



# **Your Child's Mental Health**

## **Back on Track<sup>TM</sup>**

### **A Parent's Guide**

## This Guide is provided by

Our children and teens have unique stressors that create struggles that they are often not equipped to handle and sometimes it is difficult to know how to help them. As parents and caregivers we desperately want to alleviate the pain associated with life transitions, divorce, abuse, low self-esteem or poor school performance for our children but aren't sure where to turn for support. Some of you may have even considered counseling for your child but don't know where to start. Back on Track would be honored to help by providing someone who is uniquely qualified to help your child through these challenging or rougher periods of adjustment.

Back on Track is a counseling practice for children, adolescents and teens located in Peachtree City, Georgia. Our licensed counselors are uniquely qualified to help with the emotional and behavioral concerns of children and teens and we use age appropriate interventions specifically for this population. We provide individual, family and group therapy.



**Back on Track**  
Life changing counseling for today's kids, youth and teens

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**Peachtree City, GA**

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## Introduction

If you are reading this guide, you are probably a parent or caregiver that has some concerns about your child or teen. You may have noticed emotions or behaviors that confuse, annoy, or even frighten you. You may be wondering if the behaviors are simply a phase, or are more serious and what you can do to help your child.

Back on Track™ has prepared this Parent Guide to help you make informed decisions about your child's mental health. The information has been compiled from many outstanding organizations and service providers in Fayette and Coweta Counties that are continually working to provide comprehensive services to help you meet the mental health needs of your child.

If you want to learn more about your child's mental health and the resources that are available, keep reading.

## What Is Mental Health?

Mental health is defined as a state of well-being in which every individual

- realizes his or her own potential
- can cope with the normal stresses of life
- can work productively and fruitfully

Mental health includes your child's emotional, psychological, and social well-being. It affects how he/she thinks, feels, and acts. It also helps determine how he/she will handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

**Thoughts.** Much of what your children feel and do can be directly traced back to their thoughts. These thoughts filter what they see and hear, affecting how they will behave in their daily life. Your child's thoughts affect their perceptions or how they will interpret what they see, hear and feel. For example, if your child thinks that he/she is "bad", then he/she will likely feel bad and behave badly.

**Feelings.** Feelings control your child's thinking and actions. Children who ignore, dismiss, repress or just vent their feelings in an unhealthy manner, are setting themselves up for possible physical and emotional illness. Negative emotions such as fear, anxiety, negativity, frustration and depression cause chemical reactions in your body that are very different from the chemicals released when you feel positive emotions such as happiness, contentment, love, and acceptance. Your child's ability to manage emotions can decrease many of the behavioral problems associated with uncontrolled emotions. These include:

- Being able to identify and talk about feelings

- Being able to control or redirect feelings to avoid fights or other negative behaviors
- Knowing how to get along with other people despite differences
- Being able to control negative impulses and to delay gratification
- Negotiating rather than fighting
- Taking responsibility for actions
- Following through on commitments
- Having an objective view of positive and negative strengths and traits, and liking ourselves despite our imperfections.

**Actions.** Your child’s actions will most likely be the first sign that there is something wrong. It is easy to recognize the acting “out” behaviors since these are the behaviors that often cause parents and caregivers extreme frustration. However, behaviors such as isolation or self-harm, sometimes called acting “in” behaviors, can be even more dangerous.



## What Causes Mental Health Problems?

Although the exact cause of most mental health problems are often complex, research indicates that many of these conditions are caused by a combination of biological, psychological, and environmental factors.

### Biological Factors

Some mental health problems have been linked to an imbalance of special chemicals in the brain. These chemicals help nerve cells in the brain communicate with each other. If they are not working properly, messages may not make it through the brain correctly. For example, many forms of mood disorders such as depression or bipolar can be connected to these biological factors.

Other biological factors that may be involved in the development of mental health problems include:

- **Genetics (heredity):** Many mental health problems run in families. This means that children who have a family member with a mental health problem are more

likely to develop one themselves. Other factors such as stress, abuse, or a traumatic event can trigger problems in a person who has an inherited susceptibility to it.

- **Infections:** Certain infections have been linked to brain damage and the development of mental health problems or the worsening of its symptoms. For example, a condition known as pediatric autoimmune neuropsychiatric disorder (PANDA) associated with the Streptococcus bacteria has been linked to the development of obsessive-compulsive disorder and other mental health problems in children.
- **Brain defects or injury:** Certain defects or injuries to specific areas of the brain have also been linked to some mental health problems.
- **Prenatal damage:** Some evidence suggests that a disruption of early fetal brain development or trauma that can occur at the time of birth. For example, loss of oxygen to the brain may be a factor in the development of certain conditions, such as autism.
- **Substance abuse:** Long-term substance abuse, has been linked to anxiety, depression, paranoia and many other conditions.
- **Other factors:** Poor nutrition and exposure to toxins, such as lead, may play a role in the development of mental health problems.

## Psychological Factors

Psychological factors that may contribute to mental health problems include:

- Severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse
- An important early loss, such as the loss of a parent
- Neglect
- Poor ability to relate to others

## Environmental Factors

Certain stressors can trigger a mental health problem in a child who is susceptible to mental health problems. These stressors include:

- Death or divorce of a parent
- A dysfunctional family life
- Feelings of inadequacy, low self-esteem, anxiety, anger, or loneliness

- Changing schools
- Social or cultural expectations (For example, a society that associates beauty with thinness can be a factor in the development of eating disorders.)
- Substance abuse by the child or the child's parents

## How Do I Know If My Child Needs Help?

Sometimes it is difficult to know if your child's behaviors are age appropriate or will disappear on their own with time. The following chart describes appropriate social and emotional development depending on the age of your child.

### Developmental Milestones

<b>6-8 Years</b>	<b>Normal Development</b>	<b>Signs of Possible Problem</b>
	<ul style="list-style-type: none"> <li>• Emotional intelligence is developing</li> <li>• May argue with other children, but shows cooperation in play with a particular friend</li> <li>• Self-conscious emotions of pride and guilt are governed by sense of personal responsibility and accomplishment</li> <li>• Recognizes that individuals can experience more than one emotion at a time</li> <li>• Attends to more cues (facial, situational, and memory of past experience) in interpreting another's feelings</li> <li>• Understands that different people can have different perspectives</li> <li>• Learns social problem solving as ideas on fairness and justice grow more complex</li> <li>• Has strong emotional reactions and emotions can change quickly</li> <li>• Waits for turn in activities</li> <li>• Friends are most commonly the same sex</li> <li>• Their feelings get hurt easily</li> <li>• More influenced by peer pressure</li> </ul>	<ul style="list-style-type: none"> <li>• Acts sad much of the time</li> <li>• Acts nervous much of the time</li> <li>• Aggressive much of the time (hits, fights, curses, breaks or throws objects)</li> <li>• Has difficulty concentrating or sitting still</li> <li>• Scapegoated or ignored by other children</li> <li>• Poor grades</li> <li>• Does not respond to positive attention and praise</li> <li>• Seeks adult approval and attention excessively</li> <li>• Suspicious and mistrustful of adults; does not turn to adults for help or comfort</li> <li>• Little frustration tolerance; difficult to engage and keep interested in goal directed activity</li> <li>• Cannot adapt behavior to different social settings</li> <li>• Does not engage in rule-governed play (sports, board games)</li> <li>• Does not have "best friend" and group of same sex friends</li> </ul>
<b>9-11 Years</b>	<b>Normal Development</b>	<b>Signs of Possible Problem</b>
	<ul style="list-style-type: none"> <li>• Emotional intelligence is developing</li> <li>• Distinguishes between effort and luck as causes of successes and failures; can become critical of others quickly</li> <li>• Has adaptive set of strategies for regulating emotion</li> </ul>	<ul style="list-style-type: none"> <li>• Acts sad much of the time</li> <li>• Acts nervous much of the time</li> <li>• Aggressive much of the time (hits, fights, curses, breaks or throws objects)</li> <li>• Has difficulty concentrating or sitting still</li> <li>• Scapegoated or ignored by other children</li> </ul>

<ul style="list-style-type: none"> <li>• Empathy continues to improve</li> <li>• Can view relationships between self and others more objectively</li> <li>• Peer groups emerge</li> <li>• Friendships are based on the pleasure of sharing through activities or time spent together</li> <li>• Becomes aware of more gender stereotypes, including those involving personality traits and academic disciplines, but has a more flexible appreciation of what males and females can do</li> </ul>	<ul style="list-style-type: none"> <li>• Poor grades</li> <li>• Does not respond to positive attention and praise</li> <li>• Seeks adult approval and attention excessively</li> <li>• Suspicious and mistrustful of adults; does not turn to adults for help or comfort</li> <li>• Little frustration tolerance; difficult to engage and keep interested in goal directed activity</li> <li>• Cannot adapt behavior to different social settings</li> <li>• Does not engage in rule-governed play (sports, board games)</li> <li>• Does not have “best friend” and group of same sex friends</li> </ul>	
<b>11-15 Years</b>	<b>Normal Development</b>	<b>Signs of Possible Problem</b>
<ul style="list-style-type: none"> <li>• Preoccupation with body image</li> <li>• Increased conflict with parents, although still places strong value on family</li> <li>• Increased interest in peers and anxiety about peer acceptance</li> <li>• Girls may form identity and prepare for adulthood through establishing relationships and emotional bonds</li> <li>• Pressure to conform with peers</li> <li>• Heightened interest in how body image affects feelings about body, thought processes, and social interactions</li> <li>• Same sex relationships still most common; experimentation with dating</li> <li>• May be demanding and defensive; mood swings common</li> <li>• Egocentric</li> <li>• Can be sensitive and worried about body features, personality, being embarrassed or left out, grades, tests, or how things will turn out</li> <li>• Recognizes that differences exist between and within groups</li> <li>• Wants to be a “nice” person and live up to the expectations of people he/she knows and cares about; adopts parents’ moral standards on important issues</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of peer group relationships and identification with peers</li> <li>• Can’t think hypothetically; doesn’t consider consequences of actions</li> <li>• Can’t put him/herself in place of another; doesn’t consider how behavior affects others</li> <li>• Difficulty problem solving; doesn’t work through systematically and weigh solutions</li> <li>• Poor school performance</li> <li>• Doesn’t express self through clothes, hair, and other lifestyle choices</li> <li>• Moral behavior still dependent on presence of external authority to enforce rules (not internalized)</li> <li>• Emotional and behavioral problems (anxiety, depression, withdrawal, aggression, lack of impulse control, anti-social behavior)</li> <li>• Withdrawal from friends and from activities once enjoyed</li> <li>• Changes in eating and sleeping habits</li> <li>• Indecision, lack of concentration, or forgetfulness</li> <li>• Abuse of alcohol or drugs</li> </ul>	

<b>15-19 Years</b>	<b>Normal Development</b>	<b>Signs of Possible Problem</b>
	<ul style="list-style-type: none"> <li>• Parental-youth interactions influence autonomy (e.g., relative strictness or permissiveness)</li> <li>• Girls may form identity and prepare for adulthood through establishing relationships and emotional bonds</li> <li>• Gendered dating scripts may guide interactions: males – proactive, interested in girls’ physical qualities, and may initiate relationship; females – reactive to males, interested in interpersonal qualities; group dates are common</li> <li>• Interest in forming romantic relationships part of separation task; implies separation from family</li> <li>• Identity involves gender role stereotyping</li> <li>• Concerned about own thoughts, opinions, and ideas</li> <li>• May be more giving in relationships, more appreciative of family, more friendly and outgoing; better able to control and express feelings and accept criticism</li> <li>• Wants to be a “nice” person and live up to the expectations of people he/she knows and cares about; may adopt parents’ morals on important issues</li> <li>• “Personal choice” seen as justification for opposition to parental and societal standard</li> </ul>	<ul style="list-style-type: none"> <li>• Has not developed one-on-one friendships with same and opposite sex peers</li> <li>• Can’t think hypothetically; doesn’t consider consequences of actions; difficulty problem solving</li> <li>• Poor school performance/ excessive absences</li> <li>• Can’t put him/herself in place of another; doesn’t consider how behavior affects others</li> <li>• Moral behavior still dependent on presence of external authority to enforce rules (not internalized)</li> <li>• Sense of self still dependent on family or peer group (not individualized)</li> <li>• Poor self-esteem/guilt</li> <li>• Emotional and behavioral problems (anxiety, depression, aggression, lack of impulse control, anti-social behavior)</li> <li>• Withdrawal from friends and from activities once enjoyed</li> <li>• Changes in eating and sleeping habits</li> <li>• Indecision, lack of concentration or forgetfulness</li> <li>• Abuse of alcohol or drugs</li> <li>• By the end of this period, failure to plan for the future; sets very unrealistic or grandiose goals</li> </ul>

\*This information was adapted from NC State Cooperative Extension

Here are a few more things to consider.

1. Does anyone in your child’s family have a history of mental health problems? Please note that some of the symptoms of a mental health problem may look differently in a child versus an adult. Be sure to tell your provider about any family history of mental health problems even if you don’t think this is what is going on with your child.
2. What is your child’s age? Behavior that is alarming at one age may be perfectly normal at another age.
3. Has your child been physically ill or in an accident? Physical problems can sometimes lead to mental health problems.
4. Have your child's symptoms lasted for a period of time? Some symptoms may appear and then disappear quickly.

Complete the checklist on the next page to see if your child might need professional help.

# Back on Track™ Child Symptoms Checklist

Do any of the following describe your child? Mark the appropriate column for each.

Behavior	Never	Sometimes	Always
<b>Behavioral</b>			
Can't concentrate or pay attention for long.			
Can't sit still or is restless.			
Refuses to go to school.			
Deliberately harms self.			
Acts angry much of the time.			
Screams a lot.			
Runs away from home.			
Is cruel to animals.			
Refuses to talk.			
Big change recently in school grades.			
Big change recently in school behavior.			
Big change recently in sleep (less or more).			
Big change in appetite (eating more or less)			
Has lost interest in things he/she used to enjoy.			
Has the need to wash, clean, or perform certain routines many times a day?			
Has behavior that you think is bizarre.			
Refuses to follow house or school rules.			
<b>Emotional</b>			
Can't get his/her mind off certain things.			
Cries a lot.			
Has fear(s) that affect daily life.			
Says that life is too hard to handle or is hopeless.			
There is very little he/she enjoys.			
Appears sad, unhappy, or depressed.			
Sudden changes in mood or feelings.			
Appears anxious much of the time.			
Worries a lot.			
<b>Social</b>			
Is bullying others.			
Gets in fights.			
Would rather be alone than with others.			
Is being teased by others.			
Doesn't have many friends.			
Has unhealthy friendships or relationships.			
Has started to avoid friends and withdrawal.			
		NO	YES
Has experienced physical abuse			
Has experienced neglect			
Has experienced sexual abuse			
Has witnessed physical abuse or violence			

If you have placed a mark in any of the grey areas on the checklist above it may be important to have your child evaluated.



**Back on Track**  
Helping you succeed for today's kids, youth and teens

Ellie Wood, MA, LPC, NCC

Ask yourself “what will happen if things don’t change?” If you are concerned by your answer to this question then keep reading and find out where to reach out for help.

Mental health problems can be recognized and treated before your child is in a crisis situation. Caring parents and professionals working together can make the difference.

## Where Do I Start?

There are many “starting points” that you can choose from in order to have your child’s symptoms evaluated. Where you choose to start will depend on, insurance coverage, existing relationships you may have with a family doctor or other professionals, or the severity of your child’s symptoms. Here are some suggested starting points:

1. Family Doctor or Pediatrician. You may be surprised to know that there are a number of physical conditions that can mimic or lead to mental health problems. If your child has a family doctor or pediatrician, this is a good place to start. Be sure to be open and honest with your doctor about all of the symptoms you are concerned about or take the completed Child Symptoms Checklist with you to your appointment. Your doctor will determine whether there are any known physical reasons why your child is experiencing mental health symptoms.
2. Licensed Mental Health Therapist. Child and adolescent mental health therapists are trained in the evaluation of mental health problems. These professionals will complete an assessment by collecting information about your child’s medical, social, psychological, and family history. Therapists or licensed professional counselors (LPC) as they are sometimes called will also be able to provide services to help reduce your child’s symptoms. When considering the right therapist, please ensure that he/she is specifically trained in the assessment and treatment of children as this requires specific developmental knowledge and interventions.
3. School Guidance Counselor. Your child’s guidance counselor can provide you with information about local mental health service providers. They can also provide your child with support while he/she is at school.
4. Psychiatrist. A psychiatrist is a medical doctor who will use a variety of psychological tests and techniques in order to evaluate your child’s mental health symptoms. A psychiatrist can prescribe medicine, if necessary.
5. Psychologist. A clinical psychologist is licensed to diagnose and treat mental health problems. He/she may use a variety of psychological tests and techniques to evaluate your child, much like a psychiatrist. However, a psychologist cannot prescribe medication.

6. Neuropsychologist. Neuropsychology is a branch of psychology and neurology that aims to understand how the structure and function of the brain relate to specific psychological processes. The neuropsychologist will conduct a neuropsychological evaluation (NPE) which is a testing method through which a neuropsychologist can acquire data about your child's cognitive, motor, behavioral, linguistic, and executive functioning. In the hands of a trained neuropsychologist, these data can provide information leading to the diagnosis of a cognitive deficit or to the confirmation of a diagnosis, as well as to the localization of organic abnormalities in the central nervous system (CNS). The data can also guide effective treatment methods for the rehabilitation of impaired patients.
7. Pediatric Occupational Therapist. An "occupation" is commonly thought of as one's career. However, in pediatrics, a child's occupation is the activities he participates in on a daily basis. These activities may include playing, learning (reading, writing, math), activities of daily living (dressing, feeding, hygiene), and socialization. Pediatric Occupational Therapists, or OTs, use their extensive training to educate family members and work with a child to build motor and sensory foundations, addressing delays in fine motor, oral motor, visual motor, sensory processing and integration and self-help skills. The tasks selected are meaningful to the child, tapping into their intrinsic motivation, and are tailored to the child's skill level, creating the "just right challenge". Even though the activities look like play, the child is working on valuable skills that will help them be more independent and successful in their daily occupations of family member, student, and friend. Essentially, occupational therapists are skilled at making "work" look like "play"!
8. Pastor or Church. The clergy, or religious leaders, at your church or synagogue can provide a wealth of information about services that are available to you and your child. Churches also serve as a much needed support system for parents and caregivers as they journey with their child.
9. Crisis Services. If your child's symptoms are severe, and you feel that your child may be a threat to him or herself or to others, you may not have time to schedule an appointment with one of the professionals listed above. If this is the case, you call 911 or an emergency crisis service. (see list in Providers section below)

## How to Find the Right Professional

Here are some tips to finding the right professional:

- Call and ask questions. You can get great information from speaking with the person in the professional's front office regarding what insurance he/she accepts as well as other important policies related to receiving treatment with that provider. Also speak directly with the person who will be providing the services to your child.

- Find out what specific services are provided
- Ask for written information
- Ask for a free consultation
- Ask about the provider's specific qualifications to treat children or teens
- Talk to other parents who have worked with the provider to get feedback about their experience

It is your right to get the finest treatment possible for your child. You will want to make an informed choice when selecting where your child receives treatment and who will provide the services.

Even if you choose a pediatrician or psychiatrist to provide the initial evaluation, you will most likely also be meeting with a therapist or psychologist to provide ongoing treatment. These providers will have different methods of working with you and your child. Some therapists treat the child individually, while others involve the parents and other family members in the process. You need to be comfortable with the level of family involvement. If you aren't, talk to the therapist about this. If you are not comfortable with the therapist after a reasonable amount of time, get a second opinion. Always remember that you should be comfortable with the professionals who are providing services.

### **A Note about Insurance**

If your child's health care coverage is provided by a managed care health insurance plan, it is important for you to get a description of the mental health coverage (also called behavioral health coverage) that your plan provides. In most health plans, general health care coverage is different than mental health coverage.

Insurance companies typically set a limit on the services that can be used in a year, or even during a lifetime. There are often higher copays or deductibles, and a care manager may be assigned by the insurance plan to help coordinate coverage for services that have been recommended for your child. Most private health insurers also develop "networks" of doctors, therapists and service providers that you can select from to treat your child. These networks are not always comprehensive and many have been closed to new providers. This means that many excellent providers who are now in your area may not be included on this list. You may find that the provider you want to use is not in the network. However, many of these providers will accept cash pay clients or qualify as an "out of network" provider with your insurance plan. Remember that if you choose to use your health plan to pay for your child's treatment, he/she will have to be given a DSM mental illness diagnosis. The key is to learn about and understand what your health insurance plan does and does not cover.

Depending on your income, resources, and family size, your child may be eligible for Supplemental Security Income (SSI). This is a federal income assistance program through the Social Security Administration for qualified disabled individuals (including

infants and children). Your child does not have to be permanently disabled to receive help. For more information, call the Social Security Administration at 1-800-772-1213.

In 1997, Congress created Title XXI of the Social Security Act to provide health care for the growing number of uninsured children in the United States. This legislation provided states with the opportunity to create programs to increase access to affordable health insurance. In Georgia, this program is PeachCare for Kids®. There is no cost for children under age six. Currently, the cost per month for PeachCare for Kids® coverage is \$10 to \$35 for one child and a maximum of \$70 for two or more children living in the same household. For the most up to date information on PeachCare for Kids including information on qualifying and applying go to [www.peachcare.org](http://www.peachcare.org).

## Treatment Options

Treatment options for children with mental health problems may include a combination of:

- Therapy
- Medications
- Hospitalization (rare)

Remember that most children with mental health problems respond well to treatment. You and your doctor or therapist will work together to decide what type of treatment will work best for your child and your family.

## Therapy

There are many different types of therapy.

**Individual Therapy.** Individual therapy is a process where a therapist meets alone with the child to work on symptom reduction. While most session time is spent with the child, parent consults are common throughout the entire process. Therapists will use a variety of techniques to help your child make positive changes and should have specific training in the use of age appropriate interventions.

**Group Therapy.** Group therapy involves one or more therapists and several children with similar mental health problems. This type of group can provide a safe environment for your child to develop, learn, and practice new skills as well as recognize that they are not the only one with a mental health problem. There are also support groups that are run by lay-facilitators for both children and parents.

**Family Therapy.** Children with mental health problems impact everyone around them. Family members participate in therapy together to learn how to interact and deal more successfully with their child who is experiencing mental health problems.

## Medication

While some emotional suffering experienced by children is related to situational stress and responds best to nonmedical treatments (e.g., individual or family therapy) there are a few major mental health problems that begin in childhood. Not only do these problems cause considerable suffering, they can also interfere with normal social and academic development. The longer that it takes to get effective treatment for the child, the longer it will take for them to catch up academically and socially.

In order to determine if medication is appropriate for your child, a comprehensive history and diagnostic evaluation by a psychiatrist who is trained to treat children and adolescents is required. If it is determined that your child would benefit from medication then close follow up with the psychiatrist is essential for addressing any problems, managing side effects, and monitoring response to the medication. It can be a difficult process to know exactly which medication (and dosage) will work best for any individual child. Often, trial-and-error is the rule, necessitating multiple medication trials until the right combination of drugs is found. This process can be frustrating, and may require time and patience on the part of you and your child.

There are many types of medications used to treat mental health problems. You will want to become very familiar with the benefits and side effects of the medications being recommended by your doctor. Understanding side effects is particularly important if your child is a teenager. Some medications cause weight gain or acne and this will affect your child's willingness to take the prescribed medication. Work with your doctor, and observe and monitor your child closely whenever a medication is started or stopped, or if the dosage is adjusted. Be sure that your child takes all medications correctly, and never make dosage adjustments for your child or stop your child's medication without speaking with your doctor.

It is important for parents and caregivers to be aware of the risks and benefits of all treatments. The appropriate use of psychiatric medications has helped many young people but it is strongly recommended that you have a comprehensive approach to the treatment of your child. This approach should be based on careful evaluations, close monitoring, and the use of therapy with medication prescribed only if necessary.

Medication can make your child's symptoms less severe, but it does not "cure" the problem. Research has shown that even in conditions that are largely neurobiological in nature and are responsive to medication treatments, the best results are achieved when the child also participates in therapy.

**Fears Regarding Drug Addiction.** Many parents are understandably concerned about the use of habit-forming drugs to treat their children. Research suggests that the vast majority of children with psychiatric disorders do not abuse their medication. These medications do not produce a feeling of euphoria in those who biologically benefit from them. For example, current data strongly indicates that among those with ADHD, the use

of stimulants actually decreases the risk of substance abuse by 50% compared to drug abuse rates among nontreated ADHD sufferers.

## Hospitalization

It is always best to treat a child's mental health problems in the "least restrictive" setting. This means that your child should receive treatment in the most natural environment available, such as in the office of a doctor or therapist. However, there are some situations when your child may need the most intensive treatment available. Generally speaking, a child would only be admitted to a psychiatric hospital or the psychiatric unit of a full service hospital if:

- They are a clear danger to themselves (threatening or trying to commit suicide).
- They are a danger to others (threatening or trying to hurt someone else).

The decision to hospitalize a child is very difficult to make, but it may be the best option at a given time in order to keep your child safe.

## Treatment Process

### Prepare For the First Visit

When you meet your therapist or other provider for the first time it is easy to forget some important information. Writing a few notes to take with you can help. These might include:

- What do you hope to accomplish by going to the provider?
- If you are meeting a therapist, how would you like things to be different at the end of therapy?
- Be prepared to talk about what has been happening in your child's life that leads you to bring him/her to therapy? Sometimes this will include talking about a painful divorce or other family situation so some emotional preparation on your part might be helpful.
- Bring a list of all medicines that your child is taking for both physical and behavioral health reasons. Include name, dose, frequency, and any side effects he/she is experiencing. Bring along contact information for all doctors who are giving your child medicine.
- Bring copies of any documents you think might be helpful. These include previous psychological testing, hospital discharge summaries, or recent laboratory results. You might also want to bring copies of recent school progress reports or discipline reports.

- Bring a list of any questions you have about how therapy works, including frequency, cost, and what you as a parent will need to do. Ask if you will have things you need to do between appointments.
- If you would like, ask if you can include your whole family in some of the sessions.
- If the child's parents are separated or divorced, then bring the appropriate court custody documentation so the provider can ensure that they receive the correct consents to provide treatment to the child.

## The First Appointment

Try to arrive 15 minutes early to complete paperwork. The first appointment usually lasts about 60 minutes. You, your child, and the therapist may use the first appointment or two to get to know each other and to decide on the right course of action.

Here are a few things that you can expect during the first appointment.

- The provider might ask you to complete some forms. These will likely ask for information about your child, his/her insurance coverage, and about what he/she is currently going through. You should also be given a statement of the therapist's privacy policy and a statement about your rights and responsibilities in therapy.
- The provider might ask you some questions about your child and why you brought him/her to therapy. Answer in your own words or bring out the notes you wrote before the first appointment and/or the Child Symptoms Checklist in this guide. Be as clear and thorough as you can be so that the therapist can help you.
- The provider might spend some time with you (without your child) and some time with your child (without you). This will allow you to talk about sensitive issues that you do not want to discuss in front of your child and also allow the therapist to start to get to know your child.
- At the end of the session, the provider might want to talk with you about a plan to help your child. This may include continuing to meet with the provider on a regular basis, or they may refer you to another specialist who may be better able to help your child.
- You should feel like the provider listened to you. Your child should feel free to express him/herself and talk about what is important to him/her. If you or your child does not feel comfortable, let the provider know so that you can discuss what to do about it.

## Ongoing Evaluation, Diagnosis and Treatment

It may take several visits and a number of tests for the doctor or therapist to decide on a "working diagnosis" for your child. An accurate diagnosis is vital and will help determine

the best treatment options. However, diagnosing a child's mental health problem is sometimes challenging. There are no blood tests or X-rays that will pinpoint a diagnosis in the same way they sometimes can for many physical conditions. It may take time and patience before all symptoms and behaviors are evaluated and understood. Be aware that as your child grows older and develops, his/her symptoms may change, causing the diagnosis to change.

Treatment is also an ongoing process. Some changes will happen very quickly while others will take time. Also be aware that in some cases, behaviors will sometimes appear to be getting worse before they get better. This is because your child will need time to understand that they are expected to work hard to make behavioral changes and this is an uncomfortable time for them. Most children do make positive changes during the treatment process so be encouraged during this difficult time. When these positive changes first start to occur it is tempting to think that your child no longer needs therapy, but this is often not the case. Just like we need to complete the full course of antibiotics prescribed by a medical doctor, children need to complete the full course of recommended treatment. Speak to your therapist about your feelings and together you can come up with a plan to terminate therapy to ensure that your child's positive changes are here to stay.

Thank you for your interest in this Parent's Guide. If you would like to speak to a mental health professional about your child call us at Back on Track 770-468-3326

**For a list of local Child & Adolescent  
Mental Health Services Providers go to  
[www.WeAreBackOnTrack.com](http://www.WeAreBackOnTrack.com)**



**Ellie Lysha Wood, MA, LPC, NCC**

Ellie is a Licensed Professional Counselor who specializes in the treatment of children, adolescents, teens and their families. She received her Master's in Professional Counseling from Liberty University and has undergone extensive training and education in the unique therapeutic approach of play therapy.

Ellie's experience includes working with children, adolescents, families, and groups. She has worked in a number of therapeutic settings including an intensive outpatient program, in-home individual and family therapy, outpatient community mental health, and elementary, middle, and high school counseling programs.

Ellie has 2 young children and knows that being a parent can be tough. She is passionate about kids and her goal is provide a unique, thoughtful, and individualized approach for each child or family she works with. She encourages both children and their parents to work together in the therapeutic process to help bring about positive change and to foster open communication. She would be honored to work with you and your family to help your child feel better so they can do better.

## Parents Mental Health

Parenting is a tough job under the best of circumstances. Parenting a child with mental health problems can be even more challenging. At some point, during the course of your child's treatment, you may experience:

- Guilt
- Fear
- Anger
- Frustration
- Embarrassment
- Disappointment
- Hopelessness
- Hope

Here are some things that you can do for yourself.

Many parents feel better if they are doing something to help their child. Learn all that you can about your child's diagnosis. Read books about the diagnosis as well as blogs written by other parents whose child has the same problems. Reach out to other parents in your community whose children have mental health problems and find out from them what works and what doesn't. Remember that you may have to try a number of ideas before you find one that works for your child.

Continue to love and support your child. Sometimes it is very difficult to like a child whose behavior is out of control. But always keep in mind that, no matter how difficult it is for you, your child feels bad too. Tell your child often that you love him or her, even if it appears that your love is rejected – it isn't.

Eat right, get rest, and exercise. You will need to be physically healthy in order to have the stamina to support and handle your child. Taking care of yourself may fall to the bottom of your priority list, so take the time to realize how important it is for you to stay healthy.

Find or start a support group. There are many other parents who have children with mental health problems. Finding these parents and talking with them will make you realize that you are not alone. Consider meeting with a counselor yourself. You can schedule an appointment at the same time your child meets with their therapist . . . you have to be there anyway! Your counselor can help you learn how to deal with the stressors of raising a child with mental health problems.

Focus on your child's strengths. There is usually a lot of time spent talking about your child's weaknesses or problems. The problems are often discussed at school, at home, at the therapist's office, and even in the community. You know your child best, and you can make sure that your child's strengths become the basis for bolstering your child's self-esteem and for successful treatment.

Don't forget about your other child/children. The brother(s) and/or sister(s) of a child with mental health problems need you just as much. Balance time spent with all of your

children. Be sure that siblings understand what is going on. Answer questions honestly and openly.

Remember your spouse. If you have a live-in partner, take the time to be a couple. Go out to dinner; talk; go for a walk; and spend some time alone. In caring for your child, present a unified front.

Laugh. Even in the middle of chaos, you will find things to laugh about if you look for them. Look for them!

Remember, you cannot fully support your child in their journey through mental health problems if you are not psychologically and emotionally healthy yourself. If you are feeling overwhelmed by supporting your child, consider getting counseling for yourself.