"I think there's something wrong with my child"

All parents worry at one time or another that their kid seems *off*. So how can you know when a tantrum is just a tantrum, or if it's a sign of something more serious? Mental-health experts make sense of alarming behavior and illuminate what it takes to diagnose one of the most common childhood health problems: mental illness.

by **KELLEY KING HEYWORTH**
photographs by **THAYER ALLYSON GOWDY**

More than half of parents say they have worried about their child's mental health, according to a recent survey by *Parents* and the Child Mind Institute.

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THE PROBLEMS began with bedtime. Like most toddlers, Cindy Freifeld's daughter, Alexandra, liked to be tucked in before she fell asleep. But when she was around 3, the little girl started insisting that her mom say good night in a strangely specific way. "I had to say 'I love you' in a singsong voice, three times in a row," recalls Cindy, who lives in Huntington, New York. "She'd panic if I didn't do it just right, with just the right pitch, and she'd make me start over. It could go on like that for almost an hour." The habit was disconcerting and frustrating, but Cindy pushed her worry aside and tried to laugh it off with friends. "Everyone said it was normal and healthy for kids to crave routine, and as a first-time parent, I listened."

But a year later, Alexandra's insistence on having things just the way she wanted grew even more urgent. She started to arrange toys and other things—baby doll clothes, old cell phones, uneaten lollipops—in a particular order in her room, and she was so worried that friends would touch her things that she refused to have anyone over. "My husband kept saying, 'She's fine, she's fine, it's a stage,'" Cindy says. "But I'd walk past her room and see her lining up those little collections by herself, and I'd have this terrible gut feeling: No, my little girl is not at all fine." Still, Cindy was frozen—unsure of what to do next.

When a child feels sick with a fever or a cough, parents don't think twice about calling their doctor for advice. But time and again, the symptoms of pediatric mental illnesses like depression, anxiety, bipolar disorder, and disruptive mood dysregulation disorder (DMDD)—a relatively new diagnosis associated with constant irritability and frequent, extreme tantrums—are another story.

Just how prevalent and serious a problem is parental uncertainty? To find out, *Parents* teamed up with the Child Mind Institute to survey approximately 400 moms and dads across the country. Sixty-five percent said they would wait weeks or longer before seeking help if they noticed a mental-health symptom in their child. "In fact, the average window of time between when parents notice something is wrong with their child's mood or behavior and when a child gets diagnosed is two years," says *Parents* advisor Harold Koplewicz, M.D., a child psychiatrist and founding president of the Child Mind Institute.

The American Academy of Pediatrics (AAP) recently released updated guidelines that call for pediatricians to screen adolescents ages 12 and up for depression annually. But there is not enough evidence to support universal screening in younger kids. Depression symptoms are different in children than in teenagers; they often present as behavioral issues rather than emotional ones, says Nerissa S. Bauer, M.D., an AAP liaison who helped craft the guidelines. Plus, she adds, "Younger children may not have the words to express how they're truly feeling." This is part of what makes diagnosing mental-health disorders so challenging, and what makes parents' input so crucial.

In our survey, the vast majority of parents told us that the reason they'd wait to see a doctor was because they wouldn't want to overreact. But the truth is, it's never an overreaction to seek help for your child—even if you ultimately find out that she's fine. Mental illness is one of the most common pediatric health issues in America. "With few exceptions, adults who've struggled with mental illness

recall their troubles starting early in childhood," says Rahil Briggs, Psy.D., national director of HealthySteps at Zero to Three, in Washington, D.C. According to a research review by the AAP, 10 to 14 percent of kids under age 5 experience emotional problems serious enough to cause suffering.

In short: "Parents should be starting their detective work the moment they become concerned," says Dr. Koplewicz.

So what's in their way?

The top 5 reasons parents wait to get help

83% I wouldn't want to overreact/I'd want to see if symptoms resolve on their own.

12% Mental-health care is too expensive.

11% I'd be afraid of my child's being labeled mentally ill.

ANGIE AND WILL: STEPHANIE BEACHY OF STEPHANIE NICHOLE PHOTOGRAPHY.

Parents Are Fearful

Seventy percent of respondents in our survey said they believe mental-health diagnoses carry a stigma, and only 36 percent said they would speak totally freely about a child's diagnosis. As a society, we need to do better—and eliminate the fear that a child will be shamed or considered "crazy"—so that worried parents won't hesitate to seek help, says Dr. Koplewicz. Early intervention is our best weapon against mental illness in childhood, and that's because it works.

"The brain is at its most 'plastic' when children are very young, which means the things they learn over and over again at this age tend to stick, including strategies to help them manage stress," says Dr. Briggs. Studies show that kids with mental disorders who receive treatment get better grades and are more resilient in the face of challenges than those who don't.

Of course, it's easy to understand why a parent's instinct might be to downplay her child's upsetting behavior. Little kids are notorious for roller-coaster moods, from weekend meltdowns over torn hot-dog buns to morning tantrums about getting dressed or brushing their teeth. And doctors agree that for the most part, these emotional episodes can be chalked up to an immature prefrontal cortex—the part of the brain that helps kids think rationally and temper their emotions. "Almost by definition, a 5-year-old has strong feelings about all sorts of things," says Dr. Briggs.

But while every kid has bad days, the life of a child with a budding mental-health disorder often feels like one long, bumpy ride—for him and for you. "I encourage parents to look out for the two D's: distress and dysfunction. Is their child unhappy or agitated very often? Is it usually hard for him to get through a normal childhood ritual, like a school morning or a birthday party?" says Dr. Briggs. A worrisome behavior might not be constant—a child may seem well-adjusted at home but not at school or day care, or vice versa—but it is often chronic.

Ultimately, it took a difficult, dramatic moment for Cindy to come to grips with the fact that Alexandra was truly unwell. One day, as sort of a test, she decided to see if her daughter could allow her favorite cousin into her room. But when the boy came toward her door, Alexandra didn't just protest—she rolled on the floor and screamed as if she were in pain. "Any last denial inside me just fell away," says Cindy. "I started crying right along with her. It was clear that my daughter was in agony. She—we—needed help."

10%
I'd be afraid of receiving bad news.

9%
I wouldn't know where to turn.

SOURCE: *Parents* & CMI Survey

This Is Life With Depression

WILL HAS NEVER been mistaken for a social butterfly. "Even in preschool he was always a little withdrawn. He'd play by himself when other kids would be playing together," says his mom, Angie Duray. But the Maryland mom never worried until the summer Will turned 7, when his introversion at school gave way to a seething anger at home. "He was constantly upset and took to screaming, throwing things, and slamming doors," she recalls.

Even more distressing was the self-loathing. He'd say things like he wished he could "jump into hot lava," and after an argument with his brother one day, Will climbed up on the couch and started to wind a venetian-blind cord around his neck. A panicked Angie discovered him and took action: She found a child psychiatrist who diagnosed Will with depression.

Taking medication and using other coping strategies helped, but as is common with mental illness, Will sometimes regressed. In the midst of one particularly dark mood, he tied the belt of Angie's bathrobe tightly around his neck. Will ran to find her, his face turning purple as she tried to untie the knot. "I had just been outside walking the dog. What if I had stopped to talk to a neighbor? My son might not be here today," she says.

But Will is here, and at age 10, he is healthier than he's been in years. Since his depression diagnosis, he's been diagnosed with attention deficit hyperactivity disorder (ADHD) and dyslexia. His school has worked with Angie to make accommodations that help him thrive. He also sees his psychiatrist regularly and takes medication. "We want to instill in him the notion that he may see a doctor and be on medication his entire life, but that that's not a bad thing," says Angie. "He has the love and support of his family. I think—I hope—that will make a big difference."

This Is Life With DMDD

SHE WAS unable to have children biologically, so Kristin Harlan and her husband, of Houston, were delighted when they got the opportunity to adopt two brothers who'd been in foster care. The oldest adjusted to his new home life quickly, but Kaiden, 4, seemed agitated.

"For something as small as not getting a snack he wanted, he'd hit me, bite me, and even yank out chunks of my hair," says Kristin. "He'd struggle to fall asleep and then would wake up angry. His pupils would be dilated, and I'd brace myself for a bad day. There was nothing I could do to soothe him."

Kristin thought he should be seeing a child psychiatrist, but she had trouble finding one who'd accept her insurance. Then one day, Kaiden had a tantrum so violent and prolonged that Kristin and her husband took him to a children's hospital E.R. for help. He was there for 12 days, and doctors wouldn't release him because he kept having tantrums and would get himself injured. When he did go home, he couldn't sit still for a minute and could barely sleep or function, says Kristin. Feeling helpless, they readmitted him to the hospital.

With the help of in-patient staff, Kristin connected with a child psychiatrist who diagnosed Kaiden with disruptive mood dysregulation disorder (DMDD), which is characterized by frequent irritability and extreme outbursts. She prescribed a mood-stabilizing medication that cut down on his tantrums. But more hospitalizations still followed.

One day, Kaiden hit Kristin on the temple hard enough to knock her down and then announced he was going to the garage to find something to finish her off. "I looked in his eyes, and I could see that he wasn't himself. It was like he was in a trance," says Kristin, who got her husband to help restrain Kaiden. After that, Kristin tracked down another, highly recommended child psychiatrist.

"We drive an hour to see him, but he is the key that changed everything," says Kristin. The doctor discovered that Kaiden metabolizes medicine unusually quickly, and he was able to fine-tune his medication dosage.

Kaiden now goes to weekly therapy with a psychologist, who is helping him work through abuse in his past, and he has an individualized education plan (IEP) at school that targets listening skills and impulse control. "People don't always see the sweet, kind soul, one who will say, 'You look so pretty today!'" says Kristin. "I've had people ask me if I ever regret adopting him. The answer is no, never. His problems are not his fault. I just thank God I came along to help him."

Identifying "Pink" Flags

The words *mental illness* may send a little shiver down your spine, but putting a name to a group of psychological symptoms is important. Insurance reimbursement, special accommodations at school, and successful treatment all depend on it.

After the cousin incident, Cindy scoured the Internet for clues about Alexandra's symptoms and landed on a website about obsessive compulsive disorder (OCD). Her daughter fit the description of this anxiety disorder to a T. Quickly, Cindy found a nearby specialist who diagnosed Alexandra and started to treat her with cognitive behavioral therapy (see "3 Treatments That Work"). Within six months, she was better at relaxing and articulating her worries to her parents. "It took a huge weight off to understand why she was behaving the way she was and to know she could get better," says Cindy.

THE RIGHT TREATMENT CARRIED OUT BY THE RIGHT DOCTOR CAN YIELD A POWERFUL, LASTING EFFECT—AND IN LESS TIME THAN YOU MIGHT THINK.

If you have concerns about your child's mental health, start by discussing them with your pediatrician. "We often talk about these worries as being 'pink' instead of red flags," explains Dr. Briggs. "Although they aren't necessarily glaring signals of a clinical disorder, they can be subtle evidence of a developing problem."

These are the most common behaviors to look out for:

- **Disordered sleep** Beyond babyhood, kids should be getting around ten hours of shut-eye per night. Serious concerns go far beyond the usual gripes. Children with depression sometimes seem excessively sleepy and drawn to bed at odd hours of the day. Those with anxiety, attention deficit hyperactivity disorder (ADHD), or DMDD often take hours to fall asleep and wake up multiple times every night. Kristin Harlan's son, who has DMDD (see left), went almost three days with just an hour or two of sleep when he was 6.
- **Tummy trouble** Bellyaches are a common kid complaint, but frequent stomach pains that can't be explained by constipation or a food intolerance might have psychological roots. Research has long linked chronic GI woes in children with both anxiety and depression.
- **Obsessive thoughts or fears** In kids who may have anxiety, a thought becomes so all-consuming that it interferes with everyday life. Common obsessions, particularly in children who also have OCD, are safety and germs. A child suffering from OCD may be compelled to wash his hands several times a day, often at inconvenient times, to ease his anxieties. Fears can wreck routines too. "A typical kid who gets stung by a bee might try to avoid bees but still play normally," says Carol Weitzman, M.D., professor of pediatrics at Yale University.

COURTESY OF KRISTIN HARLAN.

"We become concerned when a child's fear of bees keeps him inside and the whole family starts to organize their plans around that—skipping trips to the park or the pool."

Disinterest in fun Kids have different passions, but a depressed child doesn't get excited about much of anything. "It's common to see an inability to find joy, even in things that used to seem exciting," says Joan Luby, M.D., director of the early emotional development program at the Washington University School of Medicine in St. Louis.

Guilty conscience "A child who's prone to depression may feel absolutely terrible about small transgressions and need an unusual amount of reassurance to feel better," says Dr. Luby. Recent brain research shows that an area of the brain called the anterior insula is smaller than average in guilt-prone children as well as in depressed adults, suggesting this character trait might be a powerful predictor of later depression.

Explosive anger Daily tantrums with aggression, destructive behavior, and other signs of abnormal intensity can be symptoms of DMDD, depression, and other concerns.

Dark thoughts In Dr. Luby's research on depressed preschoolers, she found that many acted out morbid themes during imaginary play. Even small acts of self-harm can be a harbinger. At age 6, Angie Duray's son Will, who has depression (see page 39), would literally beat himself up over a tricky homework assignment. "He'd call himself a stupid idiot and say he'd never learn, and then he'd bang his head on the table. One time he stabbed his hand with a sharp pencil," Angie remembers.

Push Forward for Help

Ironically, it's when parents finally brave the next step of seeking treatment that many say the real challenge begins. Mental-health message boards are full of frustrated parents struggling to find a specialist within driving distance who accepts their insurance. Only 8,300 or so child psychiatrists practice in America, compared with almost 58,000 general pediatricians (and there's a shortage of those too). But the effort to locate an expert pays off: "Learning that good help is out there, and that it works, changed our lives," says Cindy.

Aim to find a psychiatrist, psychologist, developmental-behavioral pediatrician, or in some cases a highly recommended licensed clinical social worker, who regularly treats patients with your child's specific condition. We suggest the websites of the American Academy of Child & Adolescent Psychiatrists (aacap.org) and the American Psychological Association (locator.apa.org) as good jumping-off points that allow you to search by state. Steer clear of experts and coaches who have neither medical nor mental-health training.

How will you know if you've truly found "the one"? The first conversation can tell you a lot. "Ask if her treatment will be guided by recent, peer-reviewed research," suggests Dr. Weitzman. You'll know you're in capable hands if the clinician's answer is yes and she can cite examples. And remember that parents know their kid better than anyone; if your child isn't opening up with a provider after a few visits or you sense little progress after several months, it's time to look for a new doctor.

The right treatment carried out by the right doctor can yield a powerful, lasting effect—and in less time than you might think. "Interventions that would take three years to make an impact in a teen or an adult might take four to six sessions in a young child," says Dr. Briggs.

Alexandra is proof of this. She still gets anxious if the friend she always sits next to on the bus is absent, but these days Alexandra will later joke to her mom that she was in "butterfly" mode—a reference to an Arnold Lobel book that her therapist recommended about monarchs who do the exact same thing every day. She still gets nervous about playmates entering her room, but now she can explain the situation. "I have worries," she'll say. "But I'm working on them."

Cindy realizes that her daughter might have to deal with anxiety for a long time—possibly forever. "But since she began treatment, I can see that above all, she's a bright, silly little girl," says Cindy. "I know that she's going to be okay."

3 Treatments That Work

Our expert sources all cited these options as particularly effective in children with mental illness.

1

Cognitive-Behavioral Therapy (CBT)

CBT helps kids break patterns of distorted thinking. A therapist will urge a depressed child to examine a negative thought ("I have no friends"), guide her toward a more realistic viewpoint ("I have two friends, but I'd like more"), and suggest coping strategies (inviting someone new to play). Anxious kids are encouraged to face their worries in incremental doses and to learn coping skills that help in panicky moments.

2

Parent-Child Interaction Therapy (PCIT)

In guided, therapist-led play sessions, Mom and Dad learn to encourage desired behavior with hefty praise and to discourage outbursts by using gentle but firm consequences. PCIT can be helpful for children with DMDD, ADHD, and other behavior disorders starting around age 2. Dr. Joan Luby says that a modified version of PCIT called PCIT Emotion Development (PCIT-ED) can help depression.

3

Medication

Pharmaceuticals aren't the recommended first line of treatment in young children, because few have been studied in preschoolers over time. Still, some drugs are considered safe for grade-school-age kids. Stimulants like Ritalin (methylphenidate) are FDA-approved for kids 6 and up with ADHD, and Prozac (fluoxetine) is FDA-approved for kids 8 and up with depression.