



Getting Help

a part of the
FAMILY WORKBOOK SERIES
on
Mental Health & Depression



www.ErikasLighthouse.org

Erika's Lighthouse is a not-for-profit dedicated to educating and raising awareness about adolescent depression, encouraging good mental health and breaking down the stigma surrounding mental health issues.

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Erika's Lighthouse Family Workbook Three: Getting Help

Welcome to the Erika's Lighthouse Family Workbook: Getting Help. This workbook is designed to give families information about what to do if they are trying to get help for their child's mental distress. This book is the third in a series. If you have not already read the first two workbooks, [We All Have Mental Health](#) and [Concerned About Your Child](#), it is strongly suggested you do so prior to continuing.

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This workbook is based on the experiences of families experiencing childhood and teenage depression. It was written for families who are in similar situations. While Erika's Lighthouse consulted with clinical, therapeutic, legal and child development experts when developing this material, it makes no representations about the medical or psychological opinions expressed herein, nor does it accept responsibility for any actions taken as a result of the material or information contained in the workbook. Every child and family's situation is unique, and Erika's Lighthouse urges families to seek and find competent professional advice tailored to their own family's situation.

First Step: Navigating the System

If your child is experiencing mental distress and they need help, it may be hard to know where to start. It is normal to wonder whether this is just a phase that they may outgrow or if you should seek help. However, it is best to be practical and share your concerns with others, including your child, to help them.


Primary Care Provider

A likely first step to finding the help your child needs is to talk with their pediatrician or primary care provider. Family physicians see thousands of children over their years of practice and are good at determining whether or not there is an issue that needs treatment. Many providers already check for mental health concerns at well-child visits by asking questions, having your child fill out a questionnaire or, as they get older, talking privately with your child.

Any time you are concerned, you can talk to the doctor about it. Consider collecting your thoughts in advance by using the [Mental Health Checklist](#)  to share data you have collected and [Taking Note of Your Concerns](#) . The provider will likely want to talk to your child about what is going on, ask them what might be causing them to feel this way, and may give suggestions on [Positive Coping Strategies](#) .

Primary Care Providers may also complete a physical examination and run tests to make sure your child's experiences are mental and not physical; some illnesses, like diabetes, thyroid disease and adrenal gland disease, can act like depression and need to be ruled out. Even a past head injury from sports or a car accident could be the cause.

If the doctor believes there is an issue, ask them for a referral to a mental health professional - someone who specializes in mental health and wellness. The doctor may offer to prescribe medication to see if that helps your child feel better. However, while medication may seem to be an easy way to proceed, proper and effective treatment depends on an accurate diagnosis.

As you begin this process, consider [Keeping a Mental Health Treatment Binder](#) . It is possible your early concerns could turn out to be a more serious mental illness and having early data throughout your child's treatment will be very important.

Covering Costs

If it is decided that you are going to get your child help from a mental health professional, a concern may be how much therapy costs. Many health insurance plans offer mental health care coverage, however not all therapists accept insurance, requiring many of their clients to pay the full fee out of pocket.

Insurance


First things first, if you are not sure if your insurance covers mental health care, you should contact them to understand what they cover with [Questions to Ask Insurance](#) . As you are just starting out, it may be helpful to understand the [10 Steps to Securing Insurance Coverage for Mental Health Care](#) .

If you have health insurance that covers mental health care, it typically covers individual therapist visits and group therapy. The level of coverage will vary based on your insurance provider and plan. You also may be limited to which therapists your child can visit. If a therapist is in-network, you may owe a copay at the time of your

appointment or may need to first meet your deductible. If they are out-of-network, there may be additional costs. Check with your health insurance company for more information.



You may need to get a referral or approval for an in-network provider for treatment. Some insurance companies may also require a mental health diagnosis before they will pay claims. Be sure to ask about coverage limits so that when you need to make treatment decisions, you know which options may be reimbursed.

Regardless of what your insurance company tells you, you should also ask your therapist to write a **Letter of Medical Necessity**  for any treatment plan. This will help facilitate insurance reimbursement both immediately, and in the future, if needed.

Self-Pay

If a therapist does not accept insurance, it does not mean they are not a highly qualified therapist. There are many reasons why therapists do not accept insurance. Choosing to self-pay for a therapist may give you more

options as to who to use.

If you have financial concerns, talk to your child's therapist—many therapists can offer suggestions and may work with you so that your child can start or continue therapy. Even if they cannot, the therapist may be able to offer alternative options or providers.

Some mental health practices work on a sliding scale system. This refers to treatment priced by a person's income, making therapy more affordable for those with a lower income. This can make it possible to get therapy even if you don't have insurance (or the therapist doesn't accept your insurance).

It is important that your child get the treatment they need. Accessing treatment is harder than it should be, but don't give up. There are many therapists, clinics and community centers working hard to expand access.

Getting a Diagnosis

Getting a definitive diagnosis can be a journey and the diagnosis may evolve over time. An initial diagnosis may be made by your primary care physician, but should be confirmed when your child is evaluated by a mental health professional, such as a counselor, clinical social worker, psychologist or psychiatrist.

It may take one to five sessions before a therapist can make a diagnosis and have a treatment plan. In the first session, you may be there with your child. The therapist may have a conversation with both of you and then may chat with each of you on your own. If there is not enough time, they may schedule another time to chat with you separately.

Who Can Help

Understanding and finding a mental health professional may be difficult, particularly one that meets a family's specific insurance or payment needs and has availability for new clients. However, many places can provide referrals:

- Pediatricians or primary care providers frequently have access to provider lists, possibly that are even in the right insurance network.
- Schools, particularly school counselors and social workers, may be able to help.
- Health insurance companies will have lists for in-network providers.

Networking in your community is one way to find names of therapists, and can be an especially good way to find out which therapists are well regarded, and which are not. In fact, parents and caregivers who have been through similar circumstances may be your best sources. In addition, a number of therapy directories are available including findtreatment.gov and www.samhsa.gov.

Types of Therapists

Psychologists

There are different kinds of psychologists—those who practice therapy are called clinical psychologists. Clinical psychologists hold a degree in psychology—at least a master’s degree and a Ph.D. (Doctor of philosophy) or a Psy.D. (Doctor of psychology). In addition, clinical psychologists must have completed some period of time, usually two years, of supervised clinical practice and must be licensed by the state in which they practice. Clinical psychologists can obtain additional certification focused on children and adolescents.

It’s important to note that there is a difference between clinical psychologists, who practice individual therapy, and school psychologists, whose expertise is in school testing and evaluations. We emphasize this distinction because people sometimes confuse the two. If your child is seeing the psychologist at their school, those sessions are specifically aimed at issues related to learning and the school environment and are not a substitute for the therapy needed to treat your child.

Social Workers

Like clinical psychologists, clinical social workers practice talk therapy— but their university degree is in social work. Most clinical social workers have at least a master’s degree (M.S.W.) and sometimes they have a doctorate (D.S.W. or Ph.D.). These degrees require supervised clinical work, and, to practice, social workers must be licensed by the state in which they work, signified by the letters L.C.S.W.

Counselors

Counselors also provide therapy, often in community health centers and mental health agencies. Counselors have a master’s degree in counseling (M.A.C.) and, like psychologists and social workers, have completed supervised clinical work. They must be licensed by the state in which they work, signified by the letter L.P.C., L.M.H.C., L.C.P.C. or L.P.C.C., depending on the state.

Psychiatrists

Psychiatrists are physicians who specialize in mental disorders. They have completed both medical school and an additional four-year residency in psychiatry. Some psychiatrists also complete a further specialty in child and adolescent psychiatry. Psychiatrists must be licensed by the state in which they practice. If your child needs medication, they will most likely need to see a psychiatrist as other therapists cannot prescribe medication. In fact, many psychiatrists only prescribe medications and do not do talk therapy, and will likely be part of a team that you assemble for your child.

Other kinds of therapists or counselors

There are other kinds of therapists or counselors you may be referred to during the course of your child's treatment:



- Art therapists, as the name implies, use art as an expression of emotion and may be particularly useful for younger children or those who have a difficult time verbalizing their thoughts and feelings.
- A marriage and family therapist (M.F.T. or L.M.F.T.) may also be appropriate for your child or family. Marriage and family therapists (as well as many psychologists and social workers) specialize in family dynamics. They treat both individuals and families by focusing on family relationships and the issues that are causing discord in the family.
- Religious institutions may have pastoral counselors.
- Schools often employ school counselors or school social workers.
- Addiction counselors help people with their addiction.



Identifying Therapists

When you start the search for your child's therapist, it is recommended to start with a list of five to ten names. It may seem like a lot, but therapists may not currently be taking new patients. If you find that a therapist is not accepting new clients, ask if they have a waitlist or call back in a week or two to check availability.

Other therapists may just not be a good fit for your child. Your child's relationship with their therapist is a key to successful therapy. The right personality fit is important. Some children, like some adults, work better with therapists who are more emotional and some work better with therapists who are more pragmatic or business-like in their approach. Take your child's personality into account when you are searching for therapists and ask yourself, "Do I think this therapist will be a good fit for my child?"

Due to many reasons, families may not have the opportunity to interview therapists during the search process. However, if you do, consider the [Interview Questions to Ask Therapists](#) . You can also use [Questions to Ask at the Start of Therapy](#)  during an initial visit with the therapist.

What are the Treatment Options?

There are four treatment options for anxiety, depression and mental illness — good mental health practices, therapy, medication, and a combination of all three. Different kinds of mental health professionals specialize in these different treatments.

Good Mental Health Practices

There is a growing body of research that demonstrates good mental health practices not only act to prevent mental distress, but can be used to effectively treat it as well. One way to help with this is working with your child to create

a [Good Mental Health Plan](#). Children can also practice positive behaviors that help in [Managing Depression or Anxiety](#).

Exercise

Physical activity can decrease symptoms of anxiety and depression. Research has shown that exercise could be used as a first-choice treatment for people living with mental illness. It may even be more effective than antidepressant medications for mild to moderate depression. It has also been shown to improve depressive symptoms when used as a supplement to medications.

Nutrition

Research has also shown that a healthy diet, one with plenty of fruits and vegetables and limited processed foods, has been associated with a significantly lower risk of developing depressive symptoms. When you make an effort to take care of yourself, your mental health is likely to improve.

Sleep

The recommended amount of uninterrupted sleep for adults is between seven and nine hours per night. However, school age children (6-12 years old) need 9-12 hours of sleep per night while teens (13-18 years old) need 8-10 hours. The effects of poor sleep can go beyond just feeling tired. It can make the symptoms of depression, anxiety and other mental health disorders worse. Families should try and maintain a regular bedtime each night, refrain from using screens 1-2 hours before bedtime, and try not to drink caffeinated beverages before bedtime.

Types of Therapy

Brief Therapy

When you hear the phrase “brief therapy” you might associate words such as quick and short-term. And you would be on the right track. Brief therapy, also called “solution-focused brief therapy” or “time-limited” therapy, emphasizes understanding a problem in a short period of time. It is basically any talk therapy which has a limited time span, typically 5-8 sessions. The approach is described as being brief and focusing on the client’s presenting symptoms and current life circumstances rather than on their life history and problems. Unlike traditional forms of therapy that take time to analyze problems, brief therapy concentrates on finding solutions in the present. Brief therapy can be more well suited to the realities of limited insurance benefits and/or often typical client behaviors regarding the number of sessions attended.

Psychotherapy (also called Talk Therapy)

Psychotherapy, commonly referred to as talk therapy, counseling or simply “therapy” is probably the most well-known and familiar type of treatment for mental health disorders. Traditionally, this is where a child talks to a therapist once or twice a week and works through life stressors. Mental Health Professionals pull from a wide range of [psychological approaches](#) to help kids understand how their thoughts, emotions and behaviors affect their mood. Therapy for children and adolescents in particular tends to be focused on behavior modification.

Intensive Outpatient Program

Intensive Outpatient Programs, commonly referred to as IOP is a short-term treatment model. IOP is recommended when a child is not making the expected progress in less intensive therapy or as a step down from a partial hospitalization program or inpatient program. IOP programs are usually a half day of intensive treatment, multiple days per week, for multiple weeks. Since IOP programs are half day, kids can still attend school part of the day, if not the whole day. The goal is to help kids learn how to manage their day-to-day stressors while developing positive coping mechanisms.



Partial Hospitalization Program

Partial Hospitalization Programs, commonly referred to as PHP, or day treatment, is more intensive treatment than IOP. PHP is recommended for kids who need intensive intervention but are safe to remain at home in the evening and on the weekends. Kids attend PHP for the full day, usually 6 hours/day for many days to weeks. These programs use a combination of group, individual, family therapy, medication management and a specialized teacher.

Wilderness Therapy

Wilderness therapy offers kids a combination of therapy and challenging experiences in an outdoor group living environment. This type of therapy is intended to address difficult behaviors by fostering personal and social responsibility as well as emotional growth by utilizing treatment modalities centered on nature, challenging experiences combined with reflection/mindfulness, interpersonal development and intrapersonal growth. The goal of these programs is

to offer a change of environment, develop healthy relationships and teach healthy coping strategies. The challenge experiences allow kids to have opportunities for personal growth while also teaching concepts of growth mindset and self-efficacy.

In-Patient Hospitalization

In-Patient hospitalization is focused on crisis stabilization, intensive evaluation and short-term treatment. Kids who go to in-patient programs require 24 hour medical care. The goal of in-patient programs is to stabilize the individual and connect them to out-patient care. Children will have access to a multidisciplinary team; including psychiatrists, individual, group and family therapists. Children will usually go through a diagnostic evaluation and then are provided with a treatment plan.

Residential Treatment

Sometimes when children are experiencing severe symptoms and other treatment options have been ineffective in decreasing symptoms they will need a higher level of care known as residential treatment. Kids who attend residential therapeutic schools and programs need structured activities and round the clock observation that they cannot receive at home. Residential programs offer intensive treatment, including individual, group and family therapy. Kids will remain in these programs for many months with the ultimate goal of returning home to their families.

Medication

It is best to listen to the guidance of your child's mental health professional. Many mental health professionals and parents advocate for medication use, particularly when talk therapy alone has been unsuccessful in treating illnesses or when a child is in imminent danger of hurting themselves or someone else because of their mental distress.

You should know that medication doesn't cure a mental disorder—it alleviates the symptoms, hopefully helping your child to function, participate in talk therapy, connect with other people, and ultimately recover.

Secondly, mood disorders like major depression are complicated and our bodies are equally complicated. What works for one person doesn't work for another— so testing medications may be a necessary part of their use.

Lastly, children, adolescents and adults may forget to take their medication, possibly intentionally. Consistency is really important in continued use and new habits can take time to build. This is particularly true even if symptoms have subsided. All discussions about ending or changing medications should be done in consultation with a mental health professional and/or physician. Some children may not like the side effects or how they feel when on medication. If this is the case, talk to your child's therapist or physician. There may be other medications they can try or talk therapy can be a way to process those changes and allow your child to determine the best path forward.

Managing your child's medication is important to identify potential challenges or issues. Consider checking the number of pills in a bottle, having your child take medication in front of you, or setting up a calendar system to remind them. Some youth have been known to flush their medication or even sell it to others. The best way to avoid this is fostering a supportive environment and being open and honest about the usage.

What are the Approaches to Therapy?

While there are different approaches to therapy, all offer a safe and nonjudgmental space where your child can explore their thoughts, feelings and experiences. With the help of a therapist, your child can identify problems and goals, and work collaboratively to achieve them. Some approaches to therapy work better for certain children and certain diagnoses.

It is common for a therapist to use multiple approaches to therapy in their practice and to include psychoeducation in the approaches as well. Helping your child and family better understand mental health conditions like depression is considered to be an essential aspect of all therapy programs. The more we can learn about a mood disorder, the more we can understand and relate to the family member who is experiencing it.

Treatment Styles

The style of treatment can depend on the needs of your child, how they respond and what type of therapy is being provided. The most common options are usually individual, group or family therapy.

- Individual therapy is your child and their therapist working one on one.
- Group therapy is typically led by one or two therapists and may have up to 15 participants in the group.
- Family therapy helps family members improve communication and resolve conflicts.

Behavioral Therapies

Behavioral therapies are problem-focused, action-oriented approaches to mental health treatment. This type of therapy can help your child change their behavior by training and practicing positive ways to respond to challenges.

Cognitive Behavioral Therapy (CBT)

- The most commonly practiced behavioral therapy.
- Emphasizes what people think rather than what they do.
- Aims at teaching your child to recognize and challenge unhelpful or irrational thoughts that may influence their emotions and behaviors.

Dialectical behavior therapy (DBT)

- Focuses on balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance.
- Teaches your child skills that improve the ability to manage emotions in a healthy way.
- Aims at expanding the skills in a child's toolbox to help them navigate their thoughts, feelings and relationships.

Acceptance and Commitment Therapy (ACT)

- Teaches a child to stop avoiding, denying and struggling with their inner emotions and, instead, accept that these deeper feelings are appropriate responses to certain situations.
- Aims at teaching your child to accept their hardships and commit to making behavioral changes.

Psychotherapies

Interpersonal and Psychodynamic therapies are forms of talk therapy that explores the connection between your child's past experiences, often from earlier in their childhood, and their current mindset.

Interpersonal Therapy (IPT)

- Focuses on improving your child's interactions with others.
- Less focus on the "why" of behaviors or on the past; rather the focus is on the now and on practical strategies for helping your child problem-solve and improve their relationships, and thereby feel better about themselves.

Psychodynamic Psychotherapy

- Aims at helping your child discover the unconscious source of their mental disorder.
- Focuses on childhood experiences and repressed memories—discovering the root of the problem allows the child to "let go" of their negative feelings and behaviors.



Person-Centered Therapy

This type of therapy shifts the focus from the therapist to the child. It provides your child with the tools and resources they need to understand themselves and what they need to achieve positive change in their life. The therapist acts mainly as a guide or source of support.

Eye Movement Desensitization Reprocessing (EMDR)

EMDR focuses on changing the emotions, thoughts or behaviors that result from a distressing experience (trauma).

Commonly Used Interventions in Therapy

These interventions are used to build relationships between the therapist and your child. They can help your child's therapist understand your child's emotional state in non-verbal ways—which may be particularly appropriate for younger children or children and adolescents who have a difficult time verbalizing their thoughts and feelings.

- Play Therapy
- Art Therapy
- Movement Therapy
- Animal Therapy

Alternative Treatment Options

There are a number of alternative treatment options for depression and other mental health disorders. It is recommended to have a conversation with your child's doctor as some of these alternative options are early on in the research process.

- Neurofeedback
- ECT therapy (electroconvulsive therapy)
- Vagus (or vagal) nerve stimulation
- Repetitive transcranial magnetic stimulation
- Magnetic seizure therapy
- Deep brain stimulation
- Supplements
- Mind-Body Therapies
- Microdosing
- Ketamine

When and Where does Treatment Happen?

Schedules

Making time for another entry onto your family calendar may seem overwhelming, but treatment for mental distress is extremely important. It can impact both short term and long-term wellness of your child. Therapists know this and typically will be flexible. When looking at an appointment schedule, knowing how appointments may look is helpful. For the first session, also called an intake appointment, the therapist will usually want to meet with you and your child, to ask questions and hear what is going on. The first couple of sessions focus on getting to know your child. Then, after establishing a rapport with your child, the therapist will establish goals for treatment. Typically, your child will attend therapy once or twice a week, for a 45-50 minutes session. Depending on your child and their specific needs and circumstances, the length of treatment can vary. Some children come to therapy with a specific concern and brief therapy can work for them, lasting one to six sessions whereas some children need more time in therapy, several months or even years.

Your child's treatment schedule may stay the same for several weeks or months. Sessions might then move to every other week and then once a month. When a person transitions out of therapy, there may be instances where they come back once, twice or three times a year to check in or work on a specific concern that has come up.

Availability

In general, aligning a therapist's schedule to your child's schedule may be tricky. After-school appointments are often in high demand and depending on where you live, you might be commuting many miles to attend a weekly therapy appointment. It can sometimes be discouraging when you know that your child needs therapy but you are

unable to find an available therapist. We recommend getting on a waitlist, maybe even multiple waitlists. You never know when an appointment will open up and your child will be able to access support. However, there are alternatives, many therapists are available virtually.

Location



In addition to identifying the best schedule, families also need to think about the location of a therapist. This isn't simply a question of distance. It may also impact the quality, quantity and how well your child responds to treatment.

In-Person Treatment

In-person therapy is the most common and well-known format for treatment. If you are looking for an in-person treatment option, there are a number of considerations and it is important to recognize that therapy can happen in a variety of settings:

- Home
- Office/Practice
- Clinic
- Community Center
- Health Department
- Treatment Center
- Hospital

Virtual Treatment

Your child may also be eligible for virtual therapy, depending on insurance, diagnosis, or need. This is called teletherapy or telepsychiatry. After the covid-19 pandemic, the availability and acceptance of virtual treatments has come into the mainstream. Depending on state laws and availability, therapists can now provide treatment virtually, via talking over phone or via the internet using a computer, tablet or smartphone. The type of treatments available for virtual treatment are broad and include anywhere from Brief Therapy to Partial Hospitalization Programs. Your child may or may not do well in a virtual therapy setting. Some children thrive in that format while others do better in an in-person environment. It is important to talk with your child about their comfort level and check-in regularly with both your child and their therapist on their treatment response.

Partnering with Your Child's Treatment Team

Checking-In

We recommend you have a [Check-In with Your Child's Therapist](#)  every 4-6 weeks. You also are a good touchstone as to whether you think therapy is working well so review your journal and [Check-In with Yourself](#) .

Working Together

When your child is experiencing depression or another mental health disorder, one of your jobs is to make sure that the other adults who are a part of your child's daily life—teachers, coaches, tutors, etc.—are aware of what's going

on to the extent they need to be. Why? If the right people know about your child's illness, then they can provide a support system for them at times during the day when you are not there. These people should also let you know when they see something of concern. For example, if your child is having a difficult time at lunchtime with their friends, talking to your child's therapist and the school about the problem may result in some strategies. Similarly, if your child's teacher or tutor notices a decline in your child's ability to pay attention, they can let you know and you can report this information to your child's therapist.

Tracking Progress

As your child progresses through treatment, it is important to keep track of their progress. Consider [Keeping a Mental Health Treatment Binder](#) using the many handouts included in this workbook (such as checklists, agreements with your child, good mental health activities), saving insurance paperwork, maintaining notes and therapist check-ins and other documents you collect. This can be a helpful tool to stay organized and prepared, no matter what comes next.

Additional Resources & Activities

You can learn more about good mental health and the difference between everyday feelings vs. overwhelming feelings by viewing our [Level I: We All Have Mental Health](#) video.

Continue reading the *Family Workbook Series on Mental Health & Depression* with:
[Two: Concerned About Your Child](#).

We also have Family Workshops available for a better understanding of mental health, depression and suicide. These free workshops available on-demand:

[Family Workshop I: We All Have Mental Health](#) and [Family Workshop II: Depression & Suicide](#).

Also check out our full suite of programs, resources and activities available for families at www.ErikasLighthouse.org/Families.

Support Our Work

Erika's Lighthouse provides free, donor-funded programs and resources to school communities around the world. Our work, to revolutionize how schools approach mental health, is only possible because of individuals like you financially supporting our work. Join us today at www.ErikasLighthouse.org/Get-Involved/.



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