

The Essential Guide to Obtaining Mental Health Services for Your Child



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INTRODUCTION

Life is challenging, even under the best of circumstances. The daily grind of tending to our children's needs, long workdays, household chores, and numerous other responsibilities often leave us feeling stressed and depleted. If, on top of that, we have a child who is struggling with mental health (including substance abuse) issues, even the strongest of us can feel overwhelmed.

This guide is designed to answer the questions I often hear from parents seeking mental health services for their children. By helping parents become educated consumers, I hope they will better understand their child's mental health needs, treatment options, and the most appropriate course of action.

This handbook is not meant to diagnose, treat, or cure any physical, emotional, behavioral, or psychiatric disorder. The author or distributors of this handbook assume no responsibility or liability in applying its content. If you are a parent of a child experiencing mental health or substance abuse issues, it is crucial that before you act on the information in this handbook, you consult with a mental health professional who can advise you on how to handle your specific situation.

Throughout this handbook, the pronouns “they” and “them” are used when referring to a generic person (i.e., “your child”) whose gender is unknown to the author and irrelevant to the content. These pronouns are consistent with current grammatical standards and are not intended to express any social/political view regarding gender identity and preferred pronouns. To do so would be outside of the scope of this handbook and counterproductive to its mission of supporting parents during a time of need.

WHEN TO USE THIS HANDBOOK

You are likely reading this guide because of one of the following circumstances:

- You received a phone call from your child's school informing you that your child has expressed thoughts of suicide. You were instructed to pick your child up immediately and take them for an emergency risk assessment. At first, you were shocked by the call because you had no concerns about your child's mental health. While driving to your child's school, you were sure they were making a mistake, overreacting to something minor, or picking on your child for some reason. However, after speaking with your child's school counselor and the mental health professional performing the risk assessment, you realize your child has mental health difficulties and needs professional help.
- You discovered that your child has been drinking or using drugs. Initially, you were not that concerned. You were a teenager once and understood that some alcohol and drug use (primarily marijuana) at that age was to be expected. However, after a drug-related incident at school and other concerning behaviors, you fear your child has developed an alcohol and drug problem. You are now ready to confront your child's behavior and have them participate in a substance abuse evaluation.
- You noticed changes in your child's attitude, mood, or behavior. Your child has been irritable, unmotivated, withdrawn, and less interested in activities. When you tried talking to your child about it, they got defensive, denied anything was wrong and retreated to their room. With your concerns growing, you want to take your child to a therapist.
- Your child has a long history of school underachievement, disciplinary problems, emotional reactivity, oppositional behavior, and social conflict. You have taken your child to multiple therapists and done everything possible to help them, but nothing has worked. You are at your wits end and sometimes find yourself wishing for the day your child turns 18 and you are no longer legally responsible for them. Despite feeling overwhelmed, you refuse to give up on your child, and you are now seeking another mental health treatment that will hopefully be more effective than the previous ones.

In response to your child's circumstances, you are ready to get them the necessary mental health services. This handbook is intended to be used at that moment of readiness. It will help you understand the nature of your child's mental health difficulties, available treatment options, how to access insurance coverage, how to choose the right therapist, and other information essential to obtaining the best treatment. With this knowledge, you can make more informed decisions regarding your child's mental health care and increase the likelihood of a successful treatment outcome.

SECTION 1 – HOW TO DETERMINE IF YOUR CHILD NEEDS MENTAL HEALTH SERVICES

Your child may need mental health services if you or another caring person, such as a teacher, coach, school counselor, friend, or family member, notices one or more of the following symptoms negatively impacting their life.

- Difficulty concentrating
- Low energy - fatigue
- A sudden change in behavior, mood, or attitude
- Unusual behavior
- Evidence of alcohol or drug involvement
- Academic, behavioral, or social difficulties
- Failure to meet school, work, or family responsibilities
- Extremes in emotion - anger, happiness, sadness, anxiety
- Police involvement
- Change in friends or isolation/withdrawal from friends
- Change in hygiene - poor hygiene
- Change in sleep habits
- Change in eating habits
- Evidence of an eating disorder - preoccupation with body image, binge eating, excessive exercise
- Oppositional behavior toward authority
- Expression of hopelessness or suicidal/ homicidal thoughts

Because parents see their children through the eyes of unconditional love, it may be difficult for them to notice changes in their child's mood or behavior and the presence of mental health symptoms. If someone approaches you with concerns about your child, please be open to what they have to say. Assume they have genuine care and concern for your child and may be an objective set of eyes and ears that have noticed something you are unaware of.

If you recognize that your child has mental health difficulties, but the symptoms seem mild, and you are uncertain about your child's need for treatment, remember that "an ounce of prevention is worth a pound of cure." Even if you err on the side of caution and take your child for treatment in response to mild symptoms, they can still benefit from the experience. By participating in mental health treatment, they can gain self-awareness and coping strategies to safeguard them against stress and worsening mental health problems.

If you decide to discuss your concerns with your child before seeking mental health services, remember that children are very good at hiding information from their parents and making them feel like they are overreacting. Should this happen, you may dismiss your concerns with the hope that your child is "just going through a phase" that they will outgrow. Unfortunately, by not acting on your initial concerns, you may miss the opportunity for early intervention and raise the risk of worsening symptoms and related life consequences.

SECTION 2 - UNDERSTANDING THE VARYING LEVELS OF MENTAL HEALTH CARE & TREATMENT OPTIONS

In seeking mental health services for your child, you have multiple levels of care and several treatment options. Each will vary in its setting, structure, frequency, and duration. The analogy of antibiotics helps explain the varying levels of care. For example, there are several types of antibiotics with varying degrees of potency. For a particular antibiotic to work, its strength must match the severity of the infection. For example, penicillin may be enough to treat your child's ear infection. However, penicillin may not work if your child has a staph infection. They may need a more potent antibiotic like vancomycin. Since it is often difficult to determine the true

nature of a condition and how it will respond to a particular medication, treatment typically starts with the mildest medications. If they do not work, it progresses to the more potent ones. To complicate things further, some infections require several rounds of antibiotics or a combination of antibiotics to be treated successfully.

The same applies to the varying levels of mental health care. For treatment to be helpful, it must match the severity of the mental health condition. Since that can initially be difficult to determine, starting with the mildest level of care, and working your way up when needed, is standard practice. In addition, some individuals need multiple rounds of a particular treatment or a combination of treatments before they get better. The varying levels of mental health care and related treatment options are listed below in their order of potency from mildest (least restrictive) to most intense (most restrictive).

Mental health treatment can only be provided by a licensed professional. This includes licensed psychiatrists, nurse practitioners, psychologists, social workers, family therapists, and substance abuse counselors. Psychiatrists and nurse practitioners are the only licensed professionals qualified to recommend or prescribe medications. Throughout this guide, licensed professionals working in treatment facilities or hospitals are referred to as treatment providers, while those working in private practice are referred to as therapists.

Level 1 – Outpatient Treatment:

Your child lives at home and attends treatment as scheduled.

Individual Therapy: This treatment is recommended when you have concerns about your child's mental health or substance abuse involvement. Treatment is provided in a private practice setting by a licensed psychologist, social worker, professional counselor, or Certified Alcohol & Drug Counselor. Treatment occurs during a scheduled appointment, typically one day per week, for 45-60 minutes. The duration of treatment varies depending on your child's diagnosis and treatment plan. Treatment consists primarily of one-on-one counseling for your child but may include other family members when needed. While there are many distinct types of individual therapy (i.e., Cognitive Behavioral Therapy, Interpersonal

Therapy, Internal Family Systems Therapy, Psychodynamic Therapy, etc.), most are facilitated in one of the following two ways.

1. **Supportive Therapy:** Treatment sessions are free-flowing in their topic of conversation. The client is encouraged to discuss whatever is on their mind. The treating therapist listens, validates, provides feedback, and supports the client in coping with challenging life events and emotions. Through supportive therapy, the client unloads stress, gains self-awareness, and feels better about themselves and their support system.
2. **Skills-Oriented Therapy:** Treatment sessions are structured, and time is designated for open discussion, psychoeducation, and the development of coping skills. The client is encouraged to identify areas of life difficulties, negative emotions, and life goals. In addition to providing emotional support, the treating therapist teaches and guides the client in applying various coping skills. Through skills-oriented therapy, the client acquires a tool kit for countering negative emotions and behaviors, improving relationships, and problem-solving life difficulties.

Since individual therapy is the most widely used treatment, it is the focal point of this guide. Unless your child exhibits severe psychiatric symptoms or appears at risk of harming themselves or others, individual therapy is the treatment of choice because it is most accessible, provides individualized care, and has minimal impact on daily activities. If your child does not respond well to individual therapy, you can move them to a higher level of care. This can be done at your discretion or per your child's therapist's recommendation. For additional information on individual therapy, see Sections 4, 5, and 6 of this guide.

Intensive Outpatient Therapy: This treatment is recommended when your child is not responding well to individual therapy or when it is determined that the nature and severity of their condition require this level of care. Treatment is provided by a state- or privately-owned mental health or substance abuse facility. Treatment occurs after school hours, 3-5 days per week, for 3-5 hours daily. The duration of treatment is typically 2-5 months. Treatment consists primarily of group therapy but includes one-on-one counseling, psychoeducation, family therapy, and drug testing for substance abuse. The mechanism for emotional healing and behavior change is the accountability and positive influence of the therapeutic

environment, the acquisition of coping skills, and peer-to-peer feedback and support.

Partial Hospitalization: This treatment is recommended when your child is not responding well to individual or intensive outpatient therapy or when the nature and severity of their symptoms negatively impact their school attendance, behavior, or academic performance. Treatment is provided by a state- or privately-owned mental health or substance abuse treatment facility. Treatment occurs during school hours, 5 days per week, for 6 hours a day. The duration of treatment is typically 2-5 months. Treatment consists primarily of group therapy but includes academic tutoring (2 hours a day coordinated with your child's school), one-on-one counseling, psychoeducation, family therapy, and drug testing for substance abuse. The mechanism for emotional healing and behavior change is the accountability and positive influence of the therapeutic environment, the acquisition of coping skills, and peer-to-peer feedback and support.

Level II – Inpatient Treatment:

Your child lives at the facility providing treatment for a designated time.

Emergency Hospitalization: This treatment is necessary when your child is experiencing a psychiatric emergency and appears to be at risk of harming themselves or others. Treatment is provided by a state- or privately-owned hospital. The typical length of stay is 3-5 days. The purpose of this treatment is to ensure your child's safety, stabilize physical and psychiatric symptoms, and determine the nature (correct diagnosis) and severity of your child's mental health condition. Treatment consists of medical and psychiatric evaluations and monitoring, patient and family education, and the administration or adjustment of medications. There is no mechanism for emotional healing and behavior change because treatment aims to ensure safety, stabilize symptoms, diagnose, and recommend needed care. For information on what to do if your child is experiencing a psychiatric emergency, see section 10 on page 45 of this guide.

Inpatient Treatment: This treatment is recommended when the outcome of your child's outpatient treatment(s) is unsuccessful or when it is determined that the nature and severity of your child's condition require this higher level of care. Inpatient treatment is provided by a state- or privately-owned inpatient mental health or substance abuse treatment facility. The

typical length of stay is 28-30 days. The purpose of inpatient treatment is to keep your child safe, teach coping skills, and confirm or determine your child's diagnosis. Treatment consists of supervised living, schooling (2-4 hours per day coordinated with your child's school district), medical evaluations and monitoring, psychiatric evaluations and monitoring, behavior modification, individual counseling, group therapy, family education, family therapy, and other therapies. The mechanism for emotional healing and behavior change is a therapeutic environment's accountability and positive influence, behavior modification, the acquisition of coping, interpersonal, and life skills, and peer-to-peer feedback and support. You can usually call and visit your child while they participate in inpatient treatment. For information on what to do if your child needs inpatient treatment, see section 9 on page 40 of this guide.

Level III – Residential Care:

Your child lives at the facility providing treatment for an extended time.

Long-Term Residential Care: This treatment is recommended when the outcome of your child's inpatient treatment is unsuccessful or when it is determined that the nature and severity of your child's condition require this higher level of care. Treatment is provided by a state- or privately-owned long-term mental health or substance abuse care facility. The typical length of stay is 3-6 months. Treatment consists of supervised living, schooling (2-4 hours per day coordinated with your child's school district), medical evaluations and monitoring, psychiatric evaluations and monitoring, behavior modification, and various therapies, including individual, group, and family therapy. Like other inpatient treatments, you can usually call and visit your child while they participate in long-term residential care. The mechanism for emotional healing and behavior change is a therapeutic environment's accountability and positive influence, behavior modification, the acquisition of coping, interpersonal, and life skills, and peer-to-peer feedback and support.

A Therapeutic Boarding School: This treatment is recommended when the outcome of your child's inpatient or long-term residential care is unsuccessful, and your child continues to engage in defiant, illegal, dangerous, or addictive behaviors that cannot effectively be managed at home or in school. Treatment is provided by a privately owned boarding school designed to serve students with emotional and behavioral

difficulties. The length of stay correlates with the traditional 10-month school calendar. Treatment includes educational services, supervised residential living, behavior modification, individual counseling, and other clinical services. The mechanism for emotional healing and behavior change is the structure and accountability of the alternative school environment, behavior modification, and the acquisition of interpersonal and life skills.

A Sober Living House: This treatment is recommended when your child is 18 or older and is being discharged from an inpatient alcohol and drug treatment facility. Treatment is provided by a privately-owned sober living facility. The typical length of stay is 3-12 months, depending on your child's housing and recovery needs. It is intended to help your child gradually and safely transition back into their home and community environment. Treatment consists of safe housing, structured living, and ongoing drug testing. The mechanism for emotional healing and behavior change is the accountability of a safe and structured housing environment, drug testing, and support with re-entry into the workforce.

If you need Level III care for your child, see Section 9 - What To Do If Your Child Needs Inpatient Treatment on page 40 of this guide.

SECTION 3 – UNDERSTANDING THE NATURE OF YOUR INSURANCE PLAN

As we all know, mental health services can be expensive. Fortunately, the Affordable Care Act (ACA) expanded coverage for mental health and substance abuse treatment. This means that, by law, insurance companies must now cover the treatment of mental health and substance abuse disorders. For additional information and assistance about dealing with your insurance provider regarding mental health and substance abuse services, visit <https://www.hhs.gov/programs/health-insurance/mental-health-substance-use-insurance-help/index.html>

If you do not have health insurance, you can apply for coverage through the Affordable Care Act (ACA) at <https://www.HealthCare.gov>. Health insurance is available for people who fall within specific income brackets.

All ACA plans include coverage for pre-existing conditions and mental health and substance abuse services. Enrollment opens every year in November and closes in mid-January. Sometimes, you may be eligible to enroll outside the standard enrollment period, so be sure to check! You can find details for contacting the Health Insurance Marketplace in the appendix of this handbook.

5 Types of Insurance Plans:

There are typically five types of insurance plans – traditional indemnity, managed care (HMO), preferred provider (PPO), point of service (POS), and exclusive provider organization (EPO). HMOs, PPOs, POSs, and EPOs are considered managed care plans. While these plans have the benefit of reduced fees (co-payments) and paperwork, they limit your choice of treatment providers. With these plans, you can only see “in-network” providers contracted by your insurance company. With traditional indemnity plans, you can select the treatment provider of your choice. With a PPO plan, you can choose an in-network provider or provider of your choice.

Traditional Indemnity Plan: A plan that allows you to see the treatment provider of your choice, pay the fee, and submit a claim for reimbursement. Depending on your coverage, reimbursement rates range from 50-100% of the cost of treatment. Some policies require that you pay a deductible before being eligible for reimbursement. Unfortunately, many employers have converted from traditional indemnity plans to managed care plans due to cost-cutting measures.

Health Maintenance Organization (HMO): A managed care plan where services are covered only if you go to doctors, specialists, therapists, or treatment facilities in the plan’s network (except in an emergency). An HMO plan requires you to see a contracted in-network treatment provider for the cost of a co-pay. With some policies, you will need a referral from your primary care physician to initiate treatment. Depending on your policy, your co-pay will range from five to twenty-five dollars. While this option is the least flexible, it reduces your out-of-pocket cost for treatment and saves you the work of filling out paperwork and submitting claims for reimbursement. With an HMO plan, your treatment provider submits and processes all claims directly with your insurance provider. Initial and

ongoing sessions are subject to pre-authorization and review by your insurance provider.

Preferred Provider Plan (PPO): A hybrid of traditional indemnity and HMO plans. With a PPO, you can see a contracted in-network treatment provider for the co-payment cost. You also have the option to see an out-of-network treatment provider, pay the fee, and submit a claim for reimbursement. If you see an out-of-network provider, your reimbursement rate will typically be lower than that of a traditional indemnity plan.

Point of Service (POS): A managed care hybrid of HMO and PPO plans. It offers reduced rates when you visit in-network treatment providers. Monthly premiums are typically lower than traditional indemnity or PPO plans. Most POS plans require a referral from your primary physician before meeting with a specialist.

Exclusive Provider Organization (EPO): A type of HMO with a more extensive network of treatment providers. In addition to having more providers, another advantage of an EPO vs. HMO is that you do not have to choose a primary care physician, and you do not need a referral to see a specialist within the plan's network. Like all managed care plans, you are only covered if you go to an in-network treatment provider.

What To Ask Your Insurance Provider:

Speaking with your insurance provider before obtaining treatment services is essential, regardless of your insurance plan. It ensures your understanding of benefits, treatment options, and out-of-pocket costs. It also reduces the risk of an unexpected financial burden and the need to discontinue treatment with a selected provider prematurely. When speaking with your insurance provider, it is helpful to document all conversations, dates, and the names of the representatives with whom you communicate. Request an email or letter to confirm and record the nature of your communication and the information you were given. Your documentation will be beneficial should any misunderstandings or disputes arise.

Below are important questions to ask your insurance provider. Have your insurance card and other related information available before making the call.

All Plans:

- What type of policy/coverage do I have? What is the nature of my plan (traditional indemnity, HMO, PPO, etc.)?
- Are mental health and substance abuse services covered?
- Can I have a copy of my policy's "Summary of Benefits and Coverage" document?

Traditional Indemnity & PPO Plans:

- What credentials does my treatment provider need to have for me to receive the maximum reimbursement on my claims?
- What is my reimbursement rate for the cost of service per session (e.g., 50%, 70%, 100%)?
- Is there a limit on the fee you will reimburse per session (\$150, \$200, \$250)?
- Is there a limit on the total service cost you will reimburse for the year?
- Do I have to pay a deductible before receiving reimbursement? If so, how much is my deductible (e.g., \$500, \$1000, etc.)?

HMO, PPO, POS, and EPO Plans – Also Applicable to Coverage Through the Affordable Care Act & Medicaid:

- Can you provide me with a list of in-network providers?
- How much is my co-payment?
- Will I need pre-authorization for my first session? If so, how do I obtain it?
- Will I need authorization for ongoing sessions? If so, how is that obtained?

Additional Questions Regarding Levels of Treatment & Coverage for All Plans:

- Do you cover all levels of care, including individual therapy, intensive outpatient, partial hospitalization, inpatient, and residential treatment?
- What are the criteria for inpatient treatment? Do I need to attend outpatient therapy before being eligible for inpatient treatment?
- If my child's treatment provider needs to meet with me (parent/guardian) or other family members, do specific rules apply? How do those sessions need to be documented by the treatment provider so that I receive maximum reimbursement?

- Is there a limit on the number of sessions I can have with my treatment provider?
- Is there a limit on the total cost of my mental health treatment yearly or per contract basis (e.g., \$5000, \$10,000, etc.)?
- If multiple insurance plans cover my child, do special rules apply? What are those rules? What is the procedure for submitting claims and ensuring maximum reimbursement?
- Is there anything else I need to know to access mental health or substance abuse treatment, submit claims, and ensure maximum reimbursement?

Suppose you need to select from a list of in-network treatment providers. In that case, you are strongly encouraged to continue reading and follow the suggestions presented in the next section of this guide on selecting a therapist.

SECTION 4 – HOW TO SELECT A THERAPIST AND INITIATE INDIVIDUAL THERAPY FOR YOUR CHILD

An excellent first step in addressing your child’s mental health difficulties is to have them medically evaluated by their primary doctor. Many medical conditions cause or contribute to neurological or psychiatric symptoms, and it is essential to determine whether this is the case with your child. Request that your child’s evaluation is thorough and includes comprehensive blood work and a drug test to determine if alcohol and drug use is a factor in your child’s mental health difficulties.

Assuming your child is medically cleared and it is appropriate to move forward with mental health services, your child’s doctor can assist you in selecting a therapist. If you have a traditional indemnity, PPO, or POS plan, your child’s doctor can recommend the treatment provider of their choice. If you have a managed care plan, your child’s doctor can give you feedback or make a recommendation regarding your list of in-network providers.

You can also speak to your child’s school counselor for assistance in selecting a therapist. School counselors have a wealth of knowledge and

experience regarding mental health services and can be extremely helpful in connecting you to a competent and trusted therapist in your area.

Carrying Out the Selection Process:

Begin the selection process by contacting multiple therapists and conducting phone interviews. This will give you a sense of the therapist's personality, treatment philosophy, and skill level. In addition, view the therapist's website and online presence regarding professional activities and client reviews. By taking the time to interview and research potential therapists, you will feel more secure and confident in booking your child's first appointment and the likelihood of a positive treatment experience. This confidence will reassure you in the face of any resistance your child may have to participate in therapy.

Questions To Ask:

When Interviewing Potential Therapist:

- Do you accept my insurance; _____?
- What are your fees?
- What are your credentials? What is your professional license?
- Do you have experience working with children my child's age?
- Do you have experience working with my child's presenting problem (depression, anxiety, ADHD, social difficulties, academic difficulties, etc.)?
- What is your treatment philosophy (i.e., supportive therapy, skills-oriented therapy, family therapy, Cognitive Behavioral Therapy, etc.)?
- Do you have any specialized training?
- What is the average length of treatment for clients like my child?
- If my child does not want to attend therapy or is uncooperative during sessions, how will you handle that? How do you suggest I handle that?
- Will you communicate or collaborate with my child's school if necessary?
- What are your strengths as a therapist?
- To what extent will I need to participate in my child's therapy?
- Is there anything else that I need to know about you or the therapy you provide?

You can expect the answers to your questions to vary significantly among therapists. Please take note of the openness and sincerity with which

answers are given. That may be more relevant to the selection process than the answers themselves.

When Making Your Final Selection:

- Is the therapist fully licensed?
- Did the therapist sound professional, knowledgeable, warm, and empathic?
- Was I comfortable speaking to the therapist?
- Did the therapist welcome my questions? Did they answer my questions thoroughly, or did I have to probe for more thorough responses?
- Did the therapist demonstrate patience during our call, or did I feel rushed?
- Does the therapist have adequate experience or specialized training?
- If you left a voicemail, texted, or emailed the therapist – Did they return my message in a reasonable amount of time?

Once you select and begin working with a therapist, be patient with the therapeutic process. It will take time for the therapist to establish a trusting relationship, evaluate and effectively treat your child, and for your child to show signs of emotional or behavioral improvement. In addition, it will take time to determine if individual therapy is the most appropriate level of care or if your child needs to be referred to a higher level of care.

Please do your best to stay patient and optimistic throughout the treatment process, particularly when it does not progress as you hoped. If, for some reason, you lose confidence and decide to change therapists, do not be discouraged. Many people change therapists multiple times before finding the one that is right for them. Also, do not be discouraged if your child is referred to a higher level of care. Remember the analogy in section 1. Sometimes penicillin does not work, and more powerful antibiotics must be administered.

SECTION 5 – HOW TO BEST PREPARE YOUR CHILD FOR INDIVIDUAL THERAPY

Children vary in their feelings and attitudes toward attending individual therapy. Some children welcome the idea, while others resist it entirely. This section will help you initiate individual therapy with your child and manage their potential resistance. The guidance is based on my decades of clinical experience and observing the best strategies for initiating therapy with children.

What To Do When Your Child Is Agreeable To Therapy:

Let your child know that you are in the process of finding a therapist. Give your child information regarding the therapists you are considering. Ask them if they want to be part of the selection process. If so, encourage them to view the therapists' websites and give you their opinion on those being considered. Once you make your final selection and book the first appointment, inform your child about the therapist you selected and the starting date for treatment. With a tone of openness, reassurance, and optimism, answer your child's questions.

What To Do When Your Child Is Resistant To Therapy:

When you and your child feel calm and relaxed, introduce the idea of your child participating in individual therapy. If your child gets upset and resists the idea, end the conversation, and avoid undue stress. Proceed by researching and selecting a therapist on your own. ***Refrain from including your child in the selection process, and do not keep them posted on your progress; doing so could be counterproductive and increase their resistance.***

On the day of your child's first scheduled appointment, right before leaving your house, or while driving to the appointment, inform your child of what is happening. Speak in a matter-of-fact tone. Keep the conversation short and to the point. ***Refrain from arguing or trying to convince your child of the merit of your decision or their need for mental health treatment.***

Act confident and secure in expecting your child to attend and participate in the treatment process.

I suggest you wait until shortly before your child's first appointment to inform them of what is happening because advance notice gives them time to argue, sulk, and coerce you into changing your mind. Worse than that, the stress of anticipating the start of treatment can cause some children to act out in destructive ways, like going on drug binges, physically assaulting parents, or attempting suicide. While I have only heard of children acting out this way in response to having to attend inpatient treatment, never individual therapy, it is not worth taking the chance. For these reasons, when your child resists treatment, it is best not to give them much advance notice before the starting date. Particularly if your child has a history of substance abuse, oppositional and defiant behavior, suicidal thoughts, suicide attempts, or is prone to intense emotional reactivity.

Suggestions For Informing YOUR Resistant Child About The Start Of Individual Therapy:

- Whenever possible, have both parents present when initiating treatment.
 - Inform your child about the start of therapy as close to the start date and time as possible.
 - Speak in an assertive but calm and respectful tone of voice.
 - Tell your child they will be attending their first individual therapy appointment. Provide them with as much information as they are receptive to hearing regarding the time and location of the appointment, the selected therapist, and the nature of the first session.
- Take ownership and responsibility for your decision to have your child participate in individual therapy. Discuss it in a way that deflects attention away from your child as the identified problem or patient. For example, you can say, "Today, I am taking you to a therapist. I need to do this because I am concerned about what is going on with our family. I am hoping that by getting to know you, the therapist can help me do a better job parenting you. I need you to cooperate and let the therapist know what is bothering you and what you need from me to improve things."

- Keep the conversation short and to the point. Avoid arguing, debating, or trying to justify your decision. To do so will only make your child more emotional, argumentative, and resistant.
- Act confident and secure in expecting your child to attend and participate in the treatment process.
- Inform your child that there is a limit to the number of sessions you expect them to attend (I typically recommend 3-7 sessions depending on the child's resistance level and what you think they could tolerate). Doing so will give your child a "light at the end of the tunnel" and increase the likelihood of their cooperation. Once you physically get them to the first session, the therapist will be responsible for connecting with them and making the treatment experience worthwhile enough that they will want to continue beyond the required sessions.

If your child does not want to continue beyond the required number of sessions, forcing them to do so will not be conducive to a successful treatment outcome. Fortunately, even if your child does not want to continue in therapy, their therapist should know them well enough by the end of the required number of sessions and should be able to provide you with insight, feedback, and strategies for addressing their emotional and behavioral needs at home.

- If your child seems receptive, educate, and reassure them about the nature of individual therapy. For example, say, "You will probably be asked about school, family, friends, activities, and any life difficulties you are having. You do not have to talk about anything you do not want to. You do not have to answer any questions you are uncomfortable with. What you discuss with the therapist is confidential. The only exception to that is when your life or someone else's life is in danger. The main goal of the first few sessions is for the therapist to get to know you and what is going on in our family."

What To Do If Your Child Refuses to Attend Therapy:

No matter how thoughtful you may be in approaching your child about participating in individual therapy (or any other level of care), they may not budge in their refusal to attend. If your child is unwilling to get out of the car or voluntarily walk into the therapist's office, there is not much you can do about it. If you are in this situation, stay calm and consider the guidance in this section.

If your child suffers from mild to moderate symptoms of depression, anxiety, or other mental symptoms and is functioning adequately at home, school, or work and refuses to participate in treatment, do not try to force them into individual therapy. Instead, focus on strengthening your relationship with them. Give them extra love, care, understanding, patience, and quality time. As you do this, continue talking to them about your concerns and the potential benefits of individual therapy. Periodically, ask them to reconsider attending treatment. When you have a loving and supportive parent-child relationship and family environment, your child will become more receptive and willing to cooperate with your suggestion that they attend individual therapy.

If your child is involved in destructive or illegal behaviors and refuses to participate in treatment, you may need to force them into individual therapy or a higher level of care. Do not stand attempting to do this alone. I strongly encourage you to meet with a therapist (yourself) who can help you formulate a plan for getting your child into treatment. This plan may need to include a tough love approach to address your child's destructive behavior and hold them accountable for attending therapy. With the support and guidance of a skilled therapist, you will be more capable of standing up to your child's resistance and winning the battle over attending treatment.

What To Do When Taking Your Child for Substance Abuse Treatment:

When initiating individual therapy because of concerns regarding your child's substance abuse, you can anticipate your child will be highly defensive, argumentative, and resistant to attending therapy. Do not be deterred by your child's response. Stay firm in your decision to get them professional help. If you do not have the support of a co-parent, it will be helpful to ask an adult family member or friend to assist you in taking your child to the first appointment.

If you are taking your child to a therapist specializing in substance abuse treatment, be aware that a drug test may be administered at the first session. Unless asked, informing your child beforehand about the possibility of a drug test is ill-advised. Doing so may intensify their resistance and give them time to circumvent the drug test. If your child

does ask about having to take a drug test, be honest about the possibility and emphasize that you will be loving, understanding, and supportive regardless of the test results.

Be aware that even if your child's drug test is negative, it may not mean your child is substance abuse free or that it is not a factor in their mental health difficulties. There are several reasons why a negative drug test may not accurately determine someone's drug involvement. Consider the following:

- Using other people's urine (you would not believe the elaborate methods for doing this) to over-hydrate. There are numerous ways individuals can circumvent the accuracy of drug tests.
- Drug tests only screen for specified drugs. Four-panel tests detect Cannabinoids Carboxy – THC, Amphetamines, Cocaine, and Opiates. Six-panel tests detect two additional substances, benzodiazepine, and oxycodone.
- Any drugs outside of those specified on the panel will not be detected, and the drug test will be negative.
- Some drugs like cocaine, ecstasy, and hallucinogens have a short half-life in the body, meaning they may be undetectable within several hours of being ingested. Someone can test negative for drugs a day or two after use.
- Drug-testing standards vary greatly. While some tests have a "zero cut-off" standard and will detect the slightest amounts of a specified drug, many tests have a higher cut-off and will not detect amounts below a certain threshold. For example, if a test has a 50 ng cut-off for THC (marijuana), any level below 50 ng would not be detected, resulting in a negative drug test. While a level below 50 ng may not be concerning with an adult, it would be with a child.

Because of the numerous factors impacting the outcome of a drug test, no single test result is relevant to accurately understanding the nature of an individual's substance involvement. Drug tests are most helpful when administered as part of a comprehensive substance abuse evaluation conducted by a licensed professional specializing in substance abuse treatment.

Be aware that individual therapy may not be enough to successfully treat your child's substance abuse. If that is the case, your therapist will recommend a higher level of care. This is common in addiction treatment and does not mean that individual therapy was a wasted effort. Instead, it was a crucial step in determining the true nature of your child's substance involvement and a bridge to the necessary level of care. In addition, the knowledge and self-awareness gained through individual therapy will benefit your child at the next level of care and throughout the recovery process.

SECTION 6 – WHAT TO EXPECT DURING YOUR CHILD'S THERAPY:

The process of therapy will vary from one therapist to the next. The reason being no two therapists are alike. Every therapist has their own style for conducting therapy based on their treatment philosophy (CBT, Interpersonal, etc.), personality, specialized training, and experience. This means you could take your child to ten different therapists and have ten vastly different treatment experiences. It is also possible that despite those differences, no one approach is superior to the next, and all ten could produce a successful treatment outcome. This shows how individual therapy is as much an art as science.

Since I cannot prepare you for the nature of your child's therapy, I will share how my associates and I conduct therapy at my private practice, Strength for Change, LLC. We believe there are four stages to effective treatment, and we systematically facilitate them as follows:

Stage 1 – Comprehensive Mental Health Evaluation

The evaluation stage is the first and most crucial step to effective treatment. During this stage, the therapist conducts a comprehensive clinical interview (conducted over 5-8 sessions) and administers various symptom and personality tests. Their goal is to cultivate a trusting relationship with the client and gather the information necessary to understand the client's mental health difficulties accurately.

Stage 2 – Treatment Planning:

During the treatment planning stage, the therapist analyzes all the gathered information, creates an individualized treatment plan, and presents their findings to the client (and parents when working with children).

While Strength for Change specializes in Cognitive Behavioral Therapy, we do not have a one-size-fits-all approach to treatment. Instead, we generate an individualized treatment plan based on the client's symptoms, diagnosis, age, personality, and other psychological factors. This individualized approach is based on the American Psychiatric Association's Best Practices Guidelines, which advocate using evidence-based therapies. For example, anxiety disorders are treated with individual CBT, while ADHD is treated with individual supportive therapy, academic coaching, and family therapy.

The treatment planning stage concludes after the client has been informed of all clinical findings and their individualized treatment plan. Only when the client feels understood and is agreeable to the proposed treatment plan can the process move on to the next stage of treatment.

Stage 3 – Support, Skills, & Strategies:

During the support, skills, and strategies stage, the therapist provides emotional support and teaches the client various healthy coping skills and techniques for countering negative emotions, regulating mood, improving relationships, and changing unhealthy behaviors. This stage lasts anywhere from 5-50+ sessions, depending on the client's difficulties and treatment goals.

The first several sessions of this stage focus on symptom reduction. Individuals often respond quickly, and treatment is completed within 10-25 sessions). If the treatment goal is to change long-standing patterns of thoughts, feelings, behaviors, or relationship difficulties, then treatment continues if progress is being made and the client stays motivated for therapy.

Stage 4 – Successful Outcomes & Booster Sessions:

During the successful outcome and booster sessions stage, clients have achieved their identified treatment goals and consistently implemented the skills and strategies they learned in therapy. As this occurs, the frequency

of therapy is reduced and eventually discontinued. Upon discontinuing treatment, most clients schedule 1-3 follow-up (booster) sessions within 12 months of their last scheduled appointment.

If therapy does not progress to stage 4, the lack of progress is discussed, and alternative treatment options are considered. If necessary, the treating therapist will refer and assist the client in transitioning to another therapist or higher care level.

To learn more about my practice, Strength for Change, and our services, visit www.strengthforchange.com.

How To Determine If Your Child's Therapist Is Providing Adequate Care:

While there are many different approaches to effective treatment, and your child's therapist may not systematically facilitate the four-stage process described above, you should experience elements of all four stages. If that is not the case, particularly if your child's therapist does not offer you their opinion on the nature of your child's mental health difficulties or a proposed treatment plan, you may have reason to question the quality of care your child receives. If you are in this situation, I encourage you to speak to your child's therapist about the lack of communication. How they respond will either reassure you of their competency or motivate you to find another therapist. Either way, it will help you determine the best course of action.

SECTION 7 – UNDERSTANDING THE NATURE OF YOUR CHILD'S MENTAL HEALTH DIFFICULTIES

Despite the significant variability among therapists, most will begin the treatment process with a mental health evaluation. The evaluation aims to determine the nature of your child's symptoms and life difficulties. A good mental health evaluation typically involves separate interviews with you and your child. Questions are asked about your child's current symptoms, psychiatric and medical history, prior treatments, medications, family life, social life, school performance, and life stressors. Some therapists will

request information from others involved in your child's care, including teachers, school counselors, other therapists, and doctors. When this is the case, you must sign a consent allowing your therapist to communicate with a designated person outside you and your child.

Once the mental health assessment is completed, your child's therapist should give you their opinion regarding the nature of your child's mental health difficulties, including any identified diagnoses. If your child's therapist does not freely provide you with this information, I strongly encourage you to ask them to do so. Since there are no medical tests to determine a mental health diagnosis, your child's mental health assessment results will be based on the therapist's clinical judgment. If you lack confidence in the outcome of the mental health assessment, you can seek a second opinion. Because of the subjective nature of mental health evaluations, you may get differing opinions about your child's condition and treatment needs. In such cases, you will have to decide whom to trust and which treatment to pursue.

In response to your child's mental health assessment and the feedback given to you by their therapist, I strongly encourage you to ask as many questions as you have. The more questions you ask, the better you will understand your child's mental health difficulties and how best to support them in treatment.

Mental health difficulties fall under one of the following two categories.

Difficulties Caused By A Life Stressor With No Diagnosable Psychiatric Disorder:

Your child's mental health difficulties may be a reaction to a life stressor like family conflict, divorce, academic difficulties, bullying, the death of a loved one, or some other adverse life event. If your child is experiencing mental health difficulties caused by a life stressor, there is a good chance they will respond well to individual therapy. Even without it, your child's mental health difficulties may subside when the life stressor passes.

Difficulties Caused By A Psychiatric Disorder:

Your child's mental health difficulties may be caused by genetic and biochemical factors independent of life stressors. When this is the case,

your child may have a psychiatric disorder requiring mental health treatment. Without the necessary treatment, their mental health can worsen over time. Depending on the nature of your child's psychiatric disorder and their motivation for treatment, they may respond well to individual therapy. However, that is not always the case, and your child may need other therapies, medications, or a higher level of care.

Psychiatric Disorder Requiring Mental Health Treatment:

- Mood Disorders (Depression, Bipolar Disorder)
- Anxiety Disorders
- Behavioral Disorders
- Eating Disorders
- Substance Abuse Disorders
- Thought Disorders
- Personality Disorders

In the tables below, you will find a listing of the most common psychiatric disorders and their recommended evidence-based treatments. It will be a starting point for additional research and conversations between you, your child's therapist, and other credible sources.

You will notice that some psychiatric disorders do not have any evidence-based treatments. This does not mean that no treatment is available for those disorders. It only means that no specific treatment has produced consistent positive results in most patients (and therefore cannot be recommended) and that the expertise and clinical judgment of the treatment provider must determine the treatment of choice. If you have any questions or concerns regarding the nature of your child's treatment, do not hesitate to speak to your child's treatment provider. In my experience, skilled and effective treatment providers will welcome your inquiry and be willing and able to explain their treatment rationale.

Common Mental Health Disorders:

Mood Disorders:

Diagnosis:	Recommended Evidence-Based Treatments:	Class Of Medications Most Often Prescribed:
Major Depression	<u>Individual Therapy</u> → Cognitive Behavioral Therapy → Interpersonal Psychotherapy	→ Selective Serotonin Reuptake Inhibitors (SSRIs)
Dysthymic Disorder		
Bipolar Disorder: Mania & Hypomania	<u>No consistent evidence</u> of the effectiveness of psychosocial treatments with adolescents <u>Family Education/Therapy</u> appears helpful. <u>Medication Therapy is essential</u>	→ Mood Stabilizers * → Antipsychotics → Anticonvulsants *There is limited data on the efficacy and safety of mood-stabilizing medications in youths

Anxiety Disorders:

Diagnosis:	Recommended Evidence-Based Treatments:	Class of Medications Most Often Prescribed:
Generalized Anxiety	<u>Individual Therapy</u> → Systematic Desensitization → Modeling → Contingency Management → Cognitive Behavioral Therapy with or without Parent Support Component	→ SSRIs
Specific Phobia		
Separation Anxiety		
Social Phobia		

Panic Disorder	<u>Individual Therapy</u> → Systematic Desensitization → Modeling → Contingency Management → Cognitive Behavioral Therapy with or without Parent Support Component	→ No consistent positive trials of medication for panic disorder in children and adolescents
Agoraphobia		
Obsessive Compulsive Disorder	<u>Individual Therapy</u> → Systematic Desensitization → Modeling → Contingency Management → Cognitive Behavioral Therapy with or without Parent Support Component	→ SSRIs
Post-Traumatic Stress Disorder	<u>Individual Therapy</u> → Cognitive Behavioral Therapy → Eye Movement Desensitization Reprocessing Therapy (EMDR)	→ No consistent positive trials of medication for Post-Traumatic Stress Disorder in children and adolescents

Disruptive Behavior Disorders:

Diagnosis:	Recommended Evidence-Based Treatments:	Class Of Medications Most Often Prescribed:
Attention Deficit Hyperactivity Disorders (ADHD)	<u>Multi-Strategy Therapy</u> → Psycho-Educational Therapy for Family Members → Behavior Management Training for Parents	→ Stimulants → Antidepressants

Conduct Disorder	<u>Multi-Strategy Therapy</u> → Psycho-Educational Therapy for Family Members → Behavior Management Training for Parents → Video Tape Modeling Training for Parents	→ Stimulants → SSRIs → Mood Stabilizers
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Personality Disorders:

While the onset of symptoms often occurs during adolescents, a child must be 18 years of age or older to receive the diagnosis of a personality disorder.

Diagnosis:	Recommended Evidence-Based Treatments:	Class Of Medications Most Often Prescribed:
Paranoid		→ No consistent positive trials of medications for Personality Disorders in children or adolescents → It is common for a variety of medications to be tried, sometimes in combination
Schizoid		
Schizotypal		
Antisocial Personality		
Borderline		
Histrionic		
Narcissistic		
Avoidant		
Dependent		
Obsessive-Compulsive		
Personality Disorder Not Otherwise Specified	<u>No consistent evidence</u> of the effectiveness of psychosocial treatments with adolescents <u>Dialectical Cognitive Behavioral Therapy and other multi-strategy therapies show some promise in treating</u> borderline personality disorder.	

Eating Disorders:

Diagnosis:	Recommended Evidence-Based Treatments:	Class Of Medications Most Often Prescribed:
Bulimia	<p><u>No consistent evidence</u> that a single type of therapy is effective when used in isolation.</p> <p><u>Individual Therapy</u> → Cognitive Behavioral therapy</p> <p><u>Multi-Strategy Therapy</u> → Nutritional Counseling & Rehabilitation → Family Therapy → Support Groups → Medications</p>	<p>→ No consistent positive trials of medications for eating disorders in children or adolescents.</p> <p>→ A variety of Antidepressants are often tried.</p>
Anorexia Nervosa	<p><u>No consistent evidence</u> that a single type of therapy is effective when used in isolation.</p> <p><u>Anorexia Nervosa is a complex, severe, and often chronic condition</u> that may require a variety of treatment modalities at various stages of illness and recovery.</p> <p><u>Depending on the stage and severity of the illness, more intense levels of care may be necessary,</u> including intensive outpatient, partial hospitalization, and inpatient treatment.</p> <p><u>Treatment strategies recommended by the American Psychiatric Association include:</u> → Nutritional Rehabilitation → Individual Talk Therapy (Interpersonal, Behavioral, Psychodynamic & Cognitive Behavioral Therapy) → Multi-Strategy Therapy (Family Therapy, Support Groups) → Medications</p>	<p>→ No consistent positive trials of medications for eating disorders in children or adolescents.</p> <p>→ A variety of Antidepressants are often tried.</p>

SUBSTANCE ABUSE:

Diagnosis:	Most Effective Treatments as Determined by Consistent Research Evidence:	Class of Medications Most Often Prescribed:
Alcohol Marijuana Other Substances Abuse & Dependency	<p>No consistent evidence that one type of therapy is more effective than others.</p> <p>It is uncommon for a single therapy to be effective in isolation.</p> <p>Depending on the stage and severity of the illness, more intense levels of care may be necessary, including intensive outpatient, partial hospitalization, and inpatient treatment.</p> <p>Therapies recommended by the American Psychiatric Association include:</p> <ul style="list-style-type: none"> → Cognitive Behavioral Therapy → Behavioral Therapy → Psychodynamic and Interpersonal Therapy → Group Therapy → Family Therapy → Participation in Self-Help Groups 	<ul style="list-style-type: none"> → No consistent positive trials of medications for Substance Abuse Disorders in children or adolescents → Medications can be used to: treat intoxication and withdrawal symptoms, decrease the reinforcing effects of abused substances, discourage the use of substances by inducing unpleasant consequences through an adverse drug-drug interaction, and treat co-existing psychiatric conditions

Thought Disorders:

Diagnosis:	Recommended Evidence-Based Treatments:	Class of Medications Most Often Prescribed:
Schizophrenia	<p><u>Multi-Strategy Therapy</u></p> <ul style="list-style-type: none"> → Psycho-Educational Therapy for Patient and Family Members → Family Intervention Programs <p><u>Individual/Group Therapy</u></p> <ul style="list-style-type: none"> → Cognitive Behavioral Strategies (if the patient is motivated for treatment) → Social Skills Training (if the patient is motivated) 	<ul style="list-style-type: none"> → Antipsychotics (e.g., Clozapine, Risperidone, Olanzapine)

As noted in the tables above, some disorders do not respond well to individual therapy (as defined in Section 2 of this handbook). These disorders are often characterized by a child's unwillingness to take responsibility for their actions, a lack of motivation for change, blaming others, poor self-awareness, and resistance to participating in therapy. In such cases, the focus of treatment becomes supporting parents in managing their child's emotional and behavioral difficulties and creating a family environment that minimizes stress, promotes healthy coping skills, and cultivates feelings of love, support, and cooperation.

You may feel put off if you are told treatment will focus on your parenting style and family environment. This recommendation may seem to imply that you are the cause of your child's mental health difficulties. Be assured that this is not the case. If your child's therapist recommends a parent/family-focused treatment plan, please understand that it is not meant to be a verdict on your parenting abilities but rather a reflection of the nature of your child's difficulties and the limitations of individual therapy and other levels of care.

SECTION 8 – WHAT TO DO IF YOUR CHILD IS PRESCRIBED PSYCHOTROPIC MEDICATIONS

Before covering the topic of psychotropic medications, I want you to know my bias regarding the use of these medications. Throughout my two-plus decades of clinical experience, I have witnessed firsthand the significant side effects these medications can cause, particularly when used over prolonged periods. In addition, it is difficult to fully trust pharmaceutical companies with a long history of promoting medicines that have proved less effective and more dangerous than promised. Ideally, no child (or adult) would ever have to take psychotropic medication.

Despite my concerns about psychotropic medication, I still support its use in treating psychiatric disorders. Although I have witnessed the harmful effects of these medications, I have also seen the detrimental effects of depression, anxiety, ADHD, and other psychiatric conditions. In many cases, the pain, suffering, and life impairment caused by these conditions are more significant than the risks and side effects of the medications used

to treat them. If you are contemplating medicating your child, this section will be a starting point for additional research and conversations between you and your child's doctor.

If your child's therapist thinks that medication may be helpful or needed in your child's treatment, they will refer you to your child's doctor or a psychiatrist. Medications can only be recommended and prescribed by a medical doctor (MD) or nurse practitioner. Accepting a doctor's recommendation to medicate your child is difficult. You will need to consider many factors like your child's age, the severity of their symptoms, level of life impairment, degree of self-awareness, motivation for treatment, and the potential benefit versus risk of the medications. Be sure to ask your child's doctor many questions, research the recommended medication(s), and carefully consider your final decision.

If you decide to medicate your child, learn all you can about the prescribed medication. Be aware of tolerable versus life-threatening side effects. Have your child monitored regularly by the prescribing doctor. This will ensure proper dosage and reduce the risk of side effects. **Contact your child's doctor immediately if your child has any unexpected or severe side effects, particularly new or worsening suicidal thoughts, or if you have concerns about a medication's effectiveness.**

There are five major categories of psychotropic medications:

1. Stimulants
2. Antidepressants
3. Anti-anxiety agents
4. Antipsychotics
5. Mood stabilizers

Below, you will find a brief explanation of each category of medication. If your child is prescribed any of these medications, do your due diligence in researching the drug.

Stimulant Medications - are used to treat attention deficit hyperactivity disorder (ADHD). There are several stimulant medications approved for this use. While stimulant medications have all been studied and designated for pediatric use, most of these studies do not account for the long-term

efficacy or side effects. In other words, we do not know the long-term health impact of stimulant medications.

Children with ADHD exhibit symptoms of inattentiveness, hyperactivity, and impulsivity. These symptoms can cause significant behavioral, social, and academic difficulties. Stimulant medications are most helpful when combined with other therapies designed to help the child develop compensatory strategies for organization, time management, and social skills.

Antidepressants and Anti-Anxiety Medications – are used to treat depression and anxiety disorders, including obsessive-compulsive disorder (OCD). After stimulants, these medications are the most widely prescribed among children and adolescents. The most prescribed antidepressants are Selective Serotonin Reuptake Inhibitors (SSRIs). These medications elevate the neurotransmitter serotonin, which is believed to affect emotional well-being. Other antidepressants are Serotonin Norepinephrine Reuptake Inhibitors and Atypical antidepressants. In addition to elevating serotonin, these medications boost the neurotransmitters dopamine and norepinephrine, which are believed to play a role in emotional well-being.

Antipsychotic Medications – are used to treat schizophrenia, bipolar disorder, autism, Tourette's syndrome, and severe conduct. Some older antipsychotic medications have specific indications and dosage guidelines for children. Some newer "atypical" antipsychotics, which have fewer side effects than the previous generation of antipsychotics, are also being used with children. These medications decrease dopamine levels in the brain, which is believed to be overactive in individuals with the abovementioned disorders. Their use requires close monitoring for side effects.

Mood Stabilizing Medications – are used to treat children with bipolar disorder, also known as manic-depressive illness. The use of mood stabilizers with children is based on research conducted on adults. Lithium is a well-known mood stabilizer that is effective in treating adults. There is ongoing research on the effectiveness of these and other medications in children and adolescents with bipolar disorder. Unfortunately, there is limited data on the safety and efficiency of these medications with children.

The key to effective medication treatment is the accuracy of the diagnosis. Medications can worsen a child's symptoms when administered for the wrong condition. For example, suppose a child with bipolar disorder is misdiagnosed with major depression and prescribed an SSRI. In that case, their bipolar symptoms may worsen, and the child may become more grandiose, risk-taking, restless, agitated, angry, or defiant. This type of situation is not unusual since there are no medical tests to determine a child's mental health diagnosis. While unfortunate, a child's adverse reaction to a particular medication can help determine the true nature of a child's mental health condition and related treatment needs. For these reasons, children must be monitored closely by parents and treatment providers when starting a new medication or changing the dosage of an existing prescription.

Commonly prescribed Medications:

The medication tables below comprise the most prescribed medications for children with depression, anxiety (including obsessive-compulsive disorder), disruptive behaviors, and thought disorders. The tables are not a comprehensive list of all the medications available today to treat psychiatric disorders. The information in this section will be a starting point for additional research and conversations between you and your child's doctor.

It is common for doctors to prescribe medications that are not approved for an individual's age or diagnosis (see the section below titled "What Does Off-Label Mean?"). A physician's experience and judgment may be ahead of the research process. If your child is prescribed medication not approved for their age group or specified diagnosis, do not assume the physician is misguided or made an error in their selection. Instead, ask your child's doctor about the medication's appropriateness, potential risks, and benefits.

Stimulant Medications:

Brand Name:	Generic Name:	Approved Age:
Adderall	Amphetamines	6 and older
Dexedrine	Dextroamphetamine	6 and older
Dextrostat	Dextroamphetamine	6 and older
Vyvanse	Dextroamphetamine	6 and older
Ritalin	Methylphenidate	6 and older
Concerta	Methylphenidate	6 and older
Focalin	Methylphenidate	6 and older

* This list includes several of the more commonly prescribed stimulants. Some are available in a time-released (XR) pill or capsule. In addition to stimulant medications, there are also non-stimulant medications used to treat ADHD.

Antidepressants & Anti-Anxiety Medications:

Brand Name:	Generic:	Approved Age:
Anafranil	Clomipramine	10 And Older (For OCD)
Buspar	Bupirone	18 And Older
Effexor	Venlafaxine	18 And Older
Luvox (Ssri)	Fluvoxamine	8 And Older (For OCD)
Paxil (Ssri)	Paroxetine	18 And Older
Prozac (Ssri)	Fluoxetine	18 And Older
Serzone	Nefazodone	18 And Older
Sinequan	Doxepin	12 And Older
Tofranil	Imipramine	6 And Older
Wellbutrin	Bupropion	18 And Older
Zoloft (Ssri)	Sertraline	6 And Older (For OCD)

Antipsychotic Medications:

Brand Name:	Generic:	Approved Age:
Clozaril	Clozapine	18 And Older
Haldol	Haloperidol	3 And Older
Risperdal	Risperidone	18 And Older
Seroquel (Atypical)	Quetiapine	18 And Older
(Generic Only)	Thioridazine	2 And Older
Zyprexa	Olanzapine	18 And Older
Orap	Pimozide	12 And Older (For Tourette's Syndrome). Data For Age 2 And Older Indicates Similar Safety.

Mood Stabilizers:

Brand Name	Generic	Approved Age
Cibalith-S	Lithium Citrate	12 And Older
Eskalith	Lithium Carbonate	12 And Older
Lithobid	Lithium Carbonate	12 And Older
Lamictal	Lamotrigine	2 And Older For Seizures
Trileptal	Oxcarbazepine	4 And Older For Seizures
Depakote	Divalproex	2 And Older For Seizures
Tegretol	Carbamazepine	Any Age (For Seizures)

Questions To Ask Before Starting Your Child on Medication:

- What is the name of the medication, and how will it help my child? Is the medicine available in brand-name and generic versions, and is it ok to use the less expensive generic? What is the name of the generic version? Is it okay to switch between brand names and generic medications?
- What is the proper dosage for my child? Will the dosage need to be changed as my child grows?

- What are the possible side effects of the medication? Are there any dangerous side effects that would be considered a medical emergency?
- What if my child misses a dose? Or if they spit it up?
- How well-established and accepted is the use of this medication in children or adolescents?
- What if my child has a problem with the pill or capsule? Is the medication available in a chewable tablet or liquid form?
- How many times a day must the medication be taken? Should it be taken with meals or on an empty stomach? Does the medication need to be taken during the school day?
- How long must my child take this medication? When my child stops taking the medication, can they stop cold turkey, or do they need to be weaned off it?
- Will my child be monitored while taking medication, and by whom?
- Should my child have any laboratory tests before taking this medication? Will it be necessary to have blood levels checked or have other laboratory tests done while they are taking this medication?
- Should my child avoid certain foods, other medications, or activities while taking the medication?

I am sure you will have additional questions. Do not be afraid to ask them!

Why Do Doctors Prescribe “Off-Label” Medications?

Based on their clinical experiences and judgment, doctors may prescribe your child a medication not approved for their age or diagnosis. This is called "off-label" use. Many medications used in the treatment of psychiatric disorders are prescribed off-label. This is because only a limited number of these medications have been rigorously studied for use in children. Medications without such testing may have a disclaimer that reads, "safety and efficacy have not been established in pediatric patients." The Food and Drug Administration (FDA) wants medications to be appropriately studied in children. They have offered incentives to drug manufacturers to carry out the needed testing and research. The National Institutes of Health and the FDA are examining the issue of pharmacological research in children and are developing new research approaches.

How To Ensure Your Child's Safety While Taking Medication:

- Be sure that your child's doctor is aware of all medications (prescribed or over the counter), supplements, and vitamins your child is taking, along with any known allergies your child has.
- Before opening the bottle, read the label and make sure you are giving the proper medication and dosage. If the medication is liquid, use an appropriate measuring tool such as a medicine cup, dropper, or syringe. If a measuring tool does not come with the medication, ask your pharmacist to provide or recommend the most appropriate tool.
- Administer the medication to your child. No matter your child's age, it is best not to allow your child to self-administer the medication and to keep it in a secure place that your child cannot access.
- Never increase or decrease the dosage or stop the medication without consulting your child's doctor.
- Have a system (use a pill dispenser, keep a log, etc.) for keeping track of when administering the medication to your child. This is important because once you habitually administer the medication, it is easy to forget if it was taken.

SECTION 9 – WHAT TO DO IF YOUR CHILD NEEDS INPATIENT TREATMENT

Inpatient treatment means your child will stay overnight at the treatment facility. To review the various inpatient treatment options, see Section 2 on page 9 of this guide.

Your child may need inpatient treatment if they are experiencing severe or ongoing psychiatric symptoms or substance abuse, cannot carry out daily responsibilities, or has not benefited from previous outpatient treatment attempts. The decision to place your child in an inpatient facility is subject to strict insurance guidelines and mental health legislation. Inpatient treatment represents the most restrictive treatment environment and is often the last line of treatment for ongoing psychiatric or substance abuse difficulties. In some cases, however, a child without any prior attempts at outpatient treatment may still be considered for Inpatient treatment if the

severity of their symptoms is such that they are unable to manage their daily responsibilities or are at risk for physical harm. For example, Inpatient treatment may be the first line of treatment for a child with severe substance abuse resulting in criminal behavior, withdrawal symptoms, truancy, or attempts at running away from home.

If you need insurance to cover the cost of inpatient treatment, you must follow your insurance plan's protocols and guidelines for approval and preauthorization of inpatient services at designated facilities.

Since insurance plans vary greatly, you must speak to your insurance representative to obtain approval and preauthorization for your child's Inpatient treatment. If your insurance provider denies your request for Inpatient treatment, be assertive in advocating for your child. Request to speak to a supervisor and find out how to appeal the initial denial of services. Ask for the names and titles of each insurance representative you talk to. When possible, document your communications by saving letters and emails. Make sure to follow through with all the necessary paperwork as requested by your insurance provider. Be patient and determined. It may take jumping through numerous hoops before your child's treatment is approved.

If you have the financial means to cover the cost of inpatient treatment, you can have your child admitted into a private facility of your choice without the approval of your insurance provider.

If you are fortunate enough to have the means to take such action, I encourage you to do so strategically. Opting for inpatient treatment out of fear, anger, or frustration when your child's level of impairment or readiness for change does warrant it comes with a risk. Because the cost of Inpatient treatment is so great, even financially secure families may be unable to pay for it multiple times. If you have the financial means to provide your child with Inpatient treatment without approval from your insurance company, consult with a mental health professional who can help you determine the appropriateness of your actions. In the best interest of your child's long-term care and recovery, you may be advised to delay Inpatient treatment for a time.

If you have access to inpatient treatment, but your child (17 or younger) refuses to attend, ask the treatment facility for assistance.

Let the admission counselor at your chosen facility know that your child is

refusing treatment. Ask them for guidance in getting your child to their facility. Admissions counselors have much experience working with children that are resistant to treatment. If they advise you to physically bring your child to their facility regardless of their refusal, they may be able to talk to your child in a way that persuades them to participate in treatment. In addition, because it is so common for children to refuse inpatient treatment, some companies specialize in safely transporting children to inpatient facilities. You can ask the facility you are communicating with for a referral to one of those services. It may sound extreme to force your child into treatment this way. However, sometimes your child is so compromised that you are willing to do whatever it takes to get them the treatment they need. Over the years, I have worked with several parents who utilized a transportation service to get their children into inpatient treatment. From my knowledge, none reported any bad outcomes, and all were pleased with the service provider's professionalism, compassion, and care.

If you have access to inpatient treatment but your adult child (18 years or older) refuses to attend, ask the treatment facility for assistance. However, be aware that

it is much less likely that the admissions counselor will be able to persuade your adult child into treatment. Unfortunately, if this is the case, you will not have the option of using a transportation service (those services are not legal for adults) and may need to consider one of the following options:

- **Do a family Intervention:** A formal intervention involves planning and preparing for a meeting with your child, during which you, other family members, and friends “confront” your child regarding their behaviors and their need for mental health or substance abuse treatment. You prepare for the intervention by working with a therapist (specializing in interventions) who will assist you in preparing a statement that you will read at the time of the intervention. You are coached on communicating with your child in the least threatening but most powerful way. Without your child’s prior knowledge, they are brought to the meeting. During the intervention, everyone expresses concern and encourages your child to attend Inpatient treatment. If successful, immediately following the intervention, your child is taken to a preselected treatment facility for a scheduled admission. If your child refuses to attend, you cannot force them into treatment against their will. Your final option will be to seek an

involuntary commitment or court order that mandates your child attend inpatient treatment.

- **Involuntary commitment:** An involuntary commitment is when the mental health system forces an individual (minor or adult) to enter Inpatient treatment against their will. Since the criteria for an involuntary admission is very stringent, your best chance of obtaining an involuntary admission is when your child is experiencing a psychiatric emergency. This means when your child is overtly expressing thoughts of suicide or homicide, experiencing delusions or hallucinations, or engaging in potentially dangerous behaviors. If your child is experiencing a psychiatric emergency, follow the instructions outlined in Section 10 on page 45 of this guide. Be sure to inform the hospital screener why you believe your child is in danger of harming themselves or others and needs to be involuntarily committed. Another process by which an individual can be involuntarily committed is when a treating psychiatrist determines that emergency hospitalization or inpatient treatment is the most appropriate level of care. If your child's psychiatrist feels this way, ask them to assist you in making the necessary arrangements for an involuntary commitment and, upon discharge, inpatient treatment.
- **A court order:** In some cases, the criminal justice system will mandate that an individual (minor or adult) enter treatment or face more serious legal consequences. If you want to generate a court order, you must follow a "tough love" parenting philosophy and report your child to the police when they are involved in criminal behavior. This would include behaviors like drug possession, distribution, use, theft, and physical assault on others. Once your child is involved in the criminal justice system, you collaborate with the judge, prosecutor, or juvenile commitment if your child is a minor and request that your child be mandated to attend inpatient treatment. Cooperating with the criminal justice system and asking for their help will increase the likelihood that the judge, persecutor, or juvenile committee will impose a court order mandating your child to participate in inpatient treatment.

If your child is minor and you need to consider a court order, know there is minimal risk in getting them involved with the juvenile justice system. The juvenile justice system is geared towards rehabilitation rather than punishment, and juvenile records are typically expunged when a child turns 21. Your child's involvement with the juvenile justice system can give

them a reality check regarding the life consequences that can occur because of destructive and dangerous behaviors. This experience can motivate your child towards behavioral change and make them more willing to participate in any needed treatment. Your opportunity to utilize the juvenile justice system as a motivator or leverage for getting your child into treatment ends when your child turns 18. If you are considering this option, it is essential to act during whatever window of time you have before your child's 18th birthday.

If your child is of adult age and you need to consider a court order, know there is a significant risk of getting them involved in the criminal justice system. The criminal justice system is geared towards punishment rather than rehabilitation, and your child may experience several consequences for having a criminal record. I would be very reluctant to call the police and subject my child to the criminal justice system or to advise other parents to do so. However, sometimes parents find themselves between a rock and a hard place and are forced to consider this action. This is the case when a child's behavior is destructive and catastrophic consequences (including death) are all but inevitable. Calling the police and involving their child in the criminal justice system may be the only way to ensure their child's immediate safety and force them into lifesaving treatment. If you choose this course of action, know that you are justified and that your strength and courage are admirable.

How to Schedule Your Child's Inpatient Admission:

When you are ready to have your child admitted into an Inpatient treatment facility, contact the facility's admission department and consider the following suggestions.

- Ask to speak to an admissions counselor.
- Begin by providing all the necessary insurance information and ask if they accept your coverage.
- Be prepared to spend several minutes on the phone answering intake questions concerning your child's medical, substance abuse, psychiatric, and life stressors history.
- Ask for their admission criteria and if they will contact your insurance provider to determine treatment eligibility, preauthorization, and ongoing case management.

- Ask how any outstanding bills at the end of treatment are handled. Who will be responsible – you or your insurance company?
- Ask how they handle patients who resist admission.
- Ask if they can provide or refer you to a therapist who can help you facilitate a family intervention.
- Ask about the average length of stay and aftercare options.
- If your child is between 18-21, ask if they have a young adults' unit.
- Ask to have the admission process explained to you thoroughly.
- Schedule your child's admission date and time.
- Ask what your child needs to bring during admission, including any paperwork and personal items.
- In getting your child to the treatment facility. It may be best not to inform them of what is happening until you are driving to the treatment facility. For additional information on initiating treatment with your child, see section 5 on page 18 of this guide.

SECTION 10 –WHAT TO DO IF YOUR CHILD IS EXPERIENCING A PSYCHIATRIC EMERGENCY

If your child is experiencing a psychiatric emergency, you must immediately take them to your local hospital emergency. One or a combination of the following symptoms constitutes a psychiatric emergency:

- Suicidal or violent thoughts
- Danger to self or others
- Delusions
- Hallucinations
- Disorganized thoughts
- Unusual behaviors

If your child is emotionally or physically out of control or has harmed themselves or someone else, call 911 for assistance. If your child is already under the care of a mental health professional, you may want to contact their treatment provider for guidance and support in intervening with your child. If you cannot get them during the emergency, proceed to the hospital and try contacting them again later.

What To Do If Your Child Is Refusing To Go To The Hospital, Or If You Are Not Sure If You Can Get Them There Safely:

Contact Your Counties Psychiatric Screening Center: All counties have a psychiatric screening center (you can find contact information for all NJ Screening Centers in Appendix A on page 49 of this guide). Each center is located at a designated county hospital. Some centers serve more than one county. They are staffed by mental health professionals known as “screeners.” Screeners intervene when an individual experiencing a psychiatric emergency is refusing medical assistance. The screener’s role in a psychiatric emergency is to protect an individual from self-harm while at the same time advocating for the individual’s right against involuntary hospitalization. Many screening centers have a mobile unit that can be deployed to your home. The mobile team consists of 1-3 screeners accompanied by members of the local police department.

When you call the screening center, be prepared to answer questions regarding your child’s current mental state and psychiatric history. Tell them exactly why your child needs to be taken to the hospital and emphasize why you believe they may be in danger of harming themselves or others. If they are sending a mobile unit to your home, ask them how long it will take for them to arrive and the best way to handle your child until they get there. If the screening center cannot deploy its mobile unit to your home, contact your local police department for assistance.

If a mobile unit comes to your home, they will evaluate your child’s mental health status upon arrival. If the screeners believe your child is experiencing a psychiatric emergency, they will exercise their legal authority to bring your child to the hospital against their will. Some screening centers (such as in Morris, Passaic, and Warren Counties) do not deploy their mobile unit in situations involving minors (any person under 18). If you live in one of these counties and the mobile unit cannot be deployed to your home, you must contact your local police department for assistance.

Contact Your Local Police Department: In psychiatric emergencies, police departments can assist parents in transporting a minor to the hospital. If you contact your police department for assistance, be aware

that police officers vary in their sensitivity to psychiatric issues. You must tolerate whatever approach they take in getting your child to the hospital as needed. As such, you must be prepared for all types of personalities, communication styles, and protocols in handling your child.

What To Expect at The Hospital Emergency Room:

Whether your child is cooperative or not, taking them to the hospital emergency room (ER) for a psychiatric evaluation can feel overwhelming. While the hospital staff will do their best to attend to your child's needs, most hospital emergency rooms are busy and unable to provide timely care. Stay calm and patient to the best of your ability in this situation. To prepare yourself and your child for the stress of the ER, consider the following:

Be prepared to provide all requested information. Remember to bring your insurance card, other forms of identification, and any other information that might be needed for the intake. Also, be prepared to provide information regarding your child's medical and psychiatric history and the contact information of their pediatrician, psychiatrist, and other relevant treatment providers.

Be prepared for a potentially long wait. Under the best circumstances, you can expect to be at the ER for 4-6 hours. In preparation for your potentially long hours at the ER, make sure your phone and other electronics are fully charged, get something to eat if you or your child are hungry, and bring busy work to help pass the time. While it might seem impractical to consider doing any of these things, I encourage you to take a minute for self-care before leaving for the hospital. It can make a difference in how you experience your time at the ER and the stress level it causes.

Be prepared for a potentially stressful and emotionally draining experience. Depending on the quality of care at the hospital, the amount of time you spend there, the outcome of the evaluation, and your child's emotional state throughout the process, you may experience an intense roller-coaster ride of emotions, including fear, sadness, frustration, anger, rage, disappointment, and guilt. I can personally attest to how emotionally challenging your experience might be. Years before I became a therapist, I accompanied a family member to the hospital for an emergency psychiatric

evaluation. I am not proud to tell you that by the end of the process, I was so emotional that I became argumentative with the hospital staff and had to be escorted off the premises by security. To manage the situation better than I did, I suggest you periodically focus on your breathing, take short walks, and remind yourself that what you are doing is necessary and, in your child's, best interest. In addition, consider asking a family member or friend to accompany you for moral support.

What To Do If the Hospital Does Not Admit Your Child for An Emergency Hospitalization:

If the hospital screener is unwilling to admit your child for an emergency psychiatric hospitalization, advocate for admission by restating exactly why your child needs to be admitted. Highlight, emphasize, and underscore the behaviors that indicate your child is a danger to themselves or others. If the screener continues to deny your child's admission, ask to fill out a "request/application for hospitalization" form. By filling out the form, you will document your concerns and force the hospital to consider your request more seriously. However, be aware that no matter what you say, your child may still not be admitted for an emergency psychiatric hospitalization if the screener determines that your child does not meet the criteria for involuntary admission.

FINAL THOUGHTS

Finding high-quality mental health care can be incredibly challenging. Do not be discouraged by the difficult nature of this task, poor treatment experiences, or unsuccessful treatment outcomes. Stay strong, optimistic, and resilient in the face of such setbacks. If you are dissatisfied with your child's therapist, find another. If a lower level of care is ineffective, go higher. If your child's first four treatment attempts were unsuccessful, initiate a fifth. Know that healing and recovery are possible, and never stop seeking the treatment needed for your child. I can offer you this encouragement because, in my two-plus decades of clinical experience, I have witnessed hundreds of individuals with long histories of mental illness, substance abuse, and failed treatment attempts, make miraculous recoveries in response to the unwavering support of family and effective

treatment. Believe that this is possible for your child no matter how dire the circumstances or how long it takes them to find their path to health and well-being.

APPENDIX A: NJ PSYCHIATRIC SCREENING CENTERS

LISTED IN ALPHABETICAL ORDER

Atlantic City Medical Center (Atlantic)

Psychiatric Emergency Screening
1925 Pacific Ave.
Atlantic City, NJ 08401
Telephone: (609) 344-1118
Fax: (609) 348-3910

Care Plus New Jersey (Bergen)

Psychiatric Emergency Screening Program
610 Valley Health Plaza
Paramus, NJ 07652
Telephone: (201) 262-4357
Fax: (201) 265-0366

Lourdes Medical Center (Burlington)

Psychiatric Emergency Screening
212 Sunset Road
Willingboro, NJ 08046
Telephone: (609) 261-8000, Fax: (609) 261-0922

Steininger Center (Our Lady of Lourdes Crisis Center) (Camden)

Psychiatric Emergency Screening
1600 Camden, NJ 08103
Telephone: (856) 541-2222
Fax: (856) 635-1214

Cape Counseling Service (Cape May)

Psychiatric Emergency Screening
128 Cresthaven Road
Cape May Courthouse, NJ 08210
Telephone: (609) 465-4100 – Access Center x134
Emergency – 24-hour access – (609) 465-5999
Fax: (609) 465-2588

Cumberland County Guidance Center (Cumberland)

Psychiatric Emergency
423 Manheim Avenue
Bridgeton, NJ 08302
Telephone: (856) 455-5555
Fax: (856) 455-5405

East Orange General Hospital (Essex)

Psychiatric Emergency - CRISIS/Level G
300 Central Ave.
East Orange, NJ 07018
Telephone: (973) 266-4478
Fax: (973) 266-4445

Newark Beth Israel Medical Center (Essex)

Psychiatric Emergency Screening
201 Lyons Ave.
Newark, NJ 07112
Telephone: (973) 926-7416
Fax: (973) 705-9017

Gloucester County Crisis Center (Gloucester)

Psychiatric Emergency
Bldg., #301, Broad St. and Red Bank Avenue
Woodbury, NJ 08096
Telephone: (856) 845-9100
Fax: (856) 845-5745

Jersey City Medical Center (Hudson)

Psych. Emergency Program (ROOM 27)
50 Baldwin Ave.
Jersey City, NJ 07305
Telephone: (201) 915-2210 - Fax: (201) 915-2415

Hunterdon Medical Center CMHC (Hunterdon)

Psychiatric Emergency Screening
2100 Westott Drive, Route 31
Flemington, NJ 08822-9237
Telephone: (908) 788-6401
Fax: (908) 788-6110

Capital Health System (Mercer)

Department of Mental Health (Emergency Screening)
750 Brunswick Ave., Box 64
Trenton, NJ 08638
Telephone: (609) 989-7297
Fax: (609) 396-4832

University of Medicine & Dentistry of NJ (Middlesex)

University Behavioral Health Care
PO Box 1392
671 Hoes Lane
Piscataway, NJ 08855-1392
Telephone: Primary # (732) 235-5700
Children Weekday Daytime # (732) 235-5705
Fax: (732) 235-4216

Monmouth Medical Center (Monmouth)

Psychiatric Emergency Screening
300 2nd Ave.
Long Branch, NJ 07740
Telephone: (732) 923-6999
Fax: (732) 923-6942

St. Clare's Hospital (Morris)

Psychiatric Emergency Screening
25 Pocono Road
Denville, NJ 07834
Telephone: (973) 625-6150
Fax: (973) 625-6452

Kimball Medical Center (Ocean)

Psychiatric Emergency Screening
600 River Ave.
Lakewood, NJ 08701-5281
Telephone: (732) 886-4475 (Administration), (732) 886 4474 (Crisis)

St. Mary's Hospital (Passaic)

Psychiatric Emergency Screening
211 Pennington Ave.
Passaic, NJ 07055
Telephone: (973) 470-3025
Fax: (973) 470-3478

Healthcare Commons Incorporated (Salem)

Psychiatric Emergency Screening
500 South Pennsville/Auburn Road
Carney's Point, NJ 08069
Telephone: (856) 299-3200 or (856) 299-3001
Fax: (856) 299-7183

Richard Hall CMHC (Somerset)

Psychiatric Emergency Screening
500 Nt. Bridge St., Box 6877
Bridgewater, NJ 08807
Telephone: (908) 526-4100
Fax: (908) 218-0466

Newton Memorial Hospital Center for Mental Health (Sussex)

Emergency Screening
175 High St.
Newton. NJ 07867
Telephone: (973) 383-0973 or (973) 383-1533
Fax: (973) 383-9309

Trinitas Hospital (Elizabeth General Medical Center) (Union)

Psychiatric Emergency Screening
654 East Jersey St.
Elizabeth. NJ 07206
Telephone: Child (908) 994-7223, Adult (908)994-7556, Fax: (908) 994-7054

Muhlenberg Regional Medical Center (Union)

Psychiatric Emergency Screening
Park Ave. & Randolph Road
Plainfield, NJ 07061
Telephone: (908) 668-2599 or (908) 668-2244, Fax: (908) 226-4558

Family Guidance Center (Warren)

Family Guidance Center of Warren County
Psychiatric Emergency Screening
492 Rt. 57 West
Washington, NJ 07882
Telephone: (908) 689-1000
Fax: (908) 689-4529

APPENDIX B: PSYCHOLOGICAL ORGANIZATIONS

LISTED IN ALPHABETICAL ORDER:

American Association for Marriage and Family Therapy

112 South Alfred Street
Alexandria, VA 22314
Telephone: (703) 838-9808
Fax: (703) 838-9805
Web Page: <https://www.aamft.org>

American Psychiatric Association

1400 K Street N.W.,
Washington, DC 20005
Telephone: (888) 357-7924
Fax: (202) 682-6850
Web Page: <https://www.psychiatry.org>

Depression and Bipolar Support Alliance (DBSA)

730 N. Franklin Street, Suite 501
Chicago, IL 60610-7204
Telephone: (800) 826-3632
Fax: (312) 642-7243
Web Page: <https://www.dbsalliance.org>

Educational Resources Information Center (ERIC)

1920 Association Drive
Reston, VA 22091-1589
Telephone: (703) 264-9474
Toll-Free: (800) 328-0272
Web Page: <http://www.eric.ed.gov>

Learning Disabilities Association of America

4156 Library Road
Pittsburgh, PA 15234
Telephone: (412) 341-1515
Fax: (412) 344-0224
Web Page: <http://www.lidaamerica.org>

National Association of Social Workers

750 First Street, NE, Suite 200
Washington, DC 20002-4241
Telephone: (202) 408-8600
Web Page: <http://www.naswdc.org>

National Institute on Drug Abuse

National Institutes of Health
6001 Executive Boulevard, Room 5213
Bethesda, MD 20892-9561
Telephone: (301) 443-1124
Email: [Information@lists.nida.nih.gov/](mailto:Information@lists.nida.nih.gov)
Web Page: <http://www.drugabuse.gov/NIDAHome.html>

National Institute of Health (NIH)

9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-4000
Web Page: <http://www.nih.gov>

National Institute of Mental Health

NIMH Public Inquiries
6001 Executive Boulevard, Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
Telephone: (301) 443-4513
Fax: (301) 443-4279
Web Page: <http://www.nimh.nih.gov>

Health Insurance Marketplace/Affordable Care Act Insurance

Managed by: U.S. Centers for Medicare & Medicaid Services
Telephone: 1-800-318-2596
Web Page: <http://www.healthcare.gov>

U.S. Department of Education

400 Maryland Avenue, SW
Washington, DC 20202-0498
Telephone: 1-800-USA-LEARN (1-800-872-5327)
Web Page: <http://www.ed.gov/index.jsp.gov>

U.S. Department of Health & Human Services

200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll-Free Call Center: 1-877-696-6775
Web Page: <https://www.hhs.gov>

APPENDIX C: ZERO COST RESOURCES

LISTED IN ALPHABETICAL ORDER:

Adult Children of Alcoholics

310-534-1815

www.adultchildren.org

Alanteen (ages 12-17)

800-356-9996

www.al-anon.org

Al-Anon

800-344-2666

www.al-anon.org

Alcoholics Anonymous

212-870-3400

<https://www.aa.org>

Anorexia Nervosa and Associated (Eating) Disorders (ANAD)

847-831-3438

www.anad.org

Cocaine Anonymous (CA)

800-347-8998

www.ca.org

Co-Dependents Anonymous (CODA)

602-277-7991

www.codependents.org

Co-Sex Addicts (COSA)

612-537-6904

<https://cosa-recovery.org>

Debtors Anonymous (DA)

781-453-2743

www.debtorsanonymous.org

Emotions Anonymous (EA)

651-647-9712

www.emotionsanonymous.org

Families Anonymous (FA)

800-736-9805

www.familiesanonymous.org

Gambler's Anonymous (GA)

213-386-8789

www.gamblersanonymous.org

Gam-Anon

718-352-1671

www.gam-anon.org

Marijuana Anonymous (MA)

800-766-6779

www.marijuana-anonymous.org

Narcotics Anonymous (NA)

818-773-9999

www.narcotic-anonymous.org

Nicotine Anonymous

415-750-0328

www.nicotine-anonymous.org

Obsessive-Compulsive Anonymous (OCA)

516-739-0062

<https://www.obsessivecompulsiveanonymous.org>

Overeaters Anonymous (OA)

505-891-2664

www.oa.org

Recovering Couples Anonymous (RCA)

314-397-0867

www.recovering-couples.org

Sexaholics Anonymous (SA)

615-331-6230

www.sa.org

Sex Addicts Anonymous (SAA)

800-477-8191

www.sexaa.org

Sex & Love Addicts Anonymous (SLAA)

781-255-8825

www.slaafws.org

Survivors of Incest Anonymous

410-282-3400

www.siaawso.org

Tough Love

800-333-1069

www.toughlove.org

ABOUT THE AUTHOR – BERNARD IVIN, LCSW

Bernard Ivin is a Licensed Clinical Social Worker. He has devoted his entire professional career to the service of others. Bernard worked in education for 15 years as a Student Assistant Coordinator, coached high school basketball, and has been the owner and clinical director at Strength for Change, LLC, Cognitive Behavioral Therapy Associates, since 1998.

At Strength for Change, Bernard has treated over 1200 clients, developed numerous innovative treatment methods, presented hundreds of personal and professional development workshops, and self-published a variety of materials. For more information on Bernard Ivin, Strength for Change, and related services, visit www.strengthforchange.com.

Bernard wrote “*The Essential Guide to Mental Health Services for Your Child*” in response to the many questions and concerns expressed by parents seeking mental health services for their children. This guide aims to educate, validate and support parents, in obtaining effective mental health or substance abuse treatment for their child.

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