

Rhode Island Parents' Guide to Children's Mental Health



Bradley Hospital
A Lifespan Partner





Is your child in crisis?

Turn to **CRISIS SITUATIONS (p213)**
at the end of the guide.

February 2008

Dear Parent,

Finding someone to take care of your child's mental health is just as important as finding someone to take care of his or her physical well-being. If your child has a broken bone, you take him or her to an emergency room. But what if he or she is in an emotional crisis? Where do you go?

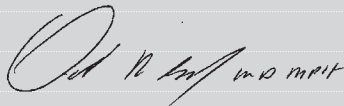
A common complaint that we hear from parents is that they are frustrated with the complexity of the children's mental healthcare system and the process of navigating it. We at Bradley Hospital and the Rhode Island Department of Health want to help solve this problem and provide accurate and useful information about mental healthcare for your child. With the generous support of Hasbro, Inc., we have researched and produced this "how-to" guide for parents on children's mental health issues.

This guide is not meant to diagnose your child. It is meant to be a one-stop resource for all parents—from those who simply have questions about common children's mental health problems, such as ADHD, low self-esteem, or depression, to those who are looking for advocacy organizations and support groups to help them with difficult issues concerning their child's diagnosis. This guide is written for parents, but it is our hope that family members, community organizations, schools, and healthcare providers will also use the information in this guide.

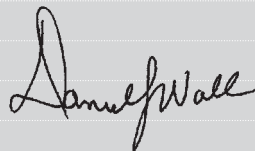
The mental healthcare system in Rhode Island is complex. This guide maps out all the different parts of the system (both public and private) and how they connect to each other. We have included warning signs and symptoms of mental health issues; definitions, symptoms, and evaluation and treatment options of common mental health diagnoses; and descriptions of different types of mental healthcare providers, organizations, programs, and services that can help parents.

Caring for the mental health needs of your children is our priority. It is our sincere wish that this guide will help children and their families find the answers they need about mental healthcare and enable them to better access and use the children's mental healthcare system in Rhode Island.

Sincerely,



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Thank you

This guide was modeled after *The Parents' How-to Guide to Children's Mental Health Services in Massachusetts* developed by the Boston Bar Association with support from Children's Hospital Boston.

Information in this guide came from a number of sources. In particular, we would like to acknowledge the American Academy of Child and Adolescent Psychiatry for the guidance it provided for the content of this guide.

We would also like to extend our thanks to Policy Studies Inc. and Chandler Design for their project management, content development, and graphic design services in the development of this guide.

February 2008

Dear Parent,

As President of the Parent Association at Bradley Hospital, I know how difficult it is for parents to know where to get services for their children. There is nothing worse than the “helpless” feeling of not knowing who to go to or what is available to help your child.

As a parent of children with mental health issues, I would like to share the story of my family’s journey through the mental healthcare system. I have two children, both with a mental health diagnosis, as well as other medical problems. When my first child was an infant, my husband and I knew that something just wasn’t right. We went from one healthcare provider to the next looking for answers, but didn’t really get any answers other than that we were “overreacting.” As an infant, she did nothing but scream all day and night. She couldn’t keep her formula down. As she grew older, she hated being around other people and never left my side. When she went to school, she was considered the ideal student, working hard and wanting all of her work to be perfect. But her anxiety was through the roof and so was ours.

Finally, at age 7, she was admitted to a psychiatric hospital for the first time. She had completely shut down. After a long hospital stay, she was diagnosed with Obsessive Compulsive Disorder and Anxiety Disorder and was put on medication. Where could we turn? We were in a whirlwind. We were supposed to go on with our lives, but our lives as we had known them had changed forever. She was hospitalized again at age 8 and this time we were told that she had Asperger’s Disorder (a form of Autism). The hospitalizations continued and continued. She was finally admitted to Bradley Hospital.

The day we decided to go to one of Bradley’s support groups was a turning point in our lives. We got lots of information and support from other parents. We were all at different points in getting care for our children, but we were able to pool all of our information regarding school placements, treatments, support agencies, programs, etc. Through the years, diagnoses have changed, parents have changed, and mental health services have changed, but the one thing that has been constant is the support we’ve received from doctors, social workers, and staff at Bradley and other parents in the support group. When we had others to listen and support us, we knew that we could handle any challenge that came our way.

We’ve been through a lot of difficult times over the years, but our lives have been better because we have had information. Information has empowered us on our journey through the mental health care “maze.” The new *Rhode Island Parents’ Guide to Children’s Mental Health* puts all that information for parents in one place. We are so excited to have this guide for parents. We are looking forward to using the guide to help us maneuver through the next phase of our mental health challenges!

Sincerely,



Linda Remarski

President, Parent Association at Bradley Hospital



NAVIGATING THE CHILDREN'S MENTAL HEALTHCARE SYSTEM

Concerned about your child's mental health but not sure what to do? With its step-by-step guide to the mental healthcare system, this section is a great place to start.

1

SIGNS AND SYMPTOMS OF MENTAL HEALTH ISSUES

Mental health issues are usually put into different categories based on similar signs and symptoms. Start with this section if you notice specific signs or symptoms in your child, but are not sure what they may mean.

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TALKING TO YOUR CHILD'S PEDIATRICIAN

Not sure who to turn to first? Your child's pediatrician is an excellent place to start. Turn to this section for more information about the role of your child's pediatrician in the mental healthcare system.

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MENTAL HEALTH EVALUATIONS

Mental healthcare providers use a variety of tools when looking at a child's mental health. Use this section to learn more about the different types of evaluations, so you can know what to expect.

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COMMON MENTAL HEALTH DIAGNOSES

This section describes the most common mental illnesses diagnosed in children. Each diagnosis provides typical signs and symptoms, diagnosis information, possible treatment options, and helpful resources.

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MENTAL HEALTH SUPPORT

Caring for a child with a mental health issue requires a lot of work. In this section, learn more about the different parts of the mental healthcare system and how you and your support team can work with them.

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MENTAL HEALTH TREATMENT

A variety of different types of treatment are available for children with mental health issues. This section will provide some general information about the different treatment options.

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PAYING FOR MENTAL HEALTHCARE

Understanding healthcare coverage can be confusing. Use this section to learn more about the different types of healthcare coverage and where to find additional resources when services are not covered.

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ADDITIONAL RESOURCES

Need more information? Here's a list of guides, organizations, programs, websites, support groups, and books. Use these resources to get the support you need for you and your child.

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ACRONYMS

The mental healthcare system is filled with acronyms and abbreviations. Wonder what the letters mean after a mental healthcare provider's name? Look them up in this section.

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Can't find what you are looking for? Check this section's alphabetical listing of the different topics covered in the guide.

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+ CRISIS SITUATIONS

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1 Navigating the Children's Mental Healthcare System

The children's mental healthcare system can be complex and confusing. Navigating through it can be difficult, time consuming, and stressful. But this guide can help.

The guide's sections are arranged to follow the steps a parent would take to get help for his or her child—from the first moment you notice something is “not quite right,” to the options for paying for mental healthcare, and every step in between.

Of course, every parent, child, and situation is different and will enter the mental healthcare system at a different point. Because of this, the guide has cross-references

(sections refer you to other sections for more information or next steps). So no matter where you start in the process, you will be able to find the information you need.

This guide uses the term “parent” to describe any person who nurtures and raises a child. A parent could be a biological parent, an adoptive parent, a foster parent, a grandparent, an uncle or aunt, a sister or brother, or any other caregiver or guardian.

The guide also uses the terms “child” or “children” to describe a child or children, birth to age 21. However, in certain sections, the guide uses more specific terms to describe when something might occur in a child's life.

These terms include:

- Infants: birth to age 1
- Toddlers (or toddlerhood): ages 1 to 3
- Younger children (or early childhood): birth to age 5
- Older children: ages 6 to 12
- Adolescents (or adolescence): ages 13 to 21

Getting Help for Your Child



This guide is also available online at www.childrensmentalhealthguideri.org

Follow along with the flowchart on pages 4 and 5 to see how the mental healthcare system works. If you think your child may have a mental health issue, the first question you should ask is whether or not he or she is in crisis. If your child is in crisis, it means he or she is at high risk of causing harm to self or others or is completely not able to function. If you believe your child is in crisis, then you need to seek help immediately. Turn to **CRISIS SITUATIONS (p213)** at the end of the guide.

If your child is not in crisis, but you still think that he or she may have a mental health issue, then start to keep track of your child's signs and symptoms and make an appointment with your child's pediatrician. At this point, it may also be helpful to contact your child's school and let them know that you are concerned about your child's mental health. It is important to begin communicating with your child's school in order to ensure your child is receiving the best care possible.

If your child's pediatrician determines that your child's signs and symptoms *are not* a part of normal child development, then he or she will suggest getting your child evaluated. In some cases, a pediatrician can do an initial screening. However, in most cases, a pediatrician will refer your child to a mental health specialist.

If your child's pediatrician determines that your child's signs and symptoms *are* a part of normal child development, but you are still concerned about your child's mental health, then you should talk to your child's pediatrician about your options. Consider getting your child evaluated by a mental health specialist. Also, consider seeking a second opinion. Getting a second opinion means that you make an appointment with a different pediatrician or mental health specialist to evaluate your child's mental health. If this change in behavior does turn out to be a part of normal child development, you can still seek additional support and build your parenting knowledge to help your child through this stage.

After your child receives an evaluation, it is possible that your child may be diagnosed with a mental illness. A diagnosis will usually lead to suggested treatment. Learn all you can about your child's diagnosis and treatment plan. At this point, a number of different mental health providers are likely to be introduced into your child's life. You will have to become your child's advocate. Treatment can

include working with mental health specialists, hospitals and health centers, early childhood programs, the school system, state agencies, community and non-profit organizations, health insurance care managers, or a combination of the all of these. You will also need to figure out ways to pay for your child's care.

Hopefully, once your child begins treatment, you will see improvement in him or her. If you *do* see an improvement, continue with the treatment plan. If you *do not* see an improvement in your child, then talk to your child's mental healthcare providers. You may need a revised treatment plan to help manage any symptoms that continue. Remember, it can take time before you see a change. Be patient. If this revised plan still does not improve your child's signs and symptoms, then you should talk to your child's mental healthcare providers or seek a second opinion to re-evaluate your child's situation.

These are the basics of how to navigate the mental healthcare system. The rest of the guide will describe each of the steps mentioned above. Use the flowchart on the following pages, as well as the Table of Contents and color-coded tabs, to find your way around the guide.

ADDITIONAL RESOURCES (p165), **ACRONYMS (p205)**, and **TOPIC INDEX (p209)**, can also be very helpful. And last, but certainly not least, there are advocacy organizations (p104) ready to help you navigate the system and find the information that you are looking for.

Defining mental health

MENTAL HEALTH is a sign of a child's overall emotional well-being. Mental health can be difficult to understand, because it can be related to medical, social, or behavioral issues that a child may have. In general, mental health refers to a child's ability to:

- Adapt well to his or her environment in ways that are healthy; and
- Cope well with day-to-day stresses, problems, and challenges.

When children are not comfortable with how they are feeling, do not have good coping skills, and cannot get along with others, it is possible that they could have a mental health issue.

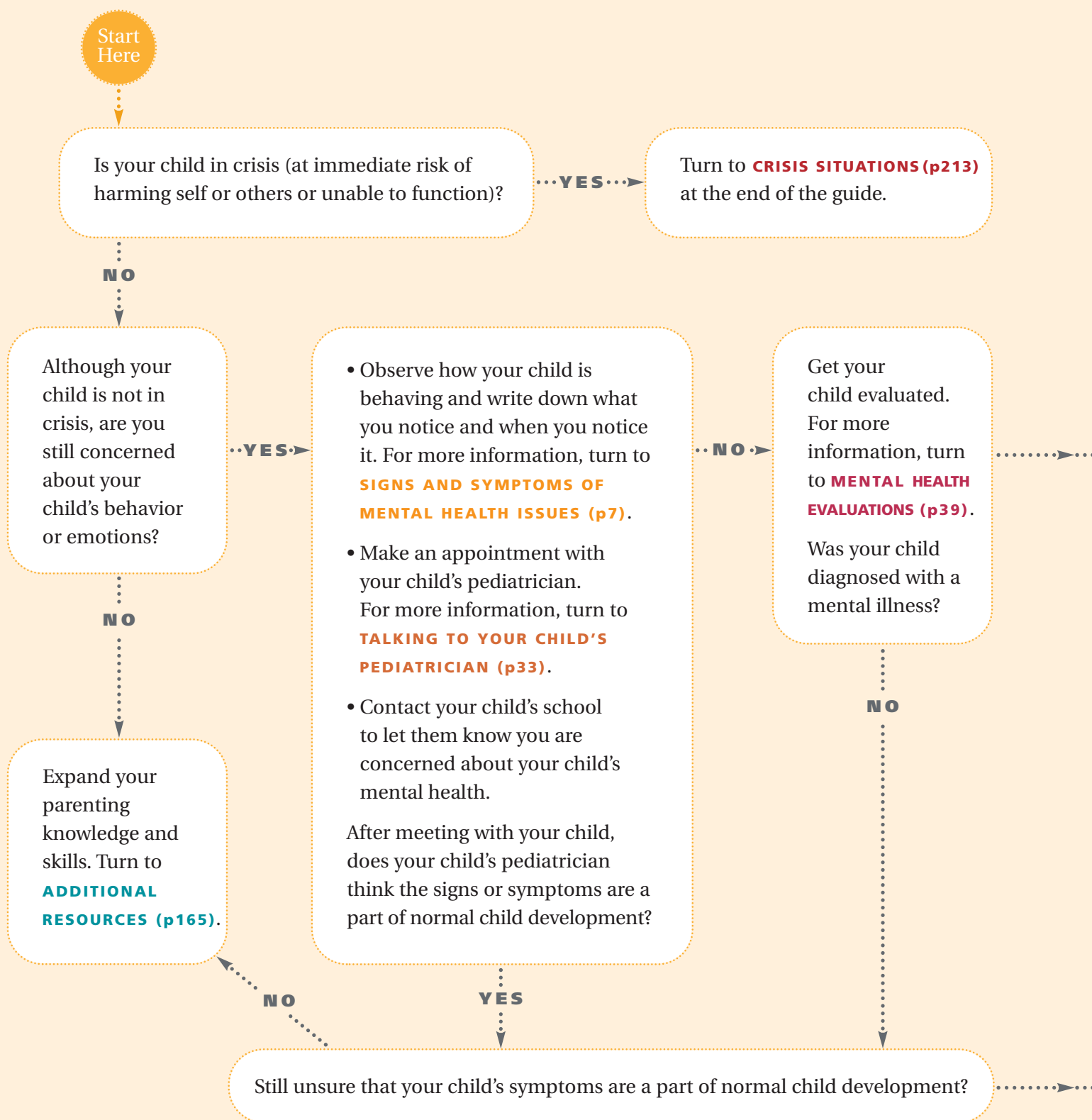
A MENTAL HEALTH ISSUE impacts a child's emotional well-being. An issue could develop from dealing with a bully at school or the loss of a loved one. It could be a short-term problem or long-term mental illness.

MENTAL ILLNESSES are medical conditions that can disrupt a child's mood, thinking, feelings, and ability to interact with and relate to others in his or her life. These disruptions can be emotional changes, behavioral changes, or both. For the majority of children, a change in mood, feelings, and behavior is a natural part of child development. However, when these changes begin to impact a child's ability to function on a daily basis, a mental illness may be the cause of these changes. If this is the case, the child may need mental healthcare.

THE CHILDREN'S MENTAL HEALTHCARE SYSTEM is made up of all the providers, hospitals and health centers, early childhood programs, the school system, state agencies, community and non-profit organizations, and health insurance companies available to address mental health issues. A mental healthcare provider is the person in charge of providing mental healthcare for your child.

A MENTAL HEALTHCARE PROVIDER can be a pediatrician, a mental health specialist, or a school professional. Each child's situation is different.

How to Use This Guide



- Learn about your child’s diagnosis. Turn to **COMMON MENTAL HEALTH DIAGNOSES (p47)**.
- Get the support you and your child need. This may involve working with mental health specialists, hospitals or health centers, early childhood programs or your child’s school, state agencies, community and non-profit organizations, health insurance care managers, or all or some of the above. Turn to **MENTAL HEALTH SUPPORT (p101)**.
- Follow through with the suggested treatment. Turn to **MENTAL HEALTH TREATMENT (p147)**.
- Work with your insurance provider and other state programs to pay for your child’s care. Turn to **PAYING FOR MENTAL HEALTHCARE (p159)**.

With treatment, do you see an improvement in your child?

...YES..>

... YES ...>

Continue treatment and follow the recommendations of your child’s mental healthcare providers.

YES

Remember, it can take time before you see a change. Be patient. Talk to your child’s mental healthcare providers about your concerns and any symptoms that continue. Collaborate with them on a revised treatment plan.

With a revised treatment plan, do you see an improvement in your child?

... NO ...>

NO

Keep talking to your child’s mental healthcare providers. Take a look at other treatment options. Also, consider a second opinion.

...YES..>

Talk with your child’s pediatrician about your options. Consider an evaluation by a mental health specialist or consider a second opinion.



2 Signs and Symptoms of Mental Health Issues

As a parent, you may be noticing some signs and symptoms in your child and wonder what they mean. Signs and symptoms of mental health issues can be grouped together into symptom clusters. Symptom clusters can be thought of as different categories of mental health issues.

The following section outlines different symptom clusters, describes typical signs and symptoms, and lists possible diagnoses. This section is not meant to diagnose your child. Many of the signs and symptoms described in the following symptom clusters are also a normal part of child development. However, if the symptom begins to affect your child's daily life in school, with family, or with friends, it may be a sign of a mental health issue. If your child is showing signs or symptoms of a mental health issue, talk to your child's pediatrician. Distinguishing between normal child development and a mental health issue is difficult. Your child's pediatrician can help.

TIP

If your child's behavior concerns you, write down how he or she acts each day—specific signs or symptoms, how often they happen, in what context they happen, when you first noticed them, and any other concerns you have. This will be a big help when you talk to your child's pediatrician or mental health specialist. It is also a good habit to get into for the future. If your child is diagnosed with a mental illness, your records can be very helpful in charting his or her symptoms and response to treatment over time.

Early Child Development Issues

When a young child is suffering from a mental health issue, he or she may not be able to communicate his or her feelings to you in a way that you understand. Luckily, young children are good at showing their parents when they are in a healthy state—they are curious, enchanting, persistent, and confident. When young children are in an unhealthy state, they can be listless, distracted, aggressive, or insecure.

Even though all children go through the same development stages, every child goes through those stages at his or her own pace. Some children develop quickly and others at a slower pace. Sometimes, those children who develop at a slower pace may catch up with other children their age. However, in some cases, there may be a delay in development. A developmental delay occurs when a child does not develop basic skills (for example, walking or talking) by a

certain age. If you feel there is an extreme difference between the social, emotional, or motor skills development of your child and other children of the same age, then it is possible he or she may have a mental health issue.

TIP

Check in with your childcare provider about your child's development. As the provider spends a good amount of time interacting with your child, he or she may be the first to notice if your child is behind other children his or her age in terms of development.

Knowing when to seek help for your child

If you suspect that your child has a mental health issue, it may be hard to know when to seek help. If your child has some of the following symptoms, it may be time to talk to your child's pediatrician about your child's symptoms:

- Extreme anxiety or worry
- Constant hyperactivity
- Appearing distracted when others try to interact with him or her
- Constant nightmares
- Frequent anger, aggression, or disobedience
- Constant temper tantrums that cannot be explained
- Significant changes in eating or sleeping habits
- Significant change in performance at school
- Inability to handle daily stresses or problems
- Constant complaining about physical problems (for example, stomachaches or headaches)
- Acting withdrawn or depressed
- Alcohol or drug abuse
- Self-injurious behaviors



Understanding your child's temperament

The information on the following pages can help you compare your child's development with other children his or her age. It can also help you identify any symptoms that may be a cause for concern.

A mental health issue in a young child means that he or she is unable to experience, regulate, and express emotions appropriately; form close relationships with his or her caregivers; explore and act on his or her environment; and learn.

Possible mental health diagnoses within this symptom cluster include:

- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Feeding Disorders (p72)
- Reactive Attachment Disorder (RAD) (p86)

RESOURCES

Early Childhood Institute at The Providence Center
401-276-4020
www.providencecenter.org

Learn the Signs. Act Early.
(Centers for Disease Control and Prevention Campaign)
www.cdc.gov/ncbddd/autism/actearly

Zero to Three
www.zerotothree.org

Every child is born with a certain temperament. Temperament is a manner of thinking, behaving, or reacting that is characteristic of a certain child. Temperaments are based on a child's biological make up and are the genetic aspects of a child's personality (nature rather than nurture).

There are three types of child temperaments that most children fall in to:

- **THE EASY CHILD** readily adapts to new experiences, generally displays positive moods and emotions, and has normal eating and sleeping patterns.
- **THE DIFFICULT CHILD** tends to be very emotional, irritable, and fussy and cries a lot. The difficult child also tends to have irregular eating and sleeping patterns.
- **THE SLOW-TO-WARM-UP CHILD** has a low activity level and tends to withdraw from new situations and people. The slow-to-warm-up child is slow to adapt to new experiences, but then slowly accepts them after repeated exposure.

Understanding your child's temperament can help you understand your child's behaviors and anticipate his or her reactions to different situations.

Temperament is not an excuse for a child's misbehavior, but it does provide direction for how you as a parent can respond to misbehavior. It can help you guide and teach your child in a way that respects the child's individual differences.

In addition, it may be helpful to look at your own temperament. Some "behavioral problems" actually stem from a mismatch between a parent's temperament and a child's. For example, a highly active child may irritate a slow-paced parent.

The American Academy of Pediatrics recommends that all children get a developmental screening.

A developmental screening tells if a child is learning basic skills when he or she should be. During the screening, your child's pediatrician carefully watches as your child plays, talks, moves, and interacts with others. When a developmental problem is recognized early, children can get the help they need to grow, learn, and reach their full potential.

Accomplishments, Difficulties, and Concerns in the Early Years

As a parent, it may be helpful to know what types of accomplishments and difficulties are expected as part of normal child development. This can help you determine when you may need to be concerned about your child's mental health. Although every child is different, the information below explains what can generally be expected for your child from birth to age 5.

Birth to Six Months

Children are working hard to observe and interact with their world. They are learning to comfort themselves, sleep at regular times, let their caregivers know when they need something, and adjust to family routines.

ACCOMPLISHMENTS

By six months, most children:

- Sleep through the night
- Have regular daily schedules
- Roll over
- Sit with help
- Reach for items out of reach
- Babble and coo
- Support themselves on their legs with help
- Look for dropped objects
- Eat cereals and strained foods
- Show strong interest in others, particularly their caregivers

EXPECTED DIFFICULTIES

- Common illnesses, such as colds or fevers that upset sleep schedules
- Crying
- Irregularities in development in different areas
- Sibling jealousy

POSSIBLE CONCERNS

- Medical illnesses
- Infant colic
- Not growing or gaining weight as expected
- Not making any sounds or babbling
- Significant delays in motor development

Six to Twelve Months

Children are exploring their world through movement, while still paying close attention to their caregivers' whereabouts. Children have established sleeping, eating, and play time routines, and have begun to show their personalities.

ACCOMPLISHMENTS

By twelve months, most children:

- Walk holding on to furniture
- Pull to a standing position
- Play simple games (for example, peek-a-boo or patty-cake)
- Wave bye-bye
- Say small words (for example, mamma, dada, juice, or baba)
- Show interest in books
- Scribble with a crayon
- Respond to simple commands or requests
- Can sip from a cup with a lid
- Can pick up small objects easily

EXPECTED DIFFICULTIES

- Minor interruptions in sleep schedules due to common illnesses or teething
- Minor bumps and bruises because of greater activity
- More separation fears, particularly separation from the primary caregivers
- More interested in activity than food
- Fussiness related to food choices
- Messy eating
- Acting out when objects are taken away

POSSIBLE CONCERNS

- Accidents that cause serious injury
- Significant delays in development, such as:
 - » Lack of verbal activity
 - » Inability to sit without help
 - » Inability to support themselves on their legs with help
 - » Extreme disinterest in social interactions
- Lots of feeding problems, resulting in poor growth



Twelve Months to Three Years

Children's language, movement and independence are growing rapidly during this time. They are typically very knowledgeable and demanding of their wants and needs.



ACCOMPLISHMENTS

By 3 years, most children:

- Speak and are understood most of the time
- Can carry on a simple conversation
- Help dress themselves (for example, pull up their own pants or put on their own shirt)
- Feed themselves without help
- Show their preferences for friends and activities
- Can throw a ball and participate in simple games
- Jump, run, and climb on play equipment
- Participate in activities with other children for short periods of time
- Draw simple shapes
- Play by themselves for short periods of time
- Have begun toilet training

EXPECTED DIFFICULTIES

- Interruptions in sleep schedules, due to common illnesses, teething, vacations, etc.
- Tantrums that occur at embarrassing times for parents (for example, when in public or when with in-laws)
- Occasional hyperactivity and distractibility
- Minor aggressive behavior, particularly when the child is frustrated
- Minor disrespect to parents or other adults
- Messy eating
- Picky eating
- Occasional irritability and arguing, particularly when tired or hungry
- Not wanting to use the toilet
- Occasional toileting accidents
- Stuttering

POSSIBLE CONCERNS

- Significant delays in development, such as:
 - » Limited verbal ability
 - » Excessive tantrums involving self-injurious behaviors
 - » Extreme disinterest in social interactions
 - » Excessive activity placing the child at risk for injury

Three to Five Years

Children are moving away from being completely focused on themselves and moving more towards playing with others. As they show their independence and explore their surroundings, they are also dependent and rely on the safety of a “home base.” Their sometimes challenging behavior is a result of exploring boundaries and developing relationships with other children.

ACCOMPLISHMENTS

By 5 years, most children:

- Have begun some form of formal education
- Show interest in academic skills (for example, writing their own name, recognizing letters, or counting)
- Speak fluently
- Have some friends
- Participate in family routines
- Become occupied with imaginary play
- Can run, jump, throw a ball, and climb play equipment easily
- Use words to control their own behaviors and the behaviors of others
- Show concerns about issues related to injury, loss, or death
- Show that they care about others feelings

EXPECTED DIFFICULTIES

- Arguing in an effort to influence parents and others
- Bedtime struggles
- Minor fears
- Times of high energy and activity level
- Not paying attention, particularly during activities that they do not like to do
- Sibling arguments
- Not listening to parents
- Lying from time to time, particularly to get out of trouble
- Occasional crying or angry outbursts associated with frustration or disappointment

POSSIBLE CONCERNS

- Significant delays in development, such as:
 - » Delayed language development
 - » Persistently poor peer relationships
 - » Poor coordination
- Inability to form friendships
- Persistent aggression
- Self-injurious behaviors
- Persistent disobedience and rebelliousness
- Fears that result in the avoidance of age-appropriate activities (for example, school or friendships)

Overactivity and Inattentiveness

Being overactive or inattentive means that a child has a difficult time controlling his or her energy level, paying attention for long periods of time, or following directions.

From time to time, it is normal for children to be overactive or have a hard time paying attention. This is especially true for young children. Parents should expect to see their children exhibit these behaviors at some point during normal child development. However, when symptoms of overactivity and inattentiveness begin to appear on a regular basis, occur in more than one setting, and interfere with a child's schoolwork and interactions with family, friends, and teachers, then it is possible he or she may have a mental health issue.

The following is a list of typical signs and symptoms of overactivity and inattentiveness.

Your child may be overactive if he or she:

- Fidgets or squirms in his or her seat and cannot sit still
- Cannot stay seated for long periods of time
- Runs around, jumps, or climbs on things in situations where it is not appropriate
- Has difficulty playing quietly
- Is in constant motion or acts like he or she is being "driven by a motor"
- Talks too much
- Blurts out answers before questions have been completed
- Has difficulty waiting for his or her turn
- Interrupts others during conversations or games

Your child may be inattentive if he or she:

- Has a hard time paying attention or daydreams a lot
- Does not seem to be listening when you or others are talking
- Is easily distracted from schoolwork or play
- Makes careless mistakes and does not appear to care about details
- Does not follow through with instructions and has a hard time finishing tasks
- Is disorganized with activities and tasks at home or school
- Loses important things easily

- Is forgetful
- Does not want to engage in activities that require long periods of thinking

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Depression (p67)
- Learning Disorders (p75)





Building your child's self-esteem

Children with healthy self-esteem are likely to have better relationships and to do well in school. As a parent, you have an incredible amount of influence over your child's level of self-esteem. The following are some helpful tips to develop positive self-esteem in your child.

- Have realistic expectations of your child. If your child is able to achieve what you expect, then he or she will feel successful.
- Make your child feel special and appreciated. Set aside time each week for you and your child to spend alone together.
- Emphasize your child's strengths. Make a list of your child's strengths and use different opportunities to point out his or her abilities. For example, if your child is a good artist, display his or her artwork.
- Let your child help you with activities, such as cooking, chores, or wrapping presents for others. This is a great opportunity to demonstrate that he or she is helpful and can help others. It is also a nice time to point out his or her strengths!
- Try to focus on the positive behaviors and acknowledge them. Avoid negative comments. Instead, frame feedback in a positive way.
- Try not to compare siblings. Instead, highlight the strengths of each child equally.
- Help your child develop problem-solving skills. As a child becomes better at finding solutions to problems, his or her confidence increases.

Extreme Anger or Irritability

All children show signs of anger or are irritable at different points throughout child development. These behaviors are a part of a child's exploration of how to express his or her emotions to others. However, if these behaviors begin to impact his or her daily interactions with peers and family members, or if the child or other people are getting hurt, then it is possible that an underlying mental health issue is the cause.

The following is a list of typical signs and symptoms of extreme anger or irritability. Your child may be extremely angry or irritable if he or she:

- Often kicks, hits, or bites
- Has explosive tantrums
- Acts aggressive toward other children, adults, or objects
- Gets easily frustrated
- Misunderstands other people's expressions, words or actions. For example, a child may think a parent is angry with him or her when in fact the parent is just being quiet for another reason.
- Begins to use aggressive words frequently
- Is easily irritated by events or people

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Depression (p67)
- Oppositional Defiant Disorder (ODD) (p82)
- Substance Abuse and Dependence (p94)

Extreme Defiance

At some point during development, most children will engage in a rebellious act aimed at their parents. Some level of rebellion is a natural part of child development and is the child's way of expressing his or her opinions. However, when a child is regularly defying the instructions and orders of authority figures (resulting in detentions, suspensions, or legal problems), then he or she may have a mental health issue.

The following is a list of typical signs and symptoms of extreme defiance. Your child may be expressing defiant behavior if he or she:

- Has a disregard and lack of respect for authority figures (for example, parents, teachers, or police)
- Argues excessively with adults
- Does not follow adult rules or laws
- Publicly shows annoyance with other people
- Blames others for his or her own mistakes or behaviors
- Lacks a sense of responsibility
- Is not sorry for his or her actions when he or she should be
- Seeks revenge
- Exhibits an increase in verbal aggression toward others

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Bipolar Disorder (p59)
- Conduct Disorder (p64)
- Depression (p67)
- Oppositional Defiant Disorder (ODD) (p82)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Substance Abuse and Dependence (p94)

Extremely defiant behavior is more exaggerated than the behavior of children progressing through normal development and reduces a child's ability to function day to day.



Cyberbullying is bullying that happens online, through email, instant messages, chat rooms, digital photography, streaming media, and websites. Bullies use the Internet to send unpleasant, aggressive, or abusive messages. The Internet is a perfect tool for bullies, because they can remain anonymous, easily provoke others, and target many different people. Cyberbullying can also occur through text messaging on cell phones.

Peer Relations

Some of the most important people in your child's life are his or her friends. Friendships are an important aspect of a child's development and can be very rewarding. These relationships should be encouraged so that your child grows up with a network of peers who support him or her.

However, there are instances where peer relationships can have a negative impact on a child's development. Bullying is one such instance. Unfortunately, bullying is a common occurrence during the school-age years.

WHAT IS BULLYING?

Bullying is a way for one child to intimidate or harass another. Bullying can be physical or verbal. Bullying can also occur through the Internet.

HOW CAN BULLYING AFFECT CHILDREN?

If a child is bullied, it can affect his or her social and emotional development to varying degrees. Sometimes it can affect a child's schoolwork.

WHY DO CHILDREN BULLY OTHER CHILDREN?

Most children who are bullies need to feel a sense of control or domination over others. Bullying can be a way for children to deal with depression, anger, or events happening in school or at home. In some cases these children have been victims of abuse or have been bullied by other children.

WHAT SHOULD YOU DO IF YOU SUSPECT YOUR CHILD IS BEING BULLIED?

The most important thing you can do is to give your child opportunities to talk to you openly and honestly about what is going on. Reassure your child that what is going on is not his or her fault and that telling you about the situation was the right thing to do. Talk to your child about what he or she has already tried, what has worked and what has not, and what he or she thinks should be done.

In addition, you should seek help from your child's school. Most of the time, bullying occurs in school and it is important that the school is aware of the problem. Most Rhode Island schools have a bullying policy. Find out what the policy is at your child's school and what resources are available to help you and your child deal with the problem.

WHAT SHOULD YOU DO IF YOU SUSPECT YOUR CHILD IS BULLYING OTHERS?

It is possible that a child who is bullying others may begin to have social, emotional, legal, or school problems. Seeking help for your child can help uncover the reason for bullying others and help him or her stop the behavior.

RESOURCES

Bullies are a Pain in the Brain (1997)
By Trevor Romain

PACER's National Center for
Bullying Prevention
www.pacerkidsagainstbullying.org

Prevent Child Abuse Rhode Island
401-728-7920
www.preventchildabuse-ri.org

Learning Problems

Many children have trouble learning in school from time to time, particularly when they are learning a new skill. However, if a child is consistently having trouble with an academic subject or subjects at school, he or she may have a mental health issue that is affecting his or her learning.

The following is a list of typical signs and symptoms of a learning problem. Your child may have a learning problem if he or she:

- Has difficulty understanding and following instructions
- Has trouble remembering what other people say to him or her
- Is hyperactive
- Cannot sit still or is easily distracted
- Cannot master reading, spelling, writing, or math skills, resulting in poor grades
- Has difficulty determining right from left
- Has difficulty identifying certain words or often reverses words, letters, or numbers
- Lacks coordination in sports or activities, such as tying a shoe lace or holding a pencil
- Often loses or misplaces items, such as homework or school books
- Does not understand the concept of time, such as yesterday, today, and tomorrow

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Depression (p67)
- Learning Disorders (p75)
- Speech and Language Disorders (p90)

A child who has a learning problem usually has a normal range of intelligence, yet no matter the amount of effort, he or she has a hard time in school and falls behind.



TIP

Get involved at your child's school. The more involved you are, the more likely you will know who to turn to if your child needs help.

Speech and Language Problems

TIP

If you think that your child has a communication problem, don't delay seeking help. Talk to your child's pediatrician and request a referral for a speech-language pathologist.

Children develop speech and language skills at different speeds. Although the stages that children pass through are the same, the exact age when they achieve speech and language milestones can vary quite a bit. If you think your child is not communicating well for his or her age, it may be that your child is just moving at his or her own pace through the developmental stages. However, if you think that your child is significantly behind, then your child may have an underlying mental health issue.

The following is a list of typical signs and symptoms of a speech and language problem. Your child may have a speech and language problem if he or she has trouble:

- Talking clearly enough to be understood outside the family
- Understanding others
- Following directions
- Reading or writing
- Answering questions
- Expressing thoughts and ideas in a clear manner using appropriate vocabulary and grammar
- Using language for engaging in a variety of social interactions with family or friends or in school

Possible mental health diagnoses within this symptom cluster include:

- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Learning Disorders (p75)
- Speech and Language Disorders (p90)



Helping your child develop speech and language skills

HERE ARE A FEW GENERAL TIPS YOU CAN USE AT HOME:

- Spend a lot of time communicating with your child, even during infancy. Talk, sing, and encourage imitation of sounds and gestures.
- Read to your child, starting as early as 6 months. You don't have to finish a whole book, but look for age-appropriate soft or board books or picture books that encourage your child to look while you name the pictures. As your child gets older, let him or her point to recognizable pictures and try to name them. Then move on to nursery rhymes, which have rhythmic appeal. Then move on to predictable books, in which your child can anticipate what happens.
- Use everyday situations to reinforce your child's speech and language skills. In other words, talk your way through the day. For example, name foods at the grocery store, explain what you're doing as you cook a meal or clean a room, point out objects around the house, and point out sounds you hear as you drive. Ask questions and acknowledge your child's responses, even when they're hard to understand.

Drug or Alcohol Use

Children who are using drugs or alcohol on a regular basis may go to great lengths to hide it from their parents.

Some children experiment with drugs or alcohol during adolescence, or even earlier. For some children, this behavior becomes a problem and interferes with their activities and health.

The following is a list of typical signs and symptoms that your child may be using drugs or alcohol. Your child may be using these substances if he or she:

- Is often tired and irritable
- Has red and glazed eyes
- Develops a persistent cough
- Shows a significant change in personality and mood
- Begins to behave irresponsibly
- Develops low self-esteem
- Exercises poor judgment
- Is depressed and has a general lack of interest in activities
- Starts arguments with family members more often
- Breaks parent rules
- Develops an overall negative attitude about school
- Is performing poorly at school and has increased absences
- Begins to have discipline problems at school
- Has friends who are not interested in school
- Begins to have problems with the law

Drug or alcohol use may also be a sign of other mental health issues. Some children use substances as a way to control mental health symptoms—a form of self-medicating without the use of (and sometimes the stigma of) prescription medications. Other children use substances because of a lack of self-esteem or because they do not feel like they fit in or are a part of their community. If you think that your child may have a problem with drugs or alcohol, you may need to think about other mental health issues as well.

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Depression (p67)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Substance Abuse and Dependence (p94)

TIP

Some children are at a higher risk for using drugs and alcohol because of a family history of these types of problems. If your child is at a higher risk for using drugs or alcohol, it is important that you talk to him or her about drugs and alcohol. It is also important to talk about drugs and alcohol with your children even if they are not high risk or do not show any signs or symptoms.

Extreme Anxiety or Fear

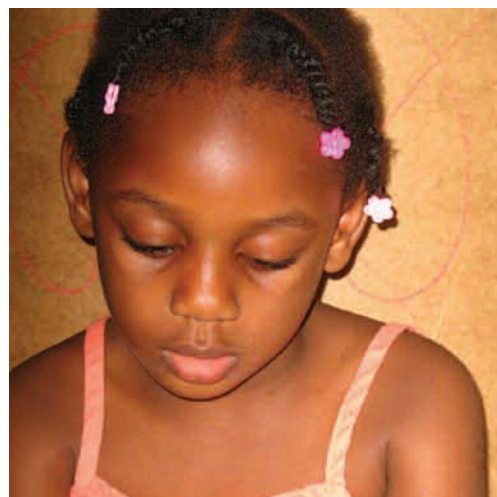
Most children have occasional worries or fears as they grow and develop. As a parent, you have most likely calmed a frightened child after a nightmare or had to dispel worries about monsters hiding under the bed. All of these childhood experiences are normal and common. However, when a child continually shows signs of extreme anxiety or fear, then it is possible that an underlying mental health issue is the cause of the child's symptoms.

The following is a list of typical signs and symptoms of extreme anxiety and fear. Your child may have extreme fear or anxiety if he or she:

- Worries about things before they happen
- Constantly worries about family, school, friends, or activities
- Feels shaky, restless, or tired
- Has shortness of breath, a rapid heart rate, or cold, sweaty hands
- Complains of stomach pain, headache, or dizziness
- Seems irritable and has difficulty concentrating or falling asleep
- Feels very nervous
- Feels as though every situation will end badly
- Speaks of feeling helpless or powerless
- Has trouble sleeping alone and has nighttime fears or nightmares
- Resists going to school
- Argues with others and often stirs up conflict
- Has a fear of embarrassment or making a mistake
- Has low self-esteem and lacks confidence
- Engages in rituals or habits. For example:
 - » Washes hands until the skin is chapped
 - » Spends a lot of time putting things in order and feels distressed if the order is disrupted
 - » Checks doors or locks multiple times
 - » Does things a certain number of times and feels distressed if it is not the right number.
- Starts acting younger than his or her age. Some examples of behaviors include bed-wetting, clingy behavior, thumb-sucking, and sharing a bed with a parent.

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Body Dysmorphic Disorder (BDD) (p62)
- Obsessive Compulsive Disorder (OCD) (p80)
- Post Traumatic Stress Disorder (PTSD) (p84)



Extreme anxiety is when a child is overly tense or uptight. Extreme fear can be a result of this intense anxiety.

Getting your child to sleep

Practically every parent has had a hard time getting his or her child to go to bed, to stay there, and to sleep through the night. For children with mental health issues, sleep problems can be even more common and have a greater impact on their well-being. A regular sleep schedule is essential for successful treatment of mental health issues and for a child's overall health, both mental and physical.



Newborns need at least 16–18 hours of sleep and sleep for up to 3–4 hours at a time. By 4 months, infants need about 14–16 hours of sleep and sleep for at least 6–8 hours during the night. By 12 months, infants need about 12–14 hours of sleep. Toddlers need 12–13 hours of sleep, including one regular daytime nap. By age 4, most children have given up their daytime naps. Between ages 5 and 10, children need about 10–11 hours of sleep at night. As children grow older, they need 8–10 hours of sleep (just like their parents).

COMMON STRUGGLES INCLUDE:

- Establishing a consistent bedtime routine
- Managing a child's tantrums once he or she is in bed
- Dealing with a child who wakes up repeatedly during the night
- Getting a child to sleep through the night in his or her own bed

HERE ARE SOME SUGGESTIONS FOR SUCCESS:

1. Set a regular bedtime and stick to it.
2. Develop a soothing, regular routine to prepare for bedtime, including 30–45 minutes of "quiet time."
3. Turn off the television or remove the television from your child's bedroom.
4. Restrict drinks, especially caffeinated beverages, in the evening. Do not let your child take a bottle or sippy cup to bed.
5. Offer your child a "transitional object" for bedtime. A transitional object is something that lets him or her know it is time for bed, such as a favorite blanket, stuffed animal, or toy.
6. Comfort your child for a minute or so before leaving the room, but remember you want him or her to learn to put himself or herself to sleep.
7. End your child's bedtime routine with your child in bed, although not necessarily asleep.
8. Expect that your child will go to sleep—do not play or have a conversation with your child after you say good night. If your child gets out of bed, calmly return your child to bed and say, "It's time to sleep." If you must return to comfort your child, interact as little as possible.
9. Reward progress!

It is helpful to talk with your child's pediatrician about setting effective sleep routines that work best for your child. If your child has an occupational therapist, talk to him or her for ideas as well.

RESOURCES

Healthy Sleep Habits, Happy Child (1999)
By Marc Weissbluth

Sleep Disorders Clinic at Hasbro Children's Hospital
401-444-1614

Take Charge of Your Child's Sleep: The All-in-One Resource Guide for Solving Sleep Problems in Kids and Teens (2005)
By Judith A. Owens and Jodi A. Mindell

Extreme Sadness and Despair

Most children exhibit changes in their mood as they develop and grow. “Mood swings” are a normal part of childhood. However, if a child displays sadness for weeks at a time, these emotions do not appear to be going away, and they interfere with the child’s ability to function on a daily basis, then it could be a sign of a mental health issue.

The following is a list of typical signs and symptoms of extreme sadness and despair. Your child may be extremely sad or in despair if he or she:

- Cries often or is constantly tearful
- Acts hopeless
- Has a decreased interest in activities, especially activities he or she used to enjoy
- Is often bored and has little energy
- Begins to socially isolate himself or herself and communicates poorly with family and peers
- Shows low self-esteem and guilt
- Becomes extremely sensitive to rejection or failure
- Becomes more irritable, angry, or hostile
- Has a hard time making and keeping friends
- Complains often of headaches and stomachaches
- Is not doing well at school
- Is often absent from school
- Has difficulty concentrating
- Shows a noticeable change in eating or sleeping patterns
- Tries to run away from home
- Has thoughts about, talks about, or attempts suicide or other self-injurious behaviors

Possible mental health diagnoses within this symptom cluster include:

- Bipolar Disorder (p59)
- Depression (p67)



Children who have extreme sadness or despair may not show expected signs of these feelings, such as crying. The signs and symptom list shows the range of ways your child may express extreme sadness and despair.

Problems after a Traumatic Event



Experiencing a traumatic event can have a lasting emotional impact on a child. Monitoring your child's mood and behavior after a trauma is important because witnessing a trauma may lead to the development of different mental health issues.

TIP

Remember, a child does not have to directly experience a traumatic event to have a reaction to it. Children can react and possibly develop mental health issues from witnessing or being threatened by a traumatic event.

It is normal for children to have an emotional or physical response to a traumatic event. Examples of traumatic events include emotional, physical, or sexual abuse, violence, accidents, natural disasters, severe physical injuries, and life-threatening illnesses.

Children's reactions to an event can vary, and some reactions are more severe than others. If a child's reaction to a traumatic event becomes very intense, lasts for a long time, and impacts his or her ability to function, he or she may have a mental health issue.

The following is a list of typical signs and symptoms of a problem after a traumatic event. Your child may have a problem after a traumatic event if he or she:

- Refuses to return to school
- Clings to parents or other family members
- Has persistent fears related to the traumatic event
- Has nightmares, screams during his or her sleep, or wets the bed
- Loses concentration
- Is increasingly irritable
- Is easily startled and jumpy
- Begins to have behavior problems at home and school that are not typical for him or her
- Complains of stomachaches, headaches, or dizziness with no known physical cause
- Withdraws from friends and family
- Is extremely sad and listless
- Is less interested in activities he or she enjoys
- Is preoccupied with the details of the event
- Starts acting younger than his or her age. Some examples of behaviors include bed-wetting, clingy behavior, thumb-sucking, and sharing a bed with a parent.

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Depression (p67)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Substance Abuse and Dependence (p94)

Talking with your child after a traumatic event

If your child has experienced or witnessed a traumatic event, it is important for you to talk to your child about what happened and how it makes him or her feel. Encouraging other family members to talk to your child and support him or her through this difficult time is also important. Parents' support and understanding can make a big difference in a child's ability to deal with the event.

TIPS FOR TALKING WITH YOUR CHILD AND DEALING WITH THE EVENT:

- Keep your interactions with your child brief until you've had a chance to collect yourself. Be honest with your child. Let them know that they are safe, but that you need time to gather your thoughts.
- Talk about the facts. However, don't assume that children, especially those under age 8 or 9, will really understand the facts about the traumatic event. They need you to put the facts into perspective.
- Let young children know that they, as well as their family members, are safe. With older children and adolescents, answer their questions about safety in more detail.
- Limit the amount of exposure to media images of the event. Parents can help by watching television with their children.
- Keep up with your family's usual schedule (for example, take your kids to basketball practice as usual).
- Schedule a formal family meeting to discuss the facts and feelings in a calm, orderly fashion.
- Use your family traditions, beliefs, and religious practices, as well as your extended support network, as sources of strength and as ways to find meaning and comfort.
- Follow your child's lead for providing more information or talking about the traumatic event. Your child may need to discuss his or her thoughts on many occasions. Answer his or her questions honestly. Check in with your child and let him or her know you are available to talk.
- Talk to your child's pediatrician if your child shows prolonged signs of stress. Although a certain amount of anxiety is to be expected, prolonged reactions may be a sign that your child needs mental healthcare.

Children pick up on attitudes and feelings of their parents, so parents need to get support. Talk to other adults on an ongoing basis to sort out your own feelings of anxiety and uncertainty.

RESOURCES

GRIEF AND BEREAVEMENT

- Friends Way
401-921-0980
www.friendsway.org
- Home and Hospice Care of Rhode Island
401-727-7070 or 800-338-6555
www.hhcri.net
- Samaritans of Rhode Island
401-272-4044 or 800-365-4044
www.samaritansri.org

VIOLENCE

- Crime Victim Compensation Program at the Office of the Rhode Island General Treasurer
401-222-8590
www.treasury.ri.gov/crimevictim
- Victims Services at the Rhode Island Attorney General's Office
401-274-4400
www.riag.state.ri.us/criminal
- Volunteer Lawyer Program at the Rhode Island Bar Association
401-421-7758 or 800-339-7758
www.ribar.com/public/volunteer.asp

Eating and Body Image Concerns

Children who have an eating or body image issue may hide their behavior and concerns about weight from friends and family.



Eating and body image issues range from unhealthy eating to serious conditions, such as anorexia. Problems with food, fear of being fat, or fear of being perceived as fat may point to a mental health issue that can lead to serious and even deadly medical conditions.

Body image concerns and dieting fads are an increasingly common problem among children, especially girls. Throughout childhood, it is normal for children to be concerned about the way they look, their weight, and the type of food they consume. However, when a child begins to become obsessed with food, his or her shape or weight, and develops physical problems, it is possible that the child may have a mental health issue.

The following is a list of typical signs and symptoms of eating and body image concerns. Your child may have an eating or body image concern if he or she:

- Fears gaining weight or becoming fat
- Is extremely dissatisfied with body shape or size, including feeling fat even if he or she is of normal weight or is underweight
- Has unexplained weight change greater than 10 pounds
- Changes size in clothing
- Has irregular menstrual periods or no longer has periods
- Develops a low sense of self-esteem
- Feels worthless because of his or her weight
- Has a poor appetite
- Is constantly dieting even though he or she is not overweight
- Eats very little and is obviously avoiding fatty foods
- Eats and then vomits to get rid of the food, including binge eating
- Eats and then exercises much more than is typical
- Over-exercises or has an obsessive attitude about physical activity
- Becomes increasingly isolated from friends and family and has difficulty eating foods in front of others
- Prepares food as if carrying out a ritual (for example, he or she may cut food up into tiny pieces)
- Eats irregularly with wide variations in how much
- Has unexplained constipation or diarrhea
- Has fainting episodes or frequent lightheadedness

Possible mental health diagnoses within this symptom cluster include:

- Body Dysmorphic Disorder (BDD) (p62)
- Eating Disorders (p70)

A child with the symptoms listed above could also have a medical problem related to eating. Talk to your child's pediatrician about your child's symptoms.

Self-injurious Behaviors

Self-injurious behaviors occur when a child knowingly and deliberately harms his or her body in order to change the way he or she is feeling. This type of behavior has become increasingly common among children. Self-injurious behaviors can be a sign of an underlying mental health issue, but the physical wounds can also lead to scarring, infections, or other complications. Although all children may hurt themselves accidentally, self-injurious behaviors are not part of normal child development and should be addressed.

The signs and symptoms of self-injurious behavior are different depending on the type of self-injurious behavior. The following is a list of typical signs and symptoms of self-injurious behavior. Your child may be injuring himself or herself if he or she:

- Shows evidence of cutting (shallow cuts on a child's arms, legs, or abdomen)
- Has areas of plucked skin and hair
- Bangs his or her head on walls or other hard surfaces
- Begins to have excessive tattooing or body piercing
- Has visible scratches
- Begins to develop scars
- Has burn marks
- Develops low self-esteem
- Has a history of physical, emotional, or sexual abuse, or neglect

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Depression (p67)
- Obsessive Compulsive Disorder (OCD) (p80)
- Post Traumatic Stress Disorder (PTSD) (p84)

Other mental health issues usually accompany self-injurious behaviors. If you are concerned that your child may be injuring himself or herself, then you may need to consider other mental health issues as well. Also, some children who hurt themselves may lack certain coping and communication skills and may need help developing these skills.

Child abuse

Most child abuse occurs in the home and can come from parents, siblings, other family members, or frequent visitors. Child abuse can also occur in other locations, such as at school, in churches, or in social or other kinds of activities, and from others involved in a child's life.

Child abuse includes:

- Physical abuse, such as physical injury, beatings, burns, or bites
- Emotional abuse, such as constant criticism, insults, or withholding love
- Sexual abuse, such as rape, genital fondling, or incest
- Neglect, such as failure to provide food, clothing, shelter, medical care, safety, or supervision

There are signs for each of the different types of abuse. If your child shows some of these signs of abuse, it does not necessarily mean he or she is being abused. However, if a sign occurs over and over again or in combination with other signs, then it is possible your child is being abused in some way.

TYPICAL SIGNS OF PHYSICAL ABUSE INCLUDE:

- Being nervous around adults
- Being watchful, as if preparing for something bad to happen
- Having difficulty playing
- Acting aggressive toward other children, adults, or objects
- Having difficulty concentrating at school
- Suddenly underachieving or overachieving at school
- Having difficulty trusting others and making friends
- Arriving at school too early or leaving late

TYPICAL SIGNS OF SEXUAL ABUSE INCLUDE:

- Behaving differently when the abuse starts
- Caring less about appearance or overall health
- Talking in a sexual manner or acting sexually at too early of an age
- Becoming secretive and not talking about life at home
- Not making it to the bathroom in time or having accidents
- Being unable to sleep
- Suddenly finding physical contact frightening
- Attempting to run away from home

TYPICAL SIGNS OF EMOTIONAL ABUSE OR NEGLECT INCLUDE:

- Having difficulty using their imagination when playing
- Having a hard time developing close relationships
- Having difficulty learning to talk
- Being overly friendly with strangers
- Underachieving at school
- Having low self-esteem

If you suspect that a child is being abused, call the Rhode Island Department of Children, Youth and Families (DCYF) at 800-RI CHILD (800-742-4453).

Shaken Baby Syndrome is a form of child abuse that can cause serious health consequences in infants, including death. This syndrome happens when a parent or caregiver shakes an infant, causing damage to the central nervous system. For more information on Shaken Baby Syndrome, visit www.dontshake.com.

RESOURCES

ChildSafe Clinic at Hasbro Children's Hospital
401-444-3996
www.lifespan.org/hch/services/childsafec

Prevent Child Abuse Rhode Island
401-728-7920
www.preventchildabuse-ri.org

Rhode Island Children's Advocacy Center at the Day One: Sexual Assault and Trauma Resource Center
401-421-4100 or 800-494-8100
www.dayoneri.org/whatisac.htm



Psychosis

The word “psychosis” is used to describe a situation where a child loses touch with reality. Psychosis is very rare in children. It is normal for children to go through a stage where they cannot tell the difference between what is real and what is pretend. However, after this stage of development, if they continue to see and hear things that do not exist, they may have a mental health issue.

The following is a list of typical signs and symptoms of psychosis. Your child may be experiencing psychosis if he or she has:

- **DELUSIONS:** These are unshakable beliefs that are obviously untrue. For example, a child may strongly believe that there is a plot to harm him or her, that he or she is being spied on through the television or that he or she is being taken over by aliens.
- **THOUGHT DISORDER:** This disorder occurs when a child is not thinking straight, and it is hard to make sense of what he or she is saying. Ideas may be jumbled up but in a way that is more than being muddled or confused.
- **HALLUCINATIONS:** These occur when a child sees or hears something that is not really there. The most common hallucination that children may have is hearing voices. This can be very frightening and can make them believe that they are being watched or picked on. Children who are having these experiences may act strangely. For example, they may talk or laugh to themselves as if talking to somebody that you cannot see.

Possible mental health diagnoses within this symptom cluster include:

- Bipolar Disorder (p59)
- Depression (p67)
- Schizophrenia (p88)
- Substance Abuse and Dependence (p94)

A child with the symptoms listed above could also have a medical condition. Talk to your child’s pediatrician about your child’s symptoms.





3 Talking to Your Child's Pediatrician

Your child's pediatrician is often the first person you will call if you think your child has a mental health issue.

Your child's pediatrician is the main medical doctor you take your child to for healthcare. Pediatricians help to ensure that your child is healthy by providing advice and care around growth and development, illnesses, immunizations, nutrition, injuries, and physical fitness. Pediatricians will also monitor your child's behavior and emotions, including issues around his or her social and family life, schooling, and learning abilities.

This section outlines the role of pediatricians in the mental healthcare system, including how they evaluate your child's mental health and what services they offer, and provides resources for helping you find a pediatrician. The section also explains the limitations of pediatricians when it comes to mental healthcare for your child and the importance of getting referrals to mental health specialists.

The guide uses the term "pediatrician" to refer to a child's primary healthcare provider. This is true for most children. However, for some children, their primary healthcare provider may be a family practice doctor. The information provided about pediatricians in this section and throughout the guide applies to family practice doctors as well.

TYPES OF PROFESSIONALS

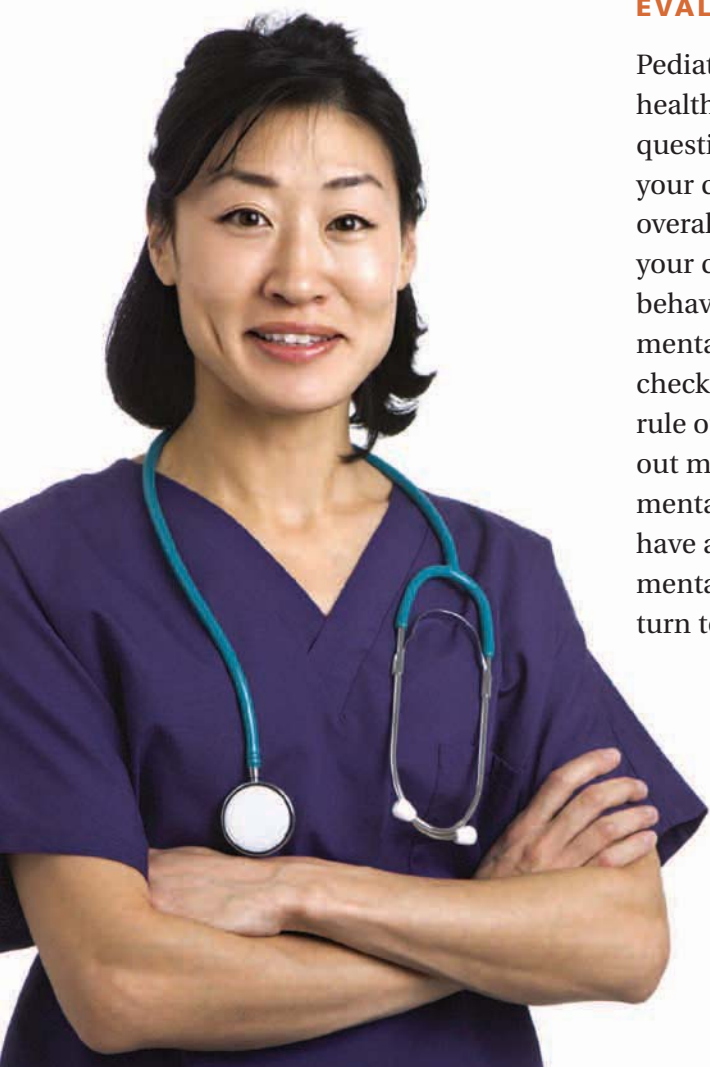
Your child's pediatrician provides general medical care and focuses on your child's overall health. There are also pediatricians who have additional training in child development called Developmental Behavioral Pediatricians (p106).

Other medical doctors for children are specialists. Specialists focus on certain areas of the body, such as the brain, hearing, speech, or digestive system. Pediatricians refer children to specialists if they have specific conditions that require more focused evaluations and treatments. For example, a pediatrician may refer a child to a gastroenterologist (p107) if he or she has a feeding problem.

For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

EVALUATIONS

Pediatricians use different methods to evaluate your child's mental health. Your child's pediatrician may ask you or your child questions about his or her behavior and emotions to ensure that your child is reaching typical development milestones and is in overall good health. Sometimes the pediatrician will ask about your child's interactions with family and friends or your child's behavior at school to find out if there are any warning signs of mental health issues. The pediatrician may use screening checklists or forms with questions. These tests help to suggest or rule out possible mental health issues. The pediatrician can rule out medical conditions that sometimes have similar symptoms to mental health issues. If the pediatrician believes your child may have a mental health issue, the pediatrician will refer you to a mental health specialist for an evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.



SERVICES OFFERED

Some pediatricians evaluate and diagnose mental illnesses and can prescribe medications to treat them. However, most pediatricians are not trained to be the primary source for your child's mental healthcare. After initially screening your child, most pediatricians will refer you to mental health specialists or community programs for evaluation, diagnosis, support, and treatment. For more information on mental health specialists, community programs, and other parts of the mental healthcare system, turn to **MENTAL HEALTH SUPPORT (p101)**.

HOW PEDIATRICIANS WORK WITHIN THE MENTAL HEALTHCARE SYSTEM

Your child's pediatrician plays an ongoing role in your child's mental healthcare. He or she can work with your child's mental health specialists, the school system, and community programs to ensure that your child's care and environment support overall health. If your child's mental health specialist prescribes medication, your child's pediatrician can make sure it does not interact with other medications your child may take for physical conditions. Mental health issues can also affect a child's physical health. For example, a child who is depressed or anxious may lose or gain weight, have physical symptoms (headaches or stomachaches), or be losing sleep. Pediatricians can monitor these risks and treat physical conditions if needed.

TIP

Follow your instincts. If you know in your heart something is wrong, don't take "he'll be fine" from anyone. If you're not comfortable with a mental healthcare provider, diagnosis, or treatment, get second (or third or fourth...) opinion. Find someone who will listen to you.

LIMITATIONS

Although some pediatricians are well trained in mental health issues, some are less familiar with mental health diagnoses or treatment. Some pediatricians may not have a wide range of knowledge about available mental health specialists or programs for referral. Also, pediatricians usually have limited time during yearly appointments to fully evaluate children's mental health issues.

Despite these limitations, a pediatrician is an important first point of contact with the mental healthcare system because of his or her familiarity with your child and your child's overall medical care. However, because of these limitations, it is important for parents to get referrals for mental health evaluations and treatment.

RESOURCES

To find a pediatrician or family practice doctor, visit:

- **AMERICAN ACADEMY OF PEDIATRICS:**
www.aap.org
- **AMERICAN ACADEMY OF FAMILY PHYSICIANS:**
<http://familydoctor.org>





Cultural considerations

Not everyone is familiar with the idea of seeking help from a mental healthcare provider for a child's mental health issues. Instead, families who have come to the United States recently may reach out to older family members, religious or community leaders, or healers. These people share the same race, speak the same language, or share the same ethnic or religious traditions.

Families may be uncomfortable with a mental healthcare system that does not seem personal or sensitive to their unique cultural experiences. While it is possible to find a mental healthcare provider who shares your ethnicity, race, or religious traditions, such providers are in limited supply.

A provider who is of a different race or ethnicity than your family may ask you questions to find out if you are comfortable with the differences. If these questions do not make sense to you, let the provider know how you feel. Ask the provider to explain why this information is helpful in working with you and your family.

A provider should understand the importance of honoring the family's belief system about how children are expected to grow up. It is important to tell the provider how parenting is done in your family and to share your views of child development. For example, some families value obedience and respect very highly and are less comfortable when children are invited to express their feelings directly to adults. Other families have strong ideas about the

differences between male and female development. Children of families that are new to this country often feel torn between what friends at school expect and what elders at home require. Sometimes this creates distress and conflict. Mental healthcare providers can help with this issue.

In many families, extended family members are very strong influences in children's lives. Remember to let the provider know about all of the people in your family who help make decisions about your children and who should speak for the family, especially if these people can't be in the meeting (for example, fathers or grandmothers).



4 Mental Health Evaluations

Mental healthcare providers use different tools to evaluate your child’s mental health.

The information on the following pages explains some of the common tools that providers use. For each specific evaluation, the chart gives a general description of the evaluation so you will know what to expect. In addition, the chart lets you know how to get this type of evaluation for your child (**ACCESS**), what type of providers perform the evaluation (**PROVIDERS**), and where the evaluation may take place (**LOCATION**). For specific information about the evaluation for and diagnosis of specific mental illnesses, turn to **MENTAL HEALTH DIAGNOSES (p47)**.

This guide uses the term “evaluation” to describe a tool that a mental healthcare provider uses to look at your child’s mental health. Providers and organizations in the mental healthcare system may also use the term “assessment.” These two terms mean the same thing.

Many of the evaluations listed here, as well as other types of evaluations, are available through the school system. For more information about the evaluations available through school, turn to page 120 in **MENTAL HEALTH SUPPORT**.

TIP

When considering a mental health evaluation for your child, make sure to call your health insurance company. They can help you find a mental health specialist to perform the evaluation. They can tell you if your health insurance plan covers the actual evaluation itself. Some may have certain conditions that you must meet to get the evaluation covered, such as only covering evaluations if the school system cannot do it or only covering evaluations performed by mental healthcare providers in their network. They also may only cover part of the cost of the evaluation. In other cases, the evaluation may not be covered.

ADHD Evaluation

In this evaluation, your child is tested for Attention Deficit Hyperactivity Disorder (ADHD). You and your child's teachers answer questions about your child's symptoms using standard forms (also called parent and teacher ADHD scales). The provider gives you and the teachers the forms beforehand. You and the teachers fill the forms out and then bring them to the evaluation. The provider then "scores" the forms to figure out whether your child has ADHD.

As part of the evaluation, the provider will also evaluate your child for other mental health illnesses that may have similar symptoms (for example, depression or anxiety). To do this, the provider will talk to you and your child about your child's behavior. For more information on ADHD, turn to page 52 in **COMMON MENTAL HEALTH DIAGNOSES**.

ACCESS

Contact your child's pediatrician to see if he or she does ADHD evaluations. If not, get a referral from your child's pediatrician. You can also get a recommendation from your child's school, childcare provider, or other parents or friends. In some cases, an evaluation may be done through the school system or Early Intervention.

PROVIDERS

- Child and Adolescent Psychiatrist (p106)
- Developmental Behavioral Pediatrician (p106)
- Neurologist (p107)
- Pediatrician (p33)
- Psychologist (p107)

LOCATION

Evaluations are done in a provider's office at a hospital, community mental health center, or private practice.

Comprehensive Psychiatric Evaluation

During this evaluation, the provider talks with you and your child about:

- The current issue and related symptoms
- Your child's medical history, including any past or current medications, health status, illnesses, and prior mental health evaluations and treatments
- Family medical history, including any history of mental illness
- Your child's development
- Your child's social interactions, including relationships with family, peers, and school professionals

The provider has an interview with your child and may meet individually with you or other caregivers. The provider may also speak with your child's teachers or other healthcare providers. In some cases, blood tests, x-rays, or additional evaluations are needed. This evaluation can take 2–5 hours to complete and is likely to take place over multiple office visits. Based on this evaluation, the provider makes a diagnosis and develops a treatment plan. As part of developing the treatment plan, the provider does a medication evaluation. Based on the information the provider has gathered, he or she determines if the child would benefit from medication. If the child would benefit, the provider determines what types of medication the child should be taking as part of treatment.

ACCESS

Get a referral from your child's pediatrician. You can also get a recommendation from your child's school, childcare provider, or other parents or friends. In some cases, an evaluation may be done through the school system or Early Intervention.

PROVIDERS

- Child and Adolescent Psychiatrist (p106)

LOCATION

Evaluations are done in a provider's office at a hospital, community mental health center, or private practice.

Developmental Evaluation

Although your child's pediatrician monitors your child's development at each visit, you can also request a special developmental evaluation to take a closer look at your child's development. A provider evaluates your child's development based on your child's age. A provider looks at your child's:

- Fine motor skills (for example, writing or working with his or her hands)
- Gross motor skills (for example, running or jumping)
- Expressive language skills (what your child can say)
- Receptive language skills (what your child can understand)
- Activities of daily living (for example, tying his or her shoes)
- Perceptual organizational skills (for example, identifying shapes)

The provider compares your child's skill level with typical developmental milestones for children who are your child's age. For more information on early childhood development, turn to page 10 in **SIGNS AND SYMPTOMS OF MENTAL HEALTH ISSUES**.

ACCESS

If your child is between ages 3 and 5, ask for an evaluation from your child's school (p118). If your child is under age 3, ask for an evaluation from Early Intervention (p115). You can also get a referral from your child's pediatrician or a recommendation from your child's school, childcare provider, or other parents or friends.

PROVIDERS

- Developmental Behavioral Pediatrician (p106)

LOCATION

Evaluations are done at your child's school, in Early Intervention, or in a provider's office at a hospital, community health center, or private practice.

Educational Evaluation

In this evaluation, your child takes paper-based achievement tests to test for learning disorders. An achievement test determines your child's skill level in different areas, such as reading, math, and comprehension. The provider looks at the results and determines your child's grade equivalent in each area. For example, a child in 5th grade may read at a 3rd grade level. Another child in 5th grade may do math at a 7th grade level. The provider also gathers information from you and your child's teachers. Depending on your child's situation, you may want your child's evaluation to take place before or after school so he or she does not miss valuable class time. For more information on learning disorders, turn to page 75 in **COMMON MENTAL HEALTH DIAGNOSES**.

ACCESS

Ask for an evaluation from your child's school (p118). If you want testing done privately, get a referral from your child's pediatrician. You can also get a recommendation from your child's school, childcare provider, or other parents or friends.

PROVIDERS

- Diagnostic Prescription Teacher (p120)
- Neuropsychologist (p107)
- Psychologist (p107)
- Special Education Teacher (p120)

LOCATION

Evaluations are done at your child's school or in a provider's office at a hospital, community mental health center, or private practice.

Feeding Evaluation

This evaluation requires both a medical and a mental health evaluation. During the evaluation, the provider evaluates:

- Your child's general medical and developmental functioning
- Your child's food intake, including the types of food and liquids offered, accepted, or refused
- Feeding patterns and approaches
- Overall social environment, including family conditions and stressors and the number of caregivers and their relationship to your child

For more information on feeding disorders, turn to page 72 in

COMMON MENTAL HEALTH DIAGNOSES.

ACCESS

Your child's pediatrician can evaluate your child for a feeding disorder. In some cases, the pediatrician will refer to other providers. In some cases, an evaluation can be done through Early Intervention.

PROVIDERS

- Child and Adolescent Psychiatrist (p106)
- Gastroenterologist (p107)
- Pediatrician (p33)
- Psychologist (p107)
- Speech-Language Pathologist (p108)

LOCATION

Evaluations are done in a provider's office at a hospital, community mental health center, or private practice.

Medication Evaluation

A medication evaluation is part of comprehensive psychiatric evaluation (p41).

Neuro-psychological Evaluation

This evaluation tests how the brain works. It can show strengths and weaknesses in how the brain is working. It is similar to cognitive testing, but more in-depth. Weaknesses found by the evaluation can be related to:

- Learning problems
- Medical brain problems
- Memory problems
- Attention problems

ACCESS

Get a referral from your child's pediatrician. You can also get a recommendation from your child's school, childcare provider, or other parents or friends. In some cases, an evaluation may be done through the school system or Early Intervention.

PROVIDERS

- Neuropsychologist (p107)

LOCATION

Evaluations are done in a provider's office at a hospital, community mental health center, or private practice.

Psychological Evaluation

In this evaluation, your child can take two different kinds of tests:

- Cognitive tests check how the brain is working using many different types of tests, such as IQ tests and achievement tests. An IQ test shows the strengths and weaknesses of your child's thinking, based on his or her age. An achievement test shows your child's skill level in different areas, such as reading, math, and comprehension. Other types of cognitive tests include memory tests, abstract reasoning tests, and visual processing tests.
- Personality tests are used to determine your child's personality style, traits, and emotional reactions.

These two different types of tests may be done separately or in combination. When done in combination, this is referred to as a "full battery." This type of evaluation can only be done once a year.

ACCESS

If your child is over age 3, ask for an evaluation from your child's school (p118). If your child is under age 3, ask for an evaluation from Early Intervention (p115). You can also get a referral from your child's pediatrician or a recommendation from your child's school, childcare provider, or other parents or friends.

PROVIDERS

- Neuropsychologist (p107)
- Psychologist (p107)

LOCATION

Evaluations are done at your child's school, in Early Intervention, or in a provider's office at a hospital, community mental health center, or private practice.

Psychotherapy Evaluation

This evaluation is also called an Intake Evaluation. During this evaluation, the provider talks with you and your child about:

- The current issue and related symptoms
- Your child's medical history, including any past or current medications, health status, illnesses, and prior mental health evaluations and treatments
- Family medical history, including any history of mental illness
- Your child's development
- Your child's social interactions, including relationships with family, peers, and school professionals

The provider has an interview with your child and may meet individually with you or other caregivers. The provider may also speak with your child's teachers or other healthcare providers. Based on this evaluation, the provider determines the goals of psychotherapy and develops a treatment plan. In some cases, the provider may recommend additional evaluations, including a comprehensive psychiatric evaluation.

ACCESS

Get a referral from your child's pediatrician. You can also get a recommendation from your child's school, childcare provider, or other parents or friends. In some cases, an evaluation may be done through the school system or Early Intervention.

PROVIDERS

- Advanced Practice Registered Nurse (APRN) (p106)
- Child and Adolescent Psychiatrist (p106)
- Licensed Mental Health Counselor (LMHC) (p106)
- Psychologist (p107)
- Social Worker (p107)

LOCATION

Evaluations are done in a provider's office at a hospital, community mental health center, or private practice.

Speech-Language Evaluation

During this evaluation, a provider looks at your child's speech and language skills within the context of his or her total development. The provider watches your child, interacts with him or her through play, and uses standardized tests and scales. The provider evaluates:

- What your child understands (receptive language skills)
- What your child can say (expressive language skills)
- If your child is attempting to communicate in other ways (for example, pointing, head shaking, or gesturing)
- How a child's mouth, tongue, and palate all work together for speech, as well as eating and swallowing (oral-motor status)

During the evaluation, the provider also gets a detailed history of your child's symptoms. A hearing screening may also be completed. A tape recording or video recording may be made to assist with the evaluation. If the communication problem relates to the voice, an evaluation of breathing patterns and vocal cord movement will be done. The evaluation usually takes 1–2 hours. The provider lets you know if additional testing time is needed. For more information on speech and language disorders, turn to page 90 in **COMMON MENTAL HEALTH DIAGNOSES**.

ACCESS

If your child is over age 3, ask for an evaluation from your child's school (p118). If your child is under age 3, ask for an evaluation from Early Intervention (p115). You can also get a referral from your child's pediatrician or a recommendation from your child's school, childcare provider, or other parents or friends.

PROVIDERS

- Speech-Language Pathologist (p108)

LOCATION

Evaluations are done through an outpatient speech-language program at a hospital or community mental health center.



5 Common Mental Health Diagnoses

Trying to figure out exactly which illness is affecting your child is not easy and requires the expertise of a mental healthcare provider. If a child is experiencing certain symptoms, a mental healthcare provider can evaluate the child and figure out if he or she has a mental health issue. Sometimes the symptoms are just part of normal child development. Sometimes they are not and the child is diagnosed with a mental illness.

The following section explains some of the most common mental health diagnoses in children. It is not meant to be a comprehensive list, but rather an introduction to the common types of diagnoses. The diagnoses are listed in alphabetical order. Each diagnosis provides a definition of the illness, describes common signs and symptoms, explains how the illness is diagnosed, lists typical co-existing diagnoses, introduces possible treatment options, and provides a few resources specific to that illness.

If you think that your child may have one of these illnesses, it is important that you first contact your child's pediatrician. For more information, turn to **TALKING TO YOUR CHILD'S PEDIATRICIAN (p33)**. Your child's pediatrician can do an initial screening and refer you for an appropriate evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

Anxiety Disorders



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TIP

If your child has been diagnosed with a mental illness, it is important that you get as much information as you can. Check out the resources listed at the end of each diagnosis listing and investigate options for support and treatment.

Anxiety disorders are a group of mental illnesses that may cause anxiety—a state of distress, uneasiness, apprehension, or tension. Although it is common for children to be fearful or worried from time to time as they grow up, a child may have an anxiety disorder if he or she continually shows signs of extreme anxiety or fear.

Anxiety disorders can range from mild to severe. The different types of anxiety disorders in children include:

- **GENERALIZED ANXIETY DISORDER:** With this disorder, a child has a significant amount of worry and anxiety about a variety of situations. This anxiety is hard to control. Children with this disorder are often described as “worriers.” They have physical symptoms of anxiety, such as easily tired, sleep problems, muscle tension, upset stomach, acting “edgy,” and irritability. Their worrying interferes with their functioning in social and school settings or in other daily activities.
- **PANIC DISORDER:** With this disorder, a child has repeated periods of intense fear or discomfort, along with other symptoms, such as a racing heartbeat or shortness of breath. These periods are called “panic attacks” and can last anywhere from a few minutes to a few hours. Panic attacks often develop without a known cause or without warning and can interfere with your child’s relationships, schoolwork, and development.
- **SEPARATION ANXIETY DISORDER:** With this disorder, a child worries excessively about his or her primary caregiver. This can lead to not wanting to go to school or socialize outside of the home, having nightmares and worrying about losing their primary caregiver, being unable to sleep alone, and having significant physical symptoms when separated or anticipating separation from their primary caregiver. Separation anxiety is a normal part of infancy and early toddlerhood. If it returns after this development stage, however, it is considered a disorder.
- **SOCIAL PHOBIA:** With this disorder, a child has a significant fear of social or performance situations, fearing that he or she will humiliate or embarrass himself or herself. For children, this leads to anxiety around other kids, not just around adults. The anxiety or fear leads to problems with functioning in social and



Diagnosing mental illnesses in children

For some mental illnesses, such as bipolar disorder or ADHD, your child has to show a certain number of signs and symptoms to be diagnosed. When talking to a mental healthcare provider about your child's illness, ask what the clinical criteria are for specific diagnoses. Usually mental healthcare providers diagnose a mental illness based on the criteria described in the DSM-IV. DSM-IV stands for Diagnostic and Statistical Manual, Version 4. It is a handbook about mental health illnesses that helps all doctors use a common language when talking about mental health. The handbook describes different diagnoses and lists the different symptoms for each one.

Mental illnesses can be difficult to diagnose in children for a many reasons, including:

- Mental illnesses can be diagnosed at different points in a child's development, depending on the nature and characteristics of the illness.
- Many illnesses have similar signs and symptoms, and it can take time to get a correct diagnosis.
- Many of the signs and symptoms of mental illnesses are also a part of normal child development. Distinguishing between a mental illness and normal child development can be hard when a child first starts to show signs and symptoms.
- Some mental illnesses happen together. A child has co-existing disorders when he or she has two or more mental illnesses at once.

In children, anxiety can appear in a variety of forms other than classic “worrying.” Children can express anxiety through emotions like anger or sadness and behaviors like isolating themselves from others.

school settings or in other daily activities. Children with this disorder are often seen by others as “shy.”

- **SPECIFIC PHOBIA:** With this disorder, a child excessively worries about a particular object or situation (for example, flying, spiders, or heights).

In addition, Obsessive Compulsive Disorder (OCD) (p80) and Post Traumatic Stress Disorder (PTSD) (p84) are also considered anxiety disorders.

SIGNS AND SYMPTOMS

Typical signs and symptoms of anxiety disorders include:

- Intense fear (a sense that something terrible is happening or going to happen)
- Racing or pounding heartbeat
- Dizziness or lightheadedness
- Shortness of breath or a feeling of being unable to breathe
- Trembling or shaking
- Feelings of disconnection and confusion about reality
- Fear of dying, losing control, or losing his or her mind

EVALUATION AND DIAGNOSIS

Anxiety disorders can lead to complications for your child if not recognized and treated appropriately. Anxiety disorders can be diagnosed anytime in childhood or adolescence. If you think your child has an anxiety disorder, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Many children with one anxiety disorder will end up having more than one anxiety disorder. Common mental health diagnoses that co-exist with anxiety disorders include:

- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Body Dysmorphic Disorder (BDD) (p62)
- Depression (p67)
- Learning Disorders (p75)

- Obsessive Compulsive Disorder (OCD) (p80)
- Oppositional Defiant Disorder (ODD) (p82)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Speech and Language Disorders (p90)
- Substance Abuse and Dependence (p94)

TREATMENT

A psychotherapist or a child and adolescent psychiatrist can treat anxiety disorders. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Several types of treatment are effective for anxiety disorders, including psychoeducation, psychotherapy (in particular, cognitive behavioral therapy), and anti-anxiety or anti-depressant medications (in particular, Serotonin Reuptake Inhibitors or SRIs). For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If the anxiety disorder is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.



RESOURCES

*Helping Your Anxious Child:
A Step-by-Step Guide for Parents* (2000)
By Sue Spence, Vanessa Cobham,
Ann Wignall and Ronald M. Rapee

*If Your Adolescent Has an Anxiety Disorder:
An Essential Resource for Parents* (2006)
By Edna B. Foa and Linda Wasmer Andrews

Pediatric Anxiety Research Clinic
at Rhode Island Hospital
401-444-3003 or 401-444-2178
www.anxiouskids.org

Attention Deficit Hyperactivity Disorder

You may notice that your child is misbehaving or acting differently than other children, but you may not know exactly what is wrong. This is a common feeling among parents with children who are later diagnosed with ADHD.

Attention Deficit Hyperactivity Disorder (ADHD) causes children to have difficulty paying attention in school, have impulsive behavior, or have trouble staying focused when playing. While all children may show signs of inattention, distractibility, impulsivity, or hyperactivity at times, a child with ADHD shows these signs more frequently and severely than other children of the same age or developmental level.

SIGNS AND SYMPTOMS

Typical signs and symptoms of ADHD include:

- Trouble paying attention
- Making careless mistakes and not paying attention to details
- Easily distracted
- Losing school supplies and forgetting to turn in homework
- Trouble finishing class work and homework
- Trouble listening
- Trouble following multiple adult commands (directions or instructions)
- Blurting out answers
- Impatience
- Fidgeting or squirming
- Leaving seat and running about or climbing excessively
- Seeming “on the go”
- Talking too much and difficulty playing quietly
- Interrupting or intruding on others

EVALUATION AND DIAGNOSIS

Signs and symptoms of ADHD are often recognized by the school system because the child’s behavior frequently interrupts and causes trouble in the classroom. ADHD usually begins and is diagnosed before age 7 and can continue to affect the child through to adulthood. If you think your child has ADHD, your child may need an ADHD evaluation. For more information, turn to

MENTAL HEALTH EVALUATIONS (p39).

ADHD and ADD

These two diagnoses are often lumped together because they are very similar. ADD (Attention Deficit Disorder) is like ADHD, without the “H” which stands for Hyperactivity. Children diagnosed with ADD have symptoms of inattention and distractibility, without the impulsivity and hyperactivity that characterize children with ADHD. Children with ADD tend to be quieter. Their minds may be constantly “on the move”, but they may not show it. Instead, they tend to daydream more. Because the child’s behavior is oftentimes less disruptive, ADD is often a difficult diagnosis to make. ADD tends to be more common in girls.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with ADHD include:

- Anxiety Disorders (p48)
- Bipolar Disorder (p59)
- Conduct Disorder (p64)
- Depression (p67)
- Learning Disorders (p75)
- Oppositional Defiant Disorder (ODD) (p82)
- Substance Abuse and Dependence (p94)

TREATMENT

ADHD can be treated by a pediatrician, a developmental behavioral pediatrician, a neurologist, or a child and adolescent psychiatrist. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

A child who is diagnosed with ADHD and receives appropriate treatment can live a productive and successful life. Some of the treatment options for children with ADHD include ADHD medication, parent management training, and psychoeducation. When children also have a co-existing diagnosis, they may need psychotherapy, as well. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If ADHD is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

Roughly 5 out of 100 school-age children have ADHD, but fewer than that have been diagnosed and treated.

RESOURCES

CHADD (Children and Adults with Attention Deficit Disorder)
800-233-4050
www.chadd.org

CHADD of Rhode Island
401-943-9399

Driven To Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood Through Adulthood (1995)
By Edward M. Hallowell and John J. Ratey

Autism Spectrum Disorders



Autism Spectrum Disorders (ASDs) are also known as Pervasive Developmental Disorders. ASDs are neurological disorders, which means that they affect how the brain works. Although every child will go through development stages at his or her own pace, a child who has significant delays may have ASD. The different types of ASDs include:

- **ASPERGER'S DISORDER:** Asperger's Disorder is a relatively new diagnosis that affects boys more than girls. Most children with Asperger's Disorder have average or above average intelligence and early language development. However, they have severely impaired social skills and are unable to use their language skills to communicate effectively with others. Many children with this disorder have poor coordination, repetitive speech, problems with reading, math or written skills, odd behaviors or mannerisms, obsession with specific topics, and a lack of common sense.
- **AUTISTIC DISORDER:** Children with this disorder have trouble forming normal social relationships and communicating with others. They may also have a limited range of activity and interests. Autistic Disorder is also sometimes referred to as early infantile autism, childhood autism, classic autism, or Kanner's autism. Autistic Disorder affects boys more often than girls.
- **PERVASIVE DEVELOPMENTAL DISORDER – NOT OTHERWISE SPECIFIED (PDD-NOS):** PDD-NOS is also called atypical autism or mild autism. Children with PDD-NOS usually have severe impairment in several areas of development, including social interaction and communication skills. It is diagnosed when a child has many features of autistic disorder, but does not meet the full criteria. Within the diagnosis of PDD-NOS, there are also two specific conditions:
 - » **CHILDHOOD DISINTEGRATIVE DISORDER:** Childhood Disintegrative Disorder is a condition that occurs in children, ages 3 to 4. The child's thinking, social, and language skills get worse over the course of several months. This rare condition is also known as disintegrative psychosis or Heller's Syndrome.

- » **RETT'S DISORDER:** Rett's Disorder is a genetic disorder seen mostly in girls. It starts in children, ages 6 to 18 months. It is characterized by wringing of hands, slowed brain and head growth, walking abnormalities, seizures, and mental retardation. A genetic test is now available to confirm a diagnosis of Rett's Disorder.

SIGNS AND SYMPTOMS

ASDs affect each child in different degrees. Two children with the same disorder can act very differently and can have very different skills. However, all children with ASDs share difficulties in 3 skill areas: social interaction, social communication, and repetitive behaviors.

Typical signs and symptoms related to social interaction problems include:

- Spending more time alone rather than with others
- Showing little interest in making friends
- Being less responsive to social or physical interactions, such as making eye contact, hugging, smiling, imitating, or being aware of other's feelings

Typical signs and symptoms related to social communication problems include:

- Losing or not developing speech or another method of communicating, such as pointing or gesturing. For example, a child may not have typical speaking skills for his or her age, not respond to his or her name or to parents' questions, or appear not to understand simple requests.

Typical signs and symptoms related to repetitive behaviors include:

- Being very focused on one interest or topic
- Lacking imaginative play
- Not imitating other's actions
- Not beginning or playing along in pretend games
- Becoming too attached to objects or toys
- Playing with toys in unusual ways, such as lining them up
- Not liking changes in routine or the location of objects
- Having unusual body movements, such as spinning or hand flapping

TIP

Help your child learn about his or her condition. Use different materials such as books, brochures, and the Internet. Make sure that the materials are age appropriate. Answer your child's questions but do not overload him or her with more details than he or she needs.

Sensory integration

Every day a child uses his or her senses to guide behavior and interact with the world. These senses include the five common senses (sight, hearing, touch, taste, and smell), as well as sensory systems, such as balance and movement and muscle and joint sense. Just like the brain sends messages to the body about smell or taste, the brain also sends messages to the body about balance, movement, and how to use muscles and joints. For example, balance and movement senses help a child come down a slide or use a swing in a playground. Muscle and joint senses help a child lift a spoon without spilling. The senses are working all the time in order for the body to perform daily functions. Sensory integration is when all of the senses work together well to perform these daily activities.

RESOURCES

Rehab New England, Inc.
401-941-9111

Sargent Rehabilitation Center
401-886-6600

*Senseabilities: Understanding
Sensory Integration* (1993)

By Maryann Colby Trott, MA,
Marci K. Laurel, MA, CCC-SLP, and
Susan L. Windeck, MS, OTR/L

When one or more senses is not working and the brain cannot tell the body how to behave, it is called Sensory Integrative Disorder. Sensory Integrative Disorder can reveal itself in many ways. On one hand, a child may be overly sensitive to touch, movements, sounds, or sights. He or she may withdraw from touch, avoid certain textures in clothes or food, or be very sensitive to loud noises. On the other hand, a child may be under-reactive to stimulation. He or she may seek out intense sensory experiences, such as whirling around, falling, and crashing into objects, or appear oblivious to pain or body positioning. Children with Sensory Integrative Disorder may also have the following signs and symptoms:

- Unexpected reactions to sensory inputs (for example, aggression or fearfulness in new situations)
- A high or low activity level compared to other children
- Coordination problems (for example, poor balance, difficulty with new tasks, or awkward, stiff, or clumsy behavior)
- Academic or motor development delays (for example, tying shoes or zipping a coat)
- Difficulty following directions
- Lacking in the ability to plan tasks or anticipate outcomes
- Appearing distracted, bored, lazy, or unmotivated
- Avoiding tasks and appearing stubborn or troublesome

An occupational therapist who is trained in sensory integration can evaluate and treat Sensory Integration Disorder. The therapist creates an environment where a child can play in an organized manner. A balance of structured and free play teaches the child to use his or her senses effectively. In addition, treatment also includes developing a predictable schedule and daily routine for the child. Doing this limits the amount of disruption and disorganization in the child's environment. The therapist can also work with a parent to help the child at home.



In addition, a child's senses (sight, hearing, touch, smell, or taste) may be overactive or underactive. A child may:

- Cover his or her ears
- Become stiff when held
- Remove clothes often
- Refuse to eat certain foods
- Smell objects frequently
- Become either overly quiet or hyperactive in noisy or bright environments

EVALUATION AND DIAGNOSIS

Most children with an ASD show signs of a disorder in infancy. ASDs are usually diagnosed in children, ages 18 to 24 months, with the exception of Asperger's Disorder, which begins later on. To make a diagnosis, providers must see clear signs and symptoms of an ASD before age 3. If you think your child has ASD, your child may need a developmental evaluation or a comprehensive psychiatric evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**. Before using these evaluations, providers may first use several medical tests to rule out other problems, such as hearing loss or mental retardation.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with ASDs include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Depression (p67)
- Learning Disorders (p75)
- Tic Disorders (p97)

Families are often the first to notice that their child is not reaching developmental milestones and to observe worrisome behaviors. As a parent, it is important to keep track of your child's development and to note changes or signs of difficulty in these areas. For more information on early child development, turn to page 10 in **SIGNS AND SYMPTOMS OF MENTAL HEALTH ISSUES.**

TREATMENT FACILITIES

Center for Autism and
Developmental Disabilities at
Bradley Hospital
401-432-1189
www.bradleyhospital.org

Groden Center
401-274-6310
www.grodencenter.org

Sargent Rehabilitation Center
401-886-6600

TREATMENT

Treatment facilities exist specifically to treat ASDs. ASDs can be treated by a developmental behavioral pediatrician, a neurologist, a child and adolescent psychiatrist, a psychotherapist, a speech-language pathologist, and/or other professionals who specialize in early intervention. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Treatments for ASDs work to different degrees for different children. Treatment must be tailored to the needs and strengths of your child. Factors to consider when choosing treatments include: your child's age, level of skills, type of learner (for example, whether they learn better by seeing or hearing things), behaviors, and previous treatments.

Many treatments have been developed to address a range of social, language, sensory, and behavioral challenges that children with ASDs may have. These treatments include parent management training and medications for particular behaviors. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If the ASD is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

RESOURCES

Autism Project of Rhode Island
401-785-2666
www.theautismproject.org

Autism Society of America, Rhode Island Chapter
401-595-3241
www.autism-society.org

Rhode Island Department of Health's
*Resource Guide for Families of Children with
Autism Spectrum Disorders* (2006),
800-942-7434
www.health.ri.gov/family/specialneeds/autismguide.pdf

Bipolar Disorder

Children with Bipolar Disorder go back and forth between two emotional states: mania and depression. Although Bipolar Disorder is usually diagnosed in adults, the disorder can begin in childhood. All children have “mood swings” from time to time, but children with Bipolar Disorder constantly switch between manic and depressed moods. The frequency of these mood changes can vary among children.

SIGNS AND SYMPTOMS

Typical manic signs and symptoms of Bipolar Disorder include:

- Severe changes in mood—either unusually happy or silly or very irritable, angry, agitated, or aggressive
- Unrealistically high self-esteem
- Significant increases in energy and the ability to go with little or no sleep for days without feeling tired
- Increase in talking—the child talks too much or too fast, changes topics too quickly, and cannot be interrupted
- Distractibility—the child’s attention moves constantly from one thing to the next
- Repeated high risk-taking behavior, such as abusing alcohol and drugs, reckless driving, or sexual promiscuity

Typical depressive signs and symptoms of Bipolar Disorder include:

- Irritability, depressed mood, persistent sadness, or frequent crying
- Thoughts of death or suicide
- Loss of enjoyment in favorite activities
- Frequent complaints of physical illnesses, such as headaches or stomachaches
- Low energy level, fatigue, poor concentration, or complaints of boredom
- Major changes in eating or sleeping patterns, such as overeating or oversleeping



RESOURCES

Child and Adolescent
Bipolar Foundation
www.cabf.org

Depression and
Bipolar Support Alliance
800-826-3632
www.ndmda.org

*New Hope for Children
and Teens with Bipolar Disorder:
Your Friendly, Authoritative Guide
to the Latest in Traditional and
Complementary Solutions (2004)*
By Boris Birmaher

EVALUATION AND DIAGNOSIS

Bipolar Disorder can be a very dangerous condition in children, with both the manic and depressive symptoms having an impact on all aspects of their lives. Unfortunately, diagnosing Bipolar Disorder is complex. Bipolar Disorder can be diagnosed at any point in childhood, but it tends to be more common in adolescence. If you think your child has Bipolar Disorder, your child may need a comprehensive psychiatric evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with Bipolar Disorder include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Conduct Disorder (p64)
- Substance Abuse and Dependence (p94)

TREATMENT

Treatment of Bipolar Disorder usually requires a team-based approach. The team should include a psychotherapist and a child and adolescent psychiatrist. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**. The team could also include a care manager to help coordinate a child's treatment. For more information on health insurance care managers, turn to page 144 in **MENTAL HEALTH SUPPORT**.

The treatment should address school, work, social, and family functioning. Treatment may include psychoeducation, psychotherapy, and mood stabilizing medications. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**. A family support group can also be helpful.

If Bipolar Disorder is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

Diagnosing Bipolar Disorder

HOW COMMON IS BIPOLAR DISORDER?

At the moment, it is hard to say. Psychiatrists have not agreed upon a common definition of Bipolar Disorder in children. Some professionals have a more limited and narrow definition, and some have a more broad and general definition. Also, there is a lack of long-term research on this disorder in children. It is thought that about 1% of children have Bipolar Disorder, which is similar to the number of adults with the disorder. About 59% of adults with Bipolar Disorder report that their symptoms started in childhood.

IF MY CHILD IS DEPRESSED, WHAT ARE THE RISK FACTORS FOR DEVELOPING BIPOLAR DISORDER?

Risk factors for developing Bipolar Disorder include:

- A family history of Bipolar Disorder
- Medication-induced mania or hypomania
- Sudden onset of symptoms
- Delusions (fixed false beliefs)
- Moving very slowly (psychomotor retardation)
- Significant increase in need for sleep

WHAT DOES MANIA OR HYPO-MANIA LOOK LIKE IN A CHILD?

Mania is a period of extreme irritability that lasts for about a week (or less if hospitalization is necessary). During this time, the child would have three or more of the following symptoms:

- Significantly increased self-esteem (for example, feels like a superhero)
- Decreased need for sleep (for example, sleeps 3–4 hours and feels fully rested in the morning)
- Very talkative, difficult to interrupt, and uses rapid speech
- Racing thoughts (difficult to follow a linear path in his or her thoughts)
- Easily distracted
- Increase in goal-directed activity (normal activities done in large amounts)
- Engaging in pleasurable behaviors that are dangerous (for example, sexual talk or actions, or extremely wild driving)

Hypomania is a milder form of mania that does not last as long (4 days rather than 7 days) and is not severe enough to require hospitalization.

HOW DO I KNOW IF IT IS ADHD OR BIPOLAR DISORDER?

Psychiatrists are working hard to answer this question. Hyperactivity is a common symptom in both ADHD and Bipolar Disorder—90% of bipolar cases have this symptom. Children who respond inconsistently to psychostimulants (medications that raise the mood or energy level) may have Bipolar Disorder, rather than ADHD. Also, children with ADHD have symptoms that are chronic, whereas mania occurs in episodes and reflects a change in functioning. A decreased need for sleep and increase in goal-directed activities are two distinguishing features of Bipolar Disorder. Children with ADHD can be irritable or feel a loss of pleasure or interest in usual activities due to decreased self-esteem and associated depression. Even more confusing is that some children may have both Bipolar Disorder and ADHD.



Body Dysmorphic Disorder

It may be hard to notice some of the signs and symptoms of BDD. However, noticing a significant change in grades, a decrease in social activities, or a desire to not want to leave the house may provide some clues about your child's underlying mental health issue.

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Body Dysmorphic Disorder (BDD) occurs when a child is extremely preoccupied with a perceived flaw in his or her appearance. Children with BDD are obsessed with the belief that something is wrong with the way they look. They may describe themselves as looking ugly, unattractive, “not right,” deformed—or even “hideous” or “monstrous.” Although this preoccupation frequently focuses on the face or head, children with BDD can dislike any part of their body. The preoccupations can be very difficult to control.

It is normal for children to be occasionally concerned with their appearance. However, it is also important to note that not all appearance concerns in adolescents are normal or a passing phase. If your child has an extreme preoccupation or obsession with his or her appearance, then he or she may have BDD.

Typical signs and symptoms of BDD include:

- Often scrutinizing the appearance of others and comparing his or her appearance with others
- Often checking his or her appearance
- Hiding the flaw with clothing, makeup, his or her hand, or posture
- Seeking surgery, dermatological treatment, or other medical treatment, when doctors or other people have said the flaw is minimal and treatment is not needed
- Often asking others about the flaw or trying to convince others of its ugliness
- Excessive grooming (for example, combing hair, shaving, removing or cutting hair, or applying makeup)
- Avoiding mirrors
- Often touching the disliked body part to check its shape, size, or other characteristics
- Picking his or her skin to try to improve its appearance
- Measuring the disliked body part
- Excessively reading about the flaw and how to make it look better
- Exercising or dieting excessively
- Using drugs (for example, anabolic steroids) to become more muscular or lose fat
- Changing his or her clothes often to try to find something that makes him or her look better
- Avoiding social situations in which the flaw might be exposed
- Feeling very anxious and self-conscious around other people because of the flaw

EVALUATION AND DIAGNOSIS

In addition to its effects on everyday functioning, BDD can cause serious emotional problems that may have long-term effects on a child's academic progress, job performance, or social life (for example, poor grades, dropping out of school, withdrawing from family and friends, becoming housebound, and even trying to kill himself or herself). BDD often begins as early as adolescence. If you think your child has BDD, your child may need a comprehensive psychiatric evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with BDD include:

- Anxiety Disorders (p48)
- Depression (p67)
- Obsessive Compulsive Disorder (OCD) (p80)
- Substance Abuse and Dependence (p94)

TREATMENT

Treatment options for BDD can help to lower the impact that the disorder has on a child's life. Treatment may reduce appearance preoccupations and compulsive behaviors, lessen emotional distress, and improve depression. It may also help children feel better about how they look, function better, and lead a happier and more productive life.

A psychotherapist or a child and adolescent psychiatrist can treat BDD. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Common treatment approaches include anti-anxiety or anti-depressant medications (in particular, Serotonin Reuptake Inhibitors or SRIs) and psychotherapy (in particular, cognitive behavioral therapy). For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If BDD is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

RESOURCES

The Body Image Program
at Butler Hospital
401-455-6466
www.butler.org

*The Broken Mirror:
Understanding and Treating Body
Dysmorphic Disorder* (2005)
By Katharine A. Phillips, MD

*Learning to Live With Body
Dysmorphic Disorder*
By Katharine A. Phillips, MD,
Barbara Livingstone Van Noppen, MSW,
and Leslie Shapiro, MSW
Available from the Obsessive
Compulsive Foundation
www.ocfoundation.org

Conduct Disorder

TIP

Insist on the best. Find out who in your community has the most experience and expertise in evaluating and treating your child's mental illness. Talk to mental health specialists, school professionals, and other parents.

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Conduct Disorder is a group of behavioral and emotional problems in children. These general behavioral and emotional problems usually result in the child having difficulty following rules and behaving in a socially acceptable way. As a result, many children with Conduct Disorder are viewed by others as “bad” or delinquent, rather than as having a mental illness. Most children will test their parents’ rules at some point during their development. However, when a child “goes to the extreme” in breaking these rules, then he or she may have Conduct Disorder.

SIGNS AND SYMPTOMS

Typical signs and symptoms of Conduct Disorder include aggression, rule violation, and property destruction. Some examples of potential behaviors include:

- Bullying, threatening, or intimidating others
- Initiating physical fights with others
- Using a weapon that could cause serious physical harm to others (for example, a bat, brick, broken bottle, knife, or gun)
- Being physically cruel to others
- Stealing from someone while confronting him or her (for example, assault)
- Forcing someone into sexual activity
- Staying out at night often despite parental objections
- Running away from home
- Skipping school often
- Breaking into someone else's building, house, or car
- Lying to obtain goods or favors or to avoid obligations
- Stealing from someone without confronting him or her (for example, shoplifting without breaking and entering)
- Setting fire to property or objects

EVALUATION AND DIAGNOSIS

It is crucial for Conduct Disorder to be diagnosed early to reduce the risk of the child getting hurt or hurting others, as well as reduce the risk of the child getting involved with the judicial system. Conduct Disorder can be diagnosed at any time in childhood or adolescence. It is especially important to address Conduct

Disorder in young children, as this disorder tends to be more problematic when it starts at a young age. If you think your child has Conduct Disorder, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Most children with Conduct Disorder have other mental health diagnoses. Common mental health diagnoses that co-exist with Conduct Disorder include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Depression (p67)
- Learning Disorders (p75)
- Oppositional Defiant Disorder (ODD) (p82)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Substance Abuse and Dependence (p94)

TREATMENT

Early treatment of Conduct Disorder is important and can help a child develop into a healthy adult. However, treatment is complex and depends on the severity of a child's case. In many cases a comprehensive and team-based approach to treatment is used. The team should include family, school professionals, and other professionals who can hold the child responsible for his or her behavior and help the child avoid problems with the law. In addition to the child's pediatrician, the team could include a child and adolescent psychiatrist, a psychotherapist, and an advanced practice registered nurse. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**. A care manager can also help coordinate a child's treatment. For more information on health insurance care managers, turn to page 144 in **MENTAL HEALTH SUPPORT**.



Caring for a child with Conduct Disorder

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It can be very difficult to care for a child with Conduct Disorder and get him or her the services that he or she needs. If your child has Conduct Disorder, you may need someone to step in and help.

If your child has a mental health issue in addition to Conduct Disorder, you may want to file a voluntary petition. This petition is a request for services that your insurance may not pay for. If approved, the Rhode Island Department of Children, Youth, and Families (DCYF) would step in and pay for these services. These services include residential facilities or special schools for your child.

If your child has Conduct Disorder without another co-existing mental illness and you are having trouble managing him or her, you may want to file a wayward petition. This petition is a request for the judicial system to take over the care of your child. This is often a "last resort" for parents. Your child will get the services he or she needs, but you will have to hand over the care of your child to the courts.

A Diversionary Program is a program designed to divert children from the most restrictive settings in either the mental health or juvenile justice system. These programs can help children who have begun to have problems with the law. The programs focus on positive behaviors and help children avoid future law-breaking activities and prosecution.



Comprehensive treatment for Conduct Disorder needs to occur over a long period of time. Treatment needs to individually address each of the causes for the child's behaviors. Depending of the particular situation, different treatments, including medication, may be needed. Parent management training is an essential part of treatment for Conduct Disorder. In addition, psychotherapy (particularly, cognitive behavioral therapy) may also be very helpful. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

It is important to note that some types of treatment do not work. For example, group psychotherapy is not a recommended form of treatment for children with Conduct Disorder. In addition, inoculation approaches are not effective. Inoculation approaches are "scared straight" methods that try to prevent the behavior by scaring the child with the consequences of the behavior. Examples of these approaches include putting a child in jail for a few days or sending him or her to boot camp.

If Conduct Disorder is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

A child with Conduct Disorder may also benefit from a diversionary program that would address the child's risk for entering the legal system.

RESOURCES

The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children (2005)

By Ross Greene

www.explosivechild.com

Foundation For Children with Behavioral Challenges

www.fcbsupport.org

It's Nobody's Fault: New Hope and Help For Difficult Children (1997)

By Harold Koplewicz

Depression

Although all children may be sad at one time or another, depression is characterized by periods of sadness or feeling “down” that last for a longer period of time (more than 2 weeks) and interfere with a child’s ability to function on a daily basis.

SIGNS AND SYMPTOMS

Typical signs and symptoms of depression include:

- Frequent sadness, tearfulness, or crying
- Hopelessness
- Decreased interest in activities or inability to enjoy previously favorite activities
- Persistent boredom
- Little energy
- Social isolation or poor communication
- Low self-esteem
- Feeling guilty
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses, such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- Major changes in eating or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self-injurious behaviors

EVALUATION AND DIAGNOSIS

Depression affects all aspects of a child’s life and in some unfortunate cases can be fatal. For this reason, it is essential that depression be diagnosed quickly. Depression is not difficult to diagnose once a parent, teacher, or other caregiver recognizes it. If you aren’t sure, be cautious and bring your child in for an evaluation. Depression can be diagnosed anytime in childhood or adolescence. If you think your child has depression, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

Unlike adults, children who have depression may not appear sad, tearful, or melancholy. Children express their depression in a variety of ways.



About 5 out of 100 children suffer from depression at some point in their childhood or adolescence.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with depression include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Oppositional Defiant Disorder (ODD) (p82)
- Substance Abuse and Dependence (p94)

TREATMENT

Depression is treatable and is best treated when diagnosed early. A variety of different types of mental health specialists can treat your child, including child and adolescent psychiatrists, advanced practice registered nurses, and psychotherapists. For more information on mental health specialists, turn to page 106 in

MENTAL HEALTH SUPPORT.

Suggested treatment options include individual psychotherapy (particularly, cognitive behavioral therapy and interpersonal psychotherapy), family psychotherapy, psychoeducation, and anti-depressant medications (in particular, Serotonin Reuptake Inhibitors or SRIs). For more information, turn to **MENTAL HEALTH TREATMENT (p147).**

If depression is affecting the child's ability to learn, adjustments may need to be made in

his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT.**

Treatment is most successful when ongoing support is provided to the child, family, and school.

RESOURCES

Depression and Bipolar Support Alliance
800-826-3632
www.ndmda.org

DepressedTeens.com
www.depressedteens.com

Help Me, I'm Sad: Recognizing, Treating, and Preventing Childhood and Adolescent Depression (1998)
By David G. Fassler and Lynne Dumas

Suicide

Many children feel strong emotions as they grow up, including stress, self-doubt, confusion, and a number of pressures related to success and their future. For some children, these pressures lead them to believe that suicide is their only way out.

A child at risk for suicide typically shows the signs and symptoms of depression.

Typical signs and symptoms include:

- Change in eating and sleeping habits
- Withdrawal from friends, family, and regular activities
- Violent or rebellious behavior
- Running away
- Excessive drug and alcohol use
- Neglect of his or her personal appearance
- Change in his or her normal personality
- Persistent boredom
- Difficulty concentrating
- Decline in the quality of schoolwork
- Frequent complaints about physical symptoms, such as stomachaches, headaches, or fatigue
- Loss of interest in activities he or she used to enjoy
- Not accepting of praise or rewards

In addition, a child who is planning to commit suicide may:

- Complain that he or she is a bad person or feels rotten inside
- Begin to give verbal hints of committing suicide by saying things like:
 - » I won't be a problem for you much longer
 - » Nothing matters
 - » It's no use
 - » I won't see you again
- Put his or her affairs in order (for example, give away favorite possessions, clean his or her room, or throw away important belongings)
- Become suddenly cheerful after a period of depression
- Show signs of psychosis

If your child is at risk of committing suicide, the first step in treatment is to develop a plan to keep your child safe. A mental health specialist will work with you and your child to develop a safety plan. Once the threat of suicide is reduced, the next phase of treatment focuses on addressing any underlying mental illness. Children can return to a healthy life after having suicidal thoughts. The support and encouragement from family members and professionals is critical to recovery.

Recognizing the warning signs of suicide is critical to prevention. If you are concerned that your child may be suicidal, seek help immediately even if you do not think he or she will act on his or her feelings.

Turn to **CRISIS**

SITUATIONS (p213) at the end of the guide.



RESOURCES

National Suicide Prevention Hotline
800-273-TALK (8255)
www.suicidepreventionlifeline.org

Night Falls Fast: Understanding Suicide (2001)
By Kay Redfield Jamison

Samaritans of Rhode Island
401-272-4044 (Providence)
800-365-4044 (Statewide)
www.samaritansri.org

Eating Disorders

Eating disorders often run in families. They are also becoming more common. As many as 1 in 10 young women suffer from an eating disorder.

Eating disorders are characterized by a preoccupation with food and a distorted body image (a child thinks he or she is fat when he or she is really underweight or of normal weight). Although it is normal for children to be occasionally concerned with their appearance, weight, and the type of food they eat, a child who is obsessed with food and his or her shape or weight may have an eating disorder. The level of preoccupation relates to the seriousness of the condition.

Anorexia Nervosa (also called Anorexia) and Bulimia are the two most common eating disorders. They occur mostly in teenage girls and young women and less often in teenage boys and young men. A child with Anorexia often refuses to eat, eats very little, or exercises more often than necessary. A child with Bulimia often eats large amounts of high calorie or high fat foods and then tries to counteract this by vomiting, overexercising, or using laxatives.

SIGNS AND SYMPTOMS

Identifying symptoms of Anorexia or Bulimia in your child may be very difficult. Often, children hide these illnesses from their families and friends. In fact, one common sign of an eating disorder is pulling away from friends and spending more time alone.

Typical signs and symptoms of eating disorders include:

- Perfectionism and an excessive drive for high achievement in school
- Low self-esteem
- Believing he or she is fat regardless of how thin he or she becomes
- The need to feel control over his or her life
- Dramatic weight fluctuations

EVALUATION AND DIAGNOSIS

Eating disorders can lead to serious medical problems. Early detection and intervention is important. However, eating disorders can be difficult to recognize and diagnose because children will often go to great lengths to hide their behaviors. Although an eating disorder can be diagnosed at any point in childhood, it is more typical in adolescence. If you think your child has an eating

disorder, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with eating disorders include:

- Anxiety Disorders (p48)
- Body Dysmorphic Disorder (BDD) (p62)
- Depression (p67)
- Substance Abuse and Dependence (p94)

Your child may also have a medical problem that is causing his or her symptoms. Talk to your child's pediatrician about your child's symptoms.

TREATMENT

Treating an eating disorder can take time. Treatment is usually most effective when a team approach is used. The team should consist of a psychiatrist, a psychotherapist, and a nutritionist, as well as the child's pediatrician and parents. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Most likely, the team will suggest a number of treatment strategies, including individual and family psychotherapy and anti-depressant or anti-anxiety medications. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If the eating disorder is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

For both evaluation and treatment of an eating disorder, it is important to find a mental healthcare provider who specializes in eating disorders.

RESOURCES

Life Without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too (2003)
By Jenni Schaefer and Thom Rutledge

National Eating Disorders Association
800-931-2237
www.edap.org

Wise Girl: What I've Learned About Life, Love, and Loss (2002)
By Jamie-Lynn Sigler and Sheryl Berk

Feeding Disorders

A temporary decrease in the amount of food a child will eat is very common when a child has a cold, experiences a change in his or her daily routine, or is trying a new food. However, your child may have a feeding disorder if he or she refuses to eat for an extended period of time and your child's weight is not in line with other children his or her age.

SIGNS AND SYMPTOMS

Typical signs and symptoms of feeding disorders include:

- Failure to eat that is not explained by a medical condition or by lack of available food
- Too little weight gain or a significant weight loss

EVALUATION AND DIAGNOSIS

It is essential to diagnose feeding disorders early, because children will not grow and develop without appropriate nutrition. In addition, feeding disorders can also make it difficult for parents to



bond with their children. Diagnosis of a feeding disorder can be complicated because it requires both a medical and a mental health evaluation. A provider will look at medical, social, and behavioral factors to find out the cause of the feeding problem. A feeding disorder is typically diagnosed early in infancy, within the first 6 to 12 months. If you think your child has a feeding disorder, your child may need a feeding evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with feeding disorders include:

- Anxiety Disorders (p48)
- Depression (p67)
- Reactive Attachment Disorder (RAD) (p86)
- Speech and Language Disorders (p90)

Your child may also have a medical problem that is causing his or her symptoms. Talk to your child's pediatrician about your child's symptoms.

TREATMENT

Treatment may include different types of psychotherapy and training, as well as medical monitoring. The goal of treatment of a feeding disorder is to make meal time a more positive experience for the parent and the child. This will help the parent meet the nutritional, physical, and developmental needs of the child. Specific treatments may focus on improving mealtime structure, schedule, and limits; teaching parents successful eating approaches; making sure that parents are providing good food choices and variety; and helping to improve parent-child interaction patterns. For more serious cases, treatment should be team-based and could include the following providers: the child's pediatrician, a gastroenterologist, a psychiatrist, a psychotherapist, a nutritionist or dietician, a speech-language pathologist, and occupational and physical therapists. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.



RESOURCES

How to Get Your Kid to Eat: But Not Too Much (1987)
By Ellyn Satter
www.ellynsatter.com

Just Two More Bites!: Helping Picky Eaters Say Yes to Food (2006)
By Linda Piette

Pediatric Gastroenterology Clinic
at Hasbro Children's Hospital
401-444-8306
www.lifespan.org/hch/services/gi

Finding quality information on the Internet

The Internet can be a great place to find information about children’s mental health issues, but it can also be difficult to find quality information. The following information and tips are meant to help you decide what online information you can trust and what information could be false or misleading. Remember, no website should take the place of your child’s pediatrician or mental health specialists! You should always discuss the information you find on the Internet with your child’s mental healthcare providers.

Start your search for information using a reputable health information site. For a list of local and national websites, turn to page 198 in **ADDITIONAL RESOURCES**.

If these sites don’t provide the information that you are looking for, you can use a commercial search engine. A commercial search engine is a website like google.com or yahoo.com. These websites can be a great place to look for information. However, commercial search engines will also list websites that may provide incorrect information.

HELPFUL TIPS:

1. If the site has an “About Us” section, click on it and read about the organization. This information will give you a better understanding of the people who are providing the information and what the purpose or mission of the organization is. If the website is not clear about who operates it, then you should question the quality of the information.
2. Is there a way to contact the organization that is operating the website? If it is difficult to contact the organization, then it may mean that the organization is not as credible as others.
3. When was the site last updated? This information is usually found at the bottom of the homepage. Sites that are a part of a large organization are updated frequently and should have a recent date listed on the page.
4. Does the organization mention where it gets the information on the site? A credible website should tell you the sources of the information.
5. There should not be ads posted on the website. The main purpose of a health information site should not be to sell you something. If there are ads, it means that the site is receiving money for advertising, which could bias the information.
6. You should not have to enter personal information to visit a site. If you are asked to—don’t!



Learning Disorders

Learning disorders (or disabilities) are considered to be disorders of basic brain processes. There are several types of learning disorders, including mathematics, reading, written and oral expression, and listening comprehension. A child may have a learning disorder in a single area of functioning, such as reading, or may have multiple, overlapping learning disorders. Although many children have trouble learning in school from time to time, a child who is consistently having trouble with an academic subject or subjects at school may have a learning disorder.

MATHEMATICS

A mathematics learning disorder can occur in either math calculation or math reasoning. Problems with math calculation include difficulty learning basic math facts and performing basic math operations, such as addition, subtraction, multiplication, and division. A problem with math reasoning includes difficulty solving math problems that is not simply the result of difficulties with math calculation. The two types of mathematics learning disorders can also occur together.

Typical signs and symptoms of a mathematics learning disorder include difficulty:

- Mastering numbers, such as counting or understanding quantities
- Learning and memorizing basic addition, subtraction, and multiplication facts, leading to slow and cumbersome calculating strategies
- Counting by 2's, 5's, 10's, or 100's
- Estimating
- Lining up numbers, resulting in calculation errors
- Comparing numbers (greater than or less than)
- Telling time
- Learning multiplication tables or formulas
- Interpreting graphs and charts
- Visualizing mathematics concepts, such as geometric shapes, numerical quantities, or rotation in space
- Holding mathematical information in his or her head long enough to complete a calculation

Learning disorders affect children from all racial, economic, and cultural backgrounds.



Once diagnosed with a learning disorder, a child is provided with services and or protections through the Individuals with Disabilities Education Act (IDEA) and/or Section 504 of the Rehabilitation Act (otherwise known as a 504 Plan). They may also be provided protections through the Americans with Disabilities Act. Depending on the nature of the disorder, certain protections and services may continue into adulthood.

- Understanding the language aspects of mathematics, such as understanding word problems
- Moving from concrete mathematical representations (for example, counting objects) to abstract representations (for example, using symbols and numbers to perform calculations)

READING

A reading learning disorder can occur in one of three areas: basic reading, reading comprehension, or reading fluency. Basic reading refers to the ability to decode words. Reading comprehension is the ability to make sense of and understand written information. Reading fluency refers to the ability to read quickly and fluidly. The three types of reading disorders may, and often do, occur together.

Typical signs and symptoms of a reading learning disorder include:

- Difficulty recognizing and remembering sight words (words that good readers should instantly recognize without having to “figure them out”)
- Frequently losing his or her place while reading
- Confusing similar-looking letters, numbers, or words (for example, beard and bread)
- Reversing letter order in words (for example, saw and was)
- Poor memory for printed words and new vocabulary
- Poor understanding of what has been read
- Significant trouble naming letters and learning to read
- Problems associating letters and sounds, understanding the difference between sounds in words, blending sounds into words
- Guessing at unfamiliar words rather than using word analysis skills (sounding them out)
- Reading very slowly
- Substituting or leaving out words while reading
- Disliking and avoiding reading or reading “reluctantly”

WRITTEN EXPRESSION

Children with this disorder have problems with their writing skills. This disorder often occurs with an oral expression learning disorder.

Typical signs and symptoms of a written expression learning disorder include:

- Difficulty formulating ideas into a logical, coherent sentences or paragraphs
- Consistent difficulty learning and applying grammatical concepts in written sentences (for example, capitalization, punctuation, conjugation, or noun-verb agreement)
- Poor spelling ability
- Poor handwriting ability
- Slow and labored writing (not due to motor disability)

ORAL EXPRESSION

Children with this disorder have problems expressing themselves verbally (by speaking).

Typical signs and symptoms of an oral expression learning disorder include:

- Consistent difficulty answering developmentally appropriate questions, often shown by a long pause between the time a question is asked and when the child answers
- Consistent difficulty formatting thoughts into speech (ideas are jumbled or confused and the meaning is often lost)
- Difficulty with word finding (cannot find the word to say, even though they know what they want to say)
- Difficulty giving directions or telling stories

Dyslexia

Although not a formal mental health diagnosis, dyslexia is a common term used for a type of reading learning disorder. Dyslexia generally affects a child's ability to decode and spell words. Dyslexia can occur in children of all different intelligence levels.

Typical signs and symptoms of dyslexia include having difficulty:

- Learning to speak
- Organizing language (for example, a child may reverse letters or words)
- Learning letters and their sounds
- Spelling
- Reading
- Learning a foreign language
- Calculating math equations
- Memorizing math facts



Bypass strategies

Bypass strategies are a way of “going around” a child’s learning disorder. An example of a bypass strategy is providing a child who has a mathematics calculation disability with a calculator. Another example would be providing books on tape to a child who has a disability of basic reading skills.

Depending on a child’s specific disorder and age, bypass strategies may be taught to children to help them learn what they can at a better pace.

Bypass strategies can help them keep up with classroom instruction and continue to benefit from instruction at his or her level or ability.

Bypass strategies should not replace appropriate instruction in the area of the learning disorder. This is particularly true when children are still young and are more likely to accept help.



LISTENING COMPREHENSION

Children with this disorder have difficulty listening to and understanding what others say.

Typical signs and symptoms of a listening comprehension learning disorder include:

- Difficulty following verbal instructions, particularly those with multiple steps
- Difficulty following along with class discussions
- Difficulty understanding vocabulary words
- Long pauses before answering questions
- Becoming confused or frustrated when information is presented verbally, but not when information is presented visually
- Becoming tired quickly when listening to stories or lectures
- Easily distracted in class

EVALUATION AND DIAGNOSIS

Early diagnosis (and treatment) of a learning disorder is extremely important. Early diagnosis can reduce the potential negative effects of having a learning disorder, such as low self-esteem, depression, and lack of success in school. As many children learn ways to compensate for their learning disorder, a learning disorder is typically diagnosed when a child’s ability to “hide” the disorder reaches its limit. If you think your child has a learning disorder, your child may need an educational evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with learning disorders include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Depression (p67)
- Oppositional Defiant Disorder (ODD) (p82)
- Speech and Language Disorders (p90)

TREATMENT

All learning disorders are life-long conditions that do not go away. The treatment of a learning disorder varies by the specific diagnosis, as well as the child's age, development level, and strengths and weaknesses. A psychologist or a speech-language pathologist, depending on the specific disorder, can provide treatment. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Some children with learning disorders may benefit from psychotherapy to address their social, behavioral, and emotional symptoms. This psychotherapy should be tailored to the child's language and cognitive abilities. Treatment may also include parent supports, including parent management training. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

Children with learning disorders may also need adjustments made to their education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

Specialized reading programs, such as those that use the Orton-Gillingham approach or the Wilson Reading System, can be very effective for children with reading learning disorders. For more information about these programs, visit www.nclld.org.



Most children with learning disorders have average or above average intelligence. Because of their learning disorder, however, these children have difficulty acquiring the skills essential for school and work success.

RESOURCES

All Kinds of Minds: A Young Student's Book About Learning Abilities and Learning Disorders (1992)
By Melvin D. Levine

Learning Disabilities
Association of America
www.lidaamerica.org

National Center for Learning Disabilities
888-575-7373
www.nclld.org

Obsessive Compulsive Disorder

TIP

Recognize that most mental health issues are not caused by poor parenting, but by genes or brain chemistry.

Obsessive Compulsive Disorder (OCD) is a type of anxiety disorder (p48). OCD usually affects older children and adolescents, but can begin earlier. OCD occurs when a child develops intense obsessions or compulsions that interfere with day-to-day functioning. It is normal for all children to have some level of focus on certain items or activities, particularly young children who “obsess” as part of how they learn. However, when these obsessions cause significant anxiety or distress, take up more than one hour a day, or interfere with a child’s normal routine (school, social activities or relationships), then he or she may have OCD.

SIGNS AND SYMPTOMS

Typical signs and symptoms of OCD include:

- **COMPULSIONS:** Repetitive behaviors or rituals (for example, hand washing, hoarding, keeping things in order, or checking something over and over) or mental acts (for example, counting or repeating words silently). For example, a child may check the locks on all the doors in the house after his or her parents have gone to sleep. The child may then fear that he or she accidentally unlocked a door while checking them and will then check the locks all over again.
- **OBSESSIONS:** Recurrent and persistent thoughts, impulses, or images that are unwanted and cause significant anxiety or distress. Frequently, they are unrealistic or irrational. For example, a child may have constant thoughts that a family member will be harmed.

EVALUATION AND DIAGNOSIS

In addition to causing distress and interfering with normal life, OCD can lead to depression and social isolation in some cases if not evaluated and treated. OCD can be diagnosed anytime in childhood or adolescence. If you think your child has OCD, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with OCD include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Body Dismorphic Disorder (BDD) (p62)
- Depression (p67)
- Tic Disorders (p97)

TREATMENT

A psychotherapist or a child and adolescent psychiatrist can treat OCD. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

OCD is usually treated with a combination of cognitive behavioral therapy and anti-anxiety or anti-depressant medications (in particular, Serotonin Reuptake Inhibitors or SRIs). Children often feel shame and embarrassment about their OCD. Many children fear it means they are “crazy” and are hesitant to talk about their thoughts and behaviors. As a result, treatment may include family psychotherapy and psychoeducation to help the entire family understand OCD and to increase communication about the disorder between the parent and child. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If OCD is affecting the child’s ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.



RESOURCES

The Boy Who Couldn't Stop Washing: The Experience and Treatment of Obsessive-Compulsive Disorder (1991)
By Judith L. Rapoport

Obsessive Compulsive Foundation
www.ocfoundation.org

Talking Back to OCD: The Program That Helps Kids and Teens Say “No Way”—and Parents Say “Way to Go” (2006)
By John S. March

Oppositional Defiant Disorder

Oppositional Defiant Disorder (ODD) is characterized by an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that has serious effects on a child's day-to-day functioning. At some point during child development, most children express some form of oppositional behavior. When children are tired, hungry, stressed, or upset they are likely to argue, talk back, disobey, and defy parents, teachers, or other adults. However, if this type of behavior becomes frequent and affects a child's social, family, and school life, then his or her behavior may be caused by ODD.

SIGNS AND SYMPTOMS

Typical signs and symptoms of ODD include:

- Frequent temper tantrums
- Excessive arguing with adults
- Active defiance and refusal to comply with adult requests and rules
- Deliberate attempts to annoy or upset people
- Blaming others for his or her mistakes or misbehavior
- Often being irritable or easily annoyed by others
- Frequent anger and resentment
- Talking in a mean and hateful way when upset
- Seeking revenge

Parenting a child with a disruptive behavior disorder

Parenting a child with a disruptive behavior disorder, such as ODD or Conduct Disorder, can be very challenging.

Here are some tips to help:

- Think positive! Praise your child when he or she shows flexibility or cooperation.
- Time-outs are not only for children. If you feel you may react to a conflict with your child that would make it worse, take a break. Your child needs a role model to show him or her appropriate behavior.
- Pick your battles. Since a child with a disruptive behavior disorder has trouble avoiding power struggles, prioritize the things you want your child to do. If you give him or her a time-out in his or her room for misbehavior, don't add time for arguing.
- Set up reasonable, age-appropriate limits with consequences that can be enforced the same way each time.
- Take care of yourself. Try to work with and obtain support from the other adults (for example, spouse, teachers, and coaches) who know your child.



EVALUATION AND DIAGNOSIS

A child with ODD hears a lot of negative comments about him or herself. If ODD is not diagnosed, these negative comments can end up impacting a child's self-esteem and this can lead to a variety of other mental health issues. ODD is usually diagnosed in early childhood. If your child is oppositional, his or her behavior will be seen at home and in other settings, such as school, daycare, or other activities. If you think your child has ODD, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Most children with ODD have other mental health diagnoses. Common mental health diagnoses that co-exist with ODD include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Conduct Disorder (p64)
- Depression (p67)
- Learning Disorders (p75)
- Post Traumatic Stress Disorder (PTSD) (p84)
- Substance Abuse and Dependence (p94)

TREATMENT

A psychotherapist can treat ODD. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Comprehensive treatment for ODD needs to occur over a long period of time. Treatment needs to individually address each of the causes for the child's behaviors. Depending on the particular situation, different treatments may be needed. Treatment of ODD may include parent management training and medications. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

It is important to note that inoculation approaches are not effective. Inoculation approaches are "scared straight" methods that try to prevent the behavior by scaring the child with the consequences of the behavior. Examples of these approaches include putting a child in jail for a few days or sending him or her to boot camp.

If ODD is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

RESOURCES

1-2-3 Magic: Effective Discipline for Children 2-12 (2004)
By Thomas W. Phelan

The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children (2005)
By Ross Greene
www.explosivechild.com

Your Defiant Child: Eight Steps to Better Behavior (1998)
By Russell A. Barkley and Christine M. Benton

Post Traumatic Stress Disorder

A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, how close the child was to the trauma, and the child's relationship to the victim or victims of the trauma.

Post Traumatic Stress Disorder (PTSD) is a type of anxiety disorder (p48). PTSD is a prolonged emotional and physical reaction to a traumatic event. Throughout development, all children experience stressful events that can have an emotional or physical affect on them. These experiences are usually short lived. If a child develops ongoing difficulties after a traumatic event, he or she may have PTSD.

SIGNS AND SYMPTOMS

Typical signs and symptoms of PTSD include:

- Easily agitated immediately following the event
- Intense fear, helplessness, anger, sadness, horror, or denial
- Avoidance of situations or places that may trigger memories of the event
- Frequent memories of the event
- Repetition of events from the trauma over and over while playing
- Nightmares or general problems falling and staying asleep
- Withdrawn and less emotionally responsive
- Detachment from feelings
- Physical or emotional symptoms that continually arise with a reminder of the event
- Worries about dying at an early age
- Loss of interest in activities he or she once enjoyed
- Complaints of headaches and stomachaches
- Problems concentrating on tasks
- Starts acting younger than his or her age. Some examples of behaviors include bed-wetting, clingy behavior, thumb-sucking, and sharing a bed with a parent.

EVALUATION AND DIAGNOSIS

PTSD affects a child's ability to function, and therefore, it is essential to address the issue. PTSD can only be diagnosed a month or more after the exposure to the trauma. If you think your child has PTSD, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

For some children PTSD may last only a few months. For others, the effects may last years.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with PTSD include:

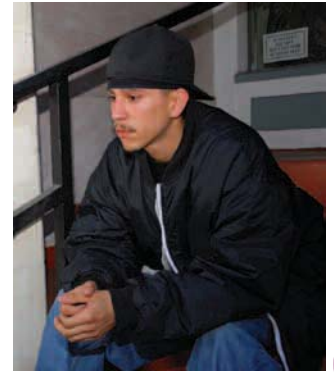
- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Conduct Disorder (p64)
- Depression (p67)
- Oppositional Defiant Disorder (ODD) (p82)
- Substance Abuse and Dependence (p94)

TREATMENT

A psychotherapist or a child and adolescent psychiatrist can treat PTSD. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Treatment of PTSD becomes more effective based on the level of support from parents, the school, and peers. This support is important because the child needs to be constantly reassured of his or her safety. Treatment should start with a direct discussion of the traumatic event. After that, common treatment approaches include psychotherapy (in particular, cognitive behavior therapy), relaxation skills training, and anti-anxiety or anti-depressant medication (in particular, Serotonin Reuptake Inhibitors or SRIs). For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If PTSD is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.



RESOURCES

National Child Advocacy Center
www.nationalcac.org

National Child Traumatic
Stress Network
www.nctsn.org

New York University
Child Study Center
www.aboutourkids.org

Reactive Attachment Disorder

RAD is the result of situations such as consistent physical abuse or neglect, inconsistent caregiving, or repeated moves—all of which do not allow the child to create close attachments with caregivers.

Children with Reactive Attachment Disorder (RAD) have problems with emotional attachment. They tend to be unresponsive to parents, caregivers, or other adults when they are upset and may not seek out nurturing or comfort from caregivers. Healthy attachments are formed when a child is able to “ask” for care from adults in the form of crying, talking, or other communication and when adults are able to provide care for a child. If a child is missing either of these components (lacks the ability to “ask” for care or adults are not providing appropriate care), the child may not be able to form healthy attachments and may have RAD.

There are two types of RAD:

- **EMOTIONALLY WITHDRAWN / INHIBITED TYPE:** A child has extremely emotionally inhibited behavior in social interactions with others. When distressed or upset, these children do not try to obtain comfort or nurturing and may resist offers of comfort.
- **INDISCRIMINATE / UNINHIBITED TYPE:** Children are very unselective when they choose caregivers or others to provide them comfort. They tend to lack a preference for primary caregivers and to lack an appropriate wariness of strangers. These children may wander from caregivers without checking back and often approach or seek nurturing from total strangers rather than from caregivers they know.

SIGNS AND SYMPTOMS

Typical signs and symptoms of RAD include:

- Severe colic or feeding difficulties
- Failure to gain weight
- Detached and unresponsive behavior
- Difficult to comfort him or her
- Defiant behavior
- Appearing distracted
- Lack of response in social interactions
- History of physical or emotional abuse or neglect, repeated moves, or a traumatic event



EVALUATION AND DIAGNOSIS

The emotional and social problems associated with RAD can continue to have an impact throughout childhood. RAD is usually diagnosed before age 5. If you think your child has RAD, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**. Diagnosis of RAD is based on an evaluation of both the caregiver and the child, as well as the interaction between the two.

TYPICAL CO-EXISTING DIAGNOSES

Children with RAD are at greater risk for delays in development. Pediatricians should evaluate them regularly for appropriate development. Common mental health diagnoses that co-exist with RAD include:

- Post Traumatic Stress Disorder (PTSD) (p84)
- Speech and Language Disorders (p90)

TREATMENT

A psychotherapist can treat RAD. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

A key component of treatment of RAD includes making sure the child has safe, consistent, and familiar caregivers. Treatment focuses on creating appropriate and secure attachments with caregivers by working with the child and caregivers individually and as a group. Treatment options include parent–child interaction psychotherapy and skill building. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**. If the child has been traumatized, this may also be something that needs to be addressed in treatment.

There are quite a few potentially dangerous RAD treatments that should be avoided. These include treatments that are designed to enhance attachment through physical restraint, coercion, or “reworking” of the trauma. These also include treatments that promote regression for reattachment. Although the names of the these treatments can vary, some names to watch out for include: Attachment Therapy, Holding Therapy, Rage Reduction Therapy, Re-Attachment Therapy, and Rebirthing Therapy. There is no scientific evidence that these treatments work. And worse, these treatments can be dangerous—they have been associated with deaths on multiple occasions. For appropriate treatment, talk to your child’s pediatrician and get a referral for a mental health specialist.

If RAD is affecting the child’s ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

Parents should be very careful when researching information on RAD and considering providers and treatment options. There is a large amount of incorrect information on RAD on the Internet.

RESOURCES

Casey Family Services
Post Adoption Program
401-781-3669,
www.caseyfamilyservices.org
(Offers support, social skills, and discussion groups for adoptive parents and children. These groups are not specifically for RAD, but program providers are aware of RAD and can work with families and refer them for treatment.)

Handbook for Treatment of Attachment - Trauma Problems in Children (1994)
By Beverly James

New York University
Child Study Center
www.aboutourkids.org

Schizophrenia

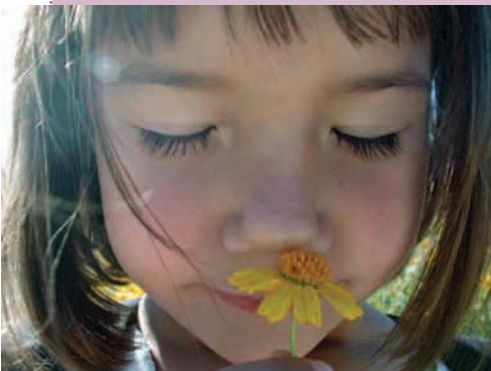
The symptoms of Schizophrenia are sometimes mistaken as moodiness or “teenage rebellion.” In young people, hearing voices is not necessarily a sign of Schizophrenia, but may be due to anxiety, stress, or depression.

Schizophrenia is very rare in children. Schizophrenia can cause unusual behavior and abnormal thinking. Children normally go through a stage where they cannot tell the difference between what is real and what is pretend. However, after this stage of development, if a child continues to see and hear things that do not exist, he or she may have Schizophrenia.

SIGNS AND SYMPTOMS

Typical signs and symptoms of Schizophrenia include:

- Trouble discerning dreams from reality
- Seeing things and hearing voices that are not real
- Confused thinking
- Vivid and bizarre thoughts and ideas
- Extreme moodiness
- Peculiar behavior
- Believing that people are “out to get them”
- Severe anxiety and fearfulness
- Confusing television or movies with reality
- Severe problems in making and keeping friends
- Start acting younger than his or her age. Some examples of behaviors include bed-wetting, clingy behavior, thumb-sucking, and sharing a bed with a parent.



Misdiagnosis

If your child is receiving treatment for a mental health illness and he or she is not getting better, this may mean that you need to change your child’s treatment plan. It also may be a sign that you should take a look at your child’s diagnosis. Your child may not have the correct diagnosis or may have an additional diagnosis that has not been considered yet.

EVALUATION AND DIAGNOSIS

Schizophrenia is a serious psychiatric disorder that needs to be diagnosed and treated as soon as possible. The longer it goes without treatment, the more harmful it can be for the child. Schizophrenia is more commonly diagnosed in adolescence. If you think your child has Schizophrenia, your child may need a comprehensive psychiatric evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with Schizophrenia include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Depression (p67)
- Oppositional Defiant Disorder (ODD) (p82)
- Speech and Language Disorders (p90)

TREATMENT

A psychotherapist or a child and adolescent psychiatrist can treat Schizophrenia. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Treatment for Schizophrenia may include psychoeducation, psychotherapy (in particular, cognitive behavior therapy), family and groups psychotherapy, coping skills training, and anti-psychotic medication. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**. Your child may also need inpatient care in a mental health hospital.

In addition, educational and vocational training may be helpful to support the child in school, work, and community settings. If Schizophrenia is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

RESOURCES

National Schizophrenia Foundation
www.nsfoundation.org

The Quiet Room: A Journey Out of the Torment of Madness (1996)
By Lori Schiller and Amanda Bennett

Surviving Schizophrenia: A Manual for Families, Patients, and Providers (2006)
By E. Fuller Torrey

Speech and Language Disorders



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Speech and language disorders is a general category that covers the following diagnoses:

- **ARTICULATION DISORDER:** Articulation disorders include difficulties making sounds. Sounds can be substituted, left off, added, or changed. These errors may make it hard for other people to understand the child.
- **COMMUNICATION DISORDER:** Communication disorders include difficulties giving or receiving non-verbal, verbal, written, or gestural messages (for example, reaching, pointing, or shaking hands). These problems can be related to speech, language, or hearing.
- **FLUENCY DISORDER:** Fluency disorders include problems such as stuttering, the condition in which the flow of speech is interrupted by abnormal stops, repetitions (st-st-stuttering), or prolonging sounds and syllables (sssstuttering).
- **LANGUAGE DISORDER:** Language disorders can be either receptive or expressive. Receptive disorders refer to difficulties understanding or processing language. Expressive disorders include difficulty putting words together, limited use of vocabulary, or inability to use language in a socially appropriate way.
- **RESONANCE OR VOICE DISORDER:** Resonance or voice disorders include problems with the pitch, volume, or quality of a child's voice that distract listeners from what is being said. These disorders may also cause pain or discomfort for the child when speaking.
- **SOCIAL COMMUNICATION DISORDER:** Social communication disorders include difficulties using words, pictures, facial expressions, body language, eye gaze, and gestures to start and continue interactions with others. These problems include difficulty participating in conversations, knowing how close to stand to others, and being able to vary what one says based on whether the other person is a teacher, acquaintance, friend, or family member.

TIP

Parent involvement is crucial to treating speech and language disorders. A speech-language pathologist may recommend parent counseling and education. Ask your child's speech-language pathologist for suggestions on how you can help your child, such as emphasizing important words when you read together.

SIGNS AND SYMPTOMS

Typical signs and symptoms of speech and language disorders include when a child has a hard time:

- Talking clearly enough to be understood outside the family
- Understanding others
- Following directions
- Reading or writing
- Answering questions
- Expressing his or her thoughts and ideas in a clear manner using appropriate vocabulary and grammar
- Using language in a variety of social situations

EVALUATION AND DIAGNOSIS

If untreated, children with speech and language disorders may not be able to fully engage in daily conversations with their parents, family members, or other children. They also may not be able to follow directions—not because they do not want to listen, but because they do not understand. In school, a child with speech and language problems may fall behind, shut down, or act up. A speech-language pathologist can evaluate your child for speech and language disorders and help avoid behavioral consequences that can come along with having trouble in school. This is true even in cases where the problem may be more subtle, such as in older children. If you think your child has a speech and language disorder, your child may need a speech-language evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with speech and language disorders include:

- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Learning Disorders (p75)

TREATMENT

A speech-language pathologist can treat speech and language disorders. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

TREATMENT FACILITIES

University of Rhode Island
Speech and Hearing Centers
401-874-5969

RESOURCES

American Speech-Language
Hearing Association
800-638-8255
www.asha.org

Therapy should begin as soon as possible. Children who begin therapy early in their development tend to do better than children who begin therapy later. This does not mean that older children and adolescents cannot make progress in therapy. However, when a problem goes unrecognized, it can interfere with a child's family interactions, social relationships, and schoolwork. When a problem is identified, a speech-language pathologist can work with the child, parents, and teachers to enhance the child's speech and language development and reduce the impact of the any problems on a child's family, social, and school life.

Treatment may include clinic or home-based coaching, individual or group therapy, school-based individual or group therapy in a classroom, and other school-based interventions. Speech-language therapy may include:

- **ARTICULATION THERAPY:** In this treatment, a speech-language pathologist models correct sounds and syllables for a child during play activities. A speech-language pathologist helps the child learn how the sounds are formed with the lips, tongue, and teeth (for example, moving the tongue to the back of the mouth to say "car" instead of "tar").
- **LANGUAGE INTERVENTION ACTIVITIES:** In this treatment, a speech-language pathologist talks to a child and uses pictures, books, objects, structured play, or actual events, such as cooking. The speech-language pathologist may model certain words or types of sentences and ask the child to imitate. Together, these activities work to improve vocabulary, sentence structure, and language use. The level of play is age appropriate and related to the child's specific needs. For older children, the speech-language pathologist tries to improve a child's ability to understand others, like his or her teachers. A speech-language pathologist may teach the child to ask questions when he or she does not understand something in class or may explain the vocabulary used in daily school assignments.

If the speech and language disorder is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.



Helping a child with a speech and language disorder

HERE ARE A FEW TIPS YOU CAN TRY AT HOME:

- When talking to your child, talk just a “notch above” what they do. If your child uses single words like “doggie,” then you can use a phrase like “nice doggie.”
- When interacting with your child, give him or her time to listen and learn. Pause after you talk, so your child has a chance to talk or gesture to answer you.
- Be patient. Your child may not repeat words you say right away, but these words may “pop out” later.
- Ask helpful questions (rather than test questions) and acknowledge your child's responses, even when they're hard to understand. If your child says “bamma” and you think he or she means to say “grandma,” ask your child “Are you talking about grandma” (helpful question) rather than “What's her name?” (test question).
- Show your child that it is okay for him or her to ask questions when he or she does not understand what you are saying. If your child looks puzzled or does not follow a direction correctly, consider changing what you say and see if it helps him or her.
- If your child is having trouble expressing himself or herself, focus on what he or she means, rather than how he or she says it.
- If your child is having trouble understanding what you are saying, use gestures, objects, or pictures to help him or her understand what you are talking about. Older children can benefit from drawings, simple lists, and outlines.
- Keep in mind that even older children may not understand abstract expressions, such as “Those people live in a zoo.” When giving directions or just talking, say what you mean. For example, instead of saying “Put down your dukes” say “Put your hands down.”

Substance Abuse and Dependence

There are a number of risk factors that can increase the likelihood that a child may develop a substance abuse and dependence problem. These risk factors include depression, anxiety, low self-esteem, the child not feeling like they fit in or belong in their community, and a family history of substance abuse or addiction.

For some children, continued use of alcohol, drugs, or other substances (for example, over-the-counter medications like cough syrup or household products like inhalants) may begin to interfere with their activities and health and develop into a substance abuse problem. If children take the substances often enough, their body or mind may become dependent on them (in other words, they need the substances to function). The child will have negative physical and emotional reactions to not having the alcohol or drugs. Children can also develop a tolerance for the substance. The alcohol or drug will no longer make them feel drunk or high the way it did at first, and they need more of it to feel that way.

SIGNS AND SYMPTOMS

Typical signs and symptoms of substance abuse and dependence include:

- Fatigue or red and glazed eyes
- A lasting cough
- Sudden mood changes or irritability
- Irresponsible behavior
- Withdrawal from the family
- Decreased interest in school or a negative attitude toward school
- A drop in grades
- Discipline problems at school or problems with the law



EVALUATION AND DIAGNOSIS

Substance abuse can affect every aspect of a child's life and can lead to problems in school, with relationships, and even with law enforcement. Continued substance abuse can lead to medical problems, as well. For these reasons, it is important that it is diagnosed as early as possible. Unfortunately, substance abuse is also an issue that can be easily hidden. Substance abuse and dependence is typically diagnosed in adolescence, but it can occur in younger children.

If you think your child has a substance abuse and dependence problem, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**. In addition to an evaluation, a provider will usually do a toxicology screening to determine what types of substances are in your child's system. Sometimes a child may not know exactly what he or she has ingested, so it is important to establish exactly what types of chemicals are present.

TYPICAL CO-EXISTING DIAGNOSES

Substance abuse is often a sign of other mental illnesses. A child may use alcohol or other drugs as a way to feel better and reduce the symptoms of a mental illness. For example, a child who is depressed may use drugs as a way to feel happier, or a child with anxiety may use alcohol to help him or her relax. If your child is abusing substances, it is important to both seek treatment for the substance abuse and have him or her evaluated and possibly treated for other mental illnesses.

Common mental health diagnoses that co-exist with substance abuse and dependence include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Conduct Disorder (p64)
- Depression (p67)
- Eating Disorders (p70)
- Learning Disorders (p75)

For both evaluation and treatment of a substance abuse and dependence problem, it is important to find a mental healthcare provider who specializes in substance abuse.

TREATMENT FACILITIES

Caritas, Inc.
401-722-4644
www.caritasri.org

CODAC Cranston
401-461-5056
www.codacinc.org

Stanley Street Treatment
and Resources
800-747-6237
www.sstar.org

RESOURCES

Al-Anon and Alateen
888-4AL-ANON or 888-425-2666
www.al-anon.alateen.org

Alcoholics Anonymous
in Rhode Island
401-438-8860
www.rhodeisland-aa.org
www.alcoholics-anonymous.org

New England Region
of Narcotics Anonymous
866-624-3578
www.newenglandna.org
www.na.org

TREATMENT

Substance abuse and dependence can be treated by a licensed mental health counselor, a psychotherapist, or a child and adolescent psychiatrist. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

There are many successful treatments for substance abuse and dependence. Treatment includes drug or alcohol rehabilitation, which allows the child's body to get over any physical dependence to the substance. In addition, individual and family psychotherapy are suggested forms of treatment. Medication may be used to reduce emotional or psychological dependence on a substance. Treatment of any existing mental illnesses can also help in treating substance abuse. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

Many treatment facilities exist specifically to treat substance abuse and dependence and provide comprehensive programs for children with substance abuse problems. Treatment programs can include twelve step programs and peer support from friends who do not use substances. In particular, treatment programs usually address how the child is spending his or her time and figure out a way to keep the child busy through recreational or vocational services. As children with substance abuse problems may have trouble in other areas, comprehensive programs also usually include legal, family, and medical services.

If substance abuse and dependence is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

Tic Disorders

A tic is when a part of the body moves repeatedly, quickly, suddenly, or uncontrollably. Tics can occur in any part of the body, but are most common in the face, shoulders, hands, or legs. In addition, some tics can be vocal. A vocal tic is when a child makes sounds or speaks involuntarily.

Tics can range from mild to severe. Most tics are mild and hardly noticeable. However, in some cases, they are frequent and severe and can affect a child's ability to function in many different areas, including at home, school, and work.

The different types of tic disorders in children include:

- **CHRONIC TIC DISORDER:** With this disorder, a child has either one or more motor or vocal tics that last for more than a year. This type of tic disorder is rare. In some cases, chronic tics may be a sign of Tourette's Disorder (p98).
- **TRANSIENT TIC DISORDER:** A child with this disorder has multiple motor and/or vocal tics that last for at least a month, but not more than a year. Tics are usually mild and hard to notice, but may increase in frequency when a child is tired, nervous, or stressed. Transient Tic Disorder is the most common type of tic disorder in children. This disorder goes away on its own and does not require treatment.

EVALUATION AND DIAGNOSIS

Tic disorders can be very stressful for children, especially due to the other children's reactions to the tics. Tic disorders can be diagnosed at any time in childhood. If you think that your child has a tic disorder, your child may need a comprehensive psychiatric evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TREATMENT

If your child has Transient Tic Disorder, the tics will go away on their own, and your child does not require treatment. If your child has Chronic Tic Disorder or another type of tic disorder, treatment depends on the type of tics, but may include medication to control the symptoms and psychoeducation. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.



Up to 10% of children may have transient tics during their early school years.

Tourette's Disorder

Children with Tourette's Disorder cannot control their sounds and movements and should not be blamed for them.

Tourette's Disorder is a type of tic disorder (p97). Tourette's is a rare disorder that affects less than one percent of children. Tourette's Disorder is characterized by chronic tics, which persist for a year or more. A child with Tourette's Disorder usually has both body and vocal tics that are frequent and severe, making it hard for the child to function normally.

SIGNS AND SYMPTOMS

Common signs and symptoms of Tourette's Disorder include:

- Acting impulsively
- Developing obsessions and compulsions
- Blurting out obscene words
- Insulting others
- Making obscene gestures or movements

EVALUATION AND DIAGNOSIS

Tourette's Disorder can be distressing for children, particularly because of peer reactions to the tics. Tourette's Disorder is usually diagnosed in children, around ages 8 to 10. However, symptoms can come and go. If you think your child has Tourette's Disorder, your child may need a comprehensive psychiatric evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with Tourette's Disorder include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Learning Disorders (p75)
- Obsessive Compulsive Disorder (OCD) (p80)

TREATMENT

Tourette's Disorder can be treated by a developmental behavioral pediatrician, a neurologist, a child and adolescent psychiatrist, or a psychotherapist. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Treatment for the child with Tourette's Disorder may include individual psychotherapy and medications. The types of medications that may be used include anti-anxiety or anti-depressant medications (in particular, Serotonin Reuptake Inhibitors or SRIs), anti-psychotic medications, or other medications (in particular, clonidine guanfacine). Family psychotherapy can also help families provide emotional support and the appropriate educational environment for the child. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If Tourette's Disorder is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

RESOURCES

Teaching the Tiger: A Handbook for Individuals Involved in the Education of Students with Attention Deficit Disorders, Tourette Syndrome or Obsessive-Compulsive Disorder (1995)

By Marilyn P. Dornbush, PhD and Sheryl K. Pruitt

The Tourette Syndrome Association,
Rhode Island Chapter
401-301-9980
www.ri.net/tsari or www.tsa-usa.org

PANDAS

PANDAS stands for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infection. This means that certain kinds of bacterial streptococcal infections (for example, strep throat) may be related to tic disorders (including Tourette's Disorder), as well as Obsessive Compulsive Disorder (OCD). A pediatrician, child and adolescent psychiatrist, neurologist, or developmental behavioral pediatrician can check to see if your child's symptoms are related to a strep infection.





6 Mental Health Support

The mental healthcare system is complex and can be confusing to understand and navigate. If you think that your child may have a mental health issue, you will need to become familiar with some new types of mental healthcare providers, programs, and services. In order to get the best care for your child, it will be helpful to understand who you will be working with, what they do, and how they can work together.

The purpose of this section is to help you understand how to navigate the mental healthcare system in Rhode Island in order to get the best available care for your child. This section describes some of the key people and organizations that may be a part of your child's treatment, while also helping you figure out whom you should contact when you have concerns about your child.

You and Your Support Team

The best advocate for your child is YOU—a parent knows his or her child better than anyone else and knows what he or she needs to succeed.

As a parent, you are in charge of your child's care. Your child is dependent on you for everything that he or she needs. Being your child's number one advocate is the most important job you have and can truly make a difference in how successful your child will be. Dealing with a mental health issue is difficult, and the more support that a child has, the more likely he or she will be successful at managing it.

BEING AN ADVOCATE

Parenting a child with a mental health issue can be incredibly challenging at times. Depending on the issue, your child may need regular psychotherapy, medication, and an incredible amount of support from family and friends. Parenting a child with a mental health issue means you are in charge of finding the appropriate services for your child, coordinating them, and monitoring their effectiveness. This guide can help you find your way through the mental healthcare system and offer tips and suggestions on where to start and who to contact, but it is up to you to make sure your child gets what he or she needs out of the system. Finding good care for your child and watching him or her succeed can be very rewarding. You and your child both deserve that feeling!

TIP

Talk with other parents to discuss strategies, common problems, and what kinds of solutions have worked. Many parents have received the best advice from other parents.



BUILDING YOUR CHILD'S SUPPORT TEAM

Building a support team is a great way to offer your child the support and encouragement that he or she needs. A support team is a network of people that care about your child and can include family members, family friends, teachers, your child's pediatrician, your child's mental health specialists, and other members of the community. A support team can also help you—as a parent and an advocate. Here are a few suggestions to begin building yours:

- Decide how much information you are willing to share with others about your child's mental health issue. If your child is old enough to participate in this decision, ask for his or her opinion. Explaining aspects of your child's mental health issue may require sharing personal information about your child and your family. You, your child, and your family need to decide how comfortable you are talking about these details with specific people.
- Make a list of people who you think should be a part of your team. What would make each person a good advocate for your child? Do they have skills or access to resources that would be useful? Do they have time and interest in being a part of your team? Talk to them about what role would be the best fit for them.
- When you build your team, talk to each person about respecting the confidentiality and privacy of your child. You may be comfortable sharing some details of your child's mental health issue with them, but you may not want them to share those details with other people.
- Create open lines of communication with people on your team. Even if you have decided to limit the amount of information you share, try to talk regularly to your team about the things you have decided to share. Communication about the needs of your child, yourself, and your team will help you get the most out of your team without causing harm or undue stress to anyone.
- Share the responsibilities of supporting and advocating for your child. Each team member brings his or her individual expertise to the table, as well as his or her unique relationship with your child. Different perspectives can be very helpful.



It is important to protect your child's privacy about his or her mental health. Yet, at the same time you need to share important information with teachers, family members, and members of your support team. Stigma is created by secrecy, so be as open and as matter of fact as possible. When sharing information with schools, it is often helpful to have your child's pediatrician or mental health specialist write a letter to provide specific information as needed.

Talking to your employer

Discussing the medical needs of your child with your employer can help to open lines of communication about what your expectations are in terms of flexibility.

- How much should you disclose about your child's mental health issue? Ask yourself how comfortable you are with your manager and how much you trust him or her.
- Find out if your company has an employee assistance or employee health office. The employee health nurse can provide confidential advice to employees about health issues.
 - Ask if employees are covered under the federal Family Medical Leave Act (FMLA). Under FMLA, certain employers must grant eligible employees a limited amount of unpaid leave for such issues as taking care of an immediate family member with a serious health condition. If you are covered, then a representative from human resources should discuss rights and options under FMLA with you. By law, companies have to explain FMLA.



TIP

Don't forget--you need to keep yourself as healthy and as happy as possible to help your child. This means getting enough sleep, exercising, and having some fun. Find ways to give yourself a break, even if it's a five-minute period of meditation or lighting a candle and taking a bath. Also, remember to make time for your relationship with your significant other.

ADVOCACY ORGANIZATIONS

Advocacy organizations

teach parents and families how to advocate for the education, health, and socio-economic well-being of their children and families. For more information on any of these organizations, turn to **ADDITIONAL RESOURCES (p165)**.

- **ADVOCATES IN ACTION:** This statewide self-advocacy group offers leadership training and self-advocacy materials.
- **OFFICE OF THE CHILD ADVOCATE:** This is a legal office that advocates for particular children whose legal, civil and special rights in the Department of Children, Youth, and Families system and/or Family Court proceedings are not being met.
- **OFFICE OF THE MENTAL HEALTH ADVOCATE:** This independent statewide advocacy agency provides legal, investigative, and advocacy services to patients in psychiatric hospitals, residents of mental health group homes, clients of mental health centers, patients in forensic units, and persons receiving substance abuse treatment.
- **PARENT SUPPORT NETWORK OF RHODE ISLAND (PSN):** PSN is an organization that provides one-on-one technical assistance around education, mental health, the child welfare system, juvenile justice, and substance abuse. In addition, the organization runs a hotline, support groups, and training classes.
- **RHODE ISLAND DISABILITY LAW CENTER:** This center provides free legal assistance for individuals and families of children with disabilities. Services include individual representation to protect rights or secure benefits and services, self-help information, educational programs, and administrative and legal advocacy.
- **RHODE ISLAND PARENT INFORMATION NETWORK (RIPIN):** RIPIN works with families to inform, educate, support, and empower them. RIPIN offers eleven programs and services to Rhode Island families with children, including families of children with special needs. RIPIN also has a call-in resource center.

Parents' bill of rights

- I HAVE THE RIGHT...** to take care of myself. This is not an act of selfishness. It will give me the capability of taking better care of my child.
- I HAVE THE RIGHT...** to seek help from others. I recognize the limits of my own endurance and strength.
- I HAVE THE RIGHT...** to maintain facets of my own life that do not include my child, just as I would if he or she were healthy. I know that I do everything that I reasonably can for my child, and I have the right to do some things just for myself.
- I HAVE THE RIGHT...** to get angry, be depressed, and express other difficult feelings occasionally.
- I HAVE THE RIGHT...** to reject any attempts by my child, conscious or unconscious, to manipulate me through guilt or depression.
- I HAVE THE RIGHT...** to receive consideration, affection, forgiveness, and acceptance from my child for what I do, for as long as I offer these qualities in return.
- I HAVE THE RIGHT...** to take pride in what I am accomplishing and to applaud the courage it has sometimes taken me to meet the needs of my child.
- I HAVE THE RIGHT...** to protect my individuality and my right to make a life for myself that will sustain me in the time when my child no longer needs my full-time help.
- I HAVE THE RIGHT...** to expect and demand that as new strides are made in finding resources to aid children with mental health issues in our country, similar strides will be made towards aiding and supporting caregivers.



Mental Health Specialists

Mental health specialists can provide the mental healthcare for your child. They are trained specifically in diagnosing and treating mental health issues and can provide care on an ongoing basis.

TYPES OF PROFESSIONALS

There are several types of mental health specialists. They receive different levels of training and provide various services based on their training and professional focus.

- **ADVANCED PRACTICE REGISTERED NURSE (APRN):** APRNs are licensed registered nurses and have a master's or doctoral degree in nursing. Some APRNs specialize in psychiatry or mental health and can offer evaluations and psychotherapy for mental health issues. Some APRNs can prescribe medications and others cannot. There are a variety of types of APRNs, including Clinical Nurse Specialists (CNSs) and Psychiatric Nurse Practitioners (PNPs). While some APRNs may go by these more specific titles, others only use APRN as a title.
- **CHILD AND ADOLESCENT PSYCHIATRIST:** Psychiatrists are medical doctors (MD or DO) with specialized training in diagnosing, treating, and preventing mental illnesses. They receive certification through medical school and residency training. Psychiatrists can evaluate a person for a mental illness, provide different types of treatments (including psychotherapy), and prescribe medications. Child and adolescent psychiatrists receive additional training to focus on evaluating and treating children. If you are looking for a child and adolescent psychiatrist, make sure they are “board eligible” or “board certified” as a child and adolescent psychiatrist.
- **DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN:** A developmental behavioral pediatrician is a pediatrician who has additional training in all aspects of child development. They can evaluate your child's motor, social, behavioral, language, and intellectual development, as well as his or her physical health. They can help build children's coping skills and help children adjust to different stages of development.
- **LICENSED MENTAL HEALTH COUNSELOR (LMHC):** LMHCs are individuals who provide counseling. Many are social workers or psychotherapists with a master's degree. They offer counseling

TIP

Check your provider's credentials carefully and see if they are appropriately licensed and certified in your state. When selecting a psychiatrist, always ask if he or she is “board eligible” or “board certified” in child and adolescent psychiatry. Also ask if his or her training included working with children and if he or she has experience working with your child's particular mental health issue.

for a variety of mental health issues, and some focus on particular issues, such as anxiety, sexual or physical abuse, or depression.

- **NEUROLOGIST:** Neurologists are medical doctors (MD or DO) who specialize in the diagnosis and treatment of disorders of the nervous system (brain, spinal cord, and nerves throughout the body).
- **NEUROPSYCHOLOGIST:** Neuropsychologists are psychologists who have additional training in neuropsychology. They focus on evaluating and treating weaknesses of brain functioning.
- **PSYCHOLOGIST:** Psychologists are trained in psychology, which is the scientific study of the mind and human behavior. Psychologists have a doctoral degree: a PsyD, PhD, or EdD. The type of degree they have depends on the type of doctoral program they completed and the amount of time they focused on clinical practice (treating patients) versus research. They can also be certified by professional organizations. They can evaluate a child for a mental illness and provide psychotherapy and trainings. Psychologists cannot prescribe medications.
- **PSYCHOTHERAPIST:** Psychotherapists (also called therapists) provide psychotherapy. They usually have a master's or doctoral degree and become certified to practice psychotherapy by taking an exam. Psychotherapists include APRNs, LMHCs, psychiatrists, psychologists, and social workers. Psychotherapists can evaluate and treat mental health issues by working with individuals, families, or groups. They sometimes focus on specific issues such as depression, anxiety, eating disorders, grief, or family conflicts. Psychotherapists cannot prescribe medications.
- **SOCIAL WORKER:** Social workers provide treatment for mental health issues and social problems. Most have a master's degree (MSW). Licensed Independent Clinical Social Workers (LICSWs) and Licensed Clinical Social Workers (LCSWs) are social workers who receive a license from the state to provide mental health counseling or psychotherapy. While LICSWs can provide services independently, LCSWs provide services under the supervision of a LICSW. Both provide psychotherapy to individuals, families, or groups. Some social workers provide services within hospitals, the community, or the school system.

Working with other health professionals

In addition to mental health specialists, there are many other health professionals who may work with your child. Children with mental illnesses often have other medical problems that require or could benefit from treatment from the following health professionals:

GASTROENTEROLOGIST

A gastroenterologist is a medical doctor (MD or DO) who specializes in disorders of the digestive system, such as feeding disorders.

NUTRITIONIST OR DIETICIAN

Nutritionists and dietitians plan food and nutrition programs and can advise parents and children on the best foods to eat for optimal nutrition, well-being, and disease prevention. They have varying levels of education, from bachelor's degrees to doctoral level degrees (PhD). Certified Nutrition Specialists (CNS) and Registered Dietitians (RD) have been certified nationally and have met certain educational, experience, and examination requirements.

OCCUPATIONAL THERAPIST

An occupational therapist helps people improve their ability to perform day-to-day tasks in their daily living and working environments. Their treatment techniques promote health, prevent injury or disability, and sustain or restore the highest possible level of independence. An Occupational Therapist Registered (OTR) is a therapist who has graduated from an accredited educational program and passed a national certification examination. Some states have additional requirements for therapists who work in schools or early intervention programs.

PHYSICAL THERAPIST

Physical therapists provide services to help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities. Physical therapists must graduate from an accredited physical therapist educational program with a master's or doctoral degree and pass a licensure exam before they can practice.

TIP

It is possible that more than one mental health specialist will be involved in your child's treatment. When more than one provider is involved in your child's care, make sure all providers are aware of your child's different diagnoses, medications, and treatments.

Social workers sometimes work through government agencies, such as the Department of Children, Youth, and Families (DCYF). Social workers cannot prescribe medications.

- **SPEECH-LANGUAGE PATHOLOGIST:** Speech-language pathologists are also known as speech therapists. They are educated in the study of human communication, its development, and its disorders. They hold at least a master's degree and state certification/licensure in the field, as well as a certificate of clinical competency from the American Speech-Hearing-Association. They can evaluate your child's speech and language development and treat any communication problems he or she may have. They can also evaluate your child's educational setting to ensure that your child can develop language skills. Speech assistants, who have typically earned a 2-year associate's or 4-year bachelor's degree in the speech language pathology, may assist speech-language pathologists.

For more information about school mental health specialists, turn to page 119 in **MENTAL HEALTH SUPPORT**.

EVALUATIONS

Mental health specialists usually use a specific set of tools to evaluate mental health issues. For more information about the different types of evaluations that mental health specialists can perform, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

SERVICES OFFERED

Mental health specialists can provide treatment for mental health issues. They may also work with or refer a child to other types of mental health specialists if the child needs a specific type of expertise or treatment. For more information about the different types of mental health treatments, turn to **MENTAL HEALTH TREATMENT (p147)**.

HOW MENTAL HEALTH SPECIALISTS WORK WITHIN THE MENTAL HEALTHCARE SYSTEM

Mental health specialists will work with your child's pediatrician or other medical doctors if his or her physical health is affected by a mental health issue. They also sometimes provide services directly through hospitals, health centers, community programs, or schools. They can refer your child to other services and resources within the system. If your child receives care from more than one mental health specialist, they may work with each other in order to understand and coordinate different aspects of your child's treatment.

LIMITATIONS

Sometimes mental health specialists focus on a specific age group, type of mental health issue, or treatment method. Find out what your child's provider's focus and methods are and talk with him or her to make sure the services they provide will meet your child's unique needs.

Mental health specialists sometimes have a limit on the number of patients they can treat at a given time. If you are referred to a mental health specialist, make sure he or she is accepting new patients at that time.

RESOURCES

To get a referral for a mental health specialist, you can:

- Call your insurance company to see who is covered by your insurance.
- Talk to your child's pediatrician to see whom he or she recommends.
- Check out the Rhode Island Psychological Association website (www.ripsych.org) to search for a psychologist or the American Academy of Child and Adolescent Psychiatry website (www.aacap.org) to search for a child and adolescent psychiatrist.
- Call Bradley Hospital's Early Childhood Clinical Research Center at 401-793-8731 for infant mental health referrals.
- Visit www.RINetworkOfCare.com. For more information on this website, turn to page 198 in **ADDITIONAL RESOURCES**.
- Get a recommendation from your child's school, childcare provider, or other parents or friends.



Confidentiality

Mental healthcare providers are required by law to keep your child's mental health confidential. However, there are some exceptions to this rule. If your child is under age 18, the provider can share some aspects of his or her treatment with you. However, the provider is unlikely to share all aspects of the treatment. Some providers prefer not to share any information about the treatment.

As a parent, you do have the right to look at your child's medical record at any time. However, keep in mind that the confidentiality clause between provider and patient is there for a reason and is often an essential part of your child's treatment (knowing that they have a safe place to talk about issues that will not be heard outside of that room).

Providers can also break confidentiality if they are concerned about risk of injury to the child or another person. In these cases, providers will notify the parents. If the parent does not respond to the situation, the provider has the right to send the child to a hospital or notify law enforcement. Providers are also required by law to report suspected cases of abuse or neglect to Department of Children, Youth, and Families (DCYF).

Assertiveness is... Assertiveness is not

ASSERTIVENESS IS:

1. Stating your needs clearly and directly.
2. Stating your ideas without feeling guilty or upset.
3. Sticking up for what you believe your child needs—even though professionals may not agree.
4. Knowing your rights and how to assert them.
5. Noting what your child needs and all facts pertaining to his or her case.
6. Treating professionals like partners.
7. Effective communication.
8. Sharing your feelings of self-confidence when you communicate with others.
9. Advocating effectively on your own behalf.
10. Self-reliance and independence.
11. Sticking with it until you get all the services your child needs.
12. Studying a problem and pinpointing areas of responsibility
13. Advocating to get necessary legislation passed and getting it put into practice.
14. Organizing for change.
15. Having a positive attitude at all times.

ASSERTIVENESS IS NOT:

1. Beating around the bush instead of stating your needs.
2. Feeling too guilty or afraid to express your needs.
3. Agreeing with professionals—no matter how you feel—because “professionals know what’s best.”
4. Not knowing about your rights.
5. Leaving everything to others because “they know how to do these things.”
6. Apologizing when asking for what is rightfully yours.
7. Ineffective communication.
8. Begging for what is legitimately yours by law.
9. Handing over your right to advocate on behalf of your own child to others.
10. Solely depending and counting on others.
11. Giving up when you run into “red tape.”
12. Reacting before you get all the facts.
13. Letting the politicians “take care of laws and all that political stuff.”
14. Acting “only” on your own behalf.
15. Giving in to defeat.

TIP

Advocacy is tough. Do not expect things to be easy, but do expect the reward of seeing your child succeed.



Mental Health Hospitals and Community Mental Health Centers

Mental health hospitals and community mental health centers focus on providing mental healthcare. They can provide crisis, evaluation, referral, and treatment services.

TYPES OF PROFESSIONALS

Mental health hospitals and community mental health centers have a variety of different types of mental health specialists on staff to provide mental health services. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

EVALUATIONS

In a crisis situation, staff at mental health hospitals and community mental health centers will first provide emergency medical care. Once the child is physically safe and stable, mental health specialists will use tools to evaluate your child for a variety of mental health issues. For more information about the different types of evaluations, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

SERVICES OFFERED

Mental health hospitals and community mental health centers can provide a variety of different levels of services to children with mental health issues. Both mental health hospitals and community mental health centers offer emergency and crisis services.

Community mental health centers and mental health hospitals also offer outpatient services. Community mental health centers tend to focus more on office-based outpatient services with some centers offering more intensive outpatient programs. Some mental health hospitals offer office-based outpatient services and some offer more intensive outpatient programs. In addition, mental health hospitals offer inpatient services, and some offer residential services as well. Through these different levels of services, mental health hospitals and community mental health centers offer a

Although this section specifically describes mental health hospitals, certain larger medical hospitals have substantial mental health centers or departments. The information provided in this section on mental health hospitals can apply to those hospitals as well.

range of mental health treatments. For more information about the different levels of services and the different types of treatments, turn to **MENTAL HEALTH TREATMENT (p147)**.

Mental health hospitals and community mental health centers can also offer support programs, such as day care and support groups, and specific programs for particular mental illnesses.

HOW MENTAL HEALTH HOSPITALS AND COMMUNITY MENTAL HEALTH CENTERS WORK WITHIN THE MENTAL HEALTHCARE SYSTEM

Mental health hospitals and community mental health centers are an important part of the mental healthcare system. They are primary providers of mental health evaluations, diagnoses, treatment, and referrals, especially in crisis situations. They may also work with your child's pediatrician, the school system, or community organizations, as necessary, to coordinate your child's care.

LIMITATIONS

Mental health hospitals have a variety of mental health specialists on staff. However, they sometimes do not have enough space to

Medical hospitals and health centers

Medical hospitals and health centers provide general and emergency medical care. In certain circumstances, medical hospitals and health centers may also play a role in your child's mental healthcare:

CRISIS SITUATIONS: A hospital or health center can be the main point of entry into the mental healthcare system in a crisis situation. For example, a case of self-injurious behaviors or extreme emotional or behavioral crisis, a parent may bring his or her child into the medical hospital to get emergency medical care or to provide a stable and safe environment. They may then do an initial evaluation by asking basic questions and noting signs and symptoms before referring the child to a mental health specialist.

OUTPATIENT SERVICES: Certain medical hospitals, particularly those with large mental health departments, can provide mental health outpatient services, including evaluations, referrals, and treatments. Certain medical health centers may also provide outpatient services, such as counseling and psychotherapy.

CONSULTATION SERVICES: In cases where a child is hospitalized for a medical condition and may have a co-existing mental health issue, a psychiatrist or psychologist on the hospital staff will evaluate the child's mental health.



provide immediate inpatient services. Community mental health centers have mental health specialists on staff, but they may not have the expertise in children's mental health and psychologists and psychiatrists may be in short supply. Community mental health centers may also be overcrowded, with long waiting lists for services.

To address these limitations, call your insurance company and ask for a care manager. A care manager will help you find the help you need in a timely manner. For more information on health insurance care managers, turn to page 144 in **MENTAL HEALTH SUPPORT**.

RESOURCES

There are two mental health hospitals in Rhode Island:

- **BRADLEY HOSPITAL:** Bradley Hospital is a not-for-profit hospital that serves children and adolescents who have behavioral, developmental, emotional, and psychological problems.
- **BUTLER HOSPITAL:** Butler Hospital is a private, nonprofit psychiatric and substance abuse hospital for adults, adolescents, children, and seniors.

There are also several large medical hospitals that provide specialized mental health services to children:

- **HASBRO CHILDREN'S HOSPITAL:** Hasbro has professionals who specialize in child and adolescent psychiatry and is building a pediatric psychiatric emergency room. Hasbro also runs the Children's Neurodevelopment Center and offers the Frequent Flyers Program, Siblink Program, and Pediatric Partial Hospital Program.
- **MEMORIAL HOSPITAL OF RHODE ISLAND:** Memorial Hospital offers child and adolescent psychiatry and psychology services, primary care for children with special needs, and speech-language therapy. Memorial Hospital also runs the Neurodevelopmental Center.
- **WOMEN & INFANTS HOSPITAL OF RHODE ISLAND:** Women & Infants provides comprehensive care for newborns, including inpatient services, follow-up programs, and hearing assessment programs. Women & Infants Hospital runs the Infant Behavior, Cry, and Sleep Clinic and the Warm Line.

For more information on these hospitals and their programs, as well as a listing of community mental health centers, turn to **ADDITIONAL RESOURCES (p165)**.

Coordinating your child's care

Treating a mental illness may require visiting different mental health specialists in order to get the best care. Keeping your child's medical information organized is important because it creates a paper trail and helps your child receive care that is coordinated and comprehensive. There are several items that you should bring to every appointment for your child. It may be helpful to keep these materials in a binder or a folder.

THESE ITEMS INCLUDE:

- Copies of any prior evaluations. Never give providers the original copy of an evaluation, but let them make a copy for their records.
- List of current or past medications that have been prescribed for your child. The list should include the dates the medication was prescribed, dosages, how your child responded to the medication, and any reasons a specific medication was stopped.
- Copies of school records. These can include report cards or notes from teachers that represent your child's strengths or problem areas. It could also include any notes or reports from school that document your child's in-school behaviors (for example, how they interact with teachers or other students).
- Copies or explanations of prior treatments and a list of providers your child has seen.
- Any written or illustrated work your child has done that may show the struggle he or she is having.

RESOURCES

Raising Children with Special Health Care Needs Complete Care Notebook
www.health.ri.gov/family/disability/SpecialNeedsBinder.pdf

Maternal depression

Parenting during the early years of your child's life is a time of many demands and unique stresses. Even in the best of circumstances, it can be a challenging time for parents. Adjustments usually need to be made in sleep schedules, employment, and roles. Even for experienced parents, there is the adventure of understanding the particular child's unique style, needs, vulnerabilities, and strengths. Maternal depression during this time can change an already challenging adventure into a potentially overwhelming one. Depression can cause distress, can impair parenting, and can impact a mother's relationship with her baby and other family members.

There are 3 forms of maternal depression: baby blues, postpartum psychosis, and postpartum depression. Each one varies greatly in severity, duration, and impairment.

BABY BLUES is the least severe and most common type of maternal depression. Symptoms usually include episodes of crying, mood swings, and worry. Symptoms usually start within the first few days following childbirth, and may last for a few hours up to several days. Although distressing, the symptoms do not cause significant parenting problems.

POSTPARTUM PSYCHOSIS is a rare, yet very severe, mental illness. Symptoms include depression, along with hallucinations or delusions. These symptoms cause major problems with a new mother's ability to function. This illness usually requires that the mother be hospitalized.

POSTPARTUM DEPRESSION is the third type of maternal depression. Typical signs and symptoms of postpartum depression include:

- Loss of pleasure or interest in usual activities
- Sleep and appetite changes
- Cognitive disturbances
- Loss of energy
- Recurrent thoughts of death

These symptoms co-occur for at least a two-week period of time. The symptoms cause significant distress and can impair a mother's ability to parent. These symptoms are the same as those of "regular" depression that can occur at anytime during a person's life. Depression is called postpartum depression if the symptoms begin within the first 3 months following childbirth.

Postpartum depression does not just affect the mother. It can be harmful to the baby and the entire family. Postpartum depression has been associated with problems with infant development, poor parent-child interactions, and unhealthy family functioning.



Women at-risk for postpartum depression can be identified early (even during pregnancy) by evaluating whether they have a history of depression. Past history of depression can increase a woman's risk for postpartum depression. Once identified, steps can begin immediately to prevent problems for the mother, child, and the family. Moms-to-be can get services to build parenting skills, enhance parent-child relationship quality, and reduce depressive symptoms.

If a mother develops postpartum depression, treatment can help reduce symptoms. Treatment strategies also focus on strengthening family relationships by highlighting the role of fathers and other important caregivers, promoting positive parenting, establishing healthy family routines, and empowering parental self-efficacy.

RESOURCES

Depression After Delivery
www.depressionafterdelivery.com

*Down Came the Rain:
My Journey through
Postpartum Depression* (1995)
By Brooke Shields

Postpartum Support
International
800-944-4PPD (4773)
www.postpartum.net

Early Childhood Services

Finding care for your child in early childhood is a bit different than if your child is enrolled in a public elementary school. Many parents are unaware of the services available to them and their young children and where to turn to get their children the help they need. Parents can get services for their young children from the pediatrician, school system, childcare provider, or a variety of state and community programs.

Your child's pediatrician monitors your child's development and health and can offer mental health evaluations and referrals to mental health specialists and programs. For more information, turn to **TALKING TO YOUR CHILD'S PEDIATRICIAN (p33)**.

The school system offers mental health evaluations and special education services for children, age 3 or over even if they are not yet enrolled in school. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

In addition to your child's pediatrician and the school system, childcare providers and various state and community programs can offer early childhood services for your child.

TYPES OF PROFESSIONALS

In addition to pediatricians and school professionals, there are a variety of different types of professionals who can work with young children in childcare and state and community program settings.

- **CHILDCARE PROVIDERS:** Depending on the type of childcare you have, your childcare provider could be a parent like yourself or another type of professional. Childcare providers who provide care for more than 3 children in a home or center must be licensed by The Rhode Island Department of Children, Youth, and Families (DCYF).
- **STATE AND COMMUNITY PROGRAMS:** At state and community programs, the professionals will vary depending on the type of program. In particular, Early Intervention staff may include medical doctors, psychologists, psychiatrists, speech-language pathologists, physical therapists, occupational therapists, social workers, or advanced practice registered nurses, depending on the site. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Under the Individuals with Disabilities Education Act (IDEA), the same rights are guaranteed to children, ages 3 to 5, as children who attend public schools. If your child is not enrolled in school because they are under age 5, the school system is still responsible for getting your child the services he or she needs.

TIP

Childcare providers can also be valuable partners in your child's mental healthcare. If you feel comfortable, let your childcare provider know your child's mental health issues and treatment plan. They may be able to support your efforts through their childcare program.

EVALUATIONS

In addition to the evaluations available through your child's pediatrician and possibly the school system, there are many opportunities for your child to receive mental health and development evaluations:

- **CHILDCARE PROVIDERS:** Whether your child attends a childcare program in a family childcare home or a center-based program, many childcare providers informally evaluate your child's development. In addition, some childcare providers conduct developmental screenings for children. The childcare program will screen the child while in their care and give you results.
- **STATE AND COMMUNITY PROGRAMS:** Evaluations are offered through a variety of state agency and community-based programs. For more information on these programs, see the resources listed below.

For more information about the different types of evaluations that mental health specialists can perform, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

SERVICES OFFERED

The options for early childhood services vary depending on the child's age.

Children, birth to age 3, may be eligible to receive services through Early Intervention (EI). EI is a statewide, family-centered program that promotes the growth and development of infants and toddlers

Accessing Early Intervention

Parents may call any Early Intervention (EI) site if they have concerns about their newborn, infant, or toddler. When a child is referred to EI, eligibility is determined through an EI evaluation. The purpose of the evaluation process includes not only eligibility determination, but also information gathering for planning purposes and answering family questions regarding their child's development.

A child may be eligible for EI if he or she is under age 3 and is experiencing delays in development, has certain diagnosed condition or conditions, or has circumstances that may result in significant delays in development.

After a child is determined eligible for EI, the family works with a team of professionals to design a plan called the Individualized Family Services Plan. This plan outlines the child's strengths and needs and is developed based on the result of the evaluation and the concerns of the family.

Families serve as key members of the team in the plan development to ensure that it is realistic and workable for both their child and family. The plan, once completed, will identify supports and services necessary for the child and family to meet desired goals. For a listing of EI sites, turn to page 174 in **ADDITIONAL RESOURCES**.

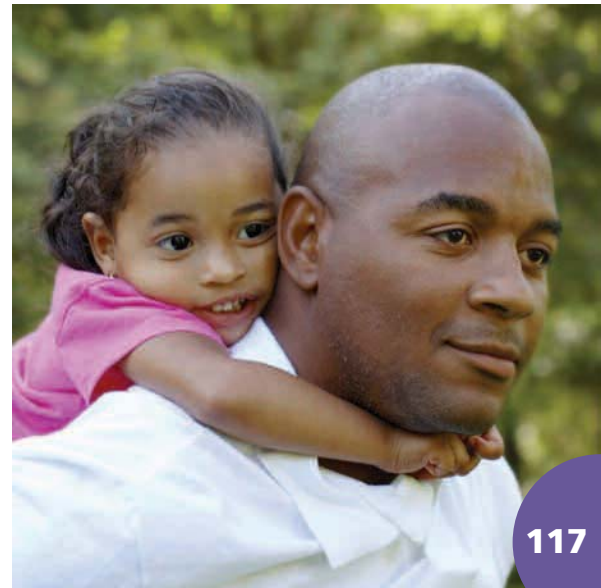
with developmental challenges. EI helps eligible children and families get the supports and services necessary to meet their goals. EI serves any eligible child regardless of ability to pay. For more information on EI, turn to page 174 in **ADDITIONAL RESOURCES**.

Children, ages 3 to 5, who have special needs, may be eligible to receive special education services through the school system, even if they are not yet enrolled in public school. Ask your local school department to help you get a referral for an evaluation for special education services. If an evaluation is conducted and your child is eligible for special education services, the school system will work with you to determine which services and/or supports will be offered, as well as how and where to provide them. Services may be provided in a child's home, childcare program, or local public school. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

RESOURCES

In addition, the following state agency and community programs can provide you with information and services that you need to help care for your child. For more information on any of these programs, turn to **ADDITIONAL RESOURCES (p165)**.

- **CEDARR FAMILY CENTERS:** CEDARR stands for Comprehensive Evaluation, Diagnosis, Referral and Re-Evaluation. These centers offer families information on specific diagnoses and treatment options and can help make appropriate referrals
- **CHILD CARE SUPPORT NETWORK (CCSN):** CCSN provides health and mental health consultation to child care centers and family childcare homes throughout the state.
- **CHILD OUTREACH:** All children, ages 3 to 5, are eligible for a free Child Outreach Screening. This brief screening evaluates a child's abilities in specific areas.
- **EARLY HEAD START.** The purpose of Early Head Start and Head Start is to promote a child's readiness to learn in school. These programs provide comprehensive developmental services for low-income children, pregnant women, and their families.
- **FAMILY OUTREACH PROGRAM (FOP):** FOP assists families with young children by providing screenings and at-home visits with health professionals during days, evenings, or weekends.
- **WATCH ME GROW RHODE ISLAND:** This program works with pediatricians and childcare providers to get them to conduct developmental screenings and refer parents to services when needed.



The School System

Parents of children under age 3 should contact Early Intervention to seek help for their children. If your child is over age 3, even if he or she is not in school, you should contact your local school department.

The school system is an important part of the mental healthcare system. The school system can be the main point of entry into the mental healthcare system for parents. It can be the first place that someone may notice signs and symptoms of a mental health issue in a child. It can be the place where a child receives an evaluation. It can also be a parent's source for information and referral to resources and treatment outside the school setting.

The main role of a school system is to provide your child with an education. Sometimes mental health issues can affect a child's behavior, ability to learn, and interactions with peers and adults in school. If your child has a mental health issue that is affecting his or her learning, then the school system aims to understand your child's needs and works to ensure that the school environment supports your child's learning.

School professionals may be involved in many of the steps in helping a child with a mental health issue:

- **RECOGNITION:** School professionals may be involved in the initial recognition of any signs and symptoms of a mental health issue. Your child spends a lot of time at school, so sometimes a teacher or administrator may be the first person to recognize an issue.
- **EVALUATION:** School professionals may also be involved in the initial evaluation of your child's mental health. These evaluations are focused on your child's learning and educational needs. However, mental health issues may surface in these evaluations.
- **REFERRAL:** School professionals may be able to refer you to mental health specialists or programs outside the school system.
- **SUPPORT:** School professionals may also be able to provide on-going support and follow-up through individual meetings with your child, support groups, or school-based activities.

TIP

Don't forget about the teacher! Remember to include your child's teacher when getting help for your child. Your child's teacher has the most direct interaction with your child of any school professional and can offer valuable insight into your child's behaviors. Your child's teacher can also connect you with other school professionals who may be able to help.

TYPES OF PROFESSIONALS

School professionals include administrators, general education teachers, special education teachers, teachers' assistants, and school nurse teachers. Mental health specialists who work specifically for the school system include school psychologists, school counselors, or school social workers. These school mental health specialists offer various levels of support and treatment. Sometimes they will meet with a child or parent to discuss and work out emotional or behavioral issues. If they suspect that a child has a mental health issue, they generally refer him or her to a mental health specialist outside the school. They may follow up with the child in school to monitor and support his or her ongoing mental health as it relates to his or her school success.



School mental health specialists

SCHOOL SOCIAL WORKERS are mental health specialists with a master's degree in social work. They are clinically trained, meaning they have spent a good part of their education and training working with clients. They hold a license from the Rhode Island Department of Health as either a Licensed Clinical Social Worker (LCSW) or Licensed Independent Clinical Social Worker (LICSW). They also hold a certification from the Rhode Island Department of Education. School social workers conduct evaluations and facilitate services for all students, their families, and school staff, related to a student's social, emotional, and mental health needs. School social workers are the direct link among home, school, and community services.

SCHOOL PSYCHOLOGISTS are educators who have post-Masters degree training in psychology, learning theory, and education. They hold a certification from the Rhode Island Department of Education and may also be certified by the National School Psychology Certification Board. School psychologists participate in the evaluation of student's eligibility for special education services, including evaluating academic skills and learning. They also evaluate learning environments, design and evaluate programs for academic and behavior management, and use evidence-based research to develop and recommend effective interventions.

SCHOOL COUNSELORS (formerly guidance counselors) are educators who have a Master's degree (or the substantial equivalent) in school counseling. They hold a certification from the Rhode Island Department of Education. They possess the qualifications and skills to address academic, career development, and personal needs of students. School counselors offer academic guidance and support services, including:

- organizational, study, and test-taking skills; and
- career awareness, exploration, and planning services.

School counselors work collaboratively with other school staff to help all students be successful academically, vocationally, and personally.

For more information on mental health specialists outside the school system, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Functional Behavioral Assessment is a problem-solving process for promoting positive behavior. The process looks beyond the behavior itself and tries to find specific social, emotional, environmental, or cognitive factors that contribute to the behavior. A plan is developed to address the specific problem behaviors and develop more positive, productive behaviors.

EVALUATIONS

School mental health specialists use methods similar to other mental health specialists to better understand your child's abilities and needs, to determine possible mental health issues, and to make referrals as necessary. In the schools, evaluations are used specifically to determine if a child has a disability and is in need of special education services. Schools may have their own staff conduct evaluations or, in other cases, schools may have outside consultants conduct evaluations. The following is a list of evaluations that may be performed and the type of professional responsible for performing the evaluation.

- Social Assessments and Family History: School Social Worker
- Medical Evaluation: Pediatrician
- Developmental Evaluation (children, ages 3 to 5):
Developmental Behavioral Pediatrician
- Psychological Evaluation (also called a Cognitive Evaluation):
School Psychologist
- Speech-Language Evaluation (also called Language and Communication Evaluation): Speech-Language Pathologist
- Educational Evaluation: Diagnostic Prescription Teacher, Special Education Teacher, or School Psychologist
- Sensory or Fine Motor Evaluation: Occupational Therapist
- Physical Development or Gross Motor Evaluation: Physical Therapist
- Adapted Physical Educational Evaluation: School Adapted Physical Education Teacher
- Functional Behavioral Assessment: School Evaluation Team or other team, including the parents, teachers, and other school professionals listed above, as needed

For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TIP

Think about getting an independent evaluation outside the school. These are usually more in-depth and may offer more insight into your child's health. This independent evaluation can also provide supporting documentation if a parent disagrees with the school's evaluation results or services. Check with your health insurance company first, however. Each plan has their own criteria for what costs the plan will cover for evaluations outside the school. Also, let the school know that you are having your child independently evaluated. Schools need to take the results into account, but do not necessarily have to follow the evaluation's recommendations.

SERVICES OFFERED

The school system uses a variety of techniques to promote mental health in the classroom, as well as respond to the needs of a child with a mental health issue.

- **POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORT (PBIS):** PBIS is a model for creating effective school-wide practices that provide students with positive supports. These supports encourage positive relationships, social development, and productive behavior. For more information, visit www.pbis.org.
- **RESPONSE TO INTERVENTION (RTI):** RTI is the practice of providing research-based interventions to children who are having difficulty learning in regular classrooms. Children are closely observed and their responses are charted to see if those interventions help the child meet learning expectations. When an intervention does not work, the intervention is adjusted or changed. The child's progress is then again carefully observed and charted. In cases where a child does not make progress, an evaluation may be used to see if the child has a learning disorder. The information gathered during the RTI process offers a new approach to evaluating learning disorders. Rather than considering a child's test scores, the evaluation team carefully considers the RTI information and what this information shows about the child's learning abilities and needs. For more information, visit www.interventioncentral.com or www.ritap.org/rti.
- **SPECIAL EDUCATION SERVICES:** The school system is responsible for providing special education for children, ages 3 to 21, with disabilities who require special services under IDEA (Individuals with Disabilities Education Act). Special education services are education services designed to meet the child's unique learning needs in the least restrictive environment. A child's Individualized Education Plan (IEP) describes special education and related services necessary for the child to access and make progress in the general education curriculum. The amount and type of special education services a child receives depends upon the unique needs of the child and is an IEP team decision. There are a variety of different levels of special education services. For more information, visit www.ride.ri.gov.

TIP

To ensure good continuity in care, ask the school to identify one school professional who will serve as the contact person for your child's mental healthcare providers outside the school.

Special education regulations in Rhode Island are currently being revised. For more information, visit www.ride.ri.gov

Accessing special education

Accessing special education services involves multiple steps. Use the outline below to navigate your way through the process.

STEP 1: REFERRAL

A parent, healthcare provider, teacher, or other professional can make a referral for special education services for a child who may have a disability. The referral is made to a designated person or office in the school district. Although this varies from district to district, the referral is often made to the Director of Special Education or the building principal at the elementary level, or the Director of Guidance at the secondary level. (Contact the Special Education Office in your local school district to determine the designated person or office.) Once received, the referral must be forwarded to an evaluation team within 10 days.

STEP 2: EVALUATION

Your child's evaluation team could include:

- You, the parents
- General education teachers
- Special education teachers
- A representative of the local school district
- Individuals who can determine teaching needs based on evaluation results
- Other individuals who have knowledge or expertise regarding your child

The school system has ten school days upon the receipt of the referral to hold a meeting of the evaluation team. The evaluation team meets to review the referral with you and determine if your child needs to be evaluated. The purpose of evaluation is to get more information about the child's educational needs. If needed, the team decides which evaluations should be done.

If the evaluation team decides that evaluations are not needed, the team must notify the parents in writing of its decision and the reasons for it within 10 school days. If the parent does not agree, then he or she may request mediation or a due process hearing to resolve the issue (p134). The evaluation team should also consider a referral for a 504 plan.

If the evaluation team decides that evaluations are needed, parents will be asked to sign a Consent to Evaluate form. This form gives the school system permission to evaluate the child in the areas agreed upon. The school system has 60 calendar days, including weekends and holidays, to evaluate the child, complete written reports, and meet with the parents. Upon completion of the evaluations, the evaluation team will reconvene with the family to discuss the child's evaluation results and determine if the child is eligible to receive special education services.

TIP

Ask for information about the parent advisory committee in your local school district. The parent advisory committee is a group of parents who meet with the school department, typically with the Special Education Director, on a regular basis. The parents on the committee give their advice, input, and feedback on issues related to special education services. There is also a parent advisory committee on the state level.

Students not eligible for special education services may be provided for under Section 504 of the Rehabilitation Act of 1973. Section 504 of the Rehabilitation Act of 1973 is a broad civil rights statute that prohibits discrimination against individuals based solely upon their disability. School systems who receive federal funds are required to have a process to identify students with disabilities as defined under Section 504 and to develop 504 plans which provide reasonable accommodations for the student to access education programs or activities. For more information, contact your local school department and ask for the 504 plan coordinator.

STEP 3: INDIVIDUALIZED EDUCATION PLAN (IEP)

Once your child is determined eligible for special education services, an IEP is developed. The IEP is a legal document. It serves as a written agreement between the school district and the parents about how to meet each of the child's needs that result from the child's disability.

The IEP is developed by an IEP team. All school professionals who are or will be involved in educating your child should be a part of the IEP team. Your child's IEP team must include:

- You, the parents
- General education teachers
- Special education teachers
- A representative of the local school district
- Individuals who can determine teaching needs based on the evaluation results
- Other individuals who have knowledge or expertise regarding your child (for example, your child's mental healthcare providers or other providers, such as a physical or occupational therapist or home-based therapy agency representative)

In addition, parents have the right to invite other individuals who they feel should be part of the IEP team.

An initial meeting is held to develop an IEP for your child (and annually after that). The date and time of the IEP meeting should be convenient for both the parents and school professionals. A notification of the meeting should be sent to everyone who is invited to the meeting. The opening of the meeting should include introductions of all participants so that everyone has a clear understanding of who the participants are and what their role is in the development of the child's program.

During the meeting, participants should:

- Create a list of the child's strengths, abilities, and interests.
- Identify the needs of the child.
- Review the specific skills the child is demonstrating in identified areas of need, based on information from current evaluations and direct and indirect observations.
- Discuss how the strengths, needs, and skills of the child relate to the general curriculum.
- Discuss how the child is currently participating in the educational program and activities (present level of functioning).
- Discuss the development skills that would follow the present level of functioning.
- Set reasonable long-term goals for skills that could be learned during a one-year time frame. If needed, write short-term objectives, as well. Short-term objectives are created when a child has impairments that significantly affect his or her ability to function day to day.
- Figure out what kinds of supplementary services and modifications the student needs to meet goals and objectives. Focus on the amount of time that the child will need from different providers to make progress.

STEP 4: LOCATION OF SERVICES

During an initial IEP meeting, participants discuss where special education and other related services will take place. The Individuals with Disabilities Education Act (IDEA) presumes that a child will be educated in the regular education classroom in the school that the child would attend if not disabled, with the appropriate supplementary aids, services, program modifications, and supports to school staff. Before a child can be placed outside of the regular education classroom, the full range of supplementary aids and services that would facilitate the child's placement in the regular education classroom must be considered.

If the IEP team decides that a particular child cannot be educated satisfactorily in the regular education classroom, even with appropriate supplementary aids and services, that child could then be placed in a setting other than the regular education classroom. For more information on specialty schools, turn to page 195 in **ADDITIONAL RESOURCES**.

In all cases, decisions must be individually determined on the basis of each child's abilities and needs, and not solely on factors such as:

- Category of disability
- Significance of disability
- Availability of special education and other related services
- Configuration of the service delivery system
- Availability of space
- Administrative convenience

Rather, each student's IEP forms the basis for the decisions.

HOW THE SCHOOL SYSTEM WORKS WITHIN THE MENTAL HEALTHCARE SYSTEM

The school system can work with your child's pediatrician, your child's mental health specialists, and your family to address your child's educational needs. School psychologists, school social workers, and school counselors may follow up with a child's mental health specialists to ensure that the child receives the right care and support at school. School nurses work with mental healthcare providers outside the school to follow through with a child's medication plan within the school environment.

LIMITATIONS

Although school professionals continue to strive to better understand mental health issues, some may not have a high level of knowledge about mental health issues. Schools sometimes lack the resources to fully accommodate children with mental health

Procedural Safeguards

Procedural Safeguards are parents' rights specified by state and federal law. The local school district must ensure that parents fully understand their rights in the special education system. These are often referred to as "due process" rights. Parents are entitled to a written copy of their Procedural Safeguards:

- At the very first step of the special education services referral process
- Whenever they request an evaluation
- At least once a year while their child has an IEP
- Any time that they request them
- In the event that they find it necessary to file a complaint

Procedural Safeguards must be provided in language understandable to parents. Parents are entitled to an explanation of the Procedural Safeguards, as well as any needed clarification in parents' native language.

Procedural Safeguards include ways to resolve disagreements during the referral, evaluation, or IEP team processes. At any time that parents find that they disagree with school professionals, they are encouraged to ask the school to explain their rights. For more information on parents' rights, contact an advocacy organization (p104).



issues who have special needs. Teachers and administrators also may interpret signs and symptoms of mental health issues as behavioral problems.

Families may contact school mental health specialists for assistance in advocating for the needs of their child within the school. School mental health specialists work with the family to identify additional resources both within the school and in the community so that a child's emotional, social, and academic needs are met.

RESOURCES

For more information, contact your child's school. You can also call the Rhode Island Department of Education (RIDE) Call Center at 401-222-8999. Parents and professionals can call from 10am–1pm and get answers to questions about special education services. Advocacy organizations, such as RIPIN and PSN, can also walk you through school system services and how to access them. For a listing of advocacy organizations, turn to page 104 in **MENTAL HEALTH SUPPORT**.

Behavioral problems may be a sign of an underlying mental health issue. If your child is constantly getting in trouble at school (for example, repeated detentions or suspensions), talk to your child's pediatrician and get a referral for a mental health specialist.

TIP

Put any requests for school evaluations or meetings in writing. If you choose to hand deliver the written request to the school, make sure the person who receives the request signs it with his or her name, title, and the date. Have them make you a copy of the request with that information on it. You can also send a written request in the mail. At the post office, ask for Certified Signature Request service. You will get notified when the school gets the letter. Either way, you will have a record that a request was made.



Preparing for an Individualized Education Plan (IEP) meeting

Your child's IEP is an important component of his or her care. Parents may feel that they have little to contribute in an IEP meeting and may see themselves as "amateurs" and school staff as "professionals." But parents can and should play a vital role in writing their child's educational program. Parents ARE part of the team and parent feedback, comments, and concerns are important.

HERE ARE SOME TIPS TO HELP YOU PREPARE FOR AND MAKE A POSITIVE CONTRIBUTION TO YOUR CHILD'S IEP MEETING:

Keep a file, binder, or notebook on your child's educational history. Items to include:

- Names, addresses, and phone numbers of persons you contact regarding your child, dates of visits and phone calls, and subjects discussed
- Copies of letters you write and receive regarding your child
- Copies of IEPs and other school records
- Copies of tests and evaluations done by the school and by outside mental health specialists

Review your child's current or last IEP and see whether goals are being met.

Gather any school or healthcare records that you are missing and that you need to prepare for the meeting. Examine the records to make sure that there are no inaccuracies.

Arrange a visit to your child's classroom and observe your child in the school setting.

Obtain a copy of your child's education rights and your rights as a parent and study them. Copies of your rights can be obtained from your child's school or an advocacy organization. You can also obtain materials on your rights from consumer and parent groups such as the Association for Retarded Citizens, Untied Cerebral Palsy, the National Society for Autistic Children and other groups. Regulations governing special education can be obtained from the Rhode Island Department of Education (RIDE) (p133).

Talk to another parent who is knowledgeable about special education and parental rights.

Attend an educational workshop at an advocacy organization to learn advocacy skills.

Write down your ideas before the IEP meeting:

- Make a list of things you observe about your child at home: activities, interests, likes and dislikes, responsibilities, and interactions with brothers and sisters. Write down any concerns you have about the way your child acts at home that can be worked on at school.
- Make a list of things you would like to see in your child's IEP. Include skills you would like to see your child learn and behaviors you would like to see improve.
- Make a list of questions you want to ask school professionals about your child's educational program.



TIP

For more information on writing IEPs, log onto the Rhode Island Technical Assistance Project website at www.ritap.org and click on the Rhode Island IEP Network. Look at their IEP guide. It takes you through an IEP, section by section.

Ask your child how he or she feels about his or her educational program. What would he or she like to learn next year? What kind of help does your child think he or she needs? Your child may be interested in something specific or have some good ideas.

Bring someone to the IEP meeting who will offer you moral support and make you feel more comfortable and confident. This person can take notes and discuss the meeting with you.

Arrive promptly. By being on time, you will demonstrate that you consider this meeting important.

You are also a professional. Dress appropriately, speak clearly, and maintain eye contact with everyone.

Stick with the issue at hand—your child's education. Do not let other issues sidetrack you. Remember you are discussing an IEP to meet your child's unique needs.

Treat everyone with respect and consideration and encourage others to do the same.

If you don't understand the language, don't be afraid to ask for an explanation.

Be flexible enough to accept minor revisions, but firm enough about the issues that you consider major. Encourage discussion of these topics.

You've known your child for a long time. If you have discovered hints that help your child learn, share them! Share your discoveries about how your child learns best.

Rather than signing the IEP at the first meeting, bring a copy home and review it. An IEP is a legally binding document, and you should treat it as such. Ask for copies of the evaluations to take home as well so you can make sure that the IEP addresses all that it needs to. Ask for a contact person's name and number. If you have any questions, call him or her, set up follow-up meetings, and get the answers to your questions. Once you feel comfortable with the IEP and any needed changes have been made, sign it, copy it, and return it to the school.

If the IEP is not working, ask for a meeting to review the IEP. You can do this at any time.

If your family moves and your child needs to change schools, make sure you give the new school and teacher a copy of your child's IEP. Some schools may take a while to send a copy of your child's records to the new school.



The Individuals with Disabilities Education Act (IDEA 2004, PL 108-446), formerly known as PL 94-142 requires that all students with disabilities, ages 3 to 21, who are in need of special education and related services, be provided with free, appropriate public education designed to meet their unique needs.

State Agencies

The programs and services offered by state agencies are constantly changing and shifting. For the most up-to-date information of agencies' services and programs, visit their websites. You can also contact an advocacy organizations (p104) to get more information of the programs and services that may be available to you.

The State of Rhode Island provides services and support to families and children with mental health needs through its different state agencies: Department of Children, Youth, and Families (DCYF), Department of Education (RIDE), Department of Health (HEALTH), Department of Human Services (DHS), and Department of Mental Health, Retardation, and Hospitals (MHRH).

TYPES OF PROFESSIONALS

The types of professionals who work at state agencies vary from agency to agency. They may include program administrators, service professionals, health and education professionals, case workers, etc.—all depending on the person's specific role within the agency.

DCYF

DIVISIONS

Child Welfare
Children's Behavioral Health and Education
Juvenile Corrections
Licensing

PROGRAMS AND SERVICES

Care Management Teams
Child and Adolescent Services Systems program
Children's Intensive Services
Comprehensive Emergency Services
Education Services
Higher Education Grant
Kid's Link Rhode Island
Life Skills Program
Outreach and Tracking
Positive Educational Partnership
Project Early Start
Project Hope
Residential Counseling Centers
Residential Treatment
Teen Grant
Youth Diversionary Program

RIDE

OFFICES

Special Populations

PROGRAMS AND SERVICES

Mediation and Due Process Services and Oversight of:

- Individualized Education Plans
- Education and Psychological Testing
- Placement in Specialty Schools
- Transition Planning

EVALUATIONS

State agencies offer evaluations through the various programs and services that they fund on the community level.

SERVICES OFFERED

State agencies implement and oversee legislative mandates and federal or state regulations. In addition, these agencies fund different programs and services at the state or local level.

HOW STATE AGENCIES WORK WITHIN THE MENTAL HEALTHCARE SYSTEM

Depending on the agency and program, state agencies can work directly with pediatricians, mental health specialists, the school system, and community organizations.

LIMITATIONS

State agencies are large and difficult to navigate. The best way to access their services is to start with the local community programs.

The information in the chart below and on the following pages explains state agency divisions, offices, services, and programs that relate to children's mental health. For a more comprehensive list of all the divisions, offices, services, or programs of the different agencies, visit their websites, which are listed at the end of each description.

HEALTH

OFFICES

Special Healthcare Needs
Family, Youth, and School Success

PROGRAMS AND SERVICES

Child Care Support Network
Disability and Health Program
Family Outreach Program
HEALTH Information Line
Hearing Assessment Program
Lead Detection Program
Parent Consultants
ParentLink Rhode Island
Pediatric Practice Enhancement Project
School Based Health Centers
Thrive
Watch Me Grow Rhode Island
WIC

DHS

CENTERS

Child and Family Health

PROGRAMS AND SERVICES

CEDARR

- Home-based Therapeutic Services
- Kids Connect
- Personal Assistance Services and Support Program
- Respite for Children

Early Intervention
Family Resource Counselors Program
Rhode Island Medical Assistance (Medicaid)

- Fee-for-Service Medicaid
- Katie Beckett
- RiteCare
- RiteShare

Childcare Program
Family Independence Program
Food Stamps
Head Start and Early Head Start

MHRH

OFFICES

Developmental Disabilities

PROGRAMS AND SERVICES

Community Integration Programs and Services
Community Support Program
Emergency, Crisis Intervention, and Crisis Stabilization Services
General Outpatient Programs and Services
Mobile Treatment Program
Residential Programs and Services

Rhode Island Department of Children, Youth, And Families (DCYF)

PROGRAMS AND SERVICES

DCYF is the state agency responsible for promoting and protecting the health, well-being, and development of children and their families. The four major divisions provided by DCYF related to children's mental health are:

- Child Welfare
- Children's Behavioral Health and Education
- Juvenile Corrections
- Licensing (for childcare, foster care, and adoption)

DCYF is known to be the state agency that is involved with child welfare and child custody issues. However, DCYF also has different programs and services that seek to promote the well-being of children (to prevent them from ever having to be placed outside the home). These programs include family-based programs, children and youth programs, and adolescent programs.

CARE MANAGEMENT TEAMS: Made up of DCYF staff, family members, and community partners, these teams review and evaluate children for community-based and home-based services, as well as higher levels of care and treatment (for example, residential treatment), as needed.

CHILD AND ADOLESCENT SERVICES SYSTEMS PROGRAM (CASSP): CASSP provides family service coordination to children who have serious emotional disorders. CASSP services are provided through local coordinating councils (LCCs), regionally located throughout the state. For more information on CASSP, turn to page 171 in **ADDITIONAL RESOURCES**.

CHILDREN'S INTENSIVE SERVICES (CIS): CIS is an intensive, community-based program for children, ages 2 to 18, with severe emotional problems. CIS is geared toward preventing hospital or residential placements of children. CIS is accessed through the community mental health centers. For a listing of community mental health centers, turn to page 173 in **ADDITIONAL RESOURCES**.

COMPREHENSIVE EMERGENCY SERVICES (CES): CES is a short-term, home-based intervention program for families in crisis. CES provides case management, counseling, and educational services. CES is designed to prevent out-of-home placement, to resolve family conflict, and improve family relations.

EDUCATION SERVICES: Children in the care of DCYF who are eligible for special education services, or are suspected of requiring such services, may be eligible for the appointment of an educational surrogate parent.

The way in which DCYF programs and services are being managed and delivered in the community is currently changing. For the most up-to-date information, visit www.dcyf.ri.gov.

HIGHER EDUCATION GRANT: This program provides money to children in the custody of DCYF to attend Rhode Island College, the University of Rhode Island or the Community College of Rhode Island.

KID'S LINK RHODE ISLAND: This is a 24-hour hotline (866-429-3979) for children in emotional crisis and suffering from mental health issues. It connects parents and caregivers to all the children's services in the state and helps parents determine the best place to go for treatment. For more information, turn to page 203 in **ADDITIONAL RESOURCES**.

LIFE SKILLS PROGRAM: Life Skills Programs provide an individual skill assessments and group instruction in fourteen skill areas to children, age 16 or over, who reside in foster and group care.

OUTREACH AND TRACKING: Outreach and Tracking Programs provide community-based outreach services to children, ages 9 to 21. Services include recreational activities, individual, group, and family counseling, and linkages to educational, vocational, and rehabilitative services.

POSITIVE EDUCATIONAL PARTNERSHIP (PEP): PEP offers care, support, and service coordination for children, birth to age 11, who experience emotional, behavioral, or mental health challenges, and who attend participating schools and early childhood settings.

PROJECT EARLY START: Project Early Start is a comprehensive early intervention program for economically disadvantaged families with children, birth to age 3, who are at risk for developmental, health, and social problems. The goal of the home-based and center-based activities is to enhance parenting skills.

PROJECT HOPE: This voluntary program provides service coordination and transition services for children with mental health issues returning to the community from the Rhode Island Training School (RITS). Children receive intense community-based services that may include family service coordination, mentoring, job and life skills development, case management, crisis intervention, therapeutic recreational activities, and educational advocacy.

RESIDENTIAL COUNSELING CENTERS (RCC): RCCs provide services in graduated levels of care for children who are leaving a hospital after inpatient care. Services are provided in a community-based setting, offering short-term placement, providing acute and intensive treatment, and attempting to avoid additional hospitalizations.

DCYF continued

RESIDENTIAL TREATMENT: Residential Treatment services are for seriously behaviorally disturbed children. Residential Treatment provides around the clock treatment and care with individually-tailored programs, group and family psychotherapy, special education, and recreational therapy. For more information on residential programs, turn to page 190 in **ADDITIONAL RESOURCES**.

TEEN GRANT: Teen Grant Program provides grants in amounts up to \$400 per year for children, age 14 or over, who reside in foster care. Grants can be used for items related to the transition to independence, including workshops, supplies and tools for vocational training programs, art supplies, sports equipment or fees, musical instruments and lessons, and other extracurricular activities.

YOUTH DIVERSIONARY PROGRAM (YDP): YDP is a statewide program that helps divert pre-delinquent and first time offenders from the juvenile justice system. YDP accepts referrals from the Family Court, police departments, schools, and community agencies. YDP provides family mediation services, counseling, advocacy, and recreational activities.

DCYF also runs the Rhode Island Training School (RITS). Children who are residents of RITS receive clinical, education, residential, and transition services.

For more information
on all DCYF's programs
and services, visit
www.dcyf.ri.gov.



Rhode Island Department of Education (RIDE)

PROGRAMS AND SERVICES

The primary mission of RIDE is to oversee public education programs in Rhode Island for children, ages 3 to 21. This mission includes providing appropriate services to advance the education of children with special needs.

RIDE's Office of Special Populations monitors a number of services that are administered by individual school districts. After a child is evaluated at his or her school, an Individualized Education Plan (IEP) may be developed. This plan may include education and psychological testing (p39), placement in specialty schools (p195), and transition planning (p143). For more information on this process, contact your child's school or turn to page 118 in **MENTAL HEALTH SUPPORT**.

RIDE regularly monitors a school district's compliance with state and federal regulations related to the education of children with disabilities. RIDE offers mediation and due process hearings in cases of disagreement. An impartial due process hearing is a formal way to resolve a dispute between you and the school system about your child's education. For example, through mediation or due process, RIDE can assist families in disputes with school districts over decisions or recommendations for special education services for their child. Parents can access these services through the Core Assessment Team. Call the Office of Special Populations at 401-222-3505.

For more information about special education services, call the Call Center from 10am to 1pm at 401-222-8999. For more information on all RIDE's programs and services, visit www.ride.ri.gov.

Rhode Island Department of Health (HEALTH)

PROGRAMS AND SERVICES

The primary mission of HEALTH is to prevent disease and to protect and promote the health and safety of the people of Rhode Island. HEALTH includes the following Offices that relate to children's mental health and services:

- Office of Special Healthcare Needs
- Office of Family, Youth, and School Success

The following is a description of services and programs available through the HEALTH.

CHILD CARE SUPPORT NETWORK (CCSN): CCSN provides health and mental health consultation to childcare centers and family childcare homes throughout the state. For more information on CCSN, turn to page 172 in **ADDITIONAL RESOURCES**.

DISABILITY AND HEALTH PROGRAM: This program promotes health and wellness for people with disabilities; conducts disability surveillance; monitors effective transition of healthcare from adolescence to adulthood; supports community programs that prevent secondary conditions resulting from disabilities and chronic health issues; provides professional development for practitioners working with people with disabilities; and provides practitioners with greater access to assistive technology.

FAMILY OUTREACH PROGRAM (FOP): FOP assists families with young children by providing screenings and at-home visits with health professionals during the day, evenings, or weekends. For more information on FOP, turn to page 176 in **ADDITIONAL RESOURCES**.

HEALTH INFORMATION LINE: This hotline (800-942-7434) provides answers to health-related questions or to questions about all HEALTH programs. The hotline is available to answer questions in English or Spanish. For more information on the HEALTH Information Line, turn to page 203 in **ADDITIONAL RESOURCES**.

HEARING ASSESSMENT PROGRAM: This program provides hearing assessments for all newborns and makes referrals when appropriate.

LEAD DETECTION PROGRAM: This program raises awareness about the impact of childhood lead poisoning and provides information on lead screening, lead-poisoning treatment, and lead removal from homes.

HEALTH continued

PARENT CONSULTANTS: This program provides families with the opportunity to consult with parents who have a child with special healthcare needs and have had experiences with navigating the system, advocacy, and addressing issues in the school. Parent Consultants link families with necessary community resources, assist families in accessing specialty services, and identify systems barriers to coordinated care.

PARENTLINK RHODE ISLAND: ParentLinkRI.org is an on-line directory of Rhode Island organizations and information that can help support parents of teens and pre-teens. For more information on ParentLink, turn to page 198 in **ADDITIONAL RESOURCES**.

PEDIATRIC PRACTICE ENHANCEMENT PROJECT (PPEP): This program places parent consultants within pediatric primary and specialty care practices in an effort to provide a medical home to families of children with special healthcare needs. For more information on PPEP, turn to page 187 in **ADDITIONAL RESOURCES**.

SCHOOL BASED HEALTH CENTERS (SBHCs): SBHCs offer a range of physical, behavioral, and oral health services to students in schools. There are 8 SBHCs in urban communities in Rhode Island.

THRIVE: Thrive is Rhode Island's Coordinated School Health Program. Thrive is designed to prevent serious health problems and to improve educational outcomes. Thrive helps communities and schools work together to more effectively address health issues.

WATCH ME GROW RHODE ISLAND: This program provides materials, training, and on-site technical assistance to pediatric primary care providers and childcare centers to increase rates of developmental screening and facilitate children's early access to developmental intervention services. For more information on Watch Me Grow Rhode Island, turn to page 197 in **ADDITIONAL RESOURCES**.

WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutritious food to supplement diets, information on healthy eating, and referrals to healthcare. WIC provides these services to income-eligible women who are pregnant, breastfeeding, or within 6 months of delivery, infants, and children, under age 5, who are at nutritional risk.

For more information on all HEALTH's programs and services, call the HEALTH Information Line at 800-942-7434 or visit www.health.ri.gov.

Rhode Island Department of Human Services (DHS)

PROGRAMS AND SERVICES

DHS provides quality services to Rhode Islanders in need, including children, adults, families, people with disabilities, seniors, and veterans. DHS offers a broad range of programs, services, and benefits to help promote family and individual self-sufficiency and economic independence.

The Center for Child and Family Health oversees the CEDARR Services (DHS) initiative. CEDARR stands for Comprehensive Evaluation, Diagnosis, Referral and Re-Evaluation. These centers offer families information on specific diagnoses and treatment options and can help make appropriate referrals. Through CEDARR, families can access the following services and programs. For more information about CEDARR, turn to page 170 in **ADDITIONAL RESOURCES**.

HOME-BASED THERAPEUTIC SERVICES (HBTS): HBTS provides therapeutic services for children living at home who have Medicaid and have been diagnosed with moderate to severe physical, developmental, behavioral or emotional conditions. Services are provided in the child's home or in the community. For more information about HBTS, turn to page 179 in **ADDITIONAL RESOURCES**.

KIDS CONNECT: This program (formerly Therapeutic Child and Youth Care) allows children to receive therapeutic services and supports in child and youth care settings. Community agencies apply to be a certified site in order to provide services. For more information about Kids Connect, turn to page 181 in **ADDITIONAL RESOURCES**.

PERSONAL ASSISTANCE SERVICES AND SUPPORT (PASS)

PROGRAM: PASS is a consumer directed program that facilitates independent community living and participation in a natural and least restrictive environment. For more information about PASS, turn to page 189 in **ADDITIONAL RESOURCES**.

RESPITE FOR CHILDREN: Respite is for children with Medicaid who need a certain level of care. Respite is provided on a short-term basis to children unable to care for themselves. Respite gives the primary caregiver or caregivers a rest from caring for the child. Respite is designed to prevent or delay the need for institutional care.

Outside of CEDARR, DHS administers the following services and programs, as well:

EARLY INTERVENTION (EI): This program promotes the growth and development of children, birth to age 3, who have certain diagnosed conditions, are experiencing developmental delays, or have circumstances that are likely to result in significant developmental problems. For more information about EI, turn to page 174 in **ADDITIONAL RESOURCES**.

DHS continued

FAMILY RESOURCE COUNSELORS (FRC) PROGRAM: FRCs educate families about which types of assistance they may be eligible for and can help them apply for programs. FRCs serve families statewide at no cost to the child or family. For more information about the FRC Program, turn to page 176 in **ADDITIONAL RESOURCES**.

DHS also administers the Rhode Island Medical Assistance Program, also known as Medicaid. Medicaid programs include Fee-for-Service Medicaid, Katie Beckett, RIteCare, and RIteShare. For more information on Medicaid and these programs, turn to **PAYING FOR MENTAL HEALTHCARE (p159)**.

Additionally, DHS provides services to support low-income families:

CHILDCARE ASSISTANCE: This program provides childcare assistance for working families who meet federal poverty guidelines. Subsidies are provided for the cost of care of children under age 17. Subsidies are given in the form of partial or full payments to the childcare provider of the family's choice (accredited family childcare homes, licensed childcare centers, and before and after school programs).

FAMILY INDEPENDENCE PROGRAM (FIP): FIP provides temporary cash assistance for families who qualify based on income, other resources, and family size. FIP helps adults assess family needs, develop a plan to find or prepare for employment, and access other available resources.

FOOD STAMPS PROGRAM: This program provides assistance to individuals who may be working but who are struggling financially to cover expenses.

HEAD START AND EARLY HEAD START: The purpose of Head Start is to promote a child's readiness to learn in school. These programs provide comprehensive developmental services for low-income children, pregnant women, and their families. For more information about Head Start or Early Head Start, turn to page 179 in **ADDITIONAL RESOURCES**.

For more information on all DHS's programs and services, visit www.dhs.ri.gov.

Rhode Island Department of Mental Health, Retardation, and Hospitals (MHRH)

PROGRAMS AND SERVICES

The primary mission of MHRH is to fund, plan, design, develop, administer, and coordinate a system of services for adults with specific disabilities. MHRH is responsible for providing mental health services for children once they turn 18.

Through its Developmental Disabilities Office, MHRH offers the following programs and services:

COMMUNITY INTEGRATION PROGRAMS AND SERVICES: These services help people with behavioral health needs improve their personal, social, and vocational competency to live successfully in the community. Services include vocational rehabilitation, psychosocial rehabilitation, supported employment, supported education, and other community based rehabilitation services.

COMMUNITY SUPPORT PROGRAM: This program provides case management services and supportive assistance to individuals in order to attain the goals of their behavioral health treatment plan, as well as access to medical, social, educational and other services essential to meeting basic human needs.

EMERGENCY, CRISIS INTERVENTION, AND CRISIS STABILIZATION SERVICES: These services are immediate and short-term behavioral healthcare interventions to individuals experiencing an emergency or crisis situation. These services continue until a crisis is stabilized or the individual is safely transferred or referred for appropriate stabilization or ongoing treatment.

GENERAL OUTPATIENT PROGRAMS AND SERVICES: These programs provide an array of comprehensive and coordinated services, including mental health evaluations, individual, group, and family counseling, medication management, and education services. Services vary in intensity based on the needs of the individual.

MOBILE TREATMENT PROGRAM: This program provides more intensive case management supportive treatment for individuals who do not seek out or refuse office-based services and for those high-risk clients at an intensive level of need. It provides a comprehensive range of rehabilitation and support interventions to persons with severe and persistent mental illness to enable them to live autonomous, safe and healthy lives in their natural community environments.

RESIDENTIAL PROGRAMS AND SERVICES: These programs operate 24 hours a day, 7 days per week providing services and supervision to designated populations. Services promote recovery and empowerment and enable individuals to improve or restore overall functioning.

For more information on all MHRH's programs and services, visit www.mhrh.ri.gov.



Community & Non-Profit Organizations



There are a number of community and non-profit organizations that are available to provide mental healthcare or support for your child and for you as a parent. They include:

- **ADVOCACY ORGANIZATIONS:** The role of advocacy organizations is to provide parents with the resources, skills, tools, and other supports necessary to advocate for their child. Some advocacy organizations focus only on mental health issues, while others focus more broadly on health and developmental issues that can affect a wide range of children.
- **FOUNDATIONS:** The role of foundations is to provide support and access to resources for people who are affected by the main cause of the foundation. For example, some foundations focus on providing support for a specific diagnosis, such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD). In general, foundations are national organizations that have state or regional chapters. The Rhode Island chapters of foundations will have the best knowledge about resources and support specific to the state.
- **SUPPORT GROUPS:** The role of support groups is to provide parents and children with access to others who are in a similar situation and access to professionals who can offer additional support.

TYPES OF PROFESSIONALS

These organizations may include a variety of professionals, such as mental health specialists, experts in mental health topics, advocacy experts, or legal professionals (lawyers or paralegals). Many of these professionals are your peers—they also have children with mental health issues.

EVALUATIONS

Depending on the organization, certain community and non-profit organizations offer mental health evaluations. However, even if they do not offer it themselves, these organizations are usually well equipped to refer you to a wide range of mental health specialists who do provide evaluations.

SERVICES OFFERED

Support groups are available to provide you with resources and emotional support as a parent of a child with a mental health issue. Advocacy organizations and foundations may help to promote education, awareness, and legal rights for specific mental health issues. They often provide resources for understanding mental health issues, locating mental health specialists, and understanding insurance policies. Some community organizations run intensive outpatient programs, specialty schools, or residential programs. For more information on these types of treatment programs, turn to **MENTAL HEALTH TREATMENT (p147)**.

HOW COMMUNITY AND NON-PROFIT ORGANIZATIONS WORK WITHIN THE MENTAL HEALTHCARE SYSTEM

Community and non-profit organizations that focus on mental health stay up to date on mental health topics and issues by working closely with mental health specialists and experts. They work directly and indirectly with other organizations and professionals to maintain educational resources on mental health issues and contact information for mental health specialists.

To see how some of these organizations fit within the state system, turn to page 128 in **MENTAL HEALTH SUPPORT**.

LIMITATIONS

Some of the programs and organizations can be difficult to locate or learn about. You may not always hear about them through pediatricians or mental health specialists. The organizations also do not always have enough funding for the types of programs or staff that are needed.

RESOURCES

The following list is just a selection of the large number of community and non-profit organizations available to assist you. For more information on any of these programs, turn to **ADDITIONAL RESOURCES (p165)**.

- **FAMILY SERVICE AGENCIES:** These are non-profit agencies that provide counseling and social services to clients.

TIP

Get help—don't go it alone! Parent counseling, individual psychotherapy, group psychotherapy, parent classes, and support groups are excellent sources of information and emotional support.



- **HOMESTEAD GROUP:** Homestead Group is a not-for-profit human service agency providing supports and services for people with developmental disabilities.
- **MEETING STREET:** Meeting Street helps children with special healthcare needs and their families meet the developmental challenges in their lives.
- **NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI), RHODE ISLAND CHAPTER:** NAMI is a national mental health organization, with chapters in every state, dedicated to the eradication of mental illnesses and to improving the lives of persons living with serious mental illness and their families.
- **OCEAN STATE CENTER FOR INDEPENDENT LIVING (OSCIL):** OSCIL is a community-based resource center that helps connect individuals with disabilities to services and supports in the community.
- **PAUL V. SHERLOCK CENTER ON DISABILITIES:** The Sherlock Center advances policy and practice for and with individuals with developmental and other disabilities, their families, and communities.
- **RHODE ISLAND DEVELOPMENTAL DISABILITIES COUNCIL (RIDDC):** RIDDC promotes creative ways for men, women, and children with disabilities to live more independent, fulfilling lives.
- **RHODE ISLAND TECHNICAL ASSISTANCE PROJECT (RITAP):** RITAP is a statewide resource center for technical assistance and support, professional development and training, and policy analysis and interpretation.
- **TECHACCESS OF RHODE ISLAND:** TechACCESS is a private, non-profit resource center that serves individuals with disabilities who are interested in assistive technology.

For a listing of advocacy organizations, turn to page 104 in **MENTAL HEALTH SUPPORT**.

Transitioning to adulthood

The word “transition” means to make a change or a move from one place to another. A big transition for children happens when they are ready to leave school and enter adulthood. This transition may include attending a college, university or training program, entering the workforce, living independently, or all the above.

As a parent, it is important to plan early for this transition. This includes working together with your child to set goals and plan for:

- Healthcare needs, including mental healthcare needs
- Education beyond high school
- Work
- Moving out of home
- Participating in the community

RESOURCES

Office of Rehabilitation Services at the Rhode Island Department of Human Services
401-421-7005
www.ors.ri.gov

Office of Special Healthcare Needs at the Rhode Island Department of Health
800-942-7434,
www.health.ri.gov/family/disability

Office of Special Populations at the Rhode Island Department of Education
401-222-8999
www.ride.ri.gov/Special_Populations

BEGIN TRANSITION PLANNING

You should begin to plan for your child’s future by age 14. During this time it is important to work closely with your child and your child’s pediatrician, mental health specialists, and school professionals. Talk to them about your child’s options after high school. They will help you and your child create a plan that will help prepare him or her to meet long-term goals. Your child should be included in the process to the extent he or she is able.

PLANNING FOR YOUR CHILD’S HEALTHCARE NEEDS

Planning for your child’s healthcare needs as he or she transitions to adulthood usually includes moving his or her care from a pediatrician to an adult primary care provider. Making this change can help make sure that your child continues to receive the care your child needs as he or she gets older. To get this process started:

- Talk to your child’s pediatrician. Your child’s pediatrician can refer you to an adult primary care provider and adult mental health specialists who are knowledgeable about your child’s mental health issue.
- Set up times for you and your child to meet his or her new providers and specialists. This will give everyone a chance to get to know one another before a mental healthcare issue arises.

When helping your child plan for his or her healthcare needs as an adult, it is important to think about options for proper health insurance. Depending on his or her coverage, eligibility may need to be re-evaluated at age 18.

PLANNING FOR YOUR CHILD’S EDUCATION AFTER HIGH SCHOOL

There are many options for education after high school that your child may be interested in. Colleges, universities, and training programs may be among those your child explores. To help your child find the program that is right for him or her:

- Meet with your child’s school counselor. He or she can help you and your teen identify educational programs that may be of interest.
- Once he or she finds a program of interest, speak with someone in the program’s Office of Disability Services to find out what disability support services the program offers. Encourage your child to choose a program that provides the level of support that will best meet his or her needs. Remember to ask each program what proof of disability they require in order for your child to qualify for services.

PLANNING FOR YOUR CHILD’S WORK

Children with mental health issues can choose from many different jobs and careers. They can choose to work with or without support. The challenge is to help your child find a job where his or her skills and interests match the needs of the employer.

Regional Transition Centers provide assistance to students who are preparing to transition to adulthood. For more information on these centers, turn to page 190 in [ADDITIONAL RESOURCES.](#)



Managing care for children with special healthcare needs

Neighborhood Health Plan of Rhode Island offers a specialized care management program for children with special healthcare needs. Some of the benefits include:

- A care manager assigned to your family
- A comprehensive needs assessment completed within days of enrollment
- An integrated care plan including medical, behavioral health, social, and dental care services
- Assistance in understanding and adhering to provider's treatment plans
- Facilitated access to all needed healthcare services and providers
- Communication and collaboration with other healthcare providers (for example, physical therapists, occupational therapists, speech-language pathologists) and care coordinating organizations (for example, CEDARR)
- Referrals to non-healthcare related services, such as transportation services and interpreters

Health Insurance Care Managers

Often parents only think of their child's health insurance provider as the organization to call about paying for mental healthcare. Although that is the primary role of health insurance providers, these companies also offer care management services.

Health insurance care managers can also be valuable partners in your child's treatment. In addition to explaining your insurance benefits, health insurance care managers can offer assistance with finding mental health specialists for your child, coordinating care among different healthcare providers, and offering referrals for community services. These services are voluntary. A family can self-refer or have a provider or other community agency working with the child make the referral with the permission of the parent.

TYPES OF PROFESSIONALS

Health insurance care managers have expertise in health insurance issues. Many of them have mental health or medical expertise and may be social workers, licensed mental health counselors, or nurses.

EVALUATIONS

Health insurance care managers can help you find a mental health specialist to evaluate your child's mental health. They will also check to see which mental health specialists and evaluations are covered by your insurance.

SERVICES OFFERED

Some examples of support services that care managers can offer are:

- Help finding a mental health specialist
- Referrals to community services and family support networks
- Assistance with hospital discharge planning
- Assistance with residential treatment planning, if needed
- Communication and follow-up with pediatricians, mental health specialists, and community service providers
- Problem solving with providers to overcome barriers to accessing services

Some insurance providers have appointments reserved specifically for their members in the event of a crisis or emergency to prevent hospitalization.

RESOURCES

The three primary insurers in Rhode Island offer care management services:

- **BLUE CROSS BLUE SHIELD OF RHODE ISLAND (BCBRI):**
If your child's insurance provider is BCBSRI, then call BCBSRI Case Management Program at 401-459-2273 or 800-637-3718, ext. 2273 (TDD 877-232-8432 or 401-831-2202).
- **NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND (NHPRI):**
If your child's insurance provider is NHPRI, Beacon Health Strategies is the behavioral health management company for NHPRI. For care management services, call 800-963-1001 x6681
- **UNITED HEALTH PLAN (UHP):** If your child's insurance provider is UHP, United Behavioral Health is the behavioral health management company for UHP. For care management services, call 800-888-2998.

HOW HEALTH INSURANCE CARE MANAGERS WORK WITHIN THE MENTAL HEALTHCARE SYSTEM

Health insurance care managers can help you coordinate all the different aspects of your child's care. In particular, they can help you overcome any barriers you may come across in accessing certain services. For example, they can connect you with transportation resources if lack of transportation is getting in the way of you accessing treatment for your child.

LIMITATIONS

Health insurance care managers are only available for those individuals who are covered by certain insurance plans. In addition, the health insurance plan that you have may limit the providers and services that are covered.

TIP

Confirm in writing what was discussed in a phone call. This is a great way to follow-up on phone conversations.





7 Mental Health Treatment

Treatment for mental health issues varies depending on the type and severity of the issue. When a mental healthcare provider makes a diagnosis, he or she evaluates the degree to which the particular illness is affecting your child in order to recommend appropriate treatment. However, there are certain levels and types of treatment that may be helpful for you to understand as you advocate for the best care for your child.

This section describes the different levels of treatment for your child, from emergency services to outpatient care. It also describes the different types of treatment: psychotherapy, trainings, and medications. For the types of treatment related to specific mental health diagnoses, turn to **COMMON MENTAL HEALTH DIAGNOSES (p51)**.

There are many other types of treatment besides those listed in this guide. The ones listed here are evidence-based treatments, meaning they have been studied extensively and proven to work. This does not mean that other treatments may not work for your child. However, it is important to be extremely cautious in choosing alternative treatments for your child. Always do your homework and talk to your child's treatment providers. Some of these treatments don't work, can interact with your child's other treatments, or even worse, can be harmful to your child.

Treating the child, not the diagnosis

For most medical problems, a diagnosis leads to proper and effective treatment. For children affected by a mental illness, however, a diagnosis may not always lead to a specific and effective treatment. In order to properly treat a child, a provider needs to look beyond the diagnosis and take into account how a child functions in his or her family, school, peer group, and community. Some things to consider (and make sure your provider is considering):

- **Mental illnesses exist on a continuum.** A continuum means that there are different levels of severity for each mental illness. Signs and symptoms can range from mild to severe and are usually not the same for each child. Children with the same illness may not act the same, show the same signs and symptoms, or need the same treatment. In fact, treatment options for a mental illness will vary depending on how mild or severe the symptoms are.
- Children with a mental illness are still children, which means they are constantly developing, growing, and changing. Because of this, treating children with a mental illness requires a different approach. Children will need to be re-evaluated as they develop.
- A child may get diagnosed and treated for one illness, when in fact he or she has more than one illness. Or perhaps he or she does not even have the originally diagnosed illness, but a completely different one.

For all these reasons, it is important to treat the child, rather than just the diagnosis!

Levels of Treatment Services

Depending on your child's situation, he or she may need different levels of care. The following list describes the different levels of treatment services and where you can access them.

- **EMERGENCY SERVICES:** These services are for children who need immediate evaluations because there is concern about safety—either the child is in danger of hurting him or herself or another person. Children may also need emergency services if they are completely unable to function (for example, are unable to take care of themselves, have isolated themselves from family or friends, have refused to go to school, or are out of control in some way). These services are available at mental health hospitals and community mental health centers.
- **CRISIS SERVICES:** These services are for children who need an urgent evaluation within 48 hours. These services help to stabilize crises and refer children and their families to less intensive services. These services are available at mental health hospitals and some community mental health centers.
- **OFFICE-BASED OUTPATIENT SERVICES:** These services include evaluations, psychotherapy, trainings, and medication management. These services are available primarily at community mental health centers, although some mental health hospitals offer outpatient services.

- **INTENSIVE NON-RESIDENTIAL OUTPATIENT SERVICES:** These services are available for children who need intensive treatment for mental health issues. These children need more than regular outpatient care, but they are still able to live at home. There are only a few of these programs in the state, located at hospitals, in the community, and at community mental health centers. There are two main types of intensive non-residential outpatient services:
 - » **PARTIAL HOSPITALIZATION PROGRAM (PHP):** In PHP, a child spends about 4 to 6 hours per day in treatment for 5 to 7 days a week. A child and adolescent psychiatrist and a nurse, as well as possibly other mental health specialists, provide treatment.
 - » **INTENSIVE OUTPATIENT PROGRAM (IOP):** IOP is a less intensive program than PHP. In IOP, a child spends 2 to 3 hours per day in treatment for 2 to 5 times per week. A mental health specialist is involved in the child's treatment, but it may or may not be a child and adolescent psychiatrist.
- **RESIDENTIAL SERVICES:** These services are for children who need short-term or long-term (from a few months to a year or more) intensive treatment and are not able to live at home. These services are offered at some mental health hospitals, but are mostly located at community organizations. These services are not offered at community mental health centers. For more information on residential programs, turn to page 190 in **ADDITIONAL RESOURCES**. Children in residential treatment may be educated at their local school, a specialty school, or through the residential program itself. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**. For more information on specialty schools, turn to page 195 in **ADDITIONAL RESOURCES**.
- **INPATIENT SERVICES:** These services are offered for children with severe issues that need hospitalization. Inpatient services are usually short-term. These services are offered at mental health hospitals, but not community mental health centers.



Sometimes, there is no way to prepare for a crisis. However, if you are working with a mental health specialist, part of your treatment should include a plan for what to do in an emergency.

Psychotherapy



Psychotherapy (also called therapy) can be used to treat behavioral problems, emotional problems, and family problems. A psychotherapist can be a psychologist, psychiatrist, advanced practice registered nurse, a social worker, or a licensed mental health counselor. Psychotherapy can take place in a provider's office at a hospital, clinic, mental health center, or private practice.

To find a psychotherapist, get a referral from your child's pediatrician. You can also get a recommendation from your child's school, childcare provider, or other parents or friends. You can also call your insurance company for help finding a psychotherapist.

There are a variety of different types of psychotherapy. Individual, family, and group psychotherapy, as well as parent-child interaction therapy, are described below.

INDIVIDUAL PSYCHOTHERAPY

This type of psychotherapy takes place one-on-one with just the psychotherapist and the patient. There are numerous different types of individual psychotherapy. Some of the different types include:

- **COGNITIVE BEHAVIORAL THERAPY (CBT):** This form of psychotherapy is primarily used to treat depression and anxiety, but there are other uses for CBT as well. CBT helps people to understand the connections between their thoughts, feelings, and behaviors. CBT is very collaborative between the patient and the psychotherapist and requires that the patient do "homework" outside of sessions.
- **DIALECTICAL BEHAVIORAL THERAPY (DBT):** This form of psychotherapy is primarily used to treat people who have poor coping skills and very strong emotions. DBT combines CBT skills and mindfulness training and uses individual, group, and family psychotherapy components. DBT is also very collaborative between the patient and the psychotherapist and requires that the patient do "homework" outside of sessions.

- **INTERPERSONAL PSYCHOTHERAPY (IPT):** This form of psychotherapy helps depressed children understand and resolve problems that they have with other people that may make their depression worse. IPT is only used over a short period of time. The kinds of issues discussed include social isolation, grief, transitions to a new role (for example, college, new sibling or step-parent), and role disputes (for example, who is in charge).
- **PSYCHODYNAMIC PSYCHOTHERAPY:** This form of psychotherapy is primarily used to treat patients who have patterns of behavior that are not effective for them in their lives. It involves regular sessions with the focus on developing a strong trusting relationship with the psychotherapist in which the patient is safe to explore their interpersonal interactions. For young children, this psychotherapy often takes the form of “play therapy,” where the psychotherapist will interact with the child while the child plays.

FAMILY PSYCHOTHERAPY

This form of psychotherapy is used to treat family problems. The psychotherapist considers the family, not the individual, as the unit of treatment and emphasizes relationships and communication patterns between people as the focus of work to be done in treatment. In children, family psychotherapy is usually done in addition to individual psychotherapy, as a child’s behavior has an impact on the parents and parents can have an impact on their child’s behavior.

Psychoeducation

When a child develops a mental health issue, the child, parents, and other family members need specific information about what is happening—the diagnosis, the meaning of specific symptoms, what is known about the causes, effects, and implications of the mental health issue. The more the family knows, the less they will blame the child who is experiencing it, or themselves for thinking they somehow caused it.

Psychoeducation is the education of the child, parents, and family members about the child’s mental health issue and treatment. It includes information on how to recognize signs of relapse, so that the child can get necessary treatment before it happens. It also involves teaching coping strategies and problem-solving skills to parents and other family members to help them deal more effectively with the child. In addition, psychoeducation provides the child and family an idea of what they can expect with the child’s mental health issue over time.

All treatment of children’s mental health issues should include some level of psychoeducation. However, psychoeducation is particularly important in the treatment of anxiety disorders, Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, depression, Obsessive Compulsive Disorder (OCD), and Schizophrenia. For example, if a child has an anxiety disorder, psychoeducation can help the child, parents, and other family members understand what triggers an anxiety attack so they can defuse the situation and prevent a crisis.

Through psychoeducation, children, parents, and other family members gain insight and learn skills that will reduce distress, confusion, and anxiety within the family and complement the child’s treatment—all leading to the success of the child’s treatment.

In some cases, team-based treatment is recommended. This means that there may be multiple mental healthcare providers working together with you and your child to treat your child's mental illness. There also may be multiple forms of treatment going on as well. It is essential that you and your child's pediatrician be included in this treatment team.

GROUP PSYCHOTHERAPY

Group psychotherapy is a form of psychotherapy where a small group of patients meet regularly to talk, interact, and discuss problems with each other and the psychotherapist (also called a group leader). Group psychotherapy can include elements of CBT, DBT, and psychodynamic psychotherapy. Group psychotherapy attempts to give individuals a safe and comfortable place where they can work out problems and emotional issues. Patients gain insight into their own thoughts and behavior and offer suggestions and support to others. In addition, patients who have a difficult time with interpersonal relationships can benefit from the social interactions that are a basic part of the group psychotherapy experience. Sometimes it is easier for children to hear feedback from their peers than from a psychotherapist; this is a strength of this form of treatment.

PARENT-CHILD INTERACTION THERAPY (PCIT)

This type of therapy involves both the parent and the child. PCIT focuses on the relationship between the two, and is used specifically for young children.



Trainings

Trainings are a form of treatment that focus on educating the child and the parents on ways to improve the mental health of the child. Trainings are usually done in combination with psychotherapy. There are a variety of different types of trainings. Parent management training and skills building trainings are described here.

PARENT MANAGEMENT TRAINING

Parent management training (PMT) is a form of treatment recommended for families of children with oppositional defiant disorder or other disruptive behaviors. PMT teaches parents to change their own behaviors and thereby alter their child's problem behavior in the home. It works to alter the patterns of negative parent-child interactions that often start in early childhood. Parents learn to pay attention to a child's positive and socially-appropriate behavior. If a child misbehaves, parents learn to use consequences that are effective, brief, and not physically or emotionally harmful to the child.

SKILLS BUILDING TRAINING

Skills building training involves working with the individual, family, or group to build skills that are necessary for good mental health. These trainings can be a part of any psychotherapy. There are a variety of types of skills building trainings. Some of the different types include:

- **BIOFEEDBACK TRAINING:** A form of treatment that teaches a person how to decrease their anxiety and muscle tension (for example, headaches or pain) by using electronic feedback of hand temperature or muscle tension. The person learns how to deeply relax in a way that is easy to see, hear, and understand.
- **COPING SKILLS TRAINING:** This type of training is used to help children develop the skills needed for dealing with stressful situations. These skills help children to understand stressful situations, take appropriate actions, and be effective at solving problems.



- **RELAXATION SKILLS TRAINING:** Relaxation skills are useful for everyone, but they have been found to be particularly helpful for people with anxiety. Relaxing includes both clearing the mind and calming the body. Some of the relaxation techniques that are most helpful for children include abdominal breathing, guided imagery, and progressive muscle relaxation.
- **SOCIAL SKILLS TRAINING:** This type of training is usually conducted either in group or individual psychotherapy. It focuses on developing a child's social skills, such as skills needed for communication, decision-making, problem solving, and friendships. These are skills necessary for developing and maintaining positive social relationships with others.

Dealing with stress

If you feel overwhelmed, it's important to find different ways to cope with the stress of caring for a child with mental health issues. Try the following healthy ways to handle stress:

- Exercise
- Spend time with friends
- Watch movies
- Listen to music
- Talk to other parents
- Participate in support groups
- Make time for yourself
- Make time for fun
- Learn how to relax

Family counseling can also help parents and siblings manage the stress that goes with having a child in the family who is struggling with mental health issues. Also, stress management techniques, including deep breathing and guided imagery, can be very helpful. Complementary therapies, such as mindful meditation, acupuncture, massage therapy, and Reiki, can also reduce stress.



Medications

Medications can be an effective part of the treatment for children's mental illnesses, but they should not be used alone. Medications should be one part of a comprehensive treatment plan with ongoing medical assessment and, in most cases, psychotherapy. Medications are used when the severity of the symptoms are beyond what can be treated with psychotherapy alone. When prescribed appropriately and taken as prescribed, medication may reduce or eliminate troubling symptoms and improve the daily functioning of children with mental illnesses.

There are different categories of medication that may be prescribed to your child depending on his or her situation. In each of the different categories, examples of specific medications are listed. Each list includes medication names, with brand names listed in parentheses.

- **ADHD MEDICATION:** Stimulant and non-stimulant medications may be helpful as part of the treatment for Attention Deficit Hyperactivity Disorder (ADHD).

STIMULANT MEDICATIONS

Dextroamphetamine
(Dexedrine, Adderal)

Methylphenidate (Ritalin,
Metadate, Concerta)

NON-STIMULANT MEDICATION

Atomoxetine (Strattera)

Medications can have beneficial effects, but may also have side effects. The treatment provider should fully explain the reasons for the medications, the benefits, the side effects, and treatment alternatives. As each child may react differently to medication, parents should work closely with the treatment provider. Parents should not stop or change their child's medication without speaking to the child's treatment provider.



RxforRI.org is a service made available by a collaboration of concerned citizens and organizations joining America's pharmaceutical companies to improve healthcare access for the citizens of Rhode Island. It is designed to help people find patient assistance programs. For more information, visit <http://rxforri.org>

- **ANTI-ANXIETY MEDICATION:** These medications may be helpful in the treatment of severe anxiety. There are several types of anti-anxiety medications: benzodiazepines, antihistamines, and atypical anti-anxiety medication.

BENZODIAZEPINES

Alprazolam (Xanax)
lorazepam (Ativan)
Diazepam (Valium)
Clonazepam (Klonopin)

ANTIHISTAMINES

Diphenhydramine (Benadryl)
Hydroxyzine (Vistaril)

ATYPICAL

Buspirone (BuSpar)
Zolpidem (Ambien)

- **ANTI-DEPRESSANT MEDICATION:** These medications may be helpful in the treatment of depression, anxiety disorders, eating disorders, and Attention Deficit Hyperactivity Disorder (ADHD). There are several types of anti-depressant medications, including serotonin reuptake inhibitors (SRIs) (also known as selective serotonin reuptake inhibitors or SSRIs), tricyclic anti-depressants (TCAs), monoamine oxidase inhibitors (MAOIs), and atypical anti-depressants.

SRIs

Fluoxetine (Prozac)
Sertraline (Zoloft)
Paroxetine (Paxil)
Fluvoxamine (Luvox)
Venlafaxine (Effexor)
Citalopram (Celexa)
Escitalopram (Lexapro)

TCAs

Amitriptyline (Elavil)
Clomipramine (Anafranil)
Imipramine (Tofranil)
Nortriptyline (Pamelor)

MAOIs

Phenelzine (Nardil)
Tranylcypromine (Parnate)

ATYPICAL

Bupropion (Wellbutrin)
Nefazodone (Serzone)
Trazodone (Desyrel)
Mirtazapine (Remeron)

- **ANTI-PSYCHOTIC MEDICATION:** These medications can be helpful in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help with tic disorders. They are occasionally used to treat severe anxiety and may help in reducing very aggressive behavior. There are several types of anti-psychotic medications: first generation and second generation (also known as atypical or novel).

FIRST GENERATION

Chlorpromazine (Thorazine)
 Thioridazine (Mellaril)
 Fluphenazine (Prolixin)
 Trifluoperazine (Stelazine)
 Thiothixene (Navane)
 Haloperidol (Haldol)

SECOND GENERATION

Clozapine (Clozaril)
 Risperidone (Risperdal)
 Quetiapine (Seroquel)
 Olanzapine (Zyprexa)
 Ziprasidone (Geodon)
 Aripiprazole (Abilify)

- **MOOD STABILIZER OR ANTI-CONVULSANT MEDICATION:**

These medications may be helpful in treating Bipolar Disorder, aggressive behavior, and impulse control disorders.

Lithium (lithium carbonate, Eskalith)
 Valproic Acid (Depakote, Depakene)
 Carbamazepine (Tegretol)

Gabapentin (Neurontin)
 Lamotrigine (Lamictil)
 Topiramate (Topamax)
 Oxcarbazepine (Trileptal).

- **SLEEP MEDICATION:** A variety of medications may be used for a short period to help with sleep problems.

Trazodone (Desyrel)
 Zolpidem (Ambien)
 Zaleplon (Sonata)
 Diphenhydramine (Benadryl)

- **MISCELLANEOUS MEDICATIONS:** Other medications are also being used to treat a variety of symptoms. For example: clonidine (Catapres) may be used to treat the severe impulsiveness in some children with Attention Deficit Hyperactivity Disorder (ADHD) and guanfacine (Tenex) for “flashbacks” in children with Post Traumatic Stress Disorder (PTSD).



Prescribing medications

Medication treatment requires a mental healthcare provider who is highly experienced and knowledgeable in this area. Medications should be prescribed by a psychiatrist, preferably by a child and adolescent psychiatrist, who is trained to evaluate children and adolescents for the necessity of medications and to monitor the medication effectiveness and safety over time. Advanced Practice Registered Nurses trained in child and adolescent psychiatry can also provide medications. Although medications can be extremely helpful, they can have harmful effects when prescribed by mental healthcare providers who are not knowledgeable or experienced in this area of treatment.



8 Paying for Mental Healthcare

Any type of medical care is expensive. Mental healthcare is no exception. Some medical insurance plans do not fully cover mental health services, so you may need supplemental insurance or subsidy programs.

There are many different types of insurance and subsidy programs that can help you afford the care that your child needs. In addition, many programs offer “sliding scale” payment, which means that cost depends on how much you can afford to pay. Depending on the severity of your child’s mental health issue and your own financial situation, you may need to use a combination of programs in order to pay for care.

The goal of this section is to provide you with basic information about the types of insurance or subsidy programs available in Rhode Island. For more detailed information, use the resources throughout this section.

Private Health Insurance

Health insurers sometimes use the term “behavioral health” when they are talking about mental health issues.

Private health insurance plans assist with payment for mental healthcare services. Rhode Island health insurance companies have a variety of different health insurance plans. You may have healthcare coverage through your employer or through a private plan to which you make regular payments. Your children or other dependents may be included on the plan.

Health insurance plans cover mental healthcare providers and services in different ways. Contact your insurance company to learn more about your plan. Your health insurance company will answer questions about the types of services and providers covered under your plan and the amount you are responsible for paying, such as a co-pay. Health insurance companies sometimes determine how to pay for services based on the type of mental health diagnosis, the type and duration of treatment, and the type of provider or service being used. They generally use formulas and checklists to determine appropriate coverage.

Covering different levels of care

Mental health issues can be treated in different ways. Some issues need immediate, emergency care, while others can be handled with routine office visits. Below is a list of the different levels of mental health treatment. These levels are important because health insurance plans will have different levels of coverage for different levels of care. Call your insurance company to find out what your plan covers for each of the different levels of care.

- Emergency services
- Crisis services
- Office-based outpatient services
- Intensive non-residential outpatient services:
- Residential services
- Inpatient services

For more information on these different levels of care, turn to page 148 in **MENTAL HEALTH TREATMENT**.

TIP

When you begin to seek treatment for your child make sure you are aware of your insurance coverage for mental health issues. You should know if your child’s provider is covered, how many visits your insurance will pay for, and what the co-pay will be.

Know the details of your insurance plan.

Learn about the reimbursement and funding systems in your state.

Medical Assistance (Medicaid)

The Rhode Island Department of Human Services is responsible for administering the Rhode Island Medical Assistance Program, also known as Medicaid. For more information on Medicaid and the programs described below, contact the Rhode Island Department of Human Services at 401-462-5300 or 401-462-3363 (TTY), visit www.dhs.ri.gov, or visit your local DHS office.

Families and children in Rhode Island may be eligible for Medicaid by applying for coverage through the following programs:

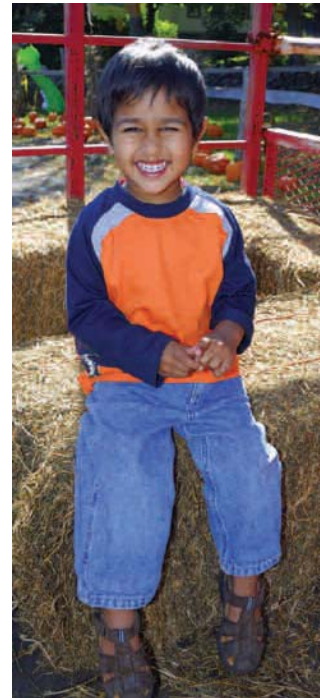
RITE CARE

Rite Care is Rhode Island's Medicaid managed care program that provides health insurance to eligible families and eligible uninsured pregnant women, parents, and children, birth to age 19. Eligibility is based on family income and is available for families who do not have insurance coverage. Families receive their healthcare through one of three participating health plans: Neighborhood Health Plan of Rhode Island, United Healthcare of New England, and Blue ChiP.

RITE SHARE

Rite Share is a premium assistance program that helps low- and middle-income families obtain health insurance coverage through their employer or spouse's employer by paying all or part of the employee's share of monthly premiums. Rite Share will also pay all or part of the co-payments associated with the employer's health plan. Individuals who are income eligible for Rhode Island Medical Assistance and who have access to an employer-sponsored insurance may be eligible for Rite Share. For more information, call the Rite Share Line at 401-462-0311.

It may be natural for you to want to downplay your child's mental health issue when you are talking to people. However, when you are explaining it to your health insurance company on the phone or through a form, be open about your child's conditions and the services he or she needs.



RESOURCES

Blue Cross/Blue Shield of Rhode Island
401-459-5000
www.bcbsri.com

Neighborhood Health Plan of Rhode Island
401-459-6000 or 800-963-1001
www.nhpri.org

United Healthcare of Rhode Island
401-737-6900
www.unitedhealthcare.com

Keeping written records of your child's mental health issue is even more important when interacting with your health insurance company. Written records will help you with each request you have to make. If you have incomplete records, insurance companies may not pay for services. Make sure you keep all paperwork!

SUPPLEMENTAL SECURITY INCOME (SSI) PROGRAM

SSI is a federal program that provides both monthly cash payments and Rhode Island Medical Assistance to individuals, including children, birth to age 18, with disabilities that result in "marked and severe functional limitations." To be eligible, a child's family must have a very low income and resources under \$3000. A child eligible for SSI benefits is also eligible to receive Rhode Island Medical Assistance. After age 18, benefits are based on the income and resources of the individual applying for SSI. For more information, contact the Social Security Office at 401-528-4535 or 800-772-1213 or visit www.ssa.gov.

KATIE BECKETT

Katie Beckett is an eligibility category in the Rhode Island Medical Assistance Program. It provides Rhode Island Medical Assistance coverage for children under age 19 who have long-term disabilities or complex medical needs and who live at home. Katie Beckett enables these children to be cared for at home instead of in an institution. With Katie Beckett, only the child's income and resources, not the parents', are taken into account during the application process. Eligibility requires a level of care at home that is typically provided in a hospital, nursing facility, or an Intermediate Care Facility for Persons with Mental Retardation. For more information, contact the Katie Beckett Unit at DHS at 401-462-0760.

TIP

Need answers to your health and insurance questions? Call your insurance company and request a care manager. Once a care manager has been assigned to your case, he or she is responsible for making sure your child is receiving the necessary services and support to address his or her mental health issue.

ADOPTION SUBSIDY

Adopted children may qualify for an adoption subsidy, which includes a stipend and Rhode Island Medical Assistance. Adoption Subsidy is administered through the Rhode Island Department of Children, Youth, and Families (DCYF). For more information, contact the Adoption Services Unit at DCYF at (401) 254-7021 or visit www.dcyf.ri.gov

TIP

Family Resource Counselors are available to help you figure out which types of assistance you may be eligible for and can help you apply for programs. For more information on Family Resource Counselors, turn to page 176 in **ADDITIONAL RESOURCES**.





9 Additional Resources

Parents need quality information to help their children get the care they need. But it is not always obvious who to turn to for help.

This section lists general mental health resources in Rhode Island in the following categories:

- Guides and Handbooks
- Organizations and Programs
- Support Groups, Workshops, and Trainings
- Local and National Web-based Resources
- Books
- Hotlines

For resources that are specific to a certain mental health topic, please refer to the section in the guide on that topic.

Guides and Handbooks

BRADLEY HOSPITAL FAMILY RESOURCE GUIDE

This is an information and resource guide for parents for local support and services in Rhode Island and Southeastern Massachusetts. A copy of this guide is coming soon to www.bradleyhospital.org

COMMUNITY GUIDE TO MENTAL HEALTHCARE IN RHODE ISLAND

Butler Hospital has created this guide to help people with mental health issues locate services and providers in Rhode Island. The guide offers descriptions of some of the most common mental health issues, including symptoms. For a copy of the guide, visit www.butler.org/documents/RI_Mental_Health_Guide_2006.pdf

FAMILY VOICES: RESOURCE GUIDE FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS

Family Voices of Rhode Island is part of a national network of families and friends of children with special health care needs, including those with chronic illnesses and disabilities. Family Voices provide information, advocacy and support. Family Voices developed a resource guide for families of children with special needs and is currently in the process of updating it. The revised guide is coming soon to www.ripin.org/fvri.html.

RAISING CHILDREN WITH SPECIAL HEALTHCARE NEEDS COMPLETE CARE NOTEBOOK

Produced by the Rhode Island Department of Health, this Complete Care Notebook was created in response to requests from families for a portable organizer to record and file their child's important health information, from birth through adulthood. The Complete Care Notebook allows families to easily access information about their child's emergency treatment, health history, healthcare plan, healthcare providers, support resources, and other important information. For a copy of the guide, visit www.health.ri.gov/family/disability/SpecialNeedsBinder.pdf

WEB-BASED RESOURCE GUIDE FOR FAMILIES AND PROVIDERS OF CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

This web-based resource guide was developed by a group of community partners for families of children with special health care needs, and for individuals working with these families. For a copy of the guide, visit www.ritap.org/ritap/content/WEB_Based_Resource_Guide.htm

Organizations and Programs

ADVOCATES IN ACTION

Advocates in Action is a statewide self-advocacy group in Rhode Island. The organization provides advocacy materials, PowerPoint presentations, and leadership training classes that help people with disabilities and their families and friends learn to speak up, become leaders, work together, and make a difference on issues that are important to them.

P.O. Box 41528, Providence, RI 02940-1528

Phone: 401-785-2028

Website: www.aina-ri.org

BRADLEY HOSPITAL

Bradley Hospital is a not-for-profit hospital that serves children and adolescents that have behavioral, developmental, emotional, and psychological problems. Bradley is a Lifespan partner and affiliated with The Warren Alpert Medical School of Brown University. Bradley is a national center for training and research in child and adolescent psychiatry. Services at Bradley include the following:

- **INPATIENT TREATMENT SERVICES:** These services are for children, ages 2 to 18, who suffer from serious disorders and are in need of short-term stabilization, assessment, and treatment for suicidal, destructive, or other dangerous behaviors.
- **RESIDENTIAL TREATMENT SERVICES:** These intensive, family-centered services are for children, ages 4 to 12, who have emotional and behavioral problems that prevent them from living safely at home. Children live together and are provided intensive staff supervision and treatment services, including a variety of types of psychotherapy.
- **OUTPATIENT SERVICES:** These services provide comprehensive mental health evaluation and treatment for children. A multidisciplinary staff of psychiatrists, psychologists, social workers, and qualified trainees provides treatment for a wide range of mental health issues. Treatments include individual, group, and family psychotherapy, as well as medication management.

Some of the organizations and programs have TTY or TDD numbers for people who are deaf, hard of hearing, or speech-impaired. However, you can always call Rhode Island Relay (7-1-1) for TTY, Voice Carry Over (VCO), Hearing Carry Over (HCO), Speech-to-Speech (STS), and Spanish.



- **EMERGENCY SERVICES:** Available 24 hours a day, these services are for children who need urgent evaluations and who are likely to require subsequent inpatient hospital care. Patients and families can be referred either by community therapists, community mental health centers, hospitals, law enforcement, or private agencies.
- **CRISIS SERVICES:** These services are for children who need urgent evaluation within 48 hours. These services help to stabilize crises and refer children and their families to less intensive services. Children and their families are seen by a multidisciplinary team, which includes a child and adolescent psychiatrist, a senior clinical psychologist, and several trainees.
- **SAFEQUEST PARTIAL HOSPITALIZATION PROGRAM:** This intensive after-school treatment program is an alternative to hospitalization and traditional outpatient services. The program is for children, ages 13 to 18, who are at risk for self-harm and/or who are suffering from significant mood or anxiety disorders. The program includes group, family, and individual psychotherapy, skill groups, and psychiatric care.
- **THE CENTER FOR AUTISM AND DEVELOPMENTAL DISABILITIES:** This center is for children, ages 2 to 21, who experience emotional or behavioral problems, as well as having the additional challenge of mental retardation or autism. The center offers outpatient, inpatient and home-based treatment, as well as alternative schooling options and residential programs.
- **BRADLEY SCHOOL:** This school is a private, school-funded, day treatment program and a certified special education school for children, ages 3 to 21. The school offers evaluation, educational and therapeutic services by a multidisciplinary team of educators and providers. Bradley Schools are located in East Providence, Portsmouth and South Kingstown. Students are referred to Bradley School by their local school departments.
- **PEDIATRIC PARTIAL HOSPITAL PROGRAM:** This program is a treatment program for children, birth to age 6, who have serious emotional, behavioral, eating, sleeping, or relationship issues.
- **EARLY CHILDHOOD CLINICAL RESEARCH CENTER:** This center is part of the Bradley Hasbro Children's Research Center. It is devoted to the study and treatment of children, birth to age 5, who are at risk for serious mental disorders and their families.

1011 Veterans Memorial Parkway, East Providence, RI 02915

Phone: 401-432-1000

Fax: 401-432-1500

Website: www.bradleyhospital.org

BUTLER HOSPITAL

Butler Hospital is a private, nonprofit psychiatric and substance abuse hospital for adults, adolescents, children, and seniors. Butler is affiliated with The Warren Alpert Medical School of Brown University.

Butler Hospital's Adolescent Treatment unit is a 14-bed co-educational inpatient unit for children, ages 13 to 17, who require immediate professional intervention, stabilization, evaluation, and treatment for various psychiatric or behavioral problems, including adolescent depression and substance abuse. Treatment ranges from less than 1 week up to 3 weeks and involves family, individual, and group meetings.

345 Blackstone Boulevard, Providence, RI 02906

Main Phone: 401-455-6200

Adolescent Treatment Phone: 401-455-6215 or 401-455-6214

Website: www.butler.org



CEDARR FAMILY CENTERS

CEDARR stands for Comprehensive, Evaluation, Diagnosis, Assessment, Referral, and Reevaluation. CEDARR Family Centers provide children, birth to 21, who have special healthcare needs and their families with information, assistance, and referrals. CEDARR services include basic supports, clinical evaluations, family care plan development, crisis intervention, and family care coordination. If determined appropriate, CEDARR Family Centers can also provide Direct Services including:

- Home Based Therapeutic Services (HBTS) (p179)
- Kids Connect (formally Therapeutic Child and Youth Care) (p181)
- Personal Assistant Services and Supports (PASS) program (p189)
- Respite for Children

CEDARR is a program of the Rhode Island Department of Human Services (DHS). For more information, call DHS at 401-462-5300 or visit www.dhs.ri.gov. The following is a list of CEDARR Family Centers.

About Families CEDARR Center

203 Concord Street, Suite 335, Pawtucket, RI 02860

Phone: 401-365-6855

Toll Free: 877-451-1046

Fax: 401-365-6860

Website: www.aboutfamilies.org

About Families CEDARR Center

1 Cumberland Street, 4th Floor, Woonsocket, RI 02895

Phone: 401-671-6533

Toll Free: 877-365-6024

TTY: 401-529-7111

Emergency: 401-529-7128

Fax: 401-671-6532

About Families CEDARR Center

1 Frank Coelho Drive, Portsmouth, RI 02871

Phone: 401-683-3570

Fax: 401-683-3372

Empowered Families CEDARR Center

82 Pond Street, Pawtucket, RI 02860

Phone: 401-365-6103

Toll Free: 888-881-6380

Fax: 401-365-6123

Website: www.empoweredfamilies.org

Empowered Families Satellite Office

19 Valley Road, Middletown, RI 02842

Phone: 401-365-6103

Toll Free: 888-881-6380

Fax: 401-365-6123

Families First CEDARR
Hasbro Children's Hospital
593 Eddy Street, George 1, Providence, RI 02903
Phone: 401-444-7703
Fax: 401-444-6115

Solutions CEDARR
134 Thurbers Avenue, Suite 102, Providence, RI 02905
Phone: 401-461-4351
Toll Free: 800-640-7283
Fax: 401-461-4953
Website: www.solutionscedarr.org

Solutions CEDARR Satellite
Lafayette Mills, 610 Ten Rod Road, Unit 13, North Kingstown, RI 02852
Phone: 401-294-6138
Toll Free: 800-640-7283
Fax: 401-277-3373

CHILD ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP)

CASSP is a locally-based, family-driven, and culturally-competent system of mental health care. CASSP provides family service coordination and wraparound supports to children, birth to age 21, who have serious emotional disorders and are at risk for placement outside of their homes and communities. CASSP brings together parent advocates, children's service agencies, and other community partners concerned with the needs of children and their families. At CASSP, family service coordinators, who are parents of children with severe emotional disabilities, are available to provide peer-to-peer support. The goal of CASSP is to prevent families from becoming separated and to maintain children in their home communities. CASSP also assists in returning children from restrictive placements to their communities. CASSP is a program of the Rhode Island Department of Children, Youth, and Families (DCYF).

CASSP services are provided through local coordinating councils (LCCs), regionally located throughout the state. Several of the LCCs are located at community mental health centers. To get a referral for CASSP, call the local coordinating council serving your area (located at community mental health centers).

Providence: 401-421-6993
Pawtucket/Central Falls: 401-722-5573 x254
Kent County: 401-732-5656
Metro West: 401-490-7320
Washington County: 401-789-1367 x3213
Northern Rhode Island: 401-765-5200
Newport: 401-848-6363 x125 or x128

CHILD CARE SUPPORT NETWORK (CCSN)

CCSN provides health and mental health consultation to childcare centers and family childcare homes throughout the state. Mental health specialists from Bradley Hospital and The Providence Center support childcare providers in creating quality learning environments that support the healthy development of young children. Mental health consultants evaluate the unique needs of each childcare program and work with childcare providers to establish and sustain environments that meet the mental health needs of the children served. Currently, the program supports mental health consultants in 6 childcare centers and 5 family childcare homes caring for over 300 children under age 5. Beginning in 2008, CCSN will begin offering health consultation to childcare centers caring for infants. Trained, licensed health professionals will provide regular, on-site ongoing education and consultation to childcare centers on health and safety issues including: immunizations, lead screening, connection to a Medical Home, injury prevention, infectious disease, oral health, nutrition, physical activity, caring for children with special needs, and other issues. CCSN is a joint program of the Rhode Island Department of Health and the Rhode Island Department of Human Services and receives guidance and support from a community advisory board.

HEALTH Information Line

Phone: 800-942-7434

Website: www.health.ri.gov/family/successfulstart/supportnetwork.php

CHILD OUTREACH

Child Outreach is a program that offers a free screening to all children, ages 3 to 5. This brief screening evaluates a child's abilities in specific areas using a variety of activities. The program aims to inform parents about their children's growth and development and locate children who may have special needs and connect them with services and programs. Screening is offered in a variety of locations, such as childcare programs, nursery schools, Head Start Programs, public school buildings or other places in the community. This service is sponsored by the Rhode Island Department of Education and offered through the local school system. For more information and a local schedule of screenings, call your local school department.



CHILDREN'S NEURODEVELOPMENT CENTER (CNDC) AT HASBRO CHILDREN'S HOSPITAL

CNDC offers evaluations of children, birth to age 21, by a team of specialists for diagnosis and treatment recommendations. CNDC utilizes a team approach that allows for coordination between specialists for evaluation and diagnosis. CNDC is staffed with specialists in the areas of education, nutrition, hearing, speech, occupational therapy, genetics, physical therapy, developmental pediatrics, neurology, psychology, nursing, and social services. Consults from other pediatric specialists are also available, including neurosurgery, orthopedics, urology, and otolaryngology. Initial referral of a child to the CNDC should be made by the child's primary care physician. Evaluation, diagnosis, and treatment recommendations, once completed, are discussed with the family and provided in a written report for the family. The report can be made available with the family's permission to physicians, schools, and other agencies that may be involved with the child. CNDC also provides ongoing medical care for children with neurodevelopmental disabilities.

593 Eddy Street, George I, Providence, RI 02903

Phone: 401-444-5685

Fax: 401-444-6115

Website: www.lifespan.org

COMMUNITY MENTAL HEALTH CENTERS

There are nine community mental health centers in Rhode Island. Professional staff includes psychiatry, psychology, psychiatric nursing, and clinical social work. Treatment fees are covered by insurance plans but they also have sliding fee scales based upon income. The centers offer emergency services, outpatient, inpatient, and day treatment services. For more information about the community health centers, visit the Rhode Island Council of Community Mental Health Centers website at www.riccmhc.org. The following is a list of the community mental health centers:

Butler Hospital
345 Blackstone Boulevard
Providence, RI 02906
Phone: 401-455-6200
Patient Call Center: 401-455-6214
Website: www.butler.org

East Bay Center, Inc.
610 Wampanoag Trail
East Providence, RI 02915
Phone: 401-431-9875
Intake: 401-431-9870
Emergency: 401-246-0700
Website: www.eastbay.org

Fellowship Health Resources, Inc.
25 Blackstone Valley Place, Suite 300
Lincoln, RI 02865
Phone: 401-333-3980
Services: 401-739-8333
Website: www.fellowshipphr.org

Gateway Healthcare, Inc.
249 Roosevelt Avenue
Pawtucket, RI 02860
Phone: 401-724-8400
Intake: 401-729-8701
Emergency: 401-723-1915 or 401-553-1031
Website: www.gatewayhealth.org

The Kent Center for Human & Organizational Development
2756 Post Road, Suite 104
Warwick, RI 02886
Phone: 401-691-6000
Intake: 401-732-5656
Emergency: 401-738-4300
Website: www.thekentcenter.org

Newport County Community Mental Health Center
127 Johnny Cake Hill Road
Middletown, RI 02842
Phone: 401-846-1213
Website: www.nccmhc.org

NRI Community Services, Inc.
P.O. Box 1700
Woonsocket, RI 02895
Phone: 401-235-7000
Intake: 401-235-7121
Emergency: 401-235-7120
Website: www.nricommunityservices.org

The Providence Center
528 North Main Street
Providence, RI 02904
Phone: 401-528-0123
Toll Free: 800-456-0300
Intake: 401-276-4020
Emergency: 401-274-7111
Website: www.provctr.org

Riverwood Mental Health Services
P.O. Box 226 (25 Railroad Avenue)
Warren, RI 02885
Phone: 401-247-4278
Emergency: 401-247-0173
Website: www.riverwoodmhs.org

South Shore Mental Health Center
P.O. Box 899 (4705A Old Post Road)
Charlestown, RI 02813
Phone: 401-364-7705
Website: www.ssmhc.org

EARLY INTERVENTION (EI)

EI supports families' capacity to enhance the growth and development of children, birth to age 3, who have developmental challenges. EI is designed to meet the needs of infants and toddlers eligible for EI and their families, as early as possible. Eligible children may have certain diagnosed conditions, delays in their development, or be experiencing circumstances, which are likely to result in significant developmental problems, particularly without intervention. EI serves all eligible children, birth to age 3, and their families, regardless of income or health insurance coverage. EI is a program of the Rhode Island Department of Human Services (DHS). For more information, call DHS at (401) 462-5300 or visit www.dhs.ri.gov.

The following is a list of EI sites:

Children's Friend and Service
621 Dexter Street
Central Falls, RI 02863
Phone: 401-721-9200
Fax: 401-729-0010
Website: www.cfsri.org

Easter Seals Rhode Island
5 Woodruff Avenue
Narragansett, RI 02882
Phone: 401-284-1000
Fax: 401-284-1006
Website: www.eastersealsri.com

Family Resources Community Action
245 Main Street
Woonsocket, RI 02895
Phone: 401-766-0900
Fax: 401-766-8737
Website: www.famresri.org

Family Service of Rhode Island
134 Thurbers Avenue
Providence, RI 02905
Phone: 401-331-1350
Fax: 401-277-3388
Website: www.familyserviceri.org

Hasbro Children's Hospital
593 Eddy Street, George 1
Providence, RI 02903
Phone: 401-444-3201
Fax: 401-444-6115
Website:
www.hasbrochildrenshospital.org

Homestead Early Intervention
1 Cumberland Street, 3rd Floor
Woonsocket, RI 02895
Phone: 401-775-1500
Fax: 401-762-0837
Website: www.thgri.org

J. Arthur Trudeau Memorial Center
250 Commonwealth Avenue
Warwick, RI 02886
Phone: 401-823-1731
Fax: 401-823-1849
Website: www.kentcountyyarc.net

J. Arthur Trudeau Memorial Center
140 Point Judith Rd, Unit 44
Narragansett, RI 02882
Phone: 401-783-6853
Fax: 401-783-6846
Website: www.kentcountyyarc.net

James L. Maher Center
120 Hillside Avenue
Newport, RI 02840
Phone: 401-848-2660
Fax: 401-847-9459
Website: www.mahercenter.org

Meeting Street
1000 Eddy Street
Providence, RI 02905
Phone: 401-533-9100
Fax: 401-533-9102
Website: www.meetingstreet.org

Looking Upwards, Inc.
438 East Main Road
Middletown, RI 02842
Phone: 401-847-0960
Fax: 401-845-9618



FAMILY OUTREACH PROGRAM (FOP)

FOP is a risk and referral program for families with children under age 3 who are at-risk of poor developmental outcomes due to physical, social, and other factors. This program is designed to respond to risk factors early and link families to appropriate services. Families may be referred to the program by the hospital at the time of their baby's birth if the baby has multiple risk factors that put the baby at risk for poor developmental outcomes. This is called the Level 1 Screening. Families can also be referred by their health care provider or by a community based service provider or they can call the program directly and ask for a home visit.

Through FOP, nurses, social workers, and paraprofessionals provide services in the home at times that are convenient—days, evenings, or weekends. The home visitors provide families with information about and referrals for community resources and provide developmental screenings (Level II screening).

FOP is a program of the Rhode Island Department of Health (HEALTH) funded in partnership with the Rhode Island Department of Human Services (DHS). For more information or to find out about the home visiting agency that serves your area, call the HEALTH Information Line at 800-942-7434.

FAMILY RESOURCE COUNSELORS (FRCs)

FRCs educate families about which types of assistance they may be eligible for and can help them apply for programs. FRCs serve families statewide at no cost to the child or family. This is a program of the Rhode Island Department of Human Services (DHS). FRCs are located at the community health centers and hospital clinics listed below.

Bayside Family Healthcare
North Kingstown, RI
Phone: 401-295-9706

Blackstone Valley
Community Healthcare
Pawtucket, RI
Phone: 401-722-0081

Chad Brown Health Center
Providence, RI
Phone: 401-274-6339

Comprehensive Community Action
Cranston, RI
Phone: 401-467-9610

East Bay Community Action Program
Newport, RI
Phone: 401-847-7821

East Bay Community Action Program
East Providence, RI
Phone: 401-437-1008 x133 or
401-437-0006 x146

Family Health Services
Coventry, RI
Phone: 401-828-5335

Memorial Hospital of Rhode Island
Pawtucket, RI
Phone: 401-729-2634

Northwest Health Center
Pascoag, RI
Phone: 401-568-7661

Providence Community Health Centers

Allen Berry Health Center
Phone: 401-444-0570

Capitol Hill Health Center
Phone: 401-444-0550

Central Health Center
Phone: 401-444-0580 x3864

Chafee Health Center
Phone: 401-444-0530 x3364

Olneyville Health Center
Phone: 401-444-0540 x3464

Thundermist Health Center
Woonsocket, RI
Phone: 401-767-4100

Thundermist Health Center
of South County
Wakefield, RI

Phone: 401-783-0523 x111 or x129

Tri-Town Community Action Agency
Johnston, RI
Phone: 401-519-1900

Women & Infants Hospital
Providence, RI
Phone: 401-274-1122 x1360

Wood River Health Services
Hope Valley, RI
Phone: 401-539-2461

FAMILY SERVICE AGENCIES

These are non-profit agencies that provide counseling and social services to clients and are generally staffed with clinical social workers and other counselors.

Family Service of Rhode Island, Inc.
Providence, RI
Phone: 401-331-1350

Family Service Society of Pawtucket
Pawtucket, RI
Phone: 401-723-2124

Diocese of Providence
Office of Community
Services & Advocacy
Phone: 401-421-7833

Child and Family Services
of Newport County
Newport, RI
Phone: 401-849-2300

Interfaith Counseling Center
Providence, RI
Phone: 401-461-5234

Jewish Family Service
Providence, RI
Phone: 401-331-1244



FREQUENT FLYERS AT HASBRO CHILDREN'S HOSPITAL

Frequent Flyers is a service available for children with special healthcare needs and their families. The purpose of Frequent Flyers is to facilitate admission to the hospital for children with frequent admissions. Any family with a child who is a frequent user of Lifespan hospitals (Rhode Island Hospital, Hasbro Children's Hospital, Miriam Hospital, Bradley Hospital, and Newport Hospital) can access this service. Frequent Flyers is a database that families can add to. The database consists of a summary of the child's medical conditions, medications and allergies, common presenting problems, and how they are managed. It also includes the families' comments, child's photo, primary and specialty physicians, home care providers, and emergency contacts. Parents are provided with a secure home-based access to their child's database and can email or send in updates.

Children's Neurodevelopment Center
Hasbro Children's Hospital
593 Eddy Street, George 1, Providence, RI 02903
Phone: 401-444-3201
Website: www.lifespan.org

HASBRO CHILDREN'S HOSPITAL

Hasbro Children's Hospital is the pediatric division of Rhode Island Hospital. Hasbro has professionals who specialize in child and adolescent psychiatry. A group of child and adolescent psychiatrists provide outpatient services, focusing on evaluation and medication management. Hasbro also has child and adolescent forensic psychiatrists who serve high-risk children and focus on child, adolescent, and family psychiatry in relation to laws and the legal system. In addition, Hasbro provides mental health evaluations, treatment for children who are hospitalized with medical illnesses through its consultant services. Hasbro is also currently building a pediatric psychiatric emergency room that will be able to provide emergency and crisis services for children.

Hasbro also offers the following programs related to children's mental healthcare:

- Children's Neurodevelopment Center (CNDC) (p173)
- Frequent Flyers (p178)
- Pediatric Partial Hospital Program (p186)
- Siblink Program (p194)

Phone: 401-444-4000



HEAD START AND EARLY HEAD START

Early Head Start (children, birth to age 3) and Head Start (children, ages 3 to 5) are federally funded programs that provide comprehensive developmental services for low-income children, pregnant women, and their families. Early Head Start focuses on 4 cornerstones essential to quality programs: child development, family development, community building, and staff development. The purpose of Early Head Start is to enhance child and family development, including parenting competence and parental economic independence. Head Start offers specific services that focus on education and child development across domains. The purpose of Head Start is to promote a child's readiness to learn in school. Early Head Start and Head Start are programs of the Rhode Island Department of Human Services (DHS).

Website: www.riheadstart.org

HOME-BASED THERAPEUTIC SERVICES (HBTS)

HBTS provides therapeutic services to children living at home with Medicaid who have severe behavioral health and/or developmental disorders. Services are individualized and are provided in the child's home or community by trained paraprofessionals who are overseen by licensed healthcare professionals. Parents participate in the development of the treatment plan and are aware of and participate in helping their child develop new skills that are specified in the treatment plan. The goal of this service is to enhance the child's ability to participate within the family and community. HBTS is accessed through CEDARR (p170). The following is a current list of HBTS providers:

Adeline LaPlante Memorial Center
1130 Ten Rod Rd, Bldg A, Suite 207
North Kingstown, RI 02852
Phone: 401-295-2250
Fax: 401-295-2260
Website: www.adelinelaplantecenter.org

Homestead Group
1 Cumberland Street, 4th floor
Woonsocket, RI 02895
Phone: 401-775-1500
Fax: 401-775-1507
Website: www.thgri.org

CranstonArc
111 Comstock Parkway
Cranston, RI 02921
Phone: 401-941-1112
Fax: 401-383-8751
Website: www.cranstonarc.org

Bradley Hospital
Intensive Behavioral Treatment-IBT
1011 Veterans Memorial Parkway
East Providence, RI 02915
Phone: 401-432-1175 or 432-1225
Fax: 401-432-1500
Website: www.bradleyhospital.org

Bradley Hospital
Center for Autism and
Developmental Disabilities
Home-Based Treatment Program
1011 Veterans Memorial Parkway
East Providence, RI 02915
Phone: 401-432-1528
Fax: 401-432-1500
Website: www.bradleyhospital.org

Frank Olean Center
93 Airport Road
Westerly, RI 02891
Phone: 401-315-0143 x104
Fax: 401-315-0201
Website: www.oleancenter.org

Groden Center
Children's Intensive Treatment Program
610 Manton Avenue
Providence, RI 02909
Phone: 401-274-6310
Fax: 401-421-2152
Website: www.grodencenter.org

Groden Center
In-Home Support and Training
Program (IST)
610 Manton Avenue
Providence, RI 02909
Phone: 401-274-6310
Fax: 401-421-2152
Website: www.grodencenter.org

James L. Maher Center
P.O. Box 4390
Middletown, RI 02842
Phone: 401-846-0340
Fax: 401-847-9459

Kent County Chapter RIARC
Arthur Tredeau Memorial Center
3445 Post Road, Warwick, RI 02886
Phone: 401-739-2700
Fax: 401-732-8907
Website: www.kentcountyyarc.net

Looking Upwards, Inc.
438 East Main Road
Middletown, RI 02842
Phone: 401-847-0960
Fax: 401-845-9618
Website: www.lookingupwards.org

Ocean State Community Resources, Inc.
25 W. Independence Way, Suite G
Kingstown, RI 02881
Phone: 401-789-4614
Fax: 401-789-1957

Perspectives Youth and Family Services
Behavioral Health Program
1130 Ten Rod Road, Bldg. C, Suite 201
North Kingstown, RI 02852
Phone: 401-294-8181
Fax: 401-294-7773

Perspectives Youth and Family Services
Behavioral Health Program
ABA Program—Early Intensive
Behavioral Intervention
1130 Ten Rod Road, Bldg. C, Suite 201
North Kingstown, RI 02852
Phone: 401-294-8181
Fax: 401-294-7773

Perspectives Youth and Family Services
Deaf and Hard of Hearing program
1130 Ten Rod Road, Bldg. C, Suite 201
North Kingstown, RI 02852
Phone: 401-294-8181
Fax: 401-294-7773
Website:
www.perspectivescorporation.com

TIDES Family Services
215 Washington Street
West Warwick, RI 02893
Phone: 401-822-1360
Fax: 401-823-4694
Website: www.tidesfs.org

United Cerebral Palsy of
Rhode Island, Inc.
200 Main Street
Pawtucket, RI 02860
Phone: 401-728-1800
Fax: 401-728-0182
Website: www.ucpri.org

**HOMESTEAD GROUP
(FORMERLY ARC OF NORTHERN RHODE ISLAND)**

Homestead Group is a not-for-profit human service agency providing supports and services for people with developmental disabilities. Homestead Group operates adult services, residential, independent living, and child and family service programs.

Phone: 401-765-3700

Fax: 401-769-6046

Website: www.arcofnri.org

**INFANT BEHAVIOR, CRY, AND SLEEP CLINIC
AT WOMEN & INFANTS HOSPITAL**

Also called the Colic Clinic, this clinic diagnoses and treats infants with crying, sleeping, feeding, and associated early behavior problems. The clinic also helps parents understand and manage their infant and adjust to the disruption in the parent-infant relationship caused by having an infant who has behavioral problems in the first few months of life. Behavioral pediatricians, clinical and developmental psychologists, and a clinical social worker collaborate to develop treatment plans for families whose infants are having early behavioral difficulties.

Phone: 401-453-7690

**KIDS CONNECT
(FORMERLY THERAPEUTIC CHILD AND YOUTH CARE)**

Kids Connect provides therapeutic services delivered in licensed childcare centers for certain Medicaid-eligible children, ages 6 weeks to 19 years, with serious behavioral, developmental or physical needs. The purpose of Kids Connect is to enable children and youth with special healthcare needs to participate in child and youth care settings with their peers. This service is designed as a less restrictive and more inclusive alternative or complementary service to HBTS. Kids Connect services are accessed through CEDARR (p170). The following is a list of Kids Connect providers:

Child, Inc.
160 Draper Avenue
Warwick, RI 02889
Phone: 401-737-0403
Fax: 401-737-2302
Website: www.childincri.org

Child, Inc.
849 Centerville Road
Warwick, RI 02886
Phone: 401-823-3777
Fax 401-823-5908

Child, Inc.
28 Payan Street
West Warwick, RI 02893
Phone: 401-828-2888
Fax: 401-826-4887

Child, Inc.
23 Cady Street
Coventry, RI 02816
Phone: 401-823-3228
Fax: 401-826-8920

Crayons Child Care and Family
Services, Inc.
3445 Post Road
Warwick, RI 02886
Phone: 401-738-7081
Fax: 401-737-8907
Website: www.kentcountyarcc.net

Homestead Group
1 Cumberland Street, 4th Floor
Woonsocket, RI 02895
Phone: 401-775-1500
Fax: 401-775-1507
Website: www.thgri.org

Kids Klub, Inc./Dr. Daycare
462 Smithfield Avenue
Pawtucket, RI 02860
Phone: 401-475-7707
Toll free: 877-333-1393
Fax: 401-475-4832
Website: www.kidsklubri.com or
www.drdaycare.com

Kids Klub, Inc./Dr. Daycare
174 Hartford Pike
Foster, RI 02825
Toll free: 877-333-1393
Website: www.kidsklubri.com or
www.drdaycare.com

Meeting Street
1000 Eddy Street
Providence, RI 02905
Phone: 401-533-9252
Fax: 401-533-9101
Website: www.meetingstreet.org

Westbay Community Action
Children's Center
22 Astral Street
Warwick, RI 02888
Phone: 401-463-6620
Fax: 401-463-0107
Website: www.westbaycap.org

MEETING STREET

Meeting Street offers children and families a personalized and comprehensive approach to making the most of this very important time in a child's growth and development. Founded in 1946, Meeting Street helps children and young adults with special healthcare needs and their families meet the challenges in their lives. Meeting Street services encompass all areas of development, including communication, motor and planning skills, social skills, and health and family needs. Understanding that every family is unique, Meeting Street staff works with children to apply interventions into their everyday routines and integrates learning into the child's natural environment.

Phone: 401-533-9100
Fax: 401-533-9101
Website: www.meetingstreet.org

MEMORIAL HOSPITAL OF RHODE ISLAND

Memorial Hospital of Rhode Island is a 294-bed community hospital serving the Blackstone Valley of Rhode Island and Southeastern Massachusetts. Memorial Hospital is a teaching and research center affiliated with The Warren Alpert Medical School of Brown University.

Memorial Hospital has a Department of Pediatrics that provides child and adolescent psychiatry and psychology services, a Primary Care Center for Children with Special Needs that provides care for children with complicated pediatric problems, and a team of speech-language pathologists that provide care for children with speech and language disorders. Memorial Hospital also offers the following program related to children's mental healthcare:

- Neurodevelopmental Center (p184)

111 Brewster Street, Wood Building, 4th Floor, Pawtucket, RI 02860

Phone: 401-729-2582

Website: www.mhri.org

MENTAL HEALTH ASSOCIATION OF RHODE ISLAND

Mental Health Association of Rhode Island is a statewide advocacy organization. Its mission is to promote mental health, prevent mental illness, and improve mental health services through advocacy, education, and research. The Mental Health Association of Rhode Island is the Rhode Island affiliate of Mental Health America (formerly National Mental Health Association).

500 Prospect Street, Pawtucket, RI 02860

Phone: 401-726-2285

Fax: 401-365-6170

Website: www.mhari.org

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) RHODE ISLAND

NAMI Rhode Island is an independent, grassroots, and volunteer organization. NAMI Rhode Island supports advocacy, education, research, and other efforts to reduce stigma and discrimination against consumers of mental health services and their families. NAMI Rhode Island educates the public about mental illness, offers resources and support to all whose lives are touched by mental illness, advocates to ensure the rights and dignity of those with mental illness, and promotes research in the science and treatment of mental illness. NAMI Rhode Island is affiliated with the National Alliance on Mental Illness (NAMI).

154 Waterman Street, Unit 5B, Lower Level, Providence, RI 02906

Phone: 401-331-3060

Toll Free: 800-749-3197

Fax: 401-274-3020

Website: www.namirhodeisland.org

NEURODEVELOPMENTAL CENTER AT MEMORIAL HOSPITAL OF RHODE ISLAND

Neurodevelopmental Center is an internationally recognized program that treats children with behavioral, learning, and developmental disabilities. Promoting success for children is the program's goal. The professionals treat children with Tics & Tourette Syndrome, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Behavior, Pervasive Developmental Disorders, ASDs, Asperger's Disorder, Learning Disabilities, Traumatic Brain Injury, Cerebral Palsy, Post Prematurity, and Cancer or Seizure Disorders (on referral).

555 Prospect Street, Pawtucket, RI 02860

Phone: 401-729-6200

Website: www.mhri.org

OCEAN STATE CENTER FOR INDEPENDENT LIVING (OSCIL)

OSCIL is a community-based resource center that helps connect individuals with disabilities to services and supports in the community. OSCIL provides a number of services to help people with disabilities. These include: advocacy, assistive technology program, deaf services, a smoke detector program, disability awareness, home modification and equipment program, information and referral services, nursing home transition, and peer support.

1944 Warwick Avenue, Warwick, RI 02889

Phone: 401-738-1013

Toll Free: 866-857-1161

TTY: 401-738-1015

Fax: 401-738-1083

Website: www.oscil.org

OFFICE OF THE CHILD ADVOCATE

This is a legal office that advocates for particular children whose legal, civil, and special rights are not being met in the Rhode Island Department of Children, Youth, and Families (DCYF) system and/or through Family Court proceedings. The Office's mission is to protect the legal rights of children in state care and to promote policies and practices which ensure that children are safe; that children have permanent and stable families; and that children in out of home placements have their physical, mental, medical, educational, emotional and behavioral needs met.

John O Pastore Center

Louis Pasteur Building, 4th Floor

57 Howard Avenue, Cranston, RI 02920

Phone: 401-462-4300

Fax: 401-462-4305

Website: www.child-advocate.ri.gov

OFFICE OF THE MENTAL HEALTH ADVOCATE

The Office of the Mental Health Advocate is an independent statewide advocacy agency for persons receiving mental health and substance abuse services. Its mission is to:

- Protect the rights and enhance the dignity of persons in mental health treatment and those persons receiving inpatient substance abuse treatment; and
- Reduce stigma associated with mental disabilities and substance abuse addictions.

The Office provides legal, investigative, and advocacy services to patients in psychiatric hospitals, residents of mental health group homes, clients of mental health centers, patients in forensic units, and persons receiving substance abuse treatment.

Louis Pasteur, Building 57, 4th Floor
57 Howard Avenue, Cranston, RI 02920
Phone: 401-462-2003
Toll free: 800-346-2282

PARENT SUPPORT NETWORK OF RHODE ISLAND (PSN)

PSN is a statewide family run organization of families supporting families of children, youth, or young adults who are at risk for or who have serious behavioral, emotional, and/or mental health challenges, having consideration for their background and values. PSN Peer Mentors are parents who have advocated for their own families and have the knowledge and passion to effectively help others. PSN provides support, advocacy, education, training, and system navigation. PSN teaches families on an individual basis and supports their leadership development to work with policy bodies to shape changes in the system of care. PSN provides support groups, literature concerning education and mental health, tips on parenting a child with emotional or behavioral needs, and juvenile justice and substance abuse information. Services and information are available in Spanish.

Crossroad Commons Plaza
1395 Atwood Ave., Suite 114, Johnston RI 02919
Phone: 401-467-6855
Toll Free: 800-483-8844
Fax: 401-467-6903
Website: www.psnri.org



PAUL V. SHERLOCK CENTER ON DISABILITIES

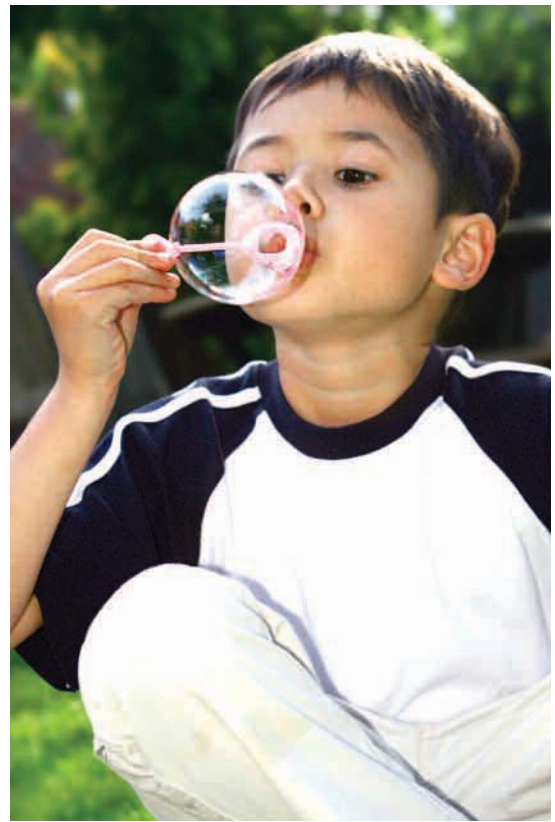
Paul V. Sherlock Center on Disabilities was founded at Rhode Island College in 1993. It is a member of a national network of interdisciplinary Centers advancing policy and practice for and with individuals with developmental and other disabilities, their families, and communities. The Sherlock Center is charged with four core functions: training, community outreach and service, dissemination of information, and research. Individual and Family Support Initiatives and Programs include: 360 Local Supportive Parenting Project, Rhode Island Services to Children and Youth with Dual Sensory Impairments, Training and Events to Families, newsletter free to families who have a child with a disability, Educational Advocacy Program, Rhode Island Vision Services Education Program, and Family to Family of Rhode Island. The Family to Family Network of Rhode Island Directory is available on the Family to Family website at www.rifamilytofamily.net, or by calling 401-727-4144 for a copy.

Rhode Island College
600 Mount Pleasant Avenue, Providence, RI 02908
Phone: 401-456-8072
Fax: 401-456-8150
TDD: 401-456-8773
Website: www.sherlockcenter.org

PEDIATRIC PARTIAL HOSPITAL PROGRAM AT HASBRO CHILDREN'S HOSPITAL

This program is a day treatment program for children, ages 6 to 18, with medical and emotional issues. Program participants have access to the same range of services as patients admitted to the Hasbro Children's Hospital inpatient units, including consultation from specialists and comprehensive diagnostic testing. Treatment providers include pediatricians, nurses, child and adolescent psychiatrists, psychologists, social workers, nutritionists, teachers, and psychotherapists.

593 Eddy Street, Potter Building, Basement
Providence, RI 02903
Phone: 401-444-8638
Fax: 401-444-2085



PEDIATRIC PRACTICE ENHANCEMENT PROJECT (PPEP)

PPEP is a “medical home” initiative sponsored by the Rhode Island Department of Health and Rhode Island Department of Human Services. PPEP places parent consultants within pediatric primary and specialty care practices in an effort to provide a medical home to families of children with special healthcare needs. Parent consultants link families with community resources, assist physicians and families in accessing specialty services, and identify systems barriers to coordinated care. Parent Consultants are employed by Rhode Island Parent Information Network and are parents of children with special healthcare needs who offer support from a peer-to-peer model. Participating practices include:

Aquidneck Medical Associates
50 Memorial Boulevard
Newport, RI 02840
Phone: 401-847-2290
Fax: 401-847-9533

Hasbro Children’s Hospital
Rehabilitation Center
765 Allens Avenue
Providence, RI 02905
Phone: 401-432-6800
Fax: 401-432-6832

Rhode Island Department of
Corrections Women’s Prison
Dix Building, P.O. Box 8312
Cranston, RI 02920
Phone: 401-462-0185
Fax: 401-462-0767

Family Service of Rhode Island
55 Hope Street
Providence, RI 02906
Phone: 401-331-1350
Fax: 401-274-7602

Federal Hill House Association
9 Courtland Street
Providence, RI 02909
Phone: 401-421-4722
Fax: 401-421-4725

Dr. Cheryl Flynn
2 Wake Robin Road
Lincoln, RI 02865
Phone: 401-333-1656
Fax: 401-333-3104

Rainbow Pediatrics at Hasbro
Children’s Hospital
593 Eddy Street, Lower Level
Providence, RI 02903
Phone: 401-444-4691
Fax: 401-444-7574
Website: www.lifespan.org

Park Pediatrics
801 Park Avenue
Cranston, RI 02921
Phone: 401-270-9851
Fax: 401-273-2597

South County Pediatric Group, Inc.
4979 Tower Hill Road
Wakefield, RI 02879
Phone: 401-284-2249
Fax: 401-789-5524
Website:
www.southcountypediatrics.com

Neonatal Follow-Up Clinic
at Women & Infants Hospital
134 Thurbers Avenue, Suite 215
Providence, RI 02905
Phone 401-453-7750
Fax: 401-453-7738

Wood River Health Services
823 Main Street
Hope Valley, RI 02832
Phone: 401-539-0228
Fax: 401-539-2663
Website: www.woodriverhealth.org

Children's Neurodevelopment Center
at Hasbro Children's Hospital
593 Eddy Street, George 1
Providence, RI 02903
Phone: 401-444-5685
Fax: 401-444-6115

Coastal Waterman Pediatrics
900 Warren Avenue
East Providence, RI 02914
Phone: 401-421-6481
Fax: 401-751-8734

Community Asthma Program
593 Eddy Street
Providence, RI 02903
Phone: 401-444-3092
Fax: 401-444-7409

Neurodevelopmental Center
Department of Pediatrics at
Memorial Hospital of Rhode Island
555 Prospect Street
Pawtucket, RI 02860
Phone: 401-729-6200
Fax: 401-729-6203

Neonatal Intensive Care Unit
101 Dudley Street
Providence, RI 02903
Phone: 401-274-1100
Fax: 401-453-7606

City of Newport, Healthy Residents,
Healthy Homes Project
1 York Street, Newport, RI 02840
Phone: 401-848-6697
Fax: 401-847-1276

Northstar Pediatrics
Hasbro Children's Hospital
593 Eddy Street
Providence, RI 02903
Phone: 401-444-4471
Fax: 401-444-3870

Northwest Community Healthcare
36 Bridge Way
Pasoag, RI 02859
Phone: 401-568-7662
Fax: 401-567-0247

Prevent Child Abuse Rhode Island
500 Prospect Street
Pawtucket, RI 02860
Phone: 401-728-7920
Fax: 401-724-5850

Samuels Sinclair Dental Center
593 Eddy Street
Providence, RI 02903
Phone: 401-444-5284
Fax: 401-444-3494

Autism Project of Rhode Island
51 Sockanosset Crossroad, Suite A
Cranston, RI 02920
Phone: 401-785-2666 x112
Fax: 401-785-2272

Ventilator Integration Project
593 Eddy Street
Providence, RI 02903
Phone: 401-444-3079
Fax: 401-350-3116





PERSONAL ASSISTANCE SERVICES AND SUPPORTS (PASS) PROGRAM

PASS is a set of specialized health services delivered in a child's home and community. PASS is consumer-directed and allows families to have greater choice and control over many aspects of their services. PASS services aim to help children perform activities of daily living, make safe and self-preserving decisions, and participate in social roles and social settings. PASS is accessed through CEDARR (p170). The following is a list of PASS providers:

CranstonArc
11 Comstock Parkway
Cranston, RI 02921
Phone: 401-941-1112
Fax: 401-941-2516
Website: www.cranstonarc.org

Frank Olean Center
93 Airport Road, Westerly, RI 02891
Phone: 401-596-2091
Fax: 401-315-0201
Website: www.oleancenter.org

Groden Center
610 Manton Avenue
Providence, RI 02909
Phone: 401-274-6310
Fax: 401-421-2152
Website: www.grodencenter.org

Homestead Group
1 Cumberland Street, 4th Floor
Woonsocket, RI 02895
Phone: 401-775-1500
Fax: 401-775-1507
Website: www.thgri.org

J. Arthur Trudeau Memorial Center
3445 Post Road
Warwick, RI 02887
Phone: 401-739-2700
Fax: 401-732-7899
Website: www.kentcountyarc.net

United Cerebral Palsy of Rhode Island, Inc.
200 Main Street, Suite 210
Pawtucket, RI 02862
Phone: 401-728-1800
Fax: 401-728-0182
Website: www.UCPRI.org

REGIONAL TRANSITION CENTERS

Regional Transition Centers provide information, training and technical assistance to teachers, administrators and families of students in special education, ages 14 to 21, who are preparing for the transition from school to adult life. The centers offer a resource and curriculum library and coordinate regional training and information events through their Regional Transition Advisory Committee.

East Bay Collaborative

317 Market Street

Warren, RI 02885

Phone: 401-245-2045

Fax: 401-245-9332

Serves: Barrington, Portsmouth, Bristol, Warren, Tiverton, Newport, East Providence, Little Compton, Middletown

Northern Rhode Island Collaborative

2352 Mendon Road

Cumberland, RI 02864

Phone: 401-658-5790

Fax: 401-658-4012

Serves: Burrillville, North Providence, Central Falls, North Smithfield, Smithfield, Cumberland, Pawtucket, Johnston, Lincoln, Woonsocket

Providence Public Schools

797 Westminister Street

Providence, RI 02903

Phone: 401-278-0520

Fax: 401-453-8690

Serves: Providence

Southern Rhode Island Collaborative

646 Camp Avenue

North Kingstown, RI 02852

Phone: 401-295-2888

Fax: 401-295-3232

Serves: Block Island, Chariho, North Kingstown, East Greenwich, South Kingstown, Exeter, West Greenwich, Jamestown, Narragansett, Westerly

West Bay Collaborative

144 Bignall Street, Warwick, RI 02888

Phone: 401-941-8353

Fax: 401-941-8535

Serves: Coventry, Warwick, Cranston, West Warwick, Foster, Glocester, Scituate

RESIDENTIAL PROGRAMS

Residential programs provide children who are seriously emotionally disturbed with around the clock treatment and programs. Residential programs are for children who cannot function at home. Residential programs include group homes, therapeutic foster care, hospital settings, and therapeutic residential schools. Services include behavior modification, special education, recreational therapy, and individual, group, and family psychotherapy. Children in residential programs may be educated in the residential program, through a specialty school, or through a regular private or public school. For a listing of residential programs, visit <http://www.ricorp.net/main/downloads/RICORP-Directory.pdf>.

RHODE ISLAND DEVELOPMENTAL DISABILITIES COUNCIL (RIDDC)

RIDDC promotes creative ways for men, women, and children with disabilities to live more independent, fulfilling lives. RIDDC promotes public policy that leads to the independence, productivity, and inclusion of people with disabilities in all aspects of life. The RIDDC website connects people with the information to make positive changes in their lives or to develop a frame of reference for decision making.

400 Bald Hill Road Suite 515, Warwick, RI 02886

Phone: 401-737-1238

Fax: 401-737-3395

TTY: 401-737-1238

Website: www.riddc.org

RHODE ISLAND DISABILITY LAW CENTER

Rhode Island Disability Law Center provides free legal assistance for individuals and families of children with disabilities. Services include individual representation to protect rights or secure benefits and services, self-help information, educational programs, and administrative and legal advocacy.

349 Eddy Street, Providence, RI 02903

Phone: 401-831-3150 or 800-733-5332

TTY: 401-831-5335

Fax: 401-274-5568

Website: www.ridlc.org



RHODE ISLAND PARENT INFORMATION NETWORK (RIPIN)

RIPIN's mission is to:

- Inform, educate, support and empower all families to be equal partners in advocacy for the education, health, and socioeconomic well-being of their children and families; and
- Achieve family-centered systems changes, which are culturally competent and community based. RIPIN serves more than 65,000 Rhode Islanders each year.

RIPIN provides information, referral, and support for all families—whether or not their children have special needs. Workshops are offered on parenting, special education, early interventions, and transitions from one service system to another. RIPIN provides information and support about early intervention programs, home visiting programs for young children, as well as individual advocacy and support for health and special issues. RIPIN also has a lending library of books, videotapes, and audiotapes on various topics of interest to families of children with special needs and typically developing children. Some of the programs RIPIN offers are:

- **FAMILY TO FAMILY** connects families of children and adults with special needs with other families who have similar needs and experiences. This gives families the opportunity to share information and support and to get information on local, state, and national resources for families. For more information, visit the Family to Family website at www.rifamilytofamily.net.



- **FAMILY VOICES OF RHODE ISLAND** offers health information, advocacy, training, and support to help families learn about their child's illness or disability and seek positive outcomes for their child and family. Family Voices is part of a national network of families and friends of children with disabilities and/or chronic illnesses. For more information, visit the RIPIN website at www.ripin.org.
- **FATHERS 1ST** is a unique program that offers support to fathers, stepfathers, grandfathers, and any other male who cares about children with special needs. Mike Masse, the founder of Father's 1st, offers a support group once a month in Woonsocket. For more information, visit the Father's 1st website at www.fathers1st.org.
- **HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS (HIPPIY)** is a statewide visiting program for parents of children, ages 3 to 5. HIPPIY supports the development of school readiness through cognitive skill building, information about the local school district, parent-networking opportunities, and by connecting families to community resources. For more information, visit the RIPIN website at www.ripin.org.
- **PARENTS AS TEACHERS** program is designed to provide parents of children from before birth to age 5 with the information and support they need to give their children the best possible start in life. Parents As Teachers offers regularly scheduled home visits by certified parent educators. There is no fee for participation. Parents As Teachers has programs in 19 communities, in 11 school districts and at 17 community-based agencies. For more information, visit the Parents as Teachers website at www.parentsasteachers.org.
- **PARENT CONSULTANTS** are parents or family members of children, many with special healthcare needs, who have experience and knowledge about resources, supports, and services in Rhode Island. Parent Consultants use their knowledge and training to educate, advocate for, and assist families in accessing community resources and navigating the sometimes very complex human service systems in Rhode Island. Additionally, they provide the unique family perspective to their host agency or practice that is critical to family-driven, family-centered services.

175 Main Street, Pawtucket, RI 02860

Phone: 401-727-4144

Toll-free: 800-464-3399

Website: www.ripin.org

**RHODE ISLAND TECHNICAL
ASSISTANCE PROJECT (RITAP)
AT RHODE ISLAND COLLEGE**

RITAP is a statewide resource center for technical assistance and support, professional development and training, and policy analysis and interpretation. The resources of the RITAP are organized to assist state and local agencies, institutions of higher learning, and families in the delivery of quality education and support services for all children including those with disabilities.

RITAP is a collaborative effort of Rhode Island College and the Office of Special Populations at Rhode Island Department of Education. It provides practitioners, parents, and policymakers the knowledge and resources necessary to increase their capacity to provide comprehensive and coordinated services to all children including those with disabilities.



Rhode Island College
600 Mount Pleasant Ave, Providence, RI 02908
Phone: 401-456-4600
Website: www.ritap.org

**SIBLINK PROGRAM
AT HASBRO CHILDREN'S HOSPITAL**

Siblink provides support to siblings of children with special healthcare needs. Siblink brings siblings together to share experiences so they can better cope with their feelings and with the situations that arise from their brother's or sister's condition. Siblink is open to all families who have children with special healthcare needs. Families are welcome no matter where their children receive their healthcare.

Bradley Hasbro Children's Research Center
1 Hoppin Street, Coro West 2, Providence, RI 02903
Phone: 401-444-8945
Website: www.lifespan.org/hch/services/siblink

SPECIALTY SCHOOLS

Specialty schools are schools for children whose special education and behavioral needs cannot be met in a regular school environment. These schools specialize in teaching children with needs that a regular school cannot meet. Children in specialty schools may live at a residential program or at home. Some specialty schools offer residential programs for children who cannot function at home.

The following schools are members of the Rhode Island Association of Private Special Education Schools. This is not comprehensive list. For the most complete list, visit the Rhode Island Department of Education's Information Services website at www.eride.ri.gov and search for special education schools in the Schools Directory.

Bradley Hospital Center for Autism and Developmental Disabilities Day School (Grades KG–12) East Providence, 401-432-1189	Harmony Hill School (Grades KG–12) Chepachet, 401-949-0690
Bradley School (Grades KG–12) East Providence, 401-432-1411	James L. Maher Center (Grades 5–12) Newport, 401-846-3518
Bradley School (Grades KG–12) Portsmouth, 401-682-1816	Meeting Street School (Grades PK–12) East Providence, 401-438-9500
Bradley School (Grades PK–12) Wakefield, 401-284-1040	Metropolitan Career and Technical Center (Grades 9–12) Providence, 401-277-5046
Exeter Youth Alternative, Inc. Camp E-Hun-Tee (Grades 6–12) Exeter, 401-539-7775	Mount Pleasant Academy (Grades PK–6) Providence, 401-521-4335
Center for Individualized Training and Education (Grades PK–12) Providence, 401-351-0611	New Pride School / Hillside Alternative Program (Grades 9–12) Woonsocket, 401-762-0769
Cornerstone Schools (Grades PK–12) Cranston, 401-942-2388	ACE Program (Grades 7–11) Cranston, 401-946-2020
Eleanor Briggs School (Grades KG–12) Warwick, 401-732-1540	North American Family Institute Alternatives School (Grades 7–12) Providence, 401-453-4740
Sargent Rehabilitation Center (Grades PK–12) Warwick, 401-886-6600	Ocean Tides School (Grades 9–12) Providence, 401-861-3778
George N. Hunt Campus School at St. Mary's Home for Children (Grades 1–12) North Providence, 401-353-3900 x311	Ocean Tides, Inc. (Grades 7–12) Narragansett, 401-789-1016
Groden Center, Inc. (Grades PK–12) Providence, 401-274-6310	Pathways Strategic Teaching Center of Kent County RIARC (Grades PK–6) Warwick, 401-739-2700

Providence Center School
(Grades PK–12)
Providence, 401-276-4531

Rhode Island School for the Deaf
(Birth to age 21)
Providence, 401-222-3525

School One (Grades 9–12)
Providence, 401-331-2497

South Shore School (Grades KG–12)
Wakefield, 401-364-7705

Spurwink School II (Grades: KG–12)
Lincoln, 401-781-4380

St. Andrew's School (Grades 6–12)
Barrington, 401-246-1230

Tavares Educational Center
Pediatric Center (Grades PK–12)
Providence, 401-272-7127

Tides School (Grades 6–12)
Pawtucket, 401-724-8060

Tides School (Grades 7–12)
Providence, 401-467-8228

Crayons School
(Grades PK–K)
Warwick, 401-739-2700



Turning the Corner
School Program (Grades 9–11)
Providence, 401-785-8446

Valley Community School
(Grades KG–12)
Cranston, 401-941-9707

Valley Community School
(Grades KG–12)
Pawtucket, 401-722-3513

Valley Community School
(Grades KG–12)
Middletown, 401-849-7452

Viola M. Berard School (Grades KG–12)
Woonsocket, 401-235-7430

High Road School (Grades 9–12)
Providence, 401-751-5800

Elmwood Community School
(Grades 7–12)
Providence, 401-490-4095

TECHACCESS OF RHODE ISLAND

TechACCESS of Rhode Island is a private, non-profit resource center that serves individuals with disabilities who are interested in assistive technology. Information and referral services regarding assistive technology products, funding, and services are provided at no charge. TechACCESS also provides referrals to service providers, vendors, and advocacy services.

110 Jefferson Boulevard, Suite 1
Warwick, RI 02888
Phone: 401-463-0202 or 800-916-8324
TTY: 401-463-0202
Fax: 401-463-3433
Website: www.techaccess-ri.org

WATCH ME GROW RHODE ISLAND

Watch Me Grow Rhode Island provides materials, training, and on-site technical assistance to healthcare providers and childcare providers to help them conduct developmental screenings and refer parent to services when needed. Watch Me Grow Rhode Island is a joint project of the Rhode Island Department of Health and the Rhode Island Chapter of the American Academy of Pediatrics and receives guidance and support from a community advisory board.

HEALTH Information Line

Phone: 800-942-7434

Website: www.health.ri.gov/family/successfulstart

WOMEN & INFANTS HOSPITAL OF RHODE ISLAND

Women & Infants Hospital of Rhode Island is a specialty hospital for women and newborns. Women & Infants is a Care New England partner and affiliated with The Warren Alpert Medical School of Brown University.

The Department of Pediatrics provides comprehensive care for newborns in the hospital and after discharge. Their neonatal services include a 60+ bed Neonatal Intensive Care Nursery (NICU), a 20-bed intermediate intensive Special Care Nursery and 60 well-baby beds in the newborn nurseries. Their outpatient clinical sites include the Neonatal Follow-Up Program, the Rhode Island Hearing Assessment Program, and the Brown University Center for the Study of Children at Risk at Women & Infants Hospital.

Women & Infants Hospital also offers the following program related to children's mental healthcare:

- Infant Behavior, Cry, and Sleep Clinic (p181)
- Warm Line (p203)

101 Dudley Street, Providence, Rhode Island 02905

Phone: 401-274-1100

Website: www.womenandinfants.org



Support Groups, Workshops, and Trainings

For a listing of support groups, workshops, and trainings in your area, contact Parent Support Network of Rhode Island (p185) or Rhode Island Parents Information Network (p192). Also, refer to the *Bradley Hospital Family Resource Guide*, coming soon to www.bradleyhospital.org.

Local Web-based Resources

ASK RHODY

www.dhs.ri.gov/askrhody

Ask Rhody is a new information service run by the Rhode Island Office of Health and Human Services. The website helps increase access to social services. It can help you find social service agencies and programs. It can also check to see if you may qualify for several state-funded programs.

PARENTLINK RHODE ISLAND

www.ParentLinkRI.org

ParentLink is a state-wide resource for parents of pre-teens and teens. The website provides information on local parenting resources, including workshops, after-school programs, and counseling services. In addition, the site provides monthly parenting tips on a variety of topics.

RHODE ISLAND NETWORK OF CARE

www.RINetworkOfCare.com

Rhode Island Network of Care is a web-based resource for people with mental health issues, as well as their caregivers and providers. This website provides a local service directory and information about diagnoses, health insurance, advocacy, and online resources, as well as daily news about mental health.

RHODE ISLAND PSYCHOLOGICAL ASSOCIATION

www.ripsych.org

The Rhode Island Psychological Association is the professional association representing the interests of all psychologists in Rhode Island. The website can help parents find a psychologist in Rhode Island.

UNITED WAY 2-1-1 IN RHODE ISLAND

www.uwri.org

2-1-1 provides information and referral services, connecting Rhode Islanders with more than 1,700 health and human services provided by over 720 non-profit providers, government agencies, and community based organizations. The 2-1-1 system is available 24 hours a day, 7 days a week, 365 days a year by telephone, through the Internet, and in print publications.

WASHINGTON COUNTY COALITION FOR CHILDREN

www.washcokids.org

The Washington County Coalition for Children website provides information on child mental health resources in the Washington County area. The website includes a searchable database of outpatient, home-based, and residential behavioral health services in the area.



National Web-based Resources

AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY

www.aacap.org

The website for the American Academy of Child and Adolescent Psychiatry provides a number of resources for families, ranging from a child and adolescent psychiatrist finder to information on clinical trials. In addition, the website provides a number of fact sheets that cover mental health issues affecting children and their families.

AMERICAN ACADEMY OF PEDIATRICS

www.aap.org

The American Academy of Pediatrics Parenting Corner is a comprehensive collection of parenting resources for the web. The website provides articles, fact sheets, books, and questions and answers on a range of parenting issues and health topics.

THE ARC

www.thearc.org

The Arc is promotes and improves supports and services for all people with intellectual and developmental disabilities. Their website provides links and resources for parents, as well as links you to local chapters of Arc.

CENTER FOR THE ADVANCEMENT OF CHILDREN'S MENTAL HEALTH AT COLUMBIA UNIVERSITY

www.kidsmentalhealth.org

The Center for the Advancement of Children's Mental Health provides resources for families on their website. The resources include disorder profiles on mental illnesses and treatment options.

**MENTAL HEALTH AMERICA
(FORMERLY NATIONAL MENTAL HEALTH ASSOCIATION)**

www.mentalhealthamerica.net

Mental Health America provides information and fact sheets on their website that covers a variety of mental health illness, conditions, and treatment options. In addition, the website lists resources for finding help nationally or locally.

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

www.nami.org

The NAMI website contains a range of information for parents. The website includes sections with information about mental illness, how to access support and advocacy organizations, and how to become involved with legislative activities.

**NATIONAL ASSOCIATION OF PARENTS WITH
CHILDREN IN SPECIAL EDUCATION**

www.napcse.org

The National Association of Parents with Children in Special Education is a national membership organization dedicated to supporting and assisting parents whose children receive special education services, both in and outside of school. The website provides parents with the information they need to advocate for their children.

NATIONAL INSTITUTE OF MENTAL HEALTH

www.nimh.nih.gov

The National Institute of Mental Health website provides information on a number of different mental health disorders, including disorders in children and adolescents (through the Health and Outreach link)

WEB MD

www.webmd.com

WebMD is a comprehensive health resource for consumers. It provides information on a range of health topics. The site provides detailed information on conditions, diseases, illnesses, symptoms, treatment, and medication.

WRIGHTSLAW

www.wrightslaw.com

Wrightslaw provides parents, educators, advocates, and attorneys with information about special education law, education law, and advocacy for children with disabilities.

Books

The books listed here and throughout the guide were selected based on parent and professional feedback and experiences.

The Difficult Child (2000)
By Stanley Turecki and Leslie Tonner

How To Talk So Kids Will Listen & Listen So Kids Will Talk (1999)
By Adele Faber and Elaine Mazlish

It's Nobody's Fault: New Hope and Help for Difficult Children and Their Parents (1997)
By Harold Koplewicz

Making the System Work for Your Child with ADHD (2004)
By Peter S. Jensen

Reviving Ophelia: Saving the Selves of Adolescent Girls (2005)
By Mary Pipher and Ruth Ross

Secrets of the Baby Whisperer: How to Calm, Connect, and Communicate with Your Baby (2005)
By Tracy Hogg and Melinda Blau

Siblings Without Rivalry: How to Help Your Children Live Together So You Can Live Too (2004)
By Adele Faber and Elaine Mazlish

Straight Talk about Psychiatric Medications for Kids (2004)
By Timothy E. Wilens

The Shelter of Each Other (1998)
by Mary Pipher

Transforming the Difficult Child (1999)
By Howard Glasser and Jennifer Easley

When You Worry About the Child You Love (1997)
By Edward M. Hallowell

Talking Books Plus

Talking Books Plus, the Rhode Island Regional Library for the Blind and Physically Handicapped, provides a free library service to anyone in Rhode Island who is unable to read standard print because of a visual or physical handicap. As part of the National Library Service for the Blind and Physically Handicapped (NLS), Talking Books Plus lends reading materials and specially designed equipment free of charge.

Books and magazines recorded on cassettes are mailed postage free through the United States Postal Service to individuals qualifying for this service. Talking Books Plus also connects readers with materials in other formats, such as:

- Braille materials, through the Perkins School for the Blind
- Descriptive videos, through the Lincoln Public Library
- Large Print books, through the East Providence Public Library, Anne Ide Fuller Branch
- State government documents in alternative formats, provided through an agreement with TechACCESS of Rhode Island

The Talking Books collection contains over 80,000 titles, ranging from popular novels and bestsellers to classics, fiction, and nonfiction. A selection of popular magazines in special formats is also available. Materials are available for both children and adults.

One Capitol Hill
Providence, RI 02908-5803
Phone: 401-222-5800
Website: www.olis.ri.gov/tbp

Hotlines

HEALTH INFORMATION LINE: 800-942-7434

Do you have questions about your family's health? Want to learn more about the Department of Health and Family Health programs? HEALTH Information Line specialists are available to answer your questions, in English and Spanish, Monday through Friday from 8:30am to 4:30pm.

KID'S LINK RHODE ISLAND: 866-429-3979

Kid's Link is a way for parents to get immediate help when their child is in emotional crisis and suffering from behavioral problems or mental health issues. The hotline connects parents and caregivers to all the children's services in the state, and helps parents determine the best place to go for treatment. The hotline is available to all children and is a partnership between the Rhode Island Department of Children, Youth, and Families (DCYF) and Gateway Healthcare.

RIDE OFFICE OF SPECIAL POPULATIONS CALL CENTER: 401-222-8999

The Call Center is designed to assist families, school professionals, and the general public by providing information about special education laws and the rights and protections of children receiving special education services. Call Center staff provide callers with information and resources to assist in problem resolution, including available due process (dispute resolution) options where appropriate. In the event that the Call Center staff cannot resolve a concern, they will forward the caller to an appropriate professional within RIDE or other community agencies for resolution. The Call Center is available during normal business hours. Callers needing TTY/TTD may reach the Call Center through 800-745-5555.

UNITED WAY IN RHODE ISLAND: 2-1-1

United Way of Rhode Island, in partnership with Crossroads Rhode Island, introduced a new 2-1-1 service. This telephone number provides information and referral services. It connects Rhode Islanders with more than 1,700 health and human services provided by over 720 non-profit providers, government agencies, and community-based organizations. The 2-1-1 system is available 24 hours a day, 7 days a week, 365 days a year by telephone, through the Internet, and in print publications.

WOMEN & INFANTS "WARM LINE": 800-711-7011

Women & Infants' Health Education Department provides new parents with a toll-free telephone support system. This popular service, staffed by professional nurses, offers helpful information regarding new baby, breastfeeding, and postpartum issues. The Warm Line also offers breastfeeding tips. The Warm Line is available: Monday–Friday, 9am to 9pm and Weekends, 9am to 5pm.



10 Acronyms

Acronyms and initialisms are abbreviations formed from the initial letter or letters of words and are pronounced in a way that is distinct from the full pronunciation of what the letters stand for.

The following pages highlight the common acronyms used in this guide.

PROFESSIONAL ABBREVIATIONS

These abbreviations describe the qualifications of providers who may work with children with mental health issues.

APRN	Advanced Practice Registered Nurse
CCC-SLP	Certificate of Clinical Competency in Speech-Language Pathology
CNS	Clinical Nurse Specialist or Certified Nutrition Specialist
DO	Doctor of Osteopathy
EdD	Doctorate in Education (psychologist)
LCSW	Licensed Clinical Social Worker
LICSW	Licensed Independent Clinical Social Worker
LMHC	Licensed Mental Health Counselor
MD	Medical Doctor
MPH	Masters in Public Health
MS	Masters in Science
MSW	Masters in Social Work
OTR	Occupational Therapist Registered
PhD	Doctorate Level Degree (psychologist)
PNP	Psychiatric Nurse Practitioner
PsyD	Doctorate in Psychology (psychologist)
RD	Registered Dietician

ACRONYM	WHAT IT STANDS FOR
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BCBSRI	Blue Cross Blue Shield of Rhode Island
BDD	Body Dysmorphic Disorder
CASSP	Childhood Adolescent Service System Program
CBT	Cognitive Behavioral Therapy
CCSN	Child Care Support Network
CEDARR	Comprehensive Evaluation, Diagnosis, Assessment, Referral, and Re-Evaluation
CES	Comprehensive Emergency Services
CIS	Children's Intensive Services
CNDC	Children's Neurodevelopment Center
DBT	Dialectical Behavioral Therapy
DCYF	Rhode Island Department of Children, Youth, and Families
DHS	Rhode Island Department of Human Services
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4th Edition
EI	Early Intervention
FIP	Family Independence Program
FMLA	Family Medical Leave Act
FOP	Family Outreach Program
FRC	Family Resource Counselor
HEALTH	Rhode Island Department of Health
HIPPY	Home Instruction Program for Preschool Youngsters
HBTS	Home-based Therapeutic Services
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IOP	Intensive Outpatient Program
IPT	Interpersonal Psychotherapy
LCC	Local Coordinating Council
MHRH	Rhode Island Department of Mental Health, Retardation, and Hospitals

NAMI	National Alliance on Mental Illness
NHPRI	Neighborhood Health Plan of Rhode Island
OCD	Obsessive Compulsive Disorder
ODD	Oppositional Defiant Disorder
OSCIL	Ocean State Center for Independent Living
PANDAS	Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections
PASS	Personal Assistance Services and Support
PBIS	Positive Behavioral Interventions and Support
PCIT	Parent-Child Interaction Therapy
PDD	Pervasive Developmental Disorder
PDD-NOS	Pervasive Developmental Disorder-Not Otherwise Specified
PEP	Positive Educational Partnership
PHP	Partial Hospitalization Program
PMT	Parent Management Training
PPEP	Pediatric Practice Enhancement Project
PSN	Parent Support Network of Rhode Island
PTSD	Post Traumatic Stress Disorder
RAD	Reactive Attachment Disorder
RCC	Residential Counseling Centers
RIDDC	Rhode Island Developmental Disabilities Council
RIDE	Rhode Island Department of Education
RIPIN	Rhode Island Parent Information Network
RITAP	Rhode Island Technical Assistance Project
RITS	Rhode Island Training School
RTI	Response to Intervention
SRI	Serotonin Reuptake Inhibitor
SBHC	School Based Health Center
SSI	Supplemental Security Income
SSRI	Selective Serotonin Reuptake Inhibitor
UHP	United Health Plan
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YDP	Youth Diversionary Program



11 Topic Index

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EMERGENCY

急症中心

EMERGENCIA



**When in
doubt, call
911!**

12 Crisis Situations

Emergencies and crisis situations happen and sometimes cannot be avoided. Crisis situations are filled with high levels of stress, anxiety, and fear.

BUT, you need to remain calm. Your child needs you and your support right now. Use the following chart to help you figure out what to do.

YOUR CHILD'S SITUATION	WHEN TO GET HELP	WHERE TO GET HELP
<ul style="list-style-type: none">• Your child is showing severe, out-of-control behavior.• Your child may be a threat to self or others.• You are frightened.	Immediately (emergency)	<ul style="list-style-type: none">• 911• Hospital emergency room• Police
<ul style="list-style-type: none">• There has been a major change in your child's behavior.• Your child seems unable to function without help.• You feel unable to cope with the situation or help your child.	48–72 hours (urgent)	<ul style="list-style-type: none">• Kid's Link Rhode Island Hotline: 866-429-3979• Pediatrician• Mental health specialist• School
<ul style="list-style-type: none">• There has been a mild to moderate change in your child's behavior.• You are worried, but not alarmed.	Soon (a routine evaluation)	<ul style="list-style-type: none">• Pediatrician• Mental health specialist• School• Family or friend• Community organization

Prepare for crisis

Keep a magnetic notepad of all your emergency contact numbers on your refrigerator next to your phone or on speed dial.

To prepare for a possible crisis, you can gather together certain information. Fill in the information below and keep this sheet in a safe, easy-to-remember spot. This will make it easy to find whenever it is needed. Bring this sheet with you during an emergency.

PEDIATRICIAN

NAME

PHONE NUMBER

MENTAL HEALTHCARE PROVIDER(S)

NAME

PHONE NUMBER

NAME

PHONE NUMBER

CURRENT TREATMENT PLAN

OTHER CO-EXISTING CONDITIONS (IF ANY)

ALLERGIES

ANY PAST EMERGENCY SITUATIONS AND THE RESULTS

YOUR CHILD'S HEALTH INSURANCE INFORMATION

HEALTH INSURANCE COMPANY

PLAN NAME

IDENTIFICATION NUMBER:

NOTES

RHODE ISLAND PARENTS' GUIDE TO CHILDREN'S MENTAL HEALTH

FOR MORE INFORMATION,
CALL 401-432-1036 OR
EMAIL INFO@CHILDRENSMENTALHEALTHGUIDERI.ORG

THIS GUIDE IS ALSO
AVAILABLE ONLINE AT
WWW.CHILDRENSMENTALHEALTHGUIDERI.ORG