



UNDERSTANDING YOUTH MENTAL HEALTH

Questions Parents Frequently Ask

A guide by:

The Youth Mental Health Project

&

Child Guidance Center of Mid-Fairfield County



Created in partnership with the **Youth Mental Health Project** and the **Child Guidance Center of Mid-Fairfield County**, the information contained in this FAQ is for informational purposes only and not meant for diagnosis or treatment.

None of the information in this FAQ should be construed as medical or psychiatric advice nor is it intended as a substitute for a trained mental health professional. A trained mental health professional can best identify and work with your individual and specific needs.

Laws and information are often subject to change and vary by state.

We developed this FAQ to provide general guidance for a better understanding of youth mental health.

The information contained in this guide is not exhaustive, but we hope that it will serve as a useful guide for parents who may have concerns about the mental health of their child(ren).

Not all mental health struggles will lead to a diagnosis but that should not be a deterrent to seeking help and treatment. Caring for a child's mental health is as essential as caring for his/her physical health.

Our intention is to alleviate confusion, reduce misunderstanding, and provide clear and simple answers to common questions about youth mental health.

For the sake of simplicity, we use the term "parent" to represent all caregivers of children, including but not limited to parents, grandparents, guardians, and foster parents. We use the term "youth" to reference children under 18 years of age.

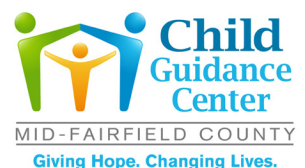


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WE ALL HAVE MENTAL HEALTH - JUST LIKE PHYSICAL HEALTH

A Report of the Surgeon General notes that mental health and mental illness are not mutually exclusive categories but are points on a continuum ranging from positive mental health through mental health problems to mental illnesses.

Children's brains develop well into their 20's. Mental health plays a critical role in shaping a person's social, emotional and cognitive development, all parts of a healthy brain.

Caring for a child's mental health is just as important as caring for his or her physical health. Most parents are generally unaware of the fact that children's emotions and behaviors CAN BE signs that they are struggling with their mental health. In fact, some behaviors can be symptoms of diagnosable emotional, mental or behavioral health disorders that warrant intervention and treatment by a professional. The problem is that it can be difficult to know when behaviors are signs of concern and when they are simply typical phases or stages of development.

Just like physical health, mental health lies on a continuum.

Throughout life, all humans experience periods of fluctuation in health, ranging from optimal health to life threatening illness. This is particularly true during childhood, as a person's body grows, develops, and builds up immunity.

Most children have times when they are mildly or moderately sick with temporary conditions, such as colds, flus, ear infections or strep throat. Sadly, some children have chronic conditions that can be serious or life-threatening if not treated early enough, such as asthma, diabetes, and cancer.

With proper care and medical attention, however, it is likely that an ill child can become well again. In addition, many chronic health conditions can be managed so that a child can lead a healthy life.

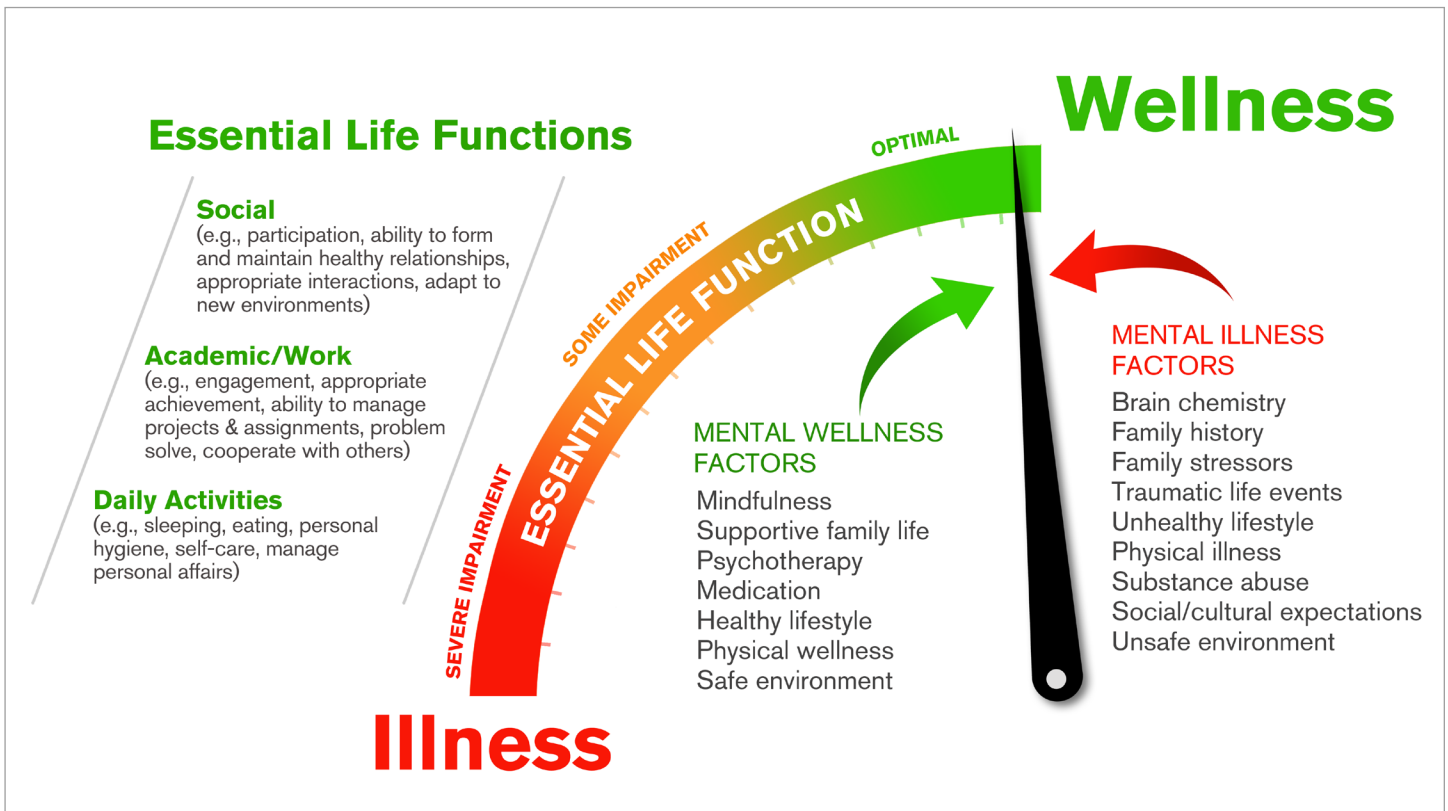
Similarly, children and teens can struggle with their mental health to various degrees along the continuum, ranging from healthy to ill. Like physical health, some mental health conditions are temporary and easy to treat, while others are more complex, chronic, or serious.

It is important to understand that early intervention is critical and treatment can improve a child's mental health. The earlier any health condition is treated, the better the prognosis and outcome will be.

A mental health professional can help introduce treatment and therapies that can help your child live a happier, healthier, safer, and more productive life with or without a diagnosis.

UNDERSTANDING & IMPROVING MENTAL HEALTH

MENTAL WELLNESS is not the absence of a mental disorder
WELLNESS is measured by one's ability to function



IT'S NOT YOUR FAULT

Mental Health includes all states of health, from wellness to illness. Important at every stage of life, mental health describes a person's emotional, psychological and social well-being, which affects the way a person thinks, feels and behaves.

Just like physical health, mental health lies on a continuum and continuously shifts, changes and evolves during a lifetime.

This graphic helps to identify the current state of a person's mental health in relationship to functioning and includes some of the factors that contribute to mental health.

WHEN SHOULD I SEEK THERAPY FOR MY CHILD?

Seek professional help if an unhealthy behavior or an unhealthy emotional state persists and begins to negatively impact your child's daily functioning.

All children have mood fluctuations. They get sad, or angry, or anxious. They procrastinate and become forgetful. This is all perfectly normal. It's part of growing up.

However, when unhealthy behavior or an unhealthy emotional state persists and begins to negatively impact your child's ability to function in one or more settings (self, family, school, or community) you should consider seeking professional help.

Remember, it is extremely common for children to need help with their mental health and it's nothing to be embarrassed about. In fact, one in every five children in the U.S. has a diagnosable mental health condition that requires treatment; while five in five children have mental health.



HOW DO I KNOW IF MY CHILD'S EMOTIONAL OR BEHAVIORAL CHALLENGES ARE JUST A STAGE THAT SHE WILL OUTGROW?

Know the warning signs. Long-lasting and severe mood swings, excessive fears and worries, extreme behavioral changes, disturbing physical changes, self-harm, or an inability to concentrate are common signs of an emotional disorder.

You may be concerned about your child's development, emotional well-being, what they are thinking and saying, or how they are acting. You may have experienced their behavior very differently in different environments.

If your worries are persistent, first talk with your child's teacher or an adult in a leadership role to best understand if the behaviors you are noticing are being observed by others.

The chart on page 3 can be used to help identify signs your child is struggling.

(Please note that this is not an exhaustive list of all possible warning signs of a mental health disorder but merely serves as a guideline).

When observing your child's behaviors, ask yourself the following questions:

- How is my child functioning at home, at school, or with friends? Is my child's behavior impairing his or her ability to function in any one of the major areas of life? Is my child functioning in a way that is typical for a child his or her age?
- How frequent are the behaviors I am concerned about? Do they happen daily, weekly, or on a regular basis? If you are not sure, consider keeping a log to track how often they occur.
- How long does the behavior last? What is the duration of a particularly concerning "episode?" For instance, does an angry outburst last much longer than seems reasonable under the circumstances that triggered it?
- How intense is my child's behavior? Is my child reacting in a way that is out of proportion in intensity to the situation that triggered the reaction?

Most importantly, trust your own instincts because no one knows your child better than you do. If you are concerned and believe that your child is exhibiting trouble with functioning, do not hesitate to get recommendations from your child's school, from friends, or from your child's pediatrician for a mental health professional that can help.

MY TODDLER/YOUNG CHILD IS EXHIBITING CONCERNING BEHAVIOR, WHAT SHOULD I DO?

It's never too early to start wondering about your child's mental health. The early childhood years lay the foundation for a lifetime of sound mental health, development (cognitive, communication, and emotional), and physical health.

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Infant – early childhood mental health is the developing capacity of the child from birth to three to: experience, regulate, and express emotions; for close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community, and cultural expectations for young children. Infant – early childhood mental health is synonymous with healthy social and emotional development. [Zero to Three, 2001](#)

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If your toddler/young child is demonstrating big behaviors (significant aggression, inability to self-soothe) or emotions, is having difficulty separating from you or another primary caregiver, or has been involved or witnessed a traumatic event, you may want to seek advice from a mental health professional.

Note: A traumatic event can include a severe fall, a broken bone, or something as simple as a scary movie. The important note about trauma is that individuals experience trauma differently.

I'M CONCERNED ABOUT MY CHILD/ADOLESCENT. HOW SHOULD I TALK TO HIM/HER?

Getting children (especially adolescents) to talk about themselves is one of parenting's great challenges.

Parents are naturally concerned about the health and well-being of their children and are usually the first to recognize that their child/adolescent is struggling emotionally and/or behaviorally.

Before trying to have a conversation with your child, frame your own thoughts first: Are you seeking to get him to open up? Are you hoping to just talk? Are you trying to talk to her about getting help?

Then take the first step to gently try to talk to your child/adolescent in an honest and open discussion about his/her feelings.

Most adolescents are often reluctant to talk about themselves with their parents. The key is to avoid lecturing them – it will only make them even more non-communicative. Use a non-threatening approach that allows your adolescent/teenager to feel respected and heard. Don't expect them to immediately open up – it can take time and many attempts before they feel comfortable sharing their thoughts. Be patient.

Don't assume you know how they feel. Instead, try asking, "How does that make you feel?" You may be surprised at their answers.



HERE ARE SOME TIPS:

- Try to remember what it was like to be a child.
- Don't blame your child for his or her feelings. They may already be in emotional discomfort and it is likely they are already blaming themselves. Remember their perception is everything to them (even if it is not totally accurate).
- Build trust by having as many conversations as possible about topics unrelated to your concerns. Talk about topics of interest to them (e.g., sports, favorite TV shows, etc.). Ask open-ended (not yes/no), non-judgmental questions. For example, "Tell me about the movie you saw last night" works better than "How was the movie?"
- Acknowledge your child's feelings and emotions. Saying, "You seem sad today" accompanied by an affectionate gesture can be an effective way to get them to open up. If they respond with "I'm fine" don't press (get used to hearing "I'm fine" a lot). If they begin to open up, it is critical that you LISTEN and not judge. Responding with "Well, that's no reason to be sad" is a great way to make them close up. It is healthy and sometimes necessary for a child to have negative or difficult emotions.
- Carefully consider the timing of any advice you want to offer. Sometimes just listening is what will help your child the most. Ask "Can I offer some advice?" instead of assuming that your advice is welcome. If your child says "no" respect that boundary and keep your advice to yourself.
- Don't jump to problem solving. Stating, "Well, here's what you should do..." will only make your child shut down.
- Emphasize that you are always there for them and that you are in this together. They may not act like they heard you, but they did.

MY CHILD IS ENGAGING IN RISKY BEHAVIORS. IS THIS A SIGN OF A MENTAL HEALTH DISORDER?

Experimenting with sex, drugs, or alcohol is not uncommon for adolescents. However, if experimentation turns into common practice it may be a sign of an underlying mental health disorder.

Children often behave very differently from prior generations due to the changes in today's social norms. For example, many adolescents these days are experimenting with sex, drugs and alcohol at a much earlier age. While such risky behaviors may call for parental intervention, they are not necessarily symptoms of a mental health disorder and may simply be an indication of your child's social environment.

At the same time, engaging in risky behaviors can be a sign that your child is having difficulty coping with his or her emotional or mental health. Drinking or using drugs on a regular basis or engaging in potentially harmful or life-threatening behavior with some frequency can be signs of a teen's inability to cope with an underlying mental health condition. Again, ask yourself about your child's functioning and give thought to the frequency, duration, and intensity of the behavior. Recognize that what you see may not be the full story.

Note: Brain research is clear that brain development does not stop until well into a child's 20's.



When asking your child about risky behaviors, ask yourself the following:

Prescription drugs, Alcohol, Marijuana, Sex, the Internet, Pornography, Exercise, Shopping and even Eating can all be misused and turn into Risky Behaviors.

- Has my child used (the above) in larger amounts and longer than intended?
- Has my child wanted to stop and not been able to?
- When not doing (the above) is my child thinking about it? Does s/he become irritable?
- Has s/he felt a loss when not doing (the above)?

Unfortunately it may be hard to ask any of these questions and get straight answers. If the answer is yes to any of the above questions associated with your child's risky behaviors, you should consult with a mental health professional.

Overall, it is always best to err on the side of caution and consult with a mental health professional, even though it may not have been necessary, rather than wait until a more serious condition develops. Recognizing early warning signs can allow for early intervention, which can strengthen your child's/adolescent's overall emotional and mental health.



I THINK MY CHILD NEEDS PROFESSIONAL HELP. HOW DO I CHOOSE A MENTAL HEALTH CLINICIAN, PRACTITIONER OR PROVIDER?

When choosing a provider you will need to take several important factors into consideration. Schedule a phone or in-person consultation and don't be afraid to ask as many questions as you need to ask in order to determine if the clinician is the right fit.

- An important first question to ask is if the therapist has the right training and experience to work with your child's presenting concerns (e.g., depression, eating disorders, trauma, etc.). It is normal for a clinician to specialize, so not every doctor or therapist has the same experience with every type of mental health condition. For instance, some clinicians work mostly with young children who have learning disorders and ADHD, while others may work with teens who struggle with substance use. And if you are still searching for the answers, you may need someone with more general experience.
- Logistical considerations are also important. Is the therapist's location convenient? What do they charge? Do they accept insurance?

Ultimately, the most important factor of all is the quality of the relationship and rapport that develops between the therapist and your child. Your child must be comfortable and able to trust the therapist in order for the therapy to work. This may take several sessions to determine, especially if your child is resistant to therapy in the first place.

Give it time, but if your child does not seem to be responding to the therapist, don't be afraid to bring it up to your child and the therapist. It's OK to make a change if necessary.

NOTE: As a parent, learning as much as you can about a diagnosis or condition may help you further understand what typical progress can look like.

WHAT IS THE DIFFERENCE BETWEEN ALL THE TYPES OF THERAPISTS (E.G., LICENSED CLINICAL SOCIAL WORKER, PSYCHOLOGIST, ETC.)?

Should I bring my child to a psychiatrist or a psychologist? A therapist or a social worker? Don't worry, it's not as confusing at it appears!

FIRST THINGS FIRST:

It is important to understand that each degree or certification comes with its own school of thought. As a parent, you do not need to know every theory or philosophy, you just need to work toward finding out which is the best fit for your child/family. There is no hard and fast combination that works best. As you begin to assess their needs, you will learn about your local resources and options.

Below is an explanation of the different types of mental health professionals, which will help you understand a bit before you begin interviewing. It is important to note that each state licensure is different and the list below is not exhaustive.

When choosing a therapist, ask about and explore their credentials to best understand their school of thought and their licensure status.

MD - Medical Doctor, e.g. Psychiatrist

Ph.D - Doctor of Philosophy e.g. Psychologist (related to individual fields of study)

Psy.D - Doctor of Psychology

MFCC - Licensed to practice Marriage, Family and Child Counseling

LMFC - Licensed Marriage Family Counselor

LMFT - Licensed Marriage and Family Therapist

MFT - unlicensed Marriage and Family Therapist

LPC - Licensed Professional Counselor

MSW - Master's of Social Work degree

LCSW - Licensed Clinical Social Worker

MSC - Master's of Science degree

APRN - Advanced Practice Registered Nurse

MSCP - Master's of Science in Clinical Psychopharmacology

NOTE: The following definitions are from the National Alliance on Mental Illness

Child and Adolescent Psychiatrists are licensed medical doctors with specialized training in the mental health of children and adolescents. They can diagnose mental health conditions, offer counseling, provide therapy, and prescribe and monitor medications.

Psychiatric or Mental Health Nurse Practitioners (APRNs) are registered nurses with post-graduate education in mental health. Like psychiatrists, they can diagnose mental health conditions, offer counseling, provide therapy, and prescribe and monitor medications. In some states they are required to work under the supervision of a psychiatrist.

Clinical Psychologists are trained to make diagnoses and offer psychotherapy to individuals, families and groups. Some may have training in specific forms of evidence-based therapies such as Cognitive Behavioral Therapy or Dialectical Behavior Therapy. Many are trained to conduct tests, such as personality tests (one aspect of a psychological evaluations), to help understand a child's patterns of behaviors, thoughts, and feelings.

School Psychologists are trained to make diagnoses, provide individual and group therapy and work with parents, teachers and school staff to ensure a healthy school environment. They may also participate in the development of individualized education plans (IEP) to help a child with a mental health condition achieve academic and social/emotional goals within the school environment. Although a school psychologist can be a valuable resource, student(s) may benefit from having a mental health professional outside of the school environment provide treatment. Student(s) may feel more comfortable discussing their feelings, behaviors, etc. when they are not in an academic setting with their peers.

Clinical Therapists/Counselors are trained to make diagnoses and provide individual and group counseling, case management and advocacy. Some specialize in marriage and family issues, in social work, or in counseling. Many have training in specific forms of therapy like Cognitive Behavioral Therapy or Dialectical Behavior Therapy, along with other behavioral therapy interventions.

Self-help and Support Groups can help address feelings of isolation and help people gain insight into their or their child's mental health condition. Members of support groups may share frustrations, successes, referrals for specialists, where to find the best community resources and tips on what works best when trying to recover.

NOTE: Parent support groups can be led by peers or professionals.

WHAT ARE THE MOST COMMON FORMS OF THERAPY (PSYCHOTHERAPY)?

There are many types of therapies available. Some are designed to help individuals, some are for families, and some are most suitable for groups.

Therapy can help children learn about feelings, thoughts and behaviors, and how they influence his/her lives. It also provides tools to help children restructure their thinking and skillfully respond to stress and other conditions.

At times, a combination of different psychotherapy approaches may be helpful. In some cases, a combination of medication with psychotherapy may be recommended.



SOME COMMON FORMS OF PSYCHOTHERAPY INCLUDE:

NOTE: The following definitions are from the American Academy of Child and Adolescent Psychiatry.

Cognitive Behavior Therapy (CBT) focuses on how one thinks (cognition) and the way one's thoughts influence their behaviors. It teaches children how to identify the thought patterns that are responsible for their feelings, moods, and behaviors. During CBT, the therapist helps the child replace these faulty patterns with thoughts that result in more appropriate feelings and behaviors. Research shows that CBT can be effective in treating a variety of conditions including depression and anxiety. Other forms of CBT have also been developed to help children cope with post-traumatic stress disorder.

Dialectical Behavior Therapy (DBT) is a modified form of CBT used to treat older adolescents who have chronic suicidal feelings/thoughts, engage in self-harmful behaviors, have Borderline Personality Disorder, or are suffering from depression and/or eating disorders. DBT emphasizes taking responsibility for one's problems and helps the person examine how they deal with conflict and intense negative emotions. It involves a combination of group and individual sessions.

Family Therapy focuses on helping a family unit function in more positive and constructive ways by exploring patterns of communication and providing support and education. Family therapy sessions can include the child or adolescent along with parents, siblings, grandparents, and/or other significant people in the child/adolescent(s) life.

Group Therapy is a form of psychotherapy in which there are multiple patients led by one or more therapists. It uses the power of group dynamics and peer interactions to increase understanding of mental illness and/or improve social skills. There are many different types of group therapy (e.g. psychodynamic, social skills, substance abuse, multi-family, parent support, etc.).

Play Therapy involves the use of toys, blocks, dolls, puppets, drawings and games to help the child recognize, identify, and verbalize feelings. The psychotherapist observes how the child uses play materials and identifies themes or patterns to understand the child's problems. Through a combination of talk and play the child has an opportunity to better understand and manage their conflicts, feelings, and behavior.

Psycho-education teaches people about their mental health disorder and how they'll receive treatment. It includes educating family and friends on coping strategies, problem-solving skills, and how to recognize the signs of relapse. Family psycho-education can often help ease tensions at home, which can help the person struggling with the mental health condition.



I THINK MY CHILD NEEDS A COMPREHENSIVE MENTAL HEALTH EVALUATION. WHAT CAN I EXPECT?

Always seek professional help if you believe that behaviors are beginning to negatively impact your child's level of functioning.

At some point during the therapeutic process, an assessment or evaluation by a mental health professional might be necessary.

Comprehensive mental health evaluations usually require several hours over one or more office visits with the child/adolescent and parent(s). With parent's permission, other significant natural supports (e.g., family physician, school personnel, and/or other relatives) may be contacted for additional information.



A COMPREHENSIVE EVALUATION MAY INCLUDE THE FOLLOWING:

- Description of presenting problems and symptoms;
- Information about the child's health history, e.g., past/current illnesses (physical and psychiatric), as well as current medication(s);
- Family health and psychiatric histories;
- Information about the child's development;
- Information about the child's social interactions, e.g., school, friends, family;
- Interview of the child/adolescent and parent(s);
- Information related to the child's education and learning;
- If needed, laboratory studies, e.g., blood tests, x-rays, or special assessments (speech and language evaluation).

a guide for Youth Mental Health

NOTE: Personality testing is one aspect of a psychological evaluation that may or may not always be included. Typically in children, personality testing is not a part of standard psychological testing. It usually includes cognitive testing (with IQ testing) and some other supplemental tests that looks at things like processing and how the individual learns.

A formulation is the clinical impressions and summary of an evaluation made by the clinician and is used to determine what the treatment goals will be.

A diagnosis is given based on the symptoms the individual is demonstrating which must meet specific criteria in the DSM-5 medical manual.

Once completed, the mental health professional will develop a formulation (not necessarily a diagnosis) which will provide you with a comprehensive picture of your child/adolescent within the context of his/her environment (family, school, biology).

Your child's treatment plan, therapeutic goals, etc. are determined by the formulation. A parent should make sure this is explained in a simple way in which the child/adolescent and parent(s) can understand. If it is not, you need to ask questions with confidence.

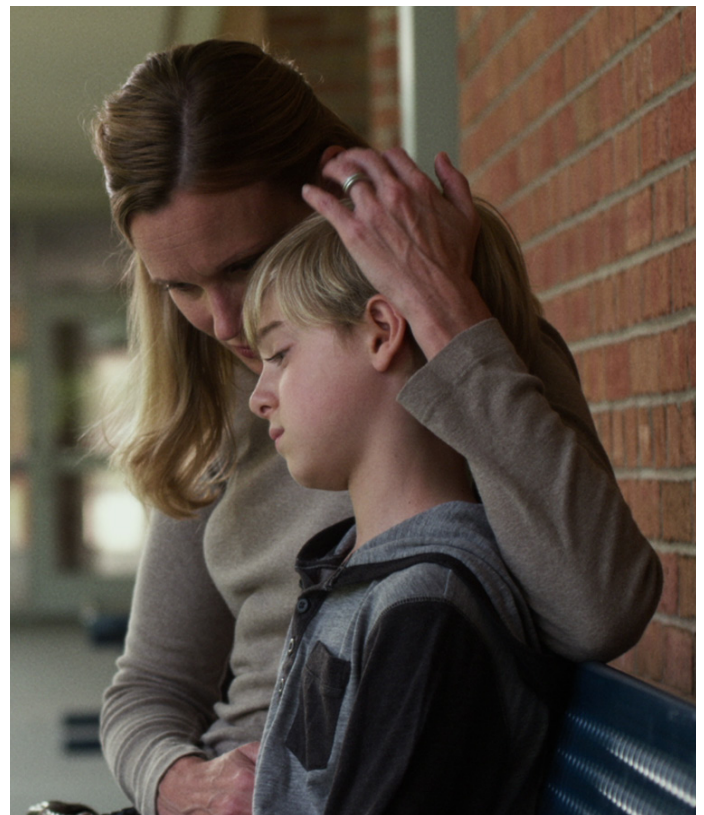


HOW LONG WILL MY CHILD NEED TO BE IN THERAPY?

Therapy can last from just a few weeks to months or even years. It all depends on the therapeutic goals you and the therapist establish, the unique needs of your child, and the progress being made.

There is no simple answer to this very common question. The length of time therapy takes depends on the complexity of the diagnosis, the treatment used, the goals you, your child, and the therapist have set, the severity of the symptoms your child is experiencing, and the pace of improvement. It is important to periodically ask your therapist how he or she feel things are going and what progress is being made.

Remember, progress does not usually move in a straight line. Your child might show quick improvement and then plateau for a while, or you may not see any improvement for a while and then observe a sudden leap forward. Try to be patient and remember that treatment can work to improve your child's mental health and well-being.



WILL THE THERAPIST TELL ME WHAT MY CHILD SAYS?

As a child, would you open up if you knew the therapist would tell your parents everything you said? Therapy only works when there is trust between your child and the therapist.

There are complicated legal and ethical elements to this question. While an in depth discussion of ethics and the law is far beyond the scope of this guide, it is important to speak with your child's therapist in the beginning of the treatment process to understand and set mutual expectations and "ground rules" regarding disclosure and communication.

A FEW THINGS TO KNOW:

- Children may ask that the information they share in therapy not be shared with their parent(s). Generally speaking, what is discussed in therapy is kept confidential between the patient and the professional. In most cases, the therapist will use the profession's Code of Ethics to determine what should and should not be shared with parents. However, unless the information is specifically protected by state law, the mental health professional is not legally required to agree to or deny such a request.
- For therapy to work, it is critical that the therapist maintain a trusted relationship with your child. How much the therapist is willing to share with you might be determined by the comfort level of your child and the therapist's need to establish a trusting relationship with your child.
- In some cases, the therapist may have a clear legal responsibility to inform you of certain things he/she learns about your child (e.g., if your child is in danger of harming him or herself or someone else or if your child is in some other kind of danger (e.g., abuse, immediate harm being done to the child, or illegal behaviors.)
- Keep in mind that the overall goal of therapy is to help your child. A good relationship between your child and his/her therapist is a key component to reaching that goal. In the end, what your child says to the therapist is not as important as how your child responds to therapy.
- While the therapist may not want to share what your child says in therapy, that does not mean that the therapist won't listen to information you have to share about your child. After all, your observations about your child's behaviors at home may be important for the clinician to know and your child may not see things the same way. Information from the parent is often vital in order for a professional to get a complete overall picture of the state of your child's mental health.

WILL I NEED TO COME TO APPOINTMENTS WITH MY CHILD?

In general, it is important for parent(s) to participate in their child's treatment. This includes being available to join a therapeutic session when asked by the therapist.

Parent(s) and family members often play a large role in helping to support individuals struggling with their mental health.

The level of family involvement in therapy expected from the therapist may vary but, generally, individuals working with children recognize that parents, guardians, and/or other significant members of the family must understand and identify with the overall goals of treatment.

If both parents and/or multiple caregivers are involved in a child's life, it is ideal that all participate in treatment.* If this is not possible, it is important that treatment information be communicated to the other parent(s) and/or schedule separate sessions so the therapist can communicate treatment information.

Depending on treatment goals, a therapist may have therapy sessions with the child only, with parent(s) alone, and/or with the child, or may also include other family members including sibling(s) and alternate caregiver(s) (e.g., grandparents, etc.).

**Participation may vary based on the particular program you have chosen. This may involve family therapy sessions or self discovery activities.*

HOW CAN I SUPPORT THE WORK OF THE THERAPIST OUTSIDE OF APPOINTMENT TIMES?

Practicing strategies and interventions on a regular basis are critical to successful treatment.

A therapist will typically provide strategies and interventions to be implemented outside the therapeutic environment, e.g., home, school, and/or community settings. These strategies and interventions are coping skills that are designed to support your child's individualized therapeutic treatment goals and should be utilized when necessary and as often as possible.

Depending on the child's age, parents may need to help their child practice these skills at home during calm and stress-free times. Doing so will help reinforce your child's ability to use the appropriate coping skills when needed.

Talk to your child's therapist to learn as much as possible about the strategies and interventions your child is learning during therapy.



HOW DO I KNOW IF THERAPY IS WORKING?

Determining the effectiveness of treatment depends on a variety of factors, e.g., treatment goals, successful implementation of strategies, consistency and commitment to the therapeutic process.

The length of time it will take for a child to improve or recover will depend on the age of the child and the severity of the situation.

Once you have chosen a particular method of therapy you will hopefully know about its particular progress markers. This will be a highly individualized set of objectives called treatment goals. While we know the ultimate goal is to help a child function better, interim markers can and should be developed to track progress. The child/adolescent and parent(s) should be active participants in developing these goals with therapists. (For example, if a child is struggling with anxiety and unable to attend birthday parties, a treatment goal could be that the child will attend 1 to 3 parties for at least 30 minutes within the next 4 months.)

Progress on goals should be reviewed regularly with input from all participating parties; goals should be adjusted accordingly.

Be patient; progress takes time and does not happen overnight. If you are not sure that the treatment is working, look for signs of improvement. It might be helpful to keep a daily log to see if there has been an improvement over a period of time.

Lack of progress can be for a variety of reasons and may be an indication that a new approach should be considered. Remember that each child is unique and will respond to treatment in his or her own individualistic way.

If a child does not seem to be committed to the process or has not formed a trusting relationship with the therapist, it may be time to consider alternatives.

WHAT SHOULD I EXPECT MY CHILD TO TELL ME AFTER THE APPOINTMENT?

Not much. Or maybe a lot.

Sharing what occurred in session depends on the comfort level of your child/adolescent.

The amount of information a child/adolescent shares after a therapy session varies greatly. Adolescents/teenagers tend to want to keep their sessions private, limiting details with their parent(s), whereas younger children tend to be more willing to share what they've learned in a session.

In either case, it's perfectly normal for children not to be interested in sharing the details of what was discussed in therapy with their parents.

Instead of asking what was discussed in session, ask questions such as:

- Do you feel the therapy is helping you?
- How do you feel after your session?
- What is a strategy that you learned today?
- What can I do to help you practice at home?
- What is the one thing you need me to know that will help you?

WHAT IS THE BEST WAY TO COMMUNICATE WITH MY CHILD'S THERAPIST?

It is important to remember that communication styles vary. Remember to be honest as to what works best for you and your family.

At the beginning of the process, it is important to come to an agreement with the therapist about expectations regarding communication. Some therapists may prefer to discuss your child's treatment in person, while others may prefer to communicate via telephone, email and/or even text. It is important to be honest and discuss with the therapist which form of communication works best for all involved in the treatment process.

In addition, you should also come to a clear understanding about the types of circumstances that would warrant your contacting them during non-scheduled times.

Always remember that if your child is experiencing a true medical emergency (e.g. is a danger to himself or others) you should dial 911 or take your child to the nearest emergency room.



SHOULD I TELL MY OTHER CHILDREN THAT THEIR SIBLING IS GOING TO THERAPY? WHAT SHOULD I SAY?

Kids talk and have very good radar. Even if you wanted to keep it a secret from your child's siblings, they'll probably find out.

In general, siblings should be informed that their brother or sister is going to therapy. The explanation can be as general or specific as the family is comfortable with and the therapist recommends.

Explain to your kids that, just like going to a doctor for a stomach ache, people often go to a therapist when they are having a difficult time with their emotions or behaviors. Emphasize that it is perfectly acceptable to seek help when someone is feeling sad, anxious or needs help with a problem.

Maintaining an open and honest dialogue with all immediate family members is important for a variety of reasons: 1) the behaviors of the child in therapy may have a serious impact on every member of the family, 2) family members may be asked to join a child's therapy session, 3) siblings may misinterpret behavior, causing anger, confusion and fear.

HOW DO I HANDLE COMMUNICATING WHAT I AM LEARNING ABOUT MY CHILD'S THERAPY WITH MY SPOUSE/CO-PARENT?

Open and honest communication is essential. A child needs both parents' support.

Ideally, both parents should be equally involved in understanding and caring for their child's mental well-being. Of course, life does not always make that possible and one parent may end up taking the lead role in the child's therapeutic process.

If one parent is not able to attend a meeting, for instance, the attending parent should take notes to help explain what happened at the meeting to the other parent. It may make sense to have the other parent arrange for a phone call or a separate meeting with the therapist to explain things that are more complicated.

WHAT ADVICE CAN I GIVE TO MY CHILD FOR TALKING TO HIS OR HER FRIENDS, FAMILY OR TEACHERS ABOUT GOING TO THERAPY?

Ask your child who she would like to share this information with. Her right to privacy should be respected.

First, it is important to emphasize that there should be no shame in seeking help for a mental health concern. Caring for your child's mental health is as important as caring for your child's physical health. However, it is not uncommon for families to be concerned about the reactions others will have when they learn that a child is in therapy. The decision about how much to share and with whom is a personal one that should be decided as a family.

Your child's right to privacy should be respected. Depending on the age of your child, it might be appropriate to ask her how she feels about sharing information about her mental health, with whom she would like to share and how she would like to do so.

You and your child should also discuss this with your child's therapist, who can help determine appropriate disclosure boundaries (e.g., telling family members is okay, telling classmates is not.)

Many wonder how much information to disclose to the school or teacher about their child's mental health. This again is a personal decision that should be discussed with your child's therapist.

Many parents are concerned about their child being "labeled" or that this information will become part of their child's permanent school record. Generally speaking, a child's school record is confidential, but these are concerns you should discuss directly with your child's teacher, counselor, or other school official.

When making your decision, you should know that there are benefits to letting the school know about your child's struggles or diagnosis. If your child's emotional, behavioral or mental health is impacting his/her ability to learn effectively, function or behave appropriately at school, or attend school, it is important that the school be informed. Such disclosure can often be very useful when working with the school to develop goals, strategies, and individualized support for your child.

a guide for Youth Mental Health

In fact, your child may be able to receive school assistance through either an Individualized Education Plan (IEP) or 504 plan. A helpful resource on the differences between the two types of educational supports can be found at [Understood.org](https://www.understood.org)

When it comes to talking to your own friends and family members, you may be more comfortable talking to some people than you are to others. That being said, mental health conditions are hard to navigate alone. Having support is paramount.

We recommend an honest and unashamed approach. Close friends and family members will generally follow your lead. You may even be surprised to find how many other people in your life have experienced similar challenges.

1 in 4 adults in the US struggles with a diagnosable mental health condition.



CAN OTHER PEOPLE FIND OUT THAT MY CHILD IS SEEING A THERAPIST IF I DON'T SAY ANYTHING?

Consent, privacy, and confidentiality are important aspects in mental health care. If you feel that your rights have been violated, you can bring up your concerns to your mental health provider or your state's licensing body.

In general, the answer is NO. As a parent, you decide who can be informed that your child is in therapy.

SOME EXCEPTIONS:

- Every state has mandated reporter laws under which a mandated reporter (e.g., therapist, teacher, physician, etc.) is required by state law to report suspicions of abuse, neglect, or imminent risk of harm to a child under the age of 18. If concerns arise regarding a child's safety, the mandated reporter will contact the appropriate state agency.
- A mental health professional or health insurance company may also release medical records without your consent to billing or claims management services for the health insurance company.



WILL MY CHILD NEED MEDICATION?

Most children who receive mental health services do not require supportive medication.

For certain disorders, medication can be an effective part of a comprehensive treatment plan. If your child's clinician determines that your child could benefit from the use of medication, you may need to schedule a psychiatric evaluation with a board-certified Child and Adolescent Psychiatrist or Advanced Practice Registered Nurse (APRN).

In some cases, this evaluation may include a physical exam, psychological testing, laboratory tests, other medical tests such as an electrocardiogram (EKG) or electroencephalogram (EEG), as well as consultation with other specialists.

If medication is recommended, they will explain the risks, benefits, and side effects of initiating medication for your child. Ongoing evaluation and monitoring by the prescribing psychiatrist or APRN is essential. Remember, medication should only be used as part of a comprehensive treatment plan that includes individual or group therapy.

Parents and children/adolescents need to be fully informed about medications. If you have serious questions or doubts about medication treatment, do not hesitate to ask for a second opinion by another APRN or Child and Adolescent Psychiatrist. Remember, this is your child and, ultimately, your decision.

Generally speaking, parents may choose to discontinue their child's medication at any time. However, never discontinue your child's medication without first discussing with the prescribing physician or APRN who can establish and monitor the appropriate dosage reduction. Abrupt discontinuation of medication is dangerous and may cause serious side-effects and/or rebound symptoms.

HOW DO I DECIDE IF MEDICATION IS RIGHT FOR MY CHILD?

Always remember that the use of medication for your child is a personal decision.

The use of medication for your child is a personal decision. It is difficult to predict who will respond to what medication. Prescribing physicians usually review clinical records, as well as family history, to see if there is an evidence base for recommending one type of medication over another. It is imperative that you discuss medical options with your prescriber to determine the best course of treatment for your child. If you feel the medication is not working and/or your child is having side effects, consult with your provider to adjust the treatment plan accordingly.

WHAT IF MY CHILD REFUSES TO GO TO A SCHEDULED APPOINTMENT?

Explain to your child that, like going to school or to the doctor, going to therapy isn't optional.

If your child refuses to attend a scheduled appointment, you should talk to him about the reasons he does not want to attend. There are many reasons why a child may refuse. They may not be building rapport with the therapist, they may have anxiety about appointments, or they may not think they have a problem. The most important thing is to find the underlying cause of the refusal. It may take some time and multiple strategies to find the cause or causes.

It is very important that your child's reaction to therapy be shared with the therapist so it can be addressed in therapy to gain an understanding of why your child may be resistant to attending sessions. This information often becomes part of the therapeutic process and can be addressed with the therapist and the family together.

ABOUT THE YOUTH MENTAL HEALTH PROJECT

Far too many families in America are isolated by the shame, blame, silence and misunderstanding surrounding their children's mental health. As a result, less than 20% of youth receive the treatment they need to live healthy, productive lives.

The Youth Mental Health Project exists to change this reality. We believe every child's mental well-being needs to be nurtured, and that mental wellness and physical wellness should be equally prioritized. But, such a shift will only happen if we empower parents and caregivers to better understand the mental health needs of youth. The Youth Mental Health Project equips communities with the tools to facilitate open, honest dialogue about youth mental health so that together, we can ensure no family suffers the consequences of undiagnosed or untreated mental health conditions.

Our mission is to empower families and communities to act with the knowledge, skills and resources they need to support the social, emotional, mental, and behavioral health of youth.


ABOUT THE CHILD GUIDANCE CENTER OF MID-FAIRFIELD COUNTY

Located in Norwalk, CT, the nonprofit Child Guidance Center of Mid-Fairfield County serves as the community safety net for thousands of families who cannot afford private mental health care for their children.

Every year our team of board-certified child and adolescent psychiatrists, psychologists, and clinicians provide a full-range of therapeutic interventions to over 1,000 children and family members in the greater Norwalk/Westport CT region.

Our outpatient services are offered on a bilingual (English/Spanish) basis and are available to all children with mental and behavioral health needs, regardless of their family's ability to pay for treatment.

For more information about the Child Guidance Center of Mid-Fairfield County please visit us at childguidancemfct.org



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