

**KIDS AND DIVORCE: A LONG-TERM COMMITMENT**

**BY BRUCE JANCIN**

FROM THE ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES

SAN ANTONIO – Many children with attention-deficit/hyperactivity disorder or oppositional defiant disorder do not outgrow these conditions. The prevalence of ADHD and ODD among children aged 3-12 years who underwent adenotonsillectomy for standard indications, a study suggests.

**D**

**ivorce is so common in the Unit-**

**ed States – ending about half of all marriages – that it will affect many patients and families in your prac-**

**tice. In your practice has about 2,000 chil-**

**dren and adolescents from about 1,500 families, for example, hun-**

**dreds of families will be deal-**

**ing with predivorce marital tension, the divorce itself, or**

**postdivorce concerns.**

Start by screening for fam-**ily functioning at every an-**

**nual visit. Specifically, try to**

**identify strife and stress ear-**

**ly on, at a time when your in-**

**ventions have the greatest**

**preventive impact. Ask open-**

**ended questions such as, “How are things going in the family?” or “Is there any tension or dis-**

**cord in the family or in the marriage?” I**

**recommend using the broader term “discord” because it will pick up a pend-**

**ing divorce.” And also identify other family stressors for the child. For example, re-**

**search indicates that the years of arguing and fighting that often precede divorce may be more damaging to the child in the long term than the divorce itself. Once you identify marital or family stress, strive for the following three long-term goals to optimize a healthy out-**

**come for the child.**

**First, make sure the child continues to function well in school, with peers, in ac-**

**tivities, and in areas of self-esteem. Look for**

**certain key signs that a child is not functioning well. Persistently lower school performance is one. Most chil-**

**dren can’t concentrate or perform as well at school in the year of the divorce, but it is a warning sign if the problems persist. Determine whether the child is still hav-**

**ing difficulty adjusting to the divorce, and assess if there is ongoing discord or fight-**

**ing about visitation, custody, child rearing, or finances after the divorce. Another warning sign is the child who drops an af-**

**filiation when information should be concrete**

**and straightforward. In contrast, a 14-**

**year-old may be able to understand more con-**

**ceptual and nuanced answers to their questions. For example, a younger child is unlikely to think about the divorce in terms of an extramarital affair or the im-**

**pact on their college finances, but that may not be the case when the child is 14 or 15 years old. Keep in mind that many adolescents do not ask parents such dif-**

**ficult questions unless they are given per-**

**mission in advance, and it’s at a time when they feel safe and at ease.”**

**Third, counsel the family to facilitate a good relationship between the child and each parent over the long term. When families come to me and there is a lot of tension about visitation, custody, and money, I often focus them on the long-term goals. I ask, “What kind of re-**

**lationship do you want with your child 10 and 15 years from now?” “What is likely to result in a good long-term rela-**

**tionship with them?” “Do you want to be on good terms with your wife or your husband for the rest of your life?” “Would you want to be close to your grandchildren?” Going all out for an extra few hours of visitation or not paying a bill is not like-**

**ly to help achieve these long-term goals. Again, early screening and interven-**

**tions can make it much easier. If a patient or family comes to you after years of neg-**

**ativities and a court fight over a bitter di-**

**vorce, your ability to intervene effec-**

**tively is already very limited.**

**Divorce is often an angry and divisive**

**time. You can advise parents not to act out of anger by offering examples of di-**

**vorcing parents who invested a lot of time and energy into winning short-**

**term victories, only to see their efforts backfire later. Some parents believe that the child will be closer to them if they can make the child angry at the spouse. But children who feel that they have to betray one parent to please the other often be-**

**come resentful of this role over time.**

**In contrast, children who observe their parents working together with a sense of harmony and cooperation to make the child, the custody visitation, financial, and other**

**arrangements successful are much less likely to blame themselves for the di-**

**vorce. They also are much less likely to feel guilty when they connect more to one parent or other at different points in their development. It is important to monitor your patients for long-term effects of divorce up to and including the time you transition them to an adult care provider. Ask the older ado-**

**lescent questions such as, “How do you feel about the divorce now, looking back on it [5, 10, or 15 years later]?” “How do you think it’s affected you?” and “Are there any things you’d like to change?”**

**If you do a review of how they inte-**

**grated the divorce when they are in 10th or 11th grade, you will still have time to address any unresolved issues. If the child is distant with one parent, you can at least wonder if this is a point in time to re-**

**connect and repair that relationship be-**

**fore the teenager goes to work or college and moves to being fully independent. Pediatricians have to learn how to intervene. Some find this work very grat-**

**ifying and feel comfortable with divorce-**

**related issues. Others may choose to refer the patient to a social worker, psycholo-**

**gist, or child and adolescent psychiatrist, according to the severity of the situation. Some pediatric practices are fortunate to have a full- or part-time social worker. If you want to counsel but your time is limited, consider offering a divorced-parent discussion and education group in your practice. You and/or a social work-**

**er could facilitate this forum. This re-**

**source can help parents share their ex-**

**periences and strategies to ensure that children emerge as happy and healthy as possible after a divorce. In addition, this intervention can be cost-neutral if you charge parents a nominal fee.**

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**ADHD LESS PREVALENT 6 MONTHS AFTER ADENOTONSILLETOCY**

**BY BRUCE JANCIN**

FROM THE ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES

SAN ANTONIO – Many children with attention-deficit/hyperactivity disorder or oppositional defiant disorder do not outgrow these conditions for many years after they undergo adenotonsillectomy for standard indications, a study suggests.

**The most striking finding in a large prospective patient**

**series study of 140 children aged 3-12 years who under-**

**went adenotonsillectomy involved the 81% reduction in the prevalence of ADHD in**

**children who underwent surgery compared with**

**children who did not have the surgery,” Dr. J. E. Dillon, a child and adolescent psychiatrist at the University of Michigan, Ann Arbor reported.**

**The prevalence of ODD dropped from 26 children at baseline to just 5 (3.6%) at 6 months post surgery.**

**The participants were recruited from various oto-**

**laryngology practices in Washtenaw County, Mich.**

**Before undergoing surgery, 9 of the children were already scheduled for adenotonsillectomy, generally for indications including sleep-disordered breathing. The subjects’ mean age was 7.2 years, 55% were boys, and 78% of the children were white.**

**Psychiatric diagnoses were made by a child psychiatrist, developmental pediatrician, or child psychologist based upon findings on the computerized National Institute of Mental Health Diagnostic Interview Schedule for Children Version IV, coupled with additional relevant history and direct observation of the children.**

**The study population included 35 preschoolers. They had a median age that higher mean ages of the older disor-**

**ders than did the older children, but their pattern of psychopathology and the response to surgery were similar to that of the older children.**

**Specifically, 19 preschoolers (54%) had a behavior disorder at baseline, compared with 12 (34%) at follow-**

**up, which is much higher than the 17% rate at follow-up of the group, a mean age of 12 years, compared with just 2 at the 6-month fol-**

**low-up, and 19 had any form of ADHD at entry, as did 12 at follow-up.**

**Dr. Dillon reported no financial conflicts with regard to the study.**