

# **The Essential Guide to Obtaining Mental Health Services for Your Child**



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## INTRODUCTION

Life is hard 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 most often hear from parents seeking mental health services for their child, and to support them during a time of need. By helping parents become educated consumers, my hope is they will have a better understanding of their child's mental health needs, treatment options, and the most appropriate course of action.

This handbook is not meant to be used 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 the application of 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.

## WHEN TO USE THIS HANDBOOK

You are likely to be reading this guide in relation to 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 or violence towards others. 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 certain 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 now realize your child is having mental health difficulties and 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 you understood that some degree of 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 that 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 quickly retreated to their room, where they have been spending all their free time for the last several months. With your concerns growing, you now want to take your child to a therapist.
- Your child has a long history of school underachievement, disciplinary problems, emotional reactivity, oppositional behavior, and/or social conflict. You have taken your child to multiple therapists and have done everything in your power to help them, but nothing has worked. You are at your wit's end and at times find yourself wishing for the day your child turns 18 when 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 circumstances, you are ready to act in getting your child 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 will be able to 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 important person in their life, such as a teacher, coach, school counselor, friend or family member, notices one or more of the following symptoms negatively impacting on their life.

- Difficulty concentrating
- Low energy - fatigue
- A sudden change in behavior, mood, and/or attitude
- Unusual behavior
- Evidence of alcohol and/or drug involvement
- Academic, behavioral, or social difficulties
- Failure to meet school, work, and/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 hopeless 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 are approaching you out of genuine care and concern and that they may be an objective set of eyes and ears that have noticed something you are not yet aware of.

If you recognize that your child is having mental health difficulties, but the symptoms seem mild and you are uncertain about your child need for treatment, remember the maxim "an ounce of prevention is worth a pound

of cure.” Even if you error on the side of caution and take your child for treatment in response to mild symptoms, they can still benefit from the experience. Participating in mental health treatment gives them an opportunity to gain self-awareness and coping strategies that can safeguard them against stress and worsening mental health problems.

If you decide to discuss your concerns with your child before seeking mental health services, keep in mind that children are very good at hiding information from their parents and making them feel like they are overreacting. Should this happen, you may be inclined to dismiss your concerns with the hope that your child is “just going through a phase” which in time they will grow out of. Unfortunately, by not acting on your initial concerns you may miss the opportunity for an 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 to choose from. Each will vary in their setting, structure, frequency, and duration. The analogy of antibiotics is helpful to understanding 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 potency must match the severity of the infection being treated. For example, if your child had an ear infection, penicillin may be all they need to get better. However, if your child had a staph infection, penicillin may not work, and they may need to take a more potent antibiotic like vancomycin. Since it is often difficult to determine the true nature of an infection and how it will respond to a particular medication, treatment typically starts with the mildest medications, and if they do not work, progresses to the more potent medications. To complicate things further, some infections require several rounds of antibiotics or a combination of antibiotics to be treated successfully.

The same is true with varying levels of mental health care. For treatment to be helpful, it must match the severity of the mental health condition being treated. Since that can initially be difficult to determine, it is standard practice to start with the mildest level care and work your way up if it is not

effective. In some cases, individuals need multiple rounds of a particular treatment or a combination of treatments before they get better. Listed below in their order of potency from mildest (least restrictive) to most intense (most restrictive) are the varying levels of mental health care and related treatments available to your child.

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 are medical doctors and are the only licensed professionals qualified to recommend or prescribe medications. Throughout this guide, licensed professionals, whether 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 also 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 with regards to the 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 the process of 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 difficult, negative emotions, and life goals. In addition to providing emotional support, the treating therapist teaches and guides the client in the application of various coping skills. Through the process of skills-oriented therapy, the client acquires a tool kit for countering negative emotions and behaviors, improving relationships, and problem-solving life difficulties.

Unless your child is exhibiting severe psychiatric symptoms or appears to be 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 daily activities. If your child does not respond well to individual therapy, you will have the option of moving them to a higher level of care. This can be done at your discretion, or as per recommendation by your child's therapists. Since individual therapy is the most widely used treatment, it is the focal point of this guide. 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 requires this higher 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 a day. The duration of treatment is typically 2-5 months. Treatment consists primarily of group therapy, but also includes individual counseling, psychoeducation, family therapy, and drug testing in the case of 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 are negatively impacting on 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 also includes academic tutoring (2-hours a day coordinated with your child's school), individual counseling, psychoeducation, family therapy, and drug testing in the case of 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/or psychiatric symptoms, and determine the nature (correct diagnosis) and severity of your child's mental health condition. Treatment consists of medical evaluations and monitoring, 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 the goal of treatment is 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 not successful, or when it is determined that the nature and severity of your child's condition requires 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 the accountability and positive influence of a therapeutic environment, behavior modification, the acquisition of coping, interpersonal, and life skills, and peer to peer feedback and support. In most cases, you will be able to 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 not successful, or when it is determined that the nature and severity of your child's condition requires 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 a variety of therapies including individual, group, and family therapy. Just like with other inpatient treatments, in most cases you will be able to call and visit your child while they participate in long-term residential care. The mechanism for emotional healing and behavior change is the accountability and positive influence of a therapeutic environment, 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 not successful 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 consists of 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 years of age or older and existing inpatient alcohol and drug treatment. 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 COVERAGE

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. What this means is 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](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 certain 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. In some cases, you may be eligible to enroll outside of 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 known as Managed Health 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 have the option of selecting 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 prior to being eligible for reimbursement. Unfortunately, due to cost cutting measures many employers have converted from traditional indemnity plans to managed care plans.

**Health Maintenance Organization (HMO):** A type of managed care plan where services are covered only if you go to doctors, specialists, therapists, or treatment facilities in the plans 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. Your co-pay will range from five to twenty-five dollars depending on your policy. 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 cost of a co-payment. 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 type of managed care that is 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 you to obtain 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 to choose from, 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 plans network. Like with all managed care plans, you are only covered if you go to an in-network treatment provider.

## **What To Ask Your Insurance Provider:**

No matter what type of insurance plan you have, it is important to speak with your insurance provider prior to obtaining treatment services. This will ensure your understanding of benefits, treatment options, and out-of-pocket costs. It will also reduce the risk of an unexpected financial burden and the need to prematurely discontinue treatment with a selected provider. When speaking with your insurance provider, it is helpful to document all conversations, dates, and the names of the representatives with whom you communicate with. If possible, request an email or letter to confirm and record the nature of your communication and the information you were given. Your documentation will be helpful should any misunderstandings or disputes arise.

Below are important questions to ask your insurance provider. Have your insurance card and other related information on hand 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 cost of service you will reimburse for the year?
- Do I have to pay a deductible prior to 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 programs, partial hospitalization, Inpatient treatment, and residential treatment?
- What are the criteria for inpatient treatment? Do I need to do outpatient treatment 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 on a yearly or per contract basis (e.g., \$5000, \$10,000, etc.)?
- If my child is covered by more than one insurance plan, 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 in accessing mental health or substance abuse treatment, submitting claims, and ensuring maximum reimbursement?

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

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

**A good first step in addressing your child’s mental health difficulties, is to have your child medically evaluated by their primary doctor.**

Many medical conditions cause or contribute to neurological or psychiatric symptoms, and it is important to determine whether this is the case with your child. Make sure the physical exam is thorough and includes comprehensive blood work including 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 managed care plan, your child’s doctor can give you feedback or make a recommendation regarding your list of in-network providers. If you have a traditional indemnity, PPO, or POS plan, your child’s doctor can recommend the treatment provider of their choice.



For additional assistance in selecting a therapist, consider speaking to your child's school counselor. 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 with regards to 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 positive treatment experience. This confidence will give you reassurance and resolve in the face of any resistance your child may have to participating 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 greatly among therapists. Take note of the openness and sincerity with which answers are given, as that might 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 seem to welcome my questions? Did they answer the questions fully or did I have to probe for more thorough responses?
- Was the therapist patient with me during our call or did I feel rushed?
- Does the therapist have adequate experience and/or specialized training?
- If you left a voicemail, texted, or emailed the therapist – Did they return my call, text, or email in a reasonable amount of time?

Once you select and begin working with a therapist, be patient in with the therapeutic process. It will take time for the therapist to establish rapport, 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.

If for some reason you lose confidence and decide to change therapist, do not be discouraged. Many people change therapist 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, sometimes penicillin does not work, and more powerful antibiotics need to be administered. Do your best to stay patient and optimistic throughout the treatment process, particularly when it does not progress in the manner you hoped.

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

Children vary in their feelings and attitudes towards attending individual therapy. Some children welcome the idea, while others resist it entirely. This section is intended to help you initiate individual therapy with your child and manage their potential resistance. The guidance provided is based on my decades of clinical experience in helping parents prepare their child for therapy.

### 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 whatever questions your child has.

### What To Do When Your Child Is Resistant To Therapy:

Find a time when you and your child are both feeling 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. ***Do not include 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. Do not argue with your child or try to convince them of the merits of your decision, or their need for mental health treatment. Act

confident and secure in the expectation that your child will attend and participate in the treatment process.

The reason I suggest you wait until shortly before your child's first appointment to inform them of what is happening is because advance notice gives them time to argue, sulk, and in other ways 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 is resistant to treatment it is best to not give them much advance notice prior to 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 starting 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 and 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 see 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 be do a better job parenting you. I really need you to cooperate and let the therapist know what is bothering you and what you need from me to make things better."

- Avoid arguing, debating, or trying to justify your decision. To do so will only make your child more emotional, argumentative, and resistant. Keep the conversation short and to the point.
- Act confident and secure in the expectation that your child will 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 level of resistance and what you think they could tolerate). By doing so you 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, it will be the therapist responsible to connect with them and make the treatment experience worthwhile enough that they will want to continue beyond the required number of sessions.

If your child does not want to continue beyond the required number of sessions, forcing them to do so will not be helpful or 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 then end of the required number of session 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, you can say, "You will probably be asked about school, family, friends, activities, and life difficulties you may have. You do not have to talk about anything you do not want to. If the therapist asks you a question that you are not comfortable with, you do not have to answer. 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 office, there is not much you can do about it. If you find yourself in this situation, stay calm and consider the guidance provided 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. In the context of a loving and supportive parent child relationship and family environment, over time your child will become more receptive and willing to cooperative with your suggestion that they attend individual therapy.

**If your child is involved in destructive and/or illegal behaviors such as substance abuse, and refuses to participate in treatment,** you will need to somehow force them into individual therapy or some other level of care. Do not stand attempt 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 for addressing your child's destructive behavior and holding them accountable for attending treatment. 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:**

If you are 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 the idea of attending therapy. Do not be deterred by your child's response. Stay strong in your decision to get them professional help. If for some reason 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 that specializes in the treatment of substance abuse, be aware that a drug test may be administered at the first session. Unless asked, it is ill-advised to let your child know ahead of time about the possibility of a drug test. To do so may further intensify their resistance and give them the opportunity to circumvent the 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 to their mental health difficulties. There are several reasons why a negative drug test may not accurately determine someone's drug involvement. Consider the following:

- From using other people's urine (you would not believe the elaborate methods for doing this), over hydration, or the use of various supplements, there are numerous ways individuals can circumvent the accuracy of drug tests.
- Drug tests only screen for specified drugs. Four panel tests are used to detect Cannabinoids Carboxy – THC, Amphetamines, Cocaine, and Opiates. Six panel tests are used to detect two additional substances including benzodiazepine and oxycodone. Any drugs outside of those specified on the panel will not be detected and the drug test result 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. It is possible for someone to test negative for drugs a day or two after they last used.
- 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 50ng cut-off for THC (marijuana), any level below 50ng would not be detected and would result in a negative drug test. While a level below 50ng may not be reason for concern with an adult, it would be reason for concern with a middle school or high school aged child.

Because of the numerous factors impacting on the outcome of a drug test, no one 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 the treatment of substance abuse.

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 for this is, no two therapists are alike. Each therapist has their own treatment protocols, methods, and style for conducting therapy based on their treatment philosophy (CBT, Interpersonal, etc.), personality, specialized training, and experience. What this means is that 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 may be superior to the next, and all ten could produce a successful treatment outcome. This speaks to the fact that individual therapy is as much an art as science.

Since I cannot prepare you for the specifics of your child's therapy, I will share with you the process by which my associates and I conduct individual 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 Assessment**

The assessment stage is the first and most crucial step to effective treatment. During this stage the therapist conducts a comprehensive clinical interview (conducted over the course of 5-8 sessions) and

administrators a variety of symptom and personality tests. Their goal is to cultivate a trusting rapport with the client and gather the information necessary to accurately understand the client's mental health difficulties.

### **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 at Strength for Change we specialize 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 advocates the use of evidence-based therapies. For example, anxiety disorders are treated with individual CBT, while ADHD is treated with a combination of individual counseling, 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, does 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 a variety of healthy coping skills and strategies for countering negative emotions, regulating mood, improving relationships, and changing unhealthy behaviors. This stage lasts anywhere from 5-50+ sessions depending on the nature of the client's difficulties and treatment goals.

The first several sessions of this stage focus on the reduction of distressing symptoms. In many cases, individuals respond quickly, and treatment is completed in a brief period (5-15 sessions). If the treatment goal is to change long-standing patterns of thoughts, feelings, behaviors, and/or relationship difficulties, then treatment continues for as long as 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 are able to consistently implement the skills and strategies they learned in therapy. As this occurs, the frequency of therapy is reduced and eventually discontinued. Upon the discontinuation of treatment, most clients schedule 1-3 follow up “booster sessions” that take place within 12 months of their last scheduled appointment. Booster sessions are intended to review and reinforce the support, skills, and strategies developed over the course of treatment.

If for some reason 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 to a higher level of care.

If you want to learn more about my practice, Strength for Change, and the services we provide, visit [www.strengthforchange.com](http://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 it is unlikely that your child’s therapist will systematically facilitate the four-stage process described above, with good therapy you will 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 is receiving. If you find yourself in this situation, I encourage you to speak to your child 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 great variability among therapists, most will begin the treatment process with a mental health assessment. A good assessment will usually consist of 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 will need to sign a consent allowing your therapist to communicate with a designated person outside of you and your child. The goal of the assessment is to determine the nature of your child’s symptoms and life difficulties.

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 that you ask them to do so. Since there are no medical tests to determine a mental health diagnosis, the results of your child’s mental health assessment will be based on the therapist’s clinical judgement. 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 assessment, you may get differing opinions about your child’s condition and treatment needs. In such cases, you will have to make the difficult decision of whom to trust and which treatment to pursue.

In response to your child 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 you can best support them in the treatment process.

Broadly speaking, 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 negative 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 if individual therapy is not provided, your child's mental health difficulties may subside as they mature, and 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 is intended to serve as a starting point for additional research and conversations between you and 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 treatment has produced consistent positive results in most patients (and therefore cannot be recommended), and that the treatment of choice will need to be determined by the expertise and clinical judgment of the treatment provider. If you ever have any questions or concerns about the type of treatment your child is receiving, do not hesitate to speak to your child’s treatment provider about it. 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	→ <b>No consistent</b> positive trials of medication for panic disorder in children and/or 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)	→ <b>No consistent</b> positive trials of medication for Post-Traumatic Stress Disorder in children and/or 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

## 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	<u>No consistent evidence</u> of the effectiveness of psychosocial treatments with adolescents  <u>Dialectical Cognitive Behavioral Therapy combined with other multi-strategy therapies</u> show some promise in the treatment of borderline personality disorder	→ 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		

## 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></p> <ul style="list-style-type: none"> <li>→ Cognitive Behavioral therapy</li> </ul> <p><u>Multi-Strategy Therapy</u></p> <ul style="list-style-type: none"> <li>→ Nutritional Counseling &amp; Rehabilitation</li> <li>→ Family Therapy</li> <li>→ Support Groups</li> <li>→ Medications</li> </ul>	<ul style="list-style-type: none"> <li>→ No <b>consistent</b> positive trials of medications for eating disorders in children or adolescents</li> <li>→ A variety of Antidepressants are often tried</li> </ul>
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, serious, 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></p> <ul style="list-style-type: none"> <li>→ Nutritional Rehabilitation</li> <li>→ Individual Talk Therapy (Interpersonal, Behavioral, Psychodynamic &amp; Cognitive Behavioral Therapy)</li> <li>→ Multi-Strategy Therapy (Family Therapy, Support Groups)</li> <li>→ Medications</li> </ul>	<ul style="list-style-type: none"> <li>→ No <b>consistent</b> positive trials of medications for eating disorders in children or adolescents</li> <li>→ A variety of Antidepressants are often tried</li> </ul>

## SUBSTANCE ABUSE:

Diagnosis:	Most Effective Treatments as Determined by Consistent Research Evidence:	Class of Medications Most Often Prescribed:
<p><b>Alcohol Marijuana Other Substances Abuse &amp; Dependency</b></p>	<p>No <b>consistent</b> evidence that one type of therapy is more effective than others</p> <p>It is uncommon for a single therapy to be effective when used 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"> <li>→ Cognitive Behavioral Therapy</li> <li>→ Behavioral Therapy</li> <li>→ Psychodynamic and Interpersonal Therapy</li> <li>→ Group Therapy</li> <li>→ Family Therapy</li> <li>→ Participation in Self-Help Groups</li> </ul>	<ul style="list-style-type: none"> <li>→ No <b>consistent</b> positive trials of medications for Substance Abuse Disorders in children or adolescents</li> <li>→ 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 to treat co-existing psychiatric conditions</li> </ul>

## Thought Disorders:

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



As noted in the tables above, some disorders are resistant 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 a 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 that the focus of treatment will be on your parenting style and family environment. This recommendation may seem to imply that you are in some way the cause of your child's mental health difficulties. Be assured that is not the case. If your child's therapist recommends a parent/family-focused treatment plan, please understand that it is not meant as negative 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 know my bias with regards to the use of medications in the treatment of psychiatric disorders. In an ideal world, no child (or adult for that matter) would ever have to take psychotropic 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 of time. In addition, it is difficult to fully trust pharmaceutical companies with their long history of promoting medications that have proved to be less effective and more dangerous than promised.

Despite my concerns about psychotropic medication, I still support their use in the treatment of psychiatric disorders. Although I have witnessed the harmful effects of these medications, I have also witnessed the harmful effects of depression, anxiety, ADHD, and other psychiatric conditions. In many cases, the pain, suffering, and life impairment caused by these

conditions can be much greater than the risks and side effects of the medications used to treat them. If you are contemplating placing your child on psychotropic medications, this section is intended to serve as 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). The decision to accept a doctor's recommendation to medicate your child is often exceedingly difficult. You must consider many factors including 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 think over your final decision carefully.

If you decide to medicate your child, learn everything 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 the medication 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 and the medication.

**Stimulant Medications** - are used in the treatment of 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 of these medications. 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.

**Antidepressant and Anti-Anxiety Medications** - are used in the treatment of depression and anxiety disorders, including obsessive-compulsive disorder (OCD). After stimulants, these medications are the most widely prescribed among children and adolescents. The most widely prescribed antidepressants are Selective Serotonin Reuptake Inhibitors (SSRIs). These medications elevate the neurotransmitter serotonin, which is believed to play a role in emotional wellbeing. Other antidepressants are Serotonin Norepinephrine Reuptake Inhibitors and Atypical antidepressants which also elevate serotonin along with the neurotransmitters dopamine and norepinephrine, which also are believed to play a significant role emotional wellbeing.

**Antipsychotic Medications** - are used in the treatment of schizophrenia, bipolar disorder, autism, Tourette's syndrome, and severe conduct disorders. Some of the 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. Their use requires close monitoring for side effects. These medications decrease levels of dopamine in the brain, which is believed to be overactive in individuals with the disorders mentioned above.

**Mood Stabilizing Medications** - are used to treat children with bipolar disorder, also known as manic-depressive illness. Unfortunately, there is limited data on the safety and efficiency of these medications with children. The use of mood stabilizers with children is based on research conducted on adults. Lithium is a well know mood stabilizer considered effective with

adults. There is ongoing research on the effectiveness of these and other medications in children and adolescents with bipolar disorder.

**The key to effective medication treatment is the accuracy of the diagnosis regarding the condition being treated.** Medications can worsen a child's symptoms when administered for the wrong condition. For example, if a child with bipolar disorder is misdiagnosed with major depression and prescribed an SSRI, their bipolar symptoms may worsen and the child may become more grandiose, risk taking, restless, agitated, angry, or defiant. This adverse response to medication 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 be helpful in determining the true nature of a child's mental health condition and related treatment needs. For these reasons, it is crucial that children be monitored closely by parents and treatment providers when starting a new medication or changing dosages of an existing medication.

## **Commonly prescribed Medications:**

The medication tables below are comprised of the most prescribed medications for children with depression, anxiety (including obsessive compulsive disorder), disruptive behaviors, and thought disorders. By no means are the tables a comprehensive list of all the medications available today in the treatment of psychiatric disorders. The information in this section is intended to serve as 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?"). This is the case because a physician's experience and judgment may be ahead of the research process. If your child is prescribed a medication that has not been 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 appropriateness and potential risks and benefits of the medication being recommended.

## 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
	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 stimulants, there are also non-stimulant medications used in the treatment of 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 both brand name and generic versions, and is it okay to use the less expensive (generic) medication? What is the name of the generic version? Is it okay to switch between brands, or to switch between brand names and generic forms of the medication?
- 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 the medication?
- Will my child be monitored while taking medication and, if so, 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 judgement, doctors may prescribe your child a medication that is 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 that have not undergone 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 certain 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 were giving the proper medication and dosage. If the medication is liquid, use a special 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 with 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 are habitually administering the medication, it is easy to forget if a medication 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, unable to carry out daily responsibilities, or have not benefited from previous outpatient treatment attempts. Inpatient treatment is a powerful treatment that can help your child break out of their cycle of mental health symptoms or substance abuse. 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 a first line treatment for a child with severe substance abuse resulting in criminal behavioral, withdrawal symptoms, truancy, and/or attempts at running away from home.

**If you need insurance to pay for inpatient treatment, you will have to follow your insurance plan's protocols and guidelines for approval and preauthorization of inpatient services at designated facilities.**

Since insurance plans vary so greatly, you will need to speak to your insurance representative to learn how 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 speak 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 you get your child's treatment approved.

**If you have the financial means to pay for inpatient treatment, you can have your child admitted into a private facility of your choice at your discretion 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 not be able 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 years of age or younger) is refusing to attend, ask the treatment facility for assistance.** Let the admission's counselor at your chosen facility know that your child is refusing treatment. Ask them to guide you through the process of getting your child to their facility. Admissions counselors have a lot of 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, there are companies that specialize in safely transporting children to inpatient facilities. You can ask the facility you are in communication with for a referral to one of those services. It may sound extreme to force your child into treatment this way, however sometimes the child is so compromised that you are willing to do whatever it takes to get them the treatment they need. Over the year I have worked with several parents who utilized a transportation service in getting their child into inpatient treatment. From my knowledge, none reported any bad outcomes, and all were pleased with the professionalism, compassion, and care of the service provider.

**If you have access to inpatient treatment, but your adult child (18 years or older) is refusing to attend, ask the treatment facility for assistance but be aware that** it is much less likely 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 with 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 time 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 which you will read at the time of the intervention. You are coached on how to communicate 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 their concern, and encourages your child to attend Inpatient treatment. If

successful, immediately following the intervention your child is taken to a pre-selected 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 an individual (minor or adult age) is forced by the mental health system 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 during a time when your child is overtly expressing thoughts of suicide or homicide, experiencing delusions or hallucinations, and/or is 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. Make 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. Such this be the case with your child, ask their psychiatrist 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 age) enter treatment or face more serious legal consequences. If you want to generate a court order, you will need to 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, or use, theft, and physical assault on others. Once your child is involved in the criminal justice system, you collaboratively with the judge, prosecutor, or juvenile commitment if your child is a minor, and request that your child be mandated to attend inpatient treatment. By cooperating with the criminal justice system and asking for their help, you 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 a minor and you need to consider a court order, know there is minimal risk in reporting your child to the police and 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 has the potential to 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 years of age. If you are considering this option, it is important to act during whatever window of time you have prior to your child's 18<sup>th</sup> birthday.

**If your child is of adult age and you need to consider a court order, know there is significant risk to involving the police and getting them involvement in the criminal just system.** The criminal justice system is geared towards punishment rather than rehabilitation, and you child may experience number consequences to having a criminal record of any kind. 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. However, sometimes parents find themselves between a rock and a hard place and are forced to consider this course of action. This is the case when a child's behavior is clearly destructive and catastrophic consequences (including death) are all but certain. Calling the police and having their child involved 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 in doing so 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, and psychiatric history, life stressors, and the current state of mental health.
- 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 what the average length of stay and aftercare options.
- If your child is between the ages of 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 at the time of admission, including any paperwork and personal items.
- In getting your child to the treatment facility, it may be best not to inform your child of what is happening until you are in the car 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 are strongly advised to 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 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 are unable to contact them at the time of the emergency, proceed to the hospital and try contacting them again later. **If your child is emotionally or physically out of control or has harmed themselves or someone else, call 911 for assistance.**

## **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.” 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. Screeners intervene when an individual experiencing a psychiatric emergency is refusing medical assistance. Many screening centers have a mobile unit that can be deployed to your home. The mobile unit 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 you believe 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 for any reason the screening center is unable to 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 the age of 18). If you live in one of these counties and the mobile unit cannot be deployed to your home, you will need to contact your local police department for assistance.

**Contact Your Local Police Department:** In psychiatric emergencies, police departments have the authority to 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 level of sensitivity with regards to psychiatric issues. As such, you must be prepared for all types of personalities, communication styles, and protocols in the handling of your child. You will have to tolerate whatever approach they take for the sake of getting your child to the hospital as needed.

## **What To Expect at The Hospital Emergency Room:**

Whether your child is cooperative or not, it can feel overwhelming taking them to the hospital emergency room (ER) for a psychiatric evaluation. If you find yourself in this situation, to the best of your ability, stay calm and patient. While the hospital staff will do their best attending to your child's needs, most hospital emergency rooms are busy and unable to provide expedited care. 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 may be requested at 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 of 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 you pass the time. While I know under the circumstances it might seem impractical to consider doing any of these things, I encourage you to take a minute for your self-care before leaving for the hospital. It can make a difference in how you experience your time at the ER and the level of stress 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 emotion 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 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 the best interest of your child. 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 you think 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 an 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 is possible and never stop seeking the treatment that your child needs. 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 for them to find their path to health and wellbeing.

## 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**

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: [http://www.aamft.org/index\\_nm.asp](http://www.aamft.org/index_nm.asp)

**American Psychiatric Association**

1400 K Street N.W.,

Washington, DC 20005

Telephone: (888) 357-7924

Fax: (202) 682-6850

Web Page: <http://www.psych.org/index.cfm>

**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: <http://www.ndmda.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: [Healthcare.gov](http://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>

## **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: NO COST HELP RESOURCES**

### **LISTED IN ALPHABETICAL ORDER:**

#### **Adult Children of Alcoholics**

310-534-1815

[www.adultchildren.org](http://www.adultchildren.org)

#### **Alateen (ages 12-17)**

800-356-9996

[www.al-anon-alateen.org](http://www.al-anon-alateen.org)

#### **Al-Anon**

800-344-2666

[www.al-anon-alateen.org](http://www.al-anon-alateen.org)

**Alcoholics Anonymous**

212-870-3400

[www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)**Anorexia Nervosa and Associated (Eating) Disorders (ANAD)**

847-831-3438

[www.anad.org](http://www.anad.org)**Cocaine Anonymous (CA)**

800-347-8998

[www.ca.org](http://www.ca.org)**Co-Anon (Cocaine Addicts' Family Groups)**

520-513-5088

[www.co-anon.org](http://www.co-anon.org)**Co-Dependents Anonymous (CODA)**

602-277-7991

[www.codependents.org](http://www.codependents.org)**Co-Dependents of Sex Addicts (COSA)**

612-537-6904

[www.shore.net/~cosa](http://www.shore.net/~cosa)**Debtors Anonymous (DA)**

781-453-2743

[www.debtorsanonymous.org](http://www.debtorsanonymous.org)**Emotions Anonymous (EA)**

651-647-9712

[www.emotionsanonymous.org](http://www.emotionsanonymous.org)**Families Anonymous (FA)**

800-736-9805

[www.familiesanonymous.org](http://www.familiesanonymous.org)**Gambler's Anonymous (GA)**

213-386-8789

[www.gamblersanonymous.org](http://www.gamblersanonymous.org)**Gam-Anon**

718-352-1671

[www.gam-anon.org](http://www.gam-anon.org)



**Marijuana Anonymous (MA)**

800-766-6779

[www.marijuana-anonymous.org](http://www.marijuana-anonymous.org)

**Narcotics Anonymous (NA)**

818-773-9999

[www.narcotic-anonymous.org](http://www.narcotic-anonymous.org)

**Nicotine Anonymous**

415-750-0328

[www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)

**Obsessive-Compulsives Anonymous (OCA)**

516-739-0062

[www.obsessive-compulsive-anonymous.org](http://www.obsessive-compulsive-anonymous.org)

**Overeaters Anonymous (OA)**

505-891-2664

[www.oa.org](http://www.oa.org)

**Recovering Couples Anonymous (RCA)**

314-397-0867

[www.recovering-couples.org](http://www.recovering-couples.org)

**Sexaholics Anonymous (SA)**

615-331-6230

[www.sa.org](http://www.sa.org)

**Sex Addicts Anonymous (SAA)**

800-477-8191

[www.sexaa.org](http://www.sexaa.org)

**Sex & Love Addicts Anonymous (SLAA)**

781-255-8825

[www.slaafws.org](http://www.slaafws.org)

**Survivors of Incest Anonymous**

410-282-3400

[www.siaawso.org](http://www.siaawso.org)

**Tough Love**

800-333-1069

[www.toughlove.org](http://www.toughlove.org)

## ABOUT THE AUTHOR – BERNARD IVIN, LCSW

Bernie Ivin is a Licensed Clinical Social Worker and Certified Cognitive Behavioral Therapist. He has devoted his entire professional career to the service of others. He worked in education for 15 years as a Student Assistant Coordinator, coached high school basketball, and has been the founder and director of Strength for Change (SFC), Cognitive Behavioral Therapy Associates since 1998.

At SFC Bernie has treated over a thousand clients, developed numerous innovative treatment methods, presented hundreds of personal and professional development workshops, and self-published a variety of materials including, "*A Parent's Handbook: How to Obtain Counseling Services for Your Child*", and "*The 1-2-3 Succeed Program: A Complete System for Helping The Capable, But Disorganized or Unmotivated Student*". Please visit [www.123succeed.com](http://www.123succeed.com) for more information about the 1-2-3 Succeed Program.

Bernie wrote "*The Essential Guide to Mental Health Services for Your Child*" in direct response to the many questions and concerns expressed by parents seeking mental health services for their child. The purpose of this handbook is to educate, validate and support parents in the difficult task of obtaining effective mental health or substance abuse treatment for their child.

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