ANXIOUS...
SAD...
ANGRY...
IMPULSIVE...
BREAKING RULES...
REFUSING TO LISTEN TO TEACHERS OR PARENTS...

Such emotions and behaviors, within reason, are “normal” at certain stages of your child’s or teen’s life. However, when they begin to interfere with relationships or daily life activities, it is time to find help.
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If you are a parent, then nobody has to tell you that parenting is probably the hardest job anybody will ever have. Sometimes, in spite of our very best efforts to provide our children with what they need, problems arise. Although it can feel overwhelming, frightening or embarrassing to think about, the consequences of not seeking help can be devastating. If you have concerns about how your child is doing socially, emotionally or behaviorally, then this booklet is for you. It has important information about many common problems that kids experience and what families can do to help. But first, we would like to share three very important points.

**Real**

**Emotional and behavioral problems are real.**

Just like adults, most children and teens do not want to fail. If they are having social problems, difficulties managing their emotions, or difficulties meeting adults’ expectations, they are missing something that keeps them from being successful. Perhaps what is missing is a different approach to the situation, or an opportunity to learn a new skill, or possibly a medical intervention. In any case, it is our job as parents to provide our children with what they need to be successful.

**Common**

**Emotional and behavioral problems are common.**

According to the National Institute of Mental Health, 13% of 8 to 15 year olds had a diagnosable mental disorder in the previous year and 21% (1 in 5) of 13 to 18 year olds have suffered at some point from a mental health concern severe enough to interfere with the ability to function in some important way. It is common for parents to wonder whether their child is the only one who is not being successful, but please be assured that you and your child are not alone!

**Treatable**

**Emotional and behavioral problems are treatable.**

Fortunately, we know much more now than we used to about how to help children with their emotions and behavior. Although most children with emotional or behavioral problems do not get the help that they need, those that do are usually able to overcome the obstacles to their success. With time, effort and the help of caring professionals these children and teens can go on to have happy, healthy and productive lives.
So how does the school fit into this?

The mission statement of the Cherry Creek School District makes it clear that there is more to educating children than just teaching reading, writing and arithmetic. We understand that social, emotional or behavioral difficulties can get in the way of learning. That is why, when a student is struggling with one of these issues, we make every effort to partner with parents to provide their child or teen with what they need to be successful in school and in life.

**FIRST RESOURCE.** Every school in the Cherry Creek School District has a school mental health professional (psychologist and/or social worker) as well as counselors at middle and high school who can be your first resource. Whether you would just like an opinion about whether or not your child or teen’s emotions or behaviors are “normal” or “just a phase,” or if you would like a little advice about how to handle a particular situation, your school’s psychologist, social worker, or counselor can be extremely helpful. Don’t be afraid to call, as they are there to help. Helping with minor issues now can avoid bigger problems later. In addition, they can help to direct you to resources in the community or in the district that can help your particular situation. The Cherry Creek School District also offers support to parents in the form of a variety of parenting seminars and support resources. We partner with many agencies in the community to provide a network of support for families. Visit Cherry Creek Schools Parent Academy for information on parenting classes currently available and for additional resources.

**DIRECT SERVICES.** If your child’s social, emotional or behavioral issue is interfering with his or her school day, then your school’s psychologist or social worker may be able to offer direct services to your child. This may take the form of short-term group or individual support, consulting on a regular basis with you and your child’s teachers, or even doing assessments to gain a better understanding of your child’s strengths and needs.

School-based counseling services are NOT a replacement for mental health treatment available in the community. Although helpful and supportive, school-based services are unavailable during weekends, evenings and school breaks. And, of course, the reality of one full-time mental health professional per 300-1000 students means that their availability to any one student is limited.

**TEAM EFFORT.** Effectively addressing a child’s emotional or behavioral difficulties is a team effort. This requires a working partnership between the family and the school, as well as any other professionals that may be working with the child. Open and honest two-way communication, trust, and mutual respect are essential aspects of this partnership.
If your child is struggling at school, the school staff, or you as a parent, may ask for a Problem Solving Team (PST) meeting. This is an opportunity for a group of teachers and school specialists to meet with you to discuss your child’s needs and brainstorm ways of meeting those needs more effectively. You are an important and essential part of this team and should feel free to offer your views and suggestions.

If emotional or behavioral needs continue to have a significant negative impact on your child’s ability to benefit from the typical educational programming offered in a school, your school mental health professional may discuss with you the possibility of your child being evaluated for an Individualized Education Plan (IEP). An IEP is a document that provides specific services unique to your child’s needs. It is created by a team that includes school professionals and you.

Although rare, there are some situations where a child’s emotional or behavioral needs are so significant that the child is unable to receive reasonable benefit from a regular education classroom. In these situations, the District provides a variety of alternative learning environments specifically designed to meet the unique needs of your child. Most, but not all, of these are available only to students who have an IEP. As with all significant educational decisions, the decision for a child to enter an alternative learning environment is made by a team of people working with your child, with you as an integral member of that team. The focus when making these decisions is always on the needs of the child.

This brochure describes some of the emotional and behavioral concerns that many students experience today. If you see your child or teen in any of the following descriptions, it is time for you to start a conversation with your school’s psychologist/social worker, counselor, or doctor regarding your student’s mental health. This brochure will help you to know what questions to ask and what resources are available to you. When parents realize that their child is struggling emotionally or behaviorally, it is common to look for something or someone to blame. Did I do something wrong as a parent? Are they being influenced by peers? Are they being bullied? Perhaps their teacher is just being too hard on my child? Is this because of societal influences? Is my child to blame? This is not surprising given the variety of factors that are known to be associated with the onset of a mental health condition. While like physical illnesses, genetics and biology are often important factors, other issues such as stress, trauma and the presence or absence of positive social supports are also known to impact whether or not a mental health condition develops. It is rare when the cause of a mental health condition can be reduced to one factor. Because of the complex nature of mental health issues, it is important for intervention to be multi-faceted as well.

According to the Center for Disease Control (CDC) only half of children with a mental illness receive timely treatment.
Anxiety Concerns

All children experience anxiety. Some anxiety is even expected and normal at specific times in development. For example, from about 8 months through the preschool years, healthy children may show intense distress (anxiety) when separated from their parents or others with whom they are close. Young children in particular often have short-lived fears, such as fear of the dark, storms or of strangers. However, when a child’s fear or nervousness begins to interfere with their ability to function, seems to be worsening, or causes unusual distress they may be suffering from an anxiety disorder.

Is your student . . .

- worrying about things before they happen?
- worrying or having concerns about family, school, friends, or activities?
- experiencing repetitive, unwanted thoughts or actions?
- having excessive fears of embarrassment or making mistakes?
- avoiding social situations?
- having extreme or unusual fears about a specific thing or situation?
- refusing to go to school?
- having trouble sleeping?
- having frequent nightmares?

If so, then it is time for you to start a conversation with your school psychologist, school social worker, counselor or a mental health professional in the community.
Attention, Impulsivity, or Hyperactivity Concerns

Every child may show signs of inattention, impulsivity and/or hyperactivity. However, the child with significant concerns displays these symptoms and behaviors more often and more intensely than other children of the same age. This can interfere with their learning, behavior or relationships. According to the National Institute for Mental Health, ADHD is the most common childhood mental health condition, occurring in 8 to 9% of 8 to 15 year olds.

Is your student . . .

- having trouble paying attention and easily distracted?
- inattentive to details and making careless mistakes?
- losing school supplies or forgetting to turn in homework?
- having trouble finishing classwork and homework?
- experiencing difficulty listening to and following multiple adult commands?
- impatiently blurting out answers, interrupting or intruding on others?
- fidgeting or squirming often, running about or climbing excessively?
- talking too much and having difficulty playing quietly?

If so, then it is time for you to start a conversation with your school psychologist, school social worker, counselor or a mental health professional in the community.
Behavioral Concerns

At times, all children and teens can be oppositional, break the rules, disobey parents and teachers, argue, and be verbally or physically aggressive. It becomes a serious concern when this type of behavior becomes so frequent and consistent that it stands out compared to other children of the same age and impacts a child’s or teen’s daily life activities and relationships.

Is your student . . .

- aggressive towards people or animals?
- destructive of property?
- deceitful, lying or stealing?
- violating serious rules?
- frequently having temper tantrums?
- excessively arguing with adults or defiant and refusing to comply with adult requests?
- deliberately attempting to annoy or upset people?
- playing with fire?
- suspected of taking illegal drugs?
- displaying uncontrollable anger or rage?

If so, then it is time for you to start a conversation with your school psychologist, school social worker, counselor or a mental health professional in the community.
Emotional Concerns

Sadness, depression, loneliness and mood swings are a part of life, even the lives of children and teens. However, when the sadness or mood swings worsen and become so severe that it significantly interferes with your child’s or teen’s peer relationships and activities, it has become a more serious concern. While depression can be triggered by a significant loss or trauma, it can also come “out of the blue” with no identifiable cause.

Is your student . . .

- having thoughts about suicide?
- feeling sad or excessively crying?
- displaying a loss of interest or enjoyment in favorite activities?
- often irritable?
- fatigued, having a low energy level or having difficulty concentrating?
- sleeping more or less than usual?
- eating more or less than usual?
- often complaining of physical ailments, such as headaches or stomachaches?
- feeling hopeless or demonstrating a low self-esteem?

If so, then it is time for you to start a conversation with your school psychologist, school social worker, counselor or a mental health professional in the community.

If you believe your child may be suicidal or needs immediate attention, do not leave him/her unsupervised, and contact 911 or Colorado Crisis Services (call 1-844-493-8255 or Text “TALK” to 38255) to be connected to a trained crisis counselor.
Self-Injury

In recent years, the phenomenon among adolescents and young adults of intentionally engaging in self-harm such as cutting or burning themselves has become increasingly common. Young people self-harm for many reasons, but most commonly it is an attempt to manage painful emotions and thoughts in an unhealthy way. It may also be a means of self-punishment, a way to feel more alive when they are emotionally numb, imitation of friends, experimenting with behavior that is glorified in certain music or at times as a way of manipulating others into providing attention or nurturance.

If your child is engaging in self-harm, it is important to remember several things:

- There is help and hope for your child. Self-injury is a treatable issue. They can learn to cope with difficult feelings in healthier ways. Start a conversation right away with a mental health professional.
- Stay calm and don’t blame (yourself or your child). If your child feels blamed or attacked, they will be less open with you. Feelings of shame can also perpetuate the unhealthy cycle of self-injury. Create a safe atmosphere where your child feels comfortable sharing their thoughts and feelings with you.
- Make a plan with your child that involves telling you when they feel like self-injuring and helping them to develop a list of healthier coping strategies to deal with difficult emotions and activities to engage in that are incompatible with self-injury.
- Continue to set consistent and reasonable expectations and discipline when it is appropriate but don’t punish them for their self-injury or engage in intrusive inspections of their bodies. Give positive attention to your child’s efforts to manage their emotions in healthy ways.
- While most often those who self-injure are not actively suicidal, many are also struggling with thoughts of suicide. Don’t be afraid to ask your child whether they have been having suicidal thoughts.
- Don’t give excessive attention to the behavior, as this may inadvertently reinforce it. Create an environment of open and safe communication: Talk to your child about why they self-injure – remember that their feelings and perspective are their reality, even if they may seem silly from an adult perspective.
- Remove objects used to self-injure and disrupt routines around their self-injury rituals.

Is your student . . .

- wearing unusual clothing (long pants and/or long sleeves in the summer)?
- spending excessive amounts of time isolating from the family?
- displaying cuts, bruises, scars or burns that are not adequately explained?
- listening to music that glorifies self-injurious behavior?
- associating with peers who self-injure?

If so, then it is time for you to start a conversation with your school psychologist, school social worker, counselor or a mental health professional in the community.
## Trauma and Chronic Stress

Moderate and predictable stress helps prepare children to cope with the world. However, prolonged, severe, or unpredictable stress, or repeated traumas during a child’s developmental years is problematic. Brain development is affected, leading to the potential for negative impacts on the child’s physical, cognitive, emotional, and social growth. When children repeatedly feel afraid or anxious they may react as if threatened in situations that are actually safe. This may lead to aggressive behavior, defiance, or seeming to “check-out” and not being present in the moment. Additionally, when caregivers experience excessive stress, their relationship with the child may be compromised. This can make it challenging for the child to develop positive relationships.

### Reactions displayed by children and adolescents who have been exposed to traumatic events may include:

- Aggression or Defiance
- Withdrawal
- Social and/or learning difficulties
- Impulsivity
- Fears
- Separation anxiety (particularly in young children)
- Sleep disturbance/nightmares
- Loss of interest in normal activities
- Reduced concentration
- Decline in schoolwork
- Anger / Irritability
- Hypervigilance: being overly aware of all that is around them
- Dissociation: disconnecting from what is happening
- Difficulty developing trusting relationships
- Poorly developing empathy

### If your child has experienced...

- Chronic neglect or abandonment
- Repeated invasive medical procedures
- Has had a caregiver with substance abuse or mental illness
- Physical, sexual or emotional abuse
- Exposure to violence in the home
- The accumulated burdens of family economic hardship
- Other situational trauma (natural disaster, accidents)
- In utero exposure to drugs or alcohol, or maternal stress
- Loss of primary caregiver
- Disruptions in early caregiving
- Repeated experiences of racism or other forms of discrimination or dehumanization

*If so, then it is time for you to start a conversation with your school psychologist, school social worker, counselor or a mental health professional in the community.*
I Have Concerns… Now What?

After reading through this information you may find that you have more questions and speaking with a professional will be very helpful. Here are the next steps that will give you the information and resources you need to get your child or teen the help he or she needs.

- Contact your school’s psychologist, social worker or counselor for more information about the available school resources as well as community resources and recommendations.

- If you wish to use your health insurance to pay for mental health intervention for your child, you should first check to find out what type of benefits you have and whether or not there are certain providers that you need to see. If you are given a list of providers, you may want to share it with your school’s psychologist or social worker for possible recommendations. When you contact a provider, make sure that they will work with your insurance.

- If you do not have health insurance or do not have mental health coverage through your insurance company, your school’s nurse can provide information about insurance for children. You may also visit Child Health Plan Plus online at www.cchp.org. Child Health Plan Plus (CHP+) and medicaid are free or low-cost health insurance options for Colorado’s uninsured children and pregnant women. Families are often surprised to find that they qualify. In addition, many of the community agencies listed in the following section provide services at a reduced fee for families who do not have insurance.
Community Resources

You may want to speak to your medical doctor regarding your concerns. They can help to rule out a physical condition contributing to the emotional or behavioral concern. They can discuss the wide variety of therapeutic help that is available in the community such as community mental health centers, private clinics, private therapists, religious organizations, hospitals, etc. It is important to remember, however, that general practice physicians do not have the same level of training and experience regarding emotional and behavioral issues as professionals who specialize in these areas.

Here are the different types of helpers who specialize in mental health. They can all diagnose emotional and behavioral problems and can provide therapy or counseling. Mental health providers can differ greatly from one another. They may provide family, group or individual therapy depending on their specialty or the needs of your child, your teen and/or your family. If the provider suggests family therapy, they are not suggesting that you are doing something wrong or are a bad parent. Often, the most effective way of helping a child or teen is to work with the entire family to find new ways of interacting.

Mental Health Professionals

- **Child/Adolescent Psychiatrist** – a medical doctor with special training in the diagnosis of emotional and behavioral problems in children. Psychiatrists can also prescribe medication if needed. However, most professionals in the mental health field agree that for most emotional or behavioral problems, counseling along with medication is more effective than medication alone.

- **Clinical Psychologist** – has a doctoral degree in psychology (Psy.D. or Ph.D.)

- **Clinical Social Worker** – has a masters degree in social work (M.S.W. or L.C.S.W.), should not be confused with a caseworker from the Department of Human Services.

- **Licensed Professional Counselor** – has a masters degree in psychology, counseling or a related field (L.P.C.)

- **Marriage & Family Therapist** – has a masters degree, with special training and education in marriage and family therapy (L.M.F.T.)

- **Psychiatric Nurse Practitioner** – has a masters or doctorate in nursing and takes a test to become certified as P.M.H.N.P.

- **Pastoral Counselor** – has clinical as well as pastoral training and education (C.P.C.)
Prior to Meeting with a Mental Health Provider

Before meeting with a mental health provider, you will want to spend a few minutes speaking with him or her on the phone. Ask them about their approach to working with patients, their philosophy, their specialty or concentration, and what type of insurance, if any, they accept. If you feel comfortable with this individual, make an appointment.

Prior to the appointment, you will want to prepare your child or teen. Depending on his or her age, you may want to present the therapist as a helper, a coach or a doctor. Remind yourself and your child or teen that meeting with a therapist is not a punishment for bad behavior but an opportunity to make changes.

If you feel as though the first provider that you try is not helpful or is not best suited for your child, teen or family, do not give up. As a consumer, you have the right to share your concern with your therapist or even contact another professional to get the help your child or teen needs.

Questions you may want to ask:

- What is your academic background and therapeutic training?
- How much experience have you had working with this type of issue?
- What specialized training and licenses do you have?
- What type(s) of therapy do you do? (talking, visualizing, art/music therapy, role-playing, play therapy, etc.)
- What can I expect for my child’s or teen’s sessions? How long will they last?
- How do you involve parents in their child’s treatment? Will I have the opportunity to learn different ways of dealing with my child?
- How will my child’s or teen’s confidentiality be assured? What information will I be privy to and what information will remain between you and my child or teen? Make sure that you ask about the legal limits to confidentiality for you and your child.
- Are you willing to talk to or meet with my student’s school mental health team?
- Do you offer research based treatments (such as cognitive-behavioral therapy for anxiety and depression)?
Where do I turn?

Once one has made the decision to seek mental health services, the next question is “where do I turn?” There are several options:

**ASK FOR A LIST OF PROVIDERS**

Call your insurance company and ask for a list of providers. Often, parents and caregivers will bring that list to their school mental health team to see if there is information known about any of the providers named. The information you need to know includes:

- How much coverage you have?
- What sort of co-pay is expected?
- If there is a deductible?
- Can you go to any provider or do you have to use an approved list of providers?

**ASK FOR A REFERRAL**

Ask for a referral from your school mental health provider. School mental health teams have a comprehensive list of resources - including Community Mental Health Centers.

**COMMUNITY MENTAL HEALTH CENTERS**

Community Mental Health Centers (CMHCs) offer a variety of options for mental health services and substance abuse treatment including: individual therapy, family therapy, support group counseling, parenting classes and psychiatric services. Each center also has emergency services available.

CMHCs will accept a variety of insurance plans, CHP+ and Medicaid. Some centers have programs that provide services for certain uninsured individuals.

The first step is to call the numbers provided and schedule an intake appointment. An intake interview is not a counseling session. It is used to match you with the correct services. When you call, many of your questions can be answered. If cost is prohibiting you from seeking help, ask about available options. CMHCs are here to help.
Colorado Crisis Services
1-844-493-8255 (TALK)
Or text TALK to 38255
www.coloradocrisisservices.org
24/7 confidential crisis support, information and mental health referrals to anyone in need.

Health One Behavioral Health and Wellness Center
303-360-3125 (main number)
844-556-2012 (crisis line)
www.auroramed.com/campaigns/behavioral-health
Two locations for crisis assessment services, open 24/7.
Medical Center of Aurora – 700 Potomac St., Aurora 80111
(Walk-in)
Centennial Medical Plaza – 14200 E. Arapahoe Rd.,
Centennial 80112 (Please note: the crisis assessment will take place via video chat at this location.)

Children’s Hospital
Anschutz Medical Campus
Pediatric Mental Health Institute
720-777-6200; M-F, 8am-6pm
www.childrenscolorado.org/doctors-and-departments/departments/psych/
13123 E. 16th Ave., Aurora 80045
Provides mental health services to children, adolescents and their families.
Aurora Mental Health Center
303-923-6500 (Crisis Walk-in Center)
303-617-2300 (Non-emergency)
www.aumhc.org
Walk-in Center – 2206 Victor St., Aurora, 80045
Connect to Care Services – 791 Chambers Rd., Aurora, 80011
No appointment needed; open M-Th 8am-7pm, F 8am-5pm
Specialized programs to help children, teens and their families cope with the challenges of mental illness and emotional disturbances.
Other locations can be found on the website.

Highlands Behavioral Health System
720-348-2805 (intake)
www.highlandsbhs.com
8565 S. Poplar Way, Littleton 80130
24/7 mental health assessments; walk-ins welcome.

All Health Network
303-730-3303 (Emergency/crisis intervention)
303-730-8858 (Non-emergency)
www.allhealthnetwork.org
24/7 Walk-in Center – 6509 S. Santa Fe Dr., Littleton, 80120
Provides treatment for mental health, behavioral health and substance use.
Other locations can be found on the website.

Families First
877-695-7996
www.familiesfirstcolorado.org
Parent education classes and resources.

National Suicide Prevention Lifeline
800-273-8255 (TALK)
24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.

CCSD Parent Academy
720-554-4247
www.cherrycreekschools.org/Page/2780
Range of low-cost parenting classes facilitated by CCSD mental health and counselors.

Parent Information Network (PIN)
www.pinccsd.org
Local and national speakers on topics relevant to current parenting.

Colorado Safe2Tell
1-877-542-7233
safe2tellco.org
Report Tips and Safety Concerns using the 24/7 anonymous reporting tool.

Keep this page as a handy future reference.
If I had my child to raise all over again,
I’d build self-esteem first, and the house later.
I’d finger-paint more, and point the finger less.
I would do less correcting and more connecting.
I’d take my eyes off my watch, and watch with my eyes.
I’d take more bikes and fly more kites.
I’d stop playing serious, and seriously play.
I would run through more fields and gaze at more stars.
I’d do more hugging and less tugging.

Diane Loomans, from “If I Had My Child To Raise Over Again”