

PARENT AWARENESS SERIES: *I am Worried About My Child*

**Prepared By: Dara Gasior, PsyD, Director of Freehold High Focus Centers
and Maureen Underwood, LCSW, SPTS Clinical Director**

I am worried about my child, but a little embarrassed to talk about it with anyone and have no clue how to get help. Where do I start?

There is no need to be embarrassed about asking questions or reaching out for help. It is okay to be concerned about your child and it is your job as a parent to make sure that you are doing everything you can to get them the support they need. As a parent, you have instincts about your child, and if your instinct tells you that something is wrong and this is not “just a phase” then you should listen to yourself. Sometimes our embarrassment comes from not knowing where to turn. The mental health system can be confusing for people who are reaching out to get help and the goal of this article is to assist you in better knowing what resources are available and then finding out how to access them.

The first thing you need to do is get some clarity about what is worrying you. One of the best ways to try to pinpoint the specific behaviors or feelings that have you concerned is to think about the ways in which these behaviors are ‘changes’ from the way your child normally acts. Are things different just at home or also at school? How about with friends? siblings? Listing examples of the behaviors that have fueled your concerns is a concrete and objective place to start.

The next question is to determine just how concerned you are. How intense are the behavior and mood changes that you are seeing? Using a 1 to 10 scale can help you get specific. For example, if you think your child is mildly depressed you might consider a 3-5 score on the scale; if you are concerned that they are at risk to harm themselves your score would be in the 8-10 range. The reality is that the clearer you can be about both the specific behaviors that concern you and the level of your concern, the easier it will be to get your child into the correct level of care.

Once you are a little clearer about your concerns, you’ll want to have your child evaluated for mental health treatment. A ‘mental health evaluation’ means an assessment by a mental health professional to determine whether or not your child has an issue or problem that would benefit from mental health treatment. The mental health system, unfortunately, can seem a bit confusing because it consists of a number of different tiers of treatment, from the least restrictive to the most restrictive. Here’s some information to help you get a clearer understanding of the different levels of care.

Outpatient Therapists

The outpatient therapist is someone who can not only make that initial mental health assessment but can also treat mild to moderate symptoms of depression, anxiety, some experimentation with drugs or alcohol, attentional issues, acting out behaviors and family conflict. Just as portrayed in movies or on television,

the therapist usually sits across from an individual patient or client, and asks questions or makes comments. These meetings or sessions typically last from 45-60 minutes and take place about once a week. The frequency can vary, though, from 2-3 times per week to once every other week depending on the therapists' availability and the severity of the problems.

Therapists can have any number of different degrees and credentials, which can be confusing when you are trying to figure out which professional to see. A licensed social worker (LSW or LCSW), licensed family counselor (LMFT), licensed associate or professional counselor (LAC, LPC) all have Masters Degrees in the mental health field. A psychologist (PhD or PsyD) has advanced training and a doctorate in the mental health field. Psychologists are the only mental health professionals qualified to administer and interpret psychological tests that can be helpful in diagnosing and understanding complex cases. From a practical viewpoint, it does not matter which degree or letters therapists have after their names; they are all trained to provide clinical care in the community. What matters is how comfortable you and your family member feel with them.

Outpatient therapists also may provide group therapy that is designed to allow individuals of similar ages and problems to be treated within a group setting. Many of these groups occur for 1-1.5 hours a week and generally deal with specific topics. Some of the most common groups for adolescents include social skills groups, and groups to assist teenagers with attentional difficulties. For example, if you are concerned that your child is struggling socially, group therapy can be a great resource to assist with development of these skills in an appropriate and therapeutic setting.

Psychiatrists

These are medical doctors (MD) with advanced training in dealing with serious mental illness. Most psychiatrists primarily prescribe and monitor medications. Often the psychiatrist will see individuals for an initial evaluation, and then follow up monthly for medication management sessions. Some psychiatrists will see patients weekly while others will provide both individual talk therapy sessions and medication management sessions. However, this varies from doctor to doctor.

Many people who are seeking help for the first time will try to make their initial appointment with a psychiatrist. In general, psychiatrists often do not take insurance and usually have longer waiting- lists for appointments than other therapists. So if you are concerned about a family member, it can be easier and quicker to get them in to see an outpatient clinician first. They can begin talk therapy and if the clinician believes that medication is necessary or should be considered, they can assist with making a referral to a psychiatrist.

Intensive Outpatient Programs (IOP)

These programs, which meet for multiple hours, multiple days per week have higher levels of care and are designed to treat individuals who are experiencing moderate to severe symptoms. Most IOP's are scheduled from 3 – 5 times per week and typically run for about 3-4 hours per treatment day for approximately 2-3 months. However, all IOPs are designed with a strong emphasis on group work to assist clients in developing specific skills to improve their level of functioning. There are usually a variety of groups that address particular problems like substance abuse, eating disorder or psychiatric disorders (such as mood, anxiety and psychotic disorders). If your child is using drugs or alcohol on a semi-regular to regular basis, then this is most likely the appropriate level of care for them. Similarly, many individuals who are struggling with eating disordered symptoms are often referred to this level of care.

If you have a child who has been in therapy with an outpatient clinician and has not made the progress you were hoping for, then an IOP may be the next step. Conversely, if your family member has not been in treatment before, but their symptoms are raising safety concerns (for example, you have recently discovered that they are harming themselves through cutting or burning) or if they are struggling with suicidal thoughts, then an IOP may be a more appropriate level of care for them than just outpatient therapy.

Partial Care Programs/Partial Hospitalization Programs (PCP/PHP)

This level of care is the step between an IOP and an inpatient hospitalization program. This program is designed for individuals who are not at immediate risk of harming themselves, but are experiencing significant symptoms which make it difficult for them to function in their daily lives. PCPs usually run 5 days a week for 5-6 hours. Like IOP's, they are group based programs but also provide family work, individual work as well as medication management with a psychiatrist. Patients usually attend these programs from 2- 4 weeks, with the specific goals of getting their medications adjusted, improving level of functioning, addressing any safety concerns and creating an appropriate aftercare plan. Many Partial Care patients will go directly to an IOP once they are more stable. If your child is not attending school, not functioning well, having severe depressive symptoms, self injuring, or expressing suicidal thoughts with regularity, then this may be the appropriate level of care for them.

Inpatient Hospitalization

Just like you'd do if your child broke an arm or leg, when you are worried that your child is in immediate danger the best thing to do is take them to the emergency room for an evaluation. Any suicide gesture or attempt should be taken seriously, so if your child is telling you or someone else that they want to die or have a plan to harm themselves, this is the level of care you may need. When you take your child to the emergency room, they will be medically cleared first, and then evaluated by a therapist/social worker who will determine the next step. Many times children who are suicidal will be recommended for admission to the hospital for a week or so. Although this recommendation may sound scary, it really is the best course of action for someone who is in crisis. As an inpatient, your child will attend groups, family sessions and be seen regularly by the psychiatrist for medication management. Once your child is more stable and no longer at high risk for self-harm, there will be an assessment by the clinician to assist you with determining what level of care is appropriate for follow up.

What's the Next Step??

If you have insurance, the best thing to do first is to call your insurance company and find out what type of mental health benefits you have. You want to know if you need something called 'preauthorization' and whether or not you have "out-of-network' coverage. If you have this type of coverage, your choice of providers will greatly increase. Almost all plans have outpatient coverage as well as coverage for inpatient hospitalizations. However, not all insurance packages have IOP or PCP benefits, so it is good to ask about this. If you have the benefit, then the next step is to get a list from the insurance company of in-network providers that meet the level of care you are seeking.

BEFORE you make an appointment, do not hesitate to call ahead and ask questions about the program or the therapist, the types of services rendered, as well as the way in which initial appointments are scheduled. Remember, you are technically a consumer who will be purchasing an important service for your child. It helps, of course, to frame your request in a courteous way. For example, "I don't know much about mental health counseling and I'm trying to approach this process as an educated consumer. I'd like to ask you a few questions to help me better understand how you work."

While you probably already have a list of questions in your head, here's a few more that you may want to include:

- My child has been having some problems in the following areas...(briefly provide examples of the behaviors that concern you). Can you give me an idea of what your approach to dealing with these types of problems might be?
- Do you involve parents (or guardians) in the counseling process?
- Do you provide family therapy? How do you decide if this is needed?
- What criteria do you use to determine whether or not my child needs medication?
- To whom do you refer for this type of assessment?
- If my child needs special accommodations at school, do you assist in making these arrangements?
- How flexible is your appointment schedule? Do you offer after school/ evening/Saturday appointments?
- If you or I decide that you and my child might not work well together, will you be able to suggest other referrals?
- You should also ask about that initial appointment: who will it be with, how long will it take, what will happen during it and how long after that initial evaluation will services start? You, as the consumer, have a right to make sure that the people you are calling will meet your needs, so ask them.

If you do not have insurance, most counties and states provide services to adolescents through county and state programs. In New Jersey, the provider of these services is Perform Care, and the best way to get help for the uninsured is to call them. The phone number to call is 877-652-7624. When you call them, you will give them basic information and get your child registered. You will be given a number that is your registration number. Once this first step is completed, they will assign a counselor to complete a needs assessment, which consists of a professional coming out to the home to interview you and your child and gather information to create a treatment plan. This treatment plan could include in-home therapies, a behavioral assistant who comes over consistently to assist with parenting, or possibly a mentor (someone to take your child out on social gatherings). They can also provide referrals to programs out of the home if that seems necessary. Many parents are reluctant to call Perform Care due to concerns about having strangers come to their homes. Please keep in mind that these people are professionals who are there to help you, not judge you or cause you additional stress. Reaching out to them for help is a sign that you are doing the best thing you can for your child, and they will respect that, so please allow them to opportunity to help.

**Prepared By: Dara Gasior, PsyD, Director of Freehold High Focus Centers
and Maureen Underwood, LCSW, SPTS Clinical Director**

**High Focus Centers | www.highfocuscenters.com | 1-800-877-FOCUS (3628)
Society for the Prevention of Teen Suicide, Inc. | www.sptsusa.org | sptsusa@gmail.com | (732) 410-7900**