

# ***A FAMILY GUIDE TO CHILDREN'S MENTAL HEALTH SERVICES AND SUPPORTS***



**Department of Children and Families  
State of Florida**



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## PREFACE

Early identification of both physical and emotional difficulties is important. There are a number of therapies, services, and supports available that are effective prevention and treatment choices for children and youth at risk for or diagnosed with mental health and/or substance abuse disorders. The purpose of this guide is to provide basic information about questions to ask providers and resources for children, youth, and their families. This guide offers up-to-date information about the assessment and treatment of children and youth with mental health and substance abuse disorders.

A previous publication by this office in 2005 specifically focused on psychotropic medications. Because research has increased greatly in the last few years regarding the effects of psychotropic medication on children and youth and other evidence based practices, guidebooks can quickly become incomplete. The resources and websites contained in this guidebook are excellent sources of information.

The Department of Children and Families supports the Center for Mental Health Services view that community mental health services for children and their families should be:

- Child-centered, family focused, and family driven;
- Community-based; and
- Culturally competent and responsive.

As the SAMHSA *Family Guide to Systems of Care for Children with Mental Health Needs* states:

You are the expert when it comes to your child.  
You know your child better than anyone else.  
You know:

- How your child responds to different situations;
- Your child's strengths and needs;
- What your child likes and dislikes;
- What has worked to help your child; and
- What has not worked.

You are the person who decides what services and supports your child and family will receive. Include your child in the decision-making process. Your child needs to understand what is going on in order to actively participate in his or her care.



## WHAT WE KNOW ABOUT MENTAL HEALTH

The 1999 Surgeon General's Report on Mental Health recognized that prevention efforts aimed at reducing mental health and/or substance abuse disorders must begin with children. Studies indicate that the majority of mental illnesses begin before adulthood. In fact, one-half of all diagnosable cases of mental illness begin by age 14, and three-fourths begin before age 24 (National Institute of Mental Health, 2008).



In addition, advances in technology that allow scientists to study the brain have shown that many symptoms that lead to a mental health and/or substance abuse diagnosis are tied to brain functioning. Brain imaging studies have demonstrated that medications and therapies can impact brain functioning and lead to a reduction in symptoms.

Researchers are working to discover what types of treatment are most effective in helping children, youth, and families. Therapies are available that teach new behaviors and ways of thinking to help children cope with symptoms, function more effectively at home and at school, and reduce the chances that their symptoms will get worse. These therapies, often called "evidence-based practices," may be designed for individuals, groups or families.

Changes in a child or youth's behavior, mood, ability to get along with others, or ability to learn new information may stem from mental, physical, or developmental problems. For this reason, a thorough assessment by experienced professionals is important in determining the cause of these difficulties. Learning that a child has a mental health and/or substance abuse problem and needs professional help, can be painful or frightening for the child and his or her family and caregivers. The family, the child, and the qualified mental health or substance abuse professionals must work together to decide what evidence based practices will be most effective.

## WHEN TO SEEK HELP

Mental illness can be difficult to diagnose in children for a number of reasons, including:

- Many early signs and symptoms of mental health problems look like part of normal child development. It can be especially difficult to tell the difference when the signs and symptoms first start;
- Some of the same symptoms may be seen in a number of different diagnoses;
- Some mental health problems can occur at the same time;



- Because most diagnoses are based on behaviors we can see rather than brain functioning, behaviors can sometimes be misinterpreted. For example, children who have lived in a home where they or someone else was in physical danger may be diagnosed with attention problems rather than anxiety; and
- Families and children may not share important information with someone they don't know well because they are embarrassed, confused, or not sure what to report.

In general, consider seeking professional advice if your child or youth shows the following signs or symptoms:

#### Feelings:

- Having unexplained fears;
- Being very angry or irritable much of the time;
- Acting sad or hopeless;
- Feeling life is too hard to handle;
- Having thoughts of suicide or wanting to die;
- Being constantly concerned about physical problems or appearance; or
- Losing interest in things he or she used to enjoy.



#### Behaviors:

- A need to clean things or perform certain routines many times a day;
- Constant temper tantrums that cannot be explained and are long lasting;
- Frequent attacks or attempts to harm other people or animals;
- Hearing voices that cannot be explained;
- Frequent nightmares;
- Unable to sit still or focus attention or talking when it is not o.k. to talk;
- Unexplained changes in eating or sleeping habits;
- Hurting self without intending to die (for example, cutting, burning);
- Setting fires;
- Breaking rules or laws without concern for others;
- Using alcohol or drugs;
- Sudden change in school performance (dropping grades, behavior, attendance);
- Dieting or exercising to an extreme degree; or
- Other unexplained changes in behavior, mood, or thoughts.

If you or your child becomes concerned about problems with feelings and emotions, thinking, behavior, or the use of alcohol or drugs, talk with your child's pediatrician. Discuss symptoms and behaviors with your doctor to help rule out medical, vision or hearing problems, or problems with growth and development that might be mistaken for

a mental health or substance abuse problem. Should none of these possible problems be identified, your doctor may be able to suggest a mental health professional in your area who is experienced in diagnosing childhood mental health, substance abuse, and/or learning disorders.

If your doctor is not able to recommend someone, talk with your child's teacher, call a family organization (a list of national and state resources is included in this guide), or talk with family and friends. Your insurance provider can give you a list of qualified providers in your area. If you do not have insurance, you may apply for Florida KidCare at <http://www.doh.state.fl.us/AlternateSites/KidCare/>.

**Children's Mental Health Specialists** at the Department of Children and Families Substance Abuse and Mental Health (SAMH) Program Office are familiar with services and supports in your area. **Contact information for SAMH Office staff is available on the Department's website at <http://www.dcf.state.fl.us/regions/>.**

## WHAT TO EXPECT WHEN YOU SEE A MENTAL HEALTH PROFESSIONAL FOR AN ASSESSMENT

Assessments should include questions about your family history, your child's



developmental milestones, and questions about how your child does in school, at home, and in the community. You, your child's teacher, and your child, if he or she is old enough, may be asked to fill out questionnaires and answer questions. In some cases, testing may be suggested to rule out learning disabilities. You and your child will be asked questions about experiences that may be affecting their mood or behavior. Just as with adults, stress, frightening experiences, divorce, loss of loved ones and other life experiences can lead to emotional problems for children and youth. It is important to share this type of information with the person doing the assessment, even though it may be hard to talk about.

You and your child or youth may see the following types of professionals for an assessment:

<b>Specialty</b>	<b>Can Diagnose Mental Health or Substance</b>	<b>Can prescribe medication, if needed</b>	<b>Provides counseling or training</b>
Psychiatrists	yes	yes	May; some provide both therapy and medication; some provide medication only.
Psychologists	yes	no	yes
Pediatricians or Family Physicians	yes	yes	no
Neurologists	yes	yes	no
Clinical Social Workers & Mental Health Counselors	yes	no	yes

## **DIAGNOSIS AND TREATMENT**

The most common diagnoses for children and youth are:

- Attention Deficit Disorder with or without Hyperactivity;
- Depression;
- Anxiety Disorders (including Posttraumatic Stress Disorder);
- Oppositional Defiant Disorder;
- Conduct Disorder; and
- Substance Use or Abuse.

It is important that the services and supports decided upon by you, your child, and involved providers are based on your wishes and needs. Working together, your child, family, qualified mental health or substance abuse providers, and any other persons identified by you and your child as part of your child and family team, will decide on a plan of care. All the persons identified to assist your child and family need to be able to communicate with each other. This can be complicated when you and your child are working with more than one treatment provider or if services are provided in different settings.

## CHOOSING THE RIGHT SERVICES AND SUPPORTS

### Community Services and Supports:

Knowledge about effective treatments for mental health and substance abuse disorders is rapidly expanding as research into the connection between the behaviors that we see and how the brain works is better understood. Therapies, both “talk” and medication, take time to “prove” themselves effective with different signs, symptoms and age



groups. Just as with physical health, ideas about causes and effective treatment change over time. Keeping up with those changes can be a challenge. It is important that you and your child feel comfortable with the services you choose. You may want to talk to more than one mental health provider as you decide on what is best for you and your child.

As children and youth grow and develop, what was effective at one age and stage of development may no longer work for him or her. Children and youth should be encouraged to report changes in thoughts, feelings or moods so that services and supports can be adjusted when needed. Respecting their thoughts and feelings can help children to feel more in control of their lives and more likely to cooperate with treatment.

In addition to individual, family, group therapy, and medication, there are other services and supports that may be helpful if they are available in your community:

- Behavior Analysts work with children and families at home and at school to address behavioral difficulties that interfere with the child’s ability to function effectively and get along with others;
- Case Managers coordinate services and supports for children with a serious mental health problems; this includes coordinating all necessary medical and mental health care, along with associated supportive services;
- Family Peer Specialists are individuals with lived experience as a caregiver of a child or youth with a mental health diagnosis. They provide peer mentoring and support for families. See <http://floridapeernetwork.org/index.htm> for more information;
- Home-Based Services are services provided in a family's home or other settings rather than in an office or mental health center. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal of these services is to prevent the child from being placed outside of the home;



- Respite Care is a service that provides a break for parents who have a child with a serious emotional disturbance. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance; and
- School-Based Assessment and Counseling Services are available for children and youth who meet criteria for these services and who have a documented need for these services identified in their Individual Education Plan (IEP). More information about resources is available at <http://sss.usf.edu/resources/index.html>.

## QUESTIONS TO ASK YOUR MENTAL HEALTH PROVIDER

Whether you decide on behavioral interventions, talk therapy, medication, or a combination, the following questions are important to ask:

### General

- What treatment(s) do you recommend?
- Why do you recommend this treatment?
- How do you expect this treatment to help? What changes should we expect?
- Are there any potential risks? If yes, what are they?
- If there are risks, do the benefits outweigh the risks? How?
- What evidence is there that this treatment will work?
- Are there other treatments that might also work? If so, what are they?
- How often will we need to schedule appointments? And for how long?
- Do you have any written information about this treatment?
- Will we have “homework?”



### Medication

- What is the name of the medication?
- Is it called by any other name?
- What is it used for?
- Is it used for any other conditions than it is being used for with my child?
- Are there other medications that might be as effective?
- Why are you recommending this one?

- Are there side effects?
- Will these side effects affect school performance?
- What side effects could occur that you would want to know about immediately?
- Are there medications or foods that should be avoided while taking this medication?
- Are there any Food and Drug Administration (FDA) warnings for this medication?
- How will we know if the medication is working?
- How long might that take?
- How long will my child or youth need to take this medication?
- Will any tests or blood work need to be done while he or she is taking this medication?
- When and how should this medication be given?
- What if we miss a dose?
- Do you have written information about this medication?
- What is the cost? Will it be covered by my insurance?

### Coordination of Services

- How will information about the services and supports we decided on be shared with all of those involved?
- Will we need to involve the school or any other agency in this plan?
- Who do we contact if we have questions or need help?

Please do not feel limited by this list of questions. They are only suggestions. Space is provided here for questions you and your family may have.

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## **INFORMATION ABOUT MEDICATION**

Any medication, including over the counter and herbal remedies, may have negative as well as positive effects. Medications may have different effects on individuals based on age, stage of development, activity level, other health factors, and other medications the person is taking. Information about the safety, potential risks and benefits, and indicated uses of medication has expanded greatly in the last few years.

The decision about whether to undergo any treatment for any health condition should be based on the available information about the potential risks and benefits of that treatment and the wishes and beliefs of you and your child or youth. The **Food and Drug Administration** (FDA) <http://www.fda.gov/> is the source of the most up to date information about research regarding medications. You can find this website at [www.fda.gov](http://www.fda.gov) . The web site also includes a number of resources for families including

“Medicines in My Home,” with information about over-the-counter medication. In addition to the FDA website:

- Your doctor or pharmacist may have printed fact sheets with detailed information in addition to the enclosures which come with the medication;
- Talk with your doctor, his or her nurse, or your pharmacist if you have questions; and
- Encourage your child or youth to do the same.

In Florida, best practice guidelines for adults and children have been developed by a nationally recognized panel of experts. These guidelines are updated every two years. Guidelines for children can be found at:

[http://flmedicaidbh.fmhi.usf.edu/recommended\\_child\\_guidelines.htm](http://flmedicaidbh.fmhi.usf.edu/recommended_child_guidelines.htm)



## **OTHER SOURCES OF INFORMATION**

Information about effective treatments, medication uses, side effects and resources change rapidly. Because of this, it is important to know good sources of reliable up-to-date information. In addition to the information you should be given by the providers you and your child are working with there are a number of excellent resources available. Many of the most up to date resources are on the internet. For those without internet access, staff at your local library and community centers can assist in finding these websites. Information is also available online for children and youth. Just as with adults, their active involvement in learning more about their diagnosis and steps they can take to cope with symptoms can increase their sense of control.

### **1. American Psychiatric Association**

The American Academy of Child and Adolescent Psychiatry maintains a resource for Families webpage which includes information about current clinical trials, commonly diagnosed conditions, and medication use.  
<http://www.aacap.org/cs/forFamilies>

### **2. American Psychological Association (APA)**

The APA Help Center is an online resource containing information about specific psychological problems, effective treatments, and news about new findings.  
<http://www.apahelpcenter.org/>

### **3. Building Bridges Initiative**

A national effort to advance a set of values and principles for comprehensive, coordinated, and collaborative community approaches to address the needs of children with significant emotional and behavioral disorders and their families when a child is in a residential treatment program. Resources are available on the website and at the end of this guide to help families evaluate possible residential treatment providers.

<http://www.buildingbridges4youth.org/index.html>

### **4. National Institute of Mental Health (NIMH)**

This website contains up-to-date information regarding research about effective treatment and prevention. Publications for children, adults, and their families are available as well.

<http://www.nimh.nih.gov/index.shtml>

Also included on the NIMH website is a link to lesson plans for youth on the biological basis for mental health disorders. The resource contains a teacher's guide and interactive activities for youth. A video is available in which young people talk about their experience with mental illness, *In Their Own Words*.

<http://science-education.nih.gov/customers.nsf/MSMental>

### **5. Substance Abuse and Mental Health Association (SAMHSA)**

Current information about mental health and substance abuse issues.

<http://www.samhsa.gov/>

SAMHSA Website includes a link to resources for families:

<http://www.family.samhsa.gov/>

Family Guide to System of Care for Children with Mental Health Needs:

<http://www.systemsofcare.samhsa.gov/newinformation/familyguide.aspx>

### **6. National Alliance of Mental Illness (NAMI)**

An excellent source of information, sources of support, and advocacy efforts.

National site:

<http://www.nami.org/>

Florida site:

<http://www.nami.org/MSTemplate.cfm?MicrositeID=279>

## **7. Mental Health America**

Mental Health America (formerly known as the National Mental Health Association), is a nonprofit organization dedicated to promoting mental wellness for the nation.

<http://www.mentalhealthamerica.net/>

Florida Affiliates:

<http://www.mentalhealthamerica.net/index.cfm?objectid=E422360D-1372-4D20-C8A0285839C8503C&search=yes>

## **8. National Child Traumatic Stress Network (NCTSN)**

Children and families who have been exposed to frightening situations, storms, domestic violence, unpleasant medical procedures and treatments or other experiences that overwhelm their ability to cope, may face mental health challenges, are at greater risk for substance abuse, and may experience physical symptoms as well. The NCTSN network contains excellent information for families about services and supports that may be helpful.

[http://www.nctsn.org/nccts/nav.do?pid=ctr\\_aud\\_prnt](http://www.nctsn.org/nccts/nav.do?pid=ctr_aud_prnt)

## **9. National Federation of Families for Children's Mental Health**

The Federation of Families has important information for children, youth, and their families. The organization works to inform and empower families and youth to be active participants in not only their own recovery but in state and local efforts to make the mental health system more effective. The site includes a link to Youth Move National, a youth led national organization.

<http://www.ffcmh.org/>

Federation of Families for Children's Mental Health, Inc., Hillsborough County:  
<http://www.federationoffamilies.com/home.html>

Federation of Families of Palm Beach County:  
[https://www.fofopbc.org/Home\\_Page.html](https://www.fofopbc.org/Home_Page.html)

## **10. MPOWER Musicians for Mental Health**

A website for youth sponsored by Mental Health America designed to provide information and reduce the stigma facing young people with mental health problems.

<http://www.mpoweryouth.org/index.html>

## **11. NIDA for Teens: The Science Behind Drug Abuse**

An excellent resource for parents, teachers, and youth of drugs of abuse. The “Mind Over Matter” link includes a teacher’s guide to the effects of drugs on the brain.

[http://teens.drugabuse.gov/mom/tg\\_intro.php](http://teens.drugabuse.gov/mom/tg_intro.php)



## DEFINITIONS

**Applied Behavior Analysis-**Applied behavior analysis (ABA) applies the principles of learning to address the behavioral needs of a wide variety of individuals in many different settings. Professionals use ABA to assist children and youth to maintain or learn new skills and improve socially significant behavior.

**Assessment-**A professional review of child and family needs that is done when services are first sought from a caregiver. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the caregiver and family decide what kind of treatment and supports, if any, are needed.

**Attention-Deficit/Hyperactivity Disorder (ADHD)-**A chronic condition and the most commonly diagnosed behavioral disorder among children and adolescents. It affects between 3 and 5 percent of school-aged children in a 6-month period (U.S. Department of Health and Human Services, 1999).

**Autism-**also called autistic disorder, is a complex developmental disability that appears in early childhood, usually before age 3. Autism prevents children and adolescents from interacting normally with other people and affects almost every aspect of their social and psychological development.

**Bipolar Disorder-**A mood disorder sometimes called manic-depressive illness or manic-depression that characteristically involves cycles of depression and mania or irritability.

**Case Manager-**A case manager is an individual who organizes and coordinates services and supports for children with mental health and/or substance abuse problems and their families.

**Case Management-**A service that helps people arrange for appropriate services and supports. A case manager coordinates mental health, social work, educational, health, vocational, transportation, advocacy, respite care, and recreational services, as needed. The case manager makes sure that the changing needs of the child and family are met.

**Child and Family Team (CFT)-**A team of people that includes, at a minimum, the child or youth and his/her family, a social worker or therapist, and any other important people who are identified and invited by the child/youth and family to participate in planning. The team develops a service plan for the child/youth and coordinates care. This may include teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from faith-based organizations, an agent from other service systems like child welfare, developmental disabilities, or juvenile justice, etc. Family members and youth (in developmentally appropriate ways) should play a central role on the child and family team. The size, scope and intensity of team member involvement are determined by: (1) objectives



established for the child; (2) needs and wishes of the family in providing for the child; and (3) which individuals are needed to develop an effective service plan. The size of the team can change as needed to be successful on behalf of the child. Ideally, there would be some continuity in team membership over time regardless of where he/she is receiving services.

**Clinical Psychologist**-Clinical psychologists have completed a doctoral program in psychology and a yearlong clinical internship prior to being licensed. Psychologists help mentally and emotionally-distressed individuals adjust to life and may assist medical and surgical patients in dealing with illnesses or injuries. Psychologists often interview children or adults and give diagnostic tests. They may provide individual, family, or group psychotherapy and may design and implement behavior modification programs.

**Clinical Social Worker**-Clinical social workers are health professionals trained in client-centered advocacy that assist clients with information, referral, and direct help in dealing with local, State, or Federal government agencies. Licensed clinical social workers provide therapy.

**Cognitive Therapy**-Cognitive therapy aims to identify and correct thinking patterns that can lead to feelings and behaviors that may be troublesome, self-defeating, or even self-destructive. The goal is to replace such thinking with a more balanced view that, in turn, leads to more fulfilling and productive behavior.

**Cognitive/Behavioral Therapy**-A combination of cognitive and behavioral therapies, this approach helps people change negative thought patterns, beliefs, and behaviors so they can manage symptoms and enjoy more productive, less stressful lives.

**Conduct Disorders**-Children with conduct disorder repeatedly violate the personal or property rights of others and the basic expectations of society. A diagnosis of conduct disorder is likely when these symptoms continue for six months or longer. Conduct disorder is known as a disruptive behavior disorder because of its impact on children and their families, neighbors, and schools.

**Continuum of Care**-A term that implies a progression of services that a child moves through, usually one service at a time. More recently, it has come to mean comprehensive services.

**Co-Occurring Mental Health and Substance Abuse Disorder**-The presence of both a mental health and substance abuse disorder. Effective treatment combines treatment for both disorders. Co-Occurring enhanced providers are able to provide integrated services to individuals in one agency.

**Coordinated Services**-Child-serving organizations talk with the family and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare.

**Cultural Competence**-Help that is sensitive and responsive to cultural differences. Providers should be aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, language, or physical disability. They also adapt their skills to fit a family's values and customs.

**DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*)**-An official manual of mental health problems developed by the American Psychiatric Association. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose mental health problems. Insurance companies and health care providers also use the terms and explanations in this book when discussing mental health problems.

**Delusions**-Delusions are thoughts or beliefs that have no basis in reality.

**Depression**-Depression is a mood disorder characterized by intense feelings of sadness that persist beyond a few weeks. Two neurotransmitters-natural substances that allow brain cells to communicate with one another-are implicated in depression: serotonin and norepinephrine.

**Developmental Milestones**-A set of functional skills or age-specific tasks that most children can do at a certain age range. Your pediatrician uses milestones to help check how your child is developing. Although each milestone has an age level, the actual age when a normally developing child reaches that milestone can vary quite a bit.

**Drug Formulary**-The list of prescription drugs for which a particular employer insurance plan or other benefit programs will pay. Formularies are either "closed," including only certain drugs or "open," including all drugs. Both types of formularies typically impose a cost scale requiring consumers to pay more for certain brands or types of drugs.

**Emergency and Crisis Services**-A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

**Express and Informed Consent**-Informed consent is a legal document in all 50 states. It is an agreement for a proposed medical treatment. It requires physicians and other health care providers to explain in terms that children and families can understand the benefits, risks, and alternatives to the proposed treatment. Information should also include the anticipated length of treatment and expected outcomes. It is the method by which fully informed persons are involved in choices about their health care.

**Family-Centered Services**-Services designed to meet the specific needs of each individual child and family. Children and families should not be expected to fit into services that do not meet their needs.

**Family Support**-Services designed to keep the family together, while coping with problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services*, and *respite care*.

**Family Therapy**-Involves discussions and problem-solving sessions facilitated by a therapist-often with the entire family group, sometimes with individuals. Such therapy can help family members improve their understanding of, and the way they respond to, one another. Family therapy can help educate the individuals about the nature of mental disorders and teach them skills to cope better with the effects of having a family member with a mental illness-such as how to deal with feelings of anger or guilt.

**Group Therapy**-This form of therapy involves groups of usually 4 to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly modify their behavior.

**Hallucinations**-Hallucinations are experiences of sensations that have no external source. Some examples of hallucinations include hearing nonexistent voices, seeing nonexistent things, and experiencing burning or pain sensations with no physical cause.

**Home-Based Services**-Help provided in a family's home either for a defined period of time or for as long as it takes to deal with a problems. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent the child from being placed outside of the home.

**Independent Living Services**-Support for a young person living on his or her own. These services include therapeutic group homes, supervised apartment living, and job placement. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

**Individualized Services**-Services designed to meet the unique needs of each child and family. Services are individualized when the caregivers pay attention to the needs and strengths, ages, and stages of development of the child and individual family members.

**Individual Therapy**-Therapy that occurs with only the therapist and young person present.

**In-Home Family Services**-Mental health treatment and support services offered to children and adolescents with mental illness and to their family members in their own homes or apartments.

**Inpatient**-Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in crisis and possibly a danger to his/herself or others; and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

**Intake/Screening**-Individual interviews designed to briefly assess the type and degree of a child or youth's mental health condition to determine whether services are needed and to link him/her to the most appropriate and available service

**Medication Therapy**-Prescription, administration, assessment of drug effectiveness, and monitoring of potential side effects of psychotropic medications.

**Mental Health**-The World Health Organization defines mental health as "...a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." The Surgeon General's Report on Mental Health defined mental health as "...a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity."

**Mental Health Problems**-Mental health problems affect one's thoughts, body, feelings, and behavior. Mental health are problems more than a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

**Mobile Treatment Team or Mobile Crisis Team**-Provides outreach, crisis intervention, and independent-living assistance with linkage to necessary support services in the child and family's own environment.

**Obsessive Compulsive Disorder**-Obsessive Compulsive Disorder is a chronic, relapsing illness. People who have it suffer from recurrent and unwanted thoughts or rituals. The obsessions and the need to perform rituals can take over a person's life if left untreated. They feel they cannot control these thoughts or rituals.

**Panic Disorders**-Anxiety disorder characterized by panic attacks.

**Phobias**-Intense and persistent fears of certain situations, activities, things, animals, or people.

**Plan of Care**-A treatment plan especially designed for each child and family, based on individual strengths and needs. The plan is developed with input from the child and family and establishes appropriate goals, treatment, and services to meet the special needs of the child and family.

**Play Therapy**-A form of therapy, typically with young children, in which a child plays in a protected and structured environment with games and toys provided by the therapy, who observes the behavior, affect, and conversation of the child to gain insight into thoughts, feelings, and fantasies. As conflicts are discovered, the therapist works with the child to understand and work through them.

**Posttraumatic Stress Disorder (PTSD)**-Posttraumatic Stress Disorder is an anxiety disorder that develops as a result of witnessing or experiencing a traumatic occurrence, especially life threatening events. PTSD can interfere with a person's ability to hold a job or to develop intimate relationships with others.

**Psychiatrist**-A psychiatrist is a professional who completed both medical school and training in psychiatry and is a specialist in diagnosing and treating individuals with mental illness.

**Residential Treatment Centers for Children and Adolescents**-Facilities that provide treatment 24 hours a day. Children with serious emotional disturbances receive constant supervision and care.

Residential treatment services in Florida include two levels of care. The most intensive level of care has medical staff on duty 24 hours a day. Services and supports are typically delivered within the facility and may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. These facilities are also called Statewide Inpatient Psychiatric Programs (SIPP) or residential treatment centers for children and adolescents (RTC). These placements are non-emergency, voluntary placements and the average length of stay is six months.

Therapeutic Group Homes are a less intense level of residential treatment. Group homes have a maximum of 12 residents who are more involved in community services and supports while still receiving 24 hour-a-day supervision.

If you are considering out of home placement for your child, please look over the Tip Sheets for Families Considering a Residential Program located on the Building Bridges website and in this guidebook at:

<http://www.buildingbridges4youth.org/products/tip-sheets>

**Respite Care**-A service that provides a break for parents who have a child with a serious emotional disturbance. Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location.

**Schizophrenia**-Schizophrenia is a thought disorder characterized by "positive" and "negative" symptoms. Psychotic, or positive, symptoms include delusions, hallucinations, and disordered thinking. Negative symptoms include social withdrawal, extreme apathy, diminished motivation, and blunted emotional expression.

**School Based Services**-School-based treatment and support interventions are designed to identify children or adolescents with emotional disturbances and/or assist parents, teachers, and counselors in developing comprehensive strategies for addressing these disturbances. School-based services also include counseling or other school-based programs for emotionally disturbed children, adolescents, and their families within the school, home and community environment.

**Serious Emotional Disturbances**-Diagnosable disorders in children and adolescents that severely disrupts their daily functioning in the home, school, or community. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.

**State Mental Health Authority or Agency**-State government agency charged with administering its State's public mental health services. In Florida, the Department of Children and Families is the mental health authority.

**Substance Abuse**-A pattern of harmful use of any substance for mood-altering purposes.

**Suicide**-The act of deliberately taking one's life. Suicides among young people continue to be a serious problem.

Each year in the U.S., thousands of teenagers commit suicide. Suicide is the third leading cause of death for 15-to-24-year-olds, and the sixth leading cause of death for 5-to-14-year-olds. Untreated depression and other mood disorders is the leading cause of suicide.

**System of Care**-A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

**Trauma**-The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism and/or disasters.

**Trauma-Informed Care**-Mental health and substance abuse services that include an understanding of the psychological, neurological, biological, and social impact that trauma and violence have on many individuals and incorporates proven practices into current services that promote recovery and resiliency.

**Wraparound**-An approach to implementing individualized, comprehensive services within a system of care for youth with complicated multi-dimensional problems. One population for whom wraparound has proven particularly useful is those children and adolescents with severe emotional and behavioral problems.

**Building Bridges Initiative *Tip Sheet for Families Considering a Residential Program and Your Life Your Future - Inside Info on the Residential Programs from Youth Who Have Been There have been included with permission of the Building Bridges Initiative.***

## A Tip Sheet for Families Considering a Residential Program

**USING THIS FAMILY TIP SHEET:** *Family members of children who have received residential services helped prepare this Family Tip Sheet so that you and others can benefit from their experience. Please use this Family Tip Sheet to help you (1) think about what is most important to you and to your child and (2) decide which questions you might want to ask when considering a residential program for your child.*

If you are considering a residential treatment program for your child—or if your child has just been admitted to a residential program—you probably have many questions. This Family Tip Sheet is designed to help you get the best care and treatment for your child with emotional and behavioral challenges.

Residential programs are designed to assess and stabilize children so that families can be re-united as quickly as possible, given the needs of the child and family. The best programs work with and for families and children: they collaborate and help families discover what works to help their child flourish.

Practically speaking, there may be limits to how much choice you have about where your child receives services. If you feel strongly, though, that the plan for your child is not in his/her best interest, you should be assertive about asking for alternatives and find someone you trust who is willing to work with you to develop a safe and appropriate plan. In most cases, even if you do not have custody of your child, you still can and should be involved in making important decisions about his or her treatment.

Remember that you have the right to have a voice in the decision-making about where your child receives treatment. Don't be afraid to ask questions or challenge policies that don't make sense or don't seem right to you. Work closely with providers to help your child. Many providers will be very open to your ideas and understand that you know your child best. If you run into serious roadblocks along the way, seek out a family partner, a supportive provider, or another advocate to help you.

Ideally, the answers to all of the following questions should be “yes”—but some compromises and choices may be necessary. Many excellent programs will not meet all of these criteria, but the more families and programs work together, the closer programs will get to doing so. If

a program, however, is not family-friendly or the answer to any of the questions about safety or whether the treatment is right for your child is “no,” then you may want to consider other options. No one should accept unsafe, inappropriate or disrespectful treatment.

You can be a valuable and active member of the team of people who work with your child while he or she is in out-of-home care. Through teamwork, you can build a bright future for your child.

### ➤ HOME OR AWAY?

**Is a residential program really the best place for my child to receive treatment right now? Are there community services that would work?**

### ➤ RIGHT PLACE NOT JUST ANY PLACE

**Does this particular program have the best available expertise for children with my child's specific needs and challenges?**

### ➤ SAFE PROGRAM

**Is the program licensed and accredited? Have all staff had criminal background checks and have they been cleared through the state's child abuse registry?**

### ➤ EFFECTIVE SERVICES

**Are the techniques used by the program supported by research studies on children with similar needs?**

### ➤ FAMILIES ARE EQUAL PARTNERS

**Does the program make me feel like my opinion and ideas are important? Does the program involve me in decisions about my child?**

### ➤ YOUTH HAVE A VOICE

**Does the program empower youth to make choices and decisions while they are in residential care? Does it help them plan for their own long term goals?**

### ➤ POSITIVE POWER

**Does the program build children up, not break them down?**

➤ **COMMUNICATION COUNTS**

Does the program communicate well with me and have a clear plan to consult me about important questions and decisions?

➤ **STRENGTHS MATTER**

Does the program consider the strengths of our family and help us discover and build on our strengths and those of our child?

➤ **RESTRAINT AND SECLUSION**

Are restraints used only when a child is truly endangering him/herself or others? Is the staff trained to reduce the need for restraints, apply restraints safely, and avoid the use of seclusion?

➤ **CHILD AND FAMILY TEAM**

Will all of the people working with my child meet or speak regularly with me (and my child if he or she is old enough) as a team to talk about my child's plan and how things are working?

➤ **EDUCATION**

Does the program offer my child appropriate educational opportunities while s/he is in care? What steps will be taken to be sure my child has a smooth transition back to a school in the community afterwards?

➤ **CONNECTED TO HOME AND COMMUNITY**

How is the program going to support us when our child comes home? Does the program keep children involved in community activities even when they are in care? Does the program prepare adolescents to live independently?

➤ **TRAUMA ISSUES**

Does the program understand that many children have experienced overwhelming stress and/or trauma? Does the program avoid situations that can re-traumatize children?

➤ **MEDICATION**

Does the program work with my child's doctors and others to learn his/her medication history prior to admission? Is the program using medications safely and appropriately?

➤ **ARE WE THERE YET?**

Does the program track whether my child is making progress towards his/her goals and make changes when needed? Can the program clearly describe what the criteria are for discharge? What will happen if there is a disagreement about my child's readiness for discharge?

**To get answers to your questions or to contact an advocate who can help you learn more about how you can find the most effective services for your child, please contact:**

The National Federation of Families for Children's Mental Health at <http://www.ffcmh.org/>

*Thank you to the many family members, residential program staff and others who reviewed and contributed to this work. This effort was undertaken as a part of the national Building Bridges Initiative (BBI) which is supported by the Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. This Family Tip Sheet is a product of the BBI, a national effort supporting strong partnerships between residential and community providers, policy makers, advocates, families and youth towards implementing practices that are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.*

For more detailed information about the topics addressed in this Tip Sheet, please see *Family Tip Sheet on Residential Programs: More Information for Families and Caregivers*; this expanded *Family Tip Sheet* and other materials about the national Building Bridges Initiative are available at [www.BuildingBridges4Youth.org](http://www.BuildingBridges4Youth.org)

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INITIATIVE  
Advancing Partnerships. Improving Lives.

## Your Life – Your Future

### Inside Info on the Residential Programs from Youth Who Have Been There

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Starting residential treatment can be hard, so knowing what to expect can help. You might feel alone or angry or scared, and you may be concerned that no one will listen to you and your concerns. We have been right where you are now. We put this information together to help you benefit from our experience.

Going into a residential program is a big change for anyone. When you know what to expect, it can be a lot less scary and you will be able to benefit more from your experience. Don't be afraid to ask questions and take care of yourself. You deserve the best!

The questions below can help you understand what to expect and help you talk about issues with your program, so that you can successfully take charge of your recovery.

### Questions You Might Want to Ask Yourself and Others

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- How is this program going to **help me**?
- What factors determine **how long** I'm going to stay here?
- What **goals** do I have for myself? **Is this the best place** to help me reach my goals?
- How can I be **involved in decisions** about my treatment?
- **What can I do** to make the most of my time here?
- How can my emotional and physical needs be met so I feel **safe and comfortable**?
- What are the **rules of this program**? Who makes the decisions about the rules? Do I have a role in making the rules?
- How does this program **discipline** youth? How will the staff help me to do my best?
- What kinds of **choices** do I have? Does this program support youth in making their own choices?

- How will I be **educated** while I'm in this program? Will you ensure that my credits transfer to my school, so that I don't fall behind in my educational progress?
- How will you make sure that I can stay in touch with my **parents, siblings, friends** and other important people in my life? How will they fit in to what goes on here (e.g., policies, spending meaningful time with my family, decision-making)? What if there are people I don't want to see?
- What **therapies and medications** will I receive and what are they for? What choices do I have about my therapies and medications?
- How will this program respect **my culture, my beliefs, my sexual orientation and my gender identity**?
- What do I do if I feel I am being **treated unfairly** by staff or if I have other problems with this program?
- Does this program use **seclusion (isolation) or restraint**? If so, what is done to prevent their use?
- What if I find a particular therapy to be too painful or unhelpful? Whom should I approach with **my concerns**?
- How will this program **help prepare me** to go back to my school, to college, to work, or to live on my own and handle finances?
- How can I maintain the connections I make with particular staff?
- If I think my program is **not** right for me, whom can I talk to and how can I advocate for myself? **Who is here to help me if I have a problem**?

### For Help and Additional Information

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If you have safety concerns, call your state's child abuse hotline or dial 911.

For more information on youth leadership and advocacy, you can contact:

National Disability Rights Network [www.ndrn.org](http://www.ndrn.org)

Youth M.O.V.E. [www.youthmove.us](http://www.youthmove.us)

Foster Club [www.fosterclub.com](http://www.fosterclub.com)

Community Alliance for the Ethical Treatment of Youth [www.cafety.org](http://www.cafety.org)

***This Tip Sheet was written by the Building Bridges Youth Advisory Group.***

Visit the Building Bridges Initiative website [www.BuildingBridges4Youth.org](http://www.BuildingBridges4Youth.org) where you will find more resources.