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Mental Health FAQ's

What is Mental health?

When we talk about mental health we are referring to the mental, emotional, behavioral, and social aspects of our lives.

Why is it as important as our physical health?

Much like our physical bodies, we can have the most joy and opportunity in life when our bodies are in working order. When we have a broken arm or chronic condition such as asthma or diabetes, we regularly consult with doctors and specialists to heal the break, or manage the symptoms the best way possible. Likewise when a crisis event happens or we have depression, anxiety, ADHD, bullying, etc, it is best to be seen by mental health practitioners to help heal and manage our struggles.

Can't you just "get over it"?

Most people will experience some depression, anxiety, and small traumas through out their life. This is different from clinical depression, clinical anxiety, and "capital T" Trauma. Just as we would expect a small cut to heal on it's own, we can expect most people will recover from a situation that causes some depressive feelings and anxious thoughts. However, if the cut gets infected or is unattended to; it will continue to cause the person pain and discomfort and can be potentially life threatening. Sometimes antibiotics or other life saving treatments are needed. The same is true for our mental health.

How do you treat Mental health concerns?

Most mental health concerns can be treated with therapy with a licensed therapist, medication, psychoeducation, and behavioral modification/activation. Which type of therapy and medication is dependent on the diagnosis and individual person. Most times a combination of these treatments produce the best results.

When might my child need a higher level of care?

A good indicator is how your child is able to maintain day-to-day functioning. Are they able to continue their regular schedule? Are they sleeping and eating the same? Are they isolating away from family and friends? Regular outpatient is considered the lowest level of care. Followed by: intensive outpatient treatment (IOP), partial hospitalization program (PHP), residential program, emergency room/ acute hospital stay. This is definitely an area to discuss with your practitioner and pediatrician.

How do I know if my Depression, Anxiety, Etc. Is bad enough to need treatment?

While the clinical definition for any mental illness usually requires the symptoms or behaviors to interfere with daily living to be diagnosed; it is important to remember that will look different for each person. Additionally, therapy can be helpful regardless of whether clinical diagnosis criteria is met.

Treatment might be considered if you answer YES to any of these questions:

- Do I feel like I need to talk to someone?
- Do I feel overwhelmed?
- Have I noticed a change in behavior or activity?
- Do I often feel stressed out or that my emotions are very extreme?
- Do I feel that my support network is insufficient to help me through a difficult time?
- Am I unaware what my coping skills are?
- Do I understand what self-care looks like for myself?
- Do I feel unable to ask for what I need?
- Has someone mentioned to me that they are worried about me?
- Do I have thoughts of hurting myself or others?
- Am I having a hard time getting along with others?
- Have I experienced any kind of trauma, abuse, or bullying?
- Do I have thoughts or plans to take my life?
- Do I engage in self harm?

When should I take my child's suicidal thoughts seriously?

When a child comes to you and states that they have been thinking about taking their own life, threatening self harm, or tell you they feel unsafe with themselves; you **MUST** take it seriously. If your child cannot commit to a safety plan, you will need to take them directly to a hospital. Some parents are hesitant to do so, believing that these statements are simply a "cry for help" or a way to manipulate a situation. Even if this is the case, it is often accompanied by impulsive thoughts and actions. Being on suicide watch in a hospital is not fun. A child will not continually to use this as leverage if you take each threat seriously.

Talking to your child about suicidal ideation will **NOT** make it more likely that they will act on these thoughts. In fact in many cases, naming and accepting these thoughts allows your child to start the healing process and take back some of the power the thoughts have had on their behaviors and actions. If you are concerned, it is prudent to ask you child! It can be difficult, but it is important. A good way to start the conversation is to ask, "Have you ever had thoughts or feelings about hurting yourself?".

How do I know if this is normal behavior for my child's development or something more?

This can be a tricky determination as some behaviors that are unacceptable to us as adults are normal learning patterns for our children as they development. All behavior means something; just sometimes as adults we have a hard time figuring out what that is. As your child's parent, you are their best advocate and understand/know them more than a professional might. Still, if you gut is telling you something is off, you can always bring up these concerns to your child's PCP or into a Mental Health Professional for a formal assessment. Some questions to ask might be:

- Does my child have these same behavior issues in various settings?
- Is this something that other children of similar age/development are also going through?
- Is this a lasting prolonged pattern even after attempts to help my child make a different

choice?

- Does my child feel heard?
- Does my child feel loved?

I feel helpless to support my child. What can I do?

Getting your child professional help is one of the best things you can do for a child who is struggling emotionally. No one expects you to be a trained psychologist and therapist just by the nature of being a parent/care giver. However, regardless of the diagnosis, children have a need to feel loved, heard, and validated. It's best to ask your child what specific ways would help them feel supported, what they need, and how they best feel loved and accepted.

It is also helpful to help them maintain good self care. This includes but is not limited to: good sleep routines/amounts, daily hygiene, screen time limits/ monitoring, varied diet eating at regular intervals, daily time outside, regular joyful movement, planning out tasks/ routines to decrease stress, and daily self check-ins and awareness.

I want to help my child avoid mental illness. What can I do?

As parents/guardians/care givers we always want to help our children avoid unnecessary pain. Unfortunately, despite our best efforts; our children may develop mental illness. Part of this is due to biology and chemistry of their brain, and even in some cases a genetic predisposition. However, we can do our best to help our children develop emotional intelligence, resiliency, and self awareness. We will continue to disseminate information on how to do this at age appropriate levels on our website and through our newsletter. No matter what age, a great way to start is consistently share emotions and feelings with each other. You may do this regularly at bedtime or around the dinner time. It can be as simple as asking each family member what one emotion is they felt that day, no need to even explain the feeling!

How can I find a therapist?

We are currently dealing with a shortage of mental health practitioners in our community.

1. A good first step is to speak with your insurance if you wish to use your coverage to help with the costs. Many practitioners do not accept insurance due to low reimbursement rates and the complications using insurance provides (more time out of session, requiring certain documentation, requiring certain reimbursable diagnoses, etc). If you choose to see a practitioner who does not accept insurance, please note that you can always provide your insurance with a receipt for potential reimbursement.
2. Think about your child's main concerns, is there a type of therapy or certain diagnosis you would like your clinician to be specialized in? Does your child resonate and respond better to a male or female? Older or younger? Talk based or experiential?
3. Use practitioner search engine sites to help find a good fit. Some to consider are www.psychologytoday.com or www.goodtherapy.org.
4. Once connected to a therapist, make sure to ask about your specific concerns or issues to ensure a good fit. Keep in mind that you might find after a few sessions that you need to seek out a better fit or more specialized individual. Your therapist can help you with referrals if that is the case.
5. If you cannot find a practitioner in the area, consider Telehealth sessions with a provider in Arizona, but a different city such as Phoenix.

What can I do to help my child be successful at therapy?

One of the biggest helps is to let your child know that they are not in trouble and have not done anything wrong. Often times children come in thinking they have to convince their therapist that they are good; and once they do they can stop therapy. We don't want them to think they have to be anything but themselves! You can explain that therapy is a place to learn how experience and express emotions, how to learn ways in which your brain thinks and reacts, a place to express harder emotions, or to talk to someone who is support and will listen to whatever you have to say. It is also helpful to ask

your child after a session if there is anything they need for some extra support. Also asking if they can help support doing any homework their therapist identified. Please do not expect or ask your child to tell you everything that happened or was discussed in therapy. If the child chooses to do this on their own, that is ok; but it should not be an expectation.

Will you tell me what you discuss with my child in session?

We take confidentiality very seriously. If you are not present in the room when something is discussed, you will not be updated on what was said unless your child agrees. The only exemption from this is if the child were having thoughts or behaviors of hurting themselves or others.

What if my child says that all they did was play or draw?

Play, art, books, activity, worksheets, music and sometimes videos are all part of the therapeutic process for children. Play is children's work. If a child does not feel comfortable talking about a situation or subject, they can sometimes show their feelings through play. Please rest assured that if we feel your child is no longer benefitting from therapy, we will let you know promptly.

Why does my therapist give "homework"?

A therapy session is just 45 minutes out of a client's day and week! While a lot of work can be done in that session, many of the skills that are learned in therapy need to be practiced regularly in order to have any real effect on your life. By "practicing" these skills, thinking about a topic, making a plan, etc. you are helping to bring what you learn in a session into your everyday life. You will never be in trouble for not doing the assignment, but you will progress much faster if you are able to integrate what you are learning outside of your sessions.

Practice Specific Q&A's

What ages do you see?

We start as young as 5, and go up to age 22.

Do you offer Telehealth sessions?

We do! This is on a case by case basis and is determined by the clinician. If you are doing a telehealth session, we ask that you have access to a private space with a stable internet connection. This is usually an option offered to older children as a lot of therapy for younger children is play based and cannot occur well over the internet.

What is a "bridge service"?

We understand that this might be a strange concept to some! As an effort to support our community in the best way possible, we have determined that it is helpful for our services to be short term as a way to bridge the gap of being on a community provider's wait list. We understand that 3 months + can be a long time to wait when you've identified a need! We strive to keep open availability to help you and your child to be seen quickly, with the expectation that you will be simultaneously looking for a community provider to help facilitate long term therapy.

What do you mean by short term therapy?

We see patients for up to 8 sessions. This allows us to keep regular availability.

Is short term therapy effective?

It is! Some patients find that they do not end up needing long term therapy. We tend to focus on the following things in short term therapy:

- Problem solving/ solutions based
- Psychoeducation including: coping skills, emotional awareness, social skills, communication patterns, relationship dynamics, cognitive distortions, and impulsivity control
- Deescalation of crisis levels of depression and anxiety
- Peer and family relationships
- And many other issues and concerns

Is there any time that short term therapy may not be appropriate?

Yes. There are definitely some areas that tend to need a longer amount of time to process and work through. Some of these include:

- If your child is especially shy, resistant to coming to therapy, or unable to express themselves well: either verbally, through play, or writing/art.
- Big T trauma (abuse, attachment issues, traumatic events, etc).
- Personality disorders
- Some cases of middle to low functioning autism and intellectual ability
- Eating disorders (this would be ok to be seen by us if this is patient's first attempt at treatment, a stop gap until another community based clinician is found, and/or is being heavily watched by their PCP for weight, heart rate, and blood pressure readings)
- Addictions
- Extensive psychological testing
- If you and your child are unable or unwilling to work on concerning behaviors outside of session

Will my PCP be willing to prescribe my child medication if it is determined that this would be a beneficial aspect of treatment?

In many cases, yes. Your PCP and therapist will work closely together to ensure your child is getting the best wrap around care. If your PCP determines that a specialist is needed to manage your child's mental health medication, they will let you know. You may also seek out a psychiatrist if you feel your child need additional medication management.

What can I expect from my first session?

The first session is often referred to as an assessment. It is where we as clinicians get to know you child and their place in the world (family and school life, peer relations, hobbies and interests, areas of concern, symptoms or problematic behaviors, etc). This session is a bit longer than the remaining sessions (usually around an hour). We will usually expect participation from both the parent/ care giver and the child at this session.

How long are sessions normally?

Most sessions are 45 min in length. The first session will be an hour or a bit longer. If your child is especially young or short attention spanned, your therapist may elect to schedule you for a shorter 30 min session.

Do you take insurance?

Currently we are a self pay model where you can submit your receipt to your insurance for reimbursement. We do not have plans to change this at this time; however we are always looking for grants and other funding to help families who cannot afford this expense. Patients will be updated if funding is secured.