directly with any party's lawyer.

My knowledge of the child and the family is for the purpose of meeting the child's emotional needs, not for the purpose of fueling the legal process. Toward this end, I will ask that all parties agree from the outset that my work with your child will not be introduced into any court proceeding at any time.

9. Payment for services is due in full at the time of service in the amount and in the manner established and as agreed upon by all parties involved .

Please refer to my office policies regarding payment matters and insurance reimbursement.

Payment matters can become complicated when separated caregivers both participate in therapy. For this reason, I will ask that the caregiver(s) present at the time of service pays

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the outstanding balance in full. I will leave any further division or reimbursement of costs to you. Should any extensive services be planned, an advance retainer may be requested.

10. This therapy will end either at my recommendation in consultation with all caregivers or by mutual agreement among the caregivers.

The effectiveness of any psychotherapy depends in part on the bond of trust that develops between patient and therapist. Children who have experienced parental conflict, separation and divorce are often reluctant to trust and fear loss. To end this therapy abruptly risks creating another loss experience for your child. For this reason, it is important that we plan to end this therapy by mutual consent, not as a result of any individual's unilateral decision.

Should concerns about the content or direction of this therapy arise, I urge you to bring those directly to me in a timely and constructive manner. Miscommunications and misunderstandings can usually be resolved in this way without negatively impacting the child or the therapy.

It is my experience that our mutual agreement to these ten points in advance of beginning therapy with you son or daughter increases the likelihood of a positive outcome for all involved.

Your signature below indicates that you have read, understand and accept these ten points. Please keep one copy of this document for your own records and return the other by mail or in person at your earliest convenience.

Thank you.

Benjamin D. Garber, Ph.D. (date)

Caregiver Signature (date)

Caregiver Signature (date)