

## **CHILDREN WITH SPECIAL NEEDS IN DIVORCE**

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Almost one third of all children in the United States under the age of 18 were classified as suffering from a chronic health condition in the 1988 National Health Interview Survey (Newacheck & Taylor, 1992). Considering this statistic, of the million plus children per year who are involved in divorce, approximately 33,000 have handicapping conditions.

When developing a parenting plan for these children, there are certain factors that must be taken into consideration:

- Nature of the Illness
- Stress
- Medical Treatment
- Developmental Level
- Siblings
- Attachment to Parents and Caregivers

In evaluating the nature of the illness, parents or evaluators submitting parenting plans for these children must consider the type of illness and the amount of care required to treat the illness. A child with a learning disability or mental retardation is often in a special education program or a special school setting. Care must be taken not to disturb this child's educational progress and to meet the child's educational needs. Parents with children who have Individualized Education Programs (IEP) in place must be sure to carefully follow those programs. (You may want to bring a copy of the IEP to any applicable Court hearings.) If it is possible for the child to remain in his or her current program, it is important to do so. Many children with mental disabilities find it extremely disturbing to have their routines changed. Stress, in the form of moving, the dissolution of the parental relationship and possible disturbance in the child's educational program can cause severe setbacks.

Children with physical ailments such as asthma or diabetes must be carefully maintained on medications and regular treatment regimens. Medications must be carefully monitored. Medical appointments must not be missed. Treatments such as nebulizer

treatments must be continued. These children are also affected physically by stressors, which are normal to divorce situations. These stressors can cause their conditions to fluctuate and sometimes worsen. Careful monitoring is essential. Even something as simple as mild allergies must be monitored. Perhaps a child with pet allergies travels from a home where there are no pets to the nonresidential parent's home where there are cats and dogs. Severe reactions can sometimes occur. If the nonresidential parent must maintain pets, those pets should be withdrawn from the environment when the child is enjoying parenting time.

Deafness (hearing impairments) and blindness require a different set of considerations. Children with either of these conditions are often enrolled in special schools or have special educational programs in place. Of course, there are varying degrees of these conditions. With deafness, hearing aids, if used, must be maintained. Both parents should become proficient in sign language, if needed. Having a deaf child in your home and refusing to provide an adequate means of communication is unacceptable. Moving from one school district to another, or to a different state may require the child to complete a new assessment to qualify for local assistance. Children who are blind have not only special schooling and regimens, but they also must go through the stress of finding their way around new homes, new neighborhoods, new schools, and new communities.

Children with much more serious handicapping conditions or multiple handicaps require even more consideration. They may require ramps be built at new homes. Parents will have to locate new doctors, new physical therapists, and often accommodative day care situations. Moving into a new community will require learning about and accessing the services available.

Critically ill children require much more care than even any other of the handicapping conditions listed above. These children are often at doctor's appointments. They often must be rushed to hospital emergency rooms for treatment. They require special equipment in their homes. They often require in-home caregivers. If these children are to have parenting time with a parent in another city, arrangements and contingencies for emergencies should be in place well in advance. Medical records may need to be sent to receiving physicians in case of emergencies or unexpected illnesses.

Even in a healthy marriage, having a child with a handicap can be extremely stressful. In fact, many couples with handicapped children find themselves estranged and facing divorce. Often it is caused by the "why me" syndrome. At other times, not knowing the cause of the handicap or illness can cause the parents to begin blaming one another. Often, formerly easy-going and happy parents find themselves hypervigilant and unable to cope with both the child's condition and their daily lives. It is no wonder that so many children with handicaps find themselves in the middle of a family of divorce.

Add onto the stress of the child's handicap the normal stressors of divorce and the child's developmental level, and oftentimes developing a parenting plan for a child with a chronic illness or handicap can be of monumental proportions.

Determining where the child's primary residence should be oftentimes comes down to the simplicity of which parent has the most time and the means to care for the child. These are important factors in determining a child's primary residence. Just because a parent "wants" the child should not be the determining factor. If it is a father who travels often or a mother who works 12 hour days, the best interests of the child would not be met by the child living with a parent who has no time to parent, especially with the extra demands of severe illness or handicap. If one of the parents is available to parent more consistently, it would be in the child's best interests to remain with that parent in the home and community with which they are familiar. If the child must use a wheelchair and ramps have already been built at the family home, care should be taken to allow the child to remain in that home. As with a child who is blind, they are familiar with the home, placement of furnishings, neighborhood, and school. Because the parents have chosen to separate, these children should not be made to pay for their parents' decisions.

As far as parenting time, this too is often affected by the child's physical condition. Medical equipment necessary to maintain the life of a medically fragile child is oftentimes too expensive for each parent to have a duplicate in their homes. The ideal would be if the parents could share the child's residence, using the nesting approach. If father is the primary caregiver for the child and mother has parenting time, she could come to the family home and father could stay in her home for a weekend. Otherwise, it may not be feasible for one or the other of the parents to have overnight parenting time.

Parents may need to have some equipment installed in their homes in order to adequately parent, such as wheelchair ramps, widened doorframes, lowered counter tops. For hearing impaired or deaf children, wiring doorbells and phones with lights may be necessary. Adding TDD functions to their phones or adding Braille labels to cabinets may be small things that parents can do to accommodate children in their new homes.

Moving beyond the basic needs of children who are chronically ill or handicapped, parents must also consider the developmental levels of the children in determining primary residence and parenting time. During the first three years of life, it is essential that parents provide children with a stable environment, good communication, and support that can be trusted. Often enough, parents fight over who should pay and how much child support should be paid, or how often the child should parent with the nonresidential parent. With children with special needs, refusal or withdrawal of financial support can be potentially life threatening. At the same time, the residential parent should recognize the need the child has to have both parents present and available. For children who are restricted to home or residential care, having both parents present to them is essential.

With normal infants and toddlers, the basic foundations of trust and human relationships are formed during the first three years of life. To which parent the child relates as primary caregiver is an essential factor to consider. They need stability and consistency in their home lives. If both parents have been active in the child's daily care, then even if the child is separated from the primary caregiver for a time, the child will continue to develop normally. Therefore, if overnight stays are medically feasible, they are recommended for the nonresidential parent. As with normal infants and toddlers, overnight stays within the first year of life should be limited. Frequent visits of a shorter duration are recommended, such as several hours on alternate weeknights. Beyond 18 months of age, children can more easily tolerate overnight stays and parenting time should be adjusted to reflect their developmental needs. However, it is important to note that it is difficult to develop an equal time parenting plan at this stage of life, even with a child who does not have special needs.

Children, especially those with special needs, are often more sensitive to the emotional temperaments of those around them, and they do better when parenting exchanges occur with as little animosity and conflict as possible (as do all children). Parents who are supportive of each other in their relationships with the child create a better environment for the child.

Infants and toddlers are at a stage when developing normal attachments is crucial. If the child has been provided care consistently by one parent, to remove the child from that parent's care would not be in the child's best interests and could cause long-term emotional problems. It is essential for both parents of a special needs child to learn and develop good parenting skills. These skills will aid in helping the child to adapt to a bilocated household, and normal attachments are much more likely.

It is important that parents with infants and toddlers who have special needs maintain as much consistency between households and routines as possible. This will require communication between the parents, and some parents find this difficult. Communication requires providing medical information, information about routines and medication regimes, educational programs and practices and maintenance of equipment (i.e. when to change hearing aid batteries or how to keep a hearing aid clean.) Parents need to communicate about techniques they use to sooth an infant or toddler, special blankets or toys. Shared parenting is healthy not only for normal infants and toddlers, but it allows a child with special needs to grow and develop to his or her greatest capacity. Parents who are having difficulty communicating and realize that to have good communication is in their child's best interests, might want to consider enrolling in a co-parenting class to help them better adjust.

In children from ages three to five years, the parents need to continue to provide a consistent and stable environment with consistent and stable routines and consistent discipline. Even with children who have no significant medical condition, parents of divorce must continue to share medically specific and educational information. At this

age, if the child's medical condition permits, overnights are much more feasible. Parents will need to share not only medical information, but information about routines, eating habits, toilet training, sleeping habits (i.e. night lights, special toys, naps), and the child's social and educational environments. In many areas of the country, special education programs are provided, and parents are encouraged to enroll children in those programs (i.e. in Colorado, children with hearing impairments begin school at age three.) If the parents live close enough, the children can begin to tolerate a more evenly scheduled parenting time. Whether this can occur depends largely on the child's secure attachment to the parents, the consistency in each household, the parents' ability to communicate and the child's medical needs. The schedule depends largely on the nonresidential parent's ability to meet the child's medical needs. Being able to appropriately coparent is essential to developing a more evenly distributed parenting schedule with a child with special needs. Children should not be placed in medical jeopardy to satisfy a parent's desire to have equal parenting time.

School age children continue to need consistency and structure. If they are capable of interacting in a school or social environment, children in this age group begin to move toward their peer groups. Children of this age who have no major educational handicaps are giant sponges for knowledge. They want to learn about everything. They also are beginning to develop specific areas of interest, such as music or art. As with a child with no special needs, these children should be given every opportunity and encouragement to develop their interests. As they move between households, each parent should continue to encourage their growth and interests. Because parents are different, a child's opportunity to move freely from household to household can be academically and creatively advantageous for that child.

It should be noted that if divorce occurs in this age range, the child may tend to react emotionally much more than a younger child. They will be sadder and tend to mourn the loss of the family unit. A child with special needs who has been primarily dependent upon their families for their social interactions as well as their medical care is even more likely to react to a separation and divorce at this age. Often children with special needs, more than other children, will feel responsible for their parents' divorce. In many cases, the struggle for parents of caring for a special needs child does create insurmountable problems in their relationship. Parents need to be especially aware and take extra precautions not to allow the child to shoulder this burden. As with children without special needs, these children may begin to exhibit acting out behaviors such as tantrums, academic problems, regressing to an earlier stage of development or aggression with peers and siblings. They may refuse to take medications or participate in therapies. They may have more frequent "accidents" in which wheelchairs fall over or glasses are lost.

High conflict divorces can cause these children even more stress. They may begin to perceive one parent as good and the other as bad. They may withdraw or shut down emotionally. They may decide that one parent cannot care for them and feel threatened if forced to have overnight parenting time with that parent. Emotionally immature children

with lower IQ's may become sullen, tearful or physically aggressive. It is essential, particularly with a child with special needs that parents maintain a close relationship with that child. If a parent suddenly withdraws from the child's life, the child is much more likely to assume it is because they are "not normal", and their self-esteem will plummet.

If the child is medically capable, a much more equal sharing of parenting time is recommended. If possible, a 35 percent – 65 percent time-sharing plan is recommended. The best plan is 50 percent for each parent, but for children with special needs who require special medical equipment that is not portable, this plan is nearly impossible. The more consistency and communication offered by both parents, the more likely a shared parenting plan will work.

Parents, particularly of a child with special needs, need to develop a way of keeping the child out of the conflict. They should not discuss the details of their court case, nor should they make negative comments about the other parent. Children without special needs are susceptible to emotional damage when parents act in a conflictive manner. Children with special needs often are even more susceptible to these negative behaviors.

An adolescent's primary job is to develop a sense of self and identity. For a child who cannot move about freely in their environment because they are restricted by a wheelchair, blindness, or an inability to participate in normal community/school activities, the ability to do their job is often hindered. When a divorce occurs with a child this age, the parents need to try to move beyond their own hurt and anger to help their adolescent child become a secure and happy adult. This is difficult in even optimal circumstances. Parents in highly conflicted divorces with an adolescent with special needs have an enormous job. They should seek out support systems in the community and in their families to help them complete their jobs.

Parents of adolescents with special needs must continue to maintain consistent and supportive environments. Adolescents without special needs may be prone to mood swings and emotional upheaval. Adolescents with special needs may be even more prone to behavioral changes and outbursts, depending upon the circumstances surrounding their conditions. Parents of children with special needs often feel a need to protect and shelter their children. At the same time, these children, just as normal adolescents, have a need to develop their own identity, independence, autonomy. Divorced parents of adolescents with special needs must make an effort to support, in whatever way is practical and feasible, the adolescent's normal growth and development. It is essential for parents of adolescents with special needs to maintain open and supportive communication with one another.

One consideration is the location of parents. If parents are in the same city, as much as can be done, equal parenting time is encouraged, again dependent upon the child's level of medical fragility and need and the child's developmental age. When the parents live in separate cities, parenting time may depend upon the child's ability to travel, the

availability of medical care, and the child's emotional maturity. A medically fragile child may require the nonresidential parent to travel to the city where the child lives for parenting time. The nonresidential parent may have to rent equipment or hire medical helpers if the child can travel to that parent's residence.

One very important consideration for children with special needs is siblings. If these children are attached to siblings, they need to remain with these siblings as much as possible. If siblings have parenting time with the nonresidential parent, the child with special needs should be allowed to have parenting time with them also, if it is possible. To separate children with special needs from their siblings makes them feel "different" and again can cause them to feel that they are in some way responsible for their parents' divorce. Or, they may feel they are not "good enough" and depression and withdrawal from family members can occur. Siblings of children with special needs may become parentified during a divorce, feeling the need to care for their special needs sibling, particularly if parents are too busy engaging in the divorce conflict. The siblings without special needs must be given care to allow them to continue with their lives. At the same time, when there are medically fragile siblings who cannot travel, the child without special needs should not feel that their ability to have parenting time with the nonresidential parent is restricted by the needs of their sibling.

Indeed, more so than with children without special needs, it is often financially overwhelming for parents to provide for their children during and after a divorce. In determining a parenting plan, the parents are much more aware of the child's needs than are the officers of the Court, and they should make every effort to develop plans from their own knowledge base that are based on the best interests (and needs) of their children.