Downloadable Handouts

If you are having difficulty printing from your handheld device or tablet, these reproducible handouts can be printed from your computer at:

www.Pauline.org/WhenParentsDivorce.
FAQ’s from Parents

1. My child is doing well. I don’t think s/he needs this group. Why should I consider letting my child join?

   There is no assumption that children “need” this group to lead happy and productive lives. Rather, the group allows children with common experiences to learn from and support one another, as well as giving them an opportunity to learn and practice foundational skills. This group is a positive, enjoyable, club-like experience in which children dealing with divorce or separation do not feel alone in their situation.

2. I’d like my child to join this group, but s/he doesn’t want to. What should I do?

   Most children are reluctant to join this type of group because they are unfamiliar with how it works or expect that addressing difficult topics may hurt to some extent. However, once they attend and meet the other children facing similar challenges, they often become more comfortable with participating. Have your child attend the first group meeting so they can meet the other children and get a sample of what happens during the sessions. Then see if your child feels differently. If your son or daughter still shows appreciable resistance at that point, then let him or her join at a later, more comfortable time.

3. I have more than one child whom I would like to register. Is it okay if they participate in the same Family Changes group?

   This really depends on the relationship between the siblings and how they feel about being in the same group. Ideally, it works best if siblings participate in different groups, if available, so that each child can speak more freely. However, if the siblings get along, participating together can increase their comfort level with sharing. That, in turn, can help create a more cohesive group.

   If there is discord between the siblings, though, or if they feel awkward about being in the same group, you will want to have them participate in different groups.

4. I would prefer that my child talk to me about what is on his/her mind.

   One purpose of the group is to strengthen communication between children and their parents about matters regarding their family’s separation or divorce. Children are repeatedly encouraged to talk with their parents in this regard. Often, however, children may be reluctant to talk with a parent because they fear making that parent upset or feel even worse. In addition, children may be unsure about how to raise their concerns in a constructive manner. It’s important to provide a safe space—apart from parents—so children can process their feelings and learn the skills they need in the difficult task of talking with parents on an ongoing basis.

5. I am concerned about confidentiality.

   Confidentiality in a group setting can never be guaranteed. However, it is repeatedly stressed to the children, during the sessions, that they own only what they say and, as a result, should only share what they have said or learned, not what others have said. We also advise group leaders to inform the children that anyone who breaks this rule will be asked to leave the group.

6. My child is in therapy. Won’t this group conflict with the therapy?

   On the contrary, many therapists report the value of a guidance group in jump-starting questions and discussions during therapy sessions. The group is a wonderful complement to therapy. It also provides a unique benefit in helping children feel less alone in their experience.
Consent Form for Family Changes Group

Held on: ____________________  At: ________________________

On the Following Dates: ________________________________

This is to certify that I, ___________________________ , agree to allow
my child, ___________________________ , to participate in a psychoeducational
group titled, Family Changes, under the leadership of ___________________________.

I understand that my child will attend a small group experience with the goals of:

1. Facilitating the identification and expression of feelings;

2. Using information and peer support to provide a normalization of the
   experience of divorce;

3. Learning problem-solving skills;

4. Incorporating faith and Church teachings as parts of the solution.

The curriculum will be drawn from When Parents Divorce or Separate: I Can Get
Through This (A Catholic Guide for Kids) by Lynn Cassella-Kapusinski.

I understand that any information that my child and I provide will remain confiden-
tial except as discussed below.

I understand that if my child discloses that, as a minor, s/he is being abused or
neglected in any way, the group facilitator and/or principal investigators are required
by law to report this information to Child Protective Services and/or law enforce-
ment agencies, even without my parental permission to do so.

I have been given the opportunity to ask any questions about the group. I am aware
that if I have any more questions, I may contact

GROUP LEADER ____________________  GROUP LEADER’S EMAIL ____________________  TELEPHONE ____________________

Parent(s) Signature(s) ________________________________  Date __________________

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Using *When Parents Divorce or Separate: I Can Get Through This*, by Lynn Casella-Kapusinski

Through interactive lessons, group activities and creative exercises, children will develop the following skills:

- ★ Identifying, Understanding, and Expressing Feelings
- ★ Effective Communication, Problem Solving, and Coping Skills

Plus, they will be given an opportunity to explore their relationship with God and learn more about Catholic Church teachings that can help them.

Pre-registration is required.
Intake Questionnaire
for the Family Changes Group Program

Date of Intake: ________________________________

Child’s Name: ________________________________

Male  Female (circle)  Date of Birth ____________________________

Age __________________

School: _____________________________  Grade: _________

Parish: ________________________________

Parent/Guardian Name(s): _____________________________

_______________________________________________

Address: _________________________________

Phone: _________________________________

E-mail: _________________________________

Parents’ Relationship Status:

_____ Separated  _____ Divorced  _____ Remarried

For how long? _________________________________

Child’s Loss History/Major Changes:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

List the persons currently living with your child. Include their names and relationship to your child.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
List any significant health issues or food allergies your child has (to consider for “snack time”).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What questions or comments has your child made about the separation, divorce, or remarriage?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you observed any of the following regarding your child?

___ difficulty sleeping ___ nightmares
___ changes in appetite ___ fatigue
___ easily frustrated ___ inability to concentrate
___ difficulty getting up ___ comments about hurting self/others
___ heightened irritation ___ heightened anxiety in the morning
___ frequent crying ___ anger outbursts
___ headaches ___ stomachaches
___ withdrawn ___ clinging

Is your child presently enrolled in individual or family counseling?

___ Yes ___ No

If yes, have you discussed this group with the therapist/counselor?

___ Yes ___ No

How did you hear about the group?

________________________________________________________________________

What goals would you like your child to work toward?

1) ________________________________________________________________

2) ________________________________________________________________

3) ________________________________________________________________
It is important to follow rules during *Family Changes*, so everyone feels safe and comfortable when talking and sharing.

1. **Show respect.** This includes things like not talking when someone else is talking and not laughing at or making fun of anyone.

2. **Keep sharing private.** This means you are permitted to share with others only what you have said and learned, not what others have said.

3. **Take turns speaking.** Give everyone a chance to speak without interrupting.

4. **Speak for yourself, not for anyone else.**

5. **Right to remain silent.** No one will be forced to share. If you do not want to share, you can say “pass.”

6. **Attendance is important.** Please try to attend all our meetings.

7. **Other rules**

I agree to follow these rules.

________________________________________

________________________________________

________________________________________

________________________________________

NAME