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AUSTIN BEHAVIORAL HEALTH CENTER
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One Hand On The Door

(Answers to questions patients like to ask as they are leaving, with one hand on the door!)

When To Refer For A Psychological Assessment

We expect to see fluctuations in a child's daily functioning. Changes in schedule, lack of sleep, illness, and temperament can all impact everyday academic performance, a child's mood, and their behavior.

To determine the appropriateness of a referral for a Psychological Assessment it is useful to look at the *intensity* and *frequency* of a problem. If a child is has been struggling all semester with their reading, or having fits daily for the last two weeks then the frequency criteria may be met. However, if the "fits" last for less than a minute, or the child's reading skills are on grade level, then the intensity criteria may not be met. On the other hand, if the fits last for several minutes (or hours in some cases), or the child's reading level is below grade placement, than both the frequency and intensity criteria are met.

When in doubt it is usually better to refer than wait for a problem to worsen. We always conduct an initial interview before initiating a full Psychological Assessment battery.

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Cutting and Self-Harm

The incidence of self-harm, or "cutting" is on the rise among adolescents. Primary care physicians are in an ideal position to identify self-harming behaviors due to the presence of atypical wounds and scarring. Self-harm can occur anywhere on the body, but usually is expressed on the wrists, thighs, arms or chest. Self-harming behaviors may include burning with cigarettes or a lighter, scratching with anything sharp enough to pierce the skin, or cutting with a knife or razor.

Many adolescents will initially deny that they have engaged in self-harming behaviors because they do not want their parents to find out and because they are embarrassed. However, adolescents often communicate among themselves about their cutting and there can be a contagion effect among communities and groups of adolescents. Adolescents who self-harm are typically in emotional distress and referral to a mental health professional is always warranted. Self-harming behaviors should not be ignored, and assurances from the adolescent that they will stop on their own are insufficient.

Self-harming behavior is not necessarily suicidal behavior. Adolescents who self-arm should be assured that they are not "crazy", this is a common problem, and one that can be addressed by a trained mental health provider. People who self-harm are not "looking for attention." Often they are introverted people who are trying to avoid drawing attention to themselves. Frequently, they are experiencing intense emotional distress that is beyond their ability to express and cope with.

Parents often need immediate counseling and intervention when they learn their child is self-harming. They too need to be reassured that their child is not "crazy," this is a common problem, and it is treatable. Advise parents to provide reassurance of love and support to their child. Parents should ensure that their child spends more time with, and receives supervision from, a trusted adult. They should avoid judging the child, and assist them in finding resources. Encourage the parents to "vent" with someone other than their child. Parents should be encouraged to let their child express their emotions without passing judgment.

Individuals who self-harm often experience temporary relief fr0m their emotional pain, a sense of calmness, and a sense of control. Sometimes self-harm is self-punitive and relieves guilt. Some individuals experience a sense of control over their bodies when they cut or engage in other self-harming behaviors. Treatment involves acknowledging the problem and talking with a trusted adult. Over the course of therapy individuals who self-harm learn to identify their triggers, learn better ways to cope and self-soothe, and address underlying emotional issues. They replace self-harming behaviors with adaptive behaviors and appropriate expression of emotions.

Key Issues in School Avoidance

Primary care physicians are often the first professionals to become aware that school avoidance is an issue for a child or adolescent. Many school avoidant children will complain that they fell ill, and parents will schedule them to see their physician. Assessing why a child is avoiding school can be a complex and difficult issue.

In the absence of an underlying physical cause, children avoid school for many reasons, ranging from a social phobia to truancy. Children may also avoid school because they are struggling academically, being bullied, or having conflict with teachers. Some children avoid school in order to obtain attention from parents, or spend more time in activities they prefer, such as video games. School avoidance has a negative impact on academic performance, and as the child or adolescent falls behind, the desire to avoid school can often intensify.

School avoidance should be treated as a symptom. The first step in addressing school avoidance is to understand the motivation behind the avoidant behavior. Is the child avoiding school to engage in more pleasurable activities, to avoid emotional distress, or manage some sort of unpleasantness such as a learning problem or bullying? In all cases the child should return to school as soon as possible while the underlying reasons for the school refusal are being evaluated. Support should be obtained from school administrators and counselors to facilitate the child's or adolescent's return to school. Temporary relief can sometimes be obtained by not having the child return directly to their classroom. Instead they may spend the day with a different teacher or in the counselors' office. Of course, all aspects of the child's medical well being need to be examined, including evaluating the adequacy of care the child is receiving at home, as well as identifying any underlying medical conditions.

Parents may unwittingly collude with a child's school refusal. Parents typically respond to a child's distress by attempting to alleviate it. In the case of a school phobia, keeping a child at home alleviates the distress, but also exacerbates the underlying anxiety disorder. Empathically supporting a parent's concern for the child, in conjunction with a "pep talk" about the value of returning a child to school, can be helpful in situations where parents are unwittingly supporting their child's maladaptive behavior. In some cases parents need education about how to respond to minor physical complaints and discomfort, such as a sore throat related to allergies. Of course, even in these situations, the school avoidance will not be adequately addressed until the underlying motivations are identified.