



# ADOLESCENT SUBSTANCE ABUSE AND MENTAL HEALTH: A PUBLIC HEALTH PRIORITY

Resource guide for professionals in health care, education, community organizations,  
treatment, and the juvenile justice system



# ADOLESCENT SUBSTANCE ABUSE AND MENTAL HEALTH: A PUBLIC HEALTH PRIORITY

**Resource guide for professionals in health care, education, community organizations, treatment, and the juvenile justice system**



**ON National Drug Policy**

---

---

**As many as 1 in every 5 children and adolescents in the U.S.  
has a behavioral or emotional disorder**

**1 in 10 adolescents who need substance abuse treatment receive it,  
and of those who do receive treatment, only 25% get enough**

**23% of adolescents who need mental health services receive them**

**44% of adolescent substance abuse treatment referrals come from the  
criminal justice system; just 5% come from healthcare providers**

## **WHAT CAN YOU DO?**

---

---

Responding to a major opportunity for intervention by health professionals, *Physician Leadership on National Drug Policy's* goal is that every primary care medical practice in all states with adolescent patients will:

1. Screen all adolescent patients for substance abuse, mental health, and/or family psychosocial issues
2. For positive screens, identify and contact a local social worker, therapist, or healthcare professional
3. Communicate with the social worker, therapist, or healthcare professional regarding whether the adolescent needs substance abuse, mental health, or other services and coordinate referral and follow up on progress

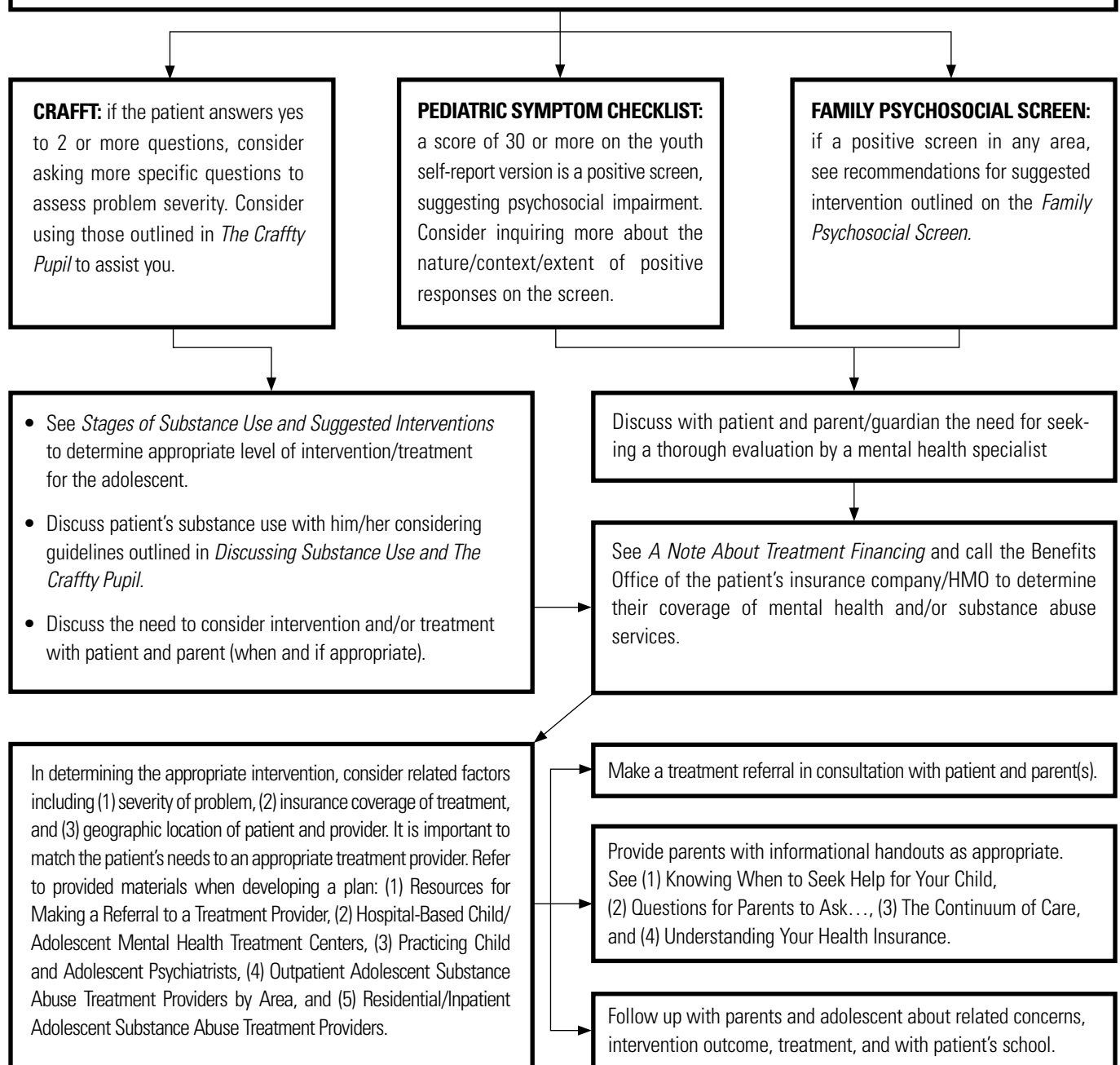
who is certified and experienced in working with adolescents with substance abuse and mental health problems to conduct a comprehensive assessment (see provided list)

# A SUGGESTED STEP-BY-STEP APPROACH

## FOR HEALTH CARE PROFESSIONALS TO SCREEN FOR, INTERVENE WITH, AND REFER ADOLESCENT SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS

### At your adolescent patient's first visit and once a year, consider...

- Screening for substance abuse and mental health problems using the
  - *CRAFT*
  - *Pediatric Symptom Checklist* while the patient is in the waiting room or is waiting in the examining room. It is important to consider when and how the screening tools will be administered because the presence of a parent may affect an adolescent's willingness to be honest in answering sensitive questions.
- While the youth is completing the *Pediatric Symptom Checklist*, ask their parent/guardian to complete the *Family Psychosocial Screen* (if he/she is present) to screen for key family psychosocial risk factors.
- It is recommended that scoring, by yourself or another staff member, be completed away from the patient or parent



---

---

# SCREENING AND INTERVENTION FOR SUBSTANCE ABUSE PROBLEMS

---

---

# SCREENING FOR SUBSTANCE ABUSE PROBLEMS

---

---

1. Ask your adolescent patient: “Tell me about your use of alcohol... marijuana... any other drugs.”

- If the adolescent reports any substance use, proceed to step 2 to screen him/her for substance abuse problems.
- If the adolescent does not use alcohol or drugs, congratulate and encourage him/her to continue choosing healthy behaviors.



2. One example of a brief, evidence-based substance abuse screening instrument developed specifically for use with adolescents is the CRAFFT test. CRAFFT is a mnemonic device of key words in each of the test’s six questions:

**C**

Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

**R**

Do you ever use alcohol or drugs to *relax*, feel better about yourself, or fit in?

**A**

Do you ever use alcohol or drugs while you are by yourself, *alone*?

**F**

Do you ever *forget* things you did while using alcohol or drugs?

**F**

Do your family or *friends* ever tell you that you should cut down on your drinking or drug use?

**T**

Have you ever gotten into *trouble* while you were using alcohol or drugs?

Research indicates that a score of **2 or more “yes” answers indicates a problem** for which follow-up is needed.

CRAFFT reproduced with permission from the Center for Adolescent Substance Abuse Research (CeASAR), Children’s Hospital Boston.

Source: Knight JR, Sherritt L, Shrier LA, Harris SK, and Chang G. “Validity of the CRAFFT Substance Abuse Screening Test Among Adolescent Clinic Patients.” *Archives of Pediatric and Adolescent Medicine*. June 2002. 156: 607-14.

# LAS PREGUNTAS CRAFFT\*

Un pequeño cuestionario para la detección del abuso  
de drogas y alcohol entre los adolescentes

<b>C</b>	¿Has ido alguna vez en un <i>CARRO</i> manejado por alguien (incluyéndote a ti mismo) que estuviera drogado o que hubiera estado tomando alcohol o drogas?
<b>R</b>	¿Tomas alguna vez alcohol o drogas para <i>RELAJARTE</i> , para sentirte mejor contigo mismo o para integrarte?
<b>A</b>	¿Tomas alguna vez alcohol o drogas cuando estas <i>SOLO</i> , sin compañía?
<b>F</b>	¿Alguna vez te <i>OLVIDAS</i> de cosas que hiciste cuando estabas tomando alcohol o drogas?
<b>F</b>	¿Te dicen tu familia o tus <i>AMIGOS</i> alguna vez que deberías tomar menos drogas o alcohol?
<b>T</b>	¿Te has metido alguna vez en <i>LÍOS</i> cuando estabas tomando alcohol o drogas?



# THE CRAFTY PUPIL - HOW TO ASK TEENAGERS ABOUT ALCOHOL AND DRUGS

## A TRANSITIONAL APPROACH ADAPTED FROM BRIGHT FUTURES GUIDELINES

---

---

### **FAMILY:**

- How are things going at home?
- Who do you live with? How do you get along with the other members of your family?
- Are you worried about any family members and how much they drink or use drugs?
- What would you like to change about your family if you could?

### **SCHOOL:**

- Compared with others in your class (not just your friends), how well do you think you are doing? Average? Better than average? Below average?
- Do you receive any special educational help?
- How often do you miss school? Have you ever been suspended from school?

### **FRIENDS:**

- Have any of your friends tried cigarettes? Smokeless tobacco? Alcohol? Marijuana? Other drugs? Are you worried about any of your friends' use of alcohol or drugs?
- Do any of your friends try to pressure you to do things that you don't want to do? How do you handle that?

### **TOBACCO, ALCOHOL, AND DRUGS:**

- What education have you had about tobacco, alcohol, and drugs?
- Have you smoked cigarettes, or used tobacco in any other form since our last visit?
- Have you drunk alcohol since our last visit? Smoked marijuana? Used other drugs? "Sniffed" or "huffed" anything (i.e. used inhalants)?
- Tell me about your experience with alcohol/drugs. What was good about it? Was there anything you didn't like about it?

- Has anyone (a friend, teacher, parent, or counselor) ever thought you had a problem with alcohol or drugs?

### **CRAFTY QUESTIONS:\***

- C** Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

- R** Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

- A** Do you ever use alcohol or drugs while you are by yourself, ALONE?

- F** Do you ever FORGET things you did while using alcohol or drugs?

- F** Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

- T** Have you ever gotten into TROUBLE while you were using alcohol or drugs?

\*2+ "yes" answers suggests a serious problem with alcohol or drugs.

### **OTHER USEFUL QUESTIONS:**

- Have you ever passed out or had an overdose? An emergency room visit?
- Have you ever been arrested? Placed in protective custody? Any car accidents or traffic tickets?
- Have you had sexual intercourse while using alcohol or drugs? Been assaulted? Exchanged sex for alcohol or drugs or a place to stay? Have you ever thought of hurting yourself or someone else? Were you using alcohol or drugs at the time?



# THE CRAFFTY PUPIL - PART 1

---

---

## Case Author:

John R. Knight, MD  
Harvard Medical School  
Children's Hospital, Boston

## Case Advisors:

Terrill D. Bravender, MD, MPH  
Carolyn H. Frazer, MD  
S. Jean Emans, MD  
Harvard Medical School  
Children's Hospital, Boston

Mark is a 16-year-old boy whose father became concerned when he overheard a telephone conversation in which Mark was discussing the purchase of "a forty bag" with a close friend. When Mark was out that evening, his mother and father searched his room. They found a plastic bag with a small amount of marijuana, a "roach clip," cigarette papers, several tiny pieces of paper with little rainbows on them, and about \$100 in cash. These items were tucked in a shoebox in the back corner of Mark's closet.

When confronted later that evening, Mark responded angrily, "This is none of your business. You guys like to drink now and then, my friends and I like to smoke weed. And I can't believe you searched my room. Stay out of my life!" Mark's father requests that you see his son and perform "a drug test" to see how bad the problem is. To pacify his parents, Mark reluctantly agrees to see you.

Mark's past medical history is positive for mild asthma, which has been successfully controlled with an albuterol inhaler. Mark has had no hospitalizations, no surgeries, and has no known drug allergies.

Mark is in his sophomore year at a private high school known for academic excellence. During his freshman year, he maintained a "C" average, although this declined slightly during the last term. This year, he states he has a "D" average in everything but Spanish, which he is failing. Although he was a starting player on the Junior Varsity Basketball Team last year, he is not planning to play this year because, "Running fast makes me wheeze more."

Physical examination reveals a tall adolescent with long blonde hair, dressed in faded jeans and a rock band T-shirt. His pupils are midline and the conjunctivae are clear. Nasal mucosae are not inflamed. The only positive physical finding is scattered wheezes on chest auscultation.



## THE CRAFFTY PUPIL - PART 2

---

---



After you explain to him the risks and limitations of urine drug testing, Mark's father agrees that it need not be done. Instead, you meet with Mark to obtain more information about his substance use.

*"So tell me a little about your experience with alcohol and drugs,"* you say. *"Well, I first started about a year ago. One of my friends turned me on to some mad cool weed. We partied pretty much every weekend at school, and then during the summer we partied like every day,"* he replies. Mark also says he began drinking wine over the summer *"because smoking makes me thirsty."*

He denies using any other drugs. When asked about the LSD blotters his parents found, he states, *"I was holding them for a friend of mine."* You then ask, *"Have you ever tried to cut back on your use?"* *"Well, after the summer, when school started, I thought I'd better cut back to just weekends,"* Mark responds. *"How did that work out?"* you ask. *"Well, it was OK at first,"* he answers, *"but a couple of months ago I decided it was cool to smoke on weeknights. I sometimes have a blunt with my friends before class, too. It makes me more creative."*

You continue with the CRAFFT questions, *"Have you ever ridden in a car driven by someone (including yourself) who was 'high' or had been using alcohol or drugs?"* Mark admits to having a minor car accident after leaving a party where he had been drinking wine. *"It was no big deal. No one got hurt."*

*"Do you ever use alcohol or drugs to relax, feel better about yourself or fit in?"* *"Yeah, sure, it helps me relax,"* he replies.

*"Do you ever use alcohol or drugs when you're alone?"* *"Sometimes late at night. It helps me get to sleep,"* he says.

*"Do you ever forget things you did while using alcohol or drugs?"* *"Nope."*

*"Do your family or friends ever tell you that you should cut down on your drinking or drug use?"* *"Just my parents,"* he says with a scowl.

*"Have you ever gotten into trouble while you were using alcohol or drugs?"* *"No, not really,"* he replies. *"But I did have one close call. We got pulled over by the police one time driving home from a party. He didn't find anything, though, so he had to let us go."*

# THE CRAFFTY PUPIL - EPILOGUE

---

---

Mark does not agree to go to treatment at the initial visit. *"I don't have a problem, Doctor. My parents are the problem,"* he says. You ask him to try a period of abstinence, which he also refuses. He does contract with you to:

1) confine his use to weekends, 2) not drive while using, not ride in a car with a driver who has been using, and 3) return for follow up. You give Mark and his parents a referral to a social worker for counseling, but they do not follow through and make an appointment. Over the next few months, you see Mark once in your office because he needs a new prescription for his albuterol inhaler. When asked about his marijuana use at this visit, he tells you *"I just don't want to talk about that now. It's really not a problem."* Mark's father also calls your office twice to express frustration with Mark's poor academic performance and choice of friends. You tell him that you would be happy to meet with Mark again, but no appointment is made.

Two months later, Mark calls your office and says he is having *"more trouble in school."* He has, in fact, been expelled because

of poor academic performance. He agrees to come back for a return office visit with both of his parents.

You first meet with Mark who now acknowledges that he has a problem. You suggest a trial of abstinence and again make a referral for individual and family counseling. He agrees. You then ask his parents to join the two of you and say, *"Mark has realized that alcohol and drug use do not belong in his life. He plans to begin a new chapter today, and is willing to work hard to turn things around. I will work with him, but also recommend that he begin counseling, and that all of you participate in treatment together. My hope is that you can work on better family communication and re-establishing trust. Are you willing to give this a try?"* They agree.

One year later Mark has abstained from marijuana use with the exception of two weekend "slips." He is able to discuss things somewhat more openly with his parents. He is in a new (public) school and his grades are improving.



# STAGES OF SUBSTANCE USE AND SUGGESTED INTERVENTIONS

STAGES OF USE	INTERVENTIONS
<p><b>Abstinence</b></p> <ul style="list-style-type: none"> <li>• Child or adolescent does not use any drugs or alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>• Be aware of children and adolescents at risk for substance abuse:               <ul style="list-style-type: none"> <li>– Family history of alcohol or drug abuse</li> <li>– Early onset of conduct disorder or aggressive behavior</li> <li>– History of attention deficit hyperactivity disorder, school difficulties, mood and anxiety disorders</li> <li>– History of poor supervision, trauma, or abuse</li> </ul> </li> <li>• Encourage and support continued abstinence.</li> <li>• Encourage activities that build on a child’s or adolescent’s strengths and self-esteem (e.g., sports, community activities, art and music classes, participation in faith-based organizations).</li> <li>• Discuss with the child or adolescent what she would do if she were pressured to use drugs or alcohol.</li> </ul>
<p><b>Experimental Use</b></p> <ul style="list-style-type: none"> <li>• Child or adolescent infrequently uses tobacco, alcohol, or drugs.</li> <li>• Substances are usually obtained from, and used with, friends.</li> <li>• Although associated drug-related problems are uncommon, risks can be serious.</li> </ul>	<ul style="list-style-type: none"> <li>• Educate the child or adolescent about potential consequences and health-related risks of tobacco, drug, or alcohol use, stressing the more immediate consequences (e.g., “If you continue to smoke, I believe it will affect your soccer performance”).</li> <li>• Stress the importance of not drinking or using drugs and driving, and of not riding with a driver who has been drinking or using drugs.</li> <li>• Develop a “rescue plan” with the child or adolescent and parents. A rescue plan should specify that the child or adolescent will receive a ride home if he finds himself in an unsafe situation, including being intoxicated or high, and the commitment that discussion about the behavior will take place at a time when it can be rational.</li> </ul>
<p><b>Regular Use</b></p> <ul style="list-style-type: none"> <li>• Child or adolescent uses alcohol or drugs on an occasional but regular basis.</li> <li>• “Social drinking” in adolescents often involves significant binge drinking.</li> </ul>	<ul style="list-style-type: none"> <li>• See above interventions.</li> </ul>

## STAGES OF USE

## INTERVENTIONS

### Problem Use

- Child or adolescent has experienced adverse consequences associated with use.
- Child or adolescent may have had problems with grades, detentions, or suspensions; parents or peers; motor vehicle crashes; injuries; or physical or sexual assaults.

- Ask the child or adolescent to consider the link between problems she is having and alcohol or drug use. Remember that helping a child or adolescent become motivated to address her alcohol or drug use is an ongoing process, which begins with highlighting concerns about current behavior.
- Discuss concerns and options for change. (*See Discussing Substance Use.*)
- Consider an “Abstinence Challenge”: “If you can agree to give up drugs/alcohol for a while, this will give us important information about your control over your use. If you can’t do it, it probably means that your use has gotten to the point where you may need more professional help.”
- If the child or adolescent refuses an abstinence challenge, continue to follow up. For example, say, “You have heard what my concerns are. Will you at least give some thought to what I said and come back again to talk more?”
- Develop a “rescue plan” with the child or adolescent and parents. A rescue plan should specify that the child or adolescent will receive a ride home if he finds himself in an unsafe situation, including being intoxicated or high, and the commitment that discussion about the behavior will take place at a time when it can be rational.

### Substance Abuse

- Child or adolescent engages in ongoing use of drugs or alcohol, despite harm.
- Loss of control over use.

- Continue to work with the child or adolescent and family until the child or adolescent is ready to engage in substance abuse treatment. See interventions above. Refer for the appropriate level of services, when ready to engage in treatment:
  - **Outpatient Treatment.** Includes community and school resources, 12-step groups, peer-support groups, and individual counseling. May be used for children and adolescents who are motivated to change behaviors and are not physiologically addicted to substances. May also be used as a transition from more intensive treatment settings. (Sixty percent of teens who attended weekly community support groups after discharge from inpatient or residential substance abuse treatment programs remained drug-free for the first year.)
  - **Partial or Day Hospital.** May be considered for children and adolescents who need more intensive structure and support in order to break the cycle of substance use but are motivated for treatment and are not physiologically dependent. Also used as a transition from more intensive treatments.
  - **Residential Treatment.** Should be considered for children and adolescents who are unlikely to be able to stop drug or alcohol use if they remain in their home environment, including children or adolescents who may be at risk for withdrawal or those with a history of treatment failures in less restrictive settings.
  - **Inpatient Treatment.** For children or adolescents who are at significant risk for withdrawal symptoms, who have serious psychiatric disorders or symptoms (suicidal, homicidal, psychotic, or acutely dangerous behaviors), or who have failed in other treatment settings.



## STAGES OF USE

## INTERVENTIONS

### Substance Dependency

- Child or adolescent is preoccupied with use.
- Development of tolerance or withdrawal symptoms.
- Increase in risk-taking and dangerous drug-related behaviors.

- Refer to formal treatment program (residential or inpatient).

### Secondary Abstinence

- The goal of substance use treatment is abstinence, as control over use is almost impossible to reestablish once lost.

- Continue to follow the child or adolescent closely, and ensure that supports and treatment programs are maintained.
- Relapse is part of the early process of recovery. Avoid stigmatizing or abandoning the child or adolescent if it occurs.
- Relapse can be viewed as a learning opportunity; the level of supports and treatments can be reviewed and increased as indicated.

# DISCUSSING SUBSTANCE USE

Addressing substance use is often an extended process requiring ongoing communication. One key is to target the discussion to the needs of the child or adolescent and his or her readiness to

change. The following approaches have proven useful in communicating with children and adolescents about substance use.

## F.R.A.M.E.S.

The FRAMES mnemonic describes six principles of effective brief interventions (Miller and Sanchez, 1994).

<b>F</b>	Feedback on risk/impairment	Use child's or adolescent's own description of current problem. E.g., "You've told me your grades have dropped this year, and you were in an accident after drinking at a party."
<b>R</b>	Emphasis on personal <b>r</b> esponsibility for change things."	E.g., "I'd like to work with you, but it's up to you to take responsibility for changing
<b>A</b>	Clear <b>a</b> dvice to change would be to stop using drugs and alcohol."	E.g., "I believe the best thing for you
<b>M</b>	<b>M</b> enu of options for behavior change and treatment	E.g., "You could try stopping completely, or cutting down, or I could refer you to a specialist."
<b>E</b>	<b>E</b> mpathetic counseling style	E.g., "I know that these things may be difficult to hear, but I'm worried about you. I care about your health and your future."
<b>S</b>	Faith in child's or adolescent's <b>s</b> elf-efficacy to change	E.g., "Even though this may be difficult to do, I believe in you and I know that you can do this if you try."

Interventions and communications addressing substance use can be more effective if health professionals take into account a child's or adolescent's readiness for change at a moment in time.

Recognizing that a child or adolescent moves through stages of change can help health professionals tailor their message and feel less frustrated when immediate change does not occur.

---

---

# SCREENING FOR MENTAL HEALTH PROBLEMS

---

---



# PEDIATRIC SYMPTOM CHECKLIST

---

---

**The Pediatric Symptom Checklist (PSC) is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. Included here are two versions, the parent-completed version and the youth self-report.**

- Administer the youth self-report version to all adolescent patients ages 11 and up who are able to read and answer the questions.
- For children under the age of 11, ask the parent or guardian to complete the parent version.

A score at or above the specified cut-off suggests the need for further evaluation by a qualified health (e.g., M.D., R.N.) or mental health (e.g., Ph.D., L.I.C.S.W.) professional. Both false positives and false negatives occur, and only an experienced health professional should interpret a positive score as anything other than a suggestion that further evaluation may be helpful. Data from past studies using the Pediatric Symptom Checklist indicate that 2 out of 3 children and adolescents who screen positive on the youth self-report or parent version of the PSC will be correctly identified as having moderate to serious impairment in psychosocial functioning. The one child or adolescent “incorrectly” identified usually has at least mild impairment, although a small percentage of children and adolescents turn out to have very little or no impairment (e.g., an adequately functioning child or adolescent of an overly anxious parent). Data on PSC negative screens indicate 95 percent accuracy, which, although statistically adequate, still means that 1 out of 20 children and adolescents rated as functioning adequately may actually be impaired. The inevitability of both false-positive and false-negative screens underscores the importance of experienced clinical judgment in interpreting PSC scores. Therefore, it is especially important for parents or other laypeople who administer the form to consult with a licensed professional if their child receives a positive score.

For more information, visit <http://psc.partners.org>

Sources: “Pediatric Symptom Checklist.” [http://psc.partners.org/psc\\_detailed.htm](http://psc.partners.org/psc_detailed.htm)  
Bright Futures Tools for Professionals. “Pediatric Symptom Checklist.” [www.brightfutures.org](http://www.brightfutures.org)

## Scoring

- The PSC consists of 35 items that are rated as “Never,” “Sometimes,” or “Often” present.
- Score the responses as follows:  
“Never” = 0  
“Sometimes” = 1  
“Often” = 2
- To calculate the total score, add together the score for each of the 35 items.
- Items that are left blank are simply ignored (i.e., score equals 0). If four or more items are left blank, the questionnaire is considered invalid.

## Using the youth self-report version....

- A score of 30 or higher indicates psychological impairment and the need for further assessment/intervention.

## Using the parent version....

- For children and adolescents ages 6 through 16, a score of 28 or higher indicates psychological impairment.
- For children ages 4 and 5, a score of 24 or higher indicates psychological impairment.



# PEDIATRIC SYMPTOM CHECKLIST (PSC-Y): YOUTH SELF-REPORT

Please mark under the heading that best fits you:

	Never	Sometimes	Often		Never	Sometimes	Often
1. Complain of aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Visit doctor with doctor finding nothing wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spend more time alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Have trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tire easily, little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Want to be with parent more than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have trouble with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Feel that you are bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Take unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Act as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Get hurt frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daydream too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Seem to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Distract easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Act younger than children your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are afraid of new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Do not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feel sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Do not show feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are irritable, angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Do not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feel hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Tease others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Blame others for your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Less interested in friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Take things that do not belong to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fight with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Refuse to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Absent from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
18. School grades dropping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
19. Down on yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Total score** \_\_\_\_\_

# CUESTIONARIO (PSC-Y)

Indique cual síntoma mejor describe a su niño/a:

	Nunca	Algunas	Seguido		Nunca	Algunas	Seguido
1. Se queja de dolores y malestares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Estan bejando sus calificaciones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pasa mucho tiempo solo(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Se critica a si mismo(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Se cansa fácilmente, poca energiá	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Va al doctor y no encuentren nada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Es inquieto(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Tiene problemas para dormir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Problemas con un maestro(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Se preocupa mucho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Menos interesado en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Extranas a tus padres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Es incansable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Cree que eres malo(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Es muy sonador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Se pone en peligro sin necesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Se distrae facilmente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Se lastima facilmente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Temeroso(a) a nuevas situaciones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Parece divertise menos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Se sietre triste, infeliz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Actua como un nino a su edad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Es irritable, enojon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. No obedece reglas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Se siente sin esperanzas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. No demuestra sus sentimientos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tiene problemas para concentrandose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. No comprende el sentir de otros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Menos interesado(a) en amigos(as)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Molesta a otros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pelea con otros niños(as)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Culpa a otros de sus problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Falta a la escuela a menudo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Toma cosas que no le pertenecen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				35. Se rehusa a compartir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total score** \_\_\_\_\_

Necesita usted ayuda con problemas de comportamiento, emocionales o aprendizaje?  Si  No

# PEDIATRIC SYMPTOM CHECKLIST (PSC): PARENT VERSION

**Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.**

**Please mark under the heading that best describes your child:**

	Never	Sometimes	Often		Never	Sometimes	Often
1. Complains of aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Visits the doctor with doctorg finding nothing wron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spends more time alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Has trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tires easily, has little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Wants to be with you more than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has trouble with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Feels he or she is bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Takes unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Gets hurt frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daydreams too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Seems to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Acts younger than children his or her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is afraid of new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Does not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feels sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Does not show feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is irritable, angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Does not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Blames others for his or her troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Less interested in friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Takes things that do not belong to him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Absent from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
18. School grades dropping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
19. Is down on him or herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Total score** \_\_\_\_\_

Does your child have any emotional or behavioral problems for which she or he needs help?  N  Y

Are there any services that you would like your child to receive for these problems?  N  Y

If yes, what services? \_\_\_\_\_

# ESTUDIO SOBRE ADAPTACION SOCIAL Y EMOCIONAL DE LOS NINOS (PSC)

La salud física y emocional son importantes para cada niño. Los padres son los primeros que notan un problema de la conducta emocional o de aprendizaje. Ud puede ayudar a su hijo a obtener el mejor cuidado del doctor por medio de contestar estas preguntas. Favor de indicar cual frase describe a su niño/a.

Indique cual síntoma mejor describe a su niño/a:

	Nunca	Algunas	Seguido		Nunca	Algunas	Seguido
1. Se queja de dolores y malestares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Se critica a si mismo/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pasa mucho tiempo solo(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Visita al doctor sin que le encuentren nada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Se cansa fácilmente, tiene poca energía	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Tiene problemas para dormir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nervioso, incapaz de estarse quieto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Se preocupa mucho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tiene problemas con un maestro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Quiere estar con usted mas que antes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Menos interesado en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Cree que el/ella es malo/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Es incansable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Toma riesgos innecesarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Esta muy un sonador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Se lastima frecuentemente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Se distrae facilmente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Parece divertirse menos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Temeroso/a a nuevas situaciones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Actua mas chico que niños de su propia edad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Se sienta triste, infelix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. No obedece las reglas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Es irritable, enojon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. No demuestra sus sentimientos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Se siente sin esperanzas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. No comprende los sentimientos de otros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tiene problemas para concentrarse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Molesta o se burla de otros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Menos interesado en amistades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Culpa a otros por sus problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pelea con otros niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Toma cosas que no le pertenecen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Se ausenta de la escuela a menudo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Se rehusa a compartir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Estan empeorando sus calificaciones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Total score** \_\_\_\_\_

Necesita su niño(a) ayuda con problemas en el comportamiento con problemas emocionales?  Sí  No



---

---

# **SCREENING FOR FAMILY PSYCHO- SOCIAL PROBLEMS/RISK FACTORS**

---

---

# FAMILY PSYCHOSOCIAL SCREEN

---

---



**Mental disorders and substance abuse among youth are strongly associated with specific risks in the familial context and home environment. Thus, assessing a family’s psychosocial history and functioning will allow you to identify high-risk children, contribute to the prevention of later mental health/substance abuse problems, and effectively refer children and families for treatment and other services. The Family Psychosocial Screen can be used with each family entering your care and readministered annually. This form may be used on its own or its questions may be integrated with an existing history/intake form that is used in your practice already. Individuals with low literacy skills or whose first language is not English may require assistance to complete the form.**

As a whole, the screen can help you to develop a general understanding of a family’s psychosocial history, functioning, questions, and concerns.

In addition, specific questions are meant to screen for key risk factors in the child or adolescent’s family environment. A positive screen in a specific area of family functioning should raise a

“red flag” that the child/adolescent may be at high risk for the development of a mental disorder, substance abuse, or psychosocial problems.

For these patients, you should:

- acknowledge the positive screen; follow up with additional questions
- ask the parents if they are concerned about the situation
- ask what impact, if any, parents think this situation would have on the child
- ask the parents if they have considered getting help for this situation. If yes, what happened? If not, would they consider it now?
- during future visits, inquire about psychosocial functioning and behavioral issues more often than you might ordinarily (i.e. be on “high alert” for the potential development of problems).

Your role in screening, counseling, and referring a family for psychosocial problems is critical to preventing the onset of serious mental and physical health problems for your child or adolescent patient.

Following are guidelines for scoring specific questions on the Family Psychosocial Screen and responding to a positive screen:

Question #	Assesses	Positive screen if...
2	Frequent moves; family's sense of permanence/stability	2 or more moves in the last year
10	Family history of behavioral, learning, and substance abuse problems	Family history of any listed problem
12-15	Domestic violence	1 or more "Yes" answer
16-21	Parental substance abuse	1 or more "Yes" answer, or, on question 18, more than 2 drinks to feel the effects of alcohol, indicating tolerance
27-30	Parental history of physical abuse as a child	"Often" or "Frequently" or "Very frequently" answer on question 27 or 28; OR anything more than "Never" on question 29; OR "Yes" on question 30

**Note:** Questions 31-35 gather additional information about disciplinary techniques and parents' need for counseling or parenting classes.

36-38	Parental depression	2 or more positive responses (considering any answer other than 0 a positive answer for question 36)
39-44	Social support	Either a) having an average of less than 2 supportive persons listed for each answer, or b) being less than very satisfied with their support



# FAMILY PSYCHOSOCIAL SCREEN

---

---

**Our practice is dedicated to providing the best possible care for your child. In order for us to serve you better, please take a few minutes to answer the following questions. Your answers will be kept strictly confidential as part of your child's medical record. Ongoing evaluations of our care may involve chart reviews by qualified persons, but neither your name nor your child's name will ever appear in any reports.**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

---

Circle either the word or the letter for your answer where appropriate. Fill in answers where space is provided.

**1. Are you the child's**

- A. Mother   B. Father   C. Grandparent   D. Foster parent   E. Other relative   F. Other   G. Self (Are *you* the patient?)

**2. How many times have you moved in the last year? \_\_\_\_\_ times**

**3. Where is the child living now?**

- A. House or apartment with family   B. House or apartment with relatives or friends   C. Shelter   D. Other

**4. Besides you, does anyone else take care of the child?**

- Yes    No   If yes, who? \_\_\_\_\_

**5. How would you rate this child's health in general?**

- A. Excellent   B. Good   C. Fair   D. Poor

**6. Do you have any concerns about your child's behavior or development?**

- Yes    No   If yes, what? \_\_\_\_\_

**7. What are your main concerns about your child? \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**8. How old are you? \_\_\_\_\_ years old**

**9. Are you**

- A. Single   B. Married   C. Separated   D. Divorced   E. Other

**10. Do the child's mother, father, or grandparents have any of the following? If yes, who?**

- Learning problems                       Yes     No    if yes, who? \_\_\_\_\_
- Nerve problems                         Yes     No    if yes, who? \_\_\_\_\_
- Mental illness (depression, etc.)    Yes     No    if yes, who? \_\_\_\_\_
- Drinking problems                     Yes     No    if yes, who? \_\_\_\_\_
- Drug problems                          Yes     No    if yes, who? \_\_\_\_\_
- Other                                        Yes     No    if yes, who? \_\_\_\_\_

**11. Do you feel that you live in a safe place?**

- Yes     No

**12. In the past year, have you ever felt emotionally or physically abused by your partner or someone important to you?**

- Yes     No

**13. In the past year, have you been hit, slapped, kicked or otherwise physically hurt by someone?**     Yes     No

**If yes, by whom? (circle all that apply)**    Spouse    Ex-spouse    Boyfriend/Girlfriend    Stranger    Parent    Other

**14. Within the past year, has anyone forced you to have sexual activities?**

- Yes     No

**15. Are you afraid of your partner or anyone else you listed above?**

- Yes     No

**16. In the past year, have you ever had a drinking problem?**

- Yes     No

**17. Have you tried to cut down on your drinking in the past year?**

- Yes     No

**18. How many drinks does it take for you feel a buzz?**

- 1     2     3     4     5     6     7 or more

**19. Do you ever have five or more drinks at one time?**

- Yes     No

**20. Have you ever had a drug problem?**

- Yes     No

**21. Have you used any drugs in the last 24 hours?**     Yes     No

**If yes, which one(s)?**    Cocaine    Heroin    Methadone    Speed    Marijuana    Other: \_\_\_\_\_

**22. Are you in a drug or alcohol recovery program now?**     Yes     No

**If yes, which one(s)?** \_\_\_\_\_

**23. Would you like to talk with other parents who are dealing with alcohol or drug problems?**     Yes     No

**Would you like information about alcohol or drug treatment programs in our area?**     Yes     No

## WHEN YOU WERE A CHILD....

**24. Did either parent have a drug or alcohol problem?**

Yes  No

**25. Were you raised part or all of the time by foster parents or relatives (other than your parents)?**

Yes  No

**26. How often did your parents ground you or put you in time out?**

A. Frequently B. Often C. Occasionally D. Rarely E. Never

**27. How often did your parents ridicule you in front of friends or family?**

A. Frequently B. Often C. Occasionally D. Rarely E. Never

**28. How often were you hit with an object such as a belt, board, hairbrush, stick, or cord?**

A. Frequently B. Often C. Occasionally D. Rarely E. Never

**29. How often were you thrown against walls or down stairs?**

A. Frequently B. Often C. Occasionally D. Rarely E. Never

**30. Do you feel you were physically abused?**

Yes  No

**31. Do you feel you were neglected?**

Yes  No

**32. Do you feel you were hurt in a sexual way?**

Yes  No

**33. Did your parents ever hurt you when they were out of control?**

Yes  No

**34. Are you ever afraid that you might lose control and hurt your child?**

Yes  No

**35. Would you like more information about free parenting programs, parent hotlines, or respite care?**

Yes  No

**36. How often in the last week have you felt depressed?**

0  1-2  3-4  5-7 days

**37. In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?**

Yes  No

**38. Have you had two or more years in your life when you felt depressed or sad most days, even if you felt OK sometimes?**

Yes     No

**39. Whom can you count on to be dependable when you need help (just write their initials and their relationship to you):**

A. No one                                      D. \_\_\_\_\_                                      G. \_\_\_\_\_  
B. \_\_\_\_\_                                      E. \_\_\_\_\_                                      H. \_\_\_\_\_  
C. \_\_\_\_\_                                      F. \_\_\_\_\_                                      I. \_\_\_\_\_

**40. How satisfied are you with their support?**

A. Very satisfied    B. Fairly satisfied    C. A little satisfied    D. A little dissatisfied    E. Fairly dissatisfied    F. Very dissatisfied

**41. Who accepts you totally, including both your best and worst points?**

A. No one                                      D. \_\_\_\_\_                                      G. \_\_\_\_\_  
B. \_\_\_\_\_                                      E. \_\_\_\_\_                                      H. \_\_\_\_\_  
C. \_\_\_\_\_                                      F. \_\_\_\_\_                                      I. \_\_\_\_\_

**42. How satisfied are you with their support?**

A. Very satisfied    B. Fairly satisfied    C. A little satisfied    D. A little dissatisfied    E. Fairly dissatisfied    F. Very dissatisfied

**43. Whom do you feel truly loves you deeply?**

A. No one                                      D. \_\_\_\_\_                                      G. \_\_\_\_\_  
B. \_\_\_\_\_                                      E. \_\_\_\_\_                                      H. \_\_\_\_\_  
C. \_\_\_\_\_                                      F. \_\_\_\_\_                                      I. \_\_\_\_\_

**44. How satisfied are you with their support?**

A. Very satisfied    B. Fairly satisfied    C. A little satisfied    D. A little dissatisfied    E. Fairly dissatisfied    F. Very dissatisfied

---

---

# **SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT REFERRAL RESOURCES**

---

---

---

---

# REFERRAL, REIMBURSEMENT, AND FINANCING OF CARE

---

---

# REFERRAL FOR SERVICES

---

---

## PATIENT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Brief statement of problem(s): \_\_\_\_\_

---

---

---

History of problem(s): \_\_\_\_\_

---

---

---

Other diagnoses/medical problems: \_\_\_\_\_

---

---

---

Relevant physical findings: \_\_\_\_\_

---

---

---

Relevant laboratory/imaging/testing findings: \_\_\_\_\_

---

---

---

Medications (current and relevant past): \_\_\_\_\_

---

---

---

Developmental history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family/housing: \_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_  
\_\_\_\_\_

Community/peers/justice system: \_\_\_\_\_  
\_\_\_\_\_

Substance use: \_\_\_\_\_

Interventions for problem(s) (current and past): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We request that you:**

- Evaluate for diagnosis     Evaluate for management/treatment options     Assume management/treatment for stated problems

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much.

Please contact us by:  telephone    fax    e-mail    postal mail

Practice contact information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please notify us if the patient does not keep the appointment.



# DOCUMENTATION FOR REIMBURSEMENT

---

---

Date: \_\_\_\_\_

Attn: Case Manager

Insurance Company

Re: [Name of child or adolescent: date of birth]

DOB \_\_\_\_\_

To whom it may concern,

I saw [name of child or adolescent] on [visit date] for [diagnosis]. This letter documents the components of the services provided and billed with the diagnosis code of \_\_\_\_\_.

**The following services were provided:**

- Parent conference regarding the diagnosis, etiology, management, and medical treatments of [diagnosis name]. This conference lasted approximately \_\_\_\_\_ minutes.
- Face-to-face visit with child or adolescent for additional discussion and initiation of therapy. This visit lasted approximately \_\_\_\_\_ minutes.
- Correspondence to the school [name of child or adolescent] attends.
- Review of school records.
- Phone consultation(s). These consultations lasted a total of approximately \_\_\_\_\_ minutes.
- Other: \_\_\_\_\_

Should you have any additional questions or wish these services to be coded in a different way, please contact \_\_\_\_\_ in my office.

Thank you for your consideration.

Sincerely,

[Name of health professional]

# SELECTED GENERAL MEDICINE AND BEHAVIORAL CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES

---

---

## PSYCHIATRIC THERAPEUTIC PROCEDURES

### (FACE TO FACE)

(Individual psychotherapy, insight oriented, behavior modifying, and/or supportive, in an office or outpatient facility.)

Code	Description
90804	20-30 minutes face to face with the patient
90805	with medical evaluation and management services
90806	45-50 minutes face to face with the patient
90807	with medical evaluation and management services
90808	75-80 minutes face to face with the patient
90809	with medical evaluation and management services

## REVIEW TESTING: PSYCHOLOGICAL OR SCHOOL

Code	Description
90887	Not time related

## PROLONGED PHYSICIAN SERVICES

### (WITHOUT FACE TO FACE)

Code	Description
99358	First 60 minutes
99359	Each additional 30 minutes

## PROLONGED PHYSICIAN SERVICES

### (FACE TO FACE)

Code	Description
99354	First 60 minutes
99355	Each additional 30 minutes

## PHYSICIAN SUPERVISION

(Work provided in a 30-day period to supervise multidisciplinary care modalities of patients to include development and/or review of care plan, review reports, communications, etc.)

Code	Description
99374	15-29 minutes
99375	30+ minutes

## TEAM CONFERENCE (WITH OR WITHOUT PATIENT PRESENT)

Code	Description
99361	30 minutes
99362	60 minutes

## CASE MANAGEMENT PHONE

Code	Description
99371	Brief call
99372	Intermediate call
99373	Complex call

## PREVENTIVE COUNSELING

Code	Description
99401	15 minutes
99402	30 minutes
99403	45 minutes
99404	60 minutes



## DIAGNOSTIC INTERVIEW

Code	Description
90801	Psychiatric diagnostic interview
99802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication

## EVALUATION AND MANAGEMENT (E & M) CODES (EXISTING PATIENT CODES)

Code	Description
99211	Office visit (OV) minimal
99212	OV problem focused
99213	OV expanded focus
99214	OV detailed
99215	OV highly complex communications, etc.)

---

---

# HANDOUTS FOR PARENTS AND FAMILIES

---

---

# KNOWING WHEN TO SEEK HELP FOR YOUR CHILD

FOLLOWING ARE A FEW SIGNS WHICH MAY INDICATE THAT A CHILD AND ADOLESCENT PSYCHIATRIC EVALUATION WILL BE USEFUL:

## YOUNGER CHILDREN

- Marked fall in school performance.
- Poor grades in school despite trying very hard.
- A lot of worry or anxiety, as shown by regular refusal to go to school, go to sleep or take part in activities that are normal for the child's age.
- Hyperactivity; fidgeting; constant movement beyond regular playing.
- Persistent nightmares.
- Persistent disobedience or aggression (longer than 6 months) and provocative opposition to authority figures.
- Frequent, unexplainable temper tantrums.



## PRE-ADOLESCENTS AND ADOLESCENTS

- Marked change in school performance.
- Inability to cope with problems and daily activities.
- Marked changes in sleeping and/or eating habits.
- Many physical complaints.
- Sexual acting out.
- Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death.
- Abuse of alcohol and/or drugs.
- Intense fear of becoming obese with no relationship to actual body weight, purging food or restricting eating.
- Persistent nightmares.
- Threats of self-harm or harm to others.
- Self-injury or self destructive behavior.
- Frequent outbursts of anger, aggression.
- Threats to run away.
- Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, thefts, or vandalism.
- Strange thoughts and feelings; and unusual behaviors.

## WARNING SIGNS OF ALCOHOL AND DRUG ABUSE

<b>Physical</b>	<ul style="list-style-type: none"><li>• Fatigue</li><li>• Repeated health complaints</li><li>• Red and glazed eyes</li><li>• Lasting cough</li></ul>
<b>Emotional</b>	<ul style="list-style-type: none"><li>• Personality change</li><li>• Sudden mood changes</li><li>• Irritability</li><li>• Irresponsible behavior</li><li>• Low self-esteem</li><li>• Poor judgment</li><li>• Depression</li><li>• General lack of interest</li></ul>
<b>Family</b>	<ul style="list-style-type: none"><li>• Starting arguments</li><li>• Breaking rules</li><li>• Withdrawing from the family</li></ul>
<b>School</b>	<ul style="list-style-type: none"><li>• Decreased interest</li><li>• Negative attitude</li><li>• Drop in grades</li><li>• Many absences</li><li>• Truancy</li><li>• Discipline problems.</li></ul>
<b>Social</b>	<ul style="list-style-type: none"><li>• New friends who are less interested in standard home and school activities</li><li>• Problems with the law</li><li>• Changes to less conventional styles in dress and music.</li></ul>

# ESTAR PREPARADO

---

---

## SEPA CUANDO BUSCAR AYUDA PARA SU HIJO/HIJA

Los padres son usualmente los primeros en reconocer cuando un hijo tiene un problema emocional o de comportamiento. Aún así, la decisión de buscar ayuda profesional puede ser difícil y dolorosa para el padre. El primer paso es tratar tiernamente de hablar con el niño. Una conversación honesta acerca de los sentimientos a veces puede ayudar. Los padres pueden escoger el consultar con el médico del niño, maestros, miembros del clero, u otros adultos que conozcan bien al niño. Estos pasos pueden resolver los problemas para el niño y la familia.

A continuación se describen algunas señales indicativas de que una evaluación por un siquiatra de niños y adolescentes puede ser de gran ayuda:

### EN NIÑOS PEQUEÑOS

- Cambios importantes en el rendimiento académico.
- Malas calificaciones en la escuela, a pesar de hacer un esfuerzo notable.
- Mucha preocupación o ansiedad excesiva, lo que puede manifestarse en su negativa para asistir a la escuela, al acostarse a dormir o al participar en aquellas actividades normales para un niño de su edad.
- Hiperactividad, inquietud, movimiento constante mas allá del juego regular.
- Pesadillas persistentes.
- Desobediencia o agresión persistente (de más de 6 meses) y conducta provocativa hacia las figuras de autoridad.
- Rabietas frecuentes e inexplicables.

### EN PRE-ADOLESCENTES Y ADOLESCENTES

- Cambios marcados en el aprendizaje en la escuela.
- Dificultad para enfrentarse a los problemas, situaciones o actividades diarias.
- Cambios significativos en hábitos de dormir o alimenticios.
- Muchas quejas físicas.
- Representaciones sexuales.
- Estado depresivo manifestado por un estado de ánimo y actitud persistentemente negativo, con frecuencia acompañado de apetito pobre, dificultad en el dormir e ideas relacionadas con la muerte.
- Abuso de drogas o de alcohol.
- Miedo intenso a tornarse obeso sin tomar en cuenta su verdadero peso al presente, purgar los alimentos o restringir el comer.
- Pesadillas persistentes.
- Amenazas de hacerse daño a si mismo o hacerle daño a otros.
- Comportamiento de inflingirse heridas o autodestructivo.
- Arranques frecuentes de ira y agresión.
- Amenazas de irse del hogar.
- Violación persistente de los derechos de otras personas de forma agresiva o no agresiva; reto a la autoridad, ausencia a escuela, robos o vandalismo.
- Pensamientos y sentimientos extraños, comportamiento poco usual.

Si los problemas persisten por un período de tiempo extenso y especialmente si otros envueltos en la vida del niño están preocupados, la consulta con un siquiatra de niños y adolescentes y con otros clínicos específicamente entrenados para trabajar con niños puede ser de ayuda.

*La "American Academy of Child and Adolescent Psychiatry (AACAP)" representa a más de 6,500 siquiátras de niños y adolescentes quienes son doctores egresados de una escuela de medicina, con por lo menos cinco años adicionales de entrenamiento en siquiatria general (adultos) y siquiatria de niños y adolescentes. La Información para la Familia ha sido desarrollada y distribuida por la "American Academy of Child and Adolescent Psychiatry". No se requiere permiso escrito para reproducir las hojas de uso personal o educativo, pero no se pueden incluir en material que se presente a la venta. Para comprar la serie de "FFF's", puede llamar al "AACAP Publications Clerk" al: 1.800.333.7636, ext. 131*

# LOS ADOLESCENTES: EL ALCOHOL Y OTRAS DROGAS

---

---

**Los adolescentes pueden estar envueltos en varias formas con el alcohol y las drogas legales o ilegales. Es común el experimentar con el alcohol y las drogas durante la adolescencia. Desgraciadamente, con frecuencia los adolescentes no ven la relación entre sus acciones en el presente y las consecuencias del mañana. Ellos tienen la tendencia a sentirse indestructibles e inmunes hacia los problemas que otros experimentan. El uso del alcohol o del tabaco a una temprana edad aumenta el riesgo del uso de otras drogas luego. Algunos adolescentes experimentan un poco y dejan de usarlas, o continúan usándolas ocasionalmente sin tener problemas significativos. Otros desarrollarán una dependencia, usarán drogas más peligrosas y se causarán daños significativos a ellos mismos y posiblemente a otros.**

La adolescencia es el tiempo de probar cosas nuevas. Los adolescentes usan el alcohol y las otras drogas por varias razones, incluyendo la curiosidad, para sentirse bien, para reducir el estrés, para sentirse personas adultas o para pertenecer a un grupo. Es difícil el poder determinar cuáles de los adolescentes van a desarrollar problemas serios. Los adolescentes que corren el riesgo de desarrollar problemas serios con el alcohol y las drogas incluyen aquéllos:

- con un historial familiar de abuso de sustancias,
- que están deprimidos,
- que sienten poco amor propio o autoestima, y
- que sienten que no pertenecen y que están fuera de la corriente.

Los adolescentes abusan de una variedad de drogas, tanto legales como ilegales. Las drogas legales disponibles incluyen las bebidas alcohólicas, las medicinas por receta médica, los inhalantes (vapores de las pegas, aerosoles y solventes) y medicinas de venta libre para la tos, la gripe, el insomnio y para adelgazar. Las drogas ilegales de mayor uso común son la marijuana (pot), los estimulantes (cocaína, “crack” y “speed”), LSD, PCP, los derivados del opio, la heroína y las drogas diseñadas (éctasis). El uso de las drogas ilegales está en aumento, especialmente entre los

jóvenes o adolescentes. La edad promedio del que usa marijuana por vez primera es 14, y el uso del alcohol puede comenzar antes de los 12. El uso de la marijuana y el alcohol en la escuela superior (high school) se ha convertido en algo común.

El uso de las drogas esta asociado con una variedad de consecuencias negativas, que incluyen el aumento en el riesgo del uso serio de drogas más tarde en la vida, el fracaso escolar, el mal juicio que puede exponer a los adolescentes al riesgo de accidentes, violencia, relaciones sexuales no planificadas y arriesgadas y el suicidio. Los padres pueden ayudar en la educación a temprana edad acerca de las drogas, estableciendo comunicación, siendo ejemplo modelo y reconociendo desde el las otras comienzo si hay problemas desarrollandose.





Las señales principales del uso de alcohol y del abuso de drogas por los adolescentes pueden incluir:

- **Físicas:** fatiga, quejas continuas acerca de su salud, ojos enrojecidos y sin brillo y una tos persistente.
- **Emocionales:** cambios en la personalidad, cambios rápidos de humor, irritabilidad, comportamiento irresponsable, poco amor propio o autoestima, carencia de juicio, depresión y una falta general de interés.
- **Familia:** el comenzar argumentos, desobedecer las reglas, el retraerse o dejar de comunicarse con la familia.
- **Escuela:** interés decreciente, actitud negativa, faltas al deber, calificaciones bajas, ausencias frecuentes y problemas de disciplina.
- **Problemas Sociales:** amigos nuevos a quienes no les interesan las actividades normales de la casa y de la escuela, problemas con la ley y el cambio hacia estilos poco convencionales en el vestir y en la música.

Algunas de estas señales de aviso pueden también ser señales indicativas de otros problemas. Los padres pueden reconocer las señales de problemas pero no se espera que ellos hagan el diagnóstico. Una manera eficaz para los padres demostrar su preocupación y afecto por el adolescente es discutir francamente con éste el uso y abuso de las bebidas alcohólicas y de las otras drogas.

El primer paso que los padres deben de dar es el consultar con un médico para estar seguros de que las señales de aviso que descubren no tengan causas físicas. Esto debe de ser acompañado o seguido por una evaluación comprensiva llevada a cabo por un psiquiatra de niños y adolescentes.

Para información adicional puede obtener "Información para la Familia": #4 El niño deprimido, #17 Los hijos de alcohólicos y #33 Desórdenes del comportamiento.

*La "American Academy of Child and Adolescent Psychiatry (AACAP)" representa a más de 6,500 siquiátras de niños y adolescentes quienes son doctores egresados de una escuela de medicina, con por lo menos cinco años adicionales de entrenamiento en siquiátria general (adultos) y siquiátria de niños y adolescentes, La Información para la Familia ha sido desarrollada y distribuida por la "American Academy of Child and Adolescent Psychiatry". No se requiere permiso escrito para reproducir las hojas de uso personal o educativo, pero no se pueden incluir en material que se presente a la venta. Para comprar la serie de "FFF's", puede llamar al "AACAP Publications Clerk" al: 1.800.333.7636, ext. 131*

# QUESTIONS FOR PARENTS TO ASK....

---

---

## **Before a Child/Adolescent Begins Substance Abuse Treatment**

1. Why do you believe this treatment in this program is indicated for my child? How does it compare to other programs or services which are available?
2. What are the credentials and experience of the members of the treatment team, and will the team include a child and adolescent psychiatrist with knowledge and skills in substance abuse treatment?
3. What treatment approaches does this program use regarding chemical dependency; detoxification; abstinence; individual, family, and group therapy; use of medications; a twelve-step program; mutual-help groups; relapse prevention; and a continuing recovery process?
4. Based on your evaluation, does my child have other psychiatric problems in addition to the substance abuse problem? If so, will these be addressed in the treatment process?
5. How will our family be involved in our child's substance abuse treatment -- including the decision for discharge and the after-care?
6. What will treatment cost? Are the costs covered by my insurance or health plan?
7. How will my child continue education while in treatment?
8. If this treatment is provided in a hospital or residential program, is it approved by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)? Is this substance abuse treatment program a separate unit accredited for youngsters of our child's age?
9. How will the issue of confidentiality be handled during and after treatment?

10. How long will this phase of the treatment process continue? Will we reach our insurance limit before treatment in this phase is completed?
11. When my child is discharged from this phase of treatment, how will it be decided what types of ongoing treatment will be necessary, how often, and for how long?
12. As my child's problem improves, does this program provide less intensive/step-down treatment services?

## **Before a Child/Adolescent Begins Mental Health Treatment**

1. What are the recommended treatment options for my child?
2. How will I be involved with my child's treatment?
3. How will we know if the treatment is working?
4. How long should it take before I see improvement?
5. Does my child need medication?
6. What should I do if the problems get worse?
7. What are the arrangements if I need to reach you after-hours or in an emergency?

## **Before a Child/Adolescent Begins Psychotherapy**

1. Why is psychotherapy being recommended?
2. What are some of the results I can expect to see?
3. How long will my child be involved in therapy?
4. How frequently will the doctor want to see my child?
5. Will the doctor be meeting with just my child or the entire family?

6. How much do psychotherapy sessions cost?
7. How will we (the parents) be informed about our child's progress and how can we help?
8. How soon can we expect to see some changes?

#### **Before Psychiatric Hospitalization of a Child or Adolescent**

1. Why is psychiatric inpatient treatment being recommended for our child, and how will it help our child?
2. What are the other treatment alternatives to hospital treatment, and how do they compare?
3. Is a child and adolescent psychiatrist admitting our child to the hospital?
4. What does the inpatient treatment include, and how will our child be able to keep up with school work?
5. What are the responsibilities of the child and adolescent psychiatrist and other people on the treatment team?

6. How long will our child be in the hospital, how much will it cost, and how do we pay for these services?
7. What will happen if we can no longer afford to keep our child in this hospital or if the insurance company denies coverage and inpatient treatment is still necessary?
8. Will our child be on a unit specifically designed for the treatment of children and adolescents and is this hospital accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) as a treatment facility for youngsters of our child's age?
9. How will we as parents be involved in our child's hospital treatment, including the decision for discharge and after-care treatment?
10. How will the decision be made to discharge our child from the hospital?
11. Once our child is discharged, what are the plans for continuing or follow-up treatment?



# TRATAMIENTO PARA EL ABUSO DE SUBSTANCIAS POR NIÑOS Y ADOLESCENTES: QUE PREGUNTAR

**Muchos niños y adolescentes usan alcohol y otras drogas. Algunos desarrollan problemas muy serios, los cuales requieren ayuda profesional para poder controlarlos, tales como el tratamiento en hospitales, el tratamiento ambulatorio, los programas de doce pasos y las unidades de diagnóstico doble para individuos con problemas emocionales y problemas de abuso de sustancias.**

Hay una variedad de programas para el tratamiento del abuso de sustancias. La decisión de poner a un niño o adolescente en tratamiento es difícil y se estimula a los padres a que consulten con un psiquiatra de niños y adolescentes para que les ayude a decidir acerca del tratamiento para el abuso de sustancias. Otros desórdenes psiquiátricos a menudo pueden co-existir con los problemas del abuso de drogas y necesitan evaluación y tratamiento.

Cuando se recomienda un tratamiento para el abuso de sustancias, los padres pueden obtener la información necesaria haciéndole las preguntas siguientes a un profesional:

1. ¿Por qué cree que el tratamiento que ofrece este programa es el indicado para mi hijo? ¿Cómo compara éste con otros servicios o programas disponibles?
2. ¿Cuáles son las credenciales y la experiencia de los miembros del equipo de tratamiento y se incluirá en el equipo a un psiquiatra de niños y adolescentes con el conocimiento y las destrezas en el tratamiento para el abuso de sustancias?
3. ¿Qué métodos de tratamiento se usan en el programa con relación a la dependencia química; desintoxicación; abstinencia; terapia individual, familiar o de grupo; el uso de medicamentos; un programa de doce pasos; grupos de asistencia mutua; prevención de recaídas, y un proceso continuo de recuperación?
4. Basado en su evaluación, ¿cree que mi hijo tiene otros problemas psiquiátricos además del de abuso de sustancias? De ser éste el caso, ¿se tratarán esos problemas durante el proceso de tratamiento ?

5. ¿Cómo se involucrará a nuestra familia en el tratamiento para abuso de sustancias de nuestro hijo – incluyendo la decisión de darle de alta y el tratamiento de ahí en adelante?
6. ¿Cuánto costará el tratamiento? ¿Cubrirá mi seguro o plan de salud estos gastos?
7. ¿Cómo continuará mi niño su educación escolar mientras recibe el tratamiento?
8. Si el tratamiento se lleva a cabo en un hospital o programa residencial, ¿está aprobada dicha institución por la Comisión Unida para la Acreditación de las Organizaciones de la Salud [Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)]? ¿Este programa para el abuso de sustancias recomendado se ofrece en una unidad separada acreditada para jóvenes de la edad de nuestro niño?
9. ¿Cómo se manejará el asunto de confidencialidad durante y después del tratamiento?
10. ¿Cuánto tiempo durará esta fase del tratamiento?  
¿Llegaremos al límite de nuestra cubierta del seguro de salud antes de que se complete esta fase del tratamiento?
11. Cuando se dé de alta a mi hijo en esta fase del tratamiento, ¿cómo se decidirá qué tratamiento adicional necesitará, con qué frecuencia y por cuánto tiempo?
12. A medida que el problema del hijo mejore, ¿hay provisión en este programa para una reducción gradual en los servicios ofrecidos en el tratamiento?

El abuso severo de sustancias y la dependencia química en la adolescencia puede ser un desorden crónico con múltiples recaídas. Los padres deben preguntar cuáles servicios para tratamiento hay disponibles para un tratamiento continuo o futuro.

Si todavía le quedan preguntas o dudas sobre la admisión a un programa de tratamiento de abuso de sustancias; o si se le niega el tratamiento, una segunda opinión puede ser de gran ayuda.

# ABOGANDO POR TU HIJO

---

---

**De acuerdo con Salud Mental:** Un Informe del Cirujano General (1999), 1 de cada 5 niños ha de experimentar signos o síntomas de un trastorno siquiátrico durante el curso del año. **Unos nueve millones de niños tienen problemas emocionales serios en algún momento. Sin embargo, sólo 1 de cada 5 de esos niños está recibiendo el tratamiento apropiado. Cuando los padres o los maestros sospechan que un niño pueda tener problemas emocionales, ellos deben de buscar una evaluación comprensiva llevada a cabo por un profesional de la salud mental, adiestrado específicamente para trabajar con niños y adolescentes. Los signos y los síntomas de los problemas emocionales en los niños y los adolescentes pueden incluir:**

- Problemas escolares
- Peleas frecuentes
- Problemas durmiendo
- Tristeza
- Pensamientos sobre el suicidio o el irse del hogar
- Robar o mentir
- Cambios en el humor
- Prender fuegos
- Pensamientos obsesivos o comportamiento compulsivo
- Pérdida o ganancia excesiva de peso
- Pensamientos turbulentos o perturbantes
- Uso de las drogas o del alcohol
- Retraimiento o aislamiento
- Herir o matar animales
- Comportamiento peligroso o autodestructivo
- Problemas prestando atención
- Ansiedad o preocupaciones frecuentes.

Durante el proceso de evaluación, los padres deben de involucrarse directamente y hacer muchas preguntas. Es importante que estén seguros de que entienden los resultados de la evaluación, el diagnóstico de su hijo y la gama completa de opciones para el tratamiento. Si los padres no se sienten cómodos con un



clínico en particular, la opción de tratamiento o están confusos acerca de recomendaciones específicas, ellos deben de considerar una segunda opinión.

Antes de que un niño comience el tratamiento, los padres pueden querer preguntar lo siguiente:

- ¿Cuáles son las opciones de tratamiento recomendadas para mi hijo?
- ¿Cómo me he de involucrar yo en el tratamiento de mi hijo?
- ¿Cómo sabremos si el tratamiento está funcionando?
- ¿Cuánto va a tomar para que yo vea la mejoría?
- ¿Necesita mi hijo medicamentos?
- ¿Qué puedo yo hacer si los problemas empeoran?
- ¿Qué arreglos existen por si yo necesito conseguirlo a usted después de las horas laborables o en una emergencia?

Usted también puede tener que abogar para que su hijo sea visto a tiempo por el clínico más apropiado. La mayoría de los seguros de hoy en día incluyen alguna forma de cuidado supervisado (managed care) y puede que utilicen un panel con algunos profesionales de la salud mental. Sin embargo, hoy muchos estados tienen leyes relacionadas con el acceso razonable a los especialistas. Si usted tiene problemas o preguntas, trate de llamar al Departamento de Seguros, al Defensor/Abogado del Pueblo encargado de los pacientes o al Departamento de Asuntos del Consumidor de su compañía de seguros.

El involucrarse y el respaldo paterno continuo son esenciales para el éxito total del tratamiento. Dependiendo de la naturaleza de los problemas de su hijo, puede que sea importante el

involucrar a la escuela, a agencias de la comunidad y/o al sistema de justicia juvenil. Además, puede que sea de ayuda el aprender cómo conseguir otros servicios de respaldo tales como ayuda fuera del hogar ( respite ), el desarrollar destrezas en los padres o programas basados en el hogar. Los grupos locales que abogan pueden también proveer información valiosa, experiencia y respaldo para los padres.

Aunque los problemas emocionales serios son comunes en la niñez y en la adolescencia, ellos son también muy tratables. Abogando por la identificación temprana, evaluación comprensiva e intervención apropiada, los padres pueden cerciorarse de que sus niños obtengan la ayuda que ellos necesitan y pueden así reducir el riesgo de dificultades emocionales a largo plazo.

*La "American Academy of Child and Adolescent Psychiatry (AACAP)" representa a más de 6,500 siquiátras de niños y adolescentes quienes son doctores egresados de una escuela de medicina, con por lo menos cinco años adicionales de entrenamiento en siquiatria general (adultos) y siquiatria de niños y adolescentes, La Información para la Familia ha sido desarrollada y distribuida por la "American Academy of Child and Adolescent Psychiatry". No se requiere permiso escrito para reproducir las hojas de uso personal o educativo, pero no se pueden incluir en material que se presente a la venta. Para comprar la serie de "FFF's", puede llamar al "AACAP Publications Clerk" al:1.800.333.7636, ext. 131*

# QUE ES LA PSICOTERAPIA DE NIÑOS Y ADOLESCENTES

---

---

**Psicoterapia se refiere a la variedad de técnicas y métodos que se usan para ayudar a niños y adolescentes que experimentan dificultades con sus emociones y comportamiento. Aunque hay diferentes tipos de psicoterapia, todos dependen de la comunicación para lograr cambios en las emociones y el comportamiento de la persona. La psicoterapia puede involucrar al niño individualmente, a un grupo o a la familia. En el caso de niños y adolescentes, el jugar, el dibujar, el construir y el pretender, además del hablar, son formas importantes para compartir sentimientos y resolver problemas.**

Como parte de la evaluación inicial, el psiquiatra de niños y adolescentes determinará la necesidad de la psicoterapia. Esta decisión estará basada en factores tales como los problemas actuales que presenta el niño, su historial, nivel de desarrollo,



habilidad para cooperar con el tratamiento y qué tipo de intervención es más compatible con las presentes preocupaciones o inquietudes. La psicoterapia a menudo se usa en combinación con otros tratamientos (medicamentos, control del comportamiento, o trabajos con la escuela). La relación que se desarrolla entre el terapeuta y el paciente es muy importante. El niño o adolescente debe sentirse cómodo, seguro y comprendido. Este ambiente de confianza le permite al niño expresar sus pensamientos y emociones y usar la terapia de manera eficaz.

La psicoterapia ayuda a los niños y adolescentes de varias maneras. Además de recibir apoyo emocional, les ayuda a resolver conflictos con otras personas, a entender emociones y problemas y a tratar soluciones nuevas para sus problemas viejos. Las metas de la terapia pueden ser específicas (cambios en el comportamiento, mejorar sus relaciones con los amigos), o más generales (menos ansiedad y mayor autoestima). La duración de la psicoterapia depende de la complejidad y gravedad de los problemas. Los psiquiatras de niños y adolescentes han sido específicamente entrenados y son expertos en proveer psicoterapia.

Los padres deben hacer las siguientes preguntas:

- ¿Por qué se recomienda la psicoterapia?
- ¿Cuáles son los resultados que podemos esperar ver?
- ¿Cuánto tiempo tendrá que estar el niño en psicoterapia?
- ¿Con qué frecuencia quiere ver al niño el doctor?
- ¿Se reunirá el doctor sólo con mi hijo o con la toda la familia?
- ¿Cómo nos mantendrán informados del progreso de nuestro hijo y cómo podemos ayudar?
- ¿Cuán pronto podemos esperar ver resultados positivos?

El psiquiatra de niños y adolescentes podrá proveerle contestaciones a sus preocupaciones y preguntas.

# 11 PREGUNTAS A HACERSE ANTES DE COMENZAR EL TRATAMIENTO SIQUIATRICO DE SU NIÑO O ADOLESCENTE

**El tratamiento en un hospital psiquiátrico es una de las muchas opciones disponibles para los niños y adolescentes con enfermedades mentales. Es natural que los padres se preocupen y que se muestren asustados o confundidos cuando se les recomienda que se ingrese al hijo en un hospital psiquiátrico para recibir tratamiento. Los padres deben hacer las siguientes preguntas para poder entender lo que significa el ingreso al hospital que se les propone:**

1. ¿Por qué se nos recomienda que ingresemos al niño en el hospital para tratamiento y cómo podrá esto ayudarlo?
2. ¿Cuáles son otros tratamientos alternos al tratamiento en el hospital y cómo comparan entre sí?
3. ¿Es un psiquiatra de niños y adolescentes quien admite a nuestro hijo al hospital?
4. ¿En qué consiste el programa de tratamiento que recibirá en el hospital y cómo puede nuestro hijo proseguir con su trabajo escolar?
5. ¿Cuáles serán las responsabilidades específicas del psiquiatra de niños y adolescentes y de las otras personas en el equipo de tratamiento?
6. ¿Cuánto tiempo pasará mi hijo en el hospital, cuánto va a costar y cómo pagaremos por estos servicios?
7. ¿Qué pasará si llegara el momento en que no podemos seguir pagando por el hospital, la compañía aseguradora se niega a cubrir los gastos y el niño todavía necesita quedarse hospitalizado para tratamiento?
8. ¿Estará nuestro hijo en una unidad específicamente diseñada para el tratamiento de niños y adolescentes y está este hospital acreditado por la "Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)" como una facilidad para el tratamiento de jóvenes de la edad de nuestro niño?
9. ¿Cómo participaremos, en nuestro papel de padres, en el tratamiento en el hospital, incluyendo las decisiones de dar de alta al niño y de los tratamientos subsiguientes que se requieran?
10. ¿Cómo se tomará la decisión de dar de alta del hospital a nuestro niño?
11. ¿Una vez que se dé de alta a nuestro hijo, ¿cuáles son los planes para continuar o dar seguimiento al tratamiento?

El tratamiento en el hospital es una cuestión muy seria para los padres, los niños y los adolescentes. Los padres deben hacer todas las preguntas anteriores antes de que se ingrese al hijo al hospital. Los padres que estén bien informados acerca del tratamiento que el hijo va a recibir en el hospital estarán en mejor posición para contribuir a la eficacia del tratamiento.

Si después de hacer estas preguntas todavía a los padres les quedan dudas serias o preguntas, deben de solicitar una segunda opinión.





# MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT: UNDERSTANDING YOUR HEALTH INSURANCE

---

---

**Insurance benefits for mental health services have changed a lot in recent years. These changes are consistent with the nationwide trend to control the expense of health care. It is important to understand your mental health care coverage so that you can be an active advocate for your child's needs within the guidelines of your particular plan.**

Some of the language used in describing your health care plan may be unfamiliar to you. Managed care refers to the process of someone reviewing and monitoring the need for and use of services. Your insurance company may do its own review and monitoring or may hire a "managed care company" to do the reviewing. The actual review of care is commonly known as "utilization review" and is done by professionals, mostly social workers and nurses, known as "utilization reviewers" or "case managers." The professional treating your child may have to discuss the treatment with a reviewer in order for the care to be authorized and paid for by your insurance. The reviewers are trained to use the guidelines developed by your health care plan. A review by a child and adolescent psychiatrist reviewer usually must be specially requested.

The review process often takes place over the telephone. Written treatment plans may also be required. Some plans may require that the entire medical record be copied and sent for review. Reviewers usually authorize payment for a limited number of outpatient sessions or a few days of inpatient care. In order for additional treatment to be authorized, the professional must call the reviewer back to discuss the child's progress and existing problems. Managed care emphasizes short term treatment with a focus on changing specific behaviors.



*Here are some useful questions to ask when evaluating the mental health benefits of an insurance plan or HMO:*

- *Do I have to get a referral from my child's primary care physician or employee assistance program to receive mental health services?*
- *Is there a "preferred list of providers" or "network" that you must see?*

*Are child psychiatrists included?*

*What happens if I want my child to see someone outside the network?*

- *Is there an annual deductible that I pay before the plan pays? What will I actually pay for services? What services are paid for by the plan: office visits, medication, respite care, day hospital, inpatient?*
- *Are there limits on the number of visits? Will my provider have to send reports to the managed care company?*
- *What can I do if I am unhappy with either the provider of the care or the recommendations of the "utilization review" process?*
- *What hospitals can be used under the plan?*
- *Does the plan exclude certain diagnoses or pre-existing conditions?*
- *Is there a "lifetime dollar limit" or an "annual limit" for mental health coverage, and what is it?*
- *Does the plan have a track record in your area?*

Preferred providers are groups of doctors, social workers, or psychologists which your insurer has agreed to pay. If you choose to see doctors outside of this list, (out of network caregivers), your insurer may not pay for the services. You will still be responsible for the bill. Similarly, care given in hospitals designated as “in network” is paid for by your insurance, while care given in hospitals “out of network” is usually not paid by your insurance and becomes your responsibility. Even when using preferred providers and in network hospitals, utilization reviewers still closely monitor treatment.

Another change is the variety of services and diagnosis paid for by different plans. In the past, only inpatient care and outpatient care was covered by insurance. Now, depending upon your particular plan, other services such as day hospital, home-based care, and respite care may also be covered. These lower cost services may offer advantages to inpatient hospitalization.

A limiting feature of some mental health care plans is a low lifetime maximum or a low annual dollar amount that can be used for mental health care. (i.e. Once this amount is used, plan coverage ends.) You, as parent or guardian, are responsible for paying the non-covered bill. If your child/adolescent needs continued care, you may need to seek help from your state public mental health system. This usually means changing doctors which may disrupt your child’s care. In addition, early and periodic screening, diagnosis, and treatment funds (EPSDT) may be used to pay for services for Medicaid recipients that are not covered by the state’s Medicaid plan.

It is important to understand as much as possible about your particular insurance plan. Understanding your coverage will put you in a better position to help your child. Sometimes you may need to advocate for services that are not a part of your plan, but which you and your child’s treatment professional feel are necessary. Advocacy groups may provide you with important information about local services. The support of other parents is also useful and important when engaged in advocacy efforts.

*Source: American Academy of Child & Adolescent Psychiatry. “Facts for Families,” number 26. [www.aacap.org/publications/factsfam/](http://www.aacap.org/publications/factsfam/)*



# ESTAR PREPARADO

---

---

## ENTIENDA SU PLAN MÉDICO DE SALUD MENTAL

Los beneficios de salud mental de los seguros de salud han cambiado mucho en los últimos años. Estos cambios son consistentes con la tendencia nacional de controlar los gastos de atención médica. Es muy importante que usted entienda la cubierta de salud mental que ofrece su seguro para que así pueda defender los derechos de su hijo/hija de acuerdo a las reglas de su plan en particular. Aquí le presentamos algunas preguntas útiles que usted debe hacer para evaluar los beneficios de salud mental de su plan de seguro médico o de su sistema de salud integral (HMO).

- ¿Necesito conseguir un referido del médico primario de mi hijo o del programa de asistencia de empleados para recibir los servicios de salud mental?
- ¿Existe una “lista de proveedores preferidos” o una “red” a los que tengo que ver? ¿Se incluyen siquiátras de niños y adolescentes? ¿Qué sucede si quiero llevar al niño a ver a alguien que no está en la lista?
- ¿Hay un deducible anual que tengo que pagar antes de que el plan comience a pagar? ¿Cuánto voy realmente a pagar por los servicios? ¿Qué servicios paga el plan: visitas a la oficina, medicamentos, servicios de tregua para la familia (respite care), hospital diurno y hospitalización?
- ¿Hay un límite en el número de visitas? ¿Tiene mi proveedor que enviar informes a la compañía administradora del plan de cuidado?

- ¿Qué puedo yo hacer si no estoy contento con el proveedor del cuidado o con las recomendaciones del proceso de revisión de utilización?
- ¿Qué hospitales pueden usarse bajo el plan?
- ¿El plan excluye ciertos diagnósticos o condiciones pre-existentes?
- ¿La cubierta de salud tiene un “límite de dinero de por vida” o un “límite anual” y cuánto es?
- ¿Este plan, tiene un récord de seguimiento (track record) en su área?

Parte del lenguaje que se utiliza al describir su plan de salud puede que no le sea familiar a usted. Cuidado administrado se refiere al proceso mediante el cual alguien revisa y controla la necesidad para el uso de los servicios. Su compañía aseguradora puede llevar a cabo su propia revisión y control o puede alquilar a una “compañía administradora de cuidado” para llevar a cabo la revisión. La revisión real de cuidado se le conoce comúnmente como “revisión de utilización” y se lleva a cabo por profesionales, en su mayoría trabajadores sociales y enfermeras, a los que se les conoce como “críticos de utilización” o “administradores del caso”. El siquiátra de niños y adolescentes que trata a su hijo puede tener que discutir el tratamiento con el crítico/administrador para poder recibir autorización para el cuidado y recibir



pago por su compañía aseguradora. Los críticos son entrenados en el uso de las directrices desarrolladas por su plan de cuidado de la salud. Una revisión por un siquiatra de niños y adolescentes usualmente tiene que ser especialmente solicitada.

El proceso de revisión a menudo se lleva a cabo mediante llamada telefónica. Los planes de tratamiento también pueden requerirse por escrito. Algunos planes pueden requerir que una copia del récord médico completo se le envíe para revisión. Los críticos/administradores usualmente autorizan el pago por un período limitado de sesiones en la oficina o por unos pocos días en el hospital. Para poder conseguir autorización para tratamiento adicional, el siquiatra tiene que llamar de nuevo al crítico/administrador para discutir el progreso del niño y los problemas existentes. El cuidado administrado enfatiza el tratamiento a corto plazo enfocado en cambios específicos del comportamiento.

Los proveedores preferidos son grupos de médicos, trabajadores sociales o psicólogos a los cuales el asegurador ha acordado pagar. Si usted escoge el ver a un médico que no está en la lista, (fuera de la red de proveedores de cuidado), su aseguradora puede que no pague por esos servicios. Usted será el responsable de pagar la factura. De igual manera, el cuidado que provee el hospital designado "en la red" es pagado por su seguro, mientras que el cuidado que presta un hospital "fuera de la red" usualmente no lo paga su aseguradora y se convierte en responsabilidad suya. Aún cuando se usan los servicios de los proveedores preferidos y de los hospitales de la red, los críticos/administradores de revisión controlan de cerca el tratamiento.

Otro cambio es la variedad de servicios y diagnósticos que pagan los diferentes planes. En el pasado, sólo los servicios en el hospital y los ambulatorios eran cubiertos por el seguro. Hoy en día, dependiendo de su plan en particular, otros servicios tales como hospitales diurnos, cuidado en el hogar y servicios de tregua para la familia pueden estar cubiertos bajo su seguro. Estos servicios de menor costo pueden ofrecer ventajas sobre la hospitalización del paciente

Un factor limitante en algunos planes de salud mental es un máximo muy bajo de por vida o una cantidad anual muy baja que puede ser usada para el cuidado de la salud mental. ( Por ejemplo, una vez que la cantidad ha sido usada, la cubierta del plan termina.) Usted, como padre o guardián, es responsable de pagar el balance de la factura que no fué cubierto. Si su niño/ adolescente necesita cuidado continuo, usted tal vez necesite buscar ayuda en el sistema público de salud mental estatal. Esto corrientemente conlleva el cambiar de médicos, lo cual puede trastornar el cuidado de su niño.

Es importante el que usted entienda lo mejor posible su plan de seguros en particular. El entender su cubierta lo coloca en una mejor posición para poder ayudar a su niño. A veces usted tiene que abogar por servicios que no son parte de su plan, pero los cuales usted y el siquiatra de su niño consideran que son necesarios. Los grupos que abogan pueden proveerle la información necesaria acerca de los servicios locales. El respaldo de otros padres es también de utilidad e importante cuando usted se envuelve en los esfuerzos de abogar por su niño.

*La "American Academy of Child and Adolescent Psychiatry (AACAP)" representa a más de 6,500 siquiatras de niños y adolescentes quienes son doctores egresados de una escuela de medicina, con por lo menos cinco años adicionales de entrenamiento en siquiatría general (adultos) y siquiatría de niños y adolescentes, La Información para la Familia ha sido desarrollada y distribuida por la "American Academy of Child and Adolescent Psychiatry". No se requiere permiso escrito para reproducir las hojas de uso personal o educativo, pero no se pueden incluir en material que se presente a la venta. Para comprar la serie de "FFF's", puede llamar al "AACAP Publications Clerk" al: 1.800.333.7636, ext. 131*

# MENTAL HEALTH TREATMENT FOR CHILDREN AND ADOLESCENTS: THE CONTINUUM OF CARE

---

---

**Communities provide different types of treatment programs and services for children and adolescents with mental disorders. A complete range of programs and services is called the continuum of care. Not every community has every type of service or program on the continuum. Some psychiatric hospitals and other organized systems of care now provide many of the services on the continuum. When several of the services are provided, the organization may be called a health care system.**

The beginning point for parents concerned about their child's behavior or emotions should be an evaluation by a qualified mental health professional. At the conclusion of the evaluation, the professional will recommend a certain type of service(s) or program(s) from the continuum available locally. The professional is then usually required to obtain approval from the insurance company or organization managing mental health benefits (e.g. managed care organization). In the case of programs funded publicly, a specific state agency must authorize the recommended program(s) or service(s). If the program or service is not authorized, it will not be paid. Many of the programs on the continuum offer a variety of different treatments, such as individual psychotherapy, family therapy, group therapy, and medications.

Parents should always ask questions when a professional recommends psychiatric treatment for their child or adolescent. For instance, which types of treatment are provided, and by whom? Parents should also ask about the length of time? What is the cost? How much of the cost is covered by insurance or public funding? What are the advantages and disadvantages of the recommended service or program? Parents should always feel free to obtain a second opinion about the best type of program for their child or adolescent.

*A brief description of the different services or programs in a continuum of care follows:*

**Office or outpatient clinic** Visits are usually under one hour. The number of visits per week depends on the youngster's needs.

**Intensive case management** Specially trained individuals coordinate or provide psychiatric, financial, legal, and medical services to help the child or adolescent live successfully at home and in the community.

**Home-based treatment services** A team of specially trained staff go into a home and develop a treatment program to help the child and family.

**Family support services** Services to help families care for their child such as parent training, parent support group, etc.

**Day treatment program** This intensive treatment program provides psychiatric treatment with special education. The child usually attends five days per week.

**Partial hospitalization (day hospital)** This provides all the treatment services of a psychiatric hospital, but the patients go home each evening.

**Emergency/crisis services** 24-hour-per-day services for emergencies (for example, hospital emergency room, mobile crisis team).

**Respite care services** A patient stays briefly away from home with specially trained individuals.

**Therapeutic group home or community residence** This therapeutic program usually includes 6 to 10 children or adolescents per home, and may be linked with a day treatment program or specialized educational program.

**Crisis residence** This setting provides short-term (usually fewer than 15 days) crisis intervention and treatment. Patients receive 24-hour-per-day supervision

**Residential treatment facility** Seriously disturbed patients receive intensive and comprehensive psychiatric treatment in a campus-like setting on a longer-term basis.

**Hospital treatment** Patients receive comprehensive psychiatric treatment in a hospital. Treatment programs should be specifically designed for either children or adolescents. Length of treatment depends on different variables.

# EL CUIDADO CONTINUO (CONTINUUM OF CARE) PARA NIÑOS Y ADOLESCENTES

---

---



**Las comunidades proveen diferentes tipos de programas y servicios de tratamiento para niños y adolescentes con enfermedades mentales. La gama completa de estos programas y servicios se llama el cuidado continuo (continuum of care). No todas las comunidades tienen disponibles todos los tipos de servicios o programas del continuo. Algunos hospitales psiquiátricos y otros sistemas de atención médica organizada pueden ofrecer muchos de los servicios del cuidado continuo. Cuando la organización ofrece varios de estos servicios se le llama un sistema de salud.**

Para los padres preocupados por el comportamiento o las emociones de su hijo, el punto de partida debe de ser una evaluación hecha por un profesional en el área de salud mental, tal como un

psiquiatra de niños y adolescentes. Al concluir la evaluación, el profesional recomendará ciertos tipos de servicios o programas en el continuo, que sean disponibles en esa localidad. El profesional tiene, por lo general, que obtener la autorización de la compañía de seguros u organización que controle los beneficios de salud mental [por ejemplo, la organización para el manejo de la salud (managed care organization)]. En el caso de programas subvencionados por el gobierno, una agencia estatal específica tiene que autorizar los programas o servicios recomendados. Si el programa o el servicio no está autorizado, ellos no pagan. Muchos de los programas del continuo ofrecen una variedad de tratamientos diferentes, tales como psicoterapia individual, terapia familiar, terapia de grupo y medicamentos.

*Las siguientes son descripciones breves de los diferentes servicios o programas en el continuo de atención médica:*

**Oficina o clínica de pacientes externos (outpatient):** Las visitas duran menos de una hora. El número de visitas semanales depende de las necesidades del paciente.

**Administración del cuidado intensivo:** Personal especialmente entrenado coordina o provee los servicios psiquiátricos, financieros, legales y médicos que ayudan al niño o adolescente a llevar una vida exitosa en su casa y en la comunidad.

**Servicios de tratamiento en el hogar:** Un equipo de profesionales especialmente entrenados va a la casa y desarrolla un programa de tratamiento para ayudar al niño y a la familia.

**Servicios de apoyo a la familia:** Servicios para ayudar a la familia a cuidar a su hijo, tales como adiestramiento para los padres, grupos de apoyo para los padres, etc.

**Programas diurnos de tratamiento:** Programa intensivo de tratamiento psiquiátrico, combinado con entrenamiento especial, al cual el niño asiste generalmente cinco días a la semana.

**Hospitalización parcial (clínica diurna):** Ofrece todos los tratamientos psiquiátricos y servicios de un hospital psiquiátrico, pero los pacientes se van a su casa a pasar la noche.

**Servicios de emergencia/crisis:** Servicios ofrecidos las 24 horas del día para emergencias (por ejemplo, sala de emergencias del hospital, equipo móvil de crisis).

**Servicios de tregua o descanso (respite care):** El paciente se pasa unos días fuera de su casa bajo el cuidado de personas que han recibido entrenamiento especial.

**Hogares de grupos de terapia o residencia comunal:** Este programa de terapia incluye por lo general de 6 a 10 niños en cada hogar, y puede estar coordinado con un programa de tratamiento diurno o con un programa de educación especial.

**Hogares para crisis:** Ofrecen intervención y tratamiento a corto plazo (por lo general menos de 15 días). Los pacientes son supervisados durante las 24 horas del día.

**Establecimiento de tratamiento residencial:** Los pacientes con disturbios serios reciben tratamiento psiquiátrico intensivo e integral en un recinto o comunidad estilo escolar donde permanecen largo tiempo.

**Tratamiento en el hospital:** Los pacientes reciben tratamiento psiquiátrico comprensivo en un hospital. Los programas de tratamiento deben de estar diseñados específicamente para niños o adolescentes. La duración del tratamiento depende de muchas variables.

Los padres siempre deben de hacer preguntas cuando algún profesional les recomienda tratamiento psiquiátrico para su niño o adolescente. Por ejemplo: ¿Qué tipos de tratamiento se ofrecen y quién los ofrece? ¿Cuánto duran? ¿Cuánto cuestan? ¿Cuánto pagará el seguro o el estado? ¿Cuáles son las ventajas y desventajas del programa o servicio recomendado? Los padres deben de sentirse en la libertad de solicitar una segunda opinión acerca del mejor tipo de programa para su niño o adolescente.

La "American Academy of Child and Adolescent Psychiatry (AACAP)" representa a más de 6,500 siquiátras de niños y adolescentes quienes son doctores egresados de una escuela de medicina, con por lo menos cinco años adicionales de entrenamiento en siquiatria general (adultos) y siquiatria de niños y adolescentes, La Información para la Familia ha sido desarrollada y distribuída por la "American Academy of Child and Adolescent Psychiatry". No se requiere permiso escrito para reproducir las hojas de uso personal o educativo, pero no se pueden incluir en material que se presente a la venta. Para comprar la serie de "FFF's", puede llamar al "AACAP Publications Clerk" al: 1.800.333.7636, ext. 131