

# FACTS *for* FAMILIES

No. 00

(Updated May 2008)

## THE CHILD AND ADOLESCENT PSYCHIATRIST

The child and adolescent psychiatrist is a physician who specializes in the diagnosis and the treatment of disorders of thinking, feeling and/or behavior affecting children, adolescents, and their families. A child and adolescent psychiatrist offers families the advantages of a medical education, the medical traditions of professional ethics, and medical responsibility for providing comprehensive care.

### Practice

The child and adolescent psychiatrist uses a knowledge of biological, psychological, and social factors in working with patients. Initially, a comprehensive diagnostic examination is performed to evaluate the current problem with attention to its physical, genetic, developmental, emotional, cognitive, educational, family, peer, and social components. The child and adolescent psychiatrist arrives at a diagnosis and diagnostic formulation which are shared with the patient and family. The child and adolescent psychiatrist then designs a treatment plan which considers all the components and discusses these recommendations with the child or adolescent and family.

An integrated approach may involve individual, group or family psychotherapy; medication; and/or consultation with other physicians or professionals from schools, juvenile courts, social agencies or other community organizations. In addition, the child psychiatrist is prepared and expected to act as an advocate for the best interests of children and adolescents. Child and adolescent psychiatrists perform consultations in a variety of settings (schools, juvenile courts, social agencies).

### Training

Child and adolescent psychiatric training requires four years of medical school, at least three years of approved residency training in medicine, neurology, and general psychiatry with adults, and two years of additional specialized training in psychiatric work with children, adolescents, and their families in an accredited residency in child and adolescent psychiatry.

In the general psychiatry training years, the physician achieves competence in the fundamentals of the theory and practice of psychiatry. In the child and adolescent psychiatry training, the trainee acquires a thorough knowledge of normal child and family development, psychopathology, and treatment. Special importance is given to disorders that appear in childhood, such as pervasive developmental disorder, attention-deficit hyperactivity disorder (ADHD), learning disabilities, mental retardation, mood disorders, depressive and anxiety disorders, drug dependency and delinquency (conduct disorder). The child psychiatry trainee applies and develops psychiatric skills by treating children, adolescents and their families in a variety of settings.

## Definition of a Child and Adolescent Psychiatrist, "Facts for Families," (5/08)

An experience in consultation to other physicians, mental health professionals, schools, and community agencies is an important part of training.

### Certification and Continuing Education

Having completed the child and adolescent psychiatry residency and successfully passing the certification examination in general psychiatry given by the American Board of Psychiatry and Neurology (ABPN), the child and adolescent psychiatrist is eligible to take the additional certification examination in the subspecialty of child and adolescent psychiatry. Although the ABPN examinations are not required for practice, they are a further assurance that the child and adolescent psychiatrist with these certifications can be expected to diagnose and treat all psychiatric conditions in patients of any age competently.

The child and adolescent psychiatrist continues to study and learn about new advances by reading scientific literature and attending conferences. New knowledge is then applied to diagnostic, therapeutic, and consultative work.

### Finding a Child and Adolescent Psychiatrist

Child and adolescent psychiatrists can be found through local medical and psychiatric societies, local mental health associations, local hospitals or medical centers, departments of psychiatry in medical schools, and national organizations like the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association. In addition, pediatricians, family physicians, school counselors, and Employee Assistance Programs (EAP) can be helpful in identifying child and adolescent psychiatrists.

See also: *Facts for Families: #24 Know When to Seek Help for Your Child, #25 Know Where to Seek Help for Your Child, #52 Comprehensive Psychiatric Evaluation. Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).

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# FACTS *for* FAMILIES

No. 24

(Updated July 2004)

## WHEN TO SEEK HELP FOR YOUR CHILD

Parents are usually the first to recognize that their child has a problem with emotions or behavior. Still, the decision to seek professional help can be difficult and painful for a parent. The first step is to gently try to talk to the child. An honest open talk about feelings can often help. Parents may choose to consult with the child's physicians, teachers, members of the clergy, or other adults who know the child well. These steps may resolve the problems for the child and family.

Following are a few signs which may indicate that a child and adolescent psychiatric evaluation will be useful.

### YOUNGER CHILDREN

- Marked fall in school performance.
- Poor grades in school despite trying very hard.
- Severe worry or anxiety, as shown by regular refusal to go to school, go to sleep or take part in activities that are normal for the child's age.
- Hyperactivity; fidgeting; constant movement beyond regular playing.
- Persistent nightmares.
- Persistent disobedience or aggression (longer than six months) and provocative opposition to authority figures.
- Frequent, unexplainable temper tantrums.

### PRE-ADOLESCENTS AND ADOLESCENTS

- Marked change in school performance.
- Inability to cope with problems and daily activities.
- Marked changes in sleeping and/or eating habits.
- Frequent physical complaints.
- Sexual acting out.
- Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death.
- Abuse of alcohol and/or drugs.
- Intense fear of becoming obese with no relationship to actual body weight, purging food or restricting eating.
- Persistent nightmares.

## When to Seek Help for Your Child, "Facts for Families," No. 24 (7/04)

- Threats of self-harm or harm to others.
- Self-injury or self destructive behavior.
- Frequent outbursts of anger, aggression.
- Threats to run away.
- Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, thefts, or vandalism.
- Strange thoughts, beliefs, feelings, or unusual behaviors.

If problems persist over an extended period of time and especially if others involved in the child's life are concerned, consultation with a child and adolescent psychiatrist or other clinician specifically trained to work with children may be helpful.

See other *Facts for Families*:

#25 Where to Seek Help for Your Child

#29 Children's Major Psychiatric Disorders

#52 Comprehensive Psychiatric Evaluation

#22 Normality

#57 Normal Adolescent Development, Middle School, and Early High School Years and

#58 Normal Adolescent Development, Late High School Year and Beyond.

See also: *Your Child* (1998 Harper Collins) / *Your Adolescent* (1999 Harper Collins)

### Facts For Families Main Menu

See also *Facts for Families* Translations:

[Deutsch] [French] [Polish] [Spanish]

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# FACTS *for* FAMILIES

No. 25

(Updated July 2004)

## WHERE TO FIND HELP FOR YOUR CHILD

Parents are often concerned about their child's emotional health or behavior but they don't know where to start to get help. The mental health system can sometimes be complicated and difficult for parents to understand. A child's emotional distress often causes disruption to both the parent's and the child's world. Parents may have difficulty being objective. They may blame themselves or worry that others such as teachers or family members will blame them.

If you are worried about your child's emotions or behavior, you can start by talking to friends, family members, your spiritual counselor, your child's school counselor, or your child's pediatrician or family physician about your concerns. If you think your child needs help, you should get as much information as possible about where to find help for your child. Parents should be cautious about using Yellow Pages phone directories as their only source of information and referral. Other sources of information include:

- Employee Assistance Program through your employer
- Local medical society, local psychiatric society
- Local mental health association
- County mental health department
- Local hospitals or medical centers with psychiatric services
- Department of Psychiatry in nearby medical school
- National Advocacy Organizations (National Alliance for the Mentally Ill, Federation of Families for Children's Mental Health, National Mental Health Association)
- National professional organizations (American Academy of Child and Adolescent Psychiatry, American Psychiatric Association)

The variety of mental health practitioners can be confusing. There are psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, counselors, pastoral counselors and people who call themselves therapists. Few states regulate the practice of psychotherapy, so almost anyone can call herself or himself a "psychotherapist" or a "therapist."

*Child and Adolescent Psychiatrist* — A child and adolescent psychiatrist is a licensed physician (M.D. or D.O.) who is a fully trained psychiatrist and who has two additional years of advanced training beyond general psychiatry with children, adolescents and families. Child and adolescent psychiatrists who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in child and adolescent psychiatry. Child and adolescent psychiatrists provide medical/psychiatric evaluation and a full range of treatment interventions for emotional and behavioral problems and psychiatric disorders. As physicians, child and adolescent psychiatrists can prescribe and monitor medications.

**Psychiatrist** — A psychiatrist is a physician, a medical doctor, whose education includes a medical degree (M.D. or D.O.) and at least four additional years of study and training. Psychiatrists are licensed by the states as physicians. Psychiatrists who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in psychiatry. Psychiatrists provide medical/psychiatric evaluation and treatment for emotional and behavioral problems and psychiatric disorders. As physicians, psychiatrists can prescribe and monitor medications.

**Psychologist** — Some psychologists possess a master's degree (M.S.) in psychology while others have a doctoral degree (Ph.D., Psy.D, or Ed.D) in clinical, educational, counseling, developmental or research psychology. Psychologists are licensed by most states. Psychologists can also provide psychological evaluation and treatment for emotional and behavioral problems and disorders. Psychologists can also provide psychological testing and assessments.

**Social Worker** — Some social workers have a bachelor's degree (B.A., B.S.W., or B.S.), however most social workers have earned a master's degree (M.S. or M.S.W.). In most states social workers can take an examination to be licensed as clinical social workers. Social workers provide different forms of psychotherapy.

Parents should try to find a mental health professional who has advanced training and experience with the evaluation and treatment of children, adolescents, and families. Parents should always ask about the professionals training and experience. However, it is also very important to find a comfortable match between your child, your family, and the mental health professional.

For additional information see *Facts for Families*:

- #00 Definition of a Child and Adolescent Psychiatrist;
- #24 When to Seek Help;
- #26 Understanding Your Mental Health Insurance; and
- #52 Comprehensive Psychiatric Evaluations.

See also: *Your Child* (1998 Harper Collins)/*Your Adolescent* (199 Harper Collins).

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# FACTS *for* FAMILIES

No. 52

(Updated February 2005)

## COMPREHENSIVE PSYCHIATRIC EVALUATION

Evaluation by a child and adolescent psychiatrist is appropriate for any child or adolescent with emotional and/or behavioral problems. Most children and adolescents with serious emotional and behavioral problems need a comprehensive psychiatric evaluation.

Comprehensive psychiatric evaluations usually require several hours over one or more office visits for the child and parents. With the parents' permission, other significant people (such as the family physician, school personnel or other relatives) may be contacted for additional information.

The comprehensive evaluation frequently includes the following:

- Description of present problems and symptoms
- Information about health, illness and treatment (both physical and psychiatric), including current medications
- Parent and family health and psychiatric histories
- Information about the child's development
- Information about school and friends
- Information about family relationships
- Interview of the child or adolescent
- Interview of parents/guardians
- If needed, laboratory studies such as blood tests, x-rays, or special assessments (for example, psychological, educational, speech and language evaluation)

The child and adolescent psychiatrist then develops a formulation. The formulation describes the child's problems and explains them in terms that the parents and child can understand. The formulation combines biological, psychological and social parts of the problem with developmental needs, history and strengths of the child, adolescent and family.

Time is made available to answer the parents' and child's questions. Parents often come to such evaluations with many concerns, including:

- Is my child normal? Am I normal? Am I to blame?
- Am I silly to worry?
- Can you help us? Can you help my child?
- What is wrong? What is the diagnosis?

- Does my child need additional assessment and/or testing (medical, psychological etc.)?
- What are your recommendations? How can the family help?
- Does my child need treatment? Do I need treatment?
- What will treatment cost, and how long will it take?

Parents are often worried about how they will be viewed during the evaluation. Child and adolescent psychiatrists are there to support families and to be a partner, not to judge or blame. They listen to concerns, and help the child or adolescent and his/her family define the goals of the evaluation. Parents should always ask for explanations of words or terms they do not understand.

When a treatable problem is identified, recommendations are provided and a specific treatment plan is developed. Child and adolescent psychiatrists are specifically trained and skilled in conducting comprehensive psychiatric evaluations with children, adolescents and families.

For additional information see *Facts for Families*:

- #24 When to Seek Help for Your Child,
- #25 Where to Seek Help for Your Child,
- #26 Your Health Insurance Benefits, and
- #42 The Continuum of Care.

See also: *Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).

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# FACTS *for* FAMILIES

No. 53

(Updated February 2005)

## WHAT IS PSYCHOTHERAPY FOR CHILDREN AND ADOLESCENTS?

Psychotherapy refers to a variety of techniques and methods used to help children and adolescents who are experiencing difficulties with their emotions or behavior.

Although there are different types of psychotherapy, each relies on communications as the basic tool for bringing about change in a person's feelings and behaviors.

Psychotherapy may involve an individual child, a group of children, a family, or multiple families. In children and adolescents, playing, drawing, building, and pretending, as well as talking, are important ways of sharing feelings and resolving problems.

As part of the initial assessment, a qualified mental health professional or child and adolescent psychiatrist will determine the need for psychotherapy. This decision will be based on such things as the child's current problems, history, level of development, ability to cooperate with treatment, and what interventions are most likely to help with the presenting concerns. Psychotherapy is often used in combination with other treatments (medication, behavior management, or work with the school). The relationship that develops between the therapist and the patient is very important. The child or adolescent must feel comfortable, safe and understood. This type of trusting environment makes it much easier for the child to express his/her thoughts and feelings and to use the therapy in a helpful way.

Psychotherapy helps children and adolescents in a variety of ways. They receive emotional support, resolve conflicts with people, understand feelings and problems, and try out new solutions to old problems. Goals for therapy may be specific (change in behavior, improved relations with friends or family), or more general (less anxiety, better self-esteem). The length of psychotherapy depends on the complexity and severity of problems.

**What is Psychotherapy for Children and Adolescents?  
"Facts for Families," No. 53 (2/05)**

Parents should ask the following questions about psychotherapy:

- Why is psychotherapy being recommended?
- What results can I expect?
- How long will my child be involved in therapy?
- How frequently will the doctor see my child?
- Will the doctor be meeting with just my child or with the entire family?
- How much do psychotherapy sessions cost?
- How will we (the parents) be informed about our child's progress and how can we help?
- How soon can we expect to see some changes?

A child and adolescent psychiatrist will be able to provide you with answers to your questions and concerns. Child and adolescent psychiatrists and other child mental health professionals are specifically trained and skilled to provide psychotherapy to children and adolescents.

For additional information see *Facts for Families*:

#25 Where to Seek Help for Your Child,

#26 Know Your Health Insurance Benefits, and

#52 Comprehensive Psychiatric Evaluation.

See also: *Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).

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# FACTS *for* FAMILIES

No. 54

(Updated March 2001)

## CHILDREN & WATCHING TV

Television viewing is a major activity and influence on children and adolescents. Children in the United States watch an average of three to four hours of television a day. By the time of high school graduation, they will have spent more time watching television than they have in the classroom. While television can entertain, inform, and keep our children company, it may also influence them in undesirable ways.

Time spent watching television takes away from important activities such as reading, school work, playing, exercise, family interaction, and social development. Children also learn information from television that may be inappropriate or incorrect. They often can not tell the difference between the fantasy presented on television versus reality. They are influenced by the thousands of commercials seen each year, many of which are for alcohol, junk food, fast foods, and toys. Children who watch a lot of television are likely to:

- Have lower grades in school
- Read fewer books
- Exercise less
- Be overweight

Violence, sexuality, race and gender stereotypes, drug and alcohol abuse are common themes of television programs. Young children are impressionable and may assume that what they see on television is typical, safe, and acceptable. As a result, television also exposes children to behaviors and attitudes that may be overwhelming and difficult to understand.

Active parenting can ensure that children have a positive experience with television. Parents can help by:

- Viewing programs with your children
- Selecting developmentally appropriate shows
- Placing limits on the amount of television viewing (per day and per week)
- Turning off the TV during family meals and study time
- Turning off shows you don't feel are appropriate for your child

In addition, parents can help by doing the following: don't allow children to watch long blocks of TV, but help them select individual programs. Choose shows that meet the developmental needs of your child. Children's shows on public TV are appropriate, but soap operas, adult sitcoms, and adult talk shows are not. Set certain periods when the television will be off. Study times are for learning, not for sitting in front of the TV doing homework. Meal times are a good time for family members to talk with each other, not for watching television.

Encourage discussions with your children about what they are seeing as you watch shows with them. Point out positive behavior, such as cooperation, friendship, and concern for others. While watching, make connections to history, books, places of interest, and personal events. Talk about your personal and family values as they relate to the show. Ask children to compare what they are watching with real events. Talk about the realistic consequences of violence. Discuss the role of advertising and its influence on buying. Encourage your child to be involved in hobbies, sports, and peers. With proper guidance, your child can learn to use television in a healthy and positive way.

#### **MAKE TV VIEWING AN ACTIVE PROCESS FOR CHILD AND PARENT!**

For additional information see: *Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins) and *Facts for Families*: #13 Children and TV Violence, #40 Influence of Music and Music Videos, #67 Children and the News, #79 Obesity in Children and Teens.

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