



## **Welcome to Kinder!**

### **Understanding Your Child's Therapy**

Now that your child is starting psychotherapy, behavior analysis, and early intervention, you may feel a little confused about the process and about how you will be involved. Therapy varies depending on the child and the therapist, but some elements are likely to be similar for all.

#### **Assessment**

Therapy begins with some kind of assessment process. The therapist gathers most of the information from interviews with you and with your child. These may be done together or separately, but you always should be included in some way.

A therapist occasionally may use a formal psychological test, but this does not mean you should expect one. Interviews, observations, and sometimes questionnaires usually provide enough information.

Although the questions a therapist chooses to ask vary depending on his or her theoretical orientation, some are standard. You should expect to discuss:

1. Your child's developmental history.
2. Specific descriptions of the problem you came to solve and its influential factors;
3. What you've tried before and what has or hasn't worked.

#### **Medication**

In general, providers are cautious about prescribing medication to children. Drugs can affect children differently from adults and in some cases can cause side effects that adults don't experience.

"There are very few problems where it makes sense to put a child on medication immediately, even if it will make sense later on," says psychotherapist Marjorie Pelcovits, Ph.D. She adds that usually there are a number of effective psychological treatments that should be tried first.

If medication does seem necessary, make sure that physical tests are done beforehand and that your child is monitored carefully after beginning medication. Make sure you are informed about the drug. Following are some questions you may want to ask your therapist:

- \*Are there likely to be any side effects?
- \*If so, how will they be monitored?
- \*Does the medication need to begin immediately, or can we think about it for a while first?

Your child is unlikely to need hospitalization unless diagnosed as a "danger to self or others." Occasionally, however, hospitalization may be necessary for careful monitoring of less obvious problems for example, with medication. At times, there are questions that can't be answered in an outpatient setting.

#### **Coordination with other professionals**

Some kind of coordination is important between the therapist and other professionals closely involved with your child. These may include the school psychologist and your child's pediatrician or teachers. It is not always practical for mental health practitioners to be in direct contact with them all, but you at least should act as an indirect contact.

## **What to expect**

Some practitioners involve parents more than others, and styles of therapy change depending on the therapist's theoretical orientation. Whatever the orientation, however, the therapist should tell you:

1. Something specific about your child's problem and what caused it;
2. What concerns will be addressed and how;
3. What channels of communication exist between the therapist and you;
4. What your involvement will be; and,
5. If your involvement is minimal, why you won't be included in the therapy.

You should expect your child to improve over time. If he or she doesn't, talk to the therapist to make sure you understand what the problems are and why therapy does not seem to be helping. Remember, you and the therapist are in a partnership for your child's best interests. You deserve to know if there are complications.

## **Confidentiality Laws**

Confidentiality laws protect children as well as adults. There are limitations on these laws, which vary from state to state, but in general the therapist can break this confidence only when he or she suspects your child is in danger, might endanger others, or might destroy property. Professionals involved in the child's care, such as teachers or pediatricians, have no right to know what the child tells the therapist.

## **The therapeutic partnership**

"Therapy is always a partnership, and, in the case of children, parents are integral partners," says Dr. Pelcovits. Children have problems for all kinds of reasons, and the therapist needs your input and insights to help your child as effectively as possible. You, not the therapist, are the expert on your child. However, the therapist may ask you to change some of the ways you interact with your child. The child's temperament and needs may be a poor fit with your disciplinary style or expectations.

For example, you may push your shy son to be outgoing in ways that make him too uncomfortable, or you may expect too much quiet from your easily excitable daughter. Letting children operate in ways closer to their natural temperaments will make interactions easier for all involved.

The therapist also may suggest family therapy, to improve the overall functioning of the family system. Working on family behavior together often improves the child's outcome.

Make sure you are comfortable with your child's therapist. If you are not, either for personality or theoretical reasons, you should consider switching therapists rather than pulling your child out of therapy altogether.

Many problems are not "just a phase;" therapy is often important for the best interests of your child.

Between your child and you, however, confidentiality is more of a judgment call. Although the law in this case does not protect children from parents, a trusting relationship with the therapist often depends on some understanding of confidentiality.

Therapists take different approaches in this situation. Some will tell you almost nothing, while some will tell you everything. Many take a middle path, letting you know your child's general thoughts and emotions but none of the specifics.

Before you begin therapy, you should make sure that both you and your child understand how confidentiality applies in your child's therapy.

If you and your child's other parent are both custodial parents but divorced or never married, you have equal rights to speak to the therapist about your child. In the case of single custody however, the non-custodial parent must receive permission from the custodial parent to be involved in the therapeutic process in any way.

## **Source:**

- Interview with Marjorie A. Pelcovits, Ph.D., clinical psychologist and clinical instructor of Community health at the Brown University Medical School.
- Interview with Brian Haden, Ph.D., clinical psychologist and associate professor of Psychology at Brown University.