

## **B. Specific Types of Problems (A Sampling of Fact Sheets from Several Agencies)**

### ***U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services***

- **Children and Adolescents with Anxiety Disorders**
- **Children and Adolescents with Conduct Disorder**
- **Major Depression in Children and Adolescents**
- **Children and Adolescents and Families-Girl's Mental Health**

### ***American Academy of Child and Adolescent Psychiatry (AACAP)***

- **Child Abuse - The Hidden Bruises**
- **Child Sexual Abuse**
- **Children on TV Violence**
- **Children of Alcoholics**
- **Children Who Can't Pay Attention/ADHD**
- **Children with Learning Disabilities**
- **Responding to Child Sexual Abuse**
- **Services in School for Children with Special Needs: What Parents Need to Know**
- **Teens: Alcohol and other Drugs**
- **Teen Suicide**
- **The Anxious Child**

### ***National Association of School Psychologists (NASP)***

- **Helping the Student with ADHD in the Classroom**
- **Depression in Children and Adolescents**
- **Defusing Violent Behavior in Young Children: An Ounce of Prevention**

### ***U.S. Department of Health and Human Services & National Institute on Drug Abuse (NIDA)***

- **Info Facts: Inhalants**

### ***National Adolescent Health Information Center (NAHIC)***

- **Fact Sheet on Violence: Adolescents and Young Adults**
- **Fact Sheet on Unintentional Injury: Adolescents and Young Adults**

# Children's Mental Health Facts

## Children and Adolescents with Anxiety Disorders

### The types and signs of anxiety disorders:

[Generalized Anxiety Disorder](#), [Separation Anxiety Disorder](#), [Phobias](#), [Panic Disorder](#), [Obsessive-Compulsive Disorder](#), [Post-traumatic Stress Disorder](#)

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### What are anxiety disorders?

Children and adolescents with anxiety disorders typically experience intense fear, worry, or uneasiness that can last for long periods of time and significantly affect their lives. If not treated early, anxiety disorders can lead to:

- Repeated school absences or an inability to finish school;
- Impaired relations with peers;
- Low self-esteem;
- Alcohol or other drug use;
- Problems adjusting to work situations; and
- Anxiety disorder in adulthood.

### What are the types and signs of anxiety disorders?

Many different anxiety disorders affect children and adolescents. Several disorders and their signs are described below:

**Generalized Anxiety Disorder:** Children and adolescents with generalized anxiety disorder engage in extreme, unrealistic worry about everyday life activities. They worry unduly about their academic performance, sporting activities, or even about being on time. Typically, these young people are very self-conscious, feel tense, and have a strong need for reassurance. They may complain about stomachaches or other discomforts that do not appear to have any physical cause.

**Separation Anxiety Disorder:** Children with separation anxiety disorder often have difficulty leaving their parents to attend school or camp, stay at a friend's house, or be alone. Often, they "cling" to parents and have trouble falling asleep. Separation anxiety disorder may be accompanied by depression, sadness, withdrawal, or fear that a family member might die. About one in every 25 children experiences separation anxiety disorder.<sup>1</sup>

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**Phobias:** Children and adolescents with phobias have unrealistic and excessive fears of certain situations or objects. Many phobias have specific names, and the disorder usually centers on animals, storms, water, heights, or situations, such as being in an enclosed space. Children and adolescents with social phobias are terrified of being criticized or judged harshly by others. Young people with phobias will try to avoid the objects and situations they fear, so the disorder can greatly restrict their lives.

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**Panic Disorder:** Repeated "panic attacks" in children and adolescents without an apparent cause are signs of a panic disorder. Panic attacks are periods of intense fear accompanied by a pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death. The experience is so scary that young people live in dread of another attack. Children and adolescents with the disorder may go to great lengths to avoid situations that may bring on a panic attack. They also may not want to go to school or to be separated from their parents.

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**Obsessive-Compulsive Disorder:** Children and adolescents with obsessive-compulsive disorder, sometimes called OCD, become trapped in a pattern of repetitive thoughts and behaviors. Even though they may recognize that the thoughts or behaviors appear senseless and distressing, the pattern is very hard to stop. Compulsive behaviors may include repeated hand washing, counting, or arranging and rearranging objects. About two in every 100 adolescents experience obsessive-compulsive disorder (U.S. Department of Health and Human Services, 1999).

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**Post-traumatic Stress Disorder:** Children and adolescents can develop post-traumatic stress disorder after they experience a very stressful event. Such events may include experiencing physical or sexual abuse; being a victim of or witnessing violence; or living through a disaster, such as a bombing or hurricane. Young people with post-traumatic stress disorder experience the event over and over through strong memories, flashbacks, or other kinds of troublesome thoughts. As a result, they may try to avoid anything associated with the trauma. They also may overreact when startled or have difficulty sleeping.

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### How common are anxiety disorders?

Anxiety disorders are among the most common mental, emotional, and behavioral problems to occur during childhood and adolescence. About 13 of every 100 children and adolescents ages 9 to 17 experience some kind of anxiety disorder; girls are affected more than boys.<sup>1</sup> About half of children and adolescents with anxiety disorders have a second anxiety disorder or other mental or behavioral disorder, such as depression. In addition, anxiety disorders may coexist with physical health conditions requiring treatment.

**Who is at risk?**

Researchers have found that the basic temperament of young people may play a role in some childhood and adolescent anxiety disorders. For example, some children tend to be very shy and restrained in unfamiliar situations, a possible sign that they are at risk for developing an anxiety disorder. Research in this area is very complex, because children's fears often change as they age.

Researchers also suggest watching for signs of anxiety disorders when children are between the ages of 6 and 8. During this time, children generally grow less afraid of the dark and imaginary creatures and become more anxious about school performance and social relationships. An excessive amount of anxiety in children this age may be a warning sign for the development of anxiety disorders later in life.

Studies suggest that children or adolescents are more likely to have an anxiety disorder if they have a parent with anxiety disorders. However, the studies do not prove whether the disorders are caused by biology, environment, or both. More data are needed to clarify whether anxiety disorders can be inherited.

**What help is available for young people with anxiety disorders?**

Children and adolescents with anxiety disorders can benefit from a variety of treatments and services. Following an accurate diagnosis, possible treatments include:

- Cognitive-behavioral treatment, in which young people learn to deal with fears by modifying the ways they think and behave;
- Relaxation techniques;
- Biofeedback (to control stress and muscle tension);
- Family therapy;
- Parent training; and
- Medication.

While cognitive-behavioral approaches are effective in treating some anxiety disorders, medications work well with others. Some people with anxiety disorders benefit from a combination of these treatments. More research is needed to determine what treatments work best for the various types of anxiety disorders.

**What can parents do?**

If parents or other caregivers notice repeated symptoms of an anxiety disorder in their child or adolescent, they should:

- Talk with the child's health care provider. He or she can help to determine whether the symptoms are caused by an anxiety disorder or by some other condition and can also provide a referral to a mental health professional.
- Look for a mental health professional trained in working with children and adolescents, who has used cognitive-behavioral or behavior therapy and has prescribed medications for this disorder, or has cooperated with a physician who does.
- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.

- Talk with other families in their communities.
- Find family network organizations.

People who are not satisfied with the mental health care they receive should discuss their concerns with the provider, ask for information, and/or seek help from other sources.

This is one of many fact sheets in a series on children's mental health disorders. All the fact sheets listed below are written in an easy-to-read style. Families, caretakers, and media professionals may find them helpful when researching particular mental health disorders. To obtain free copies, call 1-800-789-2647 or visit [http://www.mentalhealth.samhsa.gov/child\\_](http://www.mentalhealth.samhsa.gov/child_)

#### Other Fact Sheets in this Series Are:

Order Number	Title
CA-0000	Caring for Every Child's Mental Health Campaign Products Catalog
CA-0004	Child and Adolescent Mental Health
CA-0005	Child and Adolescent Mental Health: Glossary of Terms
CA-0006	Children and Adolescents With Mental, Emotional, and Behavioral Disorders
CA-0008	Children and Adolescents With Attention-Deficit/Hyperactivity Disorder
CA-0009	Children and Adolescents With Autism
CA-0010	Children and Adolescents With Conduct Disorder
CA-0011	Children and Adolescents With Severe Depression
CA-0014	Facts About Systems of Care for Children's Mental Health

#### Important Messages About Children's and Adolescents' Mental Health

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

#### Mental Health Resources on the Internet

Centers for Disease Control and Prevention  
[www.cdc.gov](http://www.cdc.gov)

ClinicalTrials.gov, National Institutes of Health  
<http://clinicaltrials.gov/>

Substance Abuse and Mental Health Services Administration  
<http://www.mentalhealth.samhsa.gov>

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**For information about children's mental health, contact SAMHSA's National Mental Health Information Center:**

Toll-free: 800-789-2647  
Fax: 301-984-8796  
TDD: 866-889-2647

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**Systems of Care**

Individual help is available for children diagnosed with severe anxiety through community-based systems of care. Systems of care help children with serious emotional disturbances and their families overcome obstacles associated with difficult mental health, emotional, and behavioral problems. To learn more about systems of care, call 301-443-1333, or to request a free fact sheet on systems of care, call 1-800-789-2647.

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**Endnotes**

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

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04/2003  
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# Children's Mental Health Facts

## Children and Adolescents with Conduct Disorder

[About conduct disorder](#)

[The signs of conduct disorder](#)

[Prevalence of conduct disorder](#)

[Who is at risk for conduct disorder](#)

[Help available for families](#)

[What else can parents do?](#)

[Other Fact Sheets in this Series](#)

[Important Messages About Children's and Adolescents' Mental Health](#)

[Mental Health Resources on the Internet](#)

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[Endnote](#)

### What is conduct disorder?

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 symptoms continue for 6 months or longer. Conduct disorder is known as a "disruptive behavior disorder" because of its impact on children and their families, neighbors, and schools.

Another disruptive behavior disorder, called oppositional defiant disorder, may be a precursor of conduct disorder. A child is diagnosed with oppositional defiant disorder when he or she shows signs of being hostile and defiant for at least 6 months. Oppositional defiant disorder may start as early as the preschool years, while conduct disorder generally appears when children are older. Oppositional defiant disorder and conduct disorder are not co-occurring conditions.

### What are the signs of conduct disorder?

Symptoms of conduct disorder include:

- Aggressive behavior that harms or threatens other people or animals;
- Destructive behavior that damages or destroys property;
- Lying or theft;
- Truancy or other serious violations of rules;
- Early tobacco, alcohol, and substance use and abuse; and
- Precocious sexual activity.

Children with conduct disorder or oppositional defiant disorder also may experience:

- Higher rates of depression, suicidal thoughts, suicide attempts, and suicide;

- Academic difficulties;
- Poor relationships with peers or adults;
- Sexually transmitted diseases;
- Difficulty staying in adoptive, foster, or group homes; and
- Higher rates of injuries, school expulsions, and problems with the law.

### **How common is conduct disorder?**

Conduct disorder affects 1 to 4 percent of 9- to 17-year-olds, depending on exactly how the disorder is defined (U.S. Department of Health and Human Services, 1999). The disorder appears to be more common in boys than in girls and more common in cities than in rural areas.

### **Who is at risk for conduct disorder?**

Research shows that some cases of conduct disorder begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" appear to be at risk for developing conduct disorder. Other factors that may make a child more likely to develop conduct disorder include:

- Early maternal rejection;
- Separation from parents, without an adequate alternative caregiver;
- Early institutionalization;
- Family neglect;
- Abuse or violence;
- Parental mental illness;
- Parental marital discord;
- Large family size;
- Crowding; and
- Poverty.

### **What help is available for families?**

Although conduct disorder is one of the most difficult behavior disorders to treat, young people often benefit from a range of services that include:

- Training for parents on how to handle child or adolescent behavior.
- Family therapy.
- Training in problem solving skills for children or adolescents.
- Community-based services that focus on the young person within the context of family and community influences.

### **What can parents do?**

Some child and adolescent behaviors are hard to change after they have become ingrained. Therefore, the earlier the conduct disorder is identified and treated, the better the chance for

success. Most children or adolescents with conduct disorder are probably reacting to events and situations in their lives. Some recent studies have focused on promising ways to prevent conduct disorder among at-risk children and adolescents. In addition, more research is needed to determine if biology is a factor in conduct disorder.

Parents or other caregivers who notice signs of conduct disorder or oppositional defiant disorder in a child or adolescent should:

- Pay careful attention to the signs, try to understand the underlying reasons, and then try to improve the situation.
- If necessary, talk with a mental health or social services professional, such as a teacher, counselor, psychiatrist, or psychologist specializing in childhood and adolescent disorders.
- Get accurate information from libraries, hotlines, or other sources.
- Talk to other families in their communities.
- Find family network organizations.

People who are not satisfied with the mental health services they receive should discuss their concerns with their provider, ask for more information, and/or seek help from other sources.

This is one of many fact sheets in a series on children's mental health disorders. All the fact sheets listed below are written in an easy-to-read style. Families, caretakers, and media professionals may find them helpful when researching particular mental health disorders. To obtain free copies, call 1-800-789-2647 or visit <http://www.mentalhealth.samhsa.gov/child>.

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#### Important Messages About Children's and Adolescents' Mental Health

- Every child's mental health is important.
- Many children have mental health problems.

- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

### **Mental Health Resources on the Internet**

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[www.cdc.gov](http://www.cdc.gov)

ClinicalTrials.gov, National Institutes of Health  
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Substance Abuse and Mental Health Services Administration  
<http://www.mentalhealth.samhsa.gov>

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

### **For information about children's mental health, contact SAMHSA's National Mental Health Information Center:**

Toll-free: 800-789-2647  
Fax: 301-984-8796  
TDD: 866-889-2647

### **Systems of Care**

Some diagnosed cases of conduct disorder may be considered serious emotional disturbances. Systems of care for children's mental health offer children with serious emotional disturbances and their families a wide range of comprehensive and community-based services to help them reach their full potential. To learn more about systems of care, call 301-443-1333, or to request a free fact sheet on systems of care, call 1-800-789-2647.

### **Endnotes**

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

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# Major Depression in Children and Adolescents

What are mental health problems?

How many children and adolescents are affected by these problems?

What is depression?

What are the signs of depression?

How common is depression?

What help is available for a young person with depression?

What can parents do?

Important messages about children's and adolescents' mental health:

## What are mental health problems?

In this fact sheet, "mental health problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders.

## How many children and adolescents are affected by these problems?

Mental health problems affect one in every five young people at any given time. "Serious emotional disturbances" for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 10 young people at any given time.

## What is depression?

Major depression is one of the mental, emotional, and behavior disorders that can appear during childhood and adolescence. This type of depression affects a young person's thoughts, feelings, behavior, and body. Major depression in children and adolescents is serious; it is more than "the blues." Depression can lead to school failure, alcohol or other drug use, and even suicide.

## What are the signs of depression?

Young people with depression may have a hard time coping with everyday activities and responsibilities, have difficulty getting along with others, and suffer from low self-esteem. Signs of depression often include:

- sadness that won't go away;
- hopelessness, boredom;
- unexplained irritability or crying
- loss of interest in usual activities;
- changes in eating or sleeping habits;
- alcohol or substance abuse
- missed school or poor school performance;
- threats or attempts to run away from home;
- outbursts of shouting, complaining;
- reckless behavior;
- aches and pains that don't get better with treatment;
- thoughts about death or suicide.

Adolescents with major depression are likely to identify themselves as depressed before their parents suspect a problem. The same may be true for children.

### **How common is depression?**

Population studies show that at any point in time 10 to 15 percent of children and adolescents have *some* symptoms of depression. Having a family history of depression, particularly a parent who had depression at an early age, also increases the chances that a child or adolescent may develop depression. Once a young person has experienced a major depression, he or she is at risk of developing another depression within the next 5 years. This young person is also at risk for other mental health problems.

### **What help is available for a young person with depression?**

While several types of antidepressant medications can be effective to treat adults with depression, these medications may not be as effective in treating children and adolescents. Care must be used in prescribing and monitoring all medication.

Many mental health care providers use "talk" treatments to help children and adolescents with depression. A child or adolescent in need of treatment or services and his or her family may need a plan of care based on the severity and duration of symptoms. Optimally, this plan is developed with the family, service providers, and a service coordinator, who is referred to as a case manager. Whenever possible, the child or adolescent is involved in decisions. This "system of care" is designed to improve the child's ability to function in all areas of life--at home, at school, and in the community. For more information on systems of care, call 1.800.789.2647.

### **What can parents do?**

- Make careful notes about the behaviors that concern them. Note how long the behaviors have been going on, how often they occur, and how severe they seem.
- Make an appointment with a mental health professional or the child's doctor for evaluation and

diagnosis.

- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.
- Talk to other families in their community.
- Find family network organizations.

**Important messages about children's and adolescents' mental health:**

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

Information is available-publications, references, and referrals to local and national resources and organizations-call 1.800.789.2647; (TDD) 866-889-2647 or go to <http://www.mentalhealth.samhsa.gov>.

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# Children and Adolescents and Families

## **GIRL POWER! Is Good Mental Health**

**GIRL POWER!** is paving the way for girls to build confidence, competence, and pride in themselves, in other words, enhancing girls' mental wellness. Girl Power! is also providing messages and materials to girls about the risks and consequences associated with substance abuse and with potential mental health concerns. For instance, did you know:

- Girls are seven times more likely than boys to be depressed and twice as likely to attempt suicide.\*
- Girls are three times more likely than boys to have a negative body image (often reflected in eating disorders such as anorexia and bulimia).\*
- One in five girls in the U.S. between the ages of 12 and 17 drink alcohol and smoke cigarettes.\*
- Girls who develop positive interpersonal and social skills decrease their risk of substance abuse.\*
- Girls who have an interest and ability in areas such as academics, the arts, sports, and community activities are more likely to develop confidence and may be less likely to use drugs.\*
- On the other hand, this also is a time when girls may make decisions to try risky behaviors, including drinking, smoking, and using drugs.\*

To find out more  
about  
Girl Power!  
call 1-800-729-  
6686

The Girl Power! Campaign, under the leadership of the [Center for Substance Abuse Prevention \(CSAP\)](#), [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) is collaborating with the [Center for Mental Health Services \(CMHS\)](#) to provide this valuable mental health information.

or visit their web site at [www.girlpower.gov/](http://www.girlpower.gov/)

\* Girl Power! Hometown Media Kit, Center for Substance Abuse Prevention, 1997.

## **Substance Abuse and Mental Health**

Results from a study of nearly 6,000 people aged 15 to 24 show that among young people with a history of both a mental disorder and an addictive disorder, the mental disorder is usually reported to have occurred first. The onset of mental health problems may occur about 5 to 10 years before the substance abuse disorders. \*\*

This provides a "window of opportunity" for targeted substance abuse prevention interventions and needed mental health services.

\*\* "National Comorbidity Survey," Ronald C. Kessler, Ph.D., et al., American Journal of Orthopsychiatry, June 1996.

## **What Is Mental Health?**

Mental health is how we think, feel, and act in order to face life's situations. It is how we look at ourselves, our lives, and the people we know and care about. It also helps determine how we handle stress, relate to others, evaluate our options, and make choices. Everyone has mental health.

A young girl's mental health affects her daily life and future. Schoolwork, relationships, and physical health can be affected by mental health. Like physical health, mental health is important at every stage of life. Caring for and protecting a child's mental health is a major part of helping that child grow to become the best she can be.

Girls' independence is usually encouraged in childhood,

and their strengths nurtured. Most girls become emotionally, mentally, and physically healthy young adults. But sometimes, during the transition from childhood to adolescence, extra care is necessary, so that a girl's self-esteem and coping skills are not diminished. For more information on teen mental health, call 1-800-789-2647 and ask for the brochure: "[You and Mental Health: What's the Deal?](#)" (Order # CA-0002)

## **Nurturing Your Child's Mental Health**

Parents and other caregivers are responsible for children's physical safety and emotional well-being. Parenting styles vary; there is no one right way to raise a child. Clear and consistent expectations for each child, by all caregivers, are important. Many good books are available in libraries or at bookstores on child development, constructive problem-solving, discipline styles, and other parenting skills. The following suggestions are not meant to be complete.

- Do your best to provide a safe home and community for your child, as well as nutritious meals, regular health check-ups, immunizations, and exercise.
- Be aware of stages in child development so you don't expect too much or too little from your child.
- Encourage your child to express her feelings; respect those feelings. Let your child know that everyone experiences pain, fear, anger, and anxiety.
- Try to learn the source of these feelings. Help your child express anger positively, without resorting to violence.
- Promote mutual respect and trust. Keep your voice level down even when you don't agree. Keep communication channels open.
- Listen to your child. Use words and examples your child can understand. Encourage questions.

- Provide comfort and assurance. Be honest. Focus on the positives. Express your willingness to talk about any subject.
- Look at your own problem-solving and coping skills. Do you turn to alcohol or drugs? Are you setting a good example? Seek help if you are overwhelmed by your child's feelings or behaviors or if you are unable to control your own frustration or anger.
- Encourage your child's talents and accept limitations.
- Set goals based on the child's abilities and interests, not someone else's expectations. Celebrate accomplishments. Don't compare your child's abilities to those of other children; appreciate the uniqueness of your child. Spend time regularly with your child.
- Foster your child's independence and self-worth.
- Help your child deal with life's ups and downs. Show confidence in your child's ability to handle problems and tackle new experiences.
- Discipline constructively, fairly, and consistently. (Discipline is a form of teaching, not physical punishment.) All children and families are different; learn what is effective for your child. Show approval for positive behaviors. Help your child learn from her mistakes.
- Love unconditionally. Teach the value of apologies, cooperation, patience, forgiveness, and consideration for others. Do not expect to be perfect; parenting is a difficult job. Many good books are available in libraries or at bookstores on child development, constructive problem-solving, discipline styles, and other parenting skills.

## **Mental Health Problems**

Many children experience mental health problems that are real and painful and can be severe.

Mental health problems affect at least one in every five young people, at any given time. At least 1 in 10 children may have a serious emotional disturbance that severely disrupts his or her ability to function.

Tragically an estimated two-thirds of all young people with mental health problems are not getting the help they need. Mental health problems can lead to school failure, alcohol or other drug abuse, family discord, violence, or even suicide.

A variety of signs may point to a possible mental health problem in a child or teenager. If you are concerned about a child or have any questions, seek help immediately. Talk to your doctor, a school counselor, or other mental health professionals who are trained to assess whether your child has a mental health problem. For a list of warning signs, call 1-800-789-2647 and ask for the brochure *Your Child's Mental Health: What Every Family Should Know*. (Order # CA-0001)

## Available HELP

The National Mental Health Information Center, funded by the Center for Mental Health Services, can provide confidential information; free publications; and referrals to local, State, and national resources.

Call 1-800-789-2647  
FAX 301-984-8796  
(TDD) 301-443-9006 [www.mentalhealth.org](http://www.mentalhealth.org)



**CARING FOR EVERY CHILD'S MENTAL HEALTH:**  
Communities Together is a national public education campaign emphasizing the need for attention to children's and adolescents' mental health. This public/private sector campaign, which supports the Comprehensive Community Mental Health Services Program for Children and Their Families, is managed by the Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

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## AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

### CHILD ABUSE - THE HIDDEN BRUISES

No. 5 (10/92)

(Updated 8/98)

The statistics on physical child abuse are alarming. It is estimated hundreds of thousands of children are physically abused each year by a parent or close relative. Thousands die. For those who survive, the emotional trauma remains long after the external bruises have healed. Communities and the courts recognize that these emotional "hidden bruises" can be treated. Early recognition and treatment is important to minimize the long term effect of physical abuse.

Children who have been abused may display:

- a poor self image
- sexual acting out
- inability to trust or love others
- aggressive, disruptive, and sometimes illegal behavior
- anger and rage
- self destructive or self abusive behavior, suicidal thoughts
- passive or withdrawn behavior
- fear of entering into new relationships or activities
- anxiety and fears
- school problems or failure
- feelings of sadness or other symptoms of depression
- flashbacks, nightmares
- drug and alcohol abuse

Often the severe emotional damage to abused children does not surface until adolescence or later, when many abused children become abusing parents. An adult who was abused as a child often has trouble establishing intimate personal relationships. These men and women may have trouble with physical closeness, touching, intimacy, and trust as adults. They are also at higher risk for anxiety, depression, substance abuse, medical illness, and problems at school or work. Without proper treatment, physically abused children can be damaged for life. Early identification and treatment is important to minimize the long-term consequences of abuse. Child and adolescent psychiatrists provide comprehensive evaluation and care for children who have been abused. The family can be helped to learn new ways of support and communicating with one another. Through treatment, the abused child begins to regain a sense of self-confidence and trust.

Physical abuse is not the only kind of child abuse. Many children are victims of neglect, or sexual abuse, or emotional abuse. In all kinds of child abuse, the child and the family can benefit from the comprehensive evaluation and care of a child and adolescent psychiatrist.

See Facts for Families #9 Child Sexual Abuse, #28 Responding to Child Sexual Abuse, and #43 Discipline.

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**The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 6900 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical**

**school in general (adult) and child and adolescent psychiatry.**

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## CHILD SEXUAL ABUSE

No. 9

(Updated 11/98)

Child sexual abuse has been reported up to 80,000 times a year, but the number of unreported instances is far greater, because the children are afraid to tell anyone what has happened, and the legal procedure for validating an episode is difficult. The problem should be identified, the abuse stopped, and the child should receive professional help. The long-term emotional and psychological damage of sexual abuse can be devastating to the child.

Child sexual abuse can take place within the family, by a parent, step-parent, sibling or other relative; or outside the home, for example, by a friend, neighbor, child care person, teacher, or stranger. When sexual abuse has occurred, a child can develop a variety of distressing feelings, thoughts and behaviors.

No child is psychologically prepared to cope with repeated sexual stimulation. Even a two or three year old, who cannot know the sexual activity is "wrong," will develop problems resulting from the inability to cope with the overstimulation.

The child of five or older who knows and cares for the abuser becomes trapped between affection or loyalty for the person, and the sense that the sexual activities are terribly wrong. If the child tries to break away from the sexual relationship, the abuser may threaten the child with violence or loss of love. When sexual abuse occurs within the family, the child may fear the anger, jealousy or shame of other family members, or be afraid the family will break up if the secret is told.

A child who is the victim of prolonged sexual abuse usually develops low self-esteem, a feeling of worthlessness and an abnormal or distorted view of sex. The child may become withdrawn and mistrustful of adults, and can become suicidal.

Some children who have been sexually abused have difficulty relating to others except on sexual terms. Some sexually abused children become child abusers or prostitutes, or have other serious problems when they reach adulthood.

Often there are no obvious physical signs of child sexual abuse. Some signs can only be detected on physical exam by a physician.

### **Sexually abused children may develop the following:**

- unusual interest in or avoidance of all things of a sexual nature
- sleep problems or nightmares
- depression or withdrawal from friends or family
- seductiveness
- statements that their bodies are dirty or damaged, or fear that there is something wrong with them in the genital area
- refusal to go to school
- delinquency/conduct problems
- secretiveness
- aspects of sexual molestation in drawings, games, fantasies
- unusual aggressiveness, or

Child sexual abusers can make the child extremely fearful of telling, and only when a special effort has helped the child to feel safe, can the child talk freely. If a child says that he or she has been molested, parents should try to remain calm and reassure the child that what happened was not their fault. Parents should seek a medical examination and psychiatric consultation.

**Parents can prevent or lessen the chance of sexual abuse by:**

- Telling children that "if someone tries to touch your body and do things that make you feel funny, say NO to that person and tell me right away"
- Teaching children that respect does not mean blind obedience to adults and to authority, for example, don't tell children to, "Always do everything the teacher or baby-sitter tells you to do"
- Encouraging professional prevention programs in the local school system

Sexually abused children and their families need immediate professional evaluation and treatment. Child and adolescent psychiatrists can help abused children regain a sense of self-esteem, cope with feelings of guilt about the abuse, and begin the process of overcoming the trauma. Such treatment can help reduce the risk that the child will develop serious problems as an adult.

For more information see Facts for Families #4 "The Depressed Child," #5 "Child Abuse," #10 "Teen Suicide," and #62 "Talking to Your Kids about Sex."

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## CHILDREN AND TV VIOLENCE

No. 13

(Updated 4/99)

American children watch an average of three to four hours of television daily. Television can be a powerful influence in developing value systems and shaping behavior. Unfortunately, much of today's television programming is violent. Hundreds of studies of the effects of TV violence on children and teenagers have found that children may:

- become "immune" to the horror of violence
- gradually accept violence as a way to solve problems
- imitate the violence they observe on television; and
- identify with certain characters, victims and/or victimizers

Extensive viewing of television violence by children causes greater aggressiveness. Sometimes, watching a single violent program can increase aggressiveness. Children who view shows in which violence is very realistic, frequently repeated or unpunished, are more likely to imitate what they see. Children with emotional, behavioral, learning or impulse control problems may be more easily influenced by TV violence. The impact of TV violence may be immediately evident in the child's behavior or may surface years later, and young people can even be affected when the family atmosphere shows no tendency toward violence.

While TV violence is not the only cause of aggressive or violent behavior, it is clearly a significant factor.

Parents can protect children from excessive TV violence in the following ways:

- pay attention to the programs their children are watching and watch some with them
- set limits on the amount of time they spend with the television; consider removing the TV set from the child's bedroom
- point out that although the actor has not actually been hurt or killed, such violence in real life results in pain or death
- refuse to let the children see shows known to be violent, and change the channel or turn off the TV set when offensive material comes on, with an explanation of what is wrong with the program
- disapprove of the violent episodes in front of the children, stressing the belief that such behavior is not the best way to resolve a problem
- to offset peer pressure among friends and classmates, contact other parents and agree to enforce similar rules about the length of time and type of program the children may watch

Parents can also use these measures to prevent harmful effects from television in other areas such as racial or sexual stereotyping. The amount of time children watch TV, regardless of content, should be moderated because it decreases time spent on more beneficial activities such as reading, playing with friends, and developing hobbies. If parents have serious difficulties setting limits, or have ongoing concerns about how their child is reacting to television, they should contact a child and adolescent psychiatrist for consultation and assistance.

For more information see Facts for Families;

#40 "Influence of Music and Rock Videos,"

#55 "Understanding Violent Behavior in Children,"

#59 "Children Online," and

#67 "Children and the News."

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## AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

### CHILDREN OF ALCOHOLICS

No. 17

(Updated 5/99)

One in five adult Americans lived with an alcoholic while growing up. Child and adolescent psychiatrists know these children are at greater risk for having emotional problems than children whose parents are not alcoholics. Alcoholism runs in families, and children of alcoholics are four times more likely than other children to become alcoholics. Most children of alcoholics have experienced some form of neglect or abuse.

A child in such a family may have a variety of problems:

Guilt	The child may see himself or herself as the main cause of the mother's or father's drinking.
Anxiety	The child may worry constantly about the situation at home. He or she may fear the alcoholic parent will become sick or injured, and may also fear fights and violence between the parents.
Embarrassment	Parents may give the child the message that there is a terrible secret at home. The ashamed child does not invite friends home and is afraid to ask anyone for help.
Inability to have close relationships	Because the child has been disappointed by the drinking parent many times, he or she often does not trust others.
Confusion	The alcoholic parent will change suddenly from being loving to angry, regardless of the child's behavior. A regular daily schedule, which is very important for a child, does not exist because bedtimes and mealtimes are constantly changing.
Anger	The child feels anger at the alcoholic parent for drinking, and may be angry at the non-alcoholic parent for lack of support and protection.
Depression	The child feels lonely and helpless to change the situation.

Although the child tries to keep the alcoholism a secret, teachers, relatives, other adults, or friends may sense that something is wrong. Child and adolescent psychiatrists advise that the following behaviors may signal a drinking or other problem at home:

- Failure in school; truancy
- Lack of friends; withdrawal from classmates
- Delinquent behavior, such as stealing or violence
- Frequent physical complaints, such as headaches or stomachaches
- Abuse of drugs or alcohol; or
- Aggression towards other children
- Risk taking behaviors
- Depression or suicidal thoughts or behavior

Some children of alcoholics may act like responsible "parents" within the family and among friends. They may cope with the alcoholism by becoming controlled, successful "overachievers" throughout school, and at the same time be emotionally isolated from other children and teachers. Their emotional problems may show only when they become adults.

Whether or not their parents are receiving treatment for alcoholism, these children and adolescents can benefit from educational programs and mutual-help groups such as programs for children of alcoholics, Al-Anon, and Alateen. Early professional help is also important in preventing more serious problems for the child, including alcoholism. Child and adolescent psychiatrists help these children with the child's own problems, and also help the child to understand they are not responsible for the drinking problems of their parents.

The treatment program may include group therapy with other youngsters, which reduces the isolation of being a child of an alcoholic. The child and adolescent psychiatrist will often work with the entire family, particularly when the alcoholic parent has stopped drinking, to help them develop healthier ways of relating to one another.

For additional/related information see other Facts for Families: Child Abuse (#5), The Depressed Child (#4), Teens: Alcohol And Other Drugs (#3), Tobacco And Kids (#68), Conduct Disorder (#33). Al-Anon Family Group (800) 356-9996.

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## CHILDREN WHO CAN'T PAY ATTENTION/ADHD

No. 6

(Updated 5/99)

Parents are distressed when they receive a note from school saying that their child "won't listen to the teacher" or "causes trouble in class." One possible reason for this kind of behavior is Attention-Deficit Hyperactivity Disorder (ADHD).

Even though the child with ADHD often wants to be a good student, the impulsive behavior and difficulty paying attention in class frequently interferes and causes problems. Teachers, parents, and friends know that the child is "misbehaving" or "different" but they may not be able to tell exactly what is wrong.

Any child may show inattention, distractibility, impulsivity, or hyperactivity at times, but the child with ADHD shows these symptoms and behaviors more frequently and severely than other children of the same age or developmental level. ADHD occurs in 3-5% of school age children. ADHD must begin before the age of seven and it can continue into adulthood. ADHD runs in families with about 25% of biological parents also having this medical condition.

A child with ADHD often shows some of the following:

- trouble paying attention
- inattention to details and makes careless mistakes
- easily distracted
- loses school supplies, forgets to turn in homework
- trouble finishing class work and homework
- trouble listening
- trouble following multiple adult commands
- blurts out answers
- impatience
- fidgets or squirms
- leaves seat and runs about or climbs excessively
- seems "on the go"
- talks too much and has difficulty playing quietly
- interrupts or intrudes on others

A child presenting with ADHD symptoms must have a comprehensive evaluation. A child with ADHD may have other psychiatric disorders such as conduct disorder, anxiety disorder, depressive disorder, or manic-depressive disorder. Without proper treatment, the child may fall behind in schoolwork, and friendships may suffer. The child experiences more failure than success and is criticized by teachers and family who do not recognize a health problem.

Research clearly demonstrates that medication can be helpful. Stimulant medication such as methylphenidate, dextroamphetamine, and pemoline can improve attention, focus, goal directed behavior, and organizational skills. Other medications such as guanfacine, clonidine, and some antidepressants may also be helpful.

Other treatment approaches may include cognitive-behavioral therapy, social skills training, parent education, and modifications to the child's education program. Behavioral therapy can

help a child control aggression, modulate social behavior, and be more productive. Cognitive therapy can help a child build self esteem, reduce negative thoughts, and improve problem solving skills. Parents can learn management skills such as issuing instructions one step at a time rather than issuing multiple requests at once. Education modifications can address ADHD symptoms along with any coexisting learning disabilities.

A child who is diagnosed with ADHD and treated appropriately can have a productive and successful life. If a child shows symptoms and behaviors like those of ADHD, parents may ask their pediatrician or family physician to refer them to a child and adolescent psychiatrist, who can diagnose and treat this medical condition.

For additional/related information see other Facts for Families: Learning Disabilities (#16), Conduct Disorders (#33), Manic-Depressive Illness in Teens (#38), Questions to Ask about Psychiatric Medications for Children and Adolescents (#51), Comprehensive Psychiatric Evaluation (#52).

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## CHILDREN WITH LEARNING DISABILITIES

No. 16

(Updated 5/99)

Parents are often worried when their child has learning problems in school. There are many reasons for school failure, but a common one is a specific learning disability. Children with learning disabilities usually have a normal range of intelligence. They try very hard to follow instructions, concentrate, and "be good" at home and in school. Yet, despite this effort, he or she is not mastering school tasks and falls behind. Learning disabilities affect at least 1 in 10 schoolchildren.

It is believed that learning disabilities are caused by a difficulty with the nervous system that affects receiving, processing, or communicating information. They may also run in families. Some children with learning disabilities are also hyperactive; unable to sit still, easily distracted, and have a short attention span.

Child and adolescent psychiatrists point out that learning disabilities are treatable. If not detected and treated early, however, they can have a tragic "snowballing" effect. For instance, a child who does not learn addition in elementary school cannot understand algebra in high school. The child, trying very hard to learn, becomes more and more frustrated, and develops emotional problems such as low self-esteem in the face of repeated failure. Some learning disabled children misbehave in school because they would rather be seen as "bad" than "stupid".

Parents should be aware of the most frequent signals of learning disabilities, when a child:

- has difficulty understanding and following instructions.
- has trouble remembering what someone just told him or her.
- fails to master reading, spelling, writing, and/or math skills, and thus fails schoolwork.
- has difficulty distinguishing right from left; difficulty identifying words or a tendency to reverse letters, words, or numbers; (for example, confusing 25 with 52, "b" with "d," or "on" with "no").
- lacks coordination in walking, sports, or small activities such as holding a pencil or tying a shoelace.
- easily loses or misplaces homework, schoolbooks, or other items.
- cannot understand the concept of time; is confused by "yesterday," "today," "tomorrow."

Such problems deserve a comprehensive evaluation by an expert who can assess all of the different issues affecting the child. A child and adolescent psychiatrist can help coordinate the evaluation, and work with school professionals and others to have the evaluation and educational testing done to clarify if a learning disability exists. This includes talking with the child and family, evaluating their situation, reviewing the educational testing, and consulting with the school. The child and adolescent psychiatrist will then make recommendations on appropriate school placement, the need for special help such as special educational services or speech-language therapy and help parents assist their child in maximizing his or her learning potential. Sometimes individual or family psychotherapy will be recommended. Medication may be prescribed for hyperactivity or distractibility. It is important to strengthen the child's self-confidence, so vital for healthy development, and also help parents and other family members better understand and cope with the realities of living

with a child with learning disabilities.

For additional/related information see other Facts for Families: Children Who Can't Pay Attention (#6), Children Who Won't Go to School (#7), Conduct Disorder (#33).

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## RESPONDING TO CHILD SEXUAL ABUSE

No. 28

(Updated 11/99)

When a child tells an adult that he or she has been sexually abused, the adult may feel uncomfortable and may not know what to say or do. The following guidelines should be used when responding to children who say they have been sexually abused:

**What to Say** If a child even hints in a vague way that sexual abuse has occurred, encourage him or her to talk freely. Don't make judgmental comments.

- Show that you understand and take seriously what the child is saying. Child and adolescent psychiatrists have found that children who are listened to and understood do much better than those who are not. The response to the disclosure of sexual abuse is critical to the child's ability to resolve and heal the trauma of sexual abuse.
- Assure the child that they did the right thing in telling. A child who is close to the abuser may feel guilty about revealing the secret. The child may feel frightened if the abuser has threatened to harm the child or other family members as punishment for telling the secret.
- Tell the child that he or she is not to blame for the sexual abuse. Most children in attempting to make sense out of the abuse will believe that somehow they caused it or may even view it as a form of punishment for imagined or real wrongdoings.
- Finally, offer the child protection, and promise that you will promptly take steps to see that the abuse stops.

### **What to Do**

**Report** any suspicion of child abuse. If the abuse is within the family, report it to the local Child Protection Agency. If the abuse is outside of the family, report it to the police or district attorney's office. Individuals reporting in good faith are immune from prosecution. The agency receiving the report will conduct an evaluation and will take action to protect the child.

Parents should consult with their pediatrician or family physician, who may refer them to a physician who specializes in evaluating and treating sexual abuse. The examining doctor will evaluate the child's condition and treat any physical problem related to the abuse, gather evidence to help protect the child, and reassure the child that he or she is all right.

Children who have been sexually abused should have an evaluation by a child and adolescent psychiatrist or other qualified mental health professional to find out how the sexual abuse has affected them, and to determine whether ongoing professional help is necessary for the child to deal with the trauma of the abuse. The child and adolescent psychiatrist can also provide support to other family members who may be upset by the abuse.

While most allegations of sexual abuse made by children are true, some false accusations may arise in custody disputes and in other situations. Occasionally, the court will ask a child and adolescent psychiatrist to help determine whether the child is telling the truth, or whether it will hurt the child to speak in court about the abuse.

When a child is asked as to testify, special considerations--such as videotaping, frequent breaks, exclusion of spectators, and the option not to look at the accused--make the

experience much less stressful.

Adults, because of their maturity and knowledge, are always the ones to blame when they abuse children. The abused children should never be blamed.

When a child tells someone about sexual abuse, a supportive, caring response is the first step in getting help for the child and reestablishing their trust in adults.

Additional/related *Facts for Families*, #5 "Child Abuse: The Hidden Bruises," #9 "Child Sexual Abuse," #70 "Posttraumatic Stress Disorder (PTSD)," and #52 "Comprehensive Psychiatric Evaluation." *Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins)

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## SERVICES IN SCHOOL FOR CHILDREN WITH SPECIAL NEEDS: WHAT PARENTS NEED TO KNOW

No. 83

(6/02)

Some children experience difficulties in school, ranging from problems with concentration, learning, language, and perception to problems with behavior and/or making and keeping friends. These difficulties may be due to one or more of the following: physical disorders, psychiatric disorders, emotional problems, behavioral problems, and learning disorders (or disabilities). These children with special needs are usually entitled to receive special services or accommodations through the public schools. Federal law mandates that every child will receive a free and appropriate education in the least restrictive environment. It also entitles children with special needs to receive extra services. To support their ability to learn in school, three Federal laws apply to children with special needs:

- The Individuals with Disabilities Education Act (IDEA) (1975)
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act (ADA) (1990).

Between states, there are different criteria for eligibility, services available, procedures for implementing the Federal laws, and procedural safeguards. It is important for parents to be aware of these laws and regulations in their particular area.

### **The Laws**

IDEA is a federal law (1975, amended by the Office of Special Education Programs in 1997) that governs all special education services for children in the United States. Under IDEA, in order for a child to be eligible for special education, they must be in one of the following categories: serious emotional disturbance, learning disabilities, mental retardation, traumatic brain injury, autism, vision and hearing impairments, physical disabilities, and other health impairments.

Section 504 is a civil rights statute (1973) that requires that schools not discriminate against children with disabilities and provide them with reasonable accommodations. It covers all programs or activities, whether public or private, that receive federal financial assistance. Reasonable accommodations include untimed tests, sitting in front of the class, modified homework and the provision of necessary services. Typically, children covered under Section 504 either have less severe disabilities than those covered under IDEA or have disabilities that do not fit within the eligibility categories of IDEA. Under section 504, any person who has an impairment that substantially limits a major life activity is considered disabled. Learning and social development are included under the list of major life activities.

The ADA (1990) requires all educational institutions, other than those

operated by religious organizations, to meet the needs of children with psychiatric problems. The ADA prohibits the denial of educational services, programs or activities to students with disabilities and prohibits discrimination against all such students.

### **Evaluation of Your Child**

As a parent, you may request an evaluation of your child to determine his or her needs for special education and/or related services. These are the steps you need to take:

- Initially, meet with your child's teacher to share your concerns and request an evaluation by the school's child study team.
- All requests for evaluations and services should be made in writing, and dated. Always keep a copy for your records.
- Keep careful records, including observations reported by your child's teachers and any communications (notes, reports, letters, etc.) between home and school.
- Parents can also request independent professional evaluations.

The results of the evaluation determine your child's eligibility to receive a range of services under the applicable law. Following the evaluation, an Individualized Education Program (IEP) is developed. Parents are entitled to participate in the development of the IEP. Examples of categories of services in IEPs include: Occupational Therapy, Physical Therapy, Speech and Language Therapy, and/or the provision of a classroom aide. Parents do not determine whether their child is eligible under the law. However, the findings of school's evaluation team are not final. You have the right to appeal their conclusions and determination. The school is required to provide you with information about how to make an appeal.

### **What a Parent Can Do**

Children with special needs are guaranteed rights to services in school under federal and state laws. Parents should always advocate for their child. The process, however, can be confusing and intimidating for parents. Here are some tips:

- Parents must be proactive and take necessary steps to make sure their child receives appropriate services.
- Parents should request copies of their school district's Section 504 plan. This is especially important when a school district refuses services.
- If the school district does not respond to your request, you can contact a U.S. Department of Education Office of Civil Rights Regional Office for assistance.
- If the school district refuses services under the IDEA or Section 504 or both, you may choose to challenge this decision through a due process hearing.
- It may also be necessary to retain your own attorney if you decide to appeal a school's decision.
- Other resources for parents include: the State Department of Education, Bazelon Center for Health Law at [www.bazelon.org](http://www.bazelon.org)

For additional information see Facts for Families: **#06 Children Who Can't**

**Pay Attention/ADHD**

**#11 The Child With Autism #16 Children With Learning Disabilities**

**#23 Mental Retardation**

**#69 Asperger's Disorder**

**#74 Advocating for Your Child.**

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## TEENS: ALCOHOL AND OTHER DRUGS

No. 3

(Updated 11/98)

Teenagers may be involved with alcohol and legal or illegal drugs in various ways. Experimentation with alcohol and drugs during adolescence is common. Unfortunately, teenagers often don't see the link between their actions today and the consequences tomorrow. They also have a tendency to feel indestructible and immune to the problems that others experience. Using alcohol and tobacco at a young age increases the risk of using other drugs later. Some teens will experiment and stop, or continue to use occasionally, without significant problems. Others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others.

Adolescence is a time for trying new things. Teens use alcohol and other drugs for many reasons, including curiosity, because it feels good, to reduce stress, to feel grown up or to fit in. It is difficult to know which teens will experiment and stop and which will develop serious problems. Teenagers at risk for developing serious alcohol and drug problems include those:

- with a family history of substance abuse
- who are depressed
- who have low self-esteem, and
- who feel like they don't fit in or are out of the mainstream

Teenagers abuse a variety of drugs, both legal and illegal. Legally available drugs include alcohol, prescribed medications, inhalants (fumes from glues, aerosols, and solvents) and over-the-counter cough, cold, sleep, and diet medications. The most commonly used illegal drugs are marijuana (pot), stimulants (cocaine, crack, and speed), LSD, PCP, opiates, heroin, and designer drugs (Ecstasy). The use of illegal drugs is increasing, especially among young teens. The average age of first marijuana use is 14, and alcohol use can start before age 12. The use of marijuana and alcohol in high school has become common.

Drug use is associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment which may put teens at risk for accidents, violence, unplanned and unsafe sex, and suicide.

Parents can help through early education about drugs, open communication, good role modeling, and early recognition if problems are developing.

### Warning signs of teenage alcohol and drug abuse may include:

Physical	Fatigue, repeated health complaints, red and glazed eyes, and a lasting cough.
Emotional	personality change, sudden mood changes, irritability, irresponsible behavior, low self-esteem, poor judgment, depression, and a general lack of interest.
Family	starting arguments, breaking rules, or withdrawing from the family.
School	decreased interest, negative attitude, drop in grades, many absences, truancy, and discipline problems.

Social problems new friends who are less interested in standard home and school activities, problems with the law, and changes to less conventional styles in dress and music.

Some of the warning signs listed above can also be signs of other problems. Parents may recognize signs of trouble but should not be expected to make the diagnosis. An effective way for parents to show care and concern is to openly discuss the use and possible abuse of alcohol and other drugs with their teenager.

Consulting a physician to rule out physical causes of the warning signs is a good first step. This should often be followed or accompanied by a comprehensive evaluation by a child and adolescent psychiatrist.

For additional information see Facts for Families #4 "The Depressed Child," #17 "Children of Alcoholics," and #33 "Conduct Disorders."

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## TEEN SUICIDE

No. 10

(Updated 11/98)

Suicides among young people nationwide have increased dramatically in recent years. 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.

Teenagers experience strong feelings of stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and other fears while growing up.

For some teenagers, divorce, the formation of a new family with step-parents and step-siblings, or moving to a new community can be very unsettling and can intensify self-doubts. In some cases, suicide appears to be a "solution."

Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his or her illness recognized and diagnosed, and appropriate treatment plans developed. When parents are in doubt whether their child has a serious problem, a psychiatric examination can be very helpful.

Many of the symptoms of suicidal feelings are similar to those of depression. **Parents should be aware of the following signs of adolescents who may try to kill themselves:**

- change in eating and sleeping habits
- withdrawal from friends, family, and regular activities
- violent actions, rebellious behavior, or running away
- drug and alcohol use
- unusual neglect of personal appearance
- marked personality change
- persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- loss of interest in pleasurable activities
- not tolerating praise or rewards

**A teenager who is planning to commit suicide may also:**

- complain of being a bad person or feeling "rotten inside"
- give verbal hints with statements such as: "I won't be a problem for you much longer," "Nothing matters," "It's no use," and "I won't see you again"
- put his or her affairs in order, for example, give away favorite possessions, clean his or her room, throw away important belongings, etc.
- become suddenly cheerful after a period of depression
- have signs of psychosis (hallucinations or bizarre thoughts)

If a child or adolescent says, "I want to kill myself," or "I'm going to commit suicide," always take the statement seriously and seek evaluation from a child and adolescent psychiatrist or other physician. People often feel uncomfortable talking about death. However, asking the child or adolescent whether he or she is depressed or thinking about suicide can be helpful. Rather than "putting thoughts in the child's head," such a question will provide assurance that

somebody cares and will give the young person the chance to talk about problems.

If one or more of these signs occurs, parents need to talk to their child about their concerns and seek professional help when the concerns persist. With support from family and professional treatment, children and teenagers who are suicidal can heal and return to a more healthy path of development.

For more information, see Facts for Families;

#3 "Teens: Alcohol and Other Drugs,"

#4 "The Depressed Child,"

#37 "Children and Firearms," and

#38 "Manic-Depressive Illness in Teens."

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## THE ANXIOUS CHILD

No. 47

(12/2000)

All children experience anxiety. Anxiety in children is expected and normal at specific times in development. For example, from approximately age 8 months through the preschool years, healthy youngsters may show intense distress (anxiety) at times of separation from their parents or other persons with whom they are close. Young children may have short-lived fears, (such as fear of the dark, storms, animals, or strangers). If anxieties become severe and begin to interfere with the daily activities of childhood, such as separating from parents, attending school and making friends, parents should consider seeking the evaluation and advice of a child and adolescent psychiatrist.

One type of anxiety that may need treatment is called separation anxiety. This includes: o

- constant thoughts and fears about safety of self and parents
- refusing to go to school
- frequent stomachaches and other physical complaints
- extreme worries about sleeping away from home
- overly clingy
- panic or tantrums at times of separation from parents
- trouble sleeping or nightmares

Another type of anxiety (phobia) is when a child is afraid of specific things such as dogs, insects, or needles and these fears cause significant distress.

Some anxious children are afraid to meet or talk to new people. Children with this difficulty may have few friends outside the family.

Other children with severe anxiety may have:

- many worries about things before they happen
- constant worries or concern about school performance, friends, or sports
- repetitive thoughts or actions (obsessions)
- fears of embarrassment or making mistakes
- low self esteem

Anxious children are often overly tense or uptight. Some may seek a lot of reassurance, and their worries may interfere with activities. Because anxious children may also be quiet, compliant and eager to please, their difficulties may be missed. Parents should be alert to the signs of severe anxiety so they can intervene early to prevent complications. It is important not to discount a child's fears.

If you are concerned that your child has difficulty with anxiety you should consult a child and adolescent psychiatrist or other qualified mental health professional. Severe anxiety problems in children can be treated. Early treatment can prevent future difficulties, such as, loss of friendships, failure to

reach social and academic potential, and feelings of low self-esteem. Treatments may include a combination of the following: individual psychotherapy, family therapy, medications, behavioral treatments, and consultation to the school.

For additional information see Facts for Families:

[#7 Children Who Won't Go to School](#)

[#50 Panic Disorder in Children and Adolescents](#)

[#52 Comprehensive Psychiatric Evaluation](#)

[#60 Obsessive Compulsive Disorder in Children and Adolescents](#)

[#70 Posttraumatic Stress Disorder](#).

See also

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

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