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Ten Tips for Developing Parenting Plans for Special Needs Children

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The authors will present a workshop at the AFCC 50th Anniversary Conference in Los Angeles entitled, "Parenting Plan Considerations for Special Needs Children."

The term "special needs children" is an umbrella designation that encompasses a staggering array of children who suffer from learning disabilities, profound cognitive impairment, serious medical illness, developmental disorders (such as autism), physical disabilities, or severe psychiatric disturbance. Family law professionals face complex challenges when assisting separating and divorced families with special needs children. Below are some general and specific tips for family law professionals who are helping these families develop appropriate parenting and child safety plans.

1. Develop a basic knowledge base about the most commonly seen special needs children encountered in family court.

While one cannot be an expert about every type of special needs child, family law professionals need to have information about the defining characteristics of the most commonly occurring childhood conditions and the specific parenting challenges involved in raising such children. The most commonly seen childhood conditions encountered by the family courts are: autistic spectrum disorders; attention deficit/hyperactivity disorder; learning disabilities, and, especially with teenagers, serious depression. Therefore, consult the current literature and empirical research regarding these disorders when assisting a family with a special needs child.

2. Familiarize yourself with more unusual types of special needs children.

If working as a mediator, judge, parenting coordinator or child custody evaluator, you will also likely encounter less frequently seen types of special needs children, such as those with cerebral palsy, Down syndrome, visual or hearing impairment, or high risk medical conditions. In these cases, understanding a child's best interests with regard to custodial arrangements requires a grasp of the specific nature of the illness/condition and the specialized parenting skills needed to optimize the child's well being. Educate yourself on the nature of the condition and the specific demands on parents.

3. Use "developmentally appropriate parenting plans" with caution.

Many of the research based "developmentally appropriate" parenting plans for children of different ages may not be best for special needs children. Some of these children (i.e., those with mental retardation, Down syndrome, autism) may function significantly below their chronological age. In many instances, the need for stability in residential placement and consistent routine may outweigh a custodial schedule that provides significant time with both parents.

4. In addition to parenting skills, consider which parent has the most time and means to care for the special needs child.

Considering each parent's personality, parenting skills and temperament for caring for a special needs child is important. However, determining where a child should primarily reside can come down to the simplicity of which parent has the most time and means to care for the child. Many special needs children

attend special schools, have ongoing physical or occupational therapy, counseling or frequent medical appointments. Thus, when considering a physical custody arrangement, it is important to determine whether both or only one parent has the ability to follow-through effectively with the child's ongoing services.

5. Understand which evidence-based treatments may be necessary, and which parent will be willing to attend and participate.

Current trends in evidence-based treatments for multiple childhood conditions (i.e., autism, AD/HD, LD, and even adolescent depression, where the risk of suicidal or self-harm behavior may be high) include a parent participation component. Thus, it is important to determine which parent will be an active participant in such treatment. This includes each parent's relative support for a medication regimen if medical or psychiatric professionals have recommended this.

6. For children with autistic spectrum disorders, be sure there has been a differential assessment or understanding of the home environments with regard to structure, consistency and safety.

Many autistic spectrum disorder children have excessive need for environmental consistency and routine. They may become highly stressed or volatile when routines are disrupted and there are too many transitions. Such disruptions can lead to significant anxiety, often resulting in behavioral problems such as severe tantrums, or even self-injurious behavior. Consider which parent is best able to maintain highly structured schedules and is attentive to physical dangers and childproofing. Some autistic children may want to sleep only at one home, and parents may need to accommodate this basic need, realizing that it arises out of the disorder and not from a parent-child relationship problem. If an autistic child is capable of transitioning between homes, adjustment after such transitions may take longer than for children who do not suffer from the disorder.

7. Always seek information from key medical, educational and mental health providers.

When crafting the best parenting plan for a special needs child, seek collateral information from professionals who have a history of working directly with the child and family. These service providers can offer valuable information about the child's specific needs, the parent's history of understanding and meeting those needs, as well as the parents' ability to collaborate with each other and treating professionals.

8. Children with AD/HD and learning disorders need clear and consistent expectations and routines and parents who can closely monitor completion of schoolwork.

Children with these disorders have a wide range of characteristics and symptoms, with different levels of severity. In addition, there is a high incidence of children who suffer from both AD/HD and a learning disorder. To understand the behavioral and cognitive profile of a particular child, professionals should always review school reports and psycho-educational testing. In general, these children need a great deal of consistency within and between homes, including firm but fair limit setting and predictability with regard to transitions. Many of these children also have at least one parent who has a similar disorder. Collaboration between parents is essential for maintaining routines and close monitoring of schoolwork. In situations where parents are unable to work collaboratively, behavioral symptoms may worsen and true joint physical custody may not be in the child's best interest.

9. With depressed teenagers, preservation of life and participation in mental health treatment takes priority over child sharing.

It is critical to determine the extent to which each parent understands the teenager's problems and is willing and able to actively support the youth's participation in treatment, including compliance with taking prescribed medications. If the teenager is chronically suicidal or engages in self-injurious behaviors, it is also important to determine whether both, or only one parent, can provide effective supervision and maintain safety precautions. If the teen is unable to function within their usual school environment, assess each parent's openness to alternative and appropriate educational plans.

10. Consider the above tips with caution, as research conclusions are drawn from data about groups of children, not an individual child.

Though we recommend that family law professionals familiarize themselves with current relevant research, never lose sight of the fact that each case is unique. While children and teens within a particular “special needs” category may have similarities in behavior and underlying emotional issues, diagnostic categories are not “one size fits all.” Therefore, while the above tips are based upon empirical research regarding treatment efficacy and environmental factors predicting more positive outcomes, there are some special needs children who may function well with shared parenting plan arrangements. Successful shared parenting of a special needs child is related to the level of severity of the problem and the ability of the parents to communicate about the child and provide as much consistency as possible between homes.

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