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Divorce : a guide for counselors assisting children of divorce

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Divorce : a guide for counselors assisting children of divorce

Abstract

Clinicians must be aware of the presenting problems of children of divorce and effective techniques and interventions when working with this targeted population. The purpose of this paper was to provide various interventions and practical guidelines when working with children of divorce.

DIVORCE: A GUIDE FOR COUNSELORS ASSISTING CHILDREN OF DIVORCE

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The special needs of children of parental divorce have become a pressing social welfare issue. About one half of all marriages are predicted to end in divorce and about 40% of all children will experience the divorce of their parents before they reach adulthood. Marriage dissolution once considered to be a rare, unfortunate, and somewhat shameful deviation from normal family life has become a part of mainstream America (Burroughs, Wagner, & Johnson, 1997).

The family setting in which the child develops is the factor that has the greatest impact on his or her mental health and normal development. Infants, children and adolescents represent a sensitive at-risk population. Their dependence on the adult subjects them to various changes that are liable to affect their emotional and physical development. On one hand, children are highly dependent on their nuclear family, and on the other no one can harm them as deeply as their parents can. One of the changes to which children are exposed is one that has taken place due to the rising numbers of divorce rates in Western countries. Divorce uproots the traditional family structure and leads to situations of change and crisis to which the child is exposed (Cohen & Rohen, 1999).

Clinicians must be aware of the presenting problems of children of divorce as well as effective techniques for assisting these children. The purpose of this paper is to provide practical tools for counselors working with children of divorce. It provides counselors with various interventions and practical

guidelines when working with this special population. This will help counselors to be more intentional when working with this targeted population.

Effects on Children

Children are often the ones to pay the painful price of divorce. In addition, this situation is not one of their choosing, which makes it especially difficult. This process they are forced to experience is a source of tension and anxiety since they are present and often involved in the parental conflict. Parents are often preoccupied in dealing with their own anxiety caused by the change that they often cannot find the time or the patience to deal with the feelings and thoughts of their children (Lee, 1997). It has become evident that divorce is one of the major contributors of childhood poverty and the developmental and psychological toll can be just as devastating. Numerous studies have shown the harmful effects divorce can have on children (e.g., Cohen & Rohen, 1999). Early studies tended to focus their attention on characteristics of the child or demographics of the family as predictors of poor outcomes. However it has become increasingly clear that specific parent factors, such as level of conflict and the amount of time spent with children post-divorce mediate children's adjustment. Children who experience divorce with high levels of parental conflict will show such symptoms as aggression, regression to immature behaviors,

depression, failing academic achievement, as well as conflict with one or both parents (Bussey, 1996).

The assurance of children's needs has been greatly influenced by the efforts of Wallerstein (1989) who has published at intervals the results of a longitudinal study of divorce on families and children. The data at a ten-year follow up of 113 children and 52 parents indicated that although approximately one-third of the children had adjusted well, many of them were still struggling with anger, low self-esteem, loss, and relationship problems. The subjects repeatedly described to Wallerstein that after divorce their parents in many ways had deserted them. It was found that even normally empathic, nurturing parents were negligent to the needs of their children due to their own overwhelming emotional tasks (Bussey, 1996).

Other longitudinal research confirms Wallerstein's findings. Aro and Polosarri (1992) reported the results of a six-year follow-up in Finland with over 2,000 teens from divorced and non-divorced families. At age 16, teens from divorced families had significantly lower school performance and experienced more interpersonal problems, negative life events, and somatic complaints. This pattern remained constant when the group was studied again at age 22 even when controlling for social class. Likewise, Furstenberg and Teitler (1994) investigated data on hundreds of children examined at three different points in their childhood, from elementary school age through post high school by the National Survey on

Children. On nearly all outcome measures, children of divorced parents had significantly more problems. Their results indicated these children were less likely to finish high school or attend college, more likely to become pregnant as a teen, more likely to cohabit (but not marry) at an early age, more likely to have problems with delinquency, drug abuse, and depression, and less likely to be satisfied with their lives. The authors correlated these outcome variables with a series of previous parent and child measures. Confirming other research on the importance of the coparental relationship, they found that it was parent variables, such as degree of parental conflict, which correlated most strongly with the child's later adjustment. The child's own characteristics explained little variance in outcomes (McDonough & Barth, 1999).

How Do You Know When a Child Needs Professional Help?

Most children can benefit from some sort of counseling after a divorce. It is often difficult to distinguish between a child who is normally moody as a result of this major life change versus a child that may require professional help. The most common ways children display that they may be having serious difficulties adjusting to divorce include emotional difficulties, academic concerns, and social problems. Danger signs to watch that may indicate the need for professional counseling include ongoing anger and resentment, persistent depression, and the

inability to enjoy the social lives in settings that they formerly enjoyed. They may withdraw from friends or school in general or develop behavior problems where none existed before. Anytime a child seems regularly unhappy or anxious or is not functioning in their daily lives, professional consultation is recommended (Berry, 1998).

Children's Reactions to Divorce

Children's initial responses to the announcement of their parents' divorce vary widely. Parents are often puzzled at their children's unpredictable responses and are not sure what to make of them. Although children's overt reactions tend to vary, most studies find that the majority of children in divorcing families share similar feelings. Generally, children are intensely sad and anxious. They feel rejected, vulnerable, and powerless. Many feel angry and betrayed. Some feel guilty, afraid that they are in some way responsible for the divorce in some way. Children's self-esteem commonly declines. Most fear that they will lose their departing parent, and some worry about complete abandonment (Burroughs, Wagner, & Johnson, 1997).

Reactions According to Age and Developmental Level

Preschoolers

Children between the ages of three and five-and-a-half are the youngest children to be studied in any detail and show the most dramatic changes in behavior. Having a poor understanding of what is happening, they are bewildered and frightened. They perceive their parents as a single unit, and therefore are terrified that once one leaves, the other will abandon them too. Preschoolers are also overwhelmed with anxiety, and it is expressed in ways most parents find unpleasant: irritability, clinging, whining, increased aggressiveness, and temper tantrums (Clapp, 1992).

Preschoolers also tend to see themselves as central to what goes on around them and see events only in relation to themselves. During the separation, for example, they do not understand that “mommy and daddy” are leaving one another and instead think, ‘Daddy left *me*’ or ‘Mommy left *me*.’ Because preschoolers see themselves as central to events, when a parent moves out of the home, they believe they did something to alienate the parent. They are anxious and guilty and therefore work hard at getting their parents together (McDonough & Bartha, 1999). Routine separations become traumatic for preschoolers. Bedtime is also particularly difficult because these panic-stricken children are certain they will wake up to an empty house. For this same reason they often awake throughout the night. These children also tend to generally lose their most

recently acquired skills and regress to younger behavior, due to their insecurity (Clapp, 1992).

Six- to Eight-Year-Old Children

Generally children at this age, particularly boys, are the most openly grief-stricken, feel the most loss and despair, and yearn the most intensely for their absent parent. These children are also very susceptible to feelings of abandonment, rejection, and worry that they will be replaced. They have a hard time with parental conflict and so desperately want to be loyal to both parents that they feel they are literally being pulled apart. When their parents separate, these children are terrified and do all they can to stay connected to both parents. These children that experience anger usually express it indirectly at their parents. For example, they may refuse to do homework, to go to bed, or to do routine chores (Clapp, 1992).

Nine- to Twelve-Year-Old Children

The nine to twelve-year old's distress is frequently expressed in physical complaints, such as headaches and stomachaches. A shaken sense of identity and of right and wrong often overwhelms these children. The most distinguishing reaction however is their intense anger at one or both of their parents, usually whomever they blame for the divorce. Some children at this age are easily swept into a bitter and open alliance with one parent against the other. Forming an

alliance with one parent makes them feel needed, important and powerful (McDonough & Barth, 1999).

Adolescents

Adolescents tend to react to the divorce of their parents with a deep sense of loss, grief, anger, feelings of emptiness, difficulty concentrating, and chronic fatigue. Teens also tend to become actively concerned about their own futures. When parents divorce before teens have achieved their independence, their development can be uprooted in several ways. Many abandon friends, interests, and adolescent activities. Some regress into younger ways of behaving, while others may become immersed in the role of the family protector at the expense of their own life pursuits. Some may express their distress, anger and internal conflicts in potentially dangerous ways: promiscuous sexual activity, alcohol, drugs, or delinquent activities.

Many adolescents cope with their parents' divorces by distancing themselves from the crisis at home and looking for support on the outside from peers, parents of friends, teachers, and so forth. This distancing usually helps teens cope with the divorce, and most become reinvolved with the family once the turmoil is ended (Clapp, 1999).

Individual Therapy with Children of Divorce

Counseling can be defined as “a process concerned with an individual’s optimum development and well-being, both personally and in relation to the larger society” (Hansen, Rossenberg, & Cramer, 1994, p. 6). When this overall definition is applied to counseling children the focus shifts to assisting the child in overcoming obstacles that hinder healthy growth and development. The counseling process focuses on maximizing strengths, improving weaknesses, as well as focusing on self-growth, self-awareness, and self-acceptance. Most counselors, regardless of their theoretical orientation, are concerned with helping children to identify and explore their concerns, gain a new understanding of themselves and others; discover and experiment with new ways of thinking, feeling, and behaving (Orton, 1997).

This section will provide an overall summary of the stages of the counseling process when working with children. This is an integrated approach adapted from several models that involves forming a working relationship with the child, gaining new self-understanding and acceptance, discovering alternative ways of thinking and behaving, and implementing these changes in his or her everyday life.

Stages of Counseling

Establishing the Therapeutic Relationship

To facilitate the child's verbal and nonverbal expression of thoughts, feelings, and behaviors, it is necessary to create an environment in which the child feels secure and parents or guardians feel welcome. The establishment of the therapeutic relationship will encourage children and their parents to express their concerns. A therapeutic relationship is characterized by warmth and acceptance of children as fully participating persons in their own right. To create this relationship, the counselor must have a genuine caring for the child that allows open and honest communication. This working relationship enables the therapist to understand and respond to the child, the family, and the child's conscious and unconscious needs. The counselor creates and maintains a relationship with the child based on cooperation and mutual respect. The child participates fully in this relationship by helping to decide on counseling goals, choosing which activities to participate in, and determining how much to reveal of him or herself.

Establishing the working relationship is usually more prolonged in child therapy than in adult therapy because children may need more time to accept the therapist as a person who can help. The establishment of a working relationship provides the basis for a corrective emotional experience, which is believed to play an important role in child therapy (Orton, 1997).

It is during this stage that some therapists also begin to build a relationship with the child's parents. Parents' intimate knowledge of the child puts them in a unique position to help the counselor understand the child's strengths and weaknesses. Parents are often accurate in their assessment of the child's problem but may feel frustrated or overwhelmed by the child's behavior. In these instances, the counselor needs to validate the parents' feelings and help them discover and strengthen the positive aspects of the parent-child relationship (Orton, 1997).

The Assessment Process

In order to assist children in overcoming obstacles that interfere with their development, an assessment process must take place that involves gathering, analyzing, and organizing information about the child and his or her family. To understand the child's needs and establish goals for meeting those needs, the counselor will need to obtain an accurate picture of five important areas in the child's life. A complete developmental assessment should include 1) the specific concerns that prompted the child and the family to seek help; 2) a thorough knowledge of the child's motor, cognitive, emotional, and social development; 3) an understanding of the child's relationship with parents, siblings, peers, and significant others; 4) a profile of the child's school life, including academics, activities, attendance, an attitude towards school; and 5) knowledge of the child's special strengths, including abilities, talents, and supports available to the child to

overcome his or her difficulties. Information can be gathered in a number of ways including conducting intake interviews with the child and the family; observations by parents, teachers and the counselor; supplemental assessment measures, such as behavior rating scales; and informal information gathering techniques such as art, unfinished stories, puppetry, games, and free-play activities (Hansen, Rossenberg, & Cramer, 1994).

Analysis of the Problem and Its Cause

This stage involves identifying problem areas and selecting goals.

Problem analysis relates to the child's life experience and involves some self-exploration by the child. In the course of therapy, the child reveals thoughts, feelings, and actions that relate to his or her current functioning and past behavior.

Younger children are more likely to share their problems symbolically through play or art, whereas other children may share them verbally or write them down.

To gain an understanding of the child's worldview and his or her behaviors, some counselors provide opportunities for the child to recreate the problem situation through play (Hansen, Rossenberg, & Cramer, 1994).

Explanation of the Problem

During this phase the counselor helps the child understand and reduce troublesome thoughts, feelings, and behaviors; compare conflicting ideas; work through defenses and resistance; and link understanding to action. Often the child's family is involved so that parents and siblings can make important changes

in their interactions with the child. Some therapists use play, stories, and art activities together with the child's verbalizations to enhance the interpretation. Insight, which is critical to this phase, can be experienced as self-understanding. The child's new self-understanding can be arrived at either directly or symbolically or can be conveyed through the therapist's interpretations of the child (Orton, 1997).

Establishment and Implementation for the Formula for Change

In this phase, changes in the child's life occur. This process involves working to achieve change and translating insight into action. To help the child in this process, the "therapy must also provide experiences, either in reality or fantasy that allow the client to sense the value of making choices and instituting change" (O'Connor, 1991, p.101). Although this work can be done directly or exclusively with the child, it frequently involves the child's family and other significant persons in the child's life (Orton, 1997).

Termination

By this final phase, the child has hopefully improved so much that he or she can now function without the help of the therapist. The child has now made important changes in his or her thoughts, feelings, and behavior. These changes are a result of the child's ability to translate new understanding and learning into action. Treatment often results in mastery over certain problems, adjustment to

some, and acceptance of others. When this balance is acceptable to the child and his or her family, termination is in order (Orton, 1997).

Techniques Used in Therapy

The following section provides various techniques that can be used throughout the counseling process. A number of individual and group techniques are available to counselors designed to help facilitate change. Several of these will be discussed in detail including play therapy and family drawings.

Play Therapy

When a child is faced with unpleasant stressful situations in which mastery is incomplete, play provides an opportunity for the child to rework the meaning of the stress and to practice solutions. For the average child, play provides an avenue for communication in a safe and trusting environment. Play therapy is much like thinking in one language and talking in another. The child is able to express a conflict or stressor in symbolic language through play. The therapist's goal is to then translate that play into a conceptual understanding of the underlying conflict. One major function of therapy is to increase recognition and acceptance of various feelings the child is experiencing. Another main function of therapy is to help the child use verbal symbols for problem solving. Helping the child think about the conflicts in life rather than behaving automatically to them can improve the child's adjustment (Cattanach, 1994).

Prior to seeing the child for the first time, a meeting with both parents, if available, is crucial. It is important for the therapist to evaluate the quality of the relationship between the parents. In this first session, a discussion of the concerns of the parents is obtained, followed by a developmental history. The parents are given an explanation to give to the child as to why they are coming. The first few sessions of play therapy provides an opportunity for the therapist to understand the symbols that the child uses, how much fantasy is available as a problem-solving tool, and where the child is developmentally. The playroom should have materials that encourage the child to enter play. Appropriate materials include a dollhouse with family figures, puppets, play clothes, balls, blocks, crayons, paper, and a wide range of toys. Toys should be selected that may be too young or too old for the child, as well as age appropriate. Toys should also be appropriate and inappropriate from a sex-role perspective (Carroll, 1998).

Feeling Balloons. Feeling balloons is one example of a play therapy technique that gives the child a visual prop to identify, express, and own his or her feelings. Three or more balloons are drawn by the child. In balloon number one, all the feelings that this child knows about are verbalized and written in the balloon, which is named "all kinds of feelings." The additional balloons are also given names, for example the next balloon could be labeled "divorce." The third and fourth balloon might be labeled "Mom and Dad." From the "all kinds of feelings" balloon, the feeling words are placed in the "Mom" and "Dad" balloons.

The child and therapist then discuss the feelings. Normalcy is established and anxiety often lessens as the child begins to understand what he or she is feeling (Kaduson & Schaefer, 1997).

Create a Community. This technique is helpful for those children who must frequently transition from one home to another due to parental visitation arrangements. It is therapeutic in situations in which the child is overwhelmed by and resistant to expressing feelings and thoughts regarding past or current stressful situations. The first step is to introduce, by modeling the drawing of a house, by sectioning off a piece of paper into “rooms”. This can be drawn somewhat like a blueprint or layout of a house. The child is then asked to help decide on and draw in furniture and other appropriate items for each room. The child should then be asked to draw his or her own house, as well as other places (such as school, Dad’s house, Grandma’s house, courthouse, stores) that he or she may need for a community. Once the community is completed, various vehicles and dolls may be added as well as suggesting that the child and the therapist “drive around” and play in the community (Carroll, 1998).

By creating his or her own community, and manipulating fantasy situations, the child is provided with the necessary distance to feel safe and in control as he or she plays out situations and begins to express fears, concerns, and wishes. The therapist is then able to make observations (colors used to draw and items chosen in each home or place, additions and deletions as sessions progress,

and verbal expressions in role-play) and reflect feeling and content as the child plays. Once established and accepted by the child, this technique may be used as a non-threatening, familiar tool to assist the child in identifying, expressing, and working through particularly stressful events related to being separated from one or both parents (Kaduson & Schaefer, 1997).

Outline Drawings of Boys and Girls. This technique is also used as a tool to help children identify and express feelings related to particular events in their lives and can have a broad range of applications. To use this technique, quickly draw the outline of a boy or girl or used a photocopied outline drawing. While always watching for the child's lead, the therapist can use the outline drawing to inquire, "I wonder what she might feel like if something like that happened in her family...maybe sad, or mad," while coloring in or decorating the outline to illustrate the feelings we are discussing. This can be used as a starting place to talk about the particular feelings, what they are, when they happen, how they feel, and how we deal with them. The outline drawing provides an opportunity for the therapist to model or play out the feelings for the child. The outline drawing allows the child an appropriate amount of distance from the trauma of the presenting stressor. The emotional content of the experience need be made only as conscious as is therapeutically appropriate. The child need not assume ownership of the feelings until he or she is ready, although the expression of the feelings in the outline provides for normalization as to what the child is feeling

and facilitates movement into fuller awareness of his or her experience (Kaduson & Schaefer, 1997).

The Feelings Tree. This technique helps the child sort out the right to have and own a feeling. In initiating this technique, the therapist begins by taking gray clay to make a flat tree on a styrofoam tray, with a foliage top so that the “fruits” or feelings can fit on it, and a plain trunk. For more sophisticated children, a trunk with roots can symbolize getting to the roots of feelings or cause of the problem. Four basic clay colors are used to identify feelings (“sunny” yellow or happy feelings, “blue” or sad feelings, “red hot” or angry feelings, and “green with envy” or jealous feelings). The therapist and client begin making small “fruit” balls of the four colors and placing them on the fruit “feelings tree.” The child decides how many “feelings” of each color to add to the tree. The child has control of which feelings he or she would like to discuss by picking off the colored fruit of their choice. The therapist can play and model that any of these feelings are acceptable to have. The child gains encouragement to discuss the more uncomfortable feelings by choosing from the final “fruits” of the tree. Children who come to therapy rarely understand that having and discussing feelings is acceptable and they frequently confuse acting on the feelings and just having them. The therapist can later work with the child to identify acceptable ways to deal with various feelings (Carroll, 1998).

Design a Dad. Design-a-Dad provides children with opportunities to create idealized or devalued representations of their fathers. Working with father-unavailable children in play therapy can be a very difficult process. They may be unwilling to discuss their fathers for a number of reasons. They may carry angry feelings towards their fathers for the absence or they may have little or no knowledge of their fathers and therefore feel unable to discuss them (Kaduson & Schaefer, 1997).

Several materials are required for this technique. The actual bodies can be cut from many materials such as felt, poster board, or foam rubber. Several colored pieces of felt can be used to clothe the dads and can also be used to make several styles of hair, eyes, moustaches, noses, and mouths. The child will also adhere feeling pieces to their father's representations. Particular feelings are paired with certain representative colors (yellow=happy, blue=sad, black=scared, brown=lonely, orange=excited, green=worry, red=mad, and purple=whatever they choose it to represent). These pieces can be made out of a variety of pieces as well. These pieces are then cut into shapes to represent the feelings associated with it (happy=smile shape, sad=a frown shape, scared=a small circle, lonely=a thin, long shape representing the number one, excited= an exclamation point, worried=a question mark, red=a square, purple=an oval). This may make the feelings less abstract to younger children. The therapist then marks the colored pieces with the corresponding color names (Kaduson & Schaefer, 1997).

The process begins with clients choosing particular bodies for their dads and dressing them. Therapists should facilitate the children's discussions of their fathers as opportunities arise. The child then chooses particular feelings to ascribe to their fathers based on how they see their dad's emotions (part real, part projection). This is done by placing the feeling pieces under the dad's shirts, in places where the feelings come from the chest and the belly. Metaphorically, the therapist may refer to feelings as "being on the inside and needing to come out." A potential therapist verbalization may be, "Wow, your dad's shirt has trouble fitting over all those feelings. I bet it would be better if those feelings were able to come out sometime." Over time, as the child explores and processes these various emotions, the feeling pieces can be literally brought to the outside of the figure. As the process evolves, the therapist can facilitate age-appropriate understanding of the various feelings and differentiate which feelings are the child's and which may be their father's (Kaduson & Schaefer, 1997).

Family Drawings

Children naturally draw as part of their developmental process. The language of drawing is a natural activity that the child enjoys, and one that is not enforced on the child by an adult. Drawings can be used as a diagnostic tool as well as a therapeutic one. The unique feature about family drawings is that they provide information on three spheres of a child's life: a) the child him or herself,

b) the child's feelings within the family, and c) his/her perception of the structure of the family unit in which he/she lives and his/her attitudes towards this family (Cohen & Ronen, 1999).

Drawing may be one of the child's main mediums of communicating following parental divorce. In working with children of divorce, drawings can be used to better understand how children view their changed world. To utilize drawings is to read the hearts and minds of these children. The rationale for utilizing drawings in working with children of divorce involves numerous considerations. First, drawings reflect the significant divorce experiences of the children and can be used to subtly act out the home situation. They also help relate affect and emotions of children during the stages of divorce and can demonstrate the effects of divorce on them. Children may use the drawings to express open protest against the parents, siblings and significant others involved in the divorce process that might not otherwise be expressed. Drawing is also a socially accepted way to express anger, a significant and frequent reaction of children of divorce (Oppawsky, 1991).

One can learn about the child from the size of the drawn figures, the quality of the line emphases and erasures and the color scheme on the page. The size of the drawn figure usually is a sign of the child's self-confidence. When the figure is of normal size in the middle of the page it usually indicates confidence. A very large figure that dominates the entire page shows suffocation and

domination, while a small figure on the margins expresses the need to disappear, to hide, a lack of confidence and rejection. The quality of the drawing is connected with the type of line drawn, a strong or weak line, a continuous or broken line, erasures, shadows versus emphases. Erasures and blurring indicate a lack of confidence and anxieties, in contrast to the use of a uniform, continuous line. The type of crayon used is another measure of self-confidence. The use of pencil or colored pencils show a lack of confidence in contrast to the use of wax crayons or felt pens that indicate self-assurance, confidence, and presence (Cohen & Ronen, 1999).

The family drawing is also evidence of the family atmosphere as well as the child's feeling within the family. The child's place within the family is very crucial- whether he or she is drawn with the parents or at the edge of the page. Another important dimension is the color scheme, the size of the figures, and the form of the drawn figures, whether for example the child drawing the picture appears in different colors and in a different size than the other figures. The addition or omission of limbs is also significant. For example, the absence of eyes, which symbolize a connection to the world, a tendency to see things. One can also see how the child may feel within his or her family from the way the connection between the figures is emphasized- eye contact, closeness, and reaching out of hands. It is also of importance to examine which of the family

members the child chose to draw, in what order, who he or she chose to admit and which of the members were added (Cohen & Ronen, 1999).

The ability to use family drawings as a diagnostic tool is of particular importance when working with divorced families, when the familiar structure, which is meant to support and protect the child is impaired and threatens the child's emotions. One would expect the child's drawings to be affected by his/her emotional state and his/her place in the process of adapting to the new setting. Therefore, in recent years, family drawings have been utilized in an attempt to understand and diagnose the child's feelings in the context of a family crisis. The drawing, although it is a projective tool, has been found to be valid and reliable (Cohen & Ronen, 1999).

Spigelman, Spigelman, and Engleson (1992) conducted a study to compare family drawings made by children of divorce to those made by non-divorce children in the hope of further understanding of how divorce affects children's attitudes and perceptions of the family. The Draw-A-Family Test was administered to 108 Swedish children. Fifty-four children were from divorce families (27 girls, 27 boys) and 54 (27 girls, 27 boys) from intact families. The age of the subjects ranged between 10 and 12 years. Focus was placed on which family members were included in the drawings, the prevailing mood of the figures, and the tendencies to omit hands and feet. The results of this study, in general, indicated that children of divorce tended to omit and/or separate family

members in their drawings more often than did non-divorce children. Omission suggests that the child has a conflict-laden relationship with the omitted persons. In the group of divorced girls, no member was omitted more often than any of the other members whereas among divorced boys siblings were omitted more frequently than other family members, possibly indicating intensive sibling rivalry.

Difficulties in interpersonal relationships were also indicated in the drawing of the divorced children by the frequent hiding and omission of hands and feet. These results indicate a certain difficulty many divorce children may face in entering and maintaining mature relationships (Spigelman, Spigelman, & Engelsson, 1992).

No difference was found between the drawings of divorce and non-divorce children regarding the omission of the father figure, and/or in the relative size of the two parent figures. No evidence was found that the time elapsed since the divorce would be related to an increased tendency to omit the father, or that he would be drawn smaller than the mother. Many drawings of the divorced children expressed wishful thinking describing a kind of ideal family. It was concluded that even in cases when the father is physically absent, psychologically he may still be present as a mental representation in the mind of the child.

Furthermore, it was also found that the prevailing mood was more often negative in the divorce children's drawings. Children who drew the figures with

negative expressions also tended to show indications of depression on the Rorschach test and to report enduring feelings of sadness. The use of a non-divorce control group appeared to be useful in interpreting the family drawings of the divorce children. The present results should be viewed as a point of departure for future investigations rather than as conclusions themselves (Spigelman, Spigelman, & Engleson, 1992).

Group Therapy

Overall Goals

A group therapy setting can provide a developmentally appropriate context in which shared experiences can provide a normalizing remedy to shame and isolation (Hodges, 1986). In addition, engagement in a group process can provide a release from the hypervigilance that often dominates these children's experiences in individual work. When group frees children in this way, there can be greater potential for effective subsequent individual therapy (Roseby & Johnston, 1995).

Overall treatment goals include aiding children in experiencing and tolerating feelings in themselves and others, achieving a more normal course in their development of interpersonal understanding, empathy, and morality. These interrelated components of the group work to address these goals (Hodges, 1991). In group, activities are structured to enhance the child's awareness of self and

capacity for differentiation of self and other. Many children of high conflict families have little ability to express inner experiences or repressed feelings. Others tend to fuse feelings with actions, when aroused they can easily regress and act out, often aggressively. It is crucial, therefore, to create an environment where the expression of feelings is not only encouraged, but valued (Sweeney, & Homeyer, 1999).

Group Interventions

Color feeling charts. One activity that the leader and children can create is a color-feeling chart to be used throughout the course of the group. The chart provides a shared vocabulary that allows children to name feelings and discriminate types and degrees of emotion. Each feeling is assigned a color. The group facilitator helps the children discriminate types and degrees of emotion. Another activity used to increase the awareness of the range and intensity of feelings involves the use of a chart in which thermometers are used to depict levels of feeling. Each of several thermometers on a chart is labeled by the children, with a feeling, then colored up to whatever level indicates how much of a particular feeling they experience in family and peer situations. Charades are often used to then help the children link behavior with the feelings that they identified. The group members are asked to show how their charade would change if they colored in more or less of the feeling. This helps in increasing the child's tolerance for feeling and behavior and emphasizing that the two are

distinct. The color-feeling and feeling-thermometer charts help children differentiate the internal (subjective) self and the external (objective self) so that self-boundaries can be strengthened (Carroll, 1998).

Imaginary private rooms. Another activity often used in a therapeutic group is the creation of an imaginary private room. Children are invited to imagine a private room within themselves to which they have protected access. When the image is in place, the children then make drawings of their rooms. The group leader then uses guided imagery to help the children symbolically enter their inner rooms and use them as a safe place to identify private wishes and hopes for the future (Roseby & Johnston, 1995).

Masks. The use of masks can also be helpful in group therapy. Internal states and external representations are differentiated by activities in which these aspects of the self are made concrete. For example, the children create masks that symbolize their "outside self," which is often their defensive style. These masks can later be utilized when role-playing in which children are asked to consider safe persons, places, or times when they think they might remove the mask and genuinely communicate how they feel inside (Cohen & Ronen, 1999).

Human sculptures. The sculpture of the ideal family provides the opportunity for children to review, revise, and reconstruct their rules about family relationships. Human sculptures can be constructed using group members to create a human sculpture representing how their family members currently relate

to each other. Each child is then invited to create a new sculpture showing how members of an ideal family would relate to each other. Both sculptures are silently videotaped. Group review of the videotapes provides exposure to a third person perspective of the family as well as opportunities for discussion. This exercise can evoke feelings of anger, sadness, and loss, which some children are able to acknowledge in the group setting (Cohen & Ronen, 1999).

Role-playing. Role-playing is a central strategy in the group approach. The child is asked to recreate a remembered experience. The facilitator selects role players and helps to identify the feelings and appropriate behavior for each role. When the role-play is complete, the facilitator elicits a revised version in which the child dramatizes his or her wishes about how the experiences could have happened. The revision is also used to differentiate wishes that can lead to realistically effective coping from wishes that reflect feelings of longing and helplessness, which must be acknowledged and worked through (Carroll, 1998).

Conclusion

One of the changes to which children are exposed is one that has taken place as the result of the rising numbers of divorce rates in Western Countries (Cohen & Rohen, 1999). Numerous studies have shown the harmful effects divorce can have on children (e.g., Wallerstein, 1989). Aro and Polosarri's (1992) research concluded that teens from divorced families had significantly

lower school performance and experienced more interpersonal problems, negative life events, and somatic complaints. Other significant research conducted by Furstenburg and Teitler (1994) also concluded that children of divorced parents had significantly more problems than children from intact homes. Their results indicate that children of divorced parents were less likely to finish high school or attend college, more likely to become pregnant as a teen, more likely to cohabit (but not marry) at an earlier age, more likely to have problems with delinquency, drug abuse and depression, and less likely to be satisfied with their lives.

Clinicians must be aware of the presenting problems of children of divorce and effective techniques and interventions when working with this targeted population. The purpose of this paper was to provide various interventions and practical guidelines when working with children of divorce.

Although psychological interventions with children are often a downward extension of adult therapies, clinicians must consider the differences between adult and child clients. Throughout this paper the overall goals of the counseling process were discussed, with special emphasis being placed on the distinction between working with adults verses working with children. One main difference is that it is often harder to form a therapeutic bond with a child. Furthermore, interventions with children must be considered in a developmental context. (Orton, 1997). When counseling children, the focus becomes assisting the child in overcoming obstacles that hinder healthy growth and development and

providing the child with experiences either in reality or fantasy that allow the client to sense the value of making choices and instituting change (Orton, 1997).

Two distinct counseling techniques were examined in detail including play therapy and family drawings. Various play therapy exercises were described in further detail including feeling balloons, create a community, and design-a-dad. Group therapy is also a setting that can provide a child a developmentally appropriate context in which shared experiences can provide a normalizing remedy to shame and isolation. Several group therapy techniques are described in detail including imaginary private rooms, masks, human sculptures, and role-playing. Art therapy and bibliotherapy are among other techniques aimed at assisting children of divorce but are beyond the scope of this paper.

Treatment research with children of divorce appears to be focused on studies of group interventions as opposed to individual interventions. In addition, the outcomes of these group interventions appear to be inconsistent. There appears to be limited research on the individual treatment of children of divorce. Further research is needed to identify developmentally appropriate interventions with children of divorce.

Helping children adjust to marital transition is an important step towards enhancing optimal development of each child's potential. Recent trends in the divorce rate suggest that many children will observe the dissolution of their parents' marriage. Mental health professionals must have access to effective

strategies for use with those children left to wrestle with the confusion and insecurity of their parents' divorce.

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