

# Complete Guide to Getting Good Care

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 [childmind.org/guide/parents-guide-to-getting-good-care](https://childmind.org/guide/parents-guide-to-getting-good-care)

When a child is struggling, or his behavior worries you, it can be hard to know whether you need to reach out to a professional. And if you do seek help, what kind of professional, and what kind of treatment, are right for your child? In this guide we take you through the steps to finding the best professional (or team) for your child, and the most appropriate treatment for the disorder or disability. Along the way, we offer things to look for and questions to ask to ensure that you're getting quality care your child deserves.

## Does My Child Need Help?

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We all worry about our kids. Sometimes our worries are about whether they are developing in a healthy way. (Should he be talking by now?) Or about whether they are happy—we don't like to see them sad or suffering. And sometimes we worry because a child's behavior is causing problems for him—or for the whole family.

One of the challenges of parenting is knowing when a worry should prompt action. How do you know when to get help for a child who is struggling? Keep in mind that there is a lot of variation in how kids develop, and a broad range of behavior that's typical and healthy (if sometimes troublesome) as children grow up. So you don't want to overreact. But when the behaviors you worry about are seriously interfering with your child's ability to do things that are age-appropriate, or your family's ability to be comfortable and nurturing, it's important to get help.

Here are some things mental health practitioners recommend you consider in deciding whether a child needs professional help.

- 1. What are the behaviors that are worrying you?** To evaluate your situation clearly, it's important to observe and record specifically the things you are concerned about. Try to avoid generalizations like "He's acting up all the time!" or "She's uncooperative." Think about specific behaviors, like "His teacher complains that he can't wait for his turn to speak," or "He gets upset when asked to stop one activity and start another," or "She cries and is inconsolable when her mother leaves the room."

2. **How often does it happen?** If your child seems sad or despondent, is that occurring once a week, or most of the time? If he is having tantrums, when do they occur? How long do they last? Since many problematic behaviors—fears, impulsiveness, irritability, defiance, angst—are behaviors that all children occasionally exhibit, duration and intensity are often key to identifying a disorder.

3. **Are these behaviors outside the typical range for his age?** Since children and teenagers exhibit a wide range of behaviors, it can be challenging to separate normal acting up, or normal anxiety, from a serious problem. It's often useful to share your observations with a professional who sees a lot of children—a teacher, school *psychologist*,

***psychologist***

*Someone with a PhD or PsyD, trained in the study and/or treatment of psychiatric disorders.*

or pediatrician, for instance—to get a perspective on whether your child's behaviors fall outside of the typical range for his age group. Is he more fearful, more disobedient, more prone to tantrums, than many other children? (See our *Parents Guide to Developmental Milestones for children five and under.*)

4. **How long has it been going on?** Problematic behavior that's been happening for a few days or even a few weeks is often a response to a stressful event, and something that will disappear over time. Part of diagnosing a child is eliminating things that are short-term responses, and probably don't require intervention.

5. **How much are they interfering with his life?** Perhaps the biggest determinant of whether your child needs help is whether his symptoms and behaviors are getting in the way of his doing age-appropriate things. Is it disrupting the family and causing conflict at home? Is it causing him difficulty at school, or difficulty getting along with friends? If a child is unable to do things he wants to do, or take pleasure in many things his peers enjoy, or get along with teachers, family members and friends, he may need help.

## Where to Go for Diagnosis Help

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If you've determined that your child's behaviors, thoughts, or emotions might call for attention, your next move is to consult a professional. But where should you go? A potentially bewildering range of mental health providers are out there, and not all of them are the best people to go to for an evidence-based assessment and sound *diagnosis*.

### **diagnosis**

A specific set of signs and symptoms that together define a disorder. For psychiatric disorders, the criteria are based on standards established in the Diagnostic and Statistical Manual (DSM).

Where to start depends on the makeup of your child's current healthcare team and the services available in your area.

Not all of the specialists below will deliver a diagnosis, but many of them (pediatrician, school psychologist) can be valuable in the process of getting an accurate diagnosis that will help your child. *(See our [Guide to Mental Health Specialists](#) for information about the types of specialists who treat children, their training and the kind of services they provide.)*

## Where do I start?

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For most parents, consulting your **family doctor** is the first step. While medical doctors are not required to have substantial training in mental health, many do diagnose and treat psychiatric disorders, and others may be able to refer you to a specialist who can.

The advantage to going to the pediatrician is that she already knows your child and your family, and she sees so many children, she can be adept at recognizing when behavior is beyond the typical range. She can also do medical testing to rule out possible non-psychiatric causes of troubling symptoms.

The disadvantage is that your pediatrician may have limited experience in diagnosing psychiatric and *developmental*

### **developmental**

Related to the processes of growth and maturation, starting at conception, including physical, social, emotional and cognitive growth.

disorders and most don't have time to do the kind of careful assessment that is important for an accurate diagnosis, given that many common problem behaviors in children—i.e. inattention, tantrums, disruptive behavior—can be caused by several different psychiatric or developmental disorders.

Best practices in diagnosing children include using rating scales to get an objective take on symptoms, and collecting information from multiple sources, including the child, the parents, caregivers, teachers, and other adults. *(Effective diagnosis of very young children requires extra measures, [discussed here](#).)*

You should be upfront with your doctor and ask if she is comfortable and knowledgeable concerning mental illness. Ask for a referral or seek out another clinician if you are not comfortable with what your doctor offers.

- A **developmental and behavioral pediatrician** is a pediatrician who has completed additional training in evaluating and treating developmental and behavioral problems. Their expertise may make them a good choice for children with complicated medical or developmental problems.
- A **child and adolescent psychiatrist** is a medical doctor with specialized training both in adult psychiatry and psychiatric diagnosis and treatment in young people. They are equipped to diagnose the full range of psychiatric disorders recognized in the *Diagnostic and Statistical Manual (DSM)*.
- A **clinical child psychologist** has a PhD or a PsyD as well as supervised clinical experience evaluating and treating kids with mental illness. Psychologists are trained to diagnose the whole range of disorders, and can coordinate other necessary evaluations.
- **Neuropsychologists** specialize in the functioning of the brain and how it relates to behavior and *cognitive cognitive*  
*Relating to conscious intellectual activity such as intellectual capacity, perception, judgment, memory, and reasoning.*

ability. *Pediatric* neuropsychologists do postgraduate training in testing and evaluation. Your child might be referred to a neuropsychologist for an assessment if your concerns include issues of focus, attention, problem-solving, or learning. Neuropsychologists can determine the likely cause of these problems—whether they are psychiatric symptoms, or symptoms of a learning or developmental disorder—in much the same way other specialists can rule out medical causes.

- **Neurologists** are medical doctors who specialize in the nervous system; a referral for neurological assessment aims to determine whether symptoms are the result of nervous system disorders, such as seizures.
- **School psychologists** can diagnose mental health disorders, but more frequently a school psychologist will serve as a repository of information from school reports and perhaps as a coordinator for a larger intervention team for your child. A school psychologist, much like a pediatrician, is a great place to start with your concerns, get advice, and, perhaps, a referral.
- A **social worker** is often one of the first people a child will see if he is having difficulty in school or is referred to a mental health facility. Licensed clinical social workers are extensively trained to assess the needs of a child and his family needs, diagnose psychiatric problems, and develop a treatment plan with the family. LCSW's are skilled in finding ways to address issues and to explore why they are happening.

- **School counselors** are mental health professionals who practice in school settings, working with students and families to maximize student well-being and academic success. Students with mental health and/or learning issues may be referred to a school counselor by other school staff or parents, or the counselor may observe these issues during interactions with students. Counselors are often the central point of contact for school staff involved in an individual case, and they are able to make referrals.

## **What questions should I ask about diagnosis?**

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When looking for a mental health specialist to provide a diagnostic evaluation for your child, you'll want to be prepared with questions that will help you decide if a particular clinician is a good match for your needs:

- Can you tell me about your professional training?
- Are you licensed, and, if so, in what discipline?
- Are you board certified, and, if so, in what discipline?
- How much experience do you have diagnosing children whose behaviors are similar to my child's?
- How do you arrive at a diagnosis? What evidence do you use?
- When do you consult with other professionals?
- Do you provide the treatments you recommend, or do you refer to others?

## **What if there are no mental health specialists in the area?**

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It is a frustrating fact for far too many families in this country that adequate mental health services are not readily, or even realistically available. This is one reason that so much of the burden of caring for children with psychiatric and learning disorders has fallen to primary care doctors, even if their training isn't always adequate for a child's needs, especially in complex cases. Luckily, many state health services have begun to address this problem through telepsychiatry—giving local family doctors access to consultation with trained psychiatrists via telephone or internet.

If you are having trouble finding someone competent to evaluate and perhaps diagnose your child, ask your pediatrician or any mental health provider you are in contact with if they can research getting a consultation from a remote service. If that is not available, it may be well worth the time and effort to go to an appropriate center some distance away to get an excellent evaluation and treatment plan that can be taken back for implementation by clinicians closer to home.

## **What Should I Look for in Diagnosis?**

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There are no blood tests or the like for psychiatric and learning disorders, so the diagnosis depends on a detailed picture of a child's moods, behaviors, test results, etc. So a clinician depends on the information she gets from the child, parents, teachers, and other adults who have knowledge of him.

A good clinician will ask you detailed questions about your child's behavior, diagnosis symptoms, as well as her developmental history and your family's history.

She will also use tools designed to help get an objective take on those behaviors and symptoms.

Some of these tools take the form of structured interviews, in which a clinician asks a set of specific questions about a child's behavior. The clinician's questions are based on the criteria for each *psychiatric disorder*

### **psychiatric disorder**

A condition of abnormal impairment to a person's cognitive, behavioral and emotional functioning.

in the Diagnostic and Statistical Manual, adapted for children. The answers are then used to determine if the child meets the criteria for a particular disorder.

For instance, a clinician might use something referred to as ADIS (Anxiety Disorders Interview Schedule), or the K-SADS (Kiddie Schedule for Affective Disorders and Schizophrenia) to determine whether a child should be diagnosed with one or more psychiatric disorders.

Some of the tools used to aid in diagnosis help are rating scales, in which the child is rated numerically on a list of symptoms. For instance, BASC (Behavior Assessment System for Children) is a set of questions that are customized for parents, teachers, and the patient, to utilize multiple perspectives to help understand the behaviors and emotions of children and adolescents. While this scale is not used as a diagnostic tool, it can alert clinicians to areas that are elevated (anxiety, conduct problems, depression) which may indicate that further exploration of a specific area is necessary.

For children who may have *ADHD*,

### **ADHD**

see attention-deficit hyperactivity disorder

tools commonly used include the SNAP rating scale for teachers and parents, which scores kids on how often each of a list of a 18 symptoms occur.

On the other hand, the CPT (Continuous Performance Test), which rates a child's ability to complete a boring and repetitive task over a period of time, is the gold standard for differentiating kids whose inattention is a symptom of ADHD rather than some other cause, such as anxiety.

A-DOS (the Autism Diagnostic Observation Schedule) is a set of tasks that involve interaction between the tester and the child which are designed to diagnose autism.

These are just some examples of the kinds of tools qualified diagnosticians use to identify disorders.

Most important: Do not accept treatment from a clinician who does not offer a diagnosis for your child. Just as a headache can be caused by many different things, worrisome behavior or moods can be symptoms of a range of psychiatric and developmental disorders. It's a mistake to try medications to see if they work on the symptoms without a diagnosis that's clearly explained to you, and based on substantial evidence.

What are some questions I should ask?

When looking for a mental health specialist to provide an evaluation for your child, you'll want to be prepared with questions that will help you decide if a particular clinician is a good match for your needs:

- What kind of training do you have?
- How will you involve the family in the treatment?
- If your child has an anxiety disorder, such as *OCD*,

***OCD***

*see obsessive-compulsive disorder*

*separation anxiety disorder,*

***separation anxiety disorder***

*A disorder characterized by extreme distress when a child is separated from parents or caregivers.*

or a specific phobia: Do you do exposure therapy? (The answer should be yes.)

- How much experience do you have diagnosing children whose behaviors are similar to mine?
- Are you board certified and/or licensed?
- How do you arrive at a diagnosis?
- What are the recommended treatment options and where should I go?

## Who Can Assist With Treatment?

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Once you have a diagnosis for your child, it's time to think about treatment options. In some cases the clinician who did the diagnosis will be a good choice for treatment; in other cases you will need to find a different kind of practitioner. Either way, your primary care practitioner or the diagnosing clinician can be a good place to start the search.

A licensed clinical social worker at your child's school or a mental health facility may play a key role in coordinating care for your child and linking you with other professionals on the treatment team. Through ongoing monitoring, the LCSW helps you evaluate your child's progress, access necessary services, and address issues as they develop.

Before you decide who to work with, get informed. You'll want to find out what the first-line treatment recommendations are for your child's disorder, and make sure that the clinician you choose has both training and experience in that treatment.

For instance, for many anxiety and *mood disorders*,

### **mood disorders**

Mood disorders are characterized by persistent disruptions in a person's mood, resulting in either depressed mood (depression or dysthymia) or elevated mood (hypomania or mania). Once also known as "affective disorders."

there are very specific kinds of behavioral therapies tailored to specific disorders. (*For a list of such evidence-based therapies and what they are used for, see our [Guide to Behavioral Treatments](#).*) The techniques are not interchangeable: The right clinician for you will be one who has experience in the particular therapy your child needs.

If your child would benefit from medication, it's crucial that you ask if your primary care doctor or *psychiatrist*

### **psychiatrist**

A physician who is trained to diagnose, treat and prevent psychiatric disorders.

who prescribes it actually has experience with that type of medication. Success with psychotropic medications depends on the right dosage, which can take considerable effort to establish, as well as expert monitoring as a child changes and grows. This process takes time and patience; if your doctor is too busy to work with you until the medication is successful, and to monitor your child to see that it stays successful, you should look for another practitioner.

Please know that, in many cases, treating psychiatric disorders may begin with behavioral or environmental interventions, before medications. However, only a skilled clinician can properly explain the order in which treatments should be started and



continued.

Above all, you want to work with professionals who communicate effectively with you, explain clearly what they are offering, listen to your concerns, answer your questions, and pay close attention to your child's particular needs and behaviors.

Here are some specific examples of the kinds of professionals who may help in treatment for your child:

### **Learning disorders like dyslexia:**

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If you've had a neuropsychological evaluation of your child, and his learning challenges have been identified, you will want to find professionals who can help him build on his strengths and compensate for his weaknesses. He may qualify for an *IEP*

#### **IEP**

see individualized education program

(Individualized Education Plan), which spells out the support the school district is obligated to provide.

In addition to whatever help is provided by school-based professionals, you may want to enlist a **learning specialist** (or **educational therapist**), who works with a child to build skills and devise strategies for learning in whatever way works best for him. If he needs help with reading or math-related skills, there are specialists who work on those areas. If he is weak in executive functions, the specialist works with him to structure his time and keep track of the schoolwork he needs to do. Sometimes a **tutor** is useful for a student weak in a particular subject area, and a **homework helper** can help an unfocused or disorganized student stay on top of his work.

If he qualifies for an IEP, it will outline the support the school district is obligated to give him. Though navigating the world of IEP negotiations can be difficult, the Individuals with Disabilities Education Act (IDEA) is firm on the provision of accommodations to children who qualify. If these cannot be provided at your child's school, it is within your rights to find them elsewhere.

### **Mood disorders like anxiety or depression:**

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For children with *anxiety disorders*,

#### **anxiety disorders**

A group of psychiatric disorders characterized by feelings of significant and impairing anxiety that is either out of proportion to the threat or with no discernible cause.

such *associal anxiety disorder*

### ***social anxiety disorder***

*A disorder characterized by such intense self-consciousness and fear of embarrassment in social situations that the individual avoids social events; also known as social phobia.*

or separation anxiety, the first-line treatment is usually behavior therapy. A **psychologist** works with both the child and the parents using a treatment protocol that is evidence-tested for his specific disorder. OCD and disorders related to it may be managed in a similar fashion.

If a child is anxious or depressed enough to need medication, usually in addition to the behavior therapy, a **psychiatrist** or **pediatrician** prescribes medication and works with the child's psychologist to monitor his progress. It's important to make sure that whoever is doing the prescribing has experience with the medication and children similar to yours, and enough time to work with you to manage it successfully.

Since behavior therapy uses very specific techniques that are not necessarily intuitive, it's important that your psychologist be trained and experienced in the particular therapy that's appropriate for your child. More often than not, evidence-based behavior or cognitive behavior therapies are manualized and time-limited—that is, procedures are spelled out very specifically—so a therapist should be able to explain clearly what will be expected of both you and your child, and the duration of treatment.

### **Developmental disorders like autism:**

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For children diagnosed with *autism spectrum disorder*,

#### **autism spectrum disorder**

A spectrum of developmental deficits that begin in early childhood and may include impaired reciprocal social behavior, communication, and language, as well as restricted and repetitive thoughts and behaviors. Many individuals also have cognitive impairments. These conditions have been thought of as a set of disorders, but are now being considered one disorder that presents along a spectrum.

treatment usually begins as early as possible with applied behavior therapy, to help kids build social and communication skills that they're not developing naturally.

**Psychologists** with training in behavior therapy (including ABA ) will usually work with children and teach parents how to continue the therapy in between sessions. Children with autism or developmental delays often work with **occupational therapists** or **physical therapists** to build motor skills that are lacking.

Children with developmental disorders, including autism, often have sensory processing challenges, which cause them to be unusually sensitive to sounds, lights, and other stimuli, or be under-stimulated by their senses. Sensory problems can be

severe, when kids are so overwhelmed or disoriented that they can't function, try to flee, or have alarming meltdowns. They may benefit from *behavioral therapy*

### **behavioral therapy**

A form of treatment that focuses directly on reducing or managing problematic behaviors without particular attention to thoughts, events or circumstances that prompted the behaviors.

and some children also work with an occupational therapist on these issues.

## **ADHD and behavior disorders:**

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If your child has been diagnosed with moderate to severe ADHD, the first-line treatment is usually stimulant medication. A **psychiatrist** or **pediatrician** can prescribe and monitor the medication. It's crucial that your doctor has expertise and experience with these medications; getting the right dosage and medication schedule, adjusting the dosage and reevaluating the medication as the child grows and changes are critical to its success. Stimulant medication is fast acting, but there are many kinds, each with different durations and delivery systems, and it may take time to find the medication plan that's most effective for your child. It's not unusual for children to change dosage and medications over time, so a close alliance with your clinician is crucial for success.

For children with ADHD, behavior therapy generally does not affect the inattention, impulsivity, and hyperactivity symptoms, but it can be very helpful in teaching parents and children how to manage them more successfully. Behavioral treatments with a trained **psychologist** like Parent-Child Interaction Therapy (PCIT), Parent Management Training (PMT) and Positive Parenting Program (Triple P) help families of kids with ADHD. Parents learn to exercise authority and set limits in a calm, positive way; kids learn to rein in their own behavior more effectively.

For children with disruptive behavior disorders, these behavior therapies, with an appropriately trained psychologist, can be very helpful. Sometimes behavior therapy is combined with medication, prescribed by a psychiatrist or pediatrician.

## **Pre-Treatment Questions to Ask Your Doctor**

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### **Before your child begins treatment of any kind you should ask:**

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- How much experience do you have treating children with similar symptoms?
- What are the goals of this treatment?
- What is the evidence that this treatment is effective?
- How will we measure the effectiveness of this treatment?

- How long should we expect our child to be treated?
- What is our role in the treatment?
- What are possible adverse events and when might they appear?

### **Questions for someone prescribing medication:**

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- What is the generic name of this medication, and what do we know about how the active chemical ingredient works?
- What are the alternative medications, and why did you choose this one?
- If it's effective, what will this medication do for my child?
- How do you arrive at the best dosage for this medication?
- How long does it take to work?
- What are the potential side effects?
- How will you measure the effectiveness of the medication?
- What kind of monitoring will you do while my child is on the medication?
- What's the research on this medication?
- How many patients have you treated with this medication?
- How long should my child continue to take this medication?
- If we choose to stop using the medication, how slowly must it be discontinued, and how do you monitor that tapering-off process?

### **Questions for someone recommending behavioral therapy:**

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- What is the therapy called?
- What was it designed to treat, and what is it used for?
- What's the evidence for its effectiveness?
- Is the therapy manualized, and how closely must we follow the manual?
- What is the specific goal of this course of treatment?
- How many patients have you treated with this specific therapy?
- What special training have you had? What does it involve? How long does it typically take?
- When can we expect to see changes in behavior?
- What is the parents' role?
- Do you typically involve other family members?
- How will we measure progress?

### **How Do I Know if I'm Getting Good Treatment?**

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Treatments that can be effective for psychiatric and learning disorders vary widely, and no two children's needs are exactly alike. But there are some general standards and questions to ask your doctor to determine whether the care your child is getting

follows best practices, whether the treatment involves behavioral therapy, medication, or both.

**Treatment should have a specified goal.** How will my child's mood or behavior respond to the treatment, and how will those changes be measured?

**Treatment should be evidence-based.** Your mental health practitioner should be able to tell you what research supports the use of this treatment, and how effective it was in reducing the symptoms it is designed to target.

**Your practitioner should have expertise in using this treatment.** Specific training and experience are important whether your clinician is prescribing psychotropic medications and or engaging in behavioral therapy. The best treatments are delivered by professionals who understand the evidence, have been taught rigorously, and have clinical experience to inform their knowledge.

**A clinician prescribing medication should take great care in establishing the dosage for your child.** Children vary widely in their responses to medication, and only careful changes in doses and timing will establish the most effective dose, as well as whether or not the medication works for your child, and how well it works.

**A child taking medication should be closely monitored as he changes and grows.** As children develop, their response to medication can be expected to change. Guidelines vary, but a rule of thumb is that 6 month check-ins are best practice, with more (and sometimes much more) frequent visits when a new medication is started, an old one is discontinued, or a dosage is changed.

**Your child should feel comfortable with the clinician.** An effective professional needs to be able to develop a good rapport with your child. The child needs to be able to share his thoughts and feelings, and if he is engaged in behavior therapy, trusting the clinician is essential for him to make progress.

**You should have good communication with your child's clinician.** To get good care for your child, you need to feel comfortable sharing your observations and concerns with your clinician, and know that they are being taken seriously. It may not be anyone's fault that a doctor-family relationship doesn't work out, but that doesn't mean you should stick it out.

**You should be involved in behavioral treatment.** Evidence shows that the most effective behavior treatments give parents a role in helping children get better. Your clinician should be enlisting your help (and that of your family, and even friends) to continue treatment outside sessions in the office, as well as the help of teachers, the school psychologist, and other adults who spend time with your child.

**The professionals involved in your child’s treatment should work together.** Children do best when the specialists involved in their care, including pediatricians, psychiatrists, psychologists, and teachers, are in touch with each other, sharing information, and agreeing on goals and the steps to achieve them.

## What if My Child Has Multiple Disorders?

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One reality that can make treating a child with mental illness particularly challenging is that the symptoms she is experiencing may come from multiple disorders. A child who has autism can also have ADHD; a teenager who has social anxiety can also be depressed. When a child has what clinicians call “coexisting” disorders, treating one will not make the other go away. For instance, if a teenager who has ADHD or depression uses alcohol to self-medicate, and develops *substance abuse*

### **substance abuse**

Unhealthy use of substances including alcohol, marijuana and other drugs.

disorder, treating the original disorder will not cure the substance abuse.

When children have more than one disorder, it’s important to work with a clinician, or a team of clinicians, who can understand how the childhood disorders interact, and come up with a treatment plan that responds to each of them. It’s especially important that any clinician who is prescribing medication be aware of all the coexisting disorders, all the medications that are being prescribed, and how they interact.

## What About Problems With Diagnosis or Treatment?

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Like all other areas of medicine, some psychiatric and learning disorders are harder to diagnose, and harder to treat, than others. Since there are no blood tests to determine if a child has ADHD or OCD, clinicians depend on measures of behavior. And many behaviors can point to a number of different underlying disorders. If a child is having trouble concentrating in school, for instance, he could have ADHD, but he could also be very anxious. Add to this the fact that some children have multiple disorders—

autism *and* ADHD for instance, or anxiety *and* depression. All of this contributes to the fact that sometimes the first diagnosis you get is not accurate, and the first treatment is not always effective.

How do you know when it's time to look for a second opinion, and/or pursue different treatment options?

### **When should I get a second opinion from another clinician?**

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1. If you have poor communication with your clinician, leaving you feeling that you don't understand the diagnosis or the treatment, or that he or she doesn't listen to your concerns or answer your questions, you need to find an alternative. It's important for your child that you and the professionals you engage are all part of a unified treatment team.
2. If your child—especially your teenager—doesn't have a comfortable relationship with his clinician, and good communication, it can seriously undermine his treatment. If he's not willing or able to report his feelings and experiences, the clinician can't effectively tailor the response.
3. If the clinician doesn't seem to have enough expertise and experience with the diagnosis and especially the specific treatment he or she has proposed, you may need to make a change. Behavioral therapies like *exposure and response prevention*

#### ***exposure and response prevention***

*A therapy for Obsessive-Compulsive Disorder (OCD) that provokes a patient's obsessive thoughts in a controlled environment to gradually decrease their power without performing compulsions.*

(for OCD) or habit reversal (for Tourette's) or *dialectical behavioral therapy*

#### ***dialectical behavioral therapy***

*A form of psychotherapy that combines methods from cognitive behavior therapy (CBT) with techniques for tolerating and accepting distress, as well as what's called "mindful awareness," or being aware of one's reactions, as well as those of others, to avoid problematic behavior.*

(for self-injury) are very precise, evidence-based treatment, and vague approximations don't work. Similarly, medications are best prescribed by a clinician who has substantial experience with effective dosing, managing side effects, and adjusting over the long term.

4. If the clinician proposes medication for your child without giving you a clear diagnosis, you should look elsewhere. Trying medications to see if they work, without a comprehensive evaluation, can lead to inappropriate and ineffective treatment. Response to medication is NOT a diagnostic tool, so someone is wrong if he says, "Let's see if this works as it will confirm the diagnosis."

5. If your child is struggling and your clinician is adding one medication after another, it's easy to lose track of what's effective and what's not. When kids are given medications to alleviate side effects of other medications, it may be time to get a second opinion.
6. If your child isn't responding to treatment, it may mean that the diagnosis was wrong, and you need to seek a new, broader evaluation. It could also mean that there are several disorders involved, and they need to be identified and treated separately.

### **When should I consider switching to different medication, or adding medication?**

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1. If the medication your child is on is not alleviating his symptoms, the first step is to make sure that you've given it enough time to work—some kick in more quickly than others. You also want to make sure that your clinician has tried adjusting the dosage. Sometimes it takes time to get the dosage up to a clinically effective level. If you've done those things and you're not seeing results that work for your child, it may be time to investigate other alternatives.
2. If the medication your child is taking has side effects that are debilitating, the first thing to do is to make sure the dosage is appropriate. If that doesn't solve the problem, you should look into other options.
3. Adding medications is something clinicians should do with great care. It's not unusual for children to take two or more medications, because it's common for children to have several disorders: for instance, kids with ADHD may have anxiety or depression. You want an experienced clinician with clear expertise if you are combining medications, and it's generally not a good idea to add medications to counter side effects of the first one.

### **What if my child resists the treatment, or the therapist?**

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1. You may need to try several therapists before you find one with the right personality to bond with your child or teenager—someone with an active and engaging style that will give your child confidence in treatment.
2. Sometimes when kids are dismissive or negative about the value of therapy it is a result of a mood disorder: the pervasive pessimism and lack of enthusiasm he's feeling may extend to the possibility of working to get better. In that case the first step in treatment is getting him to identify his pessimism and recognize that it is part of his disorder, and that he can feel better.
3. With anxiety and disruptive behavior disorders that can be appropriately treated with behavioral therapy, it is sometimes necessary to combine a course of medication to decrease your child's symptoms enough to enable him to participate effectively in the therapy that can make a big difference in his life.



4. It may also be useful to explore something called “motivational interviewing,” a treatment that’s usually applied to substance abuse. Motivational interviewing is based on meeting a patient where he is in terms of his own self-assessment, and working to help him understand how changing problem behaviors might benefit him.

## What About Alternative Treatment Options?

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Parents are rightfully cautious about getting treatment for children with mental health problems, especially if that treatment involves a psychotropic medication. Alternative treatments such as **specialized diets** (for example, avoiding sugar or food dye) and **natural remedies** or **supplements** can seem like a good solution if you are seeking treatment that feels safe, natural, and DIY.

However, parents exploring these options should be careful because there is very little data showing that most alternative treatments are actually helpful. Anecdotal evidence isn’t the same as scientific testing, and some alternative treatments, like **chelation**, are even potentially dangerous.

Time spent exploring non-evidence-based care may seem like a good investment, but it comes with an “opportunity cost” to your child. That is, the longer kids miss out on treatment that really affects symptoms the more time they’ll spend impaired, and in many cases missing out on crucial learning and development that goes on during childhood and *adolescence*.

### **adolescence**

Generally, the period between puberty and legal adulthood. By some standards this includes the teenaged years, from 13 to 19.

Their disorder may also grow worse without intervention. For many disorders, the longer a child experiences the symptoms, the more challenging it is to treat. For some, particularly autism, some interventions should be undertaken early.

Before trying an alternative treatment, discuss it with your child’s doctor. As with any treatment, ask a lot of questions. Learn how it works, what evidence supports it, when you should start seeing progress, and if there are any dangers associated. If you aren’t satisfied with the results of any treatment, make an appointment to discuss other options with your doctor or with another professional who can give a second opinion.

## Supplementing Treatment

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While not a treatment by itself, promoting good self-esteem and a healthy lifestyle is important for all kids with psychiatric disorders. Exercise makes us feel good, and it can make a big difference for kids who are feeling badly about themselves or have lots of energy. Things that promote self-awareness and relaxed reflection, like mindfulness meditation and yoga, are also generally beneficial.

## What Should I Do if My Child Has Learning Issues?

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If you notice that your child is struggling in school, or doesn't seem to be picking up basic reading, writing, and math skills the way other kids do, he may have a learning disability. A learning disability is a kind of cognitive disorder that affects basic processes in how we learn, including how we receive, process, recall, and communicate information. The most common one is *dyslexia*

### **dyslexia**

A learning disorder that interferes with an individual's ability to read.

(reading problems), but learning disabilities can also affect how we write, spell, do math, listen, think, and speak. It's possible for kids to have more than one.

If you suspect your child may have learning difficulties, make a list of everything you have observed about how he learns—his strengths and his weaknesses. Compare notes with his teacher, school psychologist, and anyone else who might be helpful. You may want to ask for what's called a "pre-referral intervention"—a meeting where teachers and the school psychologist meet with you to discuss different educational supports that might enable your child to learn more effectively. A targeted remediation may be all your child needs. But if the pre-referral intervention doesn't give you the results you want, a formal diagnostic evaluation is the next step.

## How do I get an evaluation for learning issues?

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Formal evaluations examine how your child processes information. There are different kinds of evaluations, including educational evaluations (which assess reading, writing, math, and spelling ability) and neuropsychological evaluations (which develop a wide profile of a child's skills and abilities in reasoning, learning, memory, visual and auditory processing, listening comprehension, verbal expression, executive functioning skills, and academic abilities). Evaluations also establish a baseline for measuring your child's progress, and they are a necessary step to qualifying for accommodations or special education services.

Schools are legally required to provide an evaluation according to the Individuals with Disabilities Education Act (IDEA). The school might be the first to suggest an evaluation, or you can begin the process yourself by requesting an evaluation in

writing. Understood.org has a [sample letter](#) you can use. After receiving your written notice, the school will set up a time to discuss an evaluation with you. You should bring your child's school records, notes from teachers, and your own written observations to the meeting, and come prepared to discuss them. The school staff is required to share with you the kind of evaluation they feel is appropriate, and you have the right to object to the kind of assessment offered, or request a different one. You will ultimately need to sign a consent form before the school is allowed to perform a formal evaluation. After the evaluation the school is required to give you a copy of the results.

If you prefer, you can also get a private evaluation from outside the school, although you will need to pay for it yourself. You can then choose whether or not to share the results with the school.

## How Do I Get School Services for My Child?

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Schools will use evaluation results to determine if your child is [eligible for accommodations](#) in school or special education services. Students may qualify for a wide range of supports organized under either a [Section 504 accommodations plan](#) or an [Individual Education Program \(IEP\)](#). Most states have a [Parent Training and Information Center](#) that can help you with any questions you may have about the laws in your state.

### Section 504

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A Section 504 plan provides kids who have learning disabilities with “reasonable accommodations” that allow them to participate in the general curriculum at school.

[Section 504](#) is part of the Rehabilitation Act of 1973, a civil rights law that prevents discrimination against any person with a disability at an institution that receives federal funding, including schools and colleges. To qualify under Section 504 your child must demonstrate that she has a disability that substantially limits her in one or more “major life activity.” This might include speaking, listening, concentrating, reading, or writing. Children who do not qualify for services under the Individuals with Disabilities Education Act (IDEA) may qualify under Section 504.

Depending on your child's needs, her Section 504 plan could entitle her to a wide range of accommodations, such as special seating, a quiet place for testing, extra breaks, the use of a computer, different text books, different testing formats, and much more. All appropriate accommodations will be established at the 504 Planning Meeting, which you should attend, as well as any subsequent periodic reviews. [Learn more about 504 plans at Understood.org.](#)

## What is an IEP: Individual Education Program

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Students can get an Individual Education Program (IEP) if they qualify under the Individuals with Disabilities Education Act, a federal law that promises a “free and appropriate education” to children classified with various specific legal disabilities.

Categories of disability under IDEA include:

- Autism
- Hearing or visual impairment
- Developmental delay
- Emotional disturbance (includes many psychiatric disorders)
- Intellectual disability
- Orthopedic impairment
- Other impairing health condition
- Specific learning disability
- Communication disorder
- Traumatic brain injury

All children who qualify can receive assistance through their local public school district, including those who attend private or parochial schools.

To set up an IEP you will attend a meeting with representatives from the school district (teacher, special education teacher, school psychologist, appropriate specialists, etc) to plan an education program that suits your child’s unique needs. This will involve setting specific measurable goals for what you would like your child to accomplish (e.g. reading X number of words a minute) and whatever special education services or accommodations she needs to accomplish those goals. An IEP might include specially trained educators, special teaching methods, accommodations like extra testing time, and whatever else is considered appropriate. You are free to bring an advocate, private *learning specialist*,

### **learning specialist**

A professional who helps children with learning problems, including both cognitive and emotional issues.

or special education attorney with you to the meeting or consult with them before signing off on the IEP. The plan must be reviewed at least once a year, although you can request to do it more frequently. Learn [more about IEPs at Understood.org](http://Understood.org).