



Parents Guide to Getting Good Care



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Parents Guide to Getting Good Care

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Introduction:

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 is right for your child? There are a bewildering number of specialists who diagnose and treat children with psychiatric and learning problems, and a wide range of treatments available, from behavioral to pharmaceutical.

At the Child Mind Institute, we believe that the more parents know about what each kind of mental health specialist has to offer, the better armed you will be for finding appropriate and effective care for your children.

In this guide we take you through the steps to finding the best professional (or team) to treat your child. Along the way, we offer things to look for to ensure that you're getting quality care, and questions to ask to evaluate both the clinicians and treatments they offer.

A handwritten signature in black ink, reading "Caroline Miller".

Caroline Miller, Editorial Director



Does My Child Need Help?

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 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?

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.

Who Can Help With Diagnosis?

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. 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 in this section 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. (For a guide to the types of mental health specialists who treat children, their training and the kind of services they provide, [see page 24.](#))

Where do I start?

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.

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The disadvantage is that your pediatrician may have limited experience in diagnosing psychiatric and developmental 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 — e.g., 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.

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 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.

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- **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.

What questions should I ask about diagnosis?

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. For example:

- 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?

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. There 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.

Additional Resources:

- childmind.org/most-common-misdiagnoses
- childmind.org/about-careful-diagnosis

What Should I Look for in Diagnosis?

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, 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 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.

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



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.

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. For example:

- 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, separation anxiety disorder 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 Help With Treatment?

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.

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For instance, for many anxiety and mood 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 page 31.) 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 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

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 (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



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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 ([see page 22](#) for getting help for your child in school), 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

For children with anxiety disorders, such as social anxiety disorder 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. (For a list of such evidence-based therapies and what they are used for, [see page 30](#).)

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

For children diagnosed with autism spectrum disorder, 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.

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

ADHD and behavior disorders

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. Parent training with a trained psychologist helps 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, behavior therapy like parent-child interaction therapy, with an appropriately trained psychologist, can be very helpful. Sometimes it is combined with medication, prescribed by a psychiatrist or pediatrician.

Additional Resources:

- childmind.org/pediatricians-adhd
- childmind.org/what-is-educational-therapist
- childmind.org/what-is-occupational-therapist

What Should I Ask Before Beginning Treatment?

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

- 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:

- 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?

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- 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:

- 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?

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 that you can use 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 six-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.

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- **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 More Than One Disorder?

One reality that can make treating a child with mental illness particularly challenging is that the symptoms she is experiencing may come from more than one disorder. 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 a substance abuse 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 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.



A child who has autism can also have ADHD; a teenager who has social anxiety can also be depressed.

What About Problems With Diagnosis or Treatment?

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 measure 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 more than one disorder — 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 consider getting another clinician?

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

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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.

Additional Resources:

- childmind.org/right-dose
- childmind.org/multiple-medications
- childmind.org/stopping-medication

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

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?

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 Treatments?

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 (e.g., 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. 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.

Additional Resources:

- childmind.org/about-mindfulness
- childmind.org/mindfulness-classroom
- childmind.org/mindful-parenting

Supplementing treatment

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 bad 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?

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 (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 a problem with learning, 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 evaluation is the next step.

How do I get an evaluation for learning issues?

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.

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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. 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?

Schools will use the 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

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.

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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 textbooks, 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.

Individual Education Program (IEP)

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.

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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 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.

Appendix: Guide to Mental Health Specialists

If you decide you need to seek help for a child who's struggling, you may find yourself faced with a bewildering range of different mental health professionals. It can be challenging to understand what skills each has to offer, how their training is different and which might be right for your child.

In our **Who Can Help With Diagnosis** (page 5) and **Who Can Help With Treatment** (page 10) sections, we walk you through the kinds of mental health professionals who might be helpful in various situations. Here we go through the list of specialists and focus on what their areas of expertise are, how they are trained and licensed and what services they offer.

Psychiatrist: A psychiatrist is a medical doctor, or MD, who is trained to diagnose and treat psychiatric disorders. General psychiatrists treat adults but some choose to diagnose and treat children with psychiatric disorders as well, including prescribing medication and psychotherapy. General psychiatrists are fully qualified if they have completed national examinations that make them "board certified" in general psychiatry.

Child and Adolescent Psychiatrist: Child and adolescent psychiatrists are MDs who are fully trained in general psychiatry and then have at least two more years of training focused solely on psychiatric disorders arising in childhood and adolescence, including developmental disorders. Child and adolescent psychiatrists are skilled at diagnosis, prescribing medication and psychotherapy. The American Academy of Child and Adolescent Psychiatrists (AACAP) allows parents to search its members with its psychiatrist finder. Child and adolescent psychiatrists are fully qualified if they have completed national examinations that make them "board certified" in child and adolescent psychiatry as well as general psychiatry.

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Psychopharmacologist: A psychopharmacologist is a medical doctor who specializes in the use of psychoactive medications in order to affect mood, feelings, cognition and behavior. A psychopharmacologist is a psychiatrist who focuses on the use of medications in treating psychiatric disorders, but he should know when other kinds of therapy should be integrated with medication in the treatment plan, and be able to either offer it or refer patients to other professionals for that therapy.

Pediatric Psychopharmacologist: A pediatric psychopharmacologist is a child and adolescent psychiatrist who has extra training, skills and experience in the use of medication in the treatment of children and adolescents with psychiatric disorders. Most often, this will not be the only form of treatment recommended for a patient, and this clinician will either provide that additional treatment or else refer and coordinate that additional care.

Psychologist: Psychologists are trained to diagnose and treat psychiatric disorders, but they are not medical doctors so they cannot prescribe medication. A psychologist usually has a doctoral level degree and may hold either a PhD or a PsyD. During the course of psychology training, a psychologist may specialize in a particular area such as child psychology. After completing the doctorate, a child psychologist does at least one year of supervised clinical work or "internship," in order to qualify for licensure; this may or may not be in a child mental health setting. The most highly trained psychologists do additional post-doctoral training in their area of specialization. Psychologists who have passed national proficiency exams are certified by the American Board of Professional Psychologists or "ABPP."

Psychologists with PhDs do graduate training for 5-8 years in both clinical psychology and research. They are trained as both scientists and clinicians, and are often involved in clinical studies. Psychologists with a PsyD generally complete four years of graduate training focused on clinical techniques, including testing and treatment. The American Psychological Association (APA) maintains a database of members. You can narrow your search by the ages each practitioner serves and her area of expertise.

Psychologists may utilize several forms of cognitive behavioral therapy tailored to specific disorders, such as exposure and response prevention for OCD, and parent-child interaction therapy for disruptive behavior disorders. Because these treatments involve evidence-tested techniques, it's important to make sure the practitioner you choose has training and experience with the treatment she is recommending.

Psychiatrists and psychologists often work together to provide care to patients who benefit from a combination of medication and cognitive behavioral therapy.



What's the difference between a psychiatrist and a psychologist?

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Neuropsychologist: Neuropsychologists are psychologists who specialize in the functioning of the brain and how it relates to behavior and cognitive ability. Most have completed post-doctoral training in neuropsychology. They may have either a PhD or a PsyD. Pediatric neuropsychologists have done post-doctoral training in testing and evaluation. They perform neuropsychological assessments, which measure a child's strengths and weaknesses over a broad range of cognitive tasks, and they provide parents with a report that highlights those cognitive strengths and weaknesses, and forms the basis for developing a treatment plan. The report also serves as evidence for requesting school accommodations, and as a baseline for measuring whether interventions are effective.

Neuropsychologists also work one-on-one with children struggling in school, to help them devise learning strategies to build on their strengths and compensate for their weaknesses.

Neuropsychologists who have passed national proficiency exams are certified by the American Board of Professional Psychologists-Neuropsychology or "ABPP-N."

The American Academy of Clinical Neuropsychology maintains a list of members.

School Psychologist: School psychologists are trained in psychology and education and receive a Specialist in School Psychology (SSP) degree. They can identify learning and behavior problems, evaluate students for special education services, and support social, emotional and behavioral health. The National Association of School Psychologists has more information.

Social Worker: A licensed clinical social worker (LCSW) has a master's degree in social work and is licensed by state agencies. LCSWs are required to have significant supervised training and expertise in clinical psychotherapy. LCSWs do not prescribe medication, but often work with the family and the treating physician to coordinate care. In a school setting, they often offer support for children with behavioral issues and the teachers who work with them. The National Association of Social Workers provides tools for locating help.

Psychotherapist: This is a term used loosely to describe someone who practices some form of talk therapy for mental illness. Psychiatrists, psychologists and social workers all use the term psychotherapy to describe what they do. But since "psychotherapist" is a self-designated term, not everyone who is called a "psychotherapist" or "therapist" is credentialed, has relevant experience or is even trained in their stated area of work. If you're considering seeing someone who is labeled as a psychotherapist, make sure to ask what training he had, whether he is licensed and what kind of treatment he offers.

Pediatrician: Pediatricians are physicians who specialize in treating children and adolescents. They have three years of training after medical school and are typically the first professional a parent consults when concerned that a child may have a psychiatric or learning problem. As medical doctors, pediatricians are allowed to prescribe all medications, but they may have little or no training in psychiatric disorders, and limited experience with psychotropic medications. They may also have inadequate time to spend with each patient to do careful diagnostic assessment and regular monitoring of a child's progress. Some pediatricians practice in networks that enable them to consult with a specialist or invite a specialist to take over a child's treatment.


Parents who are not comfortable with the care available from their pediatrician (or whose pediatrician is not comfortable treating their child) should seek out a specialist — if medication is involved, a child and adolescent psychiatrist. Pediatricians also do medical testing that can be important in ruling out possible non-psychiatric causes of troubling symptoms.

Developmental and Behavioral Pediatricians: Developmental and behavioral pediatricians are pediatric sub-specialists who have completed two additional years of training in evaluating and treating developmental and behavioral problems, and hence may offer both more expertise and more experience than a general pediatrician when it comes to children with developmental disorders, though they may not have training in psychiatry and expertise in psychotropic medications. The Society for Developmental and Behavioral Pediatrics has a list of clinicians.

Neurologist: A neurologist is a medical doctor who specializes in disorders of the nervous system — which, of course, includes the brain. Neurologists can identify nervous system causes of some worrying symptoms and aid in the treatment of neurological and neurodevelopmental disorders including cerebral palsy and epilepsy.

Pediatric Neurologist: Child neurologists complete five years of training and clinical experience in pediatrics and pediatric neurology after medical school. Pediatric neurologists specialize in the treatment of neurodevelopmental disorders, including intellectual disability, Tourette's, ADHD and learning disabilities. The Child Neurology Society maintains an online resource.

Pediatric Psychiatric Nurse Practitioner: Nurse practitioners have advanced degrees, either a master's or a doctorate, and can prescribe medication. A pediatric psychiatric nurse practitioner has training in treating and monitoring children and adolescents with psychiatric disorders. Some work as part of a team in a pediatrician's office; some practice independently. The American Association of Nurse Practitioners has a tool for locating its membership.



Can my pediatrician diagnose?

Appendix: Guide to Learning Specialists

Children do best in school when they have a team of committed adults supporting them. This is true for all children but it is especially true for children who have psychiatric or learning disorders. Get to know the many professionals who are available to help your child.

Homework Helper: Homework helpers provide structure and support to children who have trouble working on their own. They are particularly beneficial for children who struggle with executive functioning skills like organization, planning and controlling impulsivity.

Tutor: A tutor is knowledgeable in a particular subject area in school. Tutors offer individualized attention to students who benefit from more education and practice in a subject or need help getting caught up on material.

Learning Specialist/Educational Therapist: These professionals, who often hold a master's degree, are trained to evaluate and aid children with learning disabilities. They work with you, your child and your child's school to develop strategies to compensate for any learning deficits. They often work with children one-on-one to develop skills the child finds particularly challenging. The Association of Educational Therapists (AET) can steer you towards qualified therapists.

School Counselor: School counselors are educators with a master's degree in school counseling. They work with students on their academic, personal and college and career development needs. The American School Counselor Association has more information.

School Psychologist: School psychologists are trained in psychology and education and receive a Specialist in School Psychology (SSP) degree. They can identify learning and behavior problems, evaluate students for special education services, and support social, emotional and behavioral health. The National Association of School Psychologists has more information.

Social Worker: A licensed social worker has a master's degree, which involves two years of post-graduate training, and can perform psychotherapy and other interventions but can't prescribe medications. MSW is the common designation for masters in social work; LCSW means "licensed clinical social worker," and requires a clinician to have significant supervised clinical experience after graduate school. The National Association of Social Workers provides tools for locating help.

Special Education Itinerant Teacher (SEIT): A SEIT is a teaching specialist who helps children with behavioral, social/emotional, speech, language or developmental issues integrate successfully into the classroom. A SEIT works with children one-on-one in the classroom or at home, and has a master's degree in special education, psychology, social work or counseling.

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Paraprofessional (Para): Paraprofessionals are trained to assist teachers and special educators, but they do not have a professional license. Paras frequently work with students who have special education needs in a variety of positions including classroom aide, tutor and inclusion assistant.

Special Education Attorney: An attorney who specializes in special education law. Special educational attorneys can be hired or consulted if you are having trouble accessing educational services for your child. They can help you throughout the IEP process and represent you at a hearing when there is a conflict about what your child is entitled to and how the school should provide it.

Neuropsychologist: Neuropsychologists are psychologists who specialize in the functioning of the brain and how it relates to behavior and cognitive ability. Most have completed post-doctoral training in neuropsychology. They may have either a PhD or a PsyD. Pediatric neuropsychologists have done post-doctoral training in testing and evaluation.

They perform neuropsychological assessments, which measure a child's strengths and weaknesses over a broad range of cognitive tasks, and they provide parents with a report that highlights those cognitive strengths and weaknesses, and forms the basis for developing a treatment plan. The report also serves as evidence for requesting school accommodations, and as a baseline for measuring whether interventions are effective.

Neuropsychologists also work one-on-one with children struggling in school, to help them devise learning strategies to build on their strengths and compensate for their weaknesses.

Neuropsychologists who have passed national proficiency exams are certified by the American Board of Professional Psychologists-Neuropsychology or "ABPP-N."

Speech-Language-Hearing Pathologist: Audiologists and speech-language pathologists conduct testing to evaluate language delays and communication problems, and help address deficits symptomatic of certain learning and developmental disorders. These specialists can also identify non-psychiatric causes of troubling behaviors and delays. The American Speech-Language-Hearing Association (ASHA) provides information on that sort of testing and aid, and listings of specialists across the country.

Student Affairs/Disability Services: Every college and place of higher learning is required to offer accommodations to qualifying students. Students can meet with a representative from the school who coordinates accommodations at the Student Affairs or Disability Services office at their school.



Who can help with the IEP process?

Appendix: Guide to Evidence-Based Treatments

For many psychiatric disorders, among the recommended treatments is a form of psychotherapy. In therapies that are “evidence based,” a psychologist works with both the child and the parents using a treatment protocol that has been tested and found to be effective for his specific disorder.

The techniques that are used in evidence-based therapy are carefully developed and “manualized,” or spelled out in a specific sequence that has been shown to be effective. There are clear measures of a child’s progress, and an estimated duration for the treatment.

This list explains some of the most common evidence-based therapies that have been shown to be effective for children and adolescents, how they work and what disorders they are used for.

Applied behavior analysis: An intensive intervention designed to help children with autism develop behaviors that they don’t pick up the way typical children do, including social, verbal and motor skills, and decrease behaviors that are dysfunctional or self-injurious. ABA uses close observation of the child’s behavior and positive prompts or reinforcement to increase desired behaviors. Problematic behaviors are addressed by studying what occurs before and after the behavior and altering those triggers or reinforcements rather than focusing on the behavior itself.

Behavioral activation: A form of behavior therapy for depression that targets the avoidance and withdrawal that cause depressed kids to stop participating in rewarding activities, which in turn becomes negatively reinforcing. The therapy involves having them participate in activities they may have lost interest in, using activity to jumpstart momentum towards reengagement and increased access to positive reinforcement. The goal is also for the patient to learn to see the link between activities and mood, understand avoidance patterns and choose more adaptive patterns.

Cognitive behavior therapy: Cognitive behavior therapy is based on the premise that thoughts (cognitions), feelings and behaviors all influence one another. Therapists can help patients restructure their thoughts (cognitive restructuring) to influence their behaviors, or change their behaviors, which in turn can change the way they think and can help manage unwanted feelings. CBT is an umbrella term for many specific kinds of therapy tailored to specific psychiatric disorders.

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Dialectical behavior therapy: A form of psychotherapy that is part of the “third wave” of cognitive behavior therapy (CBT), which focuses on accepting rather than challenging thoughts, as well as what’s called “mindful awareness” and improving interpersonal interactions, to avoid problematic behavior. It’s called dialectical because it involves balancing both acceptance and change. It was originally developed for people with borderline personality disorder, but has been used successfully to treat eating disorders, suicidal and self-injurious behavior, depression and substance abuse.

Exposure and response prevention: A behavior therapy for OCD and other anxiety disorders that involves exposing the child in a controlled setting to the things that trigger his anxiety, and coaching him to tolerate the anxiety without performing the compulsive ritual, or avoidance behavior, he has developed. The OCD symptoms diminish as the child becomes habituated to the stimulus and able to function without compulsions or other ways to escape the stimulus. In addition to OCD, it is used with children who have social anxiety, specific phobias, panic disorder and generalized anxiety disorder.

Family therapy: An umbrella term for psychotherapy that focuses on the family structure as a means to address emotional and behavioral problems. It is used to improve communication and change dynamics that contribute to maladaptive or disruptive behavior in children and other family members. It is used as part of treatment for many psychiatric disorders, including eating disorders and substance abuse.

Habit reversal therapy: A form of therapy for tics that teaches the child to be aware of what’s called a “premonitory urge,” a fleeting sensation that occurs before the tic. When the child feels the urge, he is trained to initiate a competing response incompatible with the tic, and less disruptive or problematic for him. It is used with children who have tics, Tourette’s and other repetitive behaviors, including trichotillomania and skin picking.

Interpersonal psychotherapy: A form of short-term psychotherapy often used to treat depression in children and adolescents. It focuses on the child’s relationships with peers and family, and how relationships can positively (and negatively) affect her mood and behavior, and in turn be affected by them. Therapy is used to identify things that might be adversely affecting her mood — including conflicts, transitions, grief and negative patterns in relationships — and make improvements that can positively impact her mood.

Motivational interviewing: A therapeutic technique that focuses on exploring and resolving ambivalence to treatment in order to increase motivation to change problematic behavior. It is often used with adolescent substance abusers who, directed to treatment by parents or authorities, are unlikely to succeed in it unless they perceive a benefit for themselves. The therapist is collaborative rather than confrontational, the emphasis is on coming to understand the child’s point of view, eliciting the child’s ideas about change and emphasizing the child’s responsibility for his behavior.

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Parent-child interaction therapy: A therapeutic technique that restructures the interaction between parent and child to reduce conflict, improve the attachment relationship and reduce disruptive behaviors. Parents are trained to give effective positive reinforcement to desired behaviors and consistent consequences for undesirable behaviors. Parents are taught skills and then receive live coaching (via a bug in the ear) from a therapist who watches through a one-way mirror while they are interacting with their children. Parents learn techniques for exercising authority calmly and children learn that they can manage their own behavior much more effectively and enjoy a more positive relationship with their parents and other authority figures.

Systematic desensitization: A therapeutic intervention that helps patients decrease fear and anxiety by gradually exposing them to the things that trigger those anxieties in a safe environment, while simultaneously substituting a relaxing response. The child works his way up a hierarchy of fear-inducing situations, using relaxation techniques at each step until he is habituated, or desensitized, to the stimulus that had caused distress.

Trauma-focused cognitive behavior therapy: A form of therapy that involves teaching children and parents new skills to process disturbing experiences in a healthy way, manage distressing thoughts and feelings, and engage in healthy behaviors that promote resilience.



The Child Mind Institute is an independent nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to deliver the highest standards of care, advance the science of the developing brain, and empower parents, professionals and policymakers to support children when and where they need it most. Together with our supporters, we're helping children reach their full potential in school and in life. We share all of our resources freely and do not accept any funding from the pharmaceutical industry. Learn more at [childmind.org](https://www.childmind.org).